Life has changed dramatically since the start of the coronavirus pandemic. The world as we knew it shifted in unexpected ways and introduced us to a new reality as an educational institution, as a community and as individuals. During this time, I have witnessed the leadership and bravery of the nursing community as they rose to meet the challenges of a global pandemic.

The COVID-19 pandemic has reinforced the need for strong nurse leaders. In our sixth issue of the Duquesne University School of Nursing Magazine, we celebrate the resilience and strength demonstrated this past year by our administrators, faculty, staff, students and alumni alike. When classes came to a halt in March 2020, faculty first diligently worked to transition their courses to virtual learning. Then they stepped up to create a flexible and safe learning experience for students returning to campus in the fall. Leadership is an integral part of our curriculum, and I applaud our faculty for serving as such exemplary examples of leaders in action.

We have had many challenges to navigate, and every step of the way we have come together as a school to find solutions. We have also been ethical leaders during this time, educating the public, correcting misinformation, advocating for personal protective equipment (PPE), addressing vaccine hesitancy, and participating in COVID-19 testing and vaccine distribution to vulnerable populations, especially those in group homes and older adults. We have been collegial, supportive and innovative.

One innovation of which I am most proud is our biomedical engineering and nursing dual degree program, which recently graduated its first student. The first program of its kind in the country, this forward-thinking program allows graduates to gain a clinical perspective while learning to develop technologies that solve real health care problems.

Faculty scholarship is supported at all levels in order to establish a strong educational foundation in both undergraduate and graduate programs. We proudly highlight Drs. Kelley Baumgartel and Alison Colbert, whose research and scholarship contribute toward improving the human condition. Baumgartel’s research on breast milk variability seeks to identify whether those variables contribute to neonatal outcomes, and Colbert recently received a $499,391 Department of Justice grant to establish a Campus Sexual Assault Nurse Examiner Network Program.

Our commitment to nursing education is also seen throughout these pages in the achievements and contributions of our faculty, students and alumni, in the launch of three new graduate programs, and in being selected as an NLN Centers of Excellence™ by the National League for Nursing.

We choose to conclude with alumni accounts from the front lines. The world has witnessed nurses’ compassion as they comforted the sick and dying during the COVID-19 pandemic. We each have our own story to tell. Throughout the year, Duquesne nurses have shared their experiences with us and we in turn share them with you.

I am pleased to present this issue to you. Thank you for your support of Duquesne University School of Nursing.

Sincerely,

Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN
Dean and Professor
The COVID-19 pandemic has created challenges for nurses and altered the health care landscape in ways that were previously unimaginable. Throughout this crisis, nurses have found themselves in unprecedented positions, grappling with high-stakes decisions and adapting to new care situations and operational policies. Despite overwhelming conditions, they have continued their essential work of caring for the sick, advocating for those in need, and demonstrating respect and dignity for all persons for whom they provide care.

The pandemic has been devastating, but it has also been a moment for nurses. Extensive media coverage chronicles nurses’ heroic work on behalf of patients under adverse, pressure-filled conditions and at great personal risk as they work long hours and without proper equipment or protective gear. As stories abound of nurses stepping up to confront one of the worst public health crises in history, the public learned something that many take for granted—nurses are, by nature and education, leaders.

AN ESSENTIAL CORE COMPETENCY FOR EVERY NURSE

Today’s health care systems are interdependent environments where nurses, physicians, support staff, and patients and their families each provide input. All must collaborate to find the best solutions and ensure the best patient outcomes. The onus to assume a leadership role is even greater outside of acute care environments, where nurses work autonomously with patients and families in community or home settings. A home health nurse working closely with a person who has Alzheimer’s may be more likely to notice and notify family members about an issue than a nurse working in a hospital.

Nurses, as the primary caregivers with the most direct patient contact, have enormous influence and an obligation to help guide the patient care team. In fact, nursing has been ranked the most trusted profession by Gallup polls for 19 consecutive years. Studies reveal that when nurses lead, positive patient outcomes follow. For example, in the study “Clinical Leadership Development and Education for Nurses: Prospects and Opportunities,” which was published in the Journal of Nursing Management (2015), the authors conducted a thorough review of 20 previously published studies. Researchers linked 19 patient outcome variables to leadership by nurses including patient mortality, patient safety outcomes, adverse events, complications and patient health care use. The authors also found links between nursing leadership and lower patient mortality rates, as well as reduced medication errors, lowered use of restraints and fewer hospital-acquired infections. The study’s authors concluded that developing and supporting transformational nursing leadership is an important organizational strategy for improving patient outcomes.
LEARN. ADAPT. GROW. REPEAT.

The commitment to a lifetime of learning and leading on behalf of patients begins with a nurse’s undergraduate education.

Given the demands nurses encounter in practice and the need for strong and effective leadership, the Duquesne University School of Nursing created a curriculum that provides opportunities for students to develop the knowledge and nursing skills they need while also growing in areas of professionalism, communication, collaboration and leadership.

“We talk with new students about three types of education they will receive – theoretical, professional and clinical,” says Dr. Kate DeLuca, associate dean for student affairs. “But there is more to the professional development element of their education than just interview techniques. It is about shaping them into the kind of nurse they want to be. Many students had an experience that inspired them to choose a career in nursing, such as a family member or a nurse who made an impact on their lives. We ask them to write down the qualities a good nurse has – like empathy or leadership – and then we discuss how to develop those qualities in them, too.”

The School of Nursing curriculum weaves leadership topics into coursework and clinical rotations to help students master these competencies. Active learning opportunities also enable them to apply their skills and gain real-world experience. One example is the clinical immersion experience connected to the Clinical Leadership in Professional Nursing course. Nursing students enrolled in the course complete a 21-week clinical experience at a University of Pittsburgh Medical Center facility, where they perform a variety of procedures for acute care patients and carry out other assignments under the supervision of a registered nurse. Students interact with patients and their families, and participate in unit-specific leadership – and then we discuss how to develop those qualities in them, too.”

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A nurse education includes numerous opportunities for students to work with faculty and peers both inside and outside the classroom to develop leadership skills and insights. Along with memberships in the Duquesne chapter of the National Student Nurses’ Association and other campus professional and social organizations, student representatives sit on numerous administrative committees, ensuring them a voice in decisions that affect them. The experience also helps participants become comfortable with group dynamics and processes like collaborative decision-making that require them to advocate for a position.

THE COMMITMENT TO A LIFETIME OF LEARNING AND LEADING ON BEHALF OF PATIENTS BEGINS WITH A NURSE’S UNDERGRADUATE EDUCATION.

A FOCUS ON NURSING ETHICS

Ethical leadership is also part of the competency equation.

“There are classes that deal specifically with ethical considerations in the profession, but ethics is woven into much of the coursework,” DeLuca says. “It is not just about big ethical questions. Common, everyday actions are also ethical considerations – like washing your hands to protect your patient.”

Dr. Michael Deem, assistant professor with a joint appointment in the School of Nursing and the Center for Global Health Ethics, defines ethical leadership as behaviors that follow accepted standards and demonstrate character and virtue, but also convey respect for others. For example, an effective nurse demonstrates cultural competence that allows movement beyond one’s frame of reference to view a situation from a patient’s perspective.

“Students must learn not only to follow rules and protocols, but also to act in their patients’ best interests, and to do it with respect for patients and families,” Deem says. “If a parent refuses to vaccinate their child, the response is not something students can practice on a mannequin. We need to teach them how to respond to vaccine hesitancy within the ideal of promoting the child’s health and to do it compassionately, without falling back on their own biases.

“It starts at the top, with deans and faculty modeling behaviors and a culture that encourages students to act in the same way,” Deem adds.

LEADERSHIP AT ALL LEVELS

Snyder believes that nurses at all levels need strong leadership skills. “As nurse educators, it is important to embrace leadership in our institutional practices, values and beliefs,” she shares. “Students are influenced not only by what we say but how we behave as instructors, advisors and even as colleagues. It is important that we lead by example.

We have the potential to educate future generations of transformative nurse leaders who can serve as strong patient advocates and make decisions on how to improve the delivery of care and patient outcomes.”
“We are fortunate to have a strong administrative team that talks through ideas before we make decisions — hearing and debating the pros and cons,” DeLuca says. “We engage in that level of professional discourse and then, even if we disagree, we make a decision and move on. The final measure is what is best for the student.”

“The pandemic has been both a blessing and a curse,” Snyder notes. “We have been forced to step outside of the box and rethink the ways we do things — starting with how we educate our students — and ask whether we can and should change certain things. In the long term, I think some changes we have made will improve and promote positive outcomes in nursing education.”

Teaching during the pandemic also made certain basic concepts much more relatable. “We always taught the importance of hygiene and protecting yourself in the workplace, but students by nature have that sense of invincibility,” Snyder says. “Now when we teach infection control and the importance of PPE, students are paying closer attention because the reasons are much clearer. We are also seeing greater acceptance of innovations like telehealth that make health care more accessible.”

HELPING BECAUSE WE CAN
The call for help went out, and Rosanna Henry and the School of Nursing responded. When someone in need asks for help, you respond first and worry later about inventory.

That was the reaction of Rosanna Henry, instructor and assistant dean for clinical skills and simulation education, when the region’s medical community issued a call for assistance in March 2020. At the time, health care providers everywhere faced critical shortages of personal protective equipment (PPE), ventilators, and other basic medical supplies as COVID-19 patient counts soared and manufacturers struggled to meet burgeoning demand. Despite the lack of adequate PPE and other equipment, nurses, physicians and other front-line health care workers continued to serve patients and protect our communities at great personal risk.

When the call for help came, Henry, who also serves as director of the School of Nursing’s Learning and Simulation Center, was quick to respond. “We knew everything was in short supply and that PPE was hard to find at any price.” Henry recalls. “We also knew that our nurses and other front-line workers caring for patients were especially at risk.”

Duquesne had suspended in-person classes with no timetable for resuming in-person instruction, which meant supplies were going unused. “Meanwhile,” shares Henry, “care providers were running out of equipment needed to keep them safe. We did not hesitate.” Henry and Bernadette Clark, the center’s coordinator, began to pull PPE and other supplies from SON’s stockpiles.

The Duquesne Schools of Nursing, Pharmacy, Health Sciences, and Natural and Environmental Sciences banded together to supply more than 100 cases of gloves (nearly 150,000 pairs), 80 to 95 face masks, 25 boxes of disposable gowns, shoe covers and hair/beard covers, and several boxes of goggies, sanitizing wipes, hand sanitizers and icebagz bags.

The donation was a treasure trove for the region’s health care community. Duquesne sent the supplies to the Healthcare Coalition of Southeastern Pennsylvania (HCWPA), which is part of the Pennsylvania Department of Health and Allegheny County Health Department. Working through HCWPA, mailed supplies went to the providers who needed them most, regardless of their size or ability to pay.

At a time when prices were doubling or tripling overnight, the donation represented a financial sacrifice for Duquesne, but Henry and her peers did not hesitate. “People needed our help, and it was simply the right thing to do,” she says. “To be true to our mission, we serve our community as well as our students.”

A CATALYST FOR INNOVATION
As COVID-19 continued to spread throughout the spring and early summer, it was apparent that in-person learning at Duquesne would need to be adapted for the fall 2020 semester, including in the Learning and Simulation Center, where nearly 600 undergraduate nursing students receive hands-on clinical training each year.

Henry, who oversees all aspects of the lab, along with a small team of faculty and staff, quickly got to work. “Once Duquesne announced plans to adopt a HyFlex educational strategy, my team had to move fast in order to ensure proper social distancing without sacrificing student learning,” shares Henry.

Henry’s team soon realized one of their greatest challenges would be moving an estimated 260 Fundamentals of Nursing and Health Assessment students through the lab safely without impeding the needs of other lab courses and simulations. “It was challenging, but we made it work,” she says. “Because regardless of whether we are teaching online, in person or a combination of both, our goal to provide high-quality lab and simulation instruction remains constant. We knew we had to get creative and implement new strategies quickly and effectively in order to support faculty and students,” she says. Henry created a nursing team, technology team, and her clinical skills and simulation team, which includes Bernadette Clark, Susan Williams and Gail Hric, as well as dedicated faculty and staff for making SON so successful during this period.

REMOTE POSSIBILITIES
When COVID-19 forced Duquesne University to move all classes online, Joseph Seidel, assistant dean for instructional and clinical technology, along with the SON’s Information Technology (IT) team worked around the clock to ensure every nursing student, faculty member and administrator had what they needed to be successful.

When Duquesne announced in mid-March that it would close its campus and transition classes to remote/online delivery due to the COVID-19 health crisis, more than 800 nursing undergraduate students had to be moved to online instruction virtually overnight. Despite the obvious challenges, SON operations, instruction and student support continued without pause thanks in part to the efforts of Seidel, along with members of the IT team, which includes Josh Calvetti, Lindsay Bowman and Gail Hric.

 Luckily, SON has history on its side. “Online learning is ingrained in the School of Nursing’s culture. With more than two decades of embracing online learning through our graduate programs, we had some solid foundational technology in place,” explains Seidel. “It wasn’t easy, but we were able to move the undergraduate nursing students online, and prepped the faculty and staff to work from home.”

In a matter of just a few weeks, the IT team shifted the entire nursing program to online virtual learning that included technical support for 124 online courses and more than 5,000 student-proctored exams, as well as virtual labs and online dissertation defenses.

Moreover, the IT team surveyed students and faculty to identify technology needs, then coordinated efforts with the University to get items such as laptops and webcams into the hands of students and faculty who needed them. For students and staff with unreliable internet access, SON provided mobile hotspots that supplied the bandwidth to participate in video-based classes and labs. Where necessary, they set up virtual private networks (VPN) to enable users to connect securely to SON’s network. In addition to developing Zoom, video and print training content, Seidel and the team also created a dedicated SON HELP desk to manage unique online testing concerns.

PIVOTING ON THE FLY
One of the more complex challenges the team faced was accommodating the large volume of testing that a nursing curriculum demands. “The School of Nursing has 1,136 students, and clinical nursing education requires a significant amount of theory and skills testing,” explains Dean Mary Ellen Smith Glasgow. For example, both course and certification testing like the HESI and NCLEX exams require real-time proctoring to verify that students observe testing protocols. The team was made even more complex by sudden and unpredictable shutdowns occurring everywhere as countries grappled with the virus.

“We put in a lot of hours locating resources for online testing and monitoring,” Seidel recalls. “The first remote proctoring vendor we selected closed without warning. Their headquarters and operations, located in India, were suspended when the Indian government shut down due to COVID-19. Everything was fine on Friday and then the following Monday, we received an email notifying us of the shutdown.

So we pivoted again and switched to ExamSoft’s ExamMonitor service for proctoring the course exams online and ProctorU for HESI exams. We’re quite good now at pivoting,” Seidel jokes. “Normally, the IT department would spend an entire year testing and implementing services like these, but we had to make the switch within a week.”

Glasgow says Seidel’s and the IT department’s leadership was key to SON’s successful response to the pandemic. “We worked very long hours, tirelessly responding to faculty and students’ countless emails and phone calls for technical support related to testing issues and other technical concerns. His commitment was endless,” says Glasgow. “I can think of no other individual than Joe who pivoted as quickly — or as often — and provided this level of support during the pandemic.”

Seidel is quick to point out that he was not working alone. “This was a true team effort,” he says. “I’m very proud of the way everyone — from students to faculty to administrators — has handled the transition. We pulled together to do what we had to in order to support our students during a difficult time.

Moreover, our IT staff continues to work long hours taking tech support calls and answering emails from early morning to late in the evening. Their dedication is why this worked and will continue to work.”
DOUBLING DOWN

DUQUESNE’S PIONEERING BME/BSN IS THE FIRST KNOWN DUAL BIOMEDICAL ENGINEERING-NURSING DEGREE PROGRAM IN THE COUNTRY. THIS INNOVATIVE PROGRAM TAPS INTO THE NATURAL PROBLEM-SOLVING SKILLS OF NURSES AND MAXIMIZES THEIR POTENTIAL TO TRANSFORM MEDICAL QUESTIONS INTO TECHNICAL SOLUTIONS.

As baby boomers age, technology advances and the nursing shortage continues, the need for nurses to be able to play an active role in medical device inventions and innovations is at an all-time high. Nurses use a range of medical devices on a daily basis, both simple and complex, in support of diagnosis, treatment and care. They spend more time with patients than any other health care provider, and this puts them in a unique position to recognize ways to enhance patient care and safety and to be at the forefront of patient care device innovations.

“Students learn two very different ways of thinking. The engineering side is very lab- and science-oriented, and then they move into the accelerated nursing program where thinking and problem-solving revolve around patient care. They learn to work with a foot in both worlds.”

Innovation is not a new concept in nursing. Duquesne University’s School of Nursing has a long history of innovation in nursing education. It was the first in Pennsylvania to grant the Bachelor of Science in Nursing degree (1937) and the first in the nation to offer an online PhD program in nursing (1997).

Duquesne’s latest innovation combines a BSN with a bachelor’s degree in biomedical engineering. Launched in 2016, the dual-degree program combines two equally rigorous curriculums and teaches students to apply a unique perspective to both disciplines, says Associate Professor Alison Colbert, who served as the program’s coordinator at the School of Nursing.

“Students learn two very different ways of thinking,” Colbert says. “The engineering side is lab- and science-oriented, and then they move into the accelerated nursing program where thinking and problem-solving revolve around patient care. They learn to work with a foot in both worlds.”

The five-year program brings together two rapidly expanding fields by integrating the clinical knowledge of nursing with the technological aspects of biomedical engineering. Students must be accepted to Duquesne’s biomedical engineering program and then declare their dual major by the conclusion of their sophomore year. They begin the nursing curriculum during their third year and then concentrate on nursing courses in years four and five.

At the end of the program, they will have hands-on biomedical engineering experience and direct patient care, the education required for licensure as a registered nurse, and a BME capstone project for which they will collaborate with health care providers to propose a solution to an unmet need in patient care.

It is a highly specialized program, designed to attract an equally unique breed of student, says John Viator, professor and chair of Duquesne’s Biomedical Engineering Program. “You need to be extraordinarily smart, as well as multitalented and high achieving,” Viator says, “not only to be accepted to this program, but also to succeed in it. Both curriculum paths are challenging.”

Viator, who joined Duquesne in 2013 specifically to develop the biomedical engineering program, credits Nursing Dean Mary Ellen Smith Glasgow as the driving force behind the BME/BSN program. “This program is her brainchild,” he says. “She approached me soon after I arrived on campus, and I was immediately intrigued by her idea and the opportunity it presented. She took the lead and was instrumental in gaining approval.”

IDENTIFYING NEEDS AND SOLUTIONS

Student engineers in the program gain hands-on experience in fundamentals including programming, thermodynamics and electronics, along with in-patient care at Pittsburgh area health care facilities. As part of the program, students partner with health care and technology organizations for a capstone project that articulates an unmet patient care need and then proposes a solution. “The capstone is a sophisticated engineering project that is defined by the student’s clinical experience,” Viator says. “They are not just thinking about a need. They have identified that need in their nursing rotations so it is very real, and that makes this project especially valuable.”

Kim Stafford, HS’19, N’19, the program’s first graduate, exemplifies the problem-solving focus the program nurtures.

In one of her courses, Stafford used CAD/CAM software and 3D printing technology to develop a tracheostomy model with more realistic physiological characteristics for use in training nursing students. Stafford’s capstone project was a partnership with fellow biomedical engineering students and a University of Pittsburgh researcher. The group explored the feasibility of developing a device that electronically detects and quantifies neuropathy – damage to the peripheral nervous system that can lead to numbness or weakness.

“The device I proposed is a sleeve that clinicians place against a patient’s skin to detect inflammation and measure changes in microvasculature to indicate neuropathy,” Stafford says. “Our testing showed that, in theory, we could detect and quantify inflammation.”

The opportunity to come at health care problems from an engineering perspective also attracted Ian Ferris, now in his fourth year in the program. “I love the engineering side – the math, electronics, working with computers and on bio signals and systems” he says. “As I start my nursing courses, move into clinical rotations and gain nursing experience, I am sure my focus will change.”

Kim Stafford, Duquesne’s first Biomedical Engineering/School of Nursing dual degree graduate.
Ferris sees his interests intersecting in areas like orthotics or prosthetics, but he is keeping an open mind as he begins his nursing immersion. “I want to work hands-on with patients in an area such as prosthetics,” he explains. “But I can also use my nursing knowledge to better understand how medical devices work, then explore ways to make them more ergonomic or efficient.”

**MAXIMUM CAREER FLEXIBILITY**

One of the obvious paybacks of the rigorous program is the career opportunities it offers graduates like Stafford, who works as a circulating nurse in the neurosurgery department at Allegheny General Hospital in Pittsburgh. “My day starts by getting the room set up for the first surgery, gathering medications, equipment and any implants they may need. Then I ensure the patient has been checked in and properly positioned,” she says.

“I do not scrub in for surgery. Instead, I document activity, handle details for the surgeon, check with the anesthesiologist and update the patient’s family. What I value so much about this role is that I get to see the surgeries and what they require in terms of devices and equipment – the engineering side – and then from the nursing side I see the need for the surgery and how to best care for a patient.”

Her experience is shaping her perspective, which will guide her if her career takes her into the engineering field. “I felt that I needed clinical experience as a foundation, so I have credibility as a clinician moving forward,” she says. “Working as a nurse enables me to gain experience with technology and devices, work with manufacturers and gain insight into the products and how they perform. Just as important, I get to see what works, what does not work and why.”

“The surgical field is a fertile area for innovation. Medical equipment and device manufacturers rely heavily on user feedback, so the insight I am gaining is invaluable.”

**AN IN-DEMAND SKILLSET, A CHANCE FOR LASTING IMPACT**

Employability and earning power are key reasons for considering a BME/BSN degree. “Our engineering graduates always place very well, and this degree adds a great deal of flexibility,” Viator points out. “If you have either a nursing degree or an engineering degree, you will always be employed. But the real value is being employed as a nurse engineer.”

“I am keeping an open mind about my career once I graduate,” Ferris says. “In addition to coursework, we participate in a lot of activities that help build contacts in both areas so we can see how the degrees cross in the real world. And even if I gravitate toward the engineering side, I am still a registered nurse.”

“My job search was pretty stress free,” Stafford says. “Having this degree tells an employer that even if I do not yet have specific experience, I am highly teachable and adaptable. In addition to seeing the technology and devices used in this field, I am gaining product insight. I feel like this will provide a valuable foundation for when I return to the engineering side. This path and degree will continue to give me control over my career path.”

“The BME/BSN program is attracting smart, energetic people who want to make a difference and are committed to solving complex health care problems,” Colbert agrees. “This degree allows them to take any number of paths to achieve their goals.”

Think Globally:

Duquesne Students Take to Costa Rica for a Week of On-the-Ground Lessons

The swift and sudden emergence of COVID-19 has changed a lot about these past 15 months, from graduation celebrations to nearly all of fall orientation. But on the edge of the lockdown that would ground planes and grind plans to a halt, one lucky group of students and faculty were able to slip in just one more trip – and it was one they will never forget.

Last March, students from Duquesne’s nursing and pharmacy schools set out for a week-long spring breakaway trip to Costa Rica to expand their skills, do their part to help, and learn more about the culture, each other and themselves.

**BIT OF TURBULENCE**

The world was already rapidly changing before the virus hit – in a way which called for a bit of quick thinking on behalf of professors Amber Kolesar and Dr. Yvonne Weideman of the nursing school and Drs. Jordan Covvey and Kevin Tidgewell of the pharmacy school.

The two schools had long taken separate spring breakaway trips, with pharmacy typically heading to Haiti and nursing to Nicaragua. Budding civil unrest in both areas led each group to question those plans in 2019, but faculty knew how foundational and important the experience could be, so they soldiered on to search out a safer location.

“We have had students go to Japan and Italy and all over the world on global health and education trips, but we wanted to offer a different experience,” Covvey says. “Japan and Italy are fantastic educational experiences, but we wanted our students to engage with a local health care system in a more meaningful way.”

With the help of some quick grant work and a partnership with International Volunteer HQ, the world’s largest volunteer abroad organization, and Maximo Nivel, a leading educational travel and study abroad organization, Covvey and Tidgewell identified Costa Rica as a unique location where students could learn about different health care approaches while working with underserved populations.

“Our team was able to see and learn a lot about health care and culture in Costa Rica,” shares Covvey. In 2019, the School of Nursing was also seeking a new spring breakaway destination. “We wanted our students to experience nursing in another country and see firsthand the influences of culture on health systems,” says Weideman. “Costa Rica checked all the boxes.”
Weideman and Kolesar made the trip to evaluate the location and knew it would be a good fit. They quickly teamed up with Covvey and Tidgewell and combined the 2020 nursing and pharmacy trips. “Combining our groups was a great opportunity for our students,” says Kolesar. “Interprofessional collaboration in health care is fundamental to delivering high-quality care. For students to witness how a different culture approaches health care as well as how a member of another health profession, such as a pharmacist, does is truly invaluable.”

The final group was composed of 16 students – eight from each school – giving participants not only the opportunity to learn from their experience in a foreign country, but to learn from fellow students and faculty who may have also been unfamiliar. This was exactly the type of experience many students had hoped for, including nursing student Julie Martin, BSN, RN, a 2020 graduate.

“I have always enjoyed helping others. It was why I wanted to become a nurse in the first place,” she says. “But I also wanted to experience another culture. I never had too much of that growing up, but in nursing, you encounter so many people from different cultures, speaking other languages. It is very important to be able to reach a level of understanding with those who are different from you.”

TOUCHING DOWN
The group arrived with a full itinerary. During the week-long stay, two days were reserved for providing basic health and wellness education to elementary school students, and another two days were dedicated to volunteering at community-based pop-up clinics. While working with the children, students were asked to create fun lesson plans on subjects like dental hygiene and self-esteem, and they went all out on the task, making posters, writing songs and planning ahead of time how to say all the right words in Spanish. “It was fun work,” Kolesar says. “But they took it seriously.”

The clinic days were a bit more intensive – but no less educational. Nursing and pharmacy students were paired off to work in teams, conducting basic neurological, cardiovascular, respiratory, endocrine and musculoskeletal screenings or assessments for adults and children – all of whom lived in the neighborhood. Once they had evaluated a patient together, the students would then relay their assessment to a local physician, with all three collaborating on any appropriate interventions or future actions or recommendations.

“It was really cool to see the students coming together, despite not really knowing each other,” Covvey says. “We may all be trained in health care, but we are all trained in slightly different models – and that’s a good thing. When you have a whole team working together – a nurse, a pharmacist and a physician – you can really create cohesive care for the patient. When we come together, it makes us all stronger.”

It was a precious lesson every member of a medical team needed to learn, but it came with a twist: The whole process took place in Spanish, allowing even more room for the team members’ personal growth.

“It was really nerve-wracking speaking Spanish in front of Spanish-speaking people,” Martin says. “But sometimes you just have to dive in, even if you make a mistake. Because of course at some point, you are going to say the wrong thing, but you learn from that.”

Translators were also working with the group to ensure any potential miscommunications – especially regarding medical information – were smoothed over. But by and large, the experience of facing a language barrier was all part of the plan, Kolesar says.

“It just adds an additional layer to their humility and their ability to interact with people,” she explains. “We are all limited by our personal experiences, but when a student is challenged to communicate with someone who speaks a different language, it is an expansive experience. It helps to make them better communicators as health care providers.”

TAKING OFF
A large part of the trip was dedicated to helping the students become well-rounded individuals. Days were roughly divided in half, with mornings dedicated to serving in the community and afternoons and evenings reserved for soaking in the Costa Rican culture.

Students were given a tour of the University of Costa Rica’s nursing, chemistry and pharmacy buildings one afternoon. On another, they practiced Spanish while perusing a local market. Yet other days saw them enjoying many aspects of the country’s diverse natural beauty. “We really wanted to create a fully integrated cultural experience,” Weideman says. “We wanted them to have a good understanding of the culture and to see what people’s day-to-day lives were like. We also wanted them to have a solid look at the country outside the barriers.”

Yet perhaps the most important time of the day, according to the faculty, were those unplanned spaces at the edges of the itinerary, which allowed students to truly process the experience.

As members of two separate schools who may not have otherwise met, that time also let the students bond over shared experiences.

“I do not have any classes with pharmacy students,” Martin says. “I always see them in the library, but you do not really have a reason to talk to them. But on this trip, I got to make so many new friends.”

Fostering those kinds of cross-departmental connections does not just enhance a student’s future professional life but the health care profession as a whole. “That reflection time gave them a chance to feel more comfortable and to get to know one another, which translates to a better experience when they are in a practice setting,” Weideman says. “If you are going to work in a collaborative environment, you have to trust those with whom you work. This helps build that trust, especially when you are working side-by-side in an unfamiliar environment.”

FLYING HIGH
Still, along the way, students were called to rely on more than one another. The entire experience was designed to place them outside their comfort zone, where they would have to learn to listen – and trust – themselves.

“We see them beginning to be comfortable with being uncomfortable,” Tidgewell says. “Working with children really helps. They start to learn that it is OK to say the wrong word and to not understand, but to communicate with hand signals and other gestures. By the end of the week, you see them waving at the interpreters aside and saying, ‘OK, I have got this.’”

Indeed, for many students, that empowerment extended beyond the clinical setting. “Toward the end of the week, I felt like I could read a menu or comfortably use certain key words in conversation,” Martin says. “People were very kind. Nobody was offended or angry if you made a mistake, so it made it easy to keep trying.”

According to Martin, that is the exact set of skills she hopes to bring to a hospital after graduation. “Being in a hospital orientation, you just have to go out and get your feet wet,” she says. “The only way to learn and grow as a student or as a health care professional is to just dive in and do it – that is the only way you are going to ever become a better person, to learn more about yourself and to grow.”

“The only way to learn and grow as a student or as a health care professional is to just dive in and do it.”

“Fostering those kinds of cross-departmental connections does not just enhance a student’s future professional life but the health care profession as a whole.”

“Our team was able to see and learn a lot about health care and culture in Costa Rica.”

“We are all limited by our personal experiences, but when a student is challenged to communicate with someone who speaks a different language, it is an expansive experience. It helps to make them better communicators as health care providers.”

“Toward the end of the week, I felt like I could read a menu or comfortably use certain key words in conversation.”
Every day on the news we see the enduring images of nurses providing critical care on the front lines. COVID-19 has thrust health care providers into the spotlight. We will not soon forget the faces of exhausted nurses in protective gear, with cheeks bruised from tight masks and eyes full of sorrow. We have witnessed their compassion as they comforted the sick and dying, connecting patients with family members via technology if possible, or stepping in to act as family if none could be present. But, we have also witnessed their joy when a patient survives, seeing them cheer enthusiastically, saluting the discharged patient like a war-time hero.

As fate would have it, the World Health Organization had designated 2020* as the “Year of the Nurse and Midwife,” marking the birth of Florence Nightingale, who established the principles of modern nursing and hospital sanitation, not knowing we would face a pandemic exactly 200 years later.

As most people across the globe ran away from COVID-19, nurses bravely ran toward it. We have heard from numerous Duquesne nursing alumni who had answered the call for nurses to help fight the rapid spread of COVID-19. Among them was Diana Cook, RN, N’17. “I couldn’t sit at home when I saw the dire need for help continue to grow each day,” says Cook, who worked in a Manhattan hospital in one of the many COVID-19 ICUs. “I saw firsthand the exhausted staff and critically ill patients but also the incredible efforts of health care workers from all over the country who have come to work together during this pandemic. I am thankful for my education from Duquesne and the clinical experiences I have acquired in my time as a nurse thus far that have allowed me to help during this pandemic.”

*In the wake of the coronavirus pandemic, the Year of the Nurse and Midwife has been extended into 2021.
The International Council of Nurses estimates that more than 230,000 health care workers have contracted COVID-19, of whom more than 600 have died. And while the coronavirus pandemic amplified the role of the nurse, members of our profession are working tirelessly every day in hospitals, long-term care and neighborhood settings to care for individuals, families and communities.

So what motivates nurses to wake up each morning and go to work, and in the time of COVID-19, at great risk to their own personal safety and that of their families? Nursing is a profession and a vocation. You enter the nursing profession out of a deep sense of service – wanting to heal the sick, abate suffering and preserve life. It is not glamorous or easy. In fact nursing is both intellectually challenging and physically demanding. On many days, it is also mentally and spiritually exhausting. But the rewards are plentiful; when you are a nurse, you have a job with real purpose, positively impacting the lives of those you serve.

Melissa Coulter, BSN, RN, N’15, an emergency department RN in Baltimore, Md., says, “I have been at the bedside of countless patients while we have tried everything in our power to keep them alive. I have seen the fear in patients’ eyes, I have held their hands as they realized they were dying, and I have been with patients as they take their final breaths.” Coulter says she never realized they were dying, and I have been with patients to their own personal safety and that of their families? Nursing is a profession and a vocation. You enter the nursing profession out of a deep sense of service – wanting to heal the sick, abate suffering and preserve life. It is not glamorous or easy. In fact nursing is both intellectually challenging and physically demanding. On many days, it is also mentally and spiritually exhausting. But the rewards are plentiful; when you are a nurse, you have a job with real purpose, positively impacting the lives of those you serve.

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Nurses make up nearly half of the world’s health care workforce – there are approximately 20 million nurses worldwide – and 90% of patients’ contact with health workers are with nurses. They have stepped up during the COVID-19 pandemic as we would expect, not only as the nurse providing care 24/7 but also as the only human connection at times and the conduit between the family and the patient. Nurses have always been with patients during life’s most intimate moments – birth, suffering and death. COVID-19 has magnified this experience as patients cannot have visitors, leaving them alone and frightened. It is the nurse who is there at this moment. It is the nurse who will quietly speak to the patient, provide comfort, and allay pain and fear. Nurses have done this for 200 years, and it is no different today.

The Year of the Nurse and Midwife just reminds us again of the critical role nurses play in health care and society. I am extremely proud to be a nurse and to educate the next generation of future nurses who will bravely care for the sick. There is no greater privilege.

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TRULY UNIQUE RESULTS

Baumgartel, who holds a PhD in nursing with a focus in health care genetics, is no stranger to the plight of preemies. She began her nursing career working in a NICU in Pittsburgh, where she says she felt drawn to help care for some of the hospital’s most susceptible patients.

“I have always wanted to help the most vulnerable populations,” she says. “I hope my work can inform and optimize the care received in the NICU.”

Clinical experiences were formative ones for Baumgartel, who noticed that there was not only a lack of sufficient breast milk donations in a high-need unit, but that the breast milk they did receive looked qualitatively different between mothers.

“Milk is different,” Baumgartel says. “That is one of the things we tell new mothers – that their milk is made for their baby. And I mean that literally.”

Just how literally that statement should be taken is at the center of Baumgartel’s groundbreaking research which parcels out, at a molecular level, the varying metabolites and other bioactive components of breast milk. So far, she and her team have uncovered more than 6,600 such compounds, tracking their appearance, disappearance and sometimes reappearance in the same woman’s milk over time, and piecing together an ever more detailed portrait of the true symbiotic nature between the bodies of new mothers and their newborns.

EARLY BUILDING BLOCKS

Indeed, everything from the gender of the baby to the time of day milk is made for boys, for example, contains more protein and fat than milk expressed by mothers with girls, a finding further borne out by growth curves of newborn males and females, Baumgartel says. Confirmatory research has found that the rise and fall of melanin – a compound which helps promote sleep – and fat levels found in breast milk varies throughout the day. Combined with melanin, fat concentration helps to enforce infant sleep patterns over time.
Such details could prove particularly helpful at hospitals or breast milk banks, where breast milk can be tailored to meet infant needs, similar to Mom’s own milk.

“Right now, a nurse goes into the freezer and takes out the first bag pumped by Mom, and so forth,” Baumgartel says. “But if that milk was pumped yesterday at 6 a.m., and it is being administered today at 2 p.m., does that practice impact sleep and growth?”

This optimized approach is called milk manipulation – but keeping sleep schedules on track is only one of its advantages. Fully realized, the idea could offer some of the most powerful medicinal benefits of modern-day neonatal care, with NICU patients standing the most to gain.

**MILK AS MEDICINE**

It is not just outside conditions that dictate the composition of breast milk. Much of it comes down to Mom’s genes as well – and when those genetic differences can be filtered through milk manipulation methods, the results could be lifesaving.

Of the thousands of biomarkers Baumgartel’s team has uncovered, the one that perhaps best illustrates the intricacies of milk manipulation is interleukin 6 (IL6), a naturally occurring and protective compound with a number of properties that could help – or hurt – a premature infant’s health. One of the properties of interleukin 6 makes it a particularly useful compound in promoting a healthy blood-clotting cascade, Baumgartel explains, which would make milk expressing more IL6 more protective among preterm infants who face one of the NICU’s more notorious conditions: intraventricular hemorrhage.

Yet the same milk sample may prove a wrong choice for babies suffering from necrotizing enterocolitis (NEC), the most common – and deadly – condition among preemies. At the heart of the disease is inflammation of the intestines, which can quickly lead to death. Yet, interleukin 6 is also known to cause inflammatory cascades in the body that could severely exacerbate the problems caused by NEC, making milk with high levels of IL6 a potential risk.

Baumgartel’s research can help expand upon the already prolific benefits of breast milk in the NICU, allowing physicians and nurses to parcel out and prescribe the best natural cures for a baby in need. “Preterm infants do not have an immune system, so the milk they get is like the bridge,” Baumgartel says. “We call it feeding, but in the NICU, milk really is medicine.”

**LOOKING FORWARD**

It is possible such medicine can be harvested before a baby is even born.

For her next round of research, Baumgartel will be focusing on antepartum milk – breast milk produced in the last few weeks of pregnancy – putting her right back on the cutting edge as head of the world’s first-ever study on the subject.

Early work has already uncovered more than 60,000 potential metabolites, and Baumgartel hopes to focus her study on determining whether any of these metabolic biomarkers could be as helpful as those found in more mature (postpartum) milk samples. There may also be room to discover not just what breast milk composition can do for babies, but how it could help the women who gave birth to them. In Baumgartel’s previous research, she has already found one possible example: the presence of the metabolite creatinine in a mother’s milk.

The kidney byproduct likely has no function for a newborn, but could be a crucial marker of a mother’s kidney health. The discovery of similar metabolites could help doctors build risk profiles for new mothers, depending on what shows up in their breast milk samples – which offer their own benefits in terms of forecasting health. “When you are looking for patterns, breast milk is easier than blood samples to trend,” Baumgartel says. “It is difficult to obtain longitudinal blood samples; however, the nature of breastfeeding allows us to collect new samples at each milk expression session.”

For research in the field to continue, it is crucial for breast milk banks to continue collecting a diverse range of samples. This is why, when she is not pioneering research on the subject, Baumgartel focuses on her work at the Human Milk Science Institute & Biobank, where she serves as president, helping promote donation drives and fighting to ensure a more racially diverse population is represented in all samples and studies.

“Nursing science has evolved to include molecular approaches to understanding disease and health. Lactation science and breastfeeding is all about evolution,” Baumgartel says. “It is based on the idea that a woman can make milk that a baby needs, which is personalized to meet the baby’s needs.” And determining how to match those to an infant’s needs with the right kind of milk may be the natural next evolutionary step.
A $499,391 grant from the U.S. Department of Justice (DOJ) will help the School of Nursing broaden its Sexual Assault Nurse Examiner (SANE) program to include a Campus SANE Network Program.

The DOJ Office of Justice Programs, through its Office for Victims of Crime, has awarded more than $3.8 million in total to Duquesne and seven other U.S. universities to establish or expand SANE programs that offer medical forensic care, advocacy and other victim services to sexual assault survivors on college campuses.

The funding has been awarded to Associate Nursing Professor Dr. Alison Colbert to establish a Campus SANE Network Program, which aims to develop and implement a model to enhance sexual assault health care on small to medium-sized university campuses, with an emphasis on those in rural areas.

“We know that sexual assault on university campuses remains an issue. And the effect on survivors lasts well beyond the college years. We also know that there are issues specific to the campus environment that warrant tailored services, and this is even more true in rural areas” says Colbert, whose research and clinical practice focus on health promotion among marginalized and vulnerable populations. “The campus-based sexual assault nurse examiner would be responsible for ensuring that all students have access to a complete sexual assault exam via a local partner and that the students are connected to those partners in a compassionate and trauma-informed way.”

The School of Nursing, known for its innovative spirit, launched the first graduate online MSN in forensic nursing in 2002, preparing nurses to respond to and effectively help victims of crime. “This new DOJ grant will allow us to continue our efforts to ensure that all victims of sexual assault have access to high-quality, patient-centered care and to prevent sexual violence in Pennsylvania and across the country,” Colbert says.

As part of their Population Health course, nursing students and faculty are joining the front lines of the coronavirus pandemic by helping to distribute COVID-19 vaccines at both county health department sites and local community clinics.

The experience is beneficial to both students and the community. Not only are students able to advance the health of their community, they are able to practice nursing and public health skills in a community setting.

According to Associate Professor Alison Colbert, students and faculty alike saw the opportunity to participate as a gift. “The hours spent at a vaccination site are filled with hope and a sense of community working together toward a common goal, and that is so rewarding after this last year,” she explains. “Every single student I have talked to about their experience says it was one of the most rewarding things they have ever done.”

Although nursing students learn medication administration, including the intramuscular technique used to provide the COVID-19 vaccine early in their educational program, a mini-simulation specific to COVID-19 vaccinations was conducted beforehand to ensure confident, safe administration of the vaccine.

Nursing students and faculty will continue to administer vaccines throughout the semester.
LEADING BY EXAMPLE

With everything going on in the world today, the 21-year-old senior is not entirely sure what her next steps will be, however, there is one thing Ford has never doubted: herself.

“It is a huge transition period,” she says. “Especially now with the pandemic. Everything is changing all the time. You just have to learn to adapt.”

It is that kind of quiet confidence the senior has built up over her years at Duquesne, ascending to leadership roles in the school’s chapter of National Association for the Advancement of Colored People (NAACP), Black Greek Council, and Office of Diversity and Inclusion organizations, as well as serving as Miss Black Duquesne 2019. And no matter where those experiences take Ford after graduation, it is bound to be far.

LEADING BY EXAMPLE

Not everyone is a born leader, and Ford claims to be an example.

“I never was a very outgoing person,” she says. “I would get involved, but I would never put myself at the forefront of things. I was more of a helper.” That supportive attitude is what put her on the path to many of her leadership positions, including at the school’s NAACP chapter, where she is serving her second year as president.

Shortly after arriving at Duquesne, Ford noticed participation in some of the school’s diversity organizations was in decline. She approached the NAACP chapter president and found out her predecessor was struggling with the level of work required and needed more support.

Ford quickly offered to help. “Not thinking I would ever want to be president,” says Ford. “I just wanted the organization to do well.”

Ford quickly set about enlisting friends, and by the end of her sophomore year, NAACP’s numbers had risen. Ford was then handpicked to take over as president, a tradition she hopes to continue this year by choosing one of the younger students she mentors to take the reins after she graduates.

The increasing exposure to – and comfort with – the limelight that came with her presidency helped prepare Ford for her next venture: to serve as vice president and to help create unity among Black Greek Council members in the greater Pittsburgh area and on Duquesne’s campus.

The organization looks to bring together Black fraternities and sororities, not just from Duquesne but across the greater Pittsburgh area, and to increase students’ exposure to the clubs and the potential for what they are capable of achieving. “This gives Black Greeks the opportunity to work together, to get our work in front of more people, to increase interest and to do bigger things,” Ford says. “It lets us show our face more on campus and gives us more representation, which is our main goal.”

The importance of making sure responsibilities are shared – and strengths are combined – is not just a lesson Ford says she will use within school organizations but one she will carry with her for life. “With any leadership position, you have to have a team,” she explains. “When you give people the opportunity to contribute to the plan, they feel included. They contribute their best selves, and you can get more ideas and make the whole thing better.”

READY TO SUCCEED

You could say that caregiving is in Ford’s blood. Her father was a pharmaceutical sales manager, her mother worked as a nurse and her sister is going to school for occupational therapy. It was only natural for Ford to pick up the family business.

Yet another aspect of her background has driven her almost as much as her time at Duquesne: Ford’s presence as a Black woman on campus. Since her freshman year, she has been involved in a laundry list of clubs and organizations related to increasing the visibility – and indeed presence – of diversity students at Duquesne.

That lineup included an inclusion pre-orientation program – part of Duquesne’s Office of Diversity and Inclusion – that Ford enrolled in her freshman year. It provided an opportunity to move to campus early, in order to meet and get to know other students before the start of the school year. The experience, Ford said, helped her avoid feeling isolated as a diversity student and move into the broader orientation phase at school with friends already in tow.

“That program was one of the main reasons I stayed at Duquesne,” she shares. “I made lifelong friends – the kind you can use as your backbone to lean on during your time at school.” Having benefitted so much from the program, Ford said she wanted to pay it forward. She became a student ambassador for the office her sophomore year, helping new students get a head start.

“As a freshman, I felt like I had a leg up because I knew and could talk to older people on campus,” she says. “Now, people approach me the same way. They say, ‘I remember you from pre-orientation!’ And I love being a familiar face on campus for someone and being in a position to help them.”

Her visibility on campus would perhaps peak a few years later when Ford won the title of Miss Black Duquesne 2019, then went on to place second in the school’s Miss Duquesne Pageant. The role is essentially a liaison position between the Ebony Women for Social Change and Miss Black Duquesne, providing Ford with opportunities to speak not just to, but on behalf of, diversity students.

This included discussions with University President Ken Gormley on how to reach out to Duquesne’s diversity students in the wake of George Floyd’s death and the widespread protests that followed.

“The climate that we are in right now with racial justice is really important for the change that we want to see,” she said. “It is a huge work in progress for everyone. I wanted to make President Gormley aware of the Black students on campus – not just the world’s Black community, but the Black community at Duquesne – and he was really receptive.”

“IT TAKES AN ASSERTIVE NURSE TO EXPLAIN WHAT A PATIENT NEEDS.”

BE THE CHANGE

Having such tough conversations with high-powered individuals has also helped Ford outside of school. Ford currently works as a patient care technician (PCT) at the University of Maryland Upper Chesapeake Medical Center’s intensive care unit and the intermediate care unit.

“My of our patients are COVID-19 positive, which has been both eye-opening and exhausting,” shares Ford. “However, I am so glad to have this experience. Through my PCT job, I have seen that a nurse communicates often with the physician about a patient’s condition,” she says. “It takes an assertive nurse to explain what a patient needs.”

Ford says that it is also important to listen and be receptive to feedback. That is especially essential when representing a minority in a hospital environment, she says.

“One reason I wanted to be a nurse is because there needs to be more, Black nurses,” she said. “There is not a lot of representation, which is especially important when you need people to be comfortable and to honestly voice their concerns about what they are going through.” However, to be so open, Ford first had to learn how to be honest herself – a lesson, she says, she received through her experiences at Duquesne.

“When I first got into these leadership positions, I felt like I had to do everything myself,” she says. “I did not want people to think I was incapable, but when I started asking for help, I found strength in it.”

“This is why I like nursing,” she says. “You see people at their most vulnerable. Many do not like showing that side of themselves, but it is a blessing to help them feel comfortable, to help them open up, to help them feel better. It is very rewarding.”

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DUQUESNE UNIVERSITY NURSING ALUMNA
LEIGHANN SIDONE TAKES COMMAND IN THE FRONT-LINE BATTLE AGAINST COVID-19

The phrase “having a lot on your plate” takes on a special brand of irony for LeighAnn Sidone, vice president and chief nursing officer (CNO) at Suburban Hospital in Bethesda, Md., part of the Johns Hopkins Hospital System Corporation.

Early last spring, Sidone was immersed in numerous hospital projects that included obtaining magnet certification from the American Nurses Credentialing Center (ANCC) and building a new 108-bed patient tower at the regional community hospital and trauma center serving Montgomery County in Maryland.

At the same time, she was completing her Doctor of Nursing Practice (DNP) project and manuscript for Duquesne’s online DNP program. Like communities everywhere, COVID-19 descended on Montgomery County quickly and with unanticipated ferocity, forcing hospital administrators and caregivers to quickly prepare and respond to the influx of patients and the attendant health risks the virus posed to health care workers.

“We were in the process of moving patients into our new building when we got our first two COVID-19 cases,” she recalls. “The team orchestrating the patient move was the same team leading our pandemic response just as things were erupting.”

Suburban’s performance testifies to the dedication of its clinical and operations support staff and to the leadership administrators like Sidone, who oversaw the response. In the space of just six weeks, the hospital created and opened five dedicated nursing units to accommodate the influx of COVID-19 patients, and served more than 80 patients at the pandemic’s peak. Sidone says the adversity they faced brought out the very best in the hospital’s staff, especially in the nurses working on the front lines.

“The months since those first cases included many moments that were heartbreaking because we lost patients, and because of the stress and fear they and our staff were constantly under,” she says. “But it also was inspirational in so many ways. Our people responded heroically. We developed and then executed our disaster preparedness plan flawlessly. We worked with our colleagues across Johns Hopkins Medicine to create and implement new protocols and to maintain the required levels of PPE needed. Our nurses stepped up to learn new skills and serve patients despite the uncertainty and personal risks. All of us were in it together and focused on our patients. Our staff’s bravery was inspiring.”

Taking the Lead

Fear and uncertainty were constants in the early weeks as the number of cases spiraled. Leading by example was a key to building the staff’s confidence and the teamwork needed to confront the virus.

“We were intentional about which unit and staff would care for our first influx of patients considering environmental capabilities, such as negative pressure, and the clinical needs of the patients,” she says. “However, there were many unknowns and the day it opened and the staff took their first patients, you could see their fear. But the leaders in that unit made a very important decision in that moment, to step up and take care of the first COVID-19 patients alongside their staff. When the staff saw that, they realized they could do it, too.”

Sidone’s leadership and the hospital’s dedication to the community were recognized by the Montgomery County Council, which named her one of the county’s Healthcare Heroes, honoring citizens who went above and beyond during the pandemic.

“Sidone truly is a hero of heroes, our nurses,” the commissioners’ citation reads. “We owe them a debt of gratitude for risking their lives in order to save ours.”

“I learned much about supporting all of our staff, both clinical and non-clinical, and helping them build the resiliency this requires,” she says. “Rounding the units and talking with staff gave me insight and reflection into my own fears and coping abilities.”

Resilience and Encouragement

Sidone’s ability to finish her DNP Practice project in the midst of this crisis speaks volumes about her drive and focus. She alsocredits the flexibility of Duquesne’s online DNP program with enabling her to complete her degree.

“I am a Pittsburgher at heart and my parents still live there, so I wanted to look at schools there,” she says. Duquesne’s long history in online nursing education and the distance learning option helped seal her decision. “Duquesne made enrollment and onboarding easy. They reached out frequently to maintain contact and helped me set up a program that was doable for someone with a full-time job.

“Even more important, my instructors know what it is like to juggle a job and school, and were very supportive,” she adds. “They realized what I was doing at the same time and how much that work mattered. They went out of their way to help me complete my coursework particularly in the throes of a pandemic.”

Sidone’s leadership and commitment to the nursing profession shone through and was noted by Clinical Assistant Nursing Professor Mary Kay Loughran. “As a DNP student in my class, LeighAnn would regularly share perspectives with the cohort that embodied leadership,” says Loughran. “Her real-life experiences from being a CNO to obtaining magnet status for her organization to designing and opening a new 108-bed addition – made the content being discussed come to life. She is a strong leader. She was admired by her cohort and is admired and loved by her colleagues at Suburban Hospital.”

Sidone also leads by example, and points out that she gained her insights on nursing and on leadership by touching every rung on the career ladder. She began as a nursing assistant at Suburban Hospital while earning her BSN degree at Indiana University of Pennsylvania. She worked for two years at Allegheny General Hospital in Pittsburgh after graduation. During her 25 years with Suburban Hospital, she served as a nurse on the oncology floor before stepping up to the manager role then director’s position, while also

MENTORING IS IMPORTANT IN NURSING AND AT DUQUESNE, AND SIDONE EXEMPLIFIES THAT.

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The students loved it,” says Loughran. “She tied in her DNP education to show how it supported her abilities to do the work that was required. Mentoring is important in nursing and at Duquesne, and Sidone exemplifies that.”

“I’ve had the very rare good fortune to move along this path with the same organization, and have the chance to work as a nursing assistant, a floor nurse, director and then executive,” Sidone says. “To lead effectively, I need to know as much as I can about the roles I oversee, what the jobs feel like and what our nurses go through. That understanding is important when I have people to support and lead.”

The DNP project is a pivotal accomplishment for nurses that tackles real world problems based on their own clinical experience. LeighAnn Sidone’s goal as she developed her DNP project was to identify factors that contribute to patient falls in her hospital, where she serves as vice president of nursing and chief nursing officer. Falls pose a significant injury risk for patients that can extend their hospital stay. Hospitals also incur significant penalties in their reimbursements from Medicare if these events occur frequently. A thorough literature review found that communication gaps between nurses at the time of shift change can contribute significantly to patient falls. It was found that bedside shift report and hourly rounding were practices that would improve patient experience and reduce falls and call bell volumes.

Sidone developed an hour-long simulation program for RNs and patient care technicians. The program provided each participant the opportunity to step into a patient’s bed to both see and feel what it is like to experience care delivery from a patient’s perspective. The program was developed in collaboration with nursing unit leadership and front-line staff nurses to help contribute to the key program objectives as well as identity factors on the nursing unit that contributed to patient falls. These nurses were integral in the creation of a patient experience simulation program that focused on bedside shift report and hourly rounding as well as enhancing staff empathy for patient needs.

Outcomes were measured both pre- and post- program and showed a decrease in call bell volume, improvements in individual staff empathy scores, improvement in patient experience and a decrease in patient falls.

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WELCOME NEW FACULTY AND STAFF

Deborah Dillon, DNP, RN, ACNP-BC, CORRN, CHFN-K
Clinical Associate Professor and Appointed Director of the Adult-Gerontology Acute Care Nurse Practitioner Program

Kelly Fox, BA
Technology Specialist

Erlie Inocian, EdD, MSN, RN, CNOR
Clinical Assistant Professor

Ralph Klotzbaugh, PhD, RN, FNP-BC
Assistant Professor

Elizabeth Skrovanek, PhD, RN
Instructor

Marie Smith-East, PhD, DNP, PMHNP-BC, EMT-B
Clinical Assistant Professor and Appointed Director of Psychiatric-Mental Health Nurse Practitioner Program

Not featured above: Instructor Tasha Wheeler, MSN, RN, CORRN

FACULTY AWARDS AND RECOGNITIONS

Dr. Rebecca Kronk was selected for the 14th Class of Fellows inducted into the National League for Nursing Academy of Nursing Education.

Dr. Khleed Salman was inducted into the American Academy of Nursing's 2020 Class of Fellows.

Dr. Kierstyn Snyder was selected to participate in the 2020-2021 cohort of the American Association of Colleges of Nursing's Baccalaureate Nursing Faculties Leadership Program.

Dr. Terri Snyder was selected to participate in the 2020-2021 cohort of the American Association of Colleges of Nursing's Baccalaureate Nursing Faculties Leadership Program.

Dr. Mary Ellen Smith Glasgow co-wrote Legal and Ethical Issues in Nursing Education: An Essential Guide.

Dr. Ruth Irwin was appointed by the Commission on Graduates of Foreign Nursing Schools International to a one-year term on the Professional Nurse Credentials and Standards Committee.

Dr. Kelley Baumgartal was named a 2020 Pittsburgh Magazine 40 Under 40 honoree.

Dr. Donna White was accepted into the National Organization of Nurse Practitioner Faculties.

GRANT AND FUNDING NEWS

A $493,391 grant from the U.S. Department of Justice was awarded to Dr. Allison Colbert for DUSON Campus SANE Network (see p. 22 for more details).

Dr. Alison Colbert received a $70,000 NNFPA Alumni Activation Fund Grant for the Intersection of Disability and Healthcare During COVID-19.

The FSA Foundation awarded $90,000 to Dr. Allison Colbert for Equity Access: Educating and Empowering Healthcare Providers to Make Healthcare More Accessible.

Dr. Alison Colbert secured $20,000 in funding to award two $10,000 Jonas Scholar awards.

Dr. Jessica Devito and colleagues received a $2,000 John G. Rangos, Sr. Prize for Health Inequalities, Professional Preparation, and the Pittsburgh Region: A Multidisciplinary, Community-Engaged Course to Prepare Generation Z for the Future.

Dr. Kate DeLuca received $73,000 in funding from HRSA for the Nurse Faculty Loan Program.

A $249,000 National Institutes of Health grant was awarded to Dr. Mai-Ly Steers for a Social Media Personalized Normative Feedback Intervention for Heavy Drinking Students.

Dr. Yvonne Wieckman and a colleague received a $4,500 Logman Faculty Research Grant for Water and Daily Life in Oikoskolon with Photovoice.

Dr. Denise Lucas received $4,000 from CVS Health Foundation for FNP student scholarships.

FACULTY DEVELOPMENT AND TRAINING

The American Nurses Credentialing Center's Commission on Accreditation has recognized the Duquesne University School of Nursing as an accredited provider of nursing continuing professional development. As the lead nurse planner, Dr. Rebecca Kronk, associate dean for academic affairs, and her team will oversee a team of faculty nurse planners to provide faculty trainings, conferences and various specialty course offerings.

U.S. News & World Report

RANKINGS, RECOGNITIONS AND ACHIEVEMENTS

#62
Best Graduate Schools – MSN Program

#83
Best Nursing Schools – Doctor of Nursing Practice

#38
Best Online Master’s in Nursing Programs

#3
Best Online Master’s in Nursing Education

#4
Best Online Family Nurse Practitioner Master’s Program

#5
Best Online Graduate Nursing Programs for Veterans

#12
Best Online Graduate Nursing Programs for Veterans

SPECIAL THANK YOU TO THE DUQUESNE UNIVERSITY NURSING ALUMNI ASSOCIATION

This past year, more than ever, additional equipment was needed to provide socially distanced learning in the School of Nursing Learning and Simulation Center. Through the generosity of the Nursing Alumni Association, the School of Nursing was able to purchase two SimMan Nursing Lab kits, which helped to meet COVID-19 guidelines. These kits offer a lifeline simulation that provides nursing students with exceptional instructional aids as they can use to practice basic nursing care skills.

ALUMNI RECOGNITION

Second Degree BSN graduate Jourdan Van Weiren, RN at West Penn Hospital, along with BSN graduates Kara Unger, RN at the University of Maryland Medical Center’s Cardiac Surgery, Stephanie and Lacey Orsillo, RN at UPMC Children’s Hospital of Pittsburgh, received the Daisy Award for extraordinary patient care.

Julie Valentine, PhD, RN, CNE, SANE-A, was inducted into the American Academy of Nursing’s 2020 Class of Fellows.

Karen Gittings, DNP, RN, CNE, CNEc, was named the School of Health Sciences dean at Franciscan Marion University.

STUDENT RECOGNITION

PHD candidate Khaliah Fisher-Grace was awarded second place at the Nursing Research and Innovation Day, a virtual event designed to highlight nurses who have devised ways to improve patient care while encouraging others within the profession to do the same. Fisher-Grace is studying patients with Type 2 diabetes for diabetes distress.

PHD candidate Sandy Coyo, DNP, FNP-BC, joined New Jersey Hospital Association as vice president of clinical performance and transformation.

PHD in Nursing Ethics candidate Felicia Liz Stokes, JD, MA, RN and PhD in Nursing candidate Christine Lejanka, MSN, RN, SANE each received a $10,000 Jonas Scholarship Award to support their research: Lejanka is working in the area of chronic health, and Stokes in psychiatric mental health.
RISING TO THE CHALLENGE
NOTES FROM THE FRONT LINES

THE YEAR OF THE NURSE AND MIDWIFE WAS TRULY A REMARKABLE YEAR FULL OF HIGHLIGHTS AND UNEXPECTED CHALLENGES.

The COVID-19 pandemic has shown the world the important role nurses play in health care - that nurses are powerful not because they have no fear but because they approach their work and care for patients with the utmost care and compassion, despite their fear.

2020 was one of the most challenging years in our lifetime. We each have our own story to tell, and throughout the year, our Duquesne nurses have shared their front-line experiences. We are proud of and inspired by the courage and compassion of Duquesne nurses. We hope the following look back at just a few of their experiences will invoke the same feelings in you.

EMMA CRANSTON, BSN, RN
2018 BSN PROGRAM

Registered Nurse II, Adult Emergency Department, The Johns Hopkins Hospital, Baltimore, MD

I have been working in the Adult Emergency Department at The Johns Hopkins Hospital for about a year and a half, but we have been dealing with COVID-19 rule-out patients since February. The past couple of months have been the most challenging and mentally exhausting I have ever experienced as a nurse but also the most rewarding.

As an Emergency Department nurse, I am used to the unexpected each day. However, the past couple of months have taught me not only to be prepared for all types of patients, but also new protocols and work flows set by management to help us fight this virus. My hospital emails us every day about patient volumes and what they are doing to help combat this virus. They also send us resources to help us study and relearn skills we may not use every day.

With high patient volumes and a low number of available hospital beds, we are forced to keep patients in the Emergency Department longer while trying to manage a higher influx of incoming patients. Ultimately, I am extremely grateful to work for such a good hospital and for my co-workers during this challenging time.

I am also grateful for my time at Duquesne and all the opportunities it gave me to become a successful nurse!

Shared June 2020

KATELYN BARLEY, MSN, RN, CCRN, CNE
2013 BSN PROGRAM

Current DNP student Emergency Support Pool Nurse, Baltimore Convention Center Field Hospital, Baltimore, MD

I am currently full-time nursing faculty here in Maryland, but during the COVID-19 pandemic, the state called on all past, present and even future nurses to consider helping out. I have had the opportunity to work at the Baltimore Convention Center Field Hospital - a joint venture through University of Maryland Medical Center and The Johns Hopkins Hospital. We are caring for patients who are all confirmed COVID-19 positive in a biocontainment area.

This role is something I never expected but has been more rewarding than I could have ever imagined. I work 13-hour shifts in full PPE (personal protective equipment) with short breaks to hydrate or use the bathroom. I am not sure how long this pandemic will last, but I do know front-line nurses are working tirelessly to provide care to patients who need it the most.

Shared May 20, 2020

MELISSA COULTER, BSN, RN, CEN
2015 BSN PROGRAM

Clinical Registered Nurse II, Emergency Department, University of Maryland Medical Center, Baltimore, MD

It is an honor to be a nurse but an even bigger honor to be a nurse on the front lines during a pandemic.

I am an Emergency Department RN in Baltimore. Maryland has had steady cases of COVID-19 since the first week of March, and working in a large academic hospital on the west side of Baltimore has led to significant challenges and high volumes of acutely ill patients. The last month has been our hardest. I am unbelievably grateful for the team I work with every single day. They are knowledgeable and compassionate, giving each patient a fighting chance. I have been at the bedside of countless patients while we have tried everything in our power to keep them alive. I have seen the fear in a patient’s eyes, I have held their hands as they realized they were dying, and I have been with patients as they take their final breath. While I never expected to be an Emergency Department RN during a pandemic, I know I am exactly where I am supposed to be.

Update: The above quote and photo are from March 2020, when the global pandemic had really just come to fruition in the United States. Fast forward these many months and we are still battling an invisible illness. To my fellow health care workers and friends - thank you for fighting so hard against this. Thank you for your courage, selflessness and perseverance. It is because of you all that I have been able to continue to show up, even on the hardest of days.

To read more from Duquesne nurses on the front lines, visit duq.edu/covid-heroes
I began my nursing career locally in a neuro ICU. From there I left to become a travel nurse in California. I returned home upon acceptance into Duquesne’s FNP program and began a new position to rotate throughout different ICUs. With my travel nurse and ICU experience, along with family support, I felt it was necessary to help when I heard Governor Cuomo’s call for nurses to please come to NYC to fight COVID-19. I could not sit at home when I saw the dire need for help. From there I left to become a travel nurse in New York City, NY. Currently (April 2020), I am in Manhattan, on one of the many COVID ICUs. I am experiencing the support of an entire city. It is humbling to serve my community as a Duquesne nurse. I am thankful for my education from Duquesne and my professors and administrative staff. I am eternally grateful for my undergraduate education and am humbled to serve my community as a Duquesne nurse.  

Diana Cook, BSN, RN  
2017 BSN PROGRAM  
Shared May 6, 2020

I was selected to co-lead a team of nurses and other local health department staff to operate a COVID-19 phone bank. We started in a small conference room, then quickly transitioned to remote work so our staff could continue answering calls while staying at home. In the beginning of November, my co-lead and I transferred our responsibilities to a newly hired nurse whose primary focus is the phone bank. We trained her to take over but are ready to be called upon again in this time of great uncertainty. The staff utilizes laptops with telephonic capability (soft phones) and a newly developed database when receiving and entering call information. Callers are connected to other resources as needed, including those for the uninsured, elderly, homeless or disabled. This role demanded I keep up with rapidly evolving CDC and state guidelines and collaborate with the health department’s various programs, including Emergency Preparedness, Communicable Disease and Environmental Health. Since the beginning of March 2020, the phone bank has fielded over 4,200 calls from Maryland residents, clinicians and businesses. Over 1,000 calls included assessment of symptoms. Patients are triaged to other resources or programs as appropriate.  

Lauryn Clouden, BSN, RN, CEN  
2015 BSN PROGRAM  
Shared April 22, 2020

Evan Mulvihill, BSN, RN  
2019 BSN PROGRAM  
Registered Nurse, Jefferson Hospital, Pittsburgh, PA

We have seen so many positive cases and in fact, we were one of the few units to initially get a positive case in Western Pennsylvania. My role as a nurse has not changed too much; however, we are learning each and every day about better protecting ourselves against this virus with N95 masks, paper masks and now N100 masks, which are shown to protect up to 97%. The hardest thing for us is dealing with positive patients who are extremely sick, and require mechanical ventilation and proning in the bed. Our intensivists are learning that with this virus, although it presents as a textbook acute respiratory distress syndrome case, patients are responding to ventilator settings that are not in found textbooks or algorithms, so we are making history with learning from our cases how to better treat them. I am motivated every day to go into work knowing I am on the front lines, making a huge impact on people’s lives and seeing them get better. Being able to call the family and give them positive news is so rewarding.  

Update:  
Since submitting his story, Mulvihill has transitioned to the cardiothoracic surgical ICU at Allegheny General Hospital in Pittsburgh. While he generally works with heart and thoracic post-op patients, his unit also cares for COVID-19 patients in the medical ICU who have been placed on ECMO for lung or heart support.  

Shared April 16, 2020

To read more from Duquesne nurses on the front lines, visit duq.edu/covid-heroes