UNSEEN VICTIMS

HUMAN TRAFFICKING AND THE ROLE OF THE NURSE IN RAISING AWARENESS AND ADVOCATING FOR VICTIMS.
“Each one of us has lived through some devastation, some loneliness, some weather superstorm or spiritual superstorm, when we look at each other we must say, I understand. I understand how you feel because I have been there myself. We must support each other and empathize with each other because each of us is more alike than we are unlike.” – Maya Angelou

Duquesne University School of Nursing prides itself on a deep and abiding commitment to social justice. In keeping with the Spiritan tradition, we endeavor to provide each student with a commitment to excellence, profound concern for moral and spiritual values, and openness to diversity, service to the community and world, and attentiveness to global concerns.

We continued this strong tradition with our McGinley-Rice Symposium on Social Justice for Vulnerable Populations: The Face of the Person Who Has Been Trafficked. Led by Sister Rosemary Donley, The Jacques Laval Chair for Justice for Vulnerable Populations at the School of Nursing, the symposium is an expression of our mission to assist vulnerable and marginalized persons. Human trafficking, a form of modern-day human slavery, strips victims of their dignity, rights and freedom. Many times, nurses are in the unique position to recognize victims seeking health care and contact law enforcement to intervene. I am very proud of our school and especially Sr. Rosemary for highlighting this social justice issue that has reached epidemic proportions.

We are also privileged to work with outstanding faculty. Dr. Noah Potvin, a music therapist, is teaching our students the therapeutic benefits of music and working on clinical models and protocols in end-of-life care. Dr. Rebecca Kronk is helping the School of Nursing become a leader in the care of individuals with disabilities through a new simulation program incorporating standardized patients with disabilities. Historically, nursing education has not adequately prepared students to provide appropriate care for individuals with disabilities, the largest minority population in the world. Now our nursing students will gain the necessary knowledge and competencies to compassionately, skillfully care for these individuals.

We continue to be impressed with our graduates such as Marybeth Wargo, who has cared for refugees all over the world, and Charisse Skinner, who is working to expand clinicians’ access to electronic health information by using patient data to improve clinical outcomes. Distinguished alumni Terri Tunick and Sister Louise Grundish are guiding the next generation of nursing alumni through their leadership in the Duquesne University School of Nursing Alumni Association.

A special thanks to generous alumni Lillian and Richard Longo for their recent nursing bequest. It is gratifying to see a couple who met here as nursing students have both a rich and rewarding marriage and careers and maintain a special affinity for Duquesne. The Longos believe our School of Nursing has the power to make the world a better place by educating nurses to develop their minds, hearts and spirits, while at the same time, preparing students to be local and global leaders. We thank you for your support of Duquesne University School of Nursing as we continue to prepare future, diverse nursing leaders.

Sincerely,

Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN
Dean and Professor
A thin, quiet 15-year-old girl sits on a hospital bed as her nurse asks some basic questions. “When was the last time you ate?” No response. “How did you get hurt? I see bruises on your arms.” Again, no reply. Not even eye contact. The only person the girl will even glance at, if even for a moment, is the man who brought her in and sits next to the bed. “She fell,” says her male companion. He looks to be in his late 20s and refers to himself as the girl’s boyfriend. “And we ate last night. When can we see a doctor?”

“The doctor will be in shortly,” the nurse replies, maintaining a professional demeanor, even as alarm bells sound in her head. “Sir, I would like to speak with her alone for a few minutes. You are welcome to have a seat in the waiting area.”

“Please, this will not take long. I need to talk about some female things; you understand.”

Reluctantly, the “boyfriend” leaves, but tries to remain within earshot, until a staff member leads him back to the waiting area. The nurse sits down next to the bed, looks into the girl’s face, and says, “Please know that we are here to listen and support you. Are you in trouble?”

HIDDEN IN PLAIN SIGHT:

DUQUESNE UNIVERSITY SCHOOL OF NURSING REVEALS THE FACE OF THE PERSON WHO HAS BEEN TRAFFICKED

HUMAN TRAFFICKING OPERATES IN THE SHADOWS, YET EXISTS IN PLAIN SIGHT.
GLOBAL PHENOMENON, LOCAL INDUSTRY
This fictional scenario plays out hundreds of times each day all over the country, yet not infrequently, a health professional does not have the information or training on how to recognize and respond. As the business of human trafficking grows, its victims continue to slip in and out of emergency rooms unrecognized.

A modern-day form of slavery, human trafficking is the fastest growing industry in the world and occurs in nearly every ZIP code across the country. “No community is immune from human trafficking,” states Sister Rosemary Donley, PhD, APRN, FAAN, professor of nursing and The Jacques Laval Chair for Justice for Vulnerable Populations at Duquesne University School of Nursing. “Because of its widespread global nature, it can be hard for people to accept that human trafficking could and does occur within their local communities—in a favorite restaurant, popular hotel or even a city park.”

Although precise numbers are impossible to determine, the U.S. Department of Justice estimates that between 14,500 and 17,500 people are trafficked into the country each year and are subjected to forced labor in areas such as agriculture, domestic labor, and the fishing and the sex industries.

Donley explains that it is a phenomenon that thrives on vulnerability and hides its victims in plain sight. “While many ‘see’ issues such as homelessness, they do not see trafficking. Its victims are not as obvious. In fact, it could occur next door and you would not know until after the police arrive,” she says.

“Human trafficking is an international, multibillion-dollar business,” says Donley. “The fortunate thing about it is, human trafficking is preventable. But before you can prevent it, you have to know how to recognize it.” To that end, Donley addressed the topic of human trafficking at the School of Nursing’s annual McGinley-Rice Symposium on Social Justice for Vulnerable Populations: The Face of the Person Who Has Been Trafficked, which was held at Duquesne University in October 2018.

EDUCATING HEALTH CARE PROFESSIONALS
The McGinley-Rice Symposium on Social Justice for Vulnerable Populations is a national, interdisciplinary two-day forum that explores critical social justice issues and educates participants on how they relate to health care practice and policy. Hosted by the School of Nursing and Donley, its topics have ranged from immigration to mental illness to addiction. “I look at vulnerable populations that are at the margins of society and due to the nature of trafficking, persons who are at risk of or have been trafficked are among the most vulnerable,” Donley says.

According to Donley, the need to raise public awareness and educate the health care professionals who may come into contact with this population is

RECOGNIZING THE SIGNS: VICTIMS/SURVIVORS OF SEXUAL EXPLOITATION
• Fearful, anxious, depressed, submissive, tense or nervous/paranoid
• Exhibits unusually fearful or anxious behavior after bringing up law enforcement
• Distrustful of authority figures, agencies or organizations
• Avoids eye contact
• Withdrawn or distracted

Sources: Adapted from Shared Hope International, the Polaris Project, Villanova Law Institute, and the United Nations Office on Drugs and Crime.

SEX TRAFFICKING INDICATORS
• Patient is under the age of 18
• Tattoos or other forms of branding (“Daddy,” “Property of...,” “For sale”)
• Reports of unusually high number of sexual partners
• Does not have appropriate clothing for the weather or venue
• Uses language common in the commercial sex industry


The International Labour Organization estimates human trafficking was a $150 billion industry worldwide in 2017.
critical element in the fight against human trafficking. Nurses and other health care providers who encounter victims of trafficking often don’t realize it, and opportunities to intervene are lost.

The symposium provides a unique scholarly opportunity for nurses, researchers, policy makers and health care professionals to address these issues. “This past year we welcomed speakers from organizations such as Pittsburgh Action Against Rape (PAAR), University of Pittsburgh Medical Center (UPMC) Children’s Hospital of Pittsburgh and the Federal Bureau of Investigation to educate us on available tools they need to recognize potential trafficking and the legal obligations of health care providers when caring for potential victims of human trafficking,” Donley says. “We wanted to give our participants the tools they need to recognize potential trafficking victims and to safely intervene.”

Symposium participants are limited to 250 so there is time for networking and dialogue between presenters and participants, which include nurses, social workers, faculty in health professional schools, social justice advocates and teachers.

**COMMON HEALTH PROBLEMS IN HUMAN TRAFFICKING VICTIMS**

- Signs of physical abuse or unexplained injuries
- Neurological conditions
- Cardiovascular/respiratory conditions
- Gastrointestinal conditions
- Dietary health problems
- Reproductive health issues
- Substance use disorders
- Other physical health issues
- Mental health issues


**FACE OF THE PERSON WHO IS TRAFFICKED**

According to Donley, trafficking is an equal opportunity terror. Victims can be as young as 13, all genders; some are immigrants, but most are domestic youth. Many come from vulnerable populations with a previous history of serious abuse and complex trauma. In fact, multiple studies indicate that 70 to 90 percent of the youth involved in sexual exploitation have experienced past abuse. Many have faced adversities during childhood, making them more susceptible to being exploited.

Traffickers prey upon individuals from disadvantaged homes and exploit these vulnerable victims through promises of love, food, money or shelter. Nearly one third of runaways are approached by a trafficker within 48 hours. They are approached in parks, at bus stops, at the mall and even at school.

Donley notes that while most people think of trafficking in terms of sex trafficking, the symposium calls attention to trafficking across the spectrum. For example, trafficking targets laborers, especially people who work in the agriculture and fishing industries, but also nannies, domestic workers and even some health professionals. Victims are forced to work for no pay as their captors reap the tax-free, highly profitable financial rewards. In the cases of most trafficked laborers, these are individuals who set out with the hope of making better lives for themselves.

Dr. Mary Burke, professor of psychology at Carlow University, has spent more than a decade researching human trafficking and working with its survivors. She explained that responses to trafficking have been similar across the country with grassroots efforts often leading the way with regard to raising awareness about the problem and coordinating services for survivors.

Burke described a particularly memorable group of survivors with whom she worked in Pittsburgh.

“I once worked with a group of 20 adult men from Thailand who had been victims of labor trafficking. These men very much wanted to provide for their families, earn a little more money for the necessities, but they were drawn into a situation where their work was being exploited.”

Over the past several years, Burke has assisted more than 30 local trafficking victims. In 2004 she founded the Project to End Human Trafficking (endhumantrafficking.org), an all volunteer nonprofit group that works regionally, nationally and internationally to raise awareness about the enslavement and economic exploitation of people.

**WHEN HEALTH CARE AND TRAFFICKING INTERSECT**

“We miss many cases of trafficking because it is so underground,” states Elizabeth Miller, MD, PhD, director, Division of Adolescent and Young Adult Medicine, Children’s Hospita of Pittsburgh and professor of pediatrics, University of Pittsburgh School of Medicine. Miller notes that the health care setting is a vital place for connecting with individuals who are being trafficked, as the health consequences are myriad and people who are perpetrating abuse will bring them in for care.

“As a pediatrician, I have seen children here in Pittsburgh and in other cities be exploited,” Miller says. “For a minor, we do not need to prove coercion or fraud, so it is somewhat easier to marshal systems, including child protective services and law enforcement, to help a young person be safer.”

“Discussions need to occur to determine best practices for the many scenarios health professionals may encounter,” Donley says. “An understanding of how traffickers coerce their victims is necessary. There is a lot of isolation at work here. Prevention of trafficking is possible, but you have to see and understand it first. Health care professionals must not come with a judgmental attitude. That does not work, and only prevents the person from getting help. When leaving seems worse than staying, victims can be very guarded about whom they trust.”

Miller says that at UPMC Children’s Hospital of Pittsburgh, the nursing staff receives considerable training on how to recognize the signs of potential trafficking among patients. “When a young person has a fainting episode, he or she is brought into the ER and treated for dehydration. When we check the records and see similar prior emergency room visits, suspicions should be raised,” Miller explains. “These can be young people in foster care or those who are unstably housed. They may have been in the criminal justice system, and could be dealing with isolation and discrimination based on sexual or gender identity. In my mind, they are super heroes—they have to maintain enormous self-worth just to survive.”

**KNOWING HOW TO INTERVENE**

It is common for people who are trafficked to visit a health care setting, even as the trafficking is happening. To the person controlling them, victims are treated as a commodity. He or she represents a valuable source of income, so health care becomes important to protect that asset and revenue stream. How can health care professionals intervene to stop the cycle of abuse?

“We try to signal that we are concerned,” says Miller. “But as much as we would like to swoop in and rescue these victims, we cannot fall into this fantasy. Traffickers are very manipulative, they act as the caring boyfriend.” They want to keep the victim in their control at all costs, even in an emergency room setting, she adds.

“It is important for nurses and staff to understand that people being trafficked do not necessarily think of themselves as victims,” Miller continues. “They are very much tied to survival, and we must respect their choices and autonomy. While they are in the health care setting, we try to offer education about available resources which they can take with them, regardless of whether they share with us what is happening. We share our concerns, that this is a safe and supportive place. It is not a place of rescue, but a place to build trust.”

She notes that balancing patient confidentiality and a young person’s autonomy with the requirement to involve child protective services and law enforcement when minors are being abused or neglected requires substantial health professional training.
A SURVIVOR’S NEEDS

Due to the degree of trauma survivors of human trafficking have experienced, a trauma-informed lens should be used when developing and offering victim services. Many survivors experience depression, anxiety and post-traumatic stress, which can have a profound impact on their ability to function.

“Finding the right services for each survivor can be challenging, but they are available,” says Donley. “Lack of knowledge and understanding of how to access services can be a barrier to getting survivors help. That is why representatives from organizations such as PAAR were invited to attend the McGinley-Rice Symposium to educate participants on local and national resources.”

PAAR is a primary service provider in western Pennsylvania used to coordinate services for all survivors of human trafficking who reach out to the National Human Trafficking Hotline. Dr. Carlos Golletto, director of clinical services at PAAR, explains that there are numerous programs and resources available because the individual needs of victims can be complex.

“One might have very basic needs such as shelter, food or toiletries. Other victims might be looking for help with finding a job or going back to school. In general terms, victims of trafficking want to feel safe again, and they want to rebuild their trust and develop healthy relationships,” says Golletto. “They have dreams of a future like anyone. Unfortunately, their dreams might have been shattered by a chain of traumatic events in their lives.”

PAAR provides intensive case management and life skill classes, as well as trauma and group therapy.

“One of our primary goals is to help trafficked victims build a strong support system that enables them to obtain healing and break free from their traffickers,” says Golletto. “Our advocates also accompany victims to any and all court proceedings, including interviews with law enforcement and district attorneys.”

In January 2018, PAAR opened the doors to its drop-in center, becoming the first organization in Allegheny County to offer free, on site services to this population. The center provides computer access, a kitchenette with snacks, emergency hygiene and medical supplies, and clothing. It also offers programs that address topics such as anger and shame, managing triggers, healthy relationships, nutrition and wellness, and workforce development.

In addition to PAAR, “we see substantial local church-based trafficking initiatives being offered,” says Donley. “Volunteers take victims into their homes to remitiate them into normal life. Helplines exist for victims to call and get information. The Catholic Health Association in Texas, Florida and Arizona each links to the Duquesne human trafficking website.” (For information on the website, see sidebar on page 10.)

HOPE FOR THE FUTURE

Human trafficking is a fact of life. It operates in the shadows, yet exists in plain sight. It represents a multi-billion dollar economy, but generates only pain for its victims and no benefit to society. So what comes next? How can this cycle of abuse be broken?

“We live in a society that does not always value its members,” says Miller. “We live in a society that permits the sexual objectification of children, and traffickers are unbelievably good at exploiting that. It is super important to correct these structural inequalities that let young people get kicked out of their homes, go hungry and create situations where adults can prey on these vulnerable young people,” she says. “As health care professionals, we try to let these young people know that they are not to blame, and that people are out here to care for and support them.”

Laws protecting trafficking victims are improving, which Burke notes is good news. “In the most recent federal budget reauthorization, anyone under the age of 18 suspected of being trafficked is classified as such—a major step that gives law enforcement greater ability to step in,” Burke says. “It says, ‘We are the adults in this scenario, and it does not matter if you as a minor say it is OK—it is not OK, and we can get you out of this.’”

According to PAAR’s Golletto, better victim identification and improved access to resources have helped many escape the grip of trafficking. “There is no doubt that we can go further and advocate for legislation that focuses on the protection of victims of human trafficking and expands support in general for victims.”
Despite technological advances, Americans with disabilities remain less likely to receive preventative health screenings, and they are far more likely than their peers who are not disabled to have a chronic disease. Thirteen years after the Surgeon General issued a “call to action” to address these concerns, there are still few educational programs for health care professionals that fully integrate training designed to address the unique challenges and needs of people with disabilities.

The School of Nursing is poised to address these disparities by developing an undergraduate simulation program incorporating standardized patients—people who have been trained to present simulated symptoms and situations to students—with disabilities. Typically, standardized patients are actors who do not actually have the conditions they portray, but Duquesne’s innovative initiative envisions using real people with disabilities.

The program received a boost earlier this year with a $100,000 grant from the William Randolph Hearst Foundation. This is Duquesne’s third Hearst grant—the first in 17 years and the first for the School of Nursing. “It seems obvious that we should be focusing on people with disabilities since they are the largest minority group in the world,” says project leader Dr. Rebecca Kronk, associate professor and chair of the school’s undergraduate programs. “People think they’re addressing it when they talk about chronic conditions or care for the critically ill adult, but no one is really tending to the disability itself and its impact on a person’s functioning, recovery and lifestyle.”

In the first phase of the initiative, Kronk and her colleagues work with key stakeholders—including faculty and community members with and without disabilities—to identify elements that will be incorporated into pilot simulations to make them as authentic as possible. Standardized patients and supervising faculty members will then be trained to present complex scenarios, such as, “An elderly male post-stroke with aphasia and right side weakness is exhibiting symptoms of depression. His wife is suffering from a heart condition and worries about her ability to care for him.”

Working through the simulations, roughly 800 undergraduate students will learn not only to treat the obvious physical symptoms, but also recognize secondary physical, mental, emotional or social conditions; identify applicable ethical and legal principles; and demonstrate appropriate “person first” communications strategies.

Villanova University trains advanced practice nurses using a similar model, and a scholar from Villanova is a consultant on Duquesne’s project. Kronk knows of no other nursing school trying this approach with undergraduates. “Medical schools address this with standardized patients, but their ‘patients’ are actors—not real people with disabilities,” she explains. “It makes a very big difference to have a person with a disability as the patient.” Outcomes of the pilot project will serve as the basis for further curriculum development within nursing and perhaps across Duquesne’s other health-related schools.

“Health care involves a team,” says Kronk. “For a person with a stroke, the team might include a physical therapist, a speech therapist, nursing care and social worker.”

Health is one of four focus areas for the William Randolph Hearst Foundation, which was founded by the media tycoon in 1948. Also a resource for initiatives in the fields of culture, education and social services, the foundation funds nonprofits to ensure that people of all backgrounds in the United States have the opportunity to build healthy, productive and inspiring lives. Previous Hearst grants to Duquesne—in 1993 and 2001—established endowed scholarships supporting minority undergraduates and community college transfers.
Last year, the Health Service Executive Ireland established the Nursing and Midwifery Quality-Care Metrics to assist Irish health care organizations assess the impact of nursing and midwifery interventions on patient safety, quality and professional work environments. The quality-care metrics will also help nurses and midwives gauge their contributions to care that is safe, beneficial, patient-centered and efficient.

As part of the Nursing and Midwifery Quality-Care Metrics Project Team, School of Nursing Dean Dr. Mary Ellen Glasgow reviewed and contributed to the set of quality metrics and, in 2016, was asked to be the international external reviewer of the project.

“How do you measure whether what you are doing is of great quality if there are not standards or if you do not know the key metrics that can be improved?” Glasgow questions. “We began by looking at every specialty in the country and conducted research studies with nurses to determine the most important items from each specialty that should be measured.”

Glasgow, whose work as a Robert Wood Johnson Fellow included quality and safety metrics, also provided feedback. Among the numerous metrics determined to be measured were nursing documentation, style of nurse management, work environment and mental health assessments.

“Without standards, there can be no improvement,” Glasgow says. “You need to have a culture that is open to improving quality and not one of blame if there is an error. A ‘just culture’ is one in which people are encouraged to report errors for the patient’s sake, one where people are comfortable enough to say ‘we need to do this better’ or ‘we had a near mistake because there’s distraction in this area.’”

Glasgow gave a presentation on the importance of having standards, metrics and a “just culture” in Cork, Ireland, at the June 2018 launch of the new quality-care metrics.

In the School of Nursing at Duquesne University, students participate in simulations that emphasize the importance of safety in patient care. “The simulation is kind of a dress rehearsal,” Glasgow says. “Students can actually watch videos of their simulation, see what they have done and debrief with faculty. They can then integrate what they have learned into their own clinical practice.”
Dr. Noah Potvin never intended to play music as a career. In fact, as a child, he wanted to be an airplane pilot. Potvin’s ninth grade instructor encouraged him to audition for the orchestra – Potvin made the cut, and his world changed forever.

By the time he entered the Boston Conservatory, Potvin was an aspiring flutist, and knew that he wanted to pursue a musical career, but wasn’t quite sure what type. Potvin took a special education music class taught by a music therapist that became, he says, a “true ‘lightbulb over the head’ moment.” Suddenly, he realized that he wanted to make music with people and not at them, he decided to pursue music therapy.

Potvin, now a board-certified music therapist with expertise in end-of-life care settings, is leading a collaboration between the Duquesne University School of Nursing and its Mary Pappert School of Music that merges the two disciplines.

“Music has been shown to improve health outcomes among several patient populations, including premature infants, individuals with cancer and older adults in ICUs,” says Dr. Mary Ellen Glasgow, School of Nursing dean and professor. “It makes perfect sense to create a joint faculty position combining music therapy and nursing, where faculty members can collaborate and study the effect of music on health.”

According to the American Music Therapy Association, music therapy can help to relieve pain and reduce stress and anxiety for patients, resulting in physiological changes, including improved respiration, lower blood pressure, improved cardiac output, reduced heart rate and relaxed muscle tension.

Potvin’s immediate goal as a music therapy researcher is to develop clinical models and protocols for music therapists working in end-of-life care settings. Next spring, he will begin teaching a music and nursing elective that will explore how the intersections of music and culture can inform uses of music across various health care professions.

“In my guest lectures to nursing students, I talk a great deal about music and culture, and the different types of music,” says Potvin. “If a patient comes from a different cultural background and is not used to our Western tonal system of music, the patient will not connect to the music. It is important to understand your patient’s personal relationship with music so that you can truly use it as a medium.”

“Interdisciplinary research and study are essential components of preparing today’s students for their future careers,” says School of Music Dean Dr. Seth Beckman. “We are delighted to partner with the School of Nursing, and we are excited that Dr. Potvin has joined our outstanding school faculties in this joint appointment.”

Over the past year, Potvin has worked to understand the nursing curriculum and learning requirements of students and what he can add to the program. “I have worked with nurses my entire career, but I have never been a part of their nursing education. It is great to see and be involved in how the whole process works,” he says.
AROUND THE WORLD WITH MARYBETH WARGO

Marybeth Wargo was first bitten by the travel bug after traveling to Belgium during her junior year of high school. “I immediately knew that I wanted to make travel a significant part of my life,” she recalls. Wargo had studied French, but when it came time to apply to nursing school, she realized Spanish would enhance her goal to travel and work with underserved populations. She had considered several four-year BSN programs, but it was Duquesne University that stood out for supporting her ambition to combine a major in nursing with a minor in Spanish. “What they offered went beyond what any of the other schools were willing to do with a minor in Spanish. “Advanced communication skills are very rewarding. I would not want to do anything else.”

Duquesne University embraces student-centered learning and recognizes that some students require unique educational pathways to reach their professional objectives. In Wargo’s case, her pathway blended a nursing curriculum with language coursework and study abroad opportunities. “It is rare for a nursing program to do this,” she says. “But Duquesne offered me an individualized curriculum that supported all three of my goals—nursing, Spanish and studying abroad.”

Throughout her academic and professional careers, Wargo has traveled to some of the most challenging locations around the world. She first journeyed as a nursing student to a community public health clinic on the outskirts of Guayaquil, Ecuador, where she worked closely with Ecuadorian nurses to perform pediatric wellness checks, vaccination campaigns, and school-based health education and health screenings. She received funding for the first year through the Vira I. Heinz Foundation for Women in Global Leadership.

TRANSCULTURAL NURSING

Wargo is proud to have worked for Doctors Without Borders, also known as Médecins Sans Frontières (MSF). “My MSF assignments were all quite different,” she recalls. “The first role was in Jordan as a nursing supervisor of a pediatric hospital in a Zaatari refugee camp. The second was in Mali, where I worked as the nurse educator to improve quality of care in a large pediatric hospital.”

Then came work as the community outreach nurse in a refugee camp in Ethiopia for South Sudanese refugees, where Wargo managed a team of over 120 community health workers doing epidemiology surveillance of demographics, malnutrition, morbidity and mortality. “My last assignment was in Central African Republic, where I served as a community health nurse to provide training and supervision of malaria points, health posts and a health center,” she says. Wargo says she chose to work with MSF because of its independence, neutrality and commitment to go where other organizations do not normally venture. “Working for them I found the organization true to its principles in striving to improve quality and access to health care. The majority of the staff are from the country in which MSF is operating, which was one of the biggest selling points to me when I was looking at different opportunities to work as a nurse abroad. “Social justice and public health—to me, that is nursing. The mindset of being a Duquesne nurse—of promoting health and healing with respect to human dignity and social justice—will always be there,” she says. After MSF, Wargo went on to earn her MSN at Johns Hopkins School of Nursing. She is now a pediatric nurse practitioner at the Lone Star Circle of Care (LSCC) health center in Austin, Texas, where she primarily works with the underinsured and those on Medicaid and the Children’s Health Insurance Program. Wargo estimates at least 80 percent of her patients are native-Spanish speakers. “Advanced communication skills are important to any nurse, but being able to fluently speak Spanish with my patients has had a huge impact on the care I am able to provide,” Wargo says.

As the demand for health care continues to rise across the world, underserved populations will require more help than ever before. Wargo encourages future nurses to consider this need as they prepare for their careers. “Speaking another language has allowed me to make a real impact in medically underserved communities,” she says. “It greatly increased the number of professional opportunities available to me and put me in a unique position to improve the quality of care for my non-English-speaking patients.”

At LSCC, Wargo sees patients from two days old up to 18 years old. “I work in primary care, so a large part of my job is disease prevention and promotion of wellness. I have the opportunity to work with entire families to prevent illness and promote wellness. It is very rewarding. I would not want to do anything else.”

Wargo continues to work abroad through Duquesne as an adjunct faculty for the annual trip of nursing students to Nicaragua, where they partner with UPOLI School of Nursing. “I am continuously motivated by my patients and colleagues,” she says. “I do not think I will ever stop traveling, exploring, learning or practicing nursing!”

THE MINDSET OF BEING A DUQUESNE NURSE—OF PROMOTING HEALTH AND HEALING WITH RESPECT TO HUMAN DIGNITY AND SOCIAL JUSTICE—WILL ALWAYS BE THERE.
APPLYING INFORMATICS TO IMPROVE PATIENT CARE

According to Duquesne University graduate Charisse Skinner, what can make the difference between clinical success and failure? In one word, information. As a clinical informaticist for four MedStar Health hospitals in Baltimore, Md., Charisse Skinner oversees the design, implementation and maintenance of administrative, financial and clinical applications of the MedStar Health Electronic Health Record (EHR) system. According to Skinner, nursing informatics is a specialty that integrates nursing science and information technology to manage and communicate health data. “My role is to train new ‘providers’—which includes physicians, nurse practitioners, physician assistants and staff nurses, who care for patients in inpatient settings, urgent care, primary care and emergency departments—in the effective use of the EHR and to serve as their primary point of contact.”

Skinner explains that MedStar Health includes 10 hospitals and a dozen urgent care centers. “It also manages more than 200 practices,” she notes. “Although I am primarily responsible for informatics management in the inpatient hospitals, I also travel to D.C., Maryland and Virginia to work with providers and specialty practices. Some providers are ‘tech savvy,’ while others cannot open their smartphones. Everyone’s needs are different. It is my job to facilitate the usage of data that is needed for safe and effective care.”

AN EYE-OPENING EXPERIENCE

Skinner became interested in informatics shortly after graduating from Duquesne University’s School of Nursing. She was caring for a former patient who had been readmitted to the hospital with a brain hemorrhage. “He was an older gentleman who had an extensive stay in our ICU, but was doing well when he was discharged to a rehabilitation center,” recalls Skinner. “I was surprised to see him return to the hospital with neurological complications. He died shortly thereafter. And I kept asking myself what had happened and why.”

Skinner explains that when the risk management team reviewed the patient’s medical records, they found no evidence of the critical blood tests necessary to monitor therapeutic anticoagulant therapy. This information was very disturbing to Skinner because she knew that her patient’s brain hemorrhage had been preventable. She wanted to find a way to protect other patients. After discussing with risk management, she suggested including an automatic EHR trigger to remind providers to order appropriate and timely blood tests when patients receive anticoagulant therapy.

ROLE OF A CLINICAL INFORMATICIST

As providers increasingly rely on information technology to provide appropriate patient care, a need has arisen for liaisons to facilitate the exchange of data between health care providers and technology. Skinner’s interest in how to collect and share information to improve patient care continued to grow and eventually led her to the University of Maryland, where she earned a master’s in nursing informatics.

Skinner describes her job as a clinical informaticist as an amazing, challenging experience. In addition to training providers on the EHR system and serving as a point of contact, staff nurses are also important to her practice. She finds that new nurses often focus on tasks and may not engage in critical thinking. This observation motivates Skinner to help new staff nurses acquire essential informatics and cognitive skills. She also assists providers and the nursing staff to leverage informatics by utilizing the EHR to make information available at the point of care. “I see the EHR as a crucial tool in improving safe practice and quality care,” Skinner says.

Skinner challenges her nursing colleagues to consider how EHRs can make their prescribing or administration of medications safer. “Think of the thousands of drugs that could be given to hospitalized patients and then think of possible interactions among these drugs and/or the potential for serious side effects and reactions that patients can experience. For health care providers, the EHR is an incredible resource. We can utilize the EHR to identify these possible side effects or the incompatibility among the many drugs used in contemporary therapy. I love being involved in something this exciting; informatics provide a knowledge base for patient safety,” she says.

EHRs AND THE OPIOID EPIDEMIC

In addition to improving patient safety, Skinner explains how EHRs can help providers and staff nurses fight the opioid epidemic. “When a patient visits a managed care clinic, providers and nurses can use the EHR to learn about the patient’s past medical and treatment history,” she says. “All providers in Maryland are required to monitor patients who have been or are currently prescribed narcotics.”

Skinner teaches providers and staff nurses to check Maryland’s database and the EHR at the point of care to improve patient management in all settings. She believes that the EHR and the Maryland database assist providers in decision-making around pain management and stimulate the selection of non-opioid and alternative pain control measures. Patient outcomes have been positive.

“Utilization of the EHR and the Maryland database at the point of care has made a difference,” Skinner says. “As a nurse and a health care professional, I am excited to help all providers play significant roles in fighting the opioid epidemic.”
GUIDING THE NEXT GENERATION OF NURSING ALUMNI

Tunick understands the importance of cultivating relationships with future alumni. “If we can better facilitate connections between students and alumni, it’s a win-win. We hope students who interact and develop relationships with alumni will want to pay it forward after they graduate, thus becoming active members. And subsequently current alumni will have a better connection to our school while expanding their professional network.

“The Duquesne University Nursing Alumni Association is a diverse group with a practical mission to reach all levels of alumni—both nationally and internationally. We are ready to move to a higher gear.” says Tunick. If anyone knows where to find that higher gear and shift the alumni association into it, Terri Tunick is that person.

ALUMNI ASSOCIATION PRESIDENT TERRI TUNICK SHARES HER VISION FOR THE FUTURE

“Tunick’s excitement about serving as president to the nursing alumni association and its more than 5,000 members. For five years, she was an active School of Nursing Alumni Association board member and now as president, she is brimming with enthusiasm and new ideas.” I believe our organization is ripe for growth,” she says. “We have a rich resource of nurses, skills and talents that can be utilized more fully to benefit current nursing students.”

Tunick has worked in health care management, facilitated staff development, and collaborated with multiple foundations and boards over the decades. Her experience, expertise and vision all contribute to her plans for energizing alumni participation.

NETWORKING AND CONNECTIONS

“Our alumni have a wealth of professional knowledge to share with nursing students,” she says. “They can provide academic encouragement, offer networking assistance with internships and jobs, and discuss different career tracks. Our nursing alumni know what it is like to be a nursing student and to practice as a nurse. This is a valuable service which alumni can offer the next generation of Duquesne nurses.”

As involvement with the School of Nursing and its present day student body increases, Tunick says the relevance of the alumni association will only become stronger.

“Our mission is very important. We are committed to serving the University and its nursing alumni by providing opportunities to stay connected, to foster lifelong relationships and to leverage the power of our alumni to serve and support current nursing students,” says Tunick. “For example, we just raised $50,000 in endowment funds for a scholarship, with the first award scheduled for September 2019.” With the support of the School of Nursing alumni board, she hopes the association will become even more active in fundraising through special events and alumni-specific sales to support a number of worthwhile initiatives.

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THE DUQUESNE UNIVERSITY NURSING ALUMNI ASSOCIATION RECOGNIZES SISTER LOUISE GRUNDISH, RN

NURSING ALUMNI ASSOCIATION RECOGNIZES SISTER LOUISE GRUNDISH, RN

Sister Louise Grundish, RN, BSN, MEd, MNEd, has spent more than half her life in service to others and the advancement of nursing and the Duquesne University School of Nursing Alumni Association.

Over the course of her expansive career in nursing, Grundish has made it a priority to actively support the efforts of Duquesne University and the alumni association. Since graduating with her BSN in 1963, Grundish has been a regular face on campus. She often volunteers at the School of Nursing’s McGrew-Rice Symposium on Social Justice for Vulnerable Populations and seldom misses the annual Homecoming brunch.

Her commitment to the School of Nursing has been strong over the decades. Her guidance, knowledge and support are valued by the school and its alumni association, for which she has chaired multiple committees, as well as served as president and on its board of directors. She was in the first student group initiated into Epsilon Phi Sigma Theta Tau International and has remained active with the honor society in a number of roles, including secretary and archivist.

Grundish values her connection to Duquesne and the many wonderful friendships she developed through the years. “As a member of the alumni association board, Sister Louise freely offered a wealth of knowledge and experience on nursing and the history of nursing at Duquesne University,” shares Terri Tunick, president of the alumni association board. “She was a valued mentor, a good listener and a source of wisdom. When we faced challenging situations, Sister Louise provided actionable and on-point advice and interacted humor with her warm smile and personality. It has been our privilege to work with her.”

Grundish’s career spans 50 years in nursing practice, education and administration, primarily at the former Pittsburgh Hospital, where she was operating room supervisor, instructor of nursing students and director of the nursing school. In addition to a BSN, she holds an MEd degree from Duquesne University, an MNEd degree from the University of Pittsburgh and a certificate in gerontology.

For her service to nursing and her support of Duquesne University School of Nursing, we are honored to recognize Sister Louise Grundish and extend our gratitude for her many years of service.

"Our alumni have a wealth of professional knowledge to share with nursing students."
Richard Longo, RN, FACMPE, FACHE, began his academic career as a psychology major. “I was enrolled in a school near my home in Scranton, Pa., and doing well with my studies, but I kept circling back to the idea of a career in nursing,” he shares. Even though there were not many men in the profession at the time, he began exploring other options. Once he toured the Duquesne campus and met with several professors, he knew he had found the right place and quickly transferred to Duquesne. He went on to graduate magna cum laude in 1975.

“Not a day goes by when I do not look back and recognize the importance of that decision. The integrity of my professors and the education I received shaped my life in ways I never anticipated,” he says. “I attribute much of what I have accomplished to the School of Nursing—both in my career in health care and in my personal life.”

For Lillian Longo, RN, BSN, MLS, Duquesne University provided the support she needed to achieve her dream of becoming a nurse. “Duquesne has always taken the cream of the crop. It still does. In my case, they looked at my potential and capability and gave me a chance,” she says.

“I was provided with the resources and services I needed to succeed,” she recalls. “I worked very hard to be accepted to the nursing school, and that set the path for the rest of my life.” Not long after entering the nursing school, she met Richard Longo and the two became friends. “We were friends for a long time,” she says. The two began dating nearly a decade after graduation and were married in 1985.

In the years since, they have both enjoyed successful and fulfilling careers. Lillian went on to earn a master’s degree and achieve leadership posts with the American College of Medical Practice Executives, the American College of Health Care Executives and insurers in six states. He is dually “Fellowed” in both the American College of Health Care Executives and the American College of Medical Practice Executives, and one of only a few individuals nationally who have attained this “dual” status.

It has been roughly 40 years since the Longos have graduated from Duquesne University, but they have remained active with their alma mater. Lillian is an adjunct faculty member in the School of Nursing and teaches a 12-week summer peri-operative course which offers juniors real-life OR experience. Now semiretired, Richard, a former member of Duquesne’s Alumni Board of Governors, serves as a consultant at Duquesne University’s Small Business Development Center.

Throughout Richard’s 30-year career in the health care industry, he has held multiple executive positions with both health care providers and insurers in six states. He is dually “Fellowed” in both the American College of Health Care Executives and the American College of Medical Practice Executives, and one of only a few individuals nationally who have attained this “dual” status. The Longos decided to express their gratitude by making more transformational opportunities available to future generations. “In the end, it all came back to Duquesne University,” Richard says. “Duquesne gave us a career. Duquesne gave us life. We do not have a large family, so we are leaving our estate to the School of Nursing.”

The Longos’ assets will go into an endowed fund that will be used to ensure and enhance the quality of education and facilities of the School of Nursing, and promote innovative changes in the delivery of nursing education through the creative use of technology—state-of-the-art equipment and patient simulation. Their gift will also provide scholarship support to students pursuing nursing degrees who have demonstrated financial need. Their generous gift will also ensure that the School of Nursing is positioned to be the premier institution in the region to educate nursing students with hands-on access to the newest technologies and innovations to prepare them to be nursing leaders. Through prayer, research and the emotional pull of their alma mater, Richard and Lillian Longo know that their substantial gift to Duquesne is the all-around best decision they could have made.
STUDENT ADDRESS WATER CRISIS IN TANZANIA
NURSING STUDENT ABBEY WHITWOOD DISCUSSES HER TANZANIAN EXPERIENCES.

Last summer, junior nursing student Abbey Whitewood spent three weeks in Tanzania as part of the Pure Thirst initiative. Her goal was to help provide clean water to communities such as Olkokola, Tanzania, where residents face a high fluoride content and E. coli bacteria in their water. High fluoride levels cause bowing of the legs and browning of the teeth, and while most E. coli bacteria are harmless, some strains can cause severe anemia or kidney failure. “One of our first tasks was to tour the village and collect samples from various water points to test for fluoride levels and culture bacteria colonies. Fluoride and bacteria research is incredibly important to me,” Whitewood shares. “It is difficult as Americans to understand the long-term ramifications of unsafe water because clean water is so accessible to us—we simply turn on a faucet and an abundance of clean water is at our fingertips. It is not until a person is without it that he or she realizes how precious water is.”

In Tanzania, there are children dying because of bacterial infections they contracted from contaminated drinking water. It breaks my heart as a future nurse to see children and adults dying from such a treatable condition.”

3D SOLUTIONS

Before traveling to Tanzania, students worked to develop a 3D-printed filter in Duquesne University’s Biomedical Engineering Department. “We were trying to create a filter that uses a calcium-based filament to extract fluoride from the water. We were able to test a prototype of these filters in Tanzania, and while initial results were inconclusive, we hope to fine-tune it and provide a sustainable resource for the community soon,” Whitewood says.

In addition to water testing, Whitewood interviewed three young men affected by fluorosis. Each told a similar story of how the disease now marks them forever. “Their legs are bent. One is unable to walk without assistance, often leaving him wheelchair bound. There are so many things that I want to be able to do to help make a difference. However, I know that working on projects like Pure Thirst is just the first step toward achieving my goals.”

Whitewood says the trip was life-changing. “It is not easy to go to another part of the world for an extended period of time, to travel to a place where you do not know the language and are unfamiliar with the sights, sounds and smells. Students would walk for hours to collect water samples each morning, then perform tests in the afternoon. At the end of the day, we could relax in our hammocks and take in breathtaking views as the sun set. Our trip was full of educational opportunities as well as wonderful conversations, crazy memories and new lifelong friendships.”

Whitewood plans to go back as a student with Pure Thirst and then later as a professional nurse. “I aspire to take my nursing skills abroad,” she shares. “I hope to work with a project such as Mercy Ships or the Peace Corps and return to these communities that have opened their hearts and homes to me and help make a difference in their lives.”

STUDENT AWARDS AND RECOGNITIONS

• Karen Alexander, PhD student, received the Jonas Nurse Leadership Scholarship.
• Ashlee Shields, PhD student, received the 2017 Promise of Nursing Regional Faculty Fellowship.
• Griselle Estrada, PhD student, was accepted into the SAMHSA Minority Fellowship Program and was granted the Johnson & Johnson AANCR Minority Nurse Faculty Scholarship.

Duquesne University hosts an annual research symposium to highlight the achievements of undergraduate researchers. From the 200-plus research projects submitted, the following three School of Nursing undergraduate student projects received awards:

• “Race-based Inequities in Maternal-Child Health in the Hill District” Researchers: Sarah Timmons, Sarah Sullivan and Michelle Zhang
• “Barriers and Facilitators of Breastfeeding among Inner-City African-American Women” Researchers: Sydney Cargill and Jazdyn Horton
• “Evidence-Based Practice Project to Prevent Central Line Associated Bloodstream Infections” Researchers: Caroline Hanlon, Rachel Mettee and Brittany Hopper

NEW JONAS SCHOLARS NAMED

Dr. Alison Colbert secured $20,000 in funding for two Jonas Scholars who will each receive a $10,000 scholarship while at Duquesne University. This year the program targeted investments in scholars with specific foci that address the most pressing health care needs. The scholarship will support PhD student Christine Lapinska’s work in the area of chronic health, and fellow PhD student Liz Stokes in the area of psychiatric mental health.
Faculty and Alumni Awards/Recognitions

Two Faculty, Three Alumni Inducted as Fellows of The American Academy of Nursing

Dr. Alison Colbert, associate professor and associate dean for academic affairs, and Dr. Rebecca Kronk, associate professor and chair of the undergraduate nursing programs, were inducted into the 2018 class of American Academy of Nursing Fellows.

Less than one percent of nurses are selected as fellows, which is the American Academy of Nursing’s highest honor. The following School of Nursing alumni also have been selected as academy fellows:

Dr. Diane Hupp, vice chair of Duquesne’s Board of Directors, a School of Nursing Advisory Board member, and chief nursing officer and vice president of operations and patient care services at UPMC Children’s Hospital of Pittsburgh

Dr. Hiba Wehbe-Alamah, professor of nursing at the University of Michigan-Flint

Dr. Emerson Ea, clinical associate professor and assistant dean for clinical and adjunct faculty affairs at New York University’s Rory Meyers College of Nursing

Dr. Jessica Devido was named a 2018-2019 Gaultier Fellow by the Center of Community Engaged Teaching and Research.

Sister Rosemary Donley was appointed chair of the Commission on Graduates of Foreign Nursing Schools International and Professional Nurse Credentials and Standards Committee.

Dr. Mary Ellen Glasgow was invited to join 2018 Leadership Pittsburgh, a 10-month program to prepare senior leaders to undertake challenges confronted by the Pittsburgh community, and she was a Nightingale Nursing Education Academia Award recipient.

Dr. Joan Such-Lockhart was nominated for the Extraordinary Healer Award. Her essay on oncology nurses was published in CURE Magazine’s Extraordinary Healers, Vol. 12 Essay Collection.

Dr. Denise Lucas was inducted into the American Academy of Nurse Practitioners as a Fellow.

The Executive Board of the Collegia IPASVI of Rome invited Dr. Richard Zoucha to be a member of the International Scientific Committee of the Centre of Excellence for Nursing Scholarship. This ambitious project aims to set up for the first time ever in Italy a systematic process to develop the culture of scholarship as a catalyst for the innovation and success of nursing.

School of Nursing Achievements

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

#35 Best Online Graduate Nursing Programs

#86 Best Doctor of Nursing Practice Programs

#72 Best Graduate MSN Programs

#17 Best Online Graduate Nursing Programs for Veterans

94.62% NCLEX-RN

(National Certification Licensure Examination for Registered Nurses) Pass rate for 2017-2018 first-time test takers. The national average is 86.94%.

Sister Rosemary Donley was appointed chair of the Commission on Graduates of Foreign Nursing Schools International and Professional Nurse Credentials and Standards Committee.

Duquesne School of Nursing is one of only 15 U.S. nursing schools to hold this endorsement.

The BSN program has received an endorsement from the American Holistic Nurses Certification Corporation (AHNCC).

The mission of AHNCC is “to advance holistic, person-centered care that emphasizes clients as the experts of their own experience and nurses as instruments.”

Duquesne School of Nursing is one of only 15 U.S. nursing schools to hold this endorsement.

More than 70 scholarly articles were published in 2017-2018 by School of Nursing faculty.

Number of scholarly publications significantly increased from 50 in 2016 to 62 in 2017.

Over the past six years, the School of Nursing has experienced extraordinary undergraduate and graduate student enrollment growth. It has increased from 703 in 2012 to 1,194 in 2018.

The American Association of Colleges of Nursing’s Commission on Collegiate Nursing Education (CCNE) granted a first-time accreditation to the post-graduate Advanced Practice certificate and Doctor of Nursing Practice programs. The BSN and MSN were each granted a ten-year reaccreditation.
GRANT NEWS

Dr. Alison Colbert received $25,000 from the FISA Foundation for Advancing Nursing Care for People with Disabilities Using the “From Wrongs to Rights” Digital Archive. The project is in partnership with the United Way of Southwestern Pennsylvania and Western Pennsylvania Disability History and Action Consortium.

Dr. Michael Deem received a $7,702 Faculty Development Fund Award for Nurses’ Perspectives on Patient Demise After Parental Refusal of Childhood Immunizations.

Sister Rosemary Donley and David Neff received funding for their project, Raising Awareness of Human Trafficking among the Public and Research Communities from Charles Henry Leach II Foundation.

Dr. Rebecca Kronk received $100,000 from the Hearst Foundation to support the research and development of an undergraduate simulation program that will incorporate standardized patients with disabilities into the curriculum. (See page 12 for more information.)

Dr. Patricia Kelley received $55,887 from The Genera Foundation for Global Health Engagement Missions: Lessons Learned Aboard U.S. Naval Hospital Ships.

Dr. Karen Jakub received a $30,000 Hinkle’s Dreaded Disease Research Award for a pilot study of Sickness Behavior Related to Multiple Implantable Cardioverter Defibrillator Shocks.

Dr. Lynn Simko received $11,967 for Does a Pain Empathy Kit Increase Empathy for Patients with Chronic Pain in Health Care Students? from the Charles Henry Leach II Foundation.

NEW FACULTY AND STAFF 2018-2019

Kelly Boergenfeld, PhD, RN
Assistant Professor

Sarah Galyas, PhD, MPH, BSN, RN
Assistant Professor

Meryn Toney, DNP, RN
Clinical Associate Professor

Alumnaes

ALUMNI RECOGNITION

Duquesne University School of Nursing is proud to recognize three of its doctoral graduates who hold the following nursing leadership positions in the American Association of Nurse Practitioners (AANP) national and regional levels:

Joyce Krestrick, PhD, C-FNP, APRN, FAANP, is AANP president and is involved in policy issues at the national level.

Lori Martin-Flank, PhD, FNPBC, GNPC, FAANP, is an AANP Region 3 director, which includes Washington, D.C., and Delaware, Maryland, Pennsylvania, Virginia and West Virginia.

Gretchen Shumacher, PhD, GNPC-C, FNP, NP-C, is an AANP Region 5 director, which includes Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.

ARE YOU READY?
HELP PREPARE TOMORROW’S HEALTH CARE LEADERS WITH A GIFT TO THE SCHOOL OF NURSING.

We invite you to learn more about the following areas of giving:
• Technology
• Ethics
• Research
• Scholarships
• Community Engagement

To learn more about these initiatives, contact the Office of the Dean of Nursing at 412.396.6553 or visit duq.edu/nursing/donate.

Explore the many ways you can structure a significant gift commitment that will make a lasting impact on the school, its students and ultimately the countless patients each of them will serve throughout their careers. Contact us today.

University Advancement Administration Building 600 Forbes Avenue Pittsburgh, Pa 15282 412.396.5690 duq.edu/make-a-gift