Duquesne University School of Nursing
Vol. 5 (2020)

LOOKING BEYOND DISABILITY

Looking beyond disability
how nurses support patients
with disabilities
“The character of the nurse is as important as the knowledge she possesses.” — Carolyn Jarvis

As the dean, I am excited to share with you the fifth issue of our annual School of Nursing magazine. For more than 80 years, we have delivered excellence in nursing education and continue that legacy through the work of our faculty, alumni and students—whether it is working in a clinical setting, developing programs to improve access to care, raising awareness for vulnerable populations, conducting research or advocating for positive change to national health initiatives and policy.

The World Health Organization has designated 2020 as the Year of the Nurse and Midwife, in part to promote the professions and to draw attention to the 9 million nurses the world will need by 2030 to meet universal health care needs.

The Year of the Nurse comes at a critical time as changes in health care and aging baby boomers intensify the need for additional nurses. As educators, it is our responsibility to address the shortage without lowering care standards. Within these pages, we explore a multi-pronged approach to the shortage and highlight Duquesne’s accelerated Second Degree BSN program that not only prepares future nurses to enter the workforce, but provides the skills and knowledge they need to help advance the quality of patient care.

This past year, faculty members Drs. Rebecca Kronk and Alison Colbert introduced a new program that positions the School of Nursing as a leader in the care of individuals with disabilities. Historically, nursing education has not adequately prepared students to provide appropriate care for individuals with disabilities, the world’s largest and often the most marginalized minority population. The new program provides both didactic and experiential learning experiences, so students gain the competencies needed to care for those with disabilities, while simultaneously empowering these individuals to be their own advocates.

We also continued our strong tradition of addressing social justice and celebrated the 10th anniversary of our McCreary–Rice Symposium on Social Justice for Vulnerable Populations. This year’s theme was “The Face of the Person Who is Homeless.” Led by Sister Rosemary Donley, the Jacques Laval Endowed Chair in Justice for Vulnerable Populations at the School of Nursing, the symposium is an expression of our mission to assist vulnerable and marginalized persons.

Keeping abreast of nursing trends, we have introduced telehealth medicine into both our undergraduate and graduate curricula. The School of Nursing has once again been recognized and ranked by U.S. News & World Report, including four of our programs: Master’s in Nursing Education at No. 3, Master’s in Nursing-Family Nurse Practitioner at No. 5, Master’s in Nursing for Veterans at No. 17 and Master’s in Nursing at No. 45. The 2020 rankings mark the first time that U.S. News included specialties in nursing education and continue that legacy through the work of our faculty, alumni and students—whether it is working in a clinical setting, developing programs to improve access to care, raising awareness for vulnerable populations, conducting research or advocating for positive change to national health initiatives and policy.

As we celebrate the Year of the Nurse and Midwife, Duquesne University is proud to draw attention to the vast contributions and positive impact nurses have in education, practice, research and policy. We salute our faculty, students, alumni and all nurses across the globe!

Sincerely,

Mary Ellen Glasgow, PhD, RN, ANEF, FAAN
Dean and Professor

Correction Note:
In the article A $100,000 Hearst Foundation Grant Supports Innovative Nursing Simulations, found on page 12 of the School of Nursing Magazine, Vol. 4, there was an error in the second sentence in the seventh paragraph. The word school should have been plural and the sentence should have read as follows: Kronk knows of no other nursing schools trying this approach with undergraduates.
A CENTRAL TENET OF NURSING IS THE COMMITMENT TO ADVOCATE FOR PATIENTS AND THEIR CARE. BUT NURSING IS ALSO ABOUT HELPING PATIENTS FIND THEIR OWN VOICES SO THEY CAN ADVOCATE FOR THEMSELVES. THESE GOALS ARE PARTICULARLY URGENT WHEN CARING FOR PEOPLE WITH DISABILITIES. PEOPLE WITH DISABILITIES ARE THE LARGEST AND, IN MANY WAYS, THE MOST MARGINALIZED MINORITY. AT DUQUESNE UNIVERSITY, THE SCHOOL OF NURSING HAS INTRODUCED INNOVATIVE COURSEWORK TO TEACH STUDENTS HOW TO INTERACT WITH AND TREAT THIS GROWING POPULATION.

BRIDGING THE CARE GAP

The Centers for Disease Control and Prevention (CDC) defines disability as a condition of the mind or body that makes it more difficult for people to do certain activities and interact with the world around them. Some disabilities impair a person’s physical or mental functioning, while others limit normal activities like seeing, hearing or problem-solving, and others impede the ability to work, interact socially or obtain services like health care.

We often use the term “disability” to describe a single population, but people with disabilities are a diverse group with a wide range of highly individualized needs. The same disability can affect two people in very different ways, and some disabilities, like those affecting the ability to function socially, are not readily apparent.

Health care providers often do not receive the specialized training they need to recognize and address the multiplicity of factors on how a disability may impact a person’s health.

As a result, people with disabilities often develop health issues unrelated to or secondary to the disabling condition. People with disabilities are seven times more likely to develop chronic diseases and two times less likely to receive proper preventive health screenings.

“People’s discomfort with and perceptions about disabilities make comprehensive care less accessible,” Dr. Alison Colbert, associate professor at the School of Nursing, says. “We need to learn to treat people as full and complete individuals, especially people with disabilities. For example, if you are uncomfortable discussing sexual health with a young person who is using a wheelchair for mobility, you may be denying them the full range of health services they need.”
Building a More Complete Skillset

The Duquesne University School of Nursing has introduced a Standardized Patient with Disability Program, funded by Edith L. Trees Charitable Trust and Hearst Foundation grants, to its curriculum. The program brings students face-to-face with Specialized Patient Consultants (SPC), individuals who have a disability recruited to help improve the variety and authenticity of patient care simulations. Patient consultants are compensated for their time as they interact with students during intake interviews, assessments, exams, and other non-invasive exercises. They portray themselves and integrate their disabilities into the simulations, but they may role-play additional conditions to vary the scenarios. The SPC then provides students with feedback based on their experiences in the simulations.

Most nursing programs include simulation exercises, but use trained actors to role-play different patient types and medical conditions. Dr. Suzanne Smelzer from Villanova University provided consultation when the program was started. Today, both Duquesne University and Villanova University’s M. Louise Fitzpatrick College of Nursing include coursework or clinical encounters focused specifically on interacting with and treating persons with disabilities.

Colbert says the Standardized Patient with Disability Program serves several important educational objectives. “We want the uncomfortable to become comfortable, and help students grow more at ease and more effective in these situations,” Colbert says. “Students need to broaden their experience, so they understand and are more sensitive to the needs of persons with disabilities.”

Interacting with consultants in classrooms and clinical simulations teaches students to look at the world through their patient’s eyes, so they can better understand the barriers that nondisabled people rarely encounter.

“Consultants tell us that they have never been weighed because they are in a wheelchair,” says Dr. Rebecca Kronk, associate dean for academic affairs in the School of Nursing. “Students come to understand that the person is not the disability. I may be in a wheelchair, but I am not disabled until there is no scale to weigh me, or there is no ramp to get me into my home or the restaurant.”

“One example I always bring up is the use of drinking straws,” Colbert says. “We all hear that straws are bad for the environment and should be banned. But any working nurse will tell you that a straw helps many people drink and take medications, and is therefore an assistive device. A nursing student may have the best intentions, but might not understand until having been exposed to this situation.”

The simulations also grow in complexity with the academic level of the students. An undergraduate student might interview someone with a singular issue, while a graduate student will encounter a simulation incorporating multiple factors that make diagnosis and treatment more challenging.

“We make it more complicated for a nurse practitioner (NP) student,” Kronk says. “In one scenario, a female patient might have multiple sclerosis (MS), but then we add hypertension to the mix. Therefore, while the NP might prescribe exercise to lower blood pressure, he or she also needs to determine what exercises are safe for someone with MS. Or if you have a patient who uses a wheelchair, how do you coordinate care in ways that maximize the patient’s access?”

“How many times do nurses say a patient is non-compliant when, in reality, the patient cannot get to an appointment, or a visual impairment prevents him or her from following medication instructions?” Kronk asks. Colbert says students are challenged to think about what is missing—to ask what needs are not being met, and then to think of how they can optimize the situation to change what needs changing.

To give students greater historical context for the challenges of treating patients with disabilities, Colbert and Kronk developed a set of online modules for nursing students funded by a FISA Foundation grant. The modules include interaction with the digital archive From Wrongs to Rights, a project of the United Way of Southwestern Pennsylvania, The Heinz History Foundation, and the Western Pennsylvania Disability History and Action Consortium, which chronicles the treatment of people with disabilities in western Pennsylvania and the stories of people who worked to expose abuses and improve treatment standards.

“We use the site in a senior leadership class to walk students through various scenarios that occurred,” Kronk says. “Students can learn about and discuss the need for health equity, and look at health care policy from a historical perspective.”

Amplifying the Voices of People with Disabilities

Just as training with a SPC helps students build skills, working with students and faculty in realistic clinical settings also gives consultants the confidence to interact more effectively with health care providers.

“We need to not just care for our patients, but also find ways to amplify their voices,” Colbert says. “As a nurse, your responsibility is not speaking for them. It is making sure that their voices are being heard.”

Kronk explains that one real advantage to the simulation is that consultants do not act—they come as themselves. “Students take a history and ask questions about their lives. It is eye-opening. Consultants feel like they get the chance to be genuine and help influence the next generation of health care professionals.”

Extending the Reach and the Benefits

As the Standardized Patient with Disability Program wraps up its second year, plans call for expanding content and simulations to address a wider range of scenarios and issues, and incorporating them into more courses at both the undergraduate and graduate levels.

Additional funding from the Hearst Foundation will enable the School of Nursing to recruit more Specialized Patient Consultants, so students can work with a more diverse group of people. Program funding has already been used to add specialized equipment to the simulation lab, including scales that weigh patients in their wheelchairs, and exam tables that lower to wheelchair height to make transfers easier.

Kronk and Colbert are also reaching beyond the nursing program to learn how other health care disciplines at Duquesne and elsewhere are responding to the needs of people with disabilities. For example, they connected with University of Pittsburgh’s School of Dental Medicine faculty to learn how they were teaching dental students to make dental care more inclusive. Their goal is to include students with disabilities because their dental school training did not address the issue,” Colbert explains. “They may not be comfortable treating someone who uses a wheelchair or a person with autism who does not communicate in a conventional way. So their program provides ample opportunities for students to work with adults and children with disabilities.

“Our program is meant to be the beginning of an ongoing dialogue that helps us discover what does and does not work. As we develop our curriculum, we hope to incorporate scenarios that include other providers like physical therapists and speech pathologists. “As we live longer, it is far more likely we will experience disability at some point,” Colbert points out. “If we can instill the foundational idea that health care must be accessible for everyone, we can create meaningful, lasting change that improves lives.”
DEFINING THE STANDARDS FOR SERVING THOSE WITH DISABILITIES

The first step in developing any curriculum is defining its target outcomes. Clearly articulated competencies spell out learning objectives and skills students need to complete a course of study, and give accrediting bodies a set of standards for assessing the quality of the curriculum. Competencies also help guide development of best practices that other institutions can use to replicate successful courses.

Recent research by Drs. Rebecca Kronk and Alison Colbert and colleagues at Villanova University takes an important step toward establishing prelicensure competencies for caring for people with disabilities. Working with Suzanne Smeltzer and Elizabeth Blunt of Villanova University’s M. Louise Fitzpatrick College of Nursing, Kronk and Colbert revised a set of existing competencies, resulting in 12 that can serve as a foundation for building disability-specific content into nursing curricula.

The competencies are grouped around four themes that include:

ENVIRONMENT AND CARE
- Integrate the full range of health care services (e.g., primary nursing care, routine screenings, prevention) pertaining to the wellness and health promotion of the person with a disability.
- Apply legal and ethical principles to provide optimum health care to the person with a disability.
- Determine the social, cultural and biophysical constructs, individually and collectively, impacting the health of the person with a disability.
- Identify potential barriers (e.g., attitudinal, environmental) to optimum health care and functioning affecting the person with a disability.
- Identify signs and symptoms of abuse and the increased risk for abuse, neglect and exploitation in the person with a disability.
- Demonstrate knowledge about the interaction of disability and other health states (e.g., pregnancy, childbearing and transitions across the lifespan).

COMMUNICATION
- Communicate directly with the person with a disability and family/surrogate.
- Describe and use alternative communication strategies and technologies as appropriate for the person with a disability and the situation.

CULTURE
- Acknowledge the core cultural values of the person with a disability through communication and demonstrated interactions.
- Provide person-centered care that is culturally appropriate and informed by unique life experiences of the person with a disability.

REFERRAL
- Refer to the complex system of interdisciplinary services and health care resources available to provide care for the person with a disability.

The team’s research is available online at nurseducatoronline.com and has been published in a print edition of Nurse Educator.

STAGES II
THEATER CAMP FOR YOUTH WITH DISABILITIES

Stages II, a summer theater camp developed for children with disabilities, was hosted by Duquesne University in July 2019. Funded through an Edith L. Trees Charitable Trust grant, the camp used performance skills and training to teach 7th- to 12th-graders with a variety of disabilities to interact with health care providers and others. Along with rehearsing and performing in Duquesne University’s Genesius Theater, campers spent a day in the School of Nursing’s Learning and Simulation Center, where they role-played activities like being a nurse, conducting exams and interacting with medical equipment.

The hands-on nature of the camp and its approach to learning through play helped engage participants. As the youth honed their singing and acting skills, they also developed the confidence they needed to better understand and speak out about their disabilities with health care providers.

“We might have a child with selective mutism or someone who is wary around medical equipment or an exam room, but the experience helps put them at ease,” Dr. Rebecca Kronk says. “By the end of the day they are volunteering for activities and interacting with counselors and their fellow campers. You can see their self-esteem and confidence grow.”

TEN EIGHT CORE COMPETENCIES

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THE NUMBER OF PRACTICING RNs WHO WILL RETIRE IN THE NEXT 10 TO 15 YEARS

"Acceptance of new ideas and new people takes time. Assimilation is more difficult and prolonged when the new person encounters inconsistencies between the old and the new institutions or groups. Social interaction helps the new graduate to assimilate into a new environment, such as a patient care unit in an acute care hospital," she says. An environment changes when new persons join.

Each new graduate changes a patient care unit. Assimilation is difficult and may be impossible if the leadership and the staff of the unit are unwilling to accept the new graduate and adapt and change to accommodate the newcomer’s ideas and values. Acceptance of new ideas and new people takes time for the new graduate and for the staff on the patient care unit. However, if assimilation and accommodation are not adopted, turnover will continue to cost money and perpetuate the nursing shortage.

Attrition among young nurses remains a chronic problem—studies estimate that up to a third of young nurses leave the field within five years of receiving their BSN degrees. Reasons for nurses’ exodus vary widely and may include static pay scales, high staffing ratios, working conditions, and organizational cultures that undervalue nurses’ contributions to quality and safe patient care. High turnover rates cost hospitals and other providers millions of dollars a year and significantly affect continuity and the quality of patient care. "It costs far less to retain a nurse than to train a new one," Glasgow points out. "Nurses are less likely to burn out, change jobs or leave when organizations help nurses deal with job pressures, institute debriefing sessions after upsetting or disruptive incidents, or provide mindfulness training. Rotating staff among departments and floors may also provide respite from the stress of acute care practice.

"While acknowledging that turnover is undesirable, addressing the root causes of turnover can be challenging. "Nursing is by nature a taxing job. Employers need to continue to find ways to keep nurses feeling fulfilled in their work, or they will not be effective clinicians," Glasgow predicts that change will come, but it will be incremental and slow. "I am an optimist, but I also know this will require real leadership and initiative. Nurses must be courageous and continue to advocate for their profession and for themselves. One way each of us can increase our power is to join and invest in professional organizations that give nurses collective strength and a greater voice."

Dr. Mary Ellen Glasgow

TACKLING THE NURSING SHORTAGE

Ask anyone who has been in the hospital recently. The nursing shortage is real, and it continues in spite of 3.8 million registered nurses in the United States and 84.5 percent in practice.

An aging baby boomer population, chronic illness and the significance of many patients, along with health care financing systems that delay admission and encourage early discharge, intensify the shortage and negatively affect quality of care and patient safety. The shortage is most visible among nurse practitioners, nursing faculty and staff nurses.

For each group, common themes emerge, including geographic immobility, inadequate compensation commensurate with responsibilities, job satisfaction, workplace culture, burnout, high turnover and age, but each has its own profile.

NURSING FACULTY SHORTAGE

Nursing instructors from the baby boomer generation are aging. A recent survey by the American Association of Colleges of Nursing reported that four-year nursing programs turned away more than 75,000 qualified applicants in 2018 due to shortages in faculty, clinical sites and preceptors, classroom space, and other essential educational resources.

The National League for Nursing stated in 2015 that 42 percent of nursing professors were 61 or older, while 48 percent were between 46 and 60. As a growing number of nursing faculty approach retirement age, educators face the prospect of training more nurses with fewer resources.

Universities and colleges of nursing require that faculty members have graduate degrees, and research-intensive universities often require a doctoral degree. School of Nursing Dean and Professor Dr. Mary Ellen Glasgow shares that while advanced degrees are necessary for nursing educators, faculty members with doctoral or advanced practice degrees can typically earn more in practice than they can earn teaching full-time. "Nursing education is an intellectually challenging profession," Glasgow says. "You need a broad technical and clinical skillset, and it is a steep climb to learn what is needed. Yet, someone with a doctorate in nursing routinely takes a pay cut when she or he comes into academia, and the road to tenure is not easy."

She believes one solution to low salaries for nursing faculty is to bring nursing faculty’s compensation in line with the pay scales of advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists and nurse anesthetists) or faculty in other professions, especially those perceived as male-dominated.

NURSE PRACTITIONERS SHORTAGE

Geographic immobility is a significant challenge faced by nurse practitioners (NP), and it contributes to the NP shortages in rural communities and inner cities.

Ironically, the education of nurse practitioners began in Colorado in 1965 as a response to the limited number of primary care providers in rural areas. Nurse Loretta Ford, MD, PhD, and Henry Silver, MD, trained can-t serve in a certificate program to provide primary care to children.

Today, there are more than 270,000 licensed NPs in the United States, the majority of whom are advanced practice nurses certified in primary care. However, a landmark report of the Institute of Medicine reported that many nurse practitioners cannot practice to the full scope of their education and experience because of restricted medical and nursing practice acts and limited reimbursement. Simply said, many NPs lack full practice privileges, which restrict their geographic mobility and give rise to unfair reimbursement. In addition, many NPs, along with other advanced practice nurses, are often not paid as well as physicians and physician assistants.

SHORTAGE OF STAFF NURSES

The Bureau of Labor Statistics predicts the need for an additional 203,700 new nurses each year through 2026. The vacancy rate differs in each United States region, which is expressive of the geographic immobility of nurses. The Modern Health reports that the states experiencing the largest shortages are Alaska, South Carolina, New Jersey, Texas and California.

The nursing shortage is not only fueled by an increasing demand for health care workers to care for an aging baby boomer population, but also the number of baby boomers who are nurses themselves approaching retirement. The U.S. Department of Health and Human Services Health Resources and Services Administration’s National Sample Survey of Registered Nurses (2010) reported that RNs over 50 years of age make up 44.7 percent of the nursing force, meaning more than one-third of the workforce will be at retirement age within the next 10 to 15 years.

Staff nurses do not escape the payment discrepancies faced by advanced practice nurses and teachers. "Pay gaps have long existed for staff nurses," Glasgow says. "Compensation is a key factor in influencing a nurse’s decision to change jobs or leave nursing altogether."

ASSIMILATION AND ACCOMMODATION

Sister Rosemary Donley, PhD, APRN, FAAN, professor of nursing and the Jacques Laval Chair in Justice for Vulnerable Populations at Duquesne University School of Nursing, explains that assimilation and accommodation are two sides of the same coin.

"Accommodation and assimilation occur when individuals and groups adjust their behaviors to overcome competition and conflict, and when newcomers and older-timers learn to work together in groups in complex institutions," she says.

"When a new graduate begins a first job, the novice nurse enters a complex organization. While the new nurse brings energy, talent and skill, he or she does not know the unit’s culture and values, the people who work there, what the health care system operate, and which policies and practices are important in the unit where the new graduate will practice," she says.

Social psychologists study how persons and groups interact, and some describe the process of entering a new environment as assimilation and accommodation.

Cognitive and behavioral changes occur when an individual transfers membership from one group to another. Glasgow says nurse residencies and orientations help, but assimilation happens when the new graduate fits into the nursing unit as a valued staff nurse and feels accepted.

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“Rural emergency room patients are able to receive neurology consultation from a tertiary health care center, a health care facility with specialist providers and equipment for special investigations and treatments, and these rural institutions use telehealth for acute illnesses such as bronchitis, routine follow-up visits with specialists and psychiatry consultations,” explains Crimm. “The benefits of telehealth are numerous. It not only improves access to care, it helps us improve patient outcomes and promote good health.”

PREPARING STUDENTS FOR TELEHEALTH

Through telehealth, which replaces what patients once knew as over-the-phone counseling, a health care provider can now examine a patient from just about anywhere with a Wi-Fi connection. Telehealth equipment is being used in hospitals and long-term care facilities across the country.

Duquesne’s School of Nursing is among the first nursing schools in the country to introduce telehealth education to both its undergraduate and graduate curricula.

Because telehealth is emerging as a crucial component of health care, the school recently partnered with Curavi Health to utilize its CuraviCart, a machine that includes a pan/tilt/zoom camera, a wound/derm camera, a Bluetooth stethoscope, an otoscope, a document scanner and a 12-lead EKG system.

The cart allows a nurse to contact a provider via the internet to “schedule” an exam. Once the provider has entered the room via the cart, he or she can examine the patient by collaborating with the nurse on which cart equipment to use; the provider can hear the patient’s heart and lungs through the stethoscope and see parts of the patient’s body with the otoscope and cameras. A more advanced cardio exam can be conducted with the built-in EKG system.

“Telehealth is very relevant in health care today. Nurses need to learn how to assess patients using telehealth equipment. They will need to know how to diagnose and treat their patients remotely to be successful advanced practice providers,” says Dr. Mary Ellen Glasgow, School of Nursing dean and professor. “Also, with the nursing shortage, there are increasingly experienced nurses remotely assessing patients in shortage areas and giving direction and advice to novice nurses and practitioners who are actually caring for patients. We have an obligation to prepare nurses for this new, technologically rich environment.”

SCHOOL OF NURSING INCORPORATES TELEHEALTH TRAINING INTO ITS CURRICULUM

The elderly patient is having a hard time breathing and her ankles are swollen. She resides in a long-term care facility and also has dementia.

Moving her to a doctor’s office or hospital would be difficult for her caregivers and detrimental to her overall health. Because the patient’s care facility offers telehealth, a nurse wheels a cart into the patient’s room and connects via Wi-Fi to a health care provider before engaging the cart’s built-in stethoscope and camera. Sounds from the patient’s lungs and views of her swollen ankles help the provider make a diagnosis: congestive heart failure. Medication is prescribed to treat the condition and the patient starts to improve quickly because she was able to be treated in place.

Laura A. Crimm, director of Duquesne’s family nurse practitioner (FNP) program, shares that this is a common scenario in healthcare today. Telehealth can be especially helpful in providing greater access to care in rural and underserved communities.

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The desire to help is part of Collins’ makeup. His grandmother was a nurse, which contributed to his decision to enter the nursing program.

One day last March, on a deserted road, he put that confidence to the test.

While at home during spring break, Collins was returning from a trip to the grocery store when he spotted a car that had veered into a roadside ditch. Collins pulled over to assess the situation and see if the driver needed help. He discovered that the driver had suffered a head injury and was bleeding.

That was when his training kicked in. He treated the wound and stopped the bleeding before summoning help. Police and an ambulance crew arrived to take over, and the driver was later life-flighted to a hospital.

Collins says his nursing education instilled the confidence he needed to take charge and provide meaningful help at a critical moment.

“I told them early on that I was willing to be the donor,” Klutch says. “Thoughts go through your mind, like ‘What if I have a problem with my kidney in the future or one of my children need a transplant?’ But then I told myself, ‘This is real and this is happening now.’ You cannot worry about what might happen. It was just the right thing to do, so I did it.”

Because the transplant involved a live donor, blood type and not tissue (HLA) typing is the primary criteria for determining a match. Klutch underwent a preliminary round of tests that showed she was a suitable donor, and then traveled to Hershey a few weeks later to meet with the transplant team for further evaluation. The surgery took place in January 2019.

“Jill’s sister-in-law, Jill, had been on the transplant waiting list at the Milton S. Hershey Medical Center for about five years when her condition worsened in May 2018. Jill’s husband Steve, Klutch’s brother, offered to donate a kidney, but was not a viable match, so she stepped in.

Jill and Suzanne made rapid recoveries. Both Jill and Suzanne have received a tremendous amount of support from everyone—they really stepped up for us.”

The two women’s families also rallied around them. “My parents pitched in and helped take care of our children while we recovered,” she says. “We had a ton of support from everyone—they really stepped up for us.”

Looking back, Klutch can joke about the experience. “Sometimes I think it is a little strange that Jill’s walking around with my kidney inside of her,” she laughs. “I tell my kids to hug Aunt Jill’s right side and feel Mom’s kidney, or Jill and I press our sides together so our kidneys can visit. We joke a lot, but it has been pretty great to see her come back to life the way she has and be so vibrant. Jill’s daughter recently got married and it was wonderful to see her be a part of the celebration.”

Klutch also offers some advice to others facing similar decisions. “It is a very personal decision but well worth it. I would do it again in a heartbeat.”
Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Among its provisions, the law authorizes NPs to prescribe medication assisted treatments (MATs) for patients with substance abuse disorders. In addition to expanding access to critically needed care in underserved rural and urban areas, the legislation acknowledges the role of NPs in treating and helping patients manage substance abuse disorders.

“An overwhelming percentage of those addicted to opioids still do not get the treatment they need,” she says. “We know that treating opioid addiction requires in-patient programs and frequent hospitalizations. Yet people will not receive the help they need because of a shortage of treatment facilities. This legislation helps ensure that NPs and others on the front lines have the tools to meet patients’ needs and the ability to use them.”

**LEGISLATIVE PROGRESS FOR NURSE PRACTITIONERS**

Legislative success at the federal level also adds momentum to efforts to gain similar autonomy for NPs at the state level. Many states, including Pennsylvania, still require NPs to work under a collaborative agreement with the direct supervision of one or more physicians.

“Nurse practitioners can now work independently and prescribe medications in 22 states and the District of Columbia, and that is progress,” Knestrick points out. “But that also means 28 states continue to restrict our ability to work autonomously. In Pennsylvania, NPs must have a collaborating physician and a backup physician, so if a physician moves away or retires and no one replaces them, NPs may have to abandon their practice.”

“State legislators need to look at the facts and see beyond what lobbyists for other interests tell them,” she adds. “And different groups within the medical profession need to stop working at cross purposes and start working toward a common goal of serving our patients. Nurse practitioners have the training and the skill to practice independently.”

**CHANGING PERCEPTIONS FOR THE NEXT GENERATION OF NURSES**

Whether she is speaking to students about AANP activities or staying in touch with colleagues, Knestrick makes the trip from Wheeling to the Duquesne Bluff as often as possible.

“I stay in touch with my Duquesne network,” she says. “I can call on my colleagues for assistance, and several have served with me on the AANP board of directors. These ties are important because we are the ones who can influence the next generation of nurses.”

She also works to change stereotypes about nursing, such as that it is a women-only field.

“I recently spoke about nursing careers to high school students and noticed a young man hiding behind bookshelves in the back of the room,” she recalls. “He was interested in nursing, but he was worried about being seen, and that is a travesty. We need to continue to build diversity so men as well as women understand the incredible variety, opportunities and fulfillment nursing offers.”

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AN AFFINITY FOR CARING

That Fadgen was drawn to nursing is understandable. As a child, he spent more time in medical facilities than most children, and he is the son of a nurse. When his grandfather suffered a severe brain injury, Fadgen then just 6 years old, pitched in to help care for him.

The desire to help others led him to obtain EMT certification while still in high school. Fadgen says, “My nursing degree from Duquesne University opened so many opportunities.”

WRITING THE BOOK ON ADAPTIVE TRAINING

Fadgen recognized early on in his nursing education that he was blazing new trails that would require him to adapt to the physical demands of the job rather than expecting his instructors or employer to adapt to his physical difference.

“My life and job experience gave me a great deal of confidence that I could succeed as a CRNA,” he notes. “But questions would come up during training sessions and simulations, and I realized that I had to perform procedures similar to every other nurse anesthetist because that is the standard of care and patient safety is the utmost importance. That there were no other references for a situation like mine did not matter. It was up to me to figure out how to adapt to the environment and adhere to the procedural guidelines with the understanding and acceptance of reasonable accommodation.”

With the support of his instructors, Fadgen did what he had done all his life—adapt to counter his physical difference.

“When I took a paramedic class while I was still an EMT, my instructor let me know that there were certain physical tasks that I could not do. I was not allowed to pour fluid into a bag and then have them put me in the station so I could learn to do it correctly, safely and without hurting the patient. ‘I had to do the same thing as an EMT or a firefighter, expecting his instructors or employer to adapt to his physical difference.

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With the support of his instructors, Fadgen did what he had done all his life—adapt to counter his physical difference.

“My employer encouraged me to expand my education and explore options, and I was fascinated with specialized health care,” he recalls. “One of my colleagues was a nurse anesthetist, and I spent a great deal of time picking his brain to learn more about what he did and the nursing profession.”

Fadgen’s search for a nursing program led him to the Duquesne University School of Nursing’s Second Degree program.

“I am different,” says Brett Fadgen, certified registered nurse anesthetist (CRNA) with the University of Pittsburgh Medical Center (UPMC). “I never viewed myself as disabled. However, there were people that labeled me without knowing me.”

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Fadgen’s search for a nursing program led him to the Duquesne University School of Nursing’s Second Degree program.

As a father with a young child, the Second Degree program was the perfect match,” Fadgen says. “The program is rigorous, but it was ideal for me because I was able to earn my nursing degree in just 12 months, and move right into a nursing position at UPMC Presbyterian Hospital’s Cardio-Thoracic ICU team.”

Soon after joining UPMC, he pursued a master’s degree in nurse anesthesia and obtained his CRNA certification. Today he works on a 12-person team and is one of 450 CRNAs licensed to practice at all UPMC facilities. His job takes him throughout the UPMC system, enabling him to work with specialists at each facility.

“My nurse anesthetist, Fadgen literally wrote the book on adaptive training techniques that can be used to train and support others with similar physical challenges. For example, Fadgen figured out how to shorten his prosthetic arm and developed a gripping device, similar to vise grip pliers, which he uses to place suction quickly to prevent aspiration. Or he attaches a common hose clamp to the pressure limiting valve to provide a better grip, and uses it to raise or lower the pressure.

He also developed an approach to address any misconceptions colleagues might have about his capabilities and put them at ease when they work with him for the first time.

“I had to do the same thing as an EMT or a firefighter, like any new person in any job—show them I could handle a hose or safely carry someone out of a house,” he says. “People wonder how I can complete a skill with one less arm or hand, so I demonstrate the procedure with my adaptations so they can see the way I perform the skill, and do it efficiently and safely.”

Fadgen is often requested by his colleagues and other health care disciplines to provide anesthesia for them and their loved ones.

CHANGING PERCEPTIONS . . . AND REDEFINING ROLES

“Perhaps most important, I get to be a father that my kids look up to. I take great pride to walk the walk in everything I teach them. I am very proud of what I do.”

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Duquesne University School of Nursing (SON) has been leading the charge in nursing education since day one. So it is no surprise that roughly 30 years ago, Duquesne was one of a mere handful of nursing programs pioneering a new concept—an accelerated Second Degree Bachelor of Science in Nursing (BSN) program that enables students to leverage their educational backgrounds and shorten the time it takes to become a registered nurse.

The accelerated curriculum packs 64 credit hours of nursing courses and clinical rotations into either a 12-month or a 16-month schedule. The program’s concentrated nature places a premium on time management skills and self-discipline, and brings out the best in students by helping them build the skills a nurse needs.

“Our program is rigorous, but it prepares students to enter the workforce and excel. Its intensity speaks to the type of students we attract,” says Amber Kolesar, the Second Degree BSN program coordinator. “They are driven, self-directed, and they’re eager to get into the workforce.”

The diversity of the program’s students also generates its own unique brand of cultural enrichment, Kolesar adds. Nursing’s Second Degree BSN students have diverse backgrounds, but they share a number of characteristics: They are attracted by the dynamic nature of nursing, by the job security it offers, and for professional fulfillment that their previous positions could not provide.

“I love the different backgrounds our students bring to the program,” Kolesar says. “Many have a science background while others are former military members who flew aircraft or served in the Merchant Marine. Some worked as professional musicians or took time off to raise a family and now want to return to the workforce. No matter their backgrounds, nursing is new to all of them and that pulls them together into this close-knit cohort.”

The feedback Kolesar receives from employers speaks to the program’s value. “I recently heard from a former co-worker who worked with a Second Degree graduate in her ICU, and she pointed out how this new nurse integrated into the unit and was able to think critically and analytically,” she says. “It makes sense that if they succeed here, they will succeed in the workplace and as they continue their nursing education. Our program gives them the foundation for lifelong learning.”

These sentiments are echoed by the Second Degree BSN students interviewed for this article. Each came to the program from a different background, and each faced his or her own unique challenges. All agree that their decision to become a nurse was the right one.

After earning her bachelor’s degree, Jasmine Smith joined the Pennsylvania Air National Guard and worked as a patient care technician at University of Pittsburgh Medical Center (UPMC), but knew she wanted more.

“I always wanted to work in the medical field,” she says. “In my senior year, I worked as a nursing assistant at UPMC on the oncology floor, and fell in love with the idea of knowing everything about my patients, being their advocate for the best care and interacting with their families.”

She chose Duquesne University’s Second Degree BSN program because she wanted an accelerated program, but also for its Veterans to BSN program, she says. “They worked with me while I completed my military requirements and helped me obtain the financial support I needed,” she says.

Smith initially deferred enrollment for 12 months due to financial reasons. That is when her nursing program coordinator stepped in to help her realize her dream.

“The best advisor I ever had, Lee Wagner, stayed in touch and led me to Duquesne’s Office of Military and Veteran Students, where staff helped me obtain the scholarships I needed.”

Following graduation, Smith spent half of 2018 on active duty. While deployed, she worked with tutors via Facetime and studied for her NCLEX-RN exam, and applied for her current RN residency in the bone marrow transplant unit at Emory Healthcare in Atlanta, Ga.

“What’s next?”

“Nursing offers so many avenues. I am interested in pursuing a master’s degree in nursing education or nursing leadership, or becoming a nurse practitioner. I would like to give back and make the kind of difference Duquesne has made for me. Eventually, I would like to create a scholarship to help those who face limitations, but dream of becoming a nurse.”

Armel’s plans include putting her degree to work in the Army National Guard, mothering her two pittbull puppies and traveling—she has visited 48 states and six foreign countries and lived in Ecuador. Long-term, her ambitions include graduate nursing programs and nurse practitioner certification, teaching in a Level I Trauma Center, becoming a flight nurse, and founding a non-profit that places rescue dogs in permanent homes.

Armel shares that all of her future aspirations would be much less plausible without the opportunity she received to jump-start her nursing career. “You should not feel like you have wasted those four years or feel like you are behind in life,” she says. “Every experience you have helps shape you into the best nurse you can be. It is those experiences that led to your decision to pursue your nursing career.”

Armel is very passionate about her role in the Army. She loves to lead and mentor new soldiers and dreams of one day becoming a company first sergeant.

Armel stresses that opting for a second degree does not mean your previous education was a throwaway. “You should not feel like you have wasted those four years or feel like you are behind in life,” she says. “Every experience you have helps shape you into the best nurse you can be. It is those experiences that led to your decision to pursue your nursing career.”
Following graduation from West Point in 2009, Sarah Bryant was commissioned and served in the Army for six years. She was promoted to captain and piloted Blackhawk helicopters before leaving the military in 2015 and taking a position with Textron Aviation selling airplanes.

“After a year in the business world, I found myself questioning my long-term career goals,” Bryant says. “I wanted a job where I could give back and serve, like I had in the Army. After a lot of discussion with my family—my mom has been an RN for 25 years—I felt nursing would be the best fit.”

Several factors led Bryant to the Second Degree BSN program. “Duquesne is very veteran friendly,” she points out. “I was able to use my GI Bill benefits, and the school provided additional funding to cover my degree. I am also passionate about wellness, and Duquesne recently received its holistic nursing accreditation.”

Despite the intensive program, Bryant never doubted her decision to seek a BSN. “It is a tough program, but I expected that,” she adds. “The faculty really supports you, and I have formed relationships with several professors who will continue to mentor me throughout my career.”

Bryant received her BSN in December 2018 and then entered the nurse residency program at Georgetown in February 2019. “I am excited to see how my future evolves,” she says. “I am sure there is more school in the future, possibly at a VA facility that will enable her to give back. “Whether it’s in an ICU, oncology or psychiatry, I know I will find purpose in helping others,” she says. “Nursing offers so many options, especially in the Pittsburgh area.”

Sarah Bryant, RN
BSN, 2019

CURRENT POSITION:
Psychiatric Nurse, UPMC Western Psychiatric Hospital
PREVIOUS POSITION:
Regional Sales Associate, Textron Aviation
FIRST DEGREE:
English, U.S. Military Academy, West Point

“Nursing offers so many options, especially in the next generation of nurses. It helps make our program more affordable and accessible to everyone, so we can continue to attract the best and the brightest to the nursing profession.”
THE SCOPE IS A LABOR OF LOVE FOR LAUREN BLISS AND HADLEY MUELLER.

DESPITE HECTIC SCHEDULES AND A MINIMALIST BUDGET, TWO NURSING STUDENTS EDIT AND PUBLISH FIVE ISSUES OF THE SCOPE EACH YEAR.

That Bliss and Mueller make time to produce The Scope—Duquesne University Student Nurses’ Association’s (DUSNA) magazine for students, alumni and faculty—is no surprise, given their creative skills and passion for their school. What impresses most is that they do it for less than what a typical office spends on coffee in a month.

The Scope appears quarterly, along with a special Preview Day edition for incoming students, and each issue is themed to a specific topic. Recent issues have featured articles on nursing and living abroad, opportunities for men in nursing and the issues they face, and strategies and tips for succeeding on nursing exams.

Every issue also includes fun features like recipes for healthy meals or great snacks—last December’s issue featured one for holiday-themed sugar cookies.

"While the issues are themed, our writers’ perspectives vary widely," Mueller says. "The Scope is all about those different perspectives. Nursing attracts all types of people, and we try to give everyone a voice."

"We want it to be an easy read," Bliss adds, "and written in a way that highlights the many positives of our program and profession. Our goal is to help people learn more about nursing and nurses beyond what we cover in our classes. For example, articles like the travel pieces show the professional opportunities that are available and help dispel misconceptions."

Bliss inherited the editor’s job at The Scope when she signed on as DUSNA’s publicity chair. She then recruited Mueller, her classmate and friend, to take advantage of her complementary skillset.

"Hadley’s a strong writer and handles most of the editing and proofreading, while I take care of layout and more of the visual creative tasks," Bliss says. "I operate a photography business in addition to my schoolwork, so I get to use those skills."

CREATING THE SCOPE

Each issue begins with a creative strategy session where Bliss and Mueller brainstorm editorial themes and a list of article ideas. Armed with an editorial direction and outline, they then meet with Dr. Kate Deluca, the School of Nursing’s associate dean for student affairs and The Scope’s advisor, to refine the issue’s storyboard and settle on a list of contributors.

"Dr. Deluca has been a huge resource for us because she knows just about everyone connected to the school including alumni," Mueller notes. "Along with helping us find writers and sources, Lauren and I are also meeting all of these people and building our contacts."

Once they receive article drafts from the contributors, the pair team to edit each piece and lay out the magazine. In addition to selecting photos and illustrations and editing for content, they make sure each article follows a consistent style and then make spot edits during the layout stage to fit articles to the page.

"We try to keep the writing authentic to each writer’s voice," Bliss says of their editing style. "A lot of the people we recruit as contributors are unsure about their writing skills. Our goal is to stay true to the writer’s style while making the writing clear and concise. And when they are done, they also have something that is a nice resume builder."

Bliss and Mueller meet at the library to edit and lay out each issue. It is a tedious process, but they have learned to multitask to make the best use of their time.

"We also share study guides for a lot of courses, so while one of us edits or lays out the issue, the other works on a study guide," Mueller says. "High on their wish list is a donation of publishing software for their laptops that would free them from dependence on library-based computers."

"Since this article was written, the School of Nursing is pleased to share an Adobe Creative Cloud membership has been purchased to support our students in their work to create The Scope."

"Just like I want to be the best nurse I can be, I want The Scope to be the best," says Mueller, who will take over editor duties in 2020 when Bliss becomes vice president of DUSNA. "One of my favorite parts of this process is dropping off copies of the magazine at faculty members’ offices. It keeps me in touch with professors I know and lets me meet professors before I have them as instructors."

"Through The Scope, I have grown close to professors and people in our alumni association," Bliss adds. "It is a very strong pool of successful people I can reach out to, and their mentorship helps build my confidence. The student–faculty ratio here is very small, and I use that to my advantage by collaborating on writing projects."

Perhaps most important, the writing skills they are building will also serve them well throughout their careers.

"This has made me more aware of different writing styles and how grammar and word choices can make what you write more understandable," Mueller says. "These skills will help me be a better communicator and advocate for my patients."

"I have grown a lot as a writer and communicator. I have to be able to present ideas clearly and concisely,” Bliss adds. “I’m a very strong proponent of giving back to the community and you have the opportunity to do that through The Scope and I’ve had a lot of fun with it."

"If you have the skills and you want to give back to your peers and your community, then you can participate in The Scope," Mueller says. "You can get involved in many different ways."

"The Scope requires a lot of time and work, but it also requires a lot of passion. If you want to be the best nurse you can be, you need to develop your communication skills. The Scope provides that opportunity," Bliss says.

"I operate a photography business in addition to my schoolwork, so I get to use those skills.”
ACHIEVEMENTS

RANKINGS, RECOGNITIONS

DUQUESNE UNIVERSITY SCHOOL OF NURSING

FACULTY AWARDS AND RECOGNITIONS

Sister Rosemary Donley, S.C., was one of eight women honored by Pennsylvania Governor Tom Wolf and First Lady Frances Wolf as a 2019 Distinguished Daughter of Pennsylvania.

Angela Karakachian was named a Journal of Forensic Nursing Feature Author for co-authoring “Nurses’ Moral Distress, Burnout, and Intentions to Leave,” which was published in the Journal of Forensic Nursing.

Tim Burns was chosen as one of 30 delegates for the Commonwealth of Pennsylvania at the Emergency Nurses Association General Assembly. Burns previously served as a State of New York delegation member.

Dr. Becky Kronk was inducted as the International Society of Nurses in Genetics (ISONG) President-elect.

Dr. Melissa Kalarchian was honored for her outstanding work with Duquesne University’s President’s Excellence in Scholarship Award.

Dr. Mary Ellen Glasgow, professor and dean, presented “Path Leadership Development for Nurse Leaders has Changed and What is Essential for Nurse Leaders for the Future” at the 40th Anniversary Southeastern Pennsylvania Organization of Nurse Leaders Conference.

Dr. Frank Kosmosky presented Reducing the Hurt: A Clinical Practice Project to Improve Procedural Pain Management in the NICU at the Academy of Neonatal Nurses’ Advanced Practice Nursing Conference.

Rosanna Henry. Dr. Susan Kelly, Dr. Nicole Zazalis and Susan Williams successfully passed the Certified Healthcare Simulation Educator (CHSE) certification exam.

Dr. Kate DeLuna received the 2019 Dolue of Diversity award for her unwavering commitment to campus diversity and inclusion.

Dr. Patricia Watts Kelley was named a Pittsburgh Magazine Excellence in Nursing honoree.

Dr. Mary Kay Loqueman received the 2019 Cameos of Caring® Nurse Educator Award.

Dr. Kelley Baumgartel received a $10,000 Faculty Development Fund Award for Human Milk Macronutrient Variability and Subsequent Preterm Infant Growth.

Dr. Mai Ly Stevens received $240,000 from the National Institutes of Health for A Social Media Personalized Normative Feedback for Heavy Drinking Students.

A $100,000 grant for Prenatal Support and Doula Services for Incarcerated Women was awarded to Dr. Allison Colbert from the Opportunity Fund.

Angela Karakachian was awarded $5,000 from the International Association of Forensic Nurses to support Nurses’ Moral Distress as They Care for Victims of Child Maltreatment.

Dr. Yvonne Wildman received a $2,000 Faculty Course Development Grant to support the development of a course aimed at providing students with the opportunity to study and experience the Costa Rica health care system, culture, and society.

Dr. Rebecca Kronk was awarded $25,000 from the Edith L. Grees Charitable Trust to support STAGES & A Theater Program for Youth with Disabilities.

Drs. Rick Zouza and Patricia Watts Kelley, along with their colleagues, received $25,000 from The Highmark Foundation to support Toward Mental Health Equity, Empowering Female Veterans Promoting Mental Health First Aid.

A $100,000 grant from the American Association of Colleges of Nursing (AACN)/NIH for Celebrating Health in Pittsburgh Diverse Communities was awarded to Dr. Rick Zouza.

Dr. Kh lord Salman and colleagues received $10,000 to support the Consortium for Christian/Muslim Dialogue from Islamic Relief USA.

Dr. Kathleen Selbun was awarded a $148,050 grant from the Health Resources and Services Administration for Increasing the Number of SANE’s via Digital Technologies.

Dr. Patricia Watts Kelley received a $49,982 grant from TriService Nursing Research Program for Accounts of Care Partnerships with Service Members from Iraq and Afghanistan Wars.

ALUMNI RECOGNITION

Drs. Joyce Knestrick and JoEllen Schimmel were inducted by the American Academy of Nursing as members of its 2019 class of academy fellows.

Dr. Karen Alexander received the Outstanding Early Career Nurse Scientist award from The American Association of Colleges of Nursing. She was also one of six outstanding early career nurse scientists selected for the 2019 Duck-Hoe Kang Memorial Mentored Workshop.

Dr. Jennifer Lanzillotta received a three-year, $1 million HRSA (Health Resources and Services Administration) grant for Rural Communities Opioid Response Implementation.

New BSN graduates Morgan Gruender (right) and Megan Mann attended Sigma’s 36th International Research Congress in Calgary, Canada July 25-28 as Rising Stars. They presented their poster “Comparing Caregiver Challenges of Daily Living: A Secondary Analysis.”

GRANT NEWS

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DUQUESNE UNIVERSITY SCHOOL OF NURSING

Inah Kim, PhD, RN
Assistant Professor

Cara Morrill-Stoklosa,
MSN, RN
Instructor

Christine D’Antonio,
MSN, RN
Instructor

Tara Boyers, MS
Online Academic Advisor

Lisa Cunningham, MPW
Website Design and Social Media Manager

NEW FACULTY AND STAFF 2019-2020

Mai-Ly Nguyen Steers,
PhD
Assistant Professor

Nicole Szalla, DNP, RN, CMSRN, CHSE
Clinical Assistant Professor

Christina DiVincenzo, MSN, RN
Instructor

Josh Ives, PhD, RN
Assistant Professor

Karen A. Kmetz, BFA
Coordinator of Multimedia Services, School of Nursing

We remember with love and gratitude Karen A. Kmetz, our colleague and friend who we lost this past year to breast cancer. Karen always said that cancer did not define her, and she indeed bravely lived her life with zest and humor—what an inspiration! May the Spirit that gives life enfold her.

SCHOOL OF NURSING ACHIEVEMENTS

The School of Nursing (SON) was awarded the 2019 Excellence in Holistic Nursing Education Award at the American Holistic Nurses Association’s 39th Annual Conference. The award recognizes schools that have incorporated the philosophy and core values of holism into their entire curriculum and courses through innovative curriculum design, teaching and evaluation methods. The School of Nursing encourages and fosters the highest standards of holistic nursing education in the preparation of registered nurses and graduate students.

RANKINGS, RECOGNITIONS AND ACHIEVEMENTS

NURSING CELEBRATED 25TH ANNIVERSARY OF PHD PROGRAM

The School of Nursing celebrated the 25th anniversary of its PhD in Nursing with a daylong program of events held on May 13, 2019. Alumni, along with past and current faculty, staff and doctoral candidates, gathered virtually and on campus for the celebration. Faculty who helped launch the PhD program shared memories and stories of how faculty came together when the program was created, to develop a forward-thinking doctoral program with the initial goal of producing more doctoral-prepared faculty for both Duquesne University and the region.

The program began with a traditional on-campus curriculum, but in 1997, just three years after it began, the School of Nursing became the first in the nation to offer its PhD in Nursing program completely online. Former faculty members discussed the challenges associated with creating an online program that met the rigorous standards found in traditional programs and that reflected national trends in nursing research, including research involving vulnerable and underserved populations.

Clinical Professor Dr. Joan Such Lockhart served as moderator for the “Welcome and History of the PhD Program” presentation and read a note written by former School of Nursing Dean Dr. Mary de Chesnay.

The day included a panel discussion on opportunities in nursing, poster presentations, a look at alumni careers and a featured scholar presentation by Associate Professor Dr. Alison Colbert, then associate dean of academic affairs for nursing.

Professor Dr. Rick Zoucha, chair of advanced role and the PhD program, served as the day’s emcee. Video of the day’s activities can be viewed online at duq.edu/phd-25.

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U.S. News & World Report

Ranked the School of Nursing:

#3
Best Online Master’s in Nursing Education

#5
Best Online Master’s in Nursing - Family Nurse Practitioner

#17
Best Online Master’s in Nursing for Veterans

#45
Best Online Master’s in Nursing

THANKS TO OUR NURSING STAFF

Karen A. Kmetz, BFA
Coordinator of Multimedia Services, School of Nursing

We remember with love and gratitude Karen A. Kmetz, our colleague and friend who we lost this past year to breast cancer. Karen always said that cancer did not define her, and she indeed bravely lived her life with zest and humor—what an inspiration! May the Spirit that gives life enfold her.

SCHOOL OF NURSING STAFF

A big thank-you to all our staff members whose commitment to excellence is demonstrated in all aspects of our school —recruitment, admissions, student affairs, clinical placements and program support, just to name a few.

They have given their time and talent to support our nursing students from start to finish. Whether it is guiding them through the admission process, working with them to build curriculum plans or providing the academic guidance and encouragement they need, our staff is dedicated to making a difference in our students’ lives.

We thank each of these individuals for their hard work and contributions to our continued success.

NEW FACULTY AND STAFF 2019-2020

Christina DiVincenzo, MSN, RN
Instructor

Josh Ives, PhD, RN
Assistant Professor

Lisa Cunningham, MPW
Website Design and Social Media Manager

KAREN A. KMETZ, BFA
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Congratulations to faculty member Dr. Mary Kay Loughran for receiving the Cames of Caring Nurse Educator Award. Her expertise as a former senior nurse executive and clinician informs her teaching and mentoring of DNP students. Thank you, Mary Kay, for your leadership and contributions to our school. Such a well-deserved award!

As part of Health Assessment, students listened to heart sounds while seeing what was going on inside the body through an immersive simulation created by Lumis Corp. Duquesne nursing is one of only three schools piloting this new augmented reality technology. Thank you, Lumis Corp., for reconnected with us throughout the year via social media. Here is a look at what inspired others to virtually engage with the School of Nursing.

The School of Nursing has received the 2019 Excellence in Holistic Nursing Education Award! Congratulations, Dr. Cindy Walther!

Shout-out to members of our nursing faculty who have also gone back to school. Best wishes to Arthur Kalmar, who started her PhD program, and to Laura Cimmi and Sister Mary Meyers, who have both begun their DNP studies. We are so lucky to have such amazing nurse educators.

So excited for Kim Stafford—our first biomedical engineering/nursing dual degree program graduate! She earned her biomedical engineering degree in May and graduated with her BSN in August. Congrats, Kim!

Great News: Duquesne Nursing Christian Fellowship spent a day making blankets and crafts as part of a service project at The Children’s Home of Pittsburgh. Just in time for the season of giving, the School of Nursing has been named one of the “Cammie of Caring Nurse Educator Award” winners by the National League for Nursing.

As part of the First Year Nursing Orientation, students were able to virtually engage with a pediatric simulation patient with burn wounds created by Lumis Corp. Students had to piece together puzzles and discover clues to successfully treat a patient suffering from an undiagnosed opioid addiction. Created by Professor Diana Wilson and Dr. Lynn Simko, Duquesne’s escape room lab is one of the first of its kind in Pittsburgh.

Dr. Mayra Toney led a special event to celebrate Hispanic nurse heritage, where Second Degree student Izel Lopez Barrientos and PhD student Greivelle Estrada spoke a bit about their experiences and heritage. Great job! It was a wonderful event!

The Gladys L. Husted Conference Room in Libermann Hall was named in memory of a beloved faculty member who served Duquesne University nursing students for nearly 50 years. Husted passed away in August 2019, but not before her granddaughter, Melanie Husted, enrolled at Duquesne as a pharmacy student.

“I am honored to be a student at the same university where my grandmother taught for so many years,” shares Melanie. “It is comforting to know that I am attending the school she loved so much.” Melanie knew she wanted to do something meaningful and to help people in some way, like her grandmother. “My grandma loved patient interaction. I strive to be as compassionate and caring with my patients as she was with her patients.”

Husted held the rank of Professor Emeritus. She touched the lives of countless students and was an advocate for nursing education. Today, nursing students use the Husted Conference Room to debrief after simulations in the Learning and Simulation Center.

Congratulations to our BSN graduates for achieving a 94.38% first-time pass rate on the NCLEX-RN exams, above the national average of 88.27%! We are so proud of our BSN graduates and our nursing faculty who prepared them for success!

Duquesne nursing and pharmacy students recently worked together to solve a new Escape Room Patient Simulation Lab. Students had to piece together puzzles and discover clues to successfully treat a simulation patient with burn wounds and an undiagnosed opioid addiction. Created by Professor Diana Wilson and Dr. Lynn Simko, Duquesne’s escape room lab is one of the first of its kind in Pittsburgh.

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