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“The character of the nurse is as important as the knowledge he or she possesses.” –Carolyn Jarvis

In this issue of the Duquesne University School of Nursing Magazine, we recognize and celebrate one of the most important aspects of nursing—advocacy. Whether it is through preserving human dignity, promoting patient equality or providing relief from suffering on behalf of individuals, families, communities, populations, fellow health care providers, nursing students or even oneself, advocacy is an essential element of the nursing role.

As you explore the following stories featuring Duquesne faculty, alumni and students, you will find woven throughout these pages a few of the many forms advocacy takes. As a nurse, a professor and a dean, I am especially proud to share the accomplishments of our faculty, students and alumni, and the difference they make every day in the lives of others.

Our first feature story examines how Duquesne’s graduate nursing curricula and commitment to promoting cultural awareness prepare graduates to honor patients’ cultural values through health care. We then bring attention to several of our nursing faculty, alumni and students who volunteer at an Ohio-based health center for the medically uninsured to serve vulnerable populations and improve the quality of the community’s health and health care, before we move to our final feature, which highlights holistic health and the importance of advocating for oneself through self-care.

Our faculty continues their efforts to be strong nurse leaders who facilitate change and create a positive impact through research. Professor Dr. Mai-Ly Nguyen Steers’ current research is dedicated to developing novel interventions for alcohol abuse and targeting at-risk drinkers who are also avid social media users. We also spotlight the amazing work being done by our nursing alumni—from Dr. Emily Berta, who conducted research to help close a gap in postpartum care, to Dr. Suzanne Sheaffer, whose research is being used to shape legislation.

The School of Nursing has once again been recognized and ranked by U.S. News & World Report, including the following programs: Online Master’s in Nursing Education at No. 2, Online Master’s in Nursing-Family Nurse Practitioner at No. 5, Online Master’s in Nursing Administration at No. 6, Online Master’s in Nursing for Veterans at No. 17 and Master's in Nursing at No. 46.

In addition to applauding the hard work and commitment shown by current nursing students, we also recognize our faculty’s achievements and their incredible capacity for impact through their professional organizations affiliation, research, and work as contributors and editors of scholarly journals.

These past two years have taken a toll on all of us, even the most dedicated. I hope these stories brighten your day and serve as a reminder of all the good that is happening around us. I hope you enjoy reading these Duquesne Nursing stories as much as I do sharing them.

Sincerely,

Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN
Dean and Professor
“STUDENTS REALLY GET THE OPPORTUNITY TO IMMERSE THEMSELVES IN THE CULTURE OF ANOTHER COUNTRY’S HEALTH CARE.”
When Tracy Johnson-Glover decided to pursue a Doctor of Nursing Practice (DNP), she knew it had to be the right program. She found her second act in health care after a career in banking, and as a mom, a foster parent and a community organizer, she saw inequities in patient care through her volunteer work. “I decided to pursue a DNP because I felt I had to if I wanted to meet my professional goals, but I did not relish the idea of going back to school,” she says. If she did not find the right program, she thought, she would just go without. But when she found out about Duquesne’s DNP program, which has a transcultural nursing concentration, she applied immediately. “Once I found out about that, I did not apply anywhere else.”

Johnson-Glover earned her DNP from Duquesne in 2021 and is now an assistant professor at the Touro University Nevada School of Nursing and staff RN at the San Martin Hospital NICU in Las Vegas. With her degree, she is taking concrete steps toward achieving health care equity for the LGBTQ+ community.

She is also an example of what Duquesne graduate nursing programs, which include MSN, PhD, DNP and DNAP degrees, set out to do: promote clinical leaders and nurse scientists who are on the forefront of improving patient care for all, by taking both a transcultural nursing and a social justice approach.

“Our mission at Duquesne is to serve students so they can serve God, individuals and the community,” says Dr. Mary Kay Loughran, assistant professor and DNP program director in the School of Nursing, who also earned her DNP from Duquesne in 2014. “In the School of Nursing, we really live by that and put students front and center in everything we do.”

Duquesne’s graduate nursing programs focus on the importance of transcultural nursing in multiple ways, including offering a transcultural nursing concentration. The Global Studies course is required for DNP students and available to MSN students, and is offered as a cognate for PhD students. As part of this class, students immerse themselves in another culture’s health care system to get a better understanding of patient experiences in different parts of the world. This helps to inform them about global approaches to care and to help expand their understanding of those who might be culturally different.

PhD students typically visit Ireland, while those in the DNP program travel to Rome, for 10 to 14 days, and participate in online coursework before and after the global experience. Due to COVID-19, the 2020 and 2021 trips were cancelled, but students were offered virtual
opportunities to learn from both Italian and Irish experts related to their course content.

“Students really get the opportunity to immerse themselves in the culture of another country’s health care, to gain a perspective of what it is like and then compare it to the U.S. health care system,” says Loughran.

Johnson-Glover considers her 2019 trip to Rome one of the greatest experiences of her life. She found great joy in delving into the culture of another country, but also experienced heartbreaking grief when her cohort visited refugee camps and cemeteries for American soldiers. “We saw every site there was to see. We even saw Pope Francis when we went to a Mass!”

For her DNP project, Johnson-Glover chose health disparities in the LGBTQ+ community as her focus. “LGBTQ+ people are less likely to have a regular health provider,” she explains. “They are also at a higher risk for suicide and suicidal thoughts, mood disorders, anxiety, eating disorders and substance abuse disorders. LGBTQ+ people are also at greater risk for an array of other conditions and diseases, including breast cancer, HPV, cervical and anal cancers, and HIV/AIDS.”

Johnson-Glover saw how these disparities played out in her community work. In addition to serving on the Health Committee of the National Coalition of 100 Black Women and on the advisory board of the Las Vegas Urban League, she is also a volunteer at the St. Therese HIV Outreach and serves as the health ministry chairperson at Victory Missionary Baptist Church in Las Vegas. Johnson-Glover is working to create a module or symposium to enlighten health care providers about LGBTQ+ care at her current job. “Not enough of us are aware of their specific needs. LGBTQ+ people make up 10 percent of our population. If we are going to be health care providers, we need to be inclusive of all our patients,” she says.

SOCIAL JUSTICE AT THE FOREFRONT OF NURSING EDUCATION

In addition to offering a transcultural nursing concentration, Duquesne’s graduate nursing programs also offer courses on social justice, like Foundations of Social Justice and Distributive Justice in Health
“Our research can improve patient care. Making a difference in people’s lives. That is why we do this.”
does matter guides our beliefs and values that these things do impact health,” says Zoucha. Teaching PhD-prepared nurses about social justice teaches them this: to be willing to be inclusive of different cultures, different lifestyles and different sexual orientations, and to work toward improving the lives of vulnerable populations.”

An example of that kind of nurse-led research is work being done by Dr. Cecilia (Cece) Zamarripa, a recent Duquesne PhD graduate. Her dissertation focused on pressure injury prevention and early identification of pressure injuries—most commonly known as bedsores—in people with dark skin tones. “My courses helped to provide a foundation for my research and assisted me in the development of my research questions and theoretical framework,” says Zamarripa, who is continuing her work at UPMC Presbyterian as a Wound, Ostomy and Continence (WOC) nurse and manager in the WOC nursing department.

She is also a co-investigator at the University of Pittsburgh–UPMC Presbyterian Low Air Loss randomized controlled trials. As such, she is continuing her research on pressure injury prevention research and is planning to implement a Wound, Ostomy and Continence Nursing Education Program in the Pittsburgh area, which she believes could ultimately help promote pressure injury prevention in our communities, especially in underserved and diverse populations.

WHY DOCTORAL NURSES ARE NEEDED

While the Duquesne faculty and administration are well aware of the current and looming nursing shortages, their goal is not to just increase the number of nurses. “Our goal is to educate nurses who are prepared to improve the patient experience and health care outcomes regardless of the role they take on, e.g., administrators, educators, advanced practice or even bio–medical nurse engineers,” explains Loughran. “The doctoral-prepared nurse considers the whole of the health care system. They look through a bigger lens than just focusing on what they are doing at that moment,” Loughran says. “They have a broader perspective that will impact patient outcomes and/or how to solve a problem.”

Duquesne educates graduate nurses in areas that are expanding the health care field, so they are part of new frontiers in how patients are treated. In addition to offering a concentration in transcultural nursing, Duquesne offers concentrations in forensic nursing and nurse education. Plus, Duquesne’s nursing and biomedical engineering dual program graduates and students have already worked on an array of biomedical research and medical technology to bring new medical devices to the health care environment. Some examples include: creating synthetic skin, designing blood pressure cuffs that can be read remotely and creating home monitors for COPD patients, which avoids potential long travel times to appointments with their medical teams.

“In this way, a doctoral nursing degree is not just about having a credential,” says Johnson–Glover. “It is about being able to take new research and breakthroughs found in academia and bring it to those who need it most.”
Dr. Mary Kay Loughran, assistant professor and DNP program director in the School of Nursing, believes nurses who attain advanced training and expertise by earning a doctoral degree are essential to the future of health care. “Doctoral-prepared nurses are in a better position to inform nursing practice, research and national policy,” says Loughran. “They bring a big-picture perspective to their work that allows them to envision things differently and move care to the next level.”

Loughran shares that a DNP degree teaches nurses how to view health care through a larger lens and states, “Our graduates come out of their program with an understanding of how a whole system can affect a patient’s outcome. They develop very good critical-thinking skills and learn to seek out literature to uncover the best way to handle a situation based on the research and evidence.”

THE DUQUESNE DNP DIFFERENCE

Loughran, who earned her Doctor of Nursing Practice at Duquesne University, shares that the support she received and the strength of Duquesne’s DNP program are just two of the reasons why she joined as a full-time faculty member at the completion of her own DNP studies. “I was impressed with the level of support I received as a student. Now as a professor, I am happy to continue that support to current students. We put students front and center in everything we do, and I think that makes us stand out. It is just one of the things that makes Duquesne different.

“Another aspect of our program that makes us stand out is the DNP-designed study abroad experience. I am not aware of any other DNP programs that have this component,” says Loughran. “DNP students may travel abroad to our Rome campus. It is not mandatory but I have to say that probably 99.9 percent of the students take advantage of the opportunity to immerse themselves in another culture of health care and gain a perspective of how it compares to the U.S. health care system.”

MULTIDIMENSIONAL APPROACH

“Duquesne University has long been a leader in supporting nursing excellence, and we are proud to take a multidimensional approach with our DNP program. Our program core focuses on evidence-based clinical nursing practices, but we also weave social justice, ethics and leadership into our curriculum,” says Loughran. “In fact, we often see social justice and ethics translated into our DNP student projects.”

Loughran recalls one student project which focused on a screening tool that could be used to identify individuals at risk for substance abuse before they become addicted. “Preventive measures such as this is one form of social justice, but it is also being aware of the health care inequities that can exist in communities that do not have access to health care like we do in the Pittsburgh area. That does not always happen in rural communities,” she says.

Loughran credits much of the program success to the efforts of her Duquesne colleagues. “They are dedicated to making sure that the DNP courses provide students with the education and skills needed in today’s health care. Additionally, support from School of Nursing Dean Mary Ellen Smith Glasgow has been unwavering. She challenges the DNP faculty to envision what health care will look like in the future and the corresponding skills needed to be successful,” she says. “The Duquesne DNP program is successful in educating nurses who are more knowledgeable and confident as they go out to lead change and positively impact the delivery of health care services.”

“OUR GRADUATES COME OUT OF THEIR PROGRAM WITH AN UNDERSTANDING OF HOW A WHOLE SYSTEM CAN AFFECT A PATIENT’S OUTCOME.”
The OVHC is Jefferson County’s only free clinic. Besides providing primary care, its services include referrals for specialty care, vision care, onsite lab and pharmacy services, and health screenings. Since opening in 2006, the OVHC has seen more than 3,500 patients—a total of 22,000 patient encounters—and issued $6.5 million in free medications.

Lucas, clinical associate professor and chair of the Duquesne University School of Nursing’s Advanced Practice Programs, came to the OVHC in 2013, but admits she would have gone long before then if it had been possible. “At that time, Ohio had strict laws concerning prescribing medication, no matter how long you were a nurse practitioner,” explains Lucas. “When the laws changed I jumped at the chance to work there. I have a history of working with underserved populations. It is where my heart is.”

In addition to providing excellent, patient-focused care for underserved patients, Lucas conducts research on diabetes and high blood pressure, welcomes nurse practitioner students as a preceptor, and asserts the value of nurse practitioner care.

“There are still opinions and thoughts about who is best to deliver primary care. As nurse practitioners, we are trying to show our worth,” says Lucas. “We want to show our care is equal to the care provided by physicians, because there is still that disconnect about primary care and nurse practitioners. We want to show that we indeed make a measurable difference.”

**FALLEN ON HARD TIMES**

Steubenville feels like home for Lucas. She grew up in West Virginia’s panhandle in Follansbee across the Ohio River. In those days, high-paying steel mill jobs made Steubenville the place to shop, and busy stores lined its downtown streets. Today, aside from Apollo Cleaners, Steve’s Fish & Chips and Laney Tire, there is not much near the OVHC except patched asphalt.

“Industry is fairly well depleted here,” says Lucas. “There is not much for people who live here to look forward to.” With an unemployment rate of 6.2 percent, the county has the seventh-highest jobless rate out of Ohio’s 88 counties, according to the state’s Department of Job and Family Services. “Of course, the official numbers do not count the people who have given up looking for work,” she says.
The county ranks 78th in terms of its citizens’ overall health, according to a 2020 report. High blood pressure and diabetes are among the top diagnostic codes at the OVHC. Fifteen percent of county residents have diabetes compared to the statewide average of 12 percent, and 35 percent suffer from hypertension, according to the University of Wisconsin’s Population Health Institute.

**CREATING GLOBAL PICTURES**

*Free to be Healthy 2.0* is the OVHC’s free program for patients with diabetes and high blood pressure. The brainchild of OVHC’s Executive Director Dr. Ann Quillen, the project has been an Institutional Review Board (IRB) approved study since 2014. Now in its second phase, it has received $37,500 in funding and seeks to improve blood sugar, blood pressure, cholesterol panel, weight, BMI, medication adherence, and smoking and alcohol use in participating patients who have pre-diabetes, diabetes and hypertension.

To take part, patients make visits every three months for a year. In return, they get free supplies such as home blood pressure cuffs, blood sugar meters and test strips, bathroom scales, diabetic shoes, monthly food boxes designed for diabetic patients (in conjunction with the Urban Mission Ministries), and a monthly chance for a $25 grocery gift card for each appointment they keep. All providers at the OVHC are involved with the study, offering the opportunity to participate in an organized program to improve care and participate in research.

Prescriptions are filled at no cost in the OVHC’s pharmacy by a volunteer pharmacist. The OVHC’s lab runs A1C tests and chemistry and lipid panels for uninsured patients. Those with medical cards are sent to a hospital for lab work.

“We try to create a customized plan—a global picture—for each patient so they can prevent or manage the comorbidities that can come with diabetes and high blood pressure,” says Lucas.

Data from patients who decline to participate is excluded from the study’s statistical analysis. Preliminary results were due in December 2021. The study will be completed in 2023.

**CANCER SCREENING SUCCESS**

An OVHC colorectal cancer screening program has proven hugely successful, thanks to a study funded with $4,000 in grants headed by Dr. Laura Crimm, director of the School of Nursing’s Family (Individual Across the Lifespan) Nurse Practitioner Program. Patients receive a free fecal immunochemical home test. To encourage participation, they receive a gift card when they return the test. The clinic pays to have tests run in the lab.

In 2020 when the study took place, the OVHC saw 63 patients between the ages of 50 and 75; 37 participated, and 30 returned their screening kits. Twenty percent of participants tested positive and were referred to a gastroenterologist for further testing. Only 9.5 percent of patients agreed to be screened prior to the program; it boosted compliance by 71.5 percent. New national guidelines call for screening to begin at age 45, and the OVHC has now adopted this standard.

Even among insured Americans, colorectal cancer screening is lower than national guidelines advise. It is significantly lower among the uninsured. Only 33 percent of uninsured Ohioans get tested, according to the CDC. “A lot of times patients had misinformation. They heard that a colonoscopy was the only way they could be screened,” says Crimm. “They were afraid to do it, or they did not have the money or could not miss work. The most inspiring thing is that if we had not implemented this project and its new standard of care, these people would not have been identified. Therefore, their life expectancies and quality of life would have decreased.”
NO PAY, BIG REWARDS
Volunteering at the OVHC brings rewards beyond what any paycheck offers. “It can be easy to forget that any one of us could be a patient on any given day,” says Lucas. “It takes only one or two life events such as losing a job or health benefits to make a person eligible for OVHC services.

“Not every provider understands, or has the time, to spend on the complexities underserved patients present. Some patients piece and patch together their lives daily. As a provider, we need to understand and respect this. To help, not lay down rules or demands that will drive the patient away, but encourage them to come back. Seeing who is better today with any small step than the last time I saw them is a wonderful feeling.”

“The big thing is people often forget about this population. They are so appreciative and open to learning and everything we suggest,” says Crimm.

Sometimes they do not have the resources or the tools to care for themselves or give themselves the best opportunity for health.”

Adjunct clinical faculty member Jamie Clarke agrees. “Being here takes you back a step to how we used to actually practice nursing. In my previous position, I clicked a computer, and it gave me an order or a prescription,” she says. But at the OVHC, Clarke says she has to ask herself, “Is this person going to be able to afford this prescription?” “I have to look up diagnosis codes myself. It changes your way of thinking. It is important for students to have that perspective, because a lot of times they are not exposed to that environment.”

Every patient at the OVHC requires a workaround, according to Lucas, something that makes seeing a patient every 15 minutes impossible. “That is the challenge,” she says. “How are you going to help them get medications? How are you going to help them with transportation? How are you going to help them with food? You do not want to load them with medical bills. People who fall through the cracks in the insurance system pose the biggest challenges and the biggest workarounds. Understanding this need for a workaround and that it differs with every patient stretches our thinking as providers and requires a certain engagement with the community and the available resources.”

STREET SMARTS REQUIRED
For veteran nurses and students alike, treating the OVHC’s patients requires more than medical knowledge—it demands street smarts. “You do not know where the food bank is. You do not know where the homeless shelters are. You do not know where patients go during the day, because they are unable to stay at the shelter all day. Maybe you do not know what psychiatric or social services other charitable agencies offer, because you have never had to use them. You do not learn these things in school,” explains Lucas.

Dr. Mary Meyers, director of Academic Support and NCLEX RN Success at the School of Nursing, first learned of the OVHC when she was a nurse practitioner student in need of a clinical placement. “OVHC was my first placement and Denise Lucas was my preceptor,” says Meyers. “In her I saw everything I wanted to be as a nurse practitioner. Her patience, her wisdom and her compassion inspired me. I also saw people who had never been given much of a break in life and were in survival mode. I came to love these great people and wanted to do whatever I could to enable them to get health care.”

Now a regular volunteer at the center, Meyers revels in the luxury of spending time with patients. “If we need to spend an hour with a patient, we can do that. I just love the Ohio Valley Health Center. I have grown to love these people because they are the salt of the earth. The lower middle class gets lost, and we are able to treat them the way they should be treated, which is—‘At this moment you are the most important person to me, and I am going to do everything I can to help you get back to health,’ and that is a privilege.”

MISSION-BASED CONNECTIONS
“At Duquesne, our mission statement reflects both the art and the science of nursing,” says Meyers. She believes Duquesne’s focus on ethical, holistic, culturally competent care as well as population-based collaborative care is a perfect fit for the work conducted at the OVHC. “We care for the minds, hearts and spirits of our patients, as well as concrete medical needs.”

Lucas agrees. “We serve God by serving students, and turn a particular eye to those who are underserved or marginalized. That is what the OVHC does so beautifully as a faculty practice. It embeds both students and faculty in the lives of such individuals in a way that makes a real difference.”
GREATER THAN THE SUM OF ITS PARTS: DUQUESNE CREATES A HOLISTIC EDUCATIONAL EXPERIENCE

The frantic pace of the 21st century has many thinking the future of health care lies solely in emerging medical technologies, but sometimes the best way to push a society forward is to look at its past.

Holistic principles developed more than 100 years ago serve as the foundation of nursing; however, the benefits of incorporating some of these principles become overshadowed by fast-paced, task-oriented work environments that often leave little room or time for nurses to focus on the root of a patient’s condition. A national leader in holistic nursing, Duquesne’s School of Nursing is one of just 17 schools in the country to have earned an endorsement from the American Holistic Nurses Credentialing Corporation (AHNCC) and now offers a Foundations of Holistic Nursing course. In this elective course, students learn...
Duquesne’s School of Nursing is ONE OF JUST 17 SCHOOLS in the country to have earned an endorsement from the American Holistic Nurses Credentialing Corporation

the core competencies of holistic nursing and are prepared to sit for the holistic nursing certification exam. “At Duquesne, our goal is to help students prepare for a world that is increasingly embracing holistic health care as part of a larger, integrative approach to health,” states Dr. Cindy Walters, adjunct nursing faculty. “Duquesne is seen as a leader in promoting integrative health at the university level.”

Walters believes today’s nursing students are more open-minded with broader worldviews. “They accept conventional treatments and philosophies but are also able to see the value of care that extends beyond pills and procedures,” she says. “I am encouraged by what I see, as I strongly believe this is the mindset we need to move nursing forward.”

FROM BEGINNING TO END

Holistic nursing can mean different things to different people, and in a way, that is the point.

The practice of holistic nursing rests on three major principals: unity, wellbeing, and the interrelationship between human beings and their environment. It advises practitioners to look beyond the physical body and to consider the entire person, including physical, emotional, spiritual, social and intellectual strength. “For understanding of the big picture, the whole is greater than the sum of the parts, is far more important than any individual detail,” Walters says.

Present day holistic concepts—based on the work pioneered by Florence Nightingale in the late 19th century—can take multiple forms when assessing a patient or creating a plan of care. In Duquesne’s Foundations of Holistic Nursing course, students learn to keep both a macro- and micro-view of their patient, considering everything from the person’s socioeconomic background, religion, gender identity and culture to any potential energy shifts or underlying trauma that may be hiding at the root of their problems. It is only when they understand the whole person that the best course of action can be charted.

“People think holistic nursing is more about therapies—aromatherapy, acupuncture, massage—and all of these are important to consider, but holistic nursing is so much more than modalities,” Walters explains. “It is not what the nurse does when they arrive at the bedside; it is about how they arrive at the bedside. Do they recognize that a patient is not ‘the appendectomy in room 4,’ but a person with a name and a story? It is about being more aware of the total person. It incorporates the cultural aspects of care, ethical decision making and self-reflection.”
SELF-STARTERS

Self-care is a huge part of Duquesne’s holistic itinerary, stemming from the concept that the nurse is also part of the equation—part of a patient’s interrelationship with their environment—and that their energy makes an impact on a patient’s journey.

“A simple but important aspect of nursing is just being there for the patient. But in order to do that, you have to be there for yourself first,” says Lauren Schuster, RN, a 2018 BSN graduate who earned a Holistic Nurse Baccalaureate—Board Certification from AHNCC in 2020. “A nursing career is very rewarding, but it can also be overwhelming and lead to fatigue and burnout, which is why self-care is so important. We need to care for ourselves in order to fully show up and care for others.”

At Duquesne, students learn to do just that. Last year, Walters introduced students to a number of self-care and holistic modalities, with a string of guest speakers who discussed topics such as yoga, meditation, Ayurvedic doshas, Qi gong, acupuncture, and ancient Chinese and Peruvian earth medicine. Assignments and activities included participating in a yoga class, preparing a nutritious meal and journaling for self-reflection.

With the pandemic still in full swing, the Foundations of Holistic Nursing elective course was offered online—an inherently strange way to profess the intricacies of shared energies, Walters says. Still, the lessons were clearly effective.

“In the beginning, I was unfamiliar with these modalities and did not know what to expect,” says sophomore nursing student Emma Vicari, who took the holistic elective last year. “With meditation, we would meditate in every class, and I could feel myself getting more and more connected. Now I practice meditation whenever my mood necessitates it—before a test or if I just need to calm down. It helps to clear my mind.”

Schuster also found the practice helpful, saying the course inspired her to incorporate meditation into her daily routine. This not only helped her in her professional life but in her personal life as well. “It helped me be a better listener,” she says. “Now when I encounter a patient I try not to come to a snap judgement. When you encounter someone new, it is easy to judge almost unconsciously, ‘here is what this person is all about, and here is what they need.’ But you need to pay attention to what they are saying, what their body language and energy are telling you, and how you can use this information to provide the best care.”

THE HOLISTIC PHILOSOPHY

According to Margaret Erickson, chief executive officer at AHNCC, it is easier to educate a holistic nurse than a biologically focused nurse, as the concept is not a checklist of additional skills so much as a foundational philosophy, which most nurses inherently have and want to follow. Most essentially, the paradigm shift hinges on adopting a wellness and wellbeing-centric
view, rather than one that focuses on illness and disease. That means learning the difference between curing—which focuses on eradicating specific symptoms or maladies—and healing, which promotes the overall harmony of mind, body and soul, regardless of whether or not a patient continues to show signs of illness. Healing can occur throughout the lifetime, even as a person is taking their last breath.

“Holistic nursing is about recognizing how each person’s worldview, knowledge and worth can be used to help them build a plan of health,” Erickson says. “Even if it may be the last month of their life, you can help them spend it seeing the value and importance of their life, rather than solely focusing on making sure they do not have bed sores. Tasks need to be done but how we do them and what our care focuses on is what makes us holistic as our philosophy guides our practice.”

Erickson says the process starts before a nurse even enters a room. “It is important for them to take a moment to ground and center themselves. To create a sacred space and energy that is appropriate to bring to patients in such vulnerable positions,” she explains. “When we center ourselves and set the intent to facilitate healing, in those scared and vulnerable moments of people’s lives we practice from a holistic perspective. Focusing on their needs and concerns, not ours. This can help the patient open up and be honest, which is crucial for another aspect of the nurse’s job: listening to a patient and respecting them as an authority on their own life.”

Also critical for those discussions is the intentional use of language, Erickson says. “Holistic nurses are trained to use words that soothe and encourage, rather than those that may sound condescending or cause anxiety—to say, ‘Here is something to make you more comfortable,’ rather than, ‘Here is your pain medication.’”

Such tactics have the added benefits of empowering patients and reducing their stress levels, which can have huge subsequent impacts on their morale, energy levels, and overall health and wellbeing. Yet utilizing this mode of care stems not from a nurse’s knowledge but with her or his way of being.

“We are not asking nurses to do more. We are asking them to do things differently,” Erickson says. “Using different language is an intervention. Even the way
you introduce yourself—a 10-second interaction—can create a different space. And how you show up is all guided by your philosophy, which is holistic nursing.”

Erickson notes that her practice is grounded within the holistic nursing theory of Modeling and Role-Modeling. It guides her on what language to use, how to collect data—always from the patient first—and how to show up. “In general, how to be a nurse and facilitate healing and wellbeing of the client,” Erickson explains.

**HOLISTIC NURSING SCHOOL DESIGNATION**

Holistic education is in addition to learning traditional nursing skills. Holistic nurses learn the same bedrock routines and procedures that all nurses must perform. The difference is how holistic nurses view those tasks—inserting a breathing tube or administering a vaccination, for example—within the broader context of the holistic philosophy. These are not so much the steps taken to “cure” a particular illness as what is needed to establish wellness and promote a fuller sense of healing, balance and harmony. “As nurses our goal is always to help people achieve a state of balance, harmony and equilibrium,” shares Erickson.

Indeed, to earn its endorsement, Duquesne was required to not only teach these practices and overarching theories—as Walters does in her holistic course—but to demonstrate the core values of holistic nursing in the school’s curriculum. The process took over a year as Walters, who spearheaded the effort to obtain this endorsement, combed through each of the school’s classes, from freshman through senior levels, to look for examples of holistic teachings in everything from lecture topics to assignments. If no trace of the core values could be found, Walters worked with the ANHCC to help weave some broader concepts into the course.

“The core values of holistic nursing are embedded at each level of the nursing curriculum,” says Walters. While earning the certification was time consuming, Walters says applying for the designation seemed like the next natural step. “While Western medicine is lauded for its quality in research, surgical procedures and biomedical model, it has become clear that many patients desire a more holistic approach to health care—focusing on maintaining wellness and wellbeing rather than simply receiving treatment reactively.”

“The endorsement is aligned with Duquesne’s mission to care for the whole person—the mind, heart and spirit. We believe our graduates exemplify these characteristics,” shares Dr. Mary Ellen Smith Glasgow, dean of the School of Nursing.

Upon graduation, nursing school graduates are eligible to apply to be certified as holistic nurses. Schuster pursued and attained her certification in 2020. According to Schuster, embracing the concept of holistic nursing was a natural outgrowth of her education at Duquesne. “After learning more about holistic nursing and working with Dr. Walters, it just seemed that holistic nursing is what I envisioned nursing to be,” she says.

**FORGING THE FUTURE**

And Schuster is not alone. The holistic nursing philosophy is experiencing a rise in popularity not just among academic institutions, but also in a growing number of hospitals and patients themselves.

Walters says studies have shown that holistic care leads to higher patient satisfaction, and that has a direct correlation to the amount of revenue hospitals receive. She points to the Cleveland Clinic’s Center for Integrative and Lifestyle Medicine as an example of where holistic nursing is making its mark, and where teams of holistic nurses openly explore treatments that are integrated into the patient’s plan of care, like meditation and massage.

In addition, many believe the wider adoption of holistic nursing practices, with their focus on self-care, could help counteract nursing burnout—an ongoing industry problem, especially amidst the tumultuous pandemic—and curb nursing shortages around the country.

Erickson says aligned with this surge in interest was the launching of the Global Academy of Holistic Nursing earlier this year, where she and her colleagues plan to bring holistic nursing scholarship to the forefront of a global conversation, which is focused on transforming health care to a paradigm of health, wellness, and wellbeing and well becoming.

“How you educate a nurse determines what kind of nurse you get,” she says. “If you educate them from a biological paradigm, you get a nurse who is treating disease and performing tasks that are targeted toward treating illness and disease. But if you focus on a holistic paradigm, you teach them that you will not always be able to cure a patient, but will always be able to facilitate healing.”

Want to learn more about holistic nursing and earning certification? Contact Dr. Cindy Walters at walters362@duq.edu.
In its truest sense, holistic health goes beyond imagining the body as a whole and touches on the mind-body connection. According to Dr. Mai-Ly Nguyen Steers, assistant professor in the Duquesne University School of Nursing, the mind-body connection has become increasingly amplified in the age of social media.

An applied social psychologist with a background in biology and communications, Steers is currently studying the impact of social media on addictive behaviors in college students. Data from her research, which is supported by a five-year grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), is showing that the new technology’s reach may even extend past our bodies and minds and into our subconscious.

Steers believes people’s actual behaviors may not necessarily influence our perceptions but rather our perceptions of their behaviors influence our behaviors. “For instance,” explains Steers, “a student body population may not drink heavily but if students perceive the student body population to drink heavily (perhaps because their friends are heavier drinkers), that will influence their behaviors more so than the actual drinking behaviors of the student body. In fact, the goal of my intervention is to correct these misperceived norms in order to promote reductions in drinking among college students.”

ALTERNATE REALITIES

Partying and documenting good times on social media are popular extracurricular activities for many college students these days. College—when undergraduates are freed from the constraints of being at home with their parents—is a prime time to experiment with alcohol.

A 2021 nationwide survey conducted by the NIAAA found that nearly 55 percent of full-time college students between the ages of 18 and 22 drank alcohol within the past month and about 37 percent engaged in binge drinking. Steers explains that many college students feel compelled to capture and share their drinking with peers in countless Instagram, Snapchat and Twitter posts, so as a researcher it is important to understand how much time they spend on social media, the specific platforms they use, to whom they are posting to, what they post and when.

Research has shown that beliefs about others’ alcohol consumption are strongly related to students’ own drinking. Steers asks students how many drinks they consume per week and how many they perceive their fellow undergrads to consume during the same period. Students who view their friends’ alcohol-infused posts are likely to drink more themselves and to post more alcohol-related content, which, in turn, causes others in their network to do the same. By establishing this positive feedback loop, social media cultivates social norms—what students perceive to be normal in terms of drinking—that affects the amount an individual drinks and their perceptions of how much others drink.

Steers explains that perceptions are cultivated by what people are exposed to in their environment and for that person, their perceptions are their reality. “Social norms or what we perceive to be social norms are one of the biggest predictors of how much people
Having grown up with the internet, today’s college students have become social media aficionados—experts at creating different content for different platforms such as Snapchat, Instagram, Twitter and Facebook.

drink,” Steers says. The combination of drinking offline and seeing people drink online via social media may serve to amplify perceptions about drinking and cause students to think their peers drink more than they actually do. Her aim is to develop novel interventions to target at-risk drinkers who are also avid social media users. “We try to lessen their alcohol consumption by calling attention to the fact that their norms are skewed,” she explains. “That is, less drinking is taking place on campus than social media leads students to believe.” Aside from her drinking intervention work, another primary goal of Steers’ research is to develop standardized assessment tools that can be utilized in innovative, low-cost interventions for clinicians and researchers working in the alcohol field.

**ALL IN THE APP**

Having grown up with the internet, today’s college students have become social media aficionados—experts at creating different content for different
platforms such as Snapchat, Instagram, Twitter and Facebook. In her research, Steers has observed that students are adept at cultivating the type of alcohol-related content they choose to post to a particular platform due to implicitly conveyed norms surrounding the given platform.

“Students use the different platforms to post radically different types of alcohol-related content based on the features, functions and audience composition of each platform,” says Steers. She explains that Snapchat, for example, tends to be where students disseminate all the “wild and crazy, as well as ordinary” alcohol-related content. She has found Snapchat to be the platform of choice for students disseminating alcohol-related content because Snaps and Chats often disappear, and users can direct message smaller groups of like-minded people. By comparison, students appear more likely to post alcohol-related content conveying social status (e.g., students drinking in large groups) or economic status (e.g., imbibing expensive cocktails by the beach) to their main Instagram profile page.

“Content can add up and create what is called a social media echo chamber,” says Steers. “This occurs when the images of drinking are amplified far beyond its true regularity, working to build false perceptions.” Several of the students Steers interviewed for her research confessed to drinking just to have something to post about to social media. “It has become like the proverbial tree falling in the forest,” she explains. “If you did not post it, did it really happen?”

HEALTH OF TOMORROW

This phenomenon may seem thoroughly new age, but Steers has been examining the relationship between social media and public health for nearly 12 years. She began her research when Facebook was still relatively new and Instagram and Snapchat were just glints in Silicon Valley’s eye.

Originally focused on teasing out the intended and unintended consequences of social media on society, Steers’ first major paper touched on the connection between Facebook use and a rise in depression cases. “My colleagues and I conducted two studies and found that the underlying reason for why people who spend more time on Facebook seemed depressed is due to the fact that they are socially comparing themselves to their Facebook friends,” she says.

Steers became interested in the public health implications of social media while pursuing her doctorate. When her social media mentor became ill, she began working with a mentor with a background in alcohol and addiction. Integrating the two topics seemed like a natural next step. “With social media so tightly intertwined in our daily lives, I believe the need to study how it affects our behaviors and our health will only continue to grow in importance,” says Steers. “If social media is the lens through which young people view the world, seeing a distorted picture there can be harmful. Consider how social media spreads misinformation and can skew our view of world events. For instance, the use of Facebook and other social media platforms to spread information—both true and false—about the coronavirus outbreak and vaccines demonstrates the level of impact these platforms can have on a public health emergency.”

In the future, Steers hopes to study the patterns of misinformation dissemination on social media platforms, especially as they pertain to public health initiatives.

With all the data in and accounted for, Steers is ready to launch a clinical trial where she hopes to create an online intervention program, using her findings to not only correct skewed perspectives and help educate students on the reality of drinking, but to also help actively curb dangerous amounts of the activity.

“I just want to draw people’s attention to the fact that what they see on social media is not necessarily normal,” Steers says. “If you are communicating with the same people, they will tend to be like-minded as you, and that can reinforce a false or skewed perspective which becomes the lens through which you see the world.”

Despite her non-nursing background, Steers believes Duquesne’s School of Nursing is the perfect place to help her craft that message. “The School of Nursing is particularly forward-thinking,” she says. “I am not a nurse. I am a psychologist, and this is my first experience working in a nursing school. But one of Duquesne’s greatest strengths is that we have such an interdisciplinary staff,” Steers says. “And the more interdisciplinary the faculty, the more ideas you generate; the more ideas you generate, the more research you can conduct; the more research you conduct, the more students you attract. And you can learn so much more from all these different people in diverse disciplines.”

“CONTENT CAN ADD UP AND CREATE WHAT IS CALLED A SOCIAL MEDIA ECHO CHAMBER.”
The Pittsburgh Post-Gazette’s Nov. 27 editorial, “Helping to solve the state’s nursing shortage,” called for measures to attract and retain nurses. As a dean of a nursing school, I would add that “shortage” is too soft a word to describe the crisis we face.

For the past 19 months, nurses have witnessed firsthand the immense suffering of patients, families and communities caused by COVID-19. Over that time, nurses demonstrated heroism, stamina and resiliency beyond measure. But the severity and length of the pandemic has taken its toll, even on the most dedicated among us.

“The Great Resignation” has hit health care hard. Early retirements, transfers out of hospitals and acute care settings, and even dramatic career changes have created substantial staffing shortages right now. The anticipated nursing shortage has not only been severely accelerated; our current system has no clear plan to maintain and build the number of nurses we need.

The U.S. Bureau of Labor Statistics estimates that the health care sector has lost nearly half a million workers since February 2020. Approximately 22 percent of the remaining nurse workforce may leave their positions within the upcoming year, according to a 2021 McKinsey & Company survey.

A similar survey report from the American Organization for Nursing Leadership (AONL) reported that 17 percent of nurse leaders were considering leaving the profession, and 90 percent of nurse leaders anticipate a shortage beyond the pandemic.

This crisis could have an impact well beyond immediate demands for nurses. Many nurses did not enter or return to graduate school due to exhaustion or work demands related to COVID. That delay further limits the already short supply of nurse practitioners, clinical leaders and nursing faculty.

According to the National League for Nursing, 30 percent of nursing faculty active in 2015 were expected to retire by 2025. COVID will accelerate that as well. My nursing dean colleagues and I have noted another challenge: Clinical faculty and preceptors are in short supply because they are working overtime in hospitals due to staffing shortages or leaving the profession. Fewer faculty means fewer spots for nursing students.

Together these data indicate a sustained, dramatic, negative impact on the supply of nurses for the region. The confluence of these factors will put the nation’s health in jeopardy.

I agree with the editorial board that sign-on bonuses and increased wages and overtime pay are strong strategies for recruiting nurses. The state’s one-time loan forgiveness program is the sort of retention bonus that will help retain nurses. However, we need a concurrent, broader, long-term strategy that focuses on rebuilding the workforce and retaining nurses and nursing faculty; one that demonstrates a substantive investment in nursing as a profession.

We need to carefully examine workload and working conditions, and offer nurses sabbaticals, post-traumatic psychological and ethical debriefing, and ongoing psychological support in addition to loan repayment, increased compensation and commensurate respect for the work they are doing. More money does not address burnout long term.

We need scholarships for graduate nurse education and a financial investment in nursing faculty who have been heroes during the pandemic by helping with testing, vaccinating and patient care along with their teaching. We need scholarships for undergraduate students, particularly second degree students, so we can capitalize on growing interest in nursing as a career with ways to let new nurses enter the workforce quickly.

The COVID-19 pandemic has highlighted the tremendous contributions of nurses to the health and wellbeing of our country. They have rightly been hailed as heroes. But as the perceived urgency fades and interest in the heroes of health care wanes, nurses have and will continue to fight every single day.

Our elected officials, public and private sectors, and individuals must invest in nurses through scholarships, faculty support and other meaningful retention strategies—before it is too late.
On Halloween night in 2019, Emily Berta had an emergency: Her appendix was about to burst. “I had an assignment due the next day, so I texted my instructor explaining why it was going to be late,” she says. Berta knew she would not get into trouble. After all, the degree she was working on—a Doctor of Nursing Practice (DNP)—would be her third from Duquesne University School of Nursing, and she was well acquainted with how caring and committed the faculty are toward students.

“They are educators and they are professionals, but they have the heart of nurses. They care for the whole person,” she says. “They may not be taking care of patients directly, but they are taking care of students.”

It is a lesson Berta has carried with her into her own roles as Director of Professional Practice and Education at Grove City Hospital, and as an adjunct professor at the Georgetown University School of Nursing and Health Studies. “When I was admitted into the DNP program, one of the faculty said ‘welcome home.’ I will always feel at home at Duquesne University,” she says.

**FROM NURSING STUDENT TO NURSE EDUCATOR**

Growing up in a home where Catholic education was valued, Berta was familiar with Duquesne University and knew it would be a good fit for her undergraduate education. After she earned her BSN in 2002, she worked at Allegheny General Hospital, starting as a telemetry nurse “where I learned how to be a nurse and how a hospital and unit dynamics work,” she says. She later transferred to the surgical ICU and began working as a critical care RN.

In those units, she often interacted with new nursing students doing clinical rotations. “I absolutely loved working with students and with new nurses,” she says. That prompted her to continue her education, and she earned an MSN in nursing education from Duquesne.

While working toward her degree, she moved to the VA Pittsburgh Health System and worked as a bedside nurse in the medical ICU. After receiving her MSN, she shifted into the critical care education coordinator role.
role, also at the VA. She then assumed the role of nursing professional development specialist at West Penn Hospital before taking on her current director of professional practice and education position.

RAISING THE RED FLAG ON POSTPARTUM DIABETES RISK

Berta’s DNP project, which is now in the process of being implemented at West Penn, looks to address the effects that gestational diabetes during pregnancy have on a body over a lifetime, not just in the immediate period after giving birth. “You follow up with your doctor so much for pregnancy and all the sudden your appointments end,” she says. “Most women with gestational diabetes do not think they need to continue this specialized care.”

Yet gestational diabetes can be dangerous after pregnancy. About half of women who develop this kind of diabetes during pregnancy go on to develop Type 2 diabetes, according to the Centers for Disease Control and Prevention, and that risk can follow a person for more than 20 years.

“Many women believe that once the baby is born, everything will go back to normal,” she says. “Many do not know that from that point on they have a much greater risk of developing diabetes, especially in the first 10 years postpartum.” This is personal to Berta: She herself developed latent autoimmune diabetes several years after the birth of her second child. Even though she works in the medical field, she did not recognize the signs at first. “Initially I was tired all the time, and I thought, ‘Well, you have two young daughters who are 16 months apart, and you are working two jobs, so yes, of course you are tired’,” she says.

Her DNP project creates awareness during pregnancy about these potential postpartum risks and the importance of following up with a provider post birth. It also creates an easier path for pregnant women to go from being monitored by a specialty OB/GYN to a primary care setting. That might be transitioning to care with a current primary care or a new physician. Unfortunately, 25 percent of Americans do not have a primary care doctor, according to a study from JAMA Internal Medicine.

THE NURSING EDUCATION LINK

A typical day for Berta is never typical. Working as a nursing professional practice and education director, Berta says she addresses the professional development and educational needs of both new and established staff nurses at the hospital, as well as considering the larger hospital picture and a larger scale of educational incentives.

“My DNP prepared me for this role,” says Berta. “I learned so much about organizational leadership, quality improvement and evidence-based practice. Particularly during my time at West Penn, where they are not only managing the COVID-19 pandemic but also changes in executive leadership and health care system organization.”

She also continues to educate nurse practitioner students through Georgetown’s online graduate program. She has taught several graduate courses, including Advanced Physiology and Pathophysiology, Advanced Health Assessment, Advanced Pharmacology, and Families in Crisis. She also serves as course coordinator for the Advanced Physiology and Pathophysiology course, overseeing continuous course development, revision and evaluation.

Berta says that nurses with DNPs are crucial for the role nurses must play in the future of health care. “Having that doctoral degree helped me understand so much more from organizational and health network levels and their impact on health care,” she says.

“I believe nurses need to be involved in decisions that drive improved patient care. It is more than what happens at the bedside,” states Berta. “We have to be involved in the ethical components, in the clinical components, and in the research and quality initiatives that improve care at every level. We need to be a powerful voice for patients and advocate for the best possible care.”
Dr. Suzanne Sheaffer protects the unprotected. She is the first—and only—forensic nurse in Pennsylvania’s Office of Attorney General, a position she has held since 2002.

As the first nurse hired by the Pennsylvania office, her role is to investigate and reconstruct medical neglect cases in nursing, assisted living and personal care homes. “In 2018, we had our statutes amended to include hospitals, and I had the privilege to testify as they were adding additional language to the bill,” says Sheaffer.

Sheaffer has a vested interest in making sure facilities in the commonwealth of Pennsylvania provide good care to patients—her special-needs daughter and mother both spent time in nursing homes. “From a loss perspective, I get it both from the terminal illness side as well as what it is like when someone suddenly passes,” says Sheaffer. She lost her daughter and mother in recent years, as well as her son who died while on active duty in the Coast Guard. “Those experiences have made me a better, more compassionate forensic nurse when I deal with families,” she says.

The School of Nursing Magazine recently caught up with Sheaffer, who holds the distinction of being the first DNP health care policy graduate of Duquesne University School of Nursing. Here is what she shared:

“A lot of people do not know what forensic nurses do or think we only serve as sexual assault examiners in the emergency room. While that is an important part of our work, there is so much more. As a forensic nurse for the Attorney General’s office, I collect medical facts and evidence in situations where it is suspected that someone has neglected or abused a care-dependent adult. I explain this in ways investigative agents and attorneys can understand, and I assist them through interviews and search warrants in order to hold someone accountable. I am not a sworn law enforcement officer.

“I really love what I do because I can help bring nursing clarity to a situation when nothing else seems to make sense. We see families on the worst day of their lives. The worst part of the job is seeing families devastated. They believed their loved ones were going to get good care, and sometimes because they did not, they died. With the right support systems, we can get people through the worst day of their lives. That has always been my goal as a forensic nurse.”

NEXT OF KIN

Sheaffer discovered a flaw in Pennsylvania driver’s licenses—hard-to-find next of kin data—and set out to find a way to correct it.

“When I received my master’s degree in nursing, I did fieldwork in the Dauphin County Coroner’s office.
That is where I learned about a statewide next of kin notification problem. In the coroners’ world, notifying next of kin quickly is important, because in our state, if no next of kin claims the body, the coroner may bury someone in a mass grave when that person actually may have family.

“When a person dies in a car accident or is found at home, we may only have a Pennsylvania driver’s license as identification. By collecting next of kin notification information, we can make that notification much quicker, giving families the opportunity to get by that bedside. Most people are unaware that they can voluntarily name their next of kin when they apply for or renew their license online.

“For my DNP project, I collected five years worth of next of kin data from coroners in 20 rural and urban counties. I learned there is no consistency across the state regarding how we track unclaimed bodies. Now, thanks to state Representative Sue Helm and the Pennsylvania Coroners Association, new legislation prominently asking the question ‘Do you want to name next of kin?’ on the Department of Transportation’s driver license website has been introduced in the legislature as House Bill 2088. My thesis, which is in the Duquesne University Gumberg Library and on the internet, was a key piece used by Helm in trying to get this to become a law.

“If passed, this bill would provide coroners with greater access to certain records to help them more expeditiously and efficiently notify the next of kin when encountering a decedent. House Bill 2088 was referred to the House Transportation Committee, and I was among the first to testify before them. Florida and Arizona have laws like this, as do some states bordering Pennsylvania. Like their laws, ours would give coroners limited access to a law enforcement database for notification purposes.

“I am very optimistic that they are working toward a solution beneficial to all Pennsylvanians.”

DRIVING THE TRAIN

Health care policymakers need input from advanced practice nurses.

“Health care policy is what drives the train regarding how we care for patients, and manage and treat disease processes. Advanced practice nurses (APNs) have traditionally not been part of the policy conversation, but they are now.

“APNs need to have a voice in the legislature’s health care policymaking, because we care for patients. We are at their bedsides, and we spend more hours at bedsides than any other health care provider except nursing assistants. We know what families and our patients go through and what good delivery of care looks like.

“Having nurses guiding health care policy is critical. We know what is needed. By having our voices at the table, we can positively steer health care policy to impact patient care in the best possible ways. That is an awesome responsibility, and nurses are finally being heard.”

GOLD STAR TOUCHDOWN

The Gold Star designation began during World War I when family members would display blue stars in the window of their homes to represent loved ones serving in the armed forces. If the service member died or was killed while in service, the blue star would be replaced with a gold star. As a Gold Star Mother herself, Sheaffer acts to aid bereaved Coast Guard families.

“My son who was on active duty in the Coast Guard died suddenly in 2013. Unlike other branches of the military, the Coast Guard lacks a formal Gold Star program, except that its casualty officers assist with burials. I made it my mission to start one. I volunteered my time and professional services to make sure other families would have more support. I was given free rein but was told whatever I proposed had to be free, because the Coast Guard lacked budget funds to do more.

“I proposed that every year the Coast Guard honor Gold Star families during a home football game at Cadet Memorial Field in New London, Conn. Lo and behold, my idea was approved. It helped that I had already established an annual Gold Star football game at a local high school. So for the past seven years, except for last year due to COVID-19, Coast Guard Gold Star families are invited onto the field during the game. Their names and those of the fallen heroes are announced. It is an opportunity for us to come together to celebrate them and support each other. It is a powerful and emotional night.”

DIGNITY AND RESPECT

“Always remember the highest ideals of the nursing profession. As nurses, we have two of the greatest gifts in the world—to bring life into this world and to ease life out with dignity and respect. I pray to God every day I have met that mark with each family, because our families deserve that. Our victims deserve that. I need to be their voice.” 🕊
IVY MWAKUGHU REMEMBERS WHEN SHE FIRST THOUGHT ABOUT BECOMING A NURSE. “WHEN I WAS YOUNGER, I VISITED A LOCAL HOSPITAL AT A TIME WHEN THEY WERE EXPERIENCING A PHYSICIAN SHORTAGE,” MWAKUGHU RECALLS. “AND DESPITE BEING SO FEW IN NUMBERS, THE NURSES STEPPED UP AND WORKED TIRELESSLY TO PROVIDE THE BEST CARE POSSIBLE FOR THEIR PATIENTS. THEY REALLY CARED, AND THAT MADE AN IMPACT ON ME.” SEEING FIRSTHAND THEIR DEDICATION FOR OTHERS INSPIRED MWAKUGHU TO FOLLOW A SIMILAR PATH. ALTHOUGH SHE DID NOT EXPECT THE PATH TO CARRY HER MORE THAN 7,000 MILES AWAY FROM HER HOME IN NAKURU, KENYA TO LIVE AND LEARN IN ANOTHER COUNTRY.

The idea of traveling elsewhere to study had never occurred to Mwakughu until her aunt who lives in the U.S. sparked her interest in attending Duquesne University during an otherwise regular catch-up phone call. “She knows how good the nursing program is at Duquesne, and after we talked I got excited,” Mwakughu says. “I knew I would get the very best education at Duquesne, but I also knew getting there would not be easy.”

Between applying, being accepted into the BSN program and then coordinating visas and all other paperwork, the process took nearly a year. However, Mwakughu says getting on the plane may have been the most difficult part of her journey. “I remember feeling excited, nervous and a little sad the day I left. I was at the airport ready to embark on a new adventure but sad to be moving away from my friends and family.”
NAVIGATING NEW WATERS

Mwakughu knew this move would bring many changes to her life, but the one that surprised her the most when she arrived in Pittsburgh in late December 2018 was the weather. “It was a cold unlike any I had ever felt before,” she laughs as she recalls her first Pittsburgh winter. Mwakughu shares she was able to warm up and get used to the cold and her new city before starting classes.

Mwakughu chose to live with her aunt and commute, and it was not long before she started to find her place at Duquesne. An early favorite haunt, she says, was Duquesne’s Commuter Center, as it offered a place for her to study or rest between classes. She also began to spend time in between classes working at a University dining hall, which offered its own unexpected form of acclimation. Still missing home-cooked Kenyan food and having a hard time tracking down all the proper ingredients to recreate it in Pittsburgh, Mwakughu started taking home dishes from the dining hall instead, slowly expanding her pallet and finding new types of ingredients to crave. A particularly memorable meal was the classic American combination of a burger, fries and a shake.

“I came with the attitude that I want to try everything,” Mwakughu says, beaming. “I thought, if I do not like it, I do not have to have it again—but if I do not try it, I will never even get to know if I like it!”

FINDING HER PLACE

That same appetite for life led her to dig into her surroundings—exploring more of the Pittsburgh area and all the opportunities on the Duquesne campus, including roles with the International Student Organization and the African Student Union.

“Back home, there is much more of a communal aspect of living—if you are having an issue, you can easily reach out to someone and they will help you—but in the U.S. there is a much more individualistic mindset,” she says. “But when I came here and met other Kenyan students, I realized, I am not alone. Most of us have many of the same experiences. When you first come here, everything is culture shock. But connecting with other people who have experienced the same challenges gives you that strength to keep going, even when it feels hard.”

Indeed, Mwakughu says that besides being a nursing student, her most rewarding role at Duquesne has been serving as a student ambassador and helping others find that same strength and sense of place. “I want students coming here to know they are not alone,” she says. “I do not want them to feel stressed or worried; rather, they should feel as though they are in safe hands. That is why I share all my experiences—the good and the bad. I tell them, ‘When you come here, look for me, and I will help you.’”

That same compassion is what originally drew Mwakughu to nursing. Though initially more interested in law, that trip to a local hospital so many years before opened her eyes to nursing and the opportunity it presented to help ease the suffering of others. Specifically, she hopes to use her nursing role to help children, despite being warned that pediatrics is a tough road filled with crying patients and concerned parents.

“I was unsure for the longest time, but I know in my heart I want to work with children. It is such a rewarding experience,” she says. “Nothing worthwhile will ever come instantly or easily. In order to grow, you have to face and tackle new challenges. So, crying kids, concerned parents—whatever the challenges are—I am ready for anything.”

That sentiment also goes for the COVID-19 pandemic. The pandemic changed the way Mwakughu experienced her nursing classes and clinical experiences. She is looking forward to more clinical opportunities and fully in-person classes as Duquesne begins to transition back to more normal operations.

“But if there is anything that the semester during COVID-19 has taught me is that change is inevitable, and the only thing you can do is to be ready to face anything,” she says. “And I am! I feel prepared for whatever is coming next.”

The pandemic also made it especially difficult for Mwakughu to travel home. Yet even though it has been more than three years since she has been back to Kenya, Mwakughu is happy to be exactly where she is. “Making the choice to come to Duquesne is personally the best choice I have ever made,” she says. “It was difficult to journey so far from home, and it was really hard to meet new people, but everyone here has been so friendly and helpful.”

“Being far from home can easily get to you,” she says. “But there was never a moment I felt alone. At Duquesne, I truly feel like I am at my home away from home.”
LOOKING THROUGH A CERTAIN LENS, SOME MAY CALL AIDAN SHIELDS UNLUCKY. THE DUQUESNE NURSING SCHOOL SENIOR WAS WITNESS TO A TRIO OF HARROWING MEDICAL EVENTS BEFORE EVEN GRADUATING FROM HIGH SCHOOL—INCLUDING CLOSE BRUSHES WITH AN UNCONTROLLED ASTHMA ATTACK, CARDIAC ARREST AND EVEN A STROKE. BUT INSTEAD OF LETTING THAT SCARE HIM AWAY FROM EMERGENCIES, SHIELDS TOOK IT AS A CALL TO DO MORE—AND IT HAS LED TO SOME GREAT OPPORTUNITIES IN A BURGEONING CAREER.
Last summer, Shields was one of just 50 participants chosen from more than 1,000 applicants worldwide to receive an externship at the prestigious Mayo Clinic in Rochester, Minn. “I remember thinking the Mayo Clinic externship was a long shot, but I figured it was worth trying,” he recalls. “When I got an email saying I was accepted, I was genuinely surprised.”

Shields shares that he was both honored and excited to take up residence at a place that was named the nation’s best hospital for five consecutive years by U.S. News & World Report.

“In addition to a great professional experience, the externship was also a unique, immersive experience,” says Shields. “All the externs were housed together at a local university. We would work all week in our assigned units, then spend our free time together kayaking, hiking, sightseeing and attending outdoor concerts. So it was a different externship experience than I would have had in Pittsburgh or even back home in the D.C. area. We were all strangers from across the United States and a few from other countries who were working, living and spending time together. The Mayo Clinic sees people from all over the world. It even has its own fleet of private jets to retrieve patients who come from all 50 states and nearly 140 countries to find answers to complex and sometimes rare illnesses.”

Assigned to Mayo’s Medical Intensive Care Unit (MICU,) Shields admits it was a culture shock. “Even though I worked as a patient care technician in a progressive care unit at Allegheny General Hospital in Pittsburgh since my freshman year, I was not prepared for the intense environment of an MICU unit. Especially one that receives such unusual cases from all over the world. For example, I was assigned a patient who had undergone a black market organ transplant, multiple patients from a hot tub legionella outbreak and a patient who was bleeding from every orifice due to thrombotic thrombocytopenia purpura.

“On several occasions, my preceptor and I were floated to the Transplant ICU. One of the nurses on my unit was part of the flight team and flew with a fixed-wing aircraft crew all over the world to bring patients to Mayo.”

Beginning in July 2022, the experience will continue, as Shields has accepted an RN position at the Mayo Clinic’s demanding MICU. “I went into the externship with the mindset that it would be one long job interview, which in the end paid off. Since I intend to apply to a CRNA doctorate program in a few years, going straight into an MICU unit after graduation will give me the exposure and skills required to attend a CRNA graduate program.”

HISTORY LESSONS

Shields’ desire to become a nurse grew slowly over the course of several years and began after witnessing three medical emergencies while participating on his high school rowing team in Ashburn, Va. The first incident occurred during practice when one of his fellow teammates suffered a stroke during practice—an exceptionally rare diagnosis for someone so young—and the second occurred the following year when a jogger running near the team experienced and unfortunately succumbed to a cardiac arrest.

But it was the third incident that proved to be a turning point for Shields. Another teammate, with no history of asthma, suddenly found himself struggling to breathe mid-stroke during practice on the Potomac River. Taking action, Shields helped talk him through it and coached his breathing until a trained professional arrived.

“It was crazy,” Shields recalls. “But it caused me to begin thinking about how I could make a true difference in another person’s life.”

He began his journey while still in high school working as an EMT in his hometown fire department. The experience, he says, was informative and formative. It exposed him to various scenarios that ranged from an elderly patient who slipped and fell to a
multi-car pile-up on the highway. Altogether, it drove home his growing passion for patient care.

MULTIFACETED MEDICINE

Shields shares that like his EMT experience, it was the wide variety of cases that drew him to the MICU. “The MICU services the broadest range of patients. The MICU is prepared to treat a wide array of illnesses and complex conditions that range from congestive heart failure to liver disease to traumatic brain injuries. It runs the whole gamut,” he says. “It definitely kept me on my toes and challenged me every day.”

Shields was surprised to learn that MICU nurses can have a high degree of input when deciding the best course of treatment for a patient—a part of the job he finds particularly rewarding. “There is so much critical thinking involved,” he says. “Many MICU patients present with multiple medical conditions, so you have to approach each condition as it relates to and could potentially affect another. The whole thing is like a puzzle.”

Aside from his summers as an EMT, he credits the Duquesne University School of Nursing’s holistic approach for preparing him to think on his feet in such complex layers, saying the school’s style of “treating patients as a whole, rather than just treating their disease” was fundamental to the way he approached patients in the MICU.

But he never imagined he would need to rely on that training so soon—and so close to home.

BLESSINGS IN DISGUISE

Shields’ personal involvement with a medical event struck once again this last summer, this time affecting a member of his own family.

When coordinating a trip out West to see his grandparents, Shields learned his grandfather had been experiencing cognitive issues, which struck him as odd since his grandfather was typically “sharp as a tack.” The sudden lapse in cognition triggered a lesson Shields had learned from his gerontology professor, Dr. Cara Morrill-Stoklosa, who had spent much of the semester stressing that sudden changes in mental function were not a natural part of aging, but could actually be a symptom of something potentially serious.

With that in mind, Shields made all the calls necessary to convince his family that an immediate trip to the ER was a much sounder course of action than waiting two weeks for a doctor’s appointment. It turned out his instincts—and education—were right.

An aggressive glioblastoma tumor was discovered in his grandfather’s brain that night, and the hospital was able to operate immediately, successfully removing 50 percent of the dangerous growth. Waiting to act, Shields learned, may have given his grandfather perhaps just three months to live.

While the rest of the prognosis remained poor, the swift action that night still worked to brighten the future for Shields and his family. “What that did was buy my grandfather and my family time. More time to spend these last few months together and say our goodbyes,” he says.

And for that precious gift, he is grateful for all he has been able to learn over the years—and particularly at Duquesne. ✨
A $809,592 R25 grant from the National Human Genome Research Institute of the National Institutes of Health will help Duquesne University offer a professional development opportunity to improve nurses’ genetic and genomic science literacy. Funding was awarded to Dr. Rebecca Kronk, associate dean for academic affairs and associate professor in the School of Nursing, along with Dr. Mihaela Mihailescu, professor in Duquesne’s School of Natural and Environmental Sciences, for “Health for Genomic Competencies for Nurses from Theory to Application: An Online Long Course.”

Overarching goals of this five-year grant are to create a training opportunity based on the Essential Genetic and Genomic Competencies for Nurses with Graduate Degrees and to improve nurses’ genetic literacy and genomic science literacy to benefit patient/population health care outcomes, particularly those from underrepresented minorities, through research, evidence-based practice, education and advocacy.

Kronk explained that as nurses continue to be called upon to communicate results of genomic tests—from direct-to-consumer to far more inclusive whole genome sequencing/whole exome sequencing to patients and families—they must possess a foundational understanding of genomics. This includes how population-level genomic studies and clinical genomic research can inform patient management, as well as how nurses need to possess the skills to tailor and communicate the implications for care to patients and families.

The self-paced course Genomic Competencies for Nurses from Theory to Application: An Online Long Course was made available for doctoral-prepared nurses (e.g., PhD, DNP) including faculty, clinicians, researchers and students in January 2022. Participants are able to earn nursing contact hours upon completion of a course evaluation survey and post-course assessments.

The course begins with an optional primer module on the basics of genetics and genomics, followed by six topic-specific learning modules based on the Essential Competencies. No genetics experience is required. Depending on personal schedules, recommended time to complete all modules is six to 12 weeks.

The modules include:
Module 0: Genetic Primer (optional)
Module 1: Risk Assessment and Interpretation
Module 2: Genetic Education, Counseling, Testing and Results Interpretation
Module 3: Clinical Management
Module 4: Ethical, Legal and Social Implications
Module 5: Research and Translation to Practice
Module 6: Professional Role and Leadership

NIH Disclaimer
This professional development opportunity is offered through Duquesne University School of Nursing and funded by the National Human Genome Research Institute of the National Institutes of Health. This material is based upon work supported by the National Institutes of Health under Grant No. R25HG011228. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Institutes of Health.
Dr. Mary Ellen Smith Glasgow, dean and professor of the School of Nursing, has been named Vice Provost for Research of Duquesne University’s newly launched Office of Research and Innovation. Glasgow will retain her roles in the Duquesne University School of Nursing.

The office was recently renamed to reflect its new vision and to welcome a new era of research at Duquesne. As vice provost for research, Glasgow will provide strategic leadership, expertise and operational direction for all research activities at the University as they pertain to research needs, proposal development, implementation, infrastructure and growth. In addition, this role is responsible for advancing Duquesne’s vision, mission and strategic plan in relation to scholarship, research, creative activity, innovation and entrepreneurship.

“I am confident that this new structure will enable us to pursue new research agendas and grow our research portfolio,” says Duquesne Provost Dr. David Dausey. “Dr. Glasgow is the ideal leader for this role and will be a change agent to help establish and carry forward our vision for the future.”

“It is an honor to support the faculty in pursuing their research and scholarship interests while simultaneously elevating research at the University,” Glasgow says.

While fostering a culture of excellence in collaborative multidisciplinary scholarship and innovation, Glasgow plans to develop the necessary research infrastructure for the University to support novel research partnerships with health care. She will communicate to key stakeholders and keep the University community apprised of the state of the research enterprise.

An accomplished scholar and administrator, Glasgow has led efforts to increase the rankings and research profile of the School of Nursing. Prior to being named nursing dean at Duquesne in 2012, she served as associate dean for nursing, undergraduate health professions and continuing education at Drexel University, responsible for 3,300 students, and was integral to the research success of the College of Nursing & Health Professions.
Dr. Christine D’Antonio was accepted into the National League for Nursing LEAD program.

Dr. Michael Deem was named a Grefenstette Center Faculty Scholar.

Dr. Jessica Devido was named a Josiah Macy Faculty Scholar and received a Creative Teaching Award, along with her colleague, for “Interprofessional Roundtables: Innovating Solutions to Contemporary Mental Health Challenges and Social Injustices.”

Dr. Rebecca Kronk was named a mentor for the Golisano Fellowship in Developmental Disability Nursing, a new fellowship program from the Golisano Institute for Developmental Disability Nursing at St. John Fisher College.

Dr. Denise Lucas received the Jenco Award for her work in Appalachian Ohio; was appointed to the Board of Directors for the Charitable Healthcare Network; and was selected as an on-site evaluator in the CCNE accreditation process.

Dr. Mai-Ly Nguyen Steers was named an editor of the Journal on Studies of Alcohol and Drugs.

Dr. Joan Such Lockhart was promoted to Deputy Editor for the Journal of Continuing Education in Nursing.

Dr. Kathleen Sekula received the 2021 Ann Burgess Forensic Nursing Research Award from the International Association of Forensic Nurses.

Dr. Melanie Turk was selected as a Transcultural Nursing Scholar by the Selection Committee of the Transcultural Nursing Society International Inc.

Dr. Cynthia Walters has been accepted into the inaugural Global Academy of Holistic Nursing.

Dr. Yvonne Weideman achieved Advanced Holistic Nurse Board Certification.

Dr. Rick Zoucha received the Pittsburgh Magazine Excellence in Nursing Academia award, and was appointed as Senior Editor of the Journal of Transcultural Nursing.
STUDENT AWARDS AND RECOGNITIONS

PhD candidate Jayna Brooks received a $2,000 Military Suicide Research Consortium dissertation award from the U.S. Department of Defense.

Griselle Estrada, PhD candidate, was named a fellow of SAMHSA’s Minority Fellowship Program at the American Nurses Association.

DNP-PHD candidate Jihane Haji was promoted to Associate Professor with tenure at Widener University.

Michael Neft, PhD candidate, received a $58,840 Distinguished Clinical Scholar award from the University of Pittsburgh School of Nursing for “Advancing Simulation for Efficiency and Sustainability Across the Nursing Curriculum.”

Amanda Pellegrino, a dual Biomedical Engineering and Nursing student, received the Circle Leader of the Year Award from Omicron Delta Kappa National Leadership Honors Society.

Karen Robson, PhD candidate, received a $2,000 Gerontological Advanced Practice Nurses Association 2021 Foundation Award.

ALUMNI AWARDS AND RECOGNITIONS

Emilee Gallagher, BSN, RN, received the DAISY Award.

Erin Q. Dieter, FNP-C, received a Pittsburgh Magazine Excellence in Nursing Advanced Practitioner Honorable Mention.

Myrna Abi Abdallah Doumiti, PhD, RN, FAAN, MPH, BSN, received the 2021 Women in Global Health's Heroine of Health Award.

Geralyn Lee, BSN, RN, received a Pittsburgh Magazine Excellence in Nursing Leadership Honorable Mention.

Maribeth McLaughlin, MPM, BSN, RN, received the Pittsburgh Magazine Excellence in Nursing Executive Leader Award.

Brooke Stevenson, BSN, RN, received both the UPMC Children’s Hospital KIDS First Award and the DAISY Award.

ANCC CERTIFIED

Duquesne University School of Nursing is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. The School of Nursing provided 15 continuing education programs, including the 11th Annual McGinley-Rice Symposium: The Face of the Person Who is Hungry; Labor and Delivery: Overview and Process for the Home Visiting Nurse; and a review of Dean Mary Ellen Smith Glasgow’s newly published book during Book Study with the Author.

2020-2021

The School of Nursing offered 135 contact hours to 536 participants.
PUBLICATIONS

We are proud of our faculty and students for co-authoring numerous high-quality papers, which allowed the School of Nursing to reach an all-time high of 79 publications. Publications include original research, reviews, commentaries and editorials in an impressive range of journals in nursing and related fields.

In addition, two faculty members each had a book published:

- **Dr. Deborah Dillon** authored Successful Transition to Practice: A Guide for the New Nurse Practitioner.
- **Dr. Marie Smith-East** co-authored Handbook of Geropsychiatry for the Advanced Practice Nurse.

GRANT AND FUNDING NEWS

A $152,202 HRSA grant was awarded to Dr. Kate DeLuca for the Nursing Faculty Loan Program.

- **Dr. Manjulata Evatt** was awarded $1,500 for “Educating Nursing Students to Assess Clients with Disabilities via Telehealth to Improve Clinical Decision-Making Skills” from Sigma Epsilon Phi Center.
- **Dr. Angela Karakachian** received a $5,000 Duquesne University Presidential Scholarship Award for “Does an Interdisciplinary Asthma Care Model Improve Outcomes for High-Risk Pediatric Patients?”

An $809,592 R25 grant from the National Human Genome Research Institute of the National Institutes of Health was awarded to Dr. Rebecca Kronk and her colleague Dr. Mihaela Mihailescu for “Genomic Competencies for Nurses from Theory to Application: An Online Long Course.” See page 31 to learn how this will support nurses’ genetic literacy.

A $1.5 million Advanced Nursing Education - Sexual Assault Nurse Examiners (ANE-SANE) Program Grant was awarded to **Dr. Kathleen Sekula** for “Increasing the Number of SANEs via Digital Technologies: Adult/Adolescent and Pediatric.”

- **Dr. Mai-Ly Nguyen Steers** received $9,600 from the Charles Henry Leach II Fund for Duquesne University in support of “Drinking and Alcohol-Related Social Media Posting Contagion Among College Students.”
- **Dr. Eric Vogelstein** received a $5,000 Duquesne University Presidential Scholarship Award for “Medically-Assisted Dying and Professional Role Obligations.”
- **Dr. Rick Zoucha** received $2,000 from Chi Eta Phi Sorority, Inc. for “Understanding the Cultural Values, Beliefs, and Perceptions of COVID-19 and the COVID Vaccines in the African American community: A Focused Ethnography.”

U.S. News & World Report Ranked the School of Nursing:

- **#2** Best Online Master’s in Nurse Education
- **#5** Best Graduate Schools—Family Nurse Practitioner Program
- **#6** Best Online Master’s in Nursing Administration
- **#17** Best Online Graduate Nursing Programs for Veterans
- **#46** Best Online Graduate Nursing Programs
- **#58** Best Undergraduate Bachelor of Science in Nursing (BSN) Programs