UNLOCKING OUR GENETIC MAKEUP
NURSES ADDRESS THE IMPLICATIONS FOR PATIENTS AND FAMILIES
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The momentum continues at Duquesne University School of Nursing as our enrollment, research, innovation and strategic initiatives flourished during the 2016-2017 academic year. Our enrollment reached an all-time high of 1,064 students, an increase of 51 percent in five years; we have climbed 60 spots in *U.S. News & World Report* to 67 in 2018 due to the hard work of our research faculty; and we continue to focus our efforts on social justice and nursing along with health care ethics through our curriculum, conferences and community-engagement activities.

In this issue, we celebrate recent achievements and are honored to feature members of our renowned faculty including Drs. Michael Deem, Rebecca Kronk and Kathleen Sekula along with outstanding alumni such as Drs. Allison Squires and Myrna Doumit. In the fall, we held the eighth annual McGinley–Rice Symposium *Exploring Social Justice for Vulnerable Populations: The Face of the Person with an Addiction*. This spring, we will host the inaugural *Carol Carfang Conference on Nursing & Healthcare Ethics*.

We highlight the importance of ethics with respect to the use of genetic information in clinical and research settings. You will also read how our Peri-operative Nursing Internship is fulfilling a need for the current and projected shortage of operating room nurses, and how we have responded to the crisis of sexual assault in the United States by preparing nurses through our pioneering Forensic Nursing Program and Sexual Assault Nurse Examiner (SANE) course.

A special thank you to our very generous alumni, Ann and Chris Glazener, for a naming gift in the Learning and Simulation Center, and Carol and Tony Carfang for sponsoring the *Carol Carfang Conference on Nursing & Healthcare Ethics* this year and in the future. I hope you join me in sharing our excitement for a bright future. You are integral to our success. As always, thank you for your support of Duquesne University School of Nursing.

Sincerely,

Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN
Dean and Professor
Since 2003, when the human genome sequencing was completed, new genetic information was disseminated to health care professionals, which required nurses to translate that information and its implications for patients and their families. The ethical implications related to the impact of genetic information in health care decision-making cannot be emphasized enough. Will a patient be denied a life-saving treatment because of his/her genetic profile in the future? What are the ethical implications of the sharing of genetic information on patients’ rights and future medical treatments?

Associate Professor Rebecca Kronk, PhD, CRNP, believes that nurses are in the perfect position to answer these questions for patients and help them understand genetic testing and its impact. “Nurses naturally think about the whole person for treatments and prevention,” says Kronk. “They consider your genes, your environment, your family. We need to educate nurses in genetics to strengthen their knowledge and their ability to help patients make decisions about their care.”

Kronk developed Genetics in Nursing and Health, an undergraduate genetics course that is now a requirement in the School of Nursing. It is part of Dean Mary Ellen Glasgow’s vision to embrace relevant trends within the nursing curriculum. That vision focuses on genetics and ethics and the course touches on both. “Very few nursing schools have a stand-alone genetics course. I feel that we are recognized as a leader in this area. This is information that’s constantly challenging nurses to be better, to understand more, to think more broadly and to put everything that nursing stands for into practice,” says Kronk.
A CUTTING-EDGE CLASS

Genetics in Nursing and Health is a three-credit course designed to help students understand genetics and its implications for patient health. Kronk based the course on the Essential Nursing Competencies in Genetics and Genomics, first published by the American Nurses Association. These competencies focus on developing an understanding of how genetics and genomics relate to health, prevention, screening, the selection of treatments and the monitoring of treatments. “We include case studies where we discuss the impact of a difficult diagnosis,” she remarks. “We talk about how you can encourage a person to do more preventive care earlier. Who else in the family should have genetic testing? How do you approach a patient and discuss his or her concerns about sharing genetic information with family members?”

To illustrate the complexity of genetics, students are split into groups, each given a different case study with the same diagnosis. Separately, they talk about their particular case, and then the groups come together for discussion. The students learn that patients can have the same diagnosis, but the scenarios can be very different. “How was the diagnosis made? How did the family react? What health conditions surfaced or did not surface?” says Kronk. “The take-home message is that the name of the disease does not define the person. It is not just the biology of genetics, but its applications to clinical practice that is so essential.”

Students learn that there’s a genetic component to almost every chronic illness. They also discover that having the gene for a disease does not mean patients have no control over their health. Often people can take actions to minimize risks or prevent a disease from developing. Families often turn to nurses for explanations and support. Kronk explains that nurses help with the resources, education and emotional support, which can be challenging especially when dealing with a difficult diagnosis.

One’s genetic makeup can have pharmaceutical implications as well. Nurses learn that different races can have different reactions to medications, and it is never “one size fits all.” For this reason and others, a variety of genetic tests have become more common.

Class case studies help students understand the ethical implications of genetic testing. One case concerns an elderly man who is dying of cancer.

“We are elevating the role of nursing,” Kronk says. “We are creating highly ethical individuals who advocate for their patients and are smart and on the cutting edge of health care advancements.”
He does not want genetic testing, but his daughter feels differently. The daughter approaches his nurse and asks for a swab from the inside of his mouth so the daughter can send it for genetic testing. “The nurse has to think how to settle this,” remarks Kronk. “How do you respect a patient’s rights and advocate for them, while also thinking about the larger impact on the family?”

In developing her class, Kronk was not content to simply put together a great course. She also wanted to measure outcomes. She approaches the class as an educational researcher, creating ways to make sure her students are meeting objectives and learning the core competencies. “I have students do self-assessments as well as reflective journaling during the course,” she says.

Kronk is proud of her work in genetics and the way Duquesne is supporting it. In the fast-changing world of health care, she feels it is going to have a significant impact.

A SERIOUS COMMITMENT

As a pediatric nurse practitioner with a doctorate in applied developmental psychology, Dr. Rebecca Kronk has combined her clinical expertise and research interests in working with vulnerable populations of children with special health care needs. Kronk has helped develop and organize the Fragile X Center at Children’s Hospital of Pittsburgh of UPMC. To advance the understanding of Fragile X, she created a local Fragile X registry and spent many years working with a National Fragile X Clinic Consortium. Her research examined sleep quality in children with Fragile X syndrome that resulted in several publications, book chapters and a set of sleep practice guidelines. She recently published about the acquisition of genetic and genomic competencies in undergraduate nursing students enrolled in the genetics course.

Kronk’s research has expanded to other populations of vulnerable children and their families. Publications have focused on sleep in Down syndrome, care for families and children exposed to substance abuse, and a photovoice project on grandparents raising their grandchildren. As a Sigma Theta Tau Scholar, she is developing a set of BSN competencies focused on improving the care of people with disabilities across the lifespan.

Kronk’s passion for genetics also extends to her participation on the board of the International Society of Nurses in Genetics (ISONG), a global nursing specialty organization dedicated to genomic health care, education, research and scholarship.

With other ISONG board members, Kronk is discussing a research project to measure the genomic pulse of Pennsylvania. “We want to get an understanding of what a typical citizen from ages 18-70 understands about genetics,” she says. “We want to see where the education needs to be, then add that information to curriculum, public policy and public health information resources.”

Through Kronk, Duquesne has become involved with ISONG as well and contributes to research scholarships that the organization awards.
ETHICS AND GENETICS:
NATURALLY INTERTWINED

There’s a lot of talk these days about precision medicine, a health care model tailoring treatment to individuals based on genetic testing and other types of diagnostics. This kind of personalized medicine helps practitioners and patients make decisions and choose therapies that are much more targeted, with the hopes of improving outcomes and reducing the harm caused by some treatments.

While genetic tests can provide information that guides a patient’s care, they also raise concerns about ethics and privacy. Everyone in health care needs to understand the problems inherent in genetic testing and precision medicine.

Here are some examples of how Duquesne Nursing is leading the way in research and instruction on health care ethics and genetic concerns:

Dr. Michael Deem, an assistant professor with a joint appointment in the School of Nursing and the Center for Healthcare Ethics, specializes in the ethical and social dimensions of genetic counseling and genomic medicine.

Drs. Mary Ellen Glasgow and Joan Such Lockhart have expertise in oncology and targeted cancer therapies.

Drs. Rebecca Kronk and Karen Jakub teach Genetics in Nursing and Health and have each completed a genetic course at the prestigious NINR Summer Genetics Institute.

Dr. Eric Vogelstein, an assistant professor with a joint appointment in the School of Nursing and the Department of Philosophy, specializes in biomedical ethics.

Faculty have numerous publications related to ethics. Dr. Alison Colbert authored and edited a regular Ethics in Action column in Nursing 2017.

Duquesne will present the inaugural Carol Carfang Conference on Nursing & Healthcare Ethics in 2018.

Duquesne is the first university in the nation to offer a PhD in Nursing Ethics.
THE ETHICS OF GENETICS

When genetic testing shows an unexpected or life-threatening outcome, it can lead to certain dilemmas. For instance, if there is a chance your progeny will also develop a genetic disease, should you have children? If you have the gene for a serious illness, should you tell your family to get tested, too? What happens if the parents of a sick child get genetic testing as well and discover that the dad is not the biological father? These questions are just the tip of the iceberg, and that is why the genetics course has an ethical component, too.

Dr. Michael Deem, who holds a joint position in the School of Nursing and the Center for Healthcare Ethics, teaches Nursing Ethics Across the Lifespan and collaborates with Kronk to incorporate units on the ethics of genetic testing and genomic medicine into the course. “Nurses are really going to be on the frontline as genomic medicine becomes more routine in the clinic,” says Deem. “Their ability to explain medical information, along with their capability to provide care and respond to patient needs, makes them ideal members on the health care team to counsel families on the complexities of genetic medicine.”

Deem stresses the importance of teaching nurses to examine their biases when making medical decisions, particularly about a patient’s prospective quality of life. Not only might those judgments be unfair to the patient, but they can establish precedents that may influence other medical teams. “So we must be very careful about how we use genomic sequencing. These tests are diagnostic tools. They do not tell you exactly what you ought to do once you have a result. That is where critical thinking, moral awareness and moral courage come in to play.”
“Forty years ago, nursing students routinely completed a surgical rotation as part of their education,” says adjunct faculty member Lillian Longo, BSN, RN, MA. “But today there are limited surgical rotations available.”

Therefore, Devon George, MSN, RN, marketing and recruitment director, who was then completing her MSN capstone project, co-developed a new peri-operative course with Dr. Linda Koharchik, clinical assistant professor and director, Adjunct Faculty and Clinical Affairs.

While a master’s student, Koharchik had worked as an intern for Longo, who was then director of surgery at Forbes Regional Hospital. The two stayed in touch, and when the time came to find an instructor for the new course Koharchik immediately thought of Longo. “I was very excited about the idea,” Longo recalls.

The 12-week course, which offers juniors real-life OR experience, takes place over the summer and is taught in conjunction with a paid internship at UPMC St. Margaret. In addition to teaching, Longo liaisons between the University and the clinical site, which creates a strong learning experience. “Students learn the theory and work in the OR at the same time,” she remarks.

This past summer, students spent one morning a week with Longo and the remaining time in the hospital where they floated between pre-operative, recovery room and inter-operative duties.

The internship also served as a recruitment effort for the hospital. “At the end of the summer, every student was offered employment,” notes Longo. “If they chose, they could work as a patient care assistant part time during the school year.”
Either you love surgical nursing or you don’t,” states Longo. “You have to be extremely enthusiastic about this specialty. You have to go into it for all the right reasons.” The class emphasizes nursing leadership in the operating room. “As nurse circulator, you’re the captain of the ship. You run the room,” says Longo. She explains that it can be challenging working in a surgical unit, and she uses personal experiences to teach students how to handle the different scenarios they may encounter. After numerous years working in and around operating rooms, she has many experiences to share.

Course content includes patient safety and risk management, regulatory issues and patients’ rights. Students learn the universal protocol developed by the World Health Organization while taking care of a patient and prepping for the operating room. “There’s a universal checklist that every OR follows to prevent wrong-site surgeries and promote patient safety,” states Longo. “It’s up to the nurse to call that before any scalpel is lifted or procedure is started.”

Students learn how to prepare a patient for surgery using the nursing process of diagnosis, assessment, implementation and evaluation. They experience what happens in the operating room, how to gown and glove, scrub, circulate and prep, and sterilize instruments. They learn about recovery room nursing and postanesthesia care. Longo uses stories and audio/visual aids to teach and the learning is reinforced by an on-site preceptor. “Every week we start our class by talking about their OR experiences and what they observed and discovered.”

The peri-operative course also includes trauma and pre-surgical care in the field, ambulance services and triaging a patient.

Longo stresses that a nurse’s first job is to be the patient’s advocate. She emphasizes the unique responsibility nurses have in caring for surgical patients. “Patients can be frightened. Some have mental challenges,” she explains. “We discuss the importance of showing compassion and how to involve caregivers.”

After decades in nursing, Longo has seen how much operating rooms and procedures have changed. She teaches her students about robotic and laparoscopic surgeries, and the complexity of the operating room, including the equipment and technology.
“Operating rooms are full of computers,” she remarks. “I teach students to refer to the screen for vital information, but to remember to always pay attention to the patient.” That’s a crucial nursing concept that Longo feels is a tenet of Duquesne’s nursing program.

Building on success.

Over the past two years, 10 students have taken the peri-operative elective course. As a result, one student from Longo’s first class is now working in Allegheny Health Network West Penn Hospital’s operating room. Glasgow, Koharchik and Longo would like to expand on that success. This coming year, they want to attract more students and offer internships at more clinical sites. To date, Allegheny Health Network West Penn Hospital and Children’s Hospital of Pittsburgh of UPMC have agreed to be clinical sites for paid internships. The school is also opening up the course to sophomores. Longo is preparing a presentation to inform and excite students about the possibilities of peri-operative nursing. She notes that the program is gaining traction—so much so that other schools are copying it. “That’s OK,” says Longo. “There’s a shortage of peri-operative nurses everywhere and Duquesne Nursing is proud to help make a difference.”

A REWARDING OR EXPERIENCE
Mikaela Jones took the peri-operative nursing course in the summer of 2017.

Why are you considering peri-operative nursing?
There is never a dull day and what you experience as an OR nurse is incredible. To be a part of a team that saves a patient’s life is so rewarding.

What differentiates OR nursing from other nursing positions?
The OR nurse’s main priority is being the patient’s advocate since they cannot speak for themselves. It can be difficult to stand up to a surgeon or colleague, but when it comes to the patient’s care, you can’t be shy. Physicians and nurses rely on each other to have the correct patient information and follow protocol.

What were some of your program highlights?
I really enjoyed seeing multiple surgeries from start to finish and how each one is unique.

What were your biggest challenges?
Having to open sterile packages without touching anything sterile on the inside and being able to put on two sets of sterile gloves while wearing a sterile gown. That took some practice.

What had the most impact on you?
I learned you must always be alert and have a watchful eye over the operating field, because if someone needed something quickly or you noticed that they accidentally broke sterility, you need to react quickly.

How was your overall experience?
This is a once-in-a-lifetime opportunity. It is a whole new world of nursing, and I feel so lucky to have been a part of it. I am so happy Duquesne gave us this opportunity, and I’m so grateful I have this skill set for the future.
AT DUQUESNE, ALL LEVELS OF THE NURSING CURRICULUM INCORPORATE A GLOBAL PERSPECTIVE.
LEARNING THAT GOES BEYOND THE CLASSROOM.

OPPORTUNITIES TO INCORPORATE A GLOBAL EXPERIENCE INTO A STUDENT’S NURSING EDUCATION EXIST AT BOTH THE NURSING UNDERGRADUATE AND GRADUATE LEVELS.

At Duquesne, students learn in the classroom, online and beyond in locations such as Nicaragua, Italy, Scotland, Ghana and Tanzania, to name just a few. Undergraduate nursing students can choose from study abroad programs that last for one week, a summer or an entire semester.

Students are given the additional opportunity to travel and learn while serving vulnerable populations through a partnership with a Nicaraguan nursing school. During these faculty-led trips they participate in direct patient care and in health promotion and disease prevention projects. Students gain the skills, knowledge and clinical experience needed to deliver the best patient care possible while learning how to recognize and appreciate cultural differences in health care values, beliefs and customs.

Study advance nursing practice in Rome or Ireland. Online DNP and PhD students can study transcultural and global health perspectives and the influences of culture on health systems through short-term coursework and a cultural immersion at the Duquesne Rome campus. This is an outstanding opportunity for doctoral nursing students to learn more about global health care systems, and discover the commonalities and differences in cultures, health and health care access.

PhD students are required to study abroad for a short-term experience in Ireland. This includes opportunities for a global perspective on research methods such as qualitative, quantitative, mixed methods and measurement issues. A partnership with the nursing faculty at the University College Dublin enhances this wider view of scholarship and research in nursing. Students interact with Irish faculty, discuss their research with other students and attend an action research conference while enjoying new foods, customs and traditions of their host country.
“Dublin provided a beautiful backdrop to learning. At University College Dublin, I participated in lectures and presentations from nursing faculty and PhD students. I was encouraged and inspired by their professional experiences and research, and was touched by their friendliness and hospitality. And I was able to work closely with my Duquesne professors and PhD cohort, which was great. The Dublin experience deepened my interest in learning more about the impact of culture on health and education.” —Griselle B. Estrada, PhD student

“It was wonderful to examine research on culture and learn how it affects providers and institutions, but the best part was meeting fellow students. We come from all over the U.S. with varying years of experience and aspirations. It was refreshing to garner perspectives from other nurses enrolled in a graduate program. I learned so much and have a fresh outlook on my profession and future as a health care provider.” —Skye Jones, MSN-FNP student

“The Rome Maymester is one of the most insightful experiences I’ve ever had. It opened my eyes to the world and helped me appreciate the importance of understanding other cultures—especially in a clinical setting. As a future nurse, I will certainly care for individuals from other cultures. In Rome, I was able to experience this firsthand in the classroom, in the hospital and everywhere in between.” —Abbey Whitewood, BSN nursing student
“TRANSCULTURAL NURSING EXPERIENCES ENABLE STUDENTS TO SEE THE COMMONALITIES AND DIFFERENCES IN HEALTH CARE AND HEALTH CARE ACCESS. IT CHANGES THEIR WORLD VIEW, AND WE HOPE THAT WILL IMPACT HOW THEY CARE FOR PEOPLE IN ANY SETTING.”

—Dr. Rick Zoucha, chair of Advanced Role and PhD Programs
When Dr. Kathleen Sekula was asked by former School of Nursing Dean Mary de Chesnay to create a forensics nursing graduate program at Duquesne, she first collected a little evidence of her own.

She looked back on her practice as a psychiatric nurse and discovered something eye-opening: Over a five-year period, more than 85 percent of her patients had been sexually assaulted either as children, adults or both. “That clinched my interest in addressing forensic nursing,” says Sekula. “Looking at that number, I decided I had to do something.”

With her first cohort in the forensics program in 1986, Sekula learned another startling fact. One of the students’ research projects studied the availability of Sexual Assault Nurse Examiners (SANEs), nurses who are specially trained to collect evidence for sexual assault kits. The graduate students were asked to explore if SANEs were present in hospitals where they lived or worked.

Since the master’s program is online, students from all around the world participated. What they discovered was surprising. “We found the majority of students did not have access,” remarks Sekula. “There were often no SANEs working where our students were living and practicing. That was a real eye-opener.”

Sekula and her students discovered that SANEs were concentrated in urban areas, but sadly absent in rural and underserved ones, both in the U.S. and abroad. “We needed to look at how to provide those services to a broader group of nurses,” says Sekula.

A SEXUAL ASSAULT COURSE INSPIRES CHANGE AROUND THE WORLD. AND RIGHT HERE ON CAMPUS.

A course available any time, anywhere.

At that time, there were no online sexual assault courses. Nurses who did not have the time, money or convenient location to take an onsite class were without options. Sekula developed an online sexual assault course with the help of a Department of Health and Human Services grant. She started by presenting a live course with about 40 students at the School of Nursing. Working closely with Joe Seidel, director of technology in the School of Nursing, Sekula recorded the entire class and transformed it into a 40-hour online course that continues to be updated every few years. The course is offered three times a year over an eight-week period. Students watch four hours of the course and engage in an online discussion board before moving on to the next four-hour lesson.
Participants who complete the course receive a certificate and are then ready to be preceptored by a nurse who is an expert in sexual assault evidence collection exams. Once the preceptor says they are proficient to perform the exams independently, the nurses can sit for SANE certification through the International Association of Forensic Nurses (IAFN).

Sekula has also integrated the class into the forensic graduate program, so every nurse who graduates from the program has completed the SANE course. What is even more unique is that she has opened up the course to undergraduates. “IAFN did not allow anyone other than a registered nurse who is already practicing to take the SANE course,” says Sekula. “I wanted to provide qualified senior students the opportunity to take the course if they chose.” She consulted with IAFN and created a pathway for the students to take the course and then receive their certificate of completion after they became registered nurses.

Learning what it takes to be a SANE.

The course covers every aspect of the sexual assault exam, starting with the members of the sexual assault team. Sekula explains that in any hospital where a sexual assault is reported, the sexual assault team is notified: The nurse responds, the advocate responds and the law responds. They all know how to work together to collect the evidence and how to document the case.

To collect evidence, SANEs use a sexual assault evidence collection kit that is stocked at every hospital. The course teaches nurses what to collect, how to collect it, when to collect it and how to preserve it. “They can never leave the room,” remarks Sekula. “They have to be there with the kit and patient at all times, until they close, seal and sign the kit, indicating that they have collected and documented everything. It is a chain of evidence.”

She points out how this documentation differs from the notes nurses take in other cases. When documenting for a sexual assault victim, nurses do not include any subjective opinion in the case. “We are very supportive of the patients,” Sekula explains. “We are advocates in that we want them to get the best follow-up care they can get. But it is not our job to decide whether they were or were not raped. We are there to collect the evidence.”

While this may sound dispassionate, it is actually in the patient’s best interest. SANEs are often called upon to testify in court, and if their documentation or testimony appears biased, it may be attacked or dismissed. “We should always be aware of how our actions are going to affect any patient,” stresses Sekula. “But especially with a victim of sexual assault. When we are called to testify in court, we must be able to show that we were not giving opinions. We document only what we see, what we collect and what the patient says.”

Testifying is often one of the more unnerving parts of being a SANE, so a lecture in the course focuses on how to appear in court. Toward the end of the program a mock trial is held and presided over by a local judge to give nurses a good idea of what to expect. “We highly encourage them to go to their local courts and view sexual assault cases,” says Sekula. “That is the best experience they can have.”

In the course, nurses also learn to be mindful of how they view alleged sexual assault victims. “One of the topics that is covered in the area of forensic nursing is the neurobiology of trauma,” states Sekula. Trauma patients can present in many different ways. They can come in totally mute or totally distraught or giggling and laughing. “We never know how somebody is going to respond to severe trauma, so we teach the nurses not to be judgmental and to let the patient rest and regroup before we may ask some of the most important questions.”

While not every nurse in the forensic master’s program will become a SANE, taking the course gives them all some understanding of how to collect evidence and how to provide services. Sekula believes that any emergency department, trauma or military nurse should go through a sexual assault course at some point in their career. “Many of our senior students want to take the course because they are applying to work in emergency departments or as trauma nurses, and this is one of the variables that makes them more desirable in those departments,” she explains.
MOTIVATED TO MAKE A DIFFERENCE.

Undergraduate students from the SANE course and a religion course called Christianity and Violence joined together to study sexual assault on college campuses. They initiated several projects, including efforts to determine whether students reported sexual assault and whether they knew about available services. They found that peers had the biggest impact on victims not reporting sexual assault. They also discovered that students did not understand that they could go to a local hospital, report a sexual assault, have a kit collected and then wait to decide what to do. “They did not realize that they did not have to make any decisions at that time,” reports Sekula. “At the hospital, SANEs will talk to the patients and help them work through the process, but they may get scared and think they have to press charges right away.”

As a result of these efforts, important improvements have been made at Duquesne. “Our website regarding sexual assault has been completely redeveloped and is easier to navigate,” says Sekula. “A single link provides necessary information and available options.”

With the help of Sean Weaver, Title IX coordinator and director for the Office of Anti-Discrimination Policy and Compliance in the Division of Legal Affairs, the students also created and distributed magnets providing a sexual assault phone number and URL. Magnets are handed out to students at multiple events and appear on every University refrigerator.

Sekula says she is proud that Duquesne is being proactive in making changes and is dealing head-on with the problem of sexual assault to create a safer campus. “These students made a significant difference,” she says.
WORKING TOWARD SAFER CAMPUSES AND BRIGHTER FUTURES

Duquesne nursing students participate in raising awareness about preventing sexual assault. The following are just a few of the past, present and ongoing campus initiatives that promote sexual assault awareness or bystander awareness for the Duquesne community:

• Not Your Average Sexual Assault Panel: A Student-Led Discussion examining issues of silence and shame, gender-norms on campus, and creating safe spaces and healing for survivors.

• A theater performance and post-show discussion on Jane Doe, a participatory theatrical event reflecting on rape cultures.

• Take Back the Power, a faculty-led presentation on how DNA evidence empowers sexual assault survivors.

• A viewing and discussion of the movie The Hunting Ground, a documentary film about the incidence of sexual assault on U.S. college campuses.

NEW NURSING STUDENT HONORS PROGRAM

A new Nursing Honors Program invites high-achieving juniors to design an evidence-based practice or research-type project under the mentorship of selected faculty.

Graduating with honors is a nationally recognized achievement and signifies a commitment to excellence, initiative and hard work. This distinction sets nursing graduates apart from their peers and positions them to become nursing leaders.

Ten students were accepted into the first cohort. They have the opportunity to write an Honors Thesis, present their research at the University Undergraduate Research and Scholarship Symposium, and submit an article—written with their faculty advisor—for publication in a selected journal. Students are currently:

• Working with Magee-Womens Hospital of UPMC nurses to determine how they screen for violence and to provide training using an evidence-based practice approach (Dr. Alison Colbert, mentor).

• Participating in a community-engaged research project focused on maternal-child health. Students were trained in informed consent procedures and collected survey data. Students helped analyze data and looked in-depth at one or more themes that emerged from this qualitative research project (Dr. Jessica Devido, mentor).

• Conducting an evidence-based educational training program for patient care technicians (PCT) at UPMC Shadyside Hospital. PCTs and nursing assistants learned about central-line associated blood stream infections and how to help prevent them (Dr. Melanie Turk, mentor).

• Working with older adults from diverse backgrounds at a senior center to evaluate health literacy and adherence to evidence-based physical activity guidelines (Dr. Melissa Kalarchian, mentor).
BREAST CANCER PREVENTION METHODS SHAPED BY CULTURE AND RELIGION.
CATCHING UP WITH DR. KHLOOD SALMAN.

As a Fulbright Scholar, Associate Nursing Professor Dr. Khlood Salman traveled to Mecca, Saudi Arabia to study the impact of culture and religion on breast cancer prevention among Muslim women. A native of Iraq, Salman shares how she was able to combine her cultural expertise and her extensive public health knowledge into a one-of-a-kind experience.

Why did you study at the University of Umm Al Qura (UQU) located in the Kingdom of Saudi Arabia?
Besides being fluent in the Arabic language and having a personal history with the country, I was personally and professionally attracted to the city and the host institution due to its unique spiritual and religious characteristics, cultural diversity and the economic status of the country.

What interested you in this line of research?
I had a friend who never disclosed her breast cancer diagnosis, despite being asked about her health. Many Muslim women do not feel comfortable being checked by a male doctor or being in contact with a man who is not their husband or a family member. Modesty is a big thing for Muslim women in Islam—it’s not only cultural, it is religious, too.

How did your experience benefit you as a nursing professor?
Immersion into another culture is not only an excellent learning strategy for faculty to prepare a new generation of culturally competent nurses, but it also supports faculty in becoming national and international leaders.

How was your experience as a Fulbright Scholar?
This experience was an unparalleled opportunity for personal and professional growth. The Fulbright international educational exchange program is setting the stage for scholars worldwide for the globalization of nursing for future generations.

THE SIGNIFICANCE AND BURDEN OF BREAST CANCER IS EVIDENT WORLDWIDE.

Primary prevention strategies include adapting one’s diet or exercise, whereas secondary prevention focuses on screening and breast examination. Culture and religious beliefs affect one’s attitudes, perceptions and knowledge about breast cancer. Women who are unaware of the seriousness of this disease often have adverse outcomes.

The purpose of Salman’s breast cancer research was to study women’s cultural and religious perceptions, attitudes and behavior toward early detection and prevention of breast cancer, as well as the impact of their experiences related to mammography screening. The findings will be used to identify effective and culturally competent strategies that will increase awareness about breast cancer and increase the utilization of recommended breast screening—and ultimately improve the health and well-being of all women.
HELPING OUR HIDDEN HEROES

Recognizing the important and growing role family members play as caregivers to veterans and service members in the United States, Associate Professor Linda Garand, PhD, GCNS-BC, developed “Evidence-Based Mental Health Services for Distressed Post-9/11 Military Family Caregivers,” a research project designed to explore how a caregiver’s mental health and well-being directly affect their ability to care for a military loved one suffering from a traumatic brain injury (TBI).

Her study has been awarded a $655,000 U.S. Department of Defense Peer Reviewed Alzheimer’s Research Program award from the Office of the Assistant Secretary of Defense for Health Affairs.

According to Garand, family caregivers constitute the largest group of adult care providers in the United States. Her goal is to understand if problem-solving therapy improves military family caregivers’ burden levels, mental health and quality of life.

The caregiving burden and depression may improve when a family caregiver is able to solve everyday problems that occur when living with a loved one with a TBI. If a nine-week problem-solving therapy training session delivered face-to-face over the internet can show a reduction in burden levels and improve mental health in military family caregivers, this study will lay the foundation for offering problem-solving therapy-based mental health services for distressed family caregivers of veterans and service members with a TBI through the VA Program of Comprehensive Assistance for Family Caregivers.

The premise of problem-solving training is that a person’s ability to solve real-life problems can influence his or her mental health.

This study, which Garand estimates will include about 100 family caregivers, will also collect information on caregivers’ physical strain and social pressures as influencers in the caregivers’ household management, satisfaction of social roles and activities, lifestyle restrictions, and feelings toward friends and family support.

The Joint Forces Explosive Ordnance Disposal (the disarming and disposal of bombs) Warrior Foundation (EODWF), the Elizabeth Dole Foundation, Semper Fi Odyssey Foundation and the Boulder Crest Retreat for Wounded Warriors organizations have also agreed to collaborate on this important study.

TRAUMATIC BRAIN INJURY AND ALZHEIMER’S DISEASE

Traumatic brain injury (TBI) is considered the “signature injury” of recent conflicts in Iraq and Afghanistan, with about one out of every five returning veterans experiencing a TBI. After receiving hospital and rehabilitation services, veterans and service members with a TBI are often cared for at home by a family member. Typical family caregivers are female (79 percent), a parent (62 percent) or a spouse (32 percent), and most receive little or no help with their caregiving responsibilities. Not only is TBI a risk factor for Alzheimer’s disease (AD) later in life, but there are similarities between the experiences of family caregivers of veterans and service members with a TBI and caregivers of civilians with AD. Symptoms of a TBI are very similar to AD and include cognitive impairment (problems with memory, language, paying attention, and/or planning things), difficulty communicating, impulsive or random behaviors, and no control over emotions such as sadness or anger. Both AD and TBI require adjusting to emotional and behavioral changes in the injured family member. These personality changes can lead to relationship problems between the injured person and his or her family caregiver. Just like AD, symptoms of a TBI do not get better over time, are a burden to cope with, and lead to depression and a poor quality of life. Similarly, both AD and TBI family caregivers report burden concerns because they have to constantly watch for random or unpredictable behaviors when living with the impaired or injured family member for an extended period of time.
DR. LINDA GARAND, PHD, RN, GCNS-BC, Associate Professor

Garand has achieved significant national recognition for her contributions to the field of geropsychiatric nursing. Her research focuses on preserving the mental health and well-being of family caregivers of persons with cognitive impairment (e.g., Alzheimer’s disease, mild cognitive impairment and traumatic brain injury).

After joining Duquesne University in 2015, Garand responded to a program announcement from the Department of Defense, Defense Health Program and applied for a Congressionally Directed Medical Research Programs, Peer Reviewed Alzheimer’s Research Program Quality of Life Research Award. The overarching challenge of the award addresses the need for technologies, assessments, interventions or devices with the goal of reducing burden for caregivers of individuals living with the symptoms of traumatic brain injury and Alzheimer’s disease and other forms of dementia. Specifically, the award was designed to fund research intended to stabilize or improve the quality of life of those affected by traumatic brain injury or Alzheimer’s disease. This grant advances her previous work that shows that problem-solving therapy prevents burden and depression in caregivers of family members with mild cognitive impairment or early-stage dementia.
HOW TO BETTER INTERPRET THE NEEDS OF PATIENTS AROUND THE GLOBE?
ACCORDING TO DR. ALLISON SQUIRES, YOU HAVE TO SPEAK THE LANGUAGE.

It all started with a life-changing trip to Mexico when Allison Squires was just 20 years old. As an undergraduate nursing student, she took advantage of a study abroad opportunity and worked as an intern in the Mexican health care system.

“I noticed that nursing was very different in Mexico,” says Squires. “Not just because of differences in resources between the United States and Mexico, but in scope of practice and roles. That became a lifelong research interest—trying to understand the differences in practices between nurses in different countries and how we can optimize that to improve health outcomes.”

Squires became fluent in Spanish while living abroad and now qualifies as a dual-role medical interpreter.

“Speaking Spanish as a nurse in the U.S. has been invaluable in my career,” she says. “As a staff nurse, I would get assigned to Spanish-speaking patients. They would be so thrilled to have someone who spoke their language that all this other information would come out that was relevant to their care.” Squires’ experiences and her own research confirm what studies increasingly demonstrate with limited English proficiency patients—that language access services, including bilingual health care professionals, improve the delivery of care, reduce patient length of hospital stay and improve discharge processes. “Even though we know language barriers have been a major issue in health care for years, no one has yet quantified how often a language-concordant nurse is needed to make a patient’s length of stay and
and risk for readmission equivalent to someone whose language preference is English,” she says.

“I know it makes a difference in the long run,” she states. “And it is increasingly relevant these days because there are very few places that do not encounter some variation of language barrier. It all relates to global migration patterns and refugee resettlement in the U.S.”

Choosing to study abroad deeply affected Squires on a number of levels. She was away from school in a foreign land, and she had to support herself. “It forced me to become comfortable taking chances,” she remarks. “It defined many of the moves that I have subsequently made.”

Squires’ work in Mexico led her to Duquesne to earn an MS in nursing with a concentration in education. She was attracted by the school’s International Nursing Center, one of the few global programs available at the time.

While earning her master’s degree, Squires worked as a research assistant on a maternal-child health project, which took her to Nicaragua three times over an 18-month period. She explains that those formative experiences took her down the path to doing global health work. “At that time, there really was not a career in global health,” Squires says. “You did projects or volunteer work for the love of it. Trying to get a job was a real challenge.” That all changed in 2001 when the Gates Foundation infused new funding into the field. Squires recalls being excited because it allowed her to become a part of the next generation of nurses focusing on global health.

After earning her MSN, Squires took a job in central Pennsylvania at a small community hospital. “It was not a great location in terms of my ability to gain numerous diverse, high-level experiences in the U.S. health system.”

Later in her career she had an opportunity to work for a friend who was running for Congress in Nebraska. As a volunteer, she worked on health care policy and immigration issues for the campaign. “As someone who grew up in the mid-Atlantic region, it gave me real insight into the middle of the country, how people think and the issues they are facing,” she says. “It also taught me how to talk to people on the ground and listen to their concerns about health care.”

Squires went on to become one of the first three PhD graduates from Yale University School of Nursing after the program changed from a DNSc degree. Her dissertation focused on the professionalization of the nursing workforce in Mexico through a health policy lens.

Of her time at Duquesne, Squires recalls being impressed with the close relationships she was able to form with both peers and professors. “I learned so much and had such great advising. I understand now that it was really a unique experience. It is something I try to replicate with my own students.”

Over the years, her passion for health workforce research has taken her to 30 countries around the world. She works with global organizations to determine how to get the right health care workers to the right place at the right time with the right resources and management support. She translates those findings into patient-focused research, with the ultimate goal of improving immigrant health outcomes.
Like many nurses, Myrna Abi Abdallah Doumit always knew what she wanted to do. But unlike many nurses, she was not satisfied to stop with a BSN. “Getting a PhD was a goal since I joined academia. Of course it helped that my father kept pushing me,” jokes Doumit. 

Doumit dreamed of earning her PhD without having to leave her job, family or her home in Lebanon for years at a time. In 2003, she found the perfect solution. “I heard about Duquesne University’s online program through a colleague who met a Duquesne faculty member at an international conference. I could not believe my ears,” she remembers. She immediately applied.

With the time difference, Doumit’s PhD classes started at midnight and ended around 2 or 3 o’clock in the morning. Although during the day she worked as a professor and had family responsibilities, she always looked forward to class and enjoyed the discussions and interactions. “The online environment was very conducive to learning,” she says. “Duquesne prepared me to become a successful faculty member and lifelong researcher. I also cannot forget the great friendships I developed with my classmates."

Doumit noted the high caliber of the faculty and fondly expressed a special appreciation for Dr. Joan Such Lockhart, clinical professor, and the late Dr. Gladys Husted. “They gave excellent feedback, and challenged me to give my best,” she recalls.
Doumit worked at the American University of Beirut School of Nursing for 21 years. In 2009, she left to create a school of nursing at the Lebanese American University. “I had a pivotal role in starting a new school of nursing according to the American model,” she remarks. “I was the first full-time faculty recruited after the founding dean.”

Together, they built the curriculum and educated new faculty members about their roles and responsibilities. “It was not an easy job, and it remains very challenging today.” However, she found it rewarding, especially since the program received Commission on Collegiate Nursing Education (CCNE) accreditation with the first class of graduates.

Since its opening in 2010, the school has grown quickly from 15 students in the first cohort to almost 100 nursing students. There are now eight full-time and more than eight part-time faculty members. Doumit is proud of the school’s state-of-the-art simulation lab and points out the program’s focus on inter-professional learning. She adds that the school has a nursing club that is active on and off campus, with activities ranging from promoting breast cancer awareness to visiting nursing homes.

The focus on promoting breast cancer awareness is a cause that is dear to Doumit’s heart. Throughout her career, she has worked to support women who have breast cancer in Lebanon. “Here, as in most developing countries, there is a crucial need in the field of oncology to raise public awareness of cancer and improve health care in oncology—particularly in low-income communities that lack access to good health care or information,” she remarks. “Given the cultural outlook of Lebanese society on cancer, my chief aim has been to help remove the stigma attached to the disease and educate health care staff on the needs of cancer patients and their families.”

Doumit promotes psychosocial and spiritual care through community-based educational workshops, creating patient support groups and raising awareness of the need for early detection. Every year, she conducts “train the trainer” workshops on breast cancer education, prevention and early detection. As director of a program called Courage Against Breast Cancer, she holds workshops in all remote and rural areas of Lebanon to get the word out about the disease.

Throughout her research career, Doumit has faced challenges related to the qualitative nature of her work. “Getting IRB (Institutional Review Board) approval was not easy,” she remarks. “I spent the first few years informing local reviewers about qualitative methodology. But to my surprise, I had full cooperation from oncologists, family members and patients themselves, contrary to the prevailing stigma that cancer patients in Lebanon do not like to talk about their experiences, or that family members are too protective and will not let anyone approach their loved one.”

At the same time, Doumit is working to change the image of nursing in her country. “In Lebanon, they still do not understand the real meaning of being a nurse,” she explains. “By walking the talk, I am trying to make them understand that nursing is a science and an art. It is a discipline. I think I have succeeded in doing that, at least in my own community at the university and among colleagues from different disciplines.”

The school’s nursing club participates in activities ranging from visiting nursing homes during the holidays to promoting breast cancer awareness.
Ann Lantzy Glazener arrived at Duquesne University School of Nursing in 1977. Coming from a family of seven, with parents who stressed the importance of education, she worked hard to put herself through nursing school. Although homesick at first, she soon grew to love the people and the spirituality of the campus.

One of her favorite rituals was going to the Duquesne University Chapel of the Holy Spirit with her friends on Saturday night. “I thought it would be so nice to get married at Duquesne,” she remembers. And she knew exactly whom she wanted to perform the ceremony—the Rev. Edward Bushinski, C.S.Sp.

Bushinski taught a popular theology class on marriage that made a profound impression on Glazener. “He was so animated and covered so much about marriage—even though at the time, it was the last thing on my mind,” she recalls.

When Ann graduated in 1981, she began working at Children’s Hospital of Pittsburgh as a staff nurse on a surgical floor. A few years later, she took a recovery room position where she met her future husband, Dr. Chris Glazener, who was on a fellowship in pediatric anesthesia. Although he left six months later to join staff as an assistant professor in the Department of Anesthesiology in Yale New Haven Hospital, the couple kept in touch. At this time, Ann decided to pursue a dream of traveling and became a travel nurse. Her first assignment was on an Indian reservation in Arizona. She stayed three months, and then worked at hospitals in Sacramento, Newport Beach and finally Honolulu. “Everywhere I went was an opportunity for me to meet new nurses and see so much of our country,” she remembers.

After Chris moved back to his hometown of San Diego, he invited Ann for a visit and surprised her with a marriage proposal. “I had planned to continue traveling another year, but I said yes!”

Ann knew exactly who she wanted for her wedding. She called Bushinski and the couple met with him to make the plans. He married them in 1987 in the Duquesne Chapel. “We moved to San Diego right after the wedding,” says Ann. “But we remained friends with Rev. Bushinski.”

Ann worked as an agency nurse, and then took a position at the Children’s Hospital of San Diego in the recovery room. She then earned a health services credential from San Diego State University and worked as a school nurse until she and Chris decided to start a family. “I decided to resign and take the opportunity to stay home with our two sons, but I have kept up my license to this day,” she adds.

Over the years, Ann and her husband have given back in so many ways. Their philanthropic priorities are their church and alma maters. When she and Chris learned about the innovations and advancements occurring at the School of Nursing and about a newly created nursing simulation lab they were impressed. “I really wanted to see it,” Ann says. The couple arranged for a visit to meet with Dean Mary Ellen Glasgow and walk through the lab.

“I was amazed what the School of Nursing had accomplished in 40 years,” Ann says. “When I was there, we had the CPR mannequins and that was it. But to have mannequins where you can actually practice starting an IV and hear irregular heartbeats—it makes such practical sense for nurses.” The visit left a big impression on the couple.

“When presented with the idea of having us be a part of the Learning and Simulation Center we jumped on it,” Ann recalls. “Chris said, absolutely! It became a 30th anniversary present to me.”
Her husband Chris adds, “We decided doing something philanthropic was more impactful than doing something like a trip. It was a special present for a special anniversary. I feel indebted to Duquesne, as well, because if it had not been for the School of Nursing, I would never have met Ann.”

“We were at the point in our lives when we were ready to give back and the timing was so right,” Ann says. “What better way than to give to something that will impact so many people—all those hundreds of nurses who go through the programs at Duquesne.”

“Ann felt the simulation lab could make a big difference,” says Chris. “She thought it was an important advancement in nursing.”

Thanks to the couple’s generous donation, the University will be able to maintain, improve and upgrade the school’s new Learning and Simulation Center. And one of the simulation rooms now proudly bears Ann’s name in recognition of the gift.

And Ann is unabashedly thrilled. “Not everyone feels as connected to their school as I do,” she remarks. “I guess I am one of the lucky ones.”

Ann and Chris Glazener, with President Ken Gormley (left), enjoy staying connected with Duquesne University.
When Carol Carfang, N’73, wanted to make a major donation to the School of Nursing, she and Dean Mary Ellen Glasgow discussed several ideas. One really stood out—a progressive seminar focused on nursing and health care ethics.

“It sounds very promising,” Carfang says. With the complex medical situations in the health care industry today, she quickly recognized the importance of the topic and agreed to support the idea—and not long after the Carol Carfang Nursing & Healthcare Ethics Conference was born.

The inaugural conference will take place Feb. 28-March 2, 2018 in Clearwater, Fla. and the roster of speakers is an impressive array of ethicists, philosophers, nurses and other health care professionals from prestigious institutions across the country. Planned to be a biennial event, the first year will focus on Advancing Ethical Practice: Exploring the Gray Areas.

Carfang believes the timing is right to discuss ethics, and that nurses are the perfect audience. “Nurses are the ones at the bedside,” she remarks. “We are right there with patients day-to-day. We confront numerous issues, and we are not always sure when we have the power and autonomy to help with decisions.

Nurses today need to be leaders, and this conference will help us learn in depth about the role of ethics in our health care system and the nursing influence.”

Carfang also likes the fact that the conference dovetails with Duquesne’s new PhD in Nursing Ethics, and positions the school as a national leader on one of today’s most significant health care challenges.

This is not the first time Carol and her husband Tony Carfang, ’B73, have made a generous donation to the University. They have a long history of giving. Before Tony joined the University’s board of directors, he funded the Carfang Commons, a common area for business graduate students to meet in the business school. “At the time, it was all classrooms,” Carol explains. “Now they have seven conference rooms, a rotunda and a lounge to hold discussions and resources needed to work productively as teams.”

The couple also initiated the Chicago Alumni Endowed Scholarship for Duquesne University with a challenge grant to local alumni.

As an active nurse, wife and mother of four, Carol has spent her life helping others. After graduating
Carol uses it as an opportunity to see what is happening in the School of Nursing. “I have been very impressed with the great leadership and innovative ideas coming from the school,” she states. “They show excellence in academics, and have received numerous distinguished awards and high national rankings; they are at the forefront of nursing education.”

Carol cites the school’s Learning and Simulation Center, its numerous resources and various program options, including the RN to BSN program, the Second Degree program and the Veterans to Bachelor of Science in Nursing program, which is designed to help members of the military earn a nursing degree, as examples of the school’s continuous good work and success.

Carol would love to see more of her fellow alumni reach out and get involved. She encourages them to plan a visit, take a tour, or talk to members of the faculty or the dean. “What the School of Nursing is doing is very impressive,” she says. “Donors should help foster, expand and sustain faculty resources and scholarships for students, the community clinic and anything else the School of Nursing needs.”

Throughout the years, Carol has been active as a volunteer and organizer for her church, school and community groups. Early on, when she discovered her son had learning disabilities, she had the idea to create a more inclusive soccer program for kids needing special accommodations, and she brought families together to make that happen. Committing herself to help all children with special needs, Carol joined the board of the Lekotek Foundation, which specializes in services for children with disabilities.

Staying connected to Duquesne and its alumni is important to the Carfangs. They met through Greek Life, and both are still close to their sorority and fraternity. “I keep up with my Alpha Gamma Delta sorority sisters,” she says. “My husband’s fraternity, Alpha Phi Delta, is super active, so we are always seeing people through its functions. We also come back to Pittsburgh for many events.”

To strengthen ties between alumni and the University, Carol and Tony helped to initiate a Chicago alumni group that meets regularly for social events. Occasionally, they have invited different deans at Duquesne to speak and give school updates.

Traveling back to campus is a trip the couple always enjoys. “We love coming back for homecoming and getting in touch with students,” she says. Carol also
RANKINGS, RECOGNITIONS AND ACHIEVEMENTS

FACULTY GRANTS
Alison Colbert and Rebecca Kronk received a $25,000 FIFSA Foundation grant for Advancing Nursing Education in Care for People with Disabilities.

The Veterans to BSN (VBSN) Program has been awarded a fourth year of funding for a Health Resources and Services Administration (HRSA) grant totaling $1,246,090.

ACHIEVEMENTS
Nursing faculty published nearly 50 articles in publications such as American Journal of Nursing, Bioethics, International Nursing Review and the Western Journal of Nursing Research.

Dean Mary Ellen Glasgow co-authored a book, DNP Role Development for Doctoral Advanced Nursing Practice.

Dr. Rebecca Kronk was accepted for the 2016-2017 cohort of the Emerging Educational Administrator Institute (EEAI), a 12-month leadership development experience sponsored by Sigma Theta Tau International Honor Society of Nursing.

Dr. Joan Such Lockhart authored a book, Nursing Professional Development for Clinical Educators, which was published by the Oncology Nursing Society. It examines the ever-changing scope and standards of nursing professional development specialists’ practice and the health care trends that influence the NPDS role.

Dr. James Schreiber authored a book, Motivation 101, which focuses on how various theories of motivation define and examine different motivational attributes, such as rewards and goals.


AWARDS AND HONORS
Sister Rosemary Donley received the Immaculata Medal at the Immaculata University commencement in recognition for her work to improve the lives of the elderly, immigrants, veterans, children, people with disabilities or mental illness, and victims of violence, and for raising awareness of national social justice issues.

Dr. Khlood Salman and Torrie Synder were awarded honorable mentions by Pittsburgh Magazine in the academic category for its 2017 Excellence in Nursing Honorees.

Nursing Ethics PhD student Liz Stokes has been selected as an Academy Jonas Policy Scholar.

Bernie Clark, Marie Cippel, Rosanna Henry, Susan Kelly, Karen Kmetz (graphics), Linda Koharchik and Amber Kolesar won the Pittsburgh Choice Award for their poster, An Advanced Medication Administration Experience to Promote Students’ Knowledge Acquisition and Confidence Level in the Skill of Administering Medications, at the Greater Pittsburgh Nursing Research Conference.
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