Vaccinated & Vaccinating
Here's why UB SON community members administer and receive the COVID-19 vaccine
P.18
Dear Alumni and Friends

Our world has changed dramatically since the first confirmed COVID-19 case in the U.S. in early 2020. As nurses were thrust into the spotlight during the worst global health crisis of our lifetime amid what WHO designated as the International Year of the Nurse and the Midwife, our nursing colleagues risked their health and lives to provide care for their patients and our communities. Our students forged ahead, acutely aware of the increasingly critical role nurses play in the health and well-being of our communities. When families were unable to visit loved ones dying in hospitals and care facilities, nurses stepped in to provide comfort and human connection. And when the nation pivoted to vaccinations to quell the novel coronavirus, nurses, too, pivoted, educating the public about vaccinations, leading the opening and running of vaccination sites, and administering vaccines in order to help our country and our world begin to emerge from this cloak of darkness.

I am so grateful to nurses, and so proud of our noble profession, for taking charge, taking care and taking the lead. In this issue, you will find stories about these heroic efforts. But you will also see the ways in which we are moving forward – in research, education, clinical practice and as a profession – taking with us the lessons we’ve learned from the pandemic, and acting to address our own shortfalls in issues related to justice, equity, diversity and inclusion.

We continue to ramp up our program of research, securing significant grant funding to address important issues such as improving care transitions in vulnerable homeless populations; coping with stress among adults living in low-income minoritized communities; and integrating behavioral health into rural and underserved primary care clinics, in addition to continuing work in several other vital areas.

You will also read about the ways in which we continue to enhance our students’ educational experience, such as expanding our dedicated educational unit offerings with additional community partners, along with stories about how our incredibly resilient students went above and beyond in volunteerism and in clinical rotations despite personal and academic challenges they’ve recently faced.

There has been a palpable yearning for a return to “normal” – but as we move forward, we know, especially as nursing professionals, the great importance of lifelong learning, of empathy and action. Let us learn from the painful lessons of our past and present, commit ourselves to action, and move forward together for a better, brighter and more just tomorrow.

Sincerely,

Marsha L. Lewis, PhD, RN, FAAN
Dean and Professor

In Memoriam:
Yow-Wu Bill Wu

Yow-Wu Bill Wu, longtime School of Nursing faculty member, died on March 30, 2021, surrounded by loved ones. Wu joined the University at Buffalo in 1986 as the director of the Academic Computing Laboratory and joined the School of Nursing as a clinical assistant professor in 1997. He was a highly regarded expert in research methodology and applied statistics in behavioral health and nursing sciences.

A treasured member of the School of Nursing for 32 years, his colleagues and students fondly remember him for his patience, kindness and optimistic spirit.

“Bill was a valued colleague, mentor, educator, and most importantly, a friend to many of us,” says Yu-Ping Chang, senior associate dean in the School of Nursing. “He was always one to show kindness and compassion to coworkers, students and friends – words I can hardly begin to express how much he will be missed.”

Bill’s generosity of self, his love, wisdom, and kindness lives within every person he has touched.

Colleagues and friends describe him as immensely supportive, exceptionally brilliant, kind and considerate, with a genuine smile. Many have expressed how blessed they are to have had him as an educator and mentor in their life; his international students, in particular, expressed love and gratitude for his guidance, and for being welcomed to Buffalo as if part of Wu’s family.

“Bill’s generosity of self, his love, wisdom, and kindness lives within every person he has touched,” says Chang.

Wu received a PhD in educational psychology from the University at Buffalo, an MS in remedial reading from the University of Wisconsin; and an MA in education (exceptional children) and a BA in education from National Taiwan University.
Project Aims to Reduce Worry, Stress amid Pandemic

BY CHARLES ANZALONE

The School of Nursing will administer $2.5 million in funding to help adults living in low-income, racial- and ethnic-minority neighborhoods reduce stress due to the COVID-19 pandemic. The award comes from the independent and non-profit Patient-Centered Outcomes Research Institute (PCORI).

UB researchers will compare a videoconference mindfulness-based stress reduction (MBSR) group intervention to a MBSR mobile app. Both approaches seek to reduce worry among adults who have limited access to mental health care, particularly due to the pandemic.

“This is important patient-centered research, particularly for residents in some of the most disadvantaged portions of the city of Buffalo,” says principal investigator Yu-Ping Chang, PhD, RN, FGSA, FAAN, FIAN, senior associate dean in the School of Nursing.

The project is the school’s first PCORI contract, one of seven awarded by the institute nationwide through special COVID-19-targeted funding. All focus on assessing various health care approaches to improving outcomes among people infected by the novel coronavirus and lessening the effects of the pandemic.

“The fact that one of the seven projects that PCORI funded is directly benefiting the residents in the city of Buffalo is great news for the region,” says Chang.

The project, “Comparing Two Ways to Mitigate the Impact of the COVID-19 Pandemic on Mental Health among Adults from Underserved and Racial Minority Communities,” will evaluate whether mental-health-related telehealth approaches achieve comparable or better outcomes for patients, with particular attention to health care access and disparities in outcomes among racial and ethnic minorities and underserved populations residing within the city of Buffalo.

“Though worry is a normal part of life,” Chang notes, “the introduction of COVID-19 has turned much of this worry into harmful stress. This has been especially true within communities of color, where the pandemic has further exacerbated the profound inequities in health care,” she says. “We hope that information obtained through this study can help to mitigate some of these inequities.

“Ultimately, the study will seek to find ways to effectively address mental health concerns and will provide guidance for providers on ways to overcome barriers of access to mental health care in underserved communities during COVID-19,” she adds.

Researchers hope the study will yield lessons on strategies for personalized and culturally appropriate tailoring of interventions to improve mental health status and care.

Chang’s co-investigators include School of Nursing researchers Christopher Barkich, PhD, Susan Gremala, PhD, RN, PHNCS-BC, Rebecca Lorenzo, PhD, RN, Lenna Sasanna, DNS, RN, ANH-BC, Patricia Nisbet, DNP, PWMHP-BC, and Chin-Shang Li, PhD, as well as Wenyan Xu, PhD, from UB’s Department of Computer Science and Engineering.

Community partners include the African American Health Disparities Task Force, the Buffalo Center for Health Equity, Lincoln Memorial United Methodist Church, Agape Fellowship Baptist Church and Friendship Baptist Church.

Nursing Professor Kafuli Agbemenu Receives CTSI Funding for Family Planning Intervention for African Refugees

Kafuli Agbemenu, PhD, MPH, RN, CTN-A, a School of Nursing assistant professor, has received research funding from UB’s Clinical and Translational Science Institute.

The $40,375 award is for her one-year project titled “Development of a Smartphone-Based Family Planning Intervention for African Refugee Women with Low Literacy Levels.”

“As a nurse scientist, my research focuses on giving a voice to the reproductive health status of women in vulnerable populations, such as in the Appalachian and African immigrant and refugee communities,” says Agbemenu.

“Unfortunately, we have found no interventions that meet these criteria, especially for women with low literacy levels, such as those found in our population.”

As such, this study aims to address an important gap in the health care environment by modifying an existing family planning intervention to be culturally congruent for African refugee women in Buffalo, she adds, “and we’ve identified a need for a culturally congruent family planning intervention. Unfortunately, we have found no interventions that meet these criteria, especially for women with low literacy levels, such as those found in our population.”

As such, the study aims to address an important gap in the health care environment by modifying an existing family planning intervention to be culturally congruent for African refugee women in Buffalo. The team will also conduct feasibility and usability testing of the developed educational intervention, which will be delivered by smartphone.

“The CTSI funding will allow Dr. Agbemenu to conduct vital research that is helping to address health inequalities for a population that is often going overlooked in today’s society,” says Yu-Ping Chang, PhD, RN, FGSA, FAAN, FIAN, senior associate dean, says.

“Her work will further our understanding regarding the impact of a smartphone-based culturally congruent family planning educational intervention for African refugee women.”

The research team includes Sonya Borner, University of Pittsburgh Center for Women’s Health Research and Innovation; Gretchen Elty, UB School of Social Work; Helen (Huay) Wang, UB College of Arts and Sciences Department of Communication; Snowden Daves, Jericho Road Community Health Center; and Franconie Rwanka, Jericho Road Community Health Center.

Behavioral Health Workforce Education and Training: Our Important Work Continues

Our Behavioral Health Workforce Education and Training competition continuation has been funded with the amount of $19.2 million (2021-2022) by HRSA. Our robust interprofessional education and training program has prepared graduate students with the knowledge and skills to provide evidenced-based behavioral health care, especially to those who reside in underserved areas, in an effort to address the shortage of well-trained and highly-skilled members of the behavioral health workforce. This program is helping to address the health inequities in these areas.

Fall 2017-Spring 2021:
- Successfully trained 92 graduate students from Nursing (Psychiatric Mental Health program), Social Work, Mental Health Counseling, and Rehabilitation Counseling.
- 75% of program graduates who responded to our survey went on to work in agencies in underserved areas.

UB Partners:
- School of Nursing
- School of Social Work
- Department of Counseling, School, and Education Psychology
- Clinical and Research Institute on Addictions
- Department of Family Medicine

Learn more about the program at: nursing.buffalo.edu/bhwet
Improving Patient Safety: Opioid Medication Administration

BY CHARLES ANZALONE

An international study to develop a screening tool to improve patient safety when administering opioid medications for acute pain included 130 patients at Buffalo Medical Center.

The PRODIGY (Prediction of Opioid-induced Respiratory Depression In patients monitored by capnography) risk prediction tool, an easy-to-use risk prediction scoring tool to identify patients at high risk of opioid-induced respiratory depression (OIRD) who might benefit from continuous monitoring with capnography and early intervention.

The screening tool will be used to determine risks of respiratory depression when patients are given opioid pain medication. Opioids are effective medications for pain management but can cause excessive sedation and respiratory depression resulting in patient harm, including death, Jurgquist explains. In the U.S., 50% of patients hospitalized will receive opioid medications to control acute pain, she says, and six out of every 1,000 postoperative patients receiving opioids will experience a serious adverse event.

In the international study, sponsored by Medtronic medical technology company, recommended routine preemptive screening for known risk factors of postoperative OIRD with all surgical patients.

Researchers analyzed 1,335 patients across 16 sites in the United States, Europe and Asia, and found that respiratory depression, as defined by changes in pulse oximetry and capnography-monitoring parameters, occurred in 46% of medical and surgical patients evaluated who were receiving intravenous opioids for pain. This incidence rate is significantly higher than previously reported in the clinical literature.

“I led the Buffalo site because I know there is a significant problem,” says Jurgquist, the lead author of the American Society for Pain Management Nursing Monitoring guidelines. “I don’t want one more death or serious patient injury caused by opioid-induced respiratory depression.”

No one should see a loved one go into a hospital and die or be injured because they were given an opioid medication and the nurses did not recognize that they were at risk of an adverse event from respiratory depression.

Despite recommendations from several professional and safety organizations, as well as the recently published guidelines from the American Society for Pain Management Nursing, there currently are no universally accepted practices for effective and safe assessment and monitoring practices for patients receiving in-hospital intravenous opioid analgesics.

Most patients continue to be monitored on an intermittent, spot-check basis as opposed to continuous electronic respiratory monitoring, thereby potentially missing long periods of dangerous respiratory depression.

“PRODIGY data confirms that respiratory depression in patients receiving parenteral opioids occurs frequently and is potentially unknown to hospital health care providers,” notes Ashish K. Khanna, MD, primary study investigator and associate professor of anesthesiology at the Wake Forest School of Medicine.

Together with risk assessment using the PRODIGY risk score, the use of capnography and auscultation for continuous monitoring of patients identified as high risk for respiratory depression may increase safety when parenteral opioid analgesics cannot be avoided,” Khanna says.

School of Nursing Secures Grant to Study Treatment of High-Need/High-Cost Patients

BY CHARLES ANZALONE

A $1.95 million federal grant will support research into better care management and coordination of high-need/high-cost patients transitioning from hospitals into the community.

Principal investigator of the grant is Sharon Hewner, PhD, RN, FAAN, associate professor of nursing, who will administer the five-year grant from the Agency for Healthcare Research and Quality, the lead federal agency charged with improving the safety and quality of America’s health care system.

The grant targets patients considered high needs/high cost, or HHNC patients, those considered in the top 5% of medical expense.

“Care transitions between the hospital and the community for socially, medically and behaviorally complex persons often result in rapid readmission to the inpatient or emergency department setting,” says Hewner.

“Care transitions for this complex population require coordination of services from the social, behavioral health and health sectors.”

Hewner’s project will provide just that kind of trained coordination of services. The study will satisfy the need for a “reliable way to support cross-sector collaboration,” Hewner says, by developing what she describes as “evidence-based health information exchange pathways and applying them to shared care alerts and care plans between the health and social sectors.”

“Right now, there is no reliable way to support cross-sector collaboration,” she explains. “However, the project will adapt evidence-based health information exchange pathways and apply them to shared care alerts and care plans between the health and social sectors.”

Coordination of transitional care for HHNC patients often requires the close collaboration of those providing services outside the health-care system, especially for those with multiple chronic or complex chronic conditions, functional disabilities and/or social needs.

“The objective of this project,” says Yu-Ping Chang, PhD, RN, FGSNA, FAAN, FAAN, senior associate dean in the School of Nursing, “is to improve the evidence-based coordinating transitions intervention to include cross-sector continuity, risk stratification and social needs assessment, and shared care planning for HHNC patients that can then be hardwired into health information exchange and transmitted across settings.”

Hewner says her background in medical anthropology allowed her to examine how households use their knowledge and resources to maintain the health of family members. That led to consideration of the impact of social determinants of health, and the role that social risk factors play in post-discharge recovery, she says.

“On the health care delivery side, the project will use the alerts to create a team of social and health providers who are able to meet the specific needs of the individual,” Hewner says. “The team will develop a comprehensive shared care plan that is aligned with the patient’s goals for care and lead to improved continuity for these complex patients.”

Clinical partners include HEALTHeLINK, the Western New York Clinical Information Exchange, Buffalo City Mission, Jericho Road Community Health Center, and Spectrum Health and Human Services.

UB co-investigators include Suzanne Sullivan, PhD, MBA, RN, CHPN, School of Nursing; Elizabeth Bowen, PhD, School of Social Work; Varun Chandola, PhD, Department of Computer Science and Engineering; Blaterria Noyes, PhD, MPH, School of Public Health and Health Professions; and Guan Yu, PhD, Department of Biostatistics.

"Care transitions between the hospital and the community for socially, medically and behaviorally complex persons often result in rapid readmission to the inpatient or emergency department setting."
How Earning a DNP Prepares You for the New World

BY KWASI ADUSEI • DNP ’19, BS ’15

The year 2020 set precedents of social, political, environmental, and health unrest. Defined mostly by the COVID-19 pandemic and worldwide protests for racial equality, we’ve witnessed a year resembling a road covered in potholes. Although we see a path ahead, it’s wrought with bumps, sharp turns and clear gaps that need to be filled. Society grows more anxious for change, divides between political ideologies continue to grow and natural disasters remind us of our emptying hour-glass on changing directions in climate change. With daunting challenges at hand, it’s easy to feel powerless. But there’s a mantra that anchors me to a sense of hope: Knowledge is power.

If this much is true, then how can earning a DNP prepare you for the new world? Nurses make up the largest segment of the healthcare workforce. The better educated they are, the more prepared they will be to practice to the full extent of their potential. Nurses are health care leaders in practice development, research and health advocacy; and they do so with a strong root in ethics of care. Consider the power of such a workforce pushing towards terminal degrees, increasing involvement in research, policy development, patient care and education? The sky will be the limit of how nursing leadership could impact society at large.

It’s important to consider how the pursuit of a DNP can impact you as an individual, your organization, your community and the global space. Starting with the individual, earning a DNP does several things for you. As you go along in your career, the additional training will allow you to see problems in a new light, opening the door for unique solutions and thus unique opportunities. The terminal degree also expands access to working environments that you may find yourself interested in as you grow into your career. What you want now may not be what you want in five years, and as an adaptable degree, the DNP allows you to stay flexible with your shifting professional needs. Additionally, it increases both your autonomy and your earning potential, contributing to a better work-life balance and thus the quality of life.

At the organizational level, the DNP allows you to have a seat at the table. Complex systems will always require improvement. Patient care will always have room for growth. Earning a DNP grants access to involvement in critical decisions for whatever organization you work for. Whether it’s a hospital setting or an outpatient clinic, training in organizational leadership provides you with the tools to tackle difficult initiatives, bolstered significantly by the research literacy to understand and conduct proper program evaluations. Moreover, the nursing code of ethics discusses social justice by stating an obligation to advance health and human rights and reduce disparities. Here we see opportunities to engage with the community level. Reducing disparities includes supporting access to health services in marginalized communities. It also allows for leadership to foster a positive working environment, for organizational change in the direction of safety of all kinds for all and provides the confidence to engage in forward-thinking healthcare policy.

At the global level, all members of the healthcare team must engage in the existential threat of climate change because it creates health hazards that inevitably will affect our patient populations. It’s causing an increased severity and frequency of health problems, looking to the West Coast wildfires as an example, and is leading to unprecedented threats to health around the world. An essential of doctoral education for advanced nursing practice is clinical prevention and population health for improving the nation’s health. Skills taught through DNP programming enables you to connect solutions to problems within your sphere of influence by teaching how to sustainably collaborate with organizations like Healthcare Without Harm.

Health care is transforming at a rapid rate. In our lifetime, we’ll begin to witness the power of artificial intelligence on diagnostic acumen, blockchain technology on data management and genomic engineering reshaping what we thought was possible in our lifetimes. The field is growing fast. Don’t get left behind.

About Kwasi Adusei

Kwasi Adusei is a psychiatric mental health nurse practitioner and 2019 graduate of the psychiatric mental health DNP program at the UB School of Nursing. He was the president of the Graduate Student Association and was the vice president of the Multicultural Nursing Student Association as an undergraduate. Currently, he works as a psychiatric nurse practitioner with Horizon Health Services, where he is involved in conversations targeting solutions to mental health stigma, access and inclusion in communities of color. He is also a mentor in the School of Nursing’s pilot mentorship program for students of color.
What I Learned About Being a Nurse Educator

BY DANTE HATEM, BS ’19

As a nursing student, my professors were my role models. Their passion and drive for the profession is nothing less than inspiring. Now, while working as a registered nurse, I’m also enrolled in a family nurse practitioner program at Upstate Medical University. As part of my nursing as an educator course, I had the pleasure of interviewing a past professor: Clinical Associate Professor Donna Fabry.

When I graduated from UB School of Nursing, I knew I wanted to become a professor for future nurses later in my career. But what I realized after my interviews with Professor Fabry is that every nurse is a nurse educator. Some people say that anyone is replaceable in a profession, but what Professor Fabry has done for her students is far from replaceable in the nursing world. She has mastered the art of teaching, and helped build a program that continues to produce some of the best nurses in Western New York.

Here are the highlights from our conversation.

Hatem: What are the qualities most needed to be successful as an academic nurse educator?

Fabry: It’s most helpful that a clinical nurse educator had some hands-on experience in a hospital or other health care setting when teaching the undergraduate students. Faculty also have to be empathetic and understand that the students have little knowledge about being a nurse when first starting nursing school, and will not know things that a seasoned nurse thinks are obvious. Having a sense of humor helps, in addition to being able to explain concepts in multiple ways. The profession and research in medicine and nursing are constantly changing, so it is very important that the content is updated frequently and the latest evidence is being taught.

As a novice, what was the best advice you were given? What advice would you give to a novice academic nurse educator?

One thing I learned as a nursing student was intellectual humility. I had a wonderful professor who told me that the most dangerous student or novice nurse is the one that is afraid to say they do not know something. If you do not have humility, you can cause a patient harm. I show a video in class of a nurse who gives 10 mL of insulin rather than 10 units because she did not want to admit she did not know how to administer the insulin for fear of looking “dumb.” When I started as a novice educator, I had no problem saying to the students, “I have no idea; I have to look it up.”

What do you think is respectable for a student or educator to do when they face something they are unfamiliar with?

I think it is really important to be able to say “I do not know the information and take the time to look it up, learn about it and go back with the answer. Giving a physician or anyone on the health care team information that is not validated or checked could be life threatening for the patient.

Have you encountered any situations where academic integrity and/or social justice have been questioned?

Yes, I had an experience where some students brought an issue to the faculty that a student was bullying some of the other students. It was a tough situation that needed to be addressed directly and transparently, but most people do not like confrontation. Sometimes it is not the faculty or the nurse manager that is going to fix the situation. Often, it needs to be fixed by the players involved. We also have a Justice, Equity, Diversity and Inclusion (JEDI) Committee that is led by one of our faculty members, Amy Hequembourg. It’s an active committee that is bringing in a diverse array of speakers and other educational materials for the School of Nursing.

Describe your role as an academic nurse educator in facilitating students in learning and meeting learning outcomes.

We have program outcomes and objectives for each course in which that criteria needs to be met, which are outlined in course syllabi. We base what we teach on the outcomes in the syllabi. My job is to use the objectives and disseminate the information using different teaching methods because not all students learn the same way. Some students learn better in clinical or lab settings, others learn better by lecture or case studies.

NURSE FACULTY SHORTAGE

80,407 qualified applications from baccalaureate and graduate nursing programs were turned away in 2019 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors and budget restraints. Master’s, doctoral programs in nursing not producing a large enough pool of potential nurse educators to meet the demand.

8,471 qualified applicants turned away from master’s programs

3,157 qualified applicants turned away from doctoral programs

33% current nursing faculty workforce expected to retire by 2025

Source: AACN Nursing Faculty Shortage Fact Sheet

About Dante Hatem, BS ’19

As a new graduate, Dante Hatem, BS ’19, joined the Medical Intensive Care Unit at Upstate University Hospital, which turned into the hospital’s COVID-19 ICU less than a year later. He now works as a travel ICU nurse, where he is placed at Strong Memorial Hospital in Rochester, NY. He is also enrolled part-time as a family nurse practitioner student at Upstate Medical University.

Interested in educating the next generation of nurses? Check out our career opportunities at nursing.buffalo.edu/careers.
The School of Nursing has begun a new Dedicated Education Unit (DEU) with BryLin Behavioral Health System, providing students with another clinical site to gain hands-on experience in the treatment of patients with mental health and substance abuse issues.

"This is keeping with the School of Nursing’s holistic philosophy of caring for the whole patient.

"DEUs are a great platform for teaching," says Szarzanowicz. "As students gain experience in a clinical setting, our registered nurses gain experience in mentoring and instruct, guide and train to provide that clinical experience for our students.

Previous forums attracted upwards of 800 students. Only about 60 students, who were already enrolled in online or distance-learning programs, took part in past forums virtually.

The forum included students from numerous UB health programs: athletic training, counseling psychology, dentistry, medicine, nursing, occupational therapy, pharmacy, physical therapy, public health and social work.

While Patricia Ohtake, associate professor of physical therapy and assistant vice president for interprofessional education, and her colleagues had experience delivering forum content to online students, they had to rework their material into an all-digital presentation for a far larger audience without losing educational impact or immediacy.

In small groups, students conferred on the assigned case study for 90 minutes while discussing their priorities and how they were able to come together as a team to plan comprehensive patient-centered care.

"It was enlightening," she says, "to see how students from different professions respectfully discussed their priorities and how they were able to work together as a team to plan comprehensive patient-centered care.

"Along with learning about mental health diagnoses and treatments," McKay says, "we hope that undergraduate students will be able to help in combating the stigma of mental health and empower patients to say, ‘I have depression, anxiety, bipolar disease’ just as a patient with a physical diagnosis, such as cancer, heart disease … would.

While the School of Nursing has placed students at BryLin for clinical rotations since spring 2020, spring 2021 is the first semester the school will use its DEU model for the clinical experience. In this model, students will work side by side with their assigned DEU nurse, caring for the nurse’s patient assignment for their clinical day.

This is different from the traditional model where students are assigned a patient or patients to care for during their clinical day. There, they complete their nursing care under the supervision of their clinical instructor, who is trying to work with eight to 10 students.

"DEU nurses working with UB students have been trained in coaching the student to critically think, problem-solve and make sound clinical decisions to ensure safe and proactive patient care, as well as to give students positive and constructive feedback," McKay says.

"The School of Nursing recognizes health care is moving to outpatient settings," says McKay. "We are always looking for new partners to work with in providing primary care experiences for our students.

"In small groups, students conferred on the assigned case study for 90 minutes while discussing their priorities and how they were able to come together as a team to plan comprehensive patient-centered care.

"It was enlightening," she says, "to see how students from different professions respectfully discussed their priorities and how they were able to come together as a team to plan comprehensive patient-centered care.

"Over 92% of the students and faculty agreed, or strongly agreed, that the virtual forum was successful. "Over 92% of the students and faculty agreed, or strongly agreed, that we met the learning objectives," says Ohtake. "For the students, that [measure] was actually even higher compared to our in-person classes. So that was a real win. Moreover, 96% of the faculty agreed, or strongly agreed, that students in their small group sessions were engaged.

About half of the students had previously participated in the forum. When asked what format they preferred — be physically present or take part in a virtual experience — 62% preferred the online version, Ohtake says. Kelly Foltz-Ramos, PhD, RN, FNP-BC, CHSE, RHIA, assistant professor of nursing, agrees that the virtual forum was successful.

"Even though I was virtual, the students came to the forum well-prepared, were engaged, and showed great teamwork and communication skills," says Foltz-Ramos. "Students came to the forum with their own prior knowledge of the opioid epidemic, as well as information they learned in the pre-work. Working through the case study and learning how to collaboratively treat this patient really brought the problem to life.

"It was enlightening," she says, "to see how students from different professions respectfully discussed their priorities and how they were able to come together as a team to plan comprehensive patient-centered care.

"As cancer, heart disease … would.’”

”I have depression, anxiety, bipolar disease’ just as a patient with a physical diagnosis, such as cancer, heart disease … would.”

The Office of Interprofessional Education has hosted 10 Interprofessional Forums since Fall 2016. 352 faculty members have facilitated at least one Interprofessional Forum. 21 staff members have volunteered during the Interprofessional Forums.
UB nursing students are getting hands-on experience working with COVID-19 patients through a Dedicated Education Unit (DEU) at the Veterans Administration Western New York Healthcare System (VANYW). "Nursing is a team effort," says Hafner, 23, then a senior in UB’s Accelerated Baccalaureate Degree in Nursing Program, who agreed to talk about her experience if she could maintain the privacy of the patient. "All patients, regardless of if they are assigned to me, are still my patients. "My patient’s roommate, who I was not assigned to — we’ll call him ‘Joe’ — was a character," says Hafner, who was seeing patients while working under an assigned nurse on the floor of one of the School’s community partners.

"Having the opportunity to challenge my skills and critical thinking while being a part of saving a patient is an extremely rewarding feeling, and I wish Joe and his family the best!"

Hafner made it a point to speak to Joe every time she checked on her assigned patient in the adjacent bed. "I do this because I want them to feel comfortable with me and be aware of who is coming in and out of their room," she says. Whenever Hafner checked on her patient, she had a conversation with Joe. Around noon, she checked on her patient and noticed Joe was not as talkative as he had been that morning. "As soon as I noticed a change in his demeanor, I walked over to check on him. I had overheard his nurse mentioning that she administered a dose of Dilaudid for pain control about 30 minutes prior. This triggered a response in me to do an assessment," she recalls. "I knew from my textbooks and classes that after any opioid administration, a patient check needs to be done shortly afterward to ensure the patient is handling the opioid well and does not go into respiratory depression. "I noticed his respiration rate had decreased to seven breaths a minute, with difficulty and periods of apnea," Hafner says. "He was not responsive to my verbal or physical stimuli. I performed a quick cardio and respiratory assessment, and knew something was wrong. I stayed calm and quickly went out in the hallway … A minute later, I found his nurse, and together we tried to wake him up with a sternum rub, which he was somewhat responsive to."

While the nurses attended to Joe, Hafner checked his records and chart to verify his code status. They quickly issued a rapid response, and signaled for extra personnel. "We called the doctors and it was determined that he was in a life-threatening condition, and a code needed to be called to keep him alive," Hafner says. "The code team arrived quickly and Joe was intubated and rushed to the ICU. "Two days later, I was made aware Joe was alive and coming back down to the floor." "This experience was eye-opening for me in recognizing the skills and knowledge that I have gained throughout the past few semesters," she says. "Having the opportunity to challenge my skills and critical thinking while being a part of saving a patient is an extremely rewarding feeling, and I wish Joe and his family the best!"
ILLUMINATING the Lives of Refugees Through Simple Acts of Kindness

BY TERRA OTTERLING

Deepa Khanal, BS ’21, was a high school student and participant in the Upward Bound program waiting for the bus at the UB South Campus train station when she spotted Hemanta Adhikari, BS ’20. She knew Adhikari by sight from social media groups as a member of the local Nepalese community, so she approached to introduce herself. The two young women immediately bonded over academic interests and similar life goals, which included aspiring to careers in health care.

Empathy from Experience

When news broke last August of a major explosion at the port of Beirut, Lebanon, devastating an already vulnerable community of Syrian refugees, the women knew they had to do something.

“Ever since the pandemic started last year, we have been looking for ways to help people and give back,” Khanal said.

They understand what it means to lack necessities and had already been helping in their communities during the COVID-19 pandemic by delivering groceries and teaching others about masking and social distancing.

The port explosion and subsequent fire in Beirut triggered something else for the women – memories of what a massive fire would mean in a refugee camp.

Their homes in the refugee camps of Nepal were built close together, lacked electricity, and were constructed with bamboo and plastic. Fires were a constant risk as residents used kerosene lamps and fires for cooking.

Major fires swept some camps, but smaller fires could also devastate communities for months, leaving people without adequate food and resources.

“All of us there were entirely dependent on the United Nations and the people who supported us by donating, so the explosion in Beirut brought back those memories,” Khanal said. “We know what it is like to live in that situation, to have an event like that happen, and we knew there were not many resources to begin with.”

The women quickly decided that since it was summer and they could not go anywhere due to the pandemic, that they would do something productive and raise money to donate to relief efforts for the Syrian refugees impacted by the blast in Beirut.

The women see endless opportunities in their chosen fields and say they are thriving now partly because they overcame challenging life situations.

Parallel Paths to Care

Khanal’s early experience with nurses was up close and personal shortly after arriving in the U.S. – her mother spent three months in the hospital following a car accident. During that time, she saw how nurses spend much of their time at their patients’ bedside, reassuring them and advocating for them.

“Nurses get to care for patients of all different cultures and backgrounds on their worst and best days, at their most vulnerable and during chronic illness, all to meet their needs holistically and restore functionality,” Khanal said. “Sawing that inspired me.”

A 2021 graduate of UB’s traditional bachelor of science in nursing program, Khanal’s goals include becoming a nurse practitioner and eventually opening her own clinic, perhaps in Nepal.

Her friend, Hemanta Adhikari, who is currently studying for the MCAT and aspires to be a cardiac surgeon, had a similar experience a year after her family settled in New York. Her father required surgery at Roswell Park and, at 11 years old, she shadowed his surgeon for six hours.

The women see endless opportunities in their chosen fields and say they are thriving now partly because they overcame challenging life situations. They are keenly aware that they were able to do so because of the sacrifices made by their parents, and because of the donations made by people across the world to the United Nations High Commissioner for Refugees (UNHCR).

The women have been role models for each other throughout their time at University at Buffalo and the simultaneous challenges of providing support within their own families. They remember how they have been helped and remind each other that there is always light at the end of the tunnel. And they want others to be as inspired to help as they have been.

That light always shines brightest when we start lending our hands to those in need, those who are in an urgent humanitarian crisis,” Khanal said. “Once we start helping each other, we become that beacon of light in their darkest time.”

Medical care to the Syrian refugees who had already been displaced by civil war in their own country, were living through the COVID-19 pandemic and now faced further hardship due to the blast in Beirut.

Working as a team holds special meaning for Khanal and Adhikari. The women have been role models for each other throughout their time at University at Buffalo and the simultaneous challenges of providing support within their own families. They remember how they have been helped and remind each other that there is always light at the end of the tunnel. And they want others to be as inspired to help as they have been.

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UB nurses have worked tirelessly to care for COVID-19 patients and prevent the spread of the virus in communities across the nation. Now, they’re taking the next great step to protect our communities by volunteering to receive and administer COVID-19 vaccines. Here’s why.

**Vaccinated & Vaccinating**

**HERE’S WHY UB SON COMMUNITY MEMBERS ADMINISTER AND RECEIVE THE COVID-19 VACCINE**

"I got my vaccination!" by getting vaccinated, we are able to protect our families, friends, and ourselves. We are able to take the burden off of the health care system that they’ve been faced with for [over] a year now by lowering hospitalizations. The vaccines are safe and very effective and everyone should consider getting any of the 3 vaccines when you’re eligible!"

CHRIS PALUMBO
TRADITIONAL BS IN NURSING STUDENT

"Once I received my second dose of the COVID-19 vaccine, I applied to volunteer to help vaccinate New Yorkers in my community of Ithaca, NY. I’ve been volunteering at the vaccination clinic for 3 weeks now and am so glad to be able to help in this huge effort."

CAROLE FISHER BS ’74

"For me, getting the vaccine has helped ensure that I increase my ability to fight the virus both physically, but also allows me to better be there for my family, my community and for my students and fellow faculty and staff."

JOSHUA ALTEMoose
PROJECT COORDINATOR

"As a health care provider, receiving a COVID vaccine myself sends a message to the community, the vaccine is safe and helps build confidence in the public. Throughout the pandemic, I did many educational sessions, mostly virtual, to educate the public about COVID and the importance of getting the COVID vaccine."

BIKASH REGMI
PHD STUDENT

"Getting vaccinated is important because it protects your health and the health of your community. It is truly amazing that science has advanced far enough that we are able to combat viruses like COVID-19 through a convenient shot."

ROSS KEAN BS ’21

"During the pandemic, I worked in the ICUs at two different hospitals, and I saw some of the sickest patients I’d ever seen. I want to do everything I can to keep myself, and anyone who comes into contact with me safe, so when I had the opportunity, I received the vaccine."

KELLY LUO
TRADITIONAL BS NURSING STUDENT

"Over the last 10 months, I have been working closely with patients with COVID-19. Seeing the distress these patients are enduring along with losing so many of them to this virus, I made the decision to better protect myself as well as others by getting this vaccine."

KARA DITUCCI BS ’21

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KARA DITUCCI BS ’21
The Pivot to Vaccines: An Evolution of COVID-19 Work Throughout the Pandemic

BY TERRA OFFERING

As of the time of this interview in April 2021, 216 million people had been vaccinated in the U.S., including 5.74 million in New York state, and 242,050 in Monroe County, New York.

Nurses are always on the front line. That fact has been especially clear during the past year of the COVID-19 pandemic. Carla Jungquist, RN, ANP-BC, FAAN, associate professor and adult/gerontology program coordinator at UB School of Nursing, who has been a nurse for 39 years, has been serving on the front lines from a unique angle: as a volunteer in underserved communities that have been impacted the hardest.

Jungquist’s work for Visiting Nurse Services early in her career as a registered nurse brought her to an assignment at a University of Rochester HIV clinic in Rochester, New York. It was the 1990s and she served as a hospice nurse for AIDS patients, many of them also living with drug addiction. The workers at the clinic represented in research studies (AIDS studies, in particular). At the time, her patient load had spanned from persons of color, people living with drug addiction, and the poor, to white, educated, affluent men who could afford health care.

Addressing Needs Among Underserved Communities

It is owing to this background that when the COVID-19 pandemic first unfolded, Jungquist knew underserved socio-economic populations and people of color would be more likely to get sick. She also understood the vital role nurses play in addressing infectious disease prevention and treatment.

As a community health nurse, I had worked closely with the Monroe County Department of Health in initiatives that put nurses on the street to more directly address drug addiction and the AIDS epidemic,” Jungquist said. Knowledge of this history in outreach using nurses, she registered through the county’s COVID-19 volunteer opportunity webpage.

“They called immediately. At this point, in spring of 2020, families of discharged COVID-19 patients still had to quarantine for a month. Many people lacked social supports to deliver groceries and other necessities, especially if they lived in underserved communities. Jungquist and other volunteers were tasked by the county with on-the-street work to pay home visits to these households. The well-being checks included delivering supplies, which helped people to maintain quarantine.

Once the COVID-19 infection rate escalated, however, there were not enough volunteers on the street with that program, so the health department pivoted to provide surveillance and support to these families via phone calls.

Battling COVID-19 with Science and Technology

Care resources were overwhelmed, so decreasing hospitalization was a goal, but Jungquist knew that to get people home or keep them there would require devices that could measure pulse oximetry and transmit data to providers. It was here that she began to connect some dots.

Jungquist’s current research centers on monitoring respiratory depression in patients taking opioids for acute and chronic pain. A crucial aspect of her work is teaching nurses how to prevent mortality in the hospital setting by personalizing care through remote patient monitoring. “I could see what was really needed, and that is home medical equipment that transmits patient data, but I already knew about all the monitoring equipment and knew that there was not a device out there that was FDA-approved to monitor patients at home,” Jungquist said.

Around this time, mid-year 2020, Jungquist was tapped by the University at Buffalo Business and Entrepreneurship Partnership team that connects UB faculty and staff with startups or tech companies in need of research partners who, for example, may be able to help bring their products before the FDA for approval, and eventually to market. “So I was contacted about a simple device to monitor their child, who has fibroid seizures, and send the data to a smartphone. It was developed, ready to manufacture, user-friendly and very timely,” Jungquist said.

The device is an electronic strip that sticks on the skin of the upper torso and transmits data via Bluetooth. It monitors temperature, pulse oximetry and respiratory rates. “That’s what we really needed for COVID-19 patients,” Jungquist said.

But the vital monitoring device was not yet FDA-approved. So, Jungquist wrote to the FDA with a letter of support specifically citing the literature and correlating the device’s usefulness in the COVID-19 pandemic. Now approved, the product, developed by the Houston-based company Vital’s, is currently being manufactured and deployed in Texas, where the virus has been hard hit by the pandemic.

Vaccines: The Road Forward

Jungquist was not done volunteering. Next came Pfizer’s vaccine trial, in which she enrolled after educating herself on all the vaccines being developed. Then, F.F. Thompson Hospital in Canandaigua, New York, where Jungquist lives, put out a call for volunteers to set up the first vaccine clinics in Ontario County.

“As soon as vaccines were available, we started with the nurses at the hospital,” Jungquist said. She fulfilled dual roles of administering vaccines to other nurses, and provider-level clinic oversight for safety and patient monitoring.

This kind of volunteer effort was crucial as all the hospital system’s nurses were already deployed caring for patients inside the hospital. Once hospitalizations decreased, hospital nurses could be allocated to administering vaccines in the community.

As vaccinations wrapped at the Canandaigua hospital, the Monroe County Department of Health called again. They wanted Jungquist back to administer vaccines within Monroe County. She volunteered at clinics vaccinating the elderly, teachers, school bus drivers, police officers, and other frontline workers.” (The United Way of Greater Rochester stepped forward as a logistical partner, sharing their web-based scheduler in organizing the County’s huge volunteer vaccination effort.)

By early spring, the county had federal funding to pay nurses, so Jungquist stepped back to pass that work on, and to look for other volunteer roles.

Monroe County had by then set up zip code-specific vaccine sites in communities hardest hit by infection rates — City of Rochester neighborhoods with higher underserved populations, including Black, brown and elderly community members. To promote vaccination within these communities, Jungquist teamed up with a friend, who is a social worker, to volunteer for Rochester-based Common Ground Health. Together they walked the city’s neighborhoods to knock on doors.

“W e visited 108 houses that day — in the rain — and it was rare that people didn’t want the vaccine, so we signed up quite a few,” Jungquist said. “To help people feel more comfortable with callers at their door during a pandemic, Jungquist and her friend wore a card over the front of their coats explaining, in big letters, that this was a COVID-19 vaccination education visit.

“We wished we had the vaccines in-hand because we met people who absolutely would have taken it on the spot,” she said.

Jungquist’s serial volunteerism over the past year was inspired by more than altruism and career experiences. Many of her students in the online MS to DNP program were front line in New York City hospitals during March and April of 2020. Pivotal for Jungquist was hearing about their experiences being called up to provide patient care as hospital staff were managing, and protecting, their own families at home.

“They drove absolutely dev转asating. I was in tears and just so touched by what they were doing,” Jungquist said. “I thought, I have to do something. I can’t just sit at home and not do anything. I need to get in there and do whatever I can.” And she did.
Student Awards

PhD student Leann Balcerzak, BS ’19, received a Citation Abstract Award from the Society of Behavioral Medicine for her abstract submission titled “The Association Between Depression and Electronic Cigarette Use among Adolescents” during the organization’s 42nd Annual Meeting and Scientific Session on April 12-16, 2021.

UB’s Women’s Swimming and Diving Team, including Traditional BS student Isabel Holcomb, captured their first-ever Mid-American Conference Championship in April 2021.

PhD student Amandeep Anderson was selected to participate in one of the Robert Wood Johnson Foundation’s leadership programs in October 2020. She, along with Associate Professor Sharon Heimer, will focus on care transitions for medically complex populations.

Commencement Awards

Anne Walker Sengbusch Award for Leadership in School and Community Activities
Rhio Barlow (DNP ’21), Amanda Wada (BS ’21) and Stephanie Comer (BS ’21)

Shirley D. DeVoe Nursing Award for Excellence in Communication
Jeannette Davis (DNP ’20) and Maria Banae (BS ’21)

Ruth T. McGrorey Award for Excellence in Nursing
Angelas Smeal (BS ’21)

Ethan Christian ’12 Memorial Award
Jessica Nguyen (BS ’21)

PHNP-BC

PhD student Bikash Regmi and his wife Kumari Regmi were recognized by On Point for College for their work during COVID-19. They are both nurse practitioners and are currently adjunct faculty at SUNY Polytechnic Institute.

DNP students Amberlee Liberton and Kimberly McQueary received National Health Service Corps (NHSC) Loan Repayment Program Awards. In exchange for loan repayment, recipients of this award serve at least two years of service at an NHSC-approved site in a health profession shortage area.

Roberta Holcomb, MSN, RN, CCM, an alumnus in recognition of exceptional career accomplishments, community or university service, or research and scholarly activity.

Dr. S. Mouchly Small Award
Rena Kessel (BS ’21)

Sigma Theta Tau, Gamma Kappa Chapter Award
Jeannette Davis (DNP ’21) and Cara Wojtach (BS ’21)

Distinguished Alumni Award
This award is given to a UB School of Nursing alumnus in recognition of exceptional career accomplishments, community or university service, or research and scholarly activity.

Maria-Anna S. Rosenberg, PhD, BS ’94, MN, RN, FAANH

Rosenberg’s program of research focuses on optimizing the health of low wage service workers at risk for or experiencing one or multiple chronic conditions. She is one of the few nurse scientists nationwide whose work focuses on occupational health disparities among at-risk, low-wage youth and adult working populations.

2021 UB School of Nursing Awards

Distinguished Preceptor Award
This award is given to an outstanding clinical preceptor for the School of Nursing.

Graduate Programs Preceptor: Ryan Florence, MSN, CENA

Undergraduate Programs Preceptor: Sisters of Charity Hospital Neonatal Intensive Care Unit, Mother/ Baby Unit, Labor & Delivery

Phi Xi Omega Sorority, Inc., Mael T. Johnson Chapter Award

This award is given to an individual or individuals in recognition and in appreciation of their significant support and impact on the advancement of the UB School of Nursing. The award acknowledges outstanding contributions to the nursing profession embodying the mission, vision and values of the UB School of Nursing.

The 2021 award is presented to an outstanding group of individuals who were instrumental in the planning and implementation of a pilot minority program for students of color at the School of Nursing, which launched in January.
Caring for Her so She Can Care for Others

A family nurse practitioner, doctor of nursing practice (DNP) student Marian Thompson typically spends her days helping others. But when she needed help due to the COVID-19 pandemic, a caring UB donor was there for her.

Thompson was just months away from earning her doctoral degree at UB when the COVID-19 pandemic hit New York State, putting millions of people out of work, and leaving thousands of UB’s most vulnerable students at risk.

A gift to the Julia Buscaglia Student Support Fund helps UB nursing students through emergencies that may occur during their time at school. Give today at nursing.buffalo.edu/student-support.

Furloughed from her job as a sexual assault nurse examiner and advocate for women’s health at a women’s health clinic in Utica, New York, Thompson didn’t know how long it would take to receive her unemployment check. “I was terrified of not being able to pay my rent for the next month,” she explains.

When a staff member at UB suggested that she could qualify for emergency help, Thompson applied to the School of Nursing’s Julia Buscaglia Student Support Fund, which was created to help students get through emergencies. “You never think you’re going to need something like this,” says Thompson, who used the money to pay her rent, keep her studies on track, and put her mind at ease.

For years, UB has offered emergency funds for students dealing with a death in the family, an accident or other unexpected circumstances. Just weeks into the COVID-19 crisis, generous donors gave more than $340,000 to student emergency funds to make an immediate, tangible impact for students, and help the UB community remain strong. As one student noted, “It truly makes a difference knowing that I am not left all alone.”

Thompson agrees. “At UB, they do everything they can to make sure you succeed, it’s been very nice to feel like my education is important, that I’m not just a number who’s paying tuition.”

Thompson isn’t done making a difference and helping others. Now that she’s back to work, she plans to give back to the emergency fund as soon as she can.

“Trying times are memorable—and I will always remember the support from UB,” says Thompson.

A Planned Gift from the Past, for the Future of Nursing

Many UB School of Nursing Alumni may remember Richard Moore, our development officer from 1995-2000 and 2004 until his retirement in 2009.

While Richard assisted many alumni in planning their estate gifts, he also promised these same individuals that he would do the same and make a planned gift to the School of Nursing, in addition to his annual appeal donations.

During the COVID-19 crisis, Richard also decided to fulfill his gift early, as our institution and school were experiencing obvious financial stress. We encourage our graduates to consider planned gifts to help secure our School of Nursing for future generations.

For the past 15 years, my duties required extensive travel to countries in sub-Saharan Africa, and Southern and Southeast Asia. My work has involved strengthening education, workforce capacity building, creating essential regulatory infrastructure and advising on policies supportive to the nursing and midwifery professions. Experience traveling to over 20 countries has taught me that support to global health is much less about what you do than who you have an opportunity to do it with.

The intersection between COVID-19 and the Year of the Nurse has led to both recognition of the critical role that nurses play in the health system and the impact that the pandemic has had on our professional and personal lives. In the years to come, nurses will need the support and connection in a manner that is timely, and more consistent than past travel has allowed.

The future, while looking much different, can also be much better—and I am therefore pleased to offer these recommendations on five ways nurses can make a difference without traveling across the world.

Leverage your past experiences. The findings from the State of the World’s Nursing Report suggest that colleagues around the world face similar challenges and opportunities. Use what you have learned through your past travel to the places you have grown to love, and share your innovations and recipes for success. Nurses working in low-income nations and fragile settings do not have the luxury of learning from mistakes from which others have already learned. Help colleagues capitalize on your hard-earned lessons and adapt what you have learned to their context.

Leverage your existing relationships. If there are countries that you have traveled to, immediately reconnect and stay connected with those who you already know. Trust is an essential commodity in global health and past face-to-face collaboration will enhance your ability to provide ongoing remote support.

Be creative with technology. The tools for online collaboration have never been better than they are today. The experience that we have gained using these tools to support distance learning, telehealth and telecollaboration in our work are all valuable tools that will work to support global development.

Do not underestimate the ability of colleagues to meet you halfway. Nurses around the world have adopted mobile tools more quickly than we have to the use of information technologies. Focus on the tools that work best for them. In many places, nurses have greater access to mobile tools like WhatsApp than they do to computers. Nurses have greater access to mobile tools like WhatsApp than they do to computers.

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Kimberley Ennis, MS '07, BS '05: From Young Immigrant to Nurse Leader and Advocate

Building a foundation on the immigrant experience.

"Although I was young, I recall feeling ambivalent about my transition," Ennis says. "I felt a loss of my community that I had left behind, a sense of curiosity and uncertainty in regards to my new norms, culture, school, and friends, and a bit of excitement about finding out what my new world had to offer." Because Ennis’s family settled in a community of other immigrants with similar backgrounds and experiences, she didn’t feel that her transition was difficult. However, it did not come without its challenges.

"The most challenging part for me at that age was adjusting to a new school system and guiding myself through it," Ennis says. "Particularly, dealing with teasing from peers because I didn’t wear name-branded clothing like the other kids. In Jamaica, I attended school systems where everyone wore uniforms. Asking my mother to purchase different clothing was not an option. Although my mother never openly discussed her financial situation, I was astute to the financial struggles from the conversations I overheard, the occasional eviction notices that no one talked about." Ennis knew that she wanted a different norm for herself. After hearing of the experiences of her immigrant family and learning of the statistics of women who grew up in communities like hers, she made important vows to herself. "I vowed to myself to work as hard as possible, not be anyone’s statistic, and take advantage of opportunities as they come because sadly opportunities were limited," she says.

Growing as a leader at UB’s School of Nursing.

Ennis has known she wanted to work in health care since she was in high school. Although her high school was known for its poor academic record, it was equipped with multiple support programs. "These programs allowed me to explore internships, take advantage of career-track programs and engage with people from different career backgrounds," she says. "Through these experiences, I became confident in my decision to pursue a career in health care. I chose nursing because it had all of the qualities that I was seeking in my future career path: a chance to help others and be impactful, a robust path with growth and opportunity and a career that would last a lifetime."

At UB, Ennis earned a bachelor’s degree in nursing in 2005 and a master’s degree in adult health nursing in 2007. She believes her experience at UB that helped mold her into the leader she is today.

"The University and the School of Nursing offered countless opportunities for my leadership growth and development," she says. "While I was a student, I was president of Minority Nursing Student Association, an active member of the Nursing Student Organization, treasurer of the Asian American Student Association and a resident advisor. I was actively involved in planning events, community service activities and mentoring opportunities for incoming students, all of which helped cultivate my leadership and interpersonally skills."

She later went on to complete her doctorate in nursing practice from Yale University School of Nursing in 2016.

Shattering glass ceilings at Mount Sinai Queens.

In early 2021, Ennis was promoted to senior director of nursing at Mount Sinai Queens. She also serves as Magnet liaison, where she refines governance with Magnet champions and grows and maintains a steady team of advanced practice nurses.

Ennis’s promotion came after a longstanding career with Mount Sinai Hospital. She joined the system in 2008 as a nurse practitioner on the cardiac NP Attending Directed Service, during which time she was involved in various hospital committees and initiatives such as the Reduce Excess Days Committee, CAUTI Committee, Mads-to-Beds initiative, the NP annual symposium and NP Professional Practice Committee.

In 2016, she became manager of the Cardiac Care Unit, where she led the successful opening and was responsible for the daily operations of a new 20 bed state-of-the-art Cardiac Intensive Care Unit and Cardiac Step-Down Unit. Under her leadership, the ICU received the prestigious national Gold Beacon Award for Excellence from American Nurses Credentialing Center.

Before her most recent promotion, Ennis served as the associate director of nursing at Mount Sinai Heart, where she was responsible for the clinical operations and strategic oversight of the various inpatient and outpatient areas.

Continuously evolving as a nurse leader.

Even in her demanding roles, Ennis continues to prioritize her education and professional development. She is a member of the Sigma Theta Tau International Honor Society, the American Association of Nurse Practitioners, the American Heart Association Council on Cardiovascular and Stroke Nursing Clinical Symposium planning committee, the American Heart Association Lifelong Learning Activity review group, the American Nurses Credentialing Center, and the American Association of Critical-Care Nurses.

"As a well-integrated naturalized American citizen, I’ve realized that my experience as an immigrant child has shaped my life and has guided me to my dreams and aspirations," she explains. "The experience allowed me to gain an appreciation for the available opportunities. I learned strength, resilience, grit and the importance of hard work. This experience has shaped me into the nurse, woman and leader I am today."

Influencing the next generation of nurses of color.

Ennis’s experiences have led her to become a very active member of her community. She is a member of the Greater New York City Black Nurses Association, a member of the Harlem Healthy Hearts series, a community-based program serving the East Harlem community by addressing lifestyle interventions through motivation, education and screening to promote optimal cardiovascular health management; and frequent NYC school and youth program advocate for career advice, and mentorships.

"I’m incredibly passionate about mentorship and guidance for nurses and students," she explains, "especially those of color in the nursing profession since they are highly underserved. That’s why I did my Yale DNP capstone project on creating a mentorship program. Now, I dedicate time weekly to mentorship and guidance."

Ennis believes strongly that more dedication to mentoring nurses and nursing students of color will lead to greater diversity in areas that are currently lacking and, ultimately, improve the care for diverse patient populations.

“I would like to be a role model for aspiring nursing professionals and influence them tremendously,” she says. “I hope to impact them positively towards greater ambition and build a legacy beyond their wildest dreams. At the end of my profession, I would like to be remembered for being a great mentor, creating a great legacy, and making a lasting positive change that will impact the nursing profession, organization and communities.”
Representation Matters: Alumna Discusses the Importance of Diverse Perspectives in Aesthetic Dermatology and Health Care

BVYERRA OSTERLING

For Sorelle Jones Cooper, MSN, BS ’03, FNP-BC, she considers it part of her job to advocate for representation in patient health and well-being. While her work in nursing has taken her from coast-to-coast in the U.S. to Eritrea in East Africa, and from acute geriatrics to neonatal care, her sweet spot for patient advocacy has been in settling into a Washington D.C.-area aesthetic dermatology practice.

Her visit to Eritrea came as a post-graduation opportunity to accompany a friend who was a medical student focused on reducing vesicovaginal fistula resulting from obstructed labor and limitations in access to obstetric care. Originally just tagging along for a once-in-a-lifetime trip, Cooper eventually played a bigger role by teaching pre- and post-operative care to the hospital nursing staff.

Identifying and addressing disparities in dermatology.

Upon her return to the States, Cooper’s nursing career would have caring for people at all stages of life, first as an RN working in Manhattan, then as a traveling nurse in California.

“I’ve always wanted to help people and make a difference in communities,” Cooper said, “and I wanted responsibility in my career, so I worked as an RN for several years then decided to get my master’s degree.”

When she did, attending the Johns Hopkins School of Nursing family medicine program brought her back east to the Greater D.C. area. Here, two factors would inspire her to practice in the aesthetic dermatology space: a growing interest in dermatology and a patient load reflecting the community — about 80% Black.

“It struck me significantly how many people with black and brown skin would have common dermatological concerns misdiagnosed by other providers,” Cooper said. This, she understood, represented a disparity in health care.

The problem for these patients was that providers had been, until recently, taught about skin concerns from a largely white perspective. Even all the textbook images of skin conditions were depicted on white skin. Cooper found that within the medical community the formalized education programs lacked a focus on skin of color.

“what practitioners did learn is either out of their own curiosity or from their own experience, so it’s important for there to be more understanding that treating skin the same way for everyone is really ridiculous,” she said.

For example, when common concerns like psoriasis or eczema present on black or brown skin, misdiagnoses of necessary biopsies and unhelpful medications — and could delay relief for the patient.

“When eczema, for instance,” Cooper said, “it often presents as red and itchy on Caucasian skin. On darker skin types it presents as purple, brown or even gray — and it also causes hyper-pigmentation because of inflammation.”

Hypopigmentation, she notes, often remains on darker skin tones even after the condition clears.

Cooper also emphasizes that dermatology includes hair care, and that the differences in hair textures and needs can be very different between white people and people of color.

Personal experience and professional expertise for better patient care.

Having personal experience has put Cooper in high demand among patients with black or brown skin seeking out aesthetic dermatology in the Greater D.C. area and beyond.

“I know that my real value to clients comes from my experience as a Black woman,” Cooper said.

In the case of hair, she relates how the easy-to-diagnose scalp disorder seborrheic dermatitis is often treated with a prescription shampoo that tends to be drying and, in turn, causes brittleness in Black hair (which tends toward dryness). A practitioner without knowledge or experience of the needs of Black skin and hair may not also prescribe, as Cooper does, a follow-up cleansing routine to keep Black hair healthy while the scalp disorder is treated. Patients may, understandably, otherwise stop using the prescribed shampoo if they experience hair breakage.

“It’s even more important that we as practitioners recognize that in dermatology and aesthetics, the consumer is becoming savvy by actively seeking practitioners who will understand their skin,” Cooper said.

The good news is that Cooper has observed improvements. Health and beauty product developers are being more proactive about considering a wider spectrum of skin tones. And she notices that more people working in dermatology spaces tend to be both intentional about educating themselves and in approaching their practice with more inclusivity to serve patient populations more cohesively.

Turning the tide with advocacy and education.

There are few high-profile leaders in the aesthetic dermatology space that are persons of color and patients, women especially, seek out Cooper to advise them on skin care needs. This includes a fast-growing segment in injectables (i.e., fillers as well as cosmetic Botulinum), which are used to treat signs of aging and other cosmetic concerns.

While people of color have historically relied on their own communities for information on skin and hair care concerns, the internet is increasing access to information and global products. Networks among individuals, including social media influencers, have amplified this conversation. Dermatology professionals of color, like Cooper, use these spaces to be outspoken about the needs of clients of color.

“It struck me significantly how many people with black and brown skin would have common dermatological concerns misdiagnosed by other providers.”

The medical community and aesthetics brands are listening.

Conferences presented by the American Academy of Dermatology now regularly include sessions that focus on hair and skin of color. The same is happening at training sessions for aesthetics professionals. At one such training, Cooper took a class from a prominent Fort Lauderdale-based dermatologist, Shino Bay Aguiler, DO, who made an important distinction regarding beauty ideals across ethnic racial lines.

“Much of our training relies on the Golden Ratio as a guide when it comes to using fillers in a face,” Cooper said. “The 1:1.618 math ratio portends ‘perfect balance and beauty.’ While a helpful tool, Aguiler emphasized that it should not be universally applied without consideration of the patient’s ethnicity.

“If we are filing lips for example, that ratio does work for Caucasians,” Cooper said, “but we know that African American women tend to like a 1:1 as do Asian women. Hispanic women sometimes prefer a fuller upper lip. Aesthetic goals may be highly influenced by the consumer’s cultural references and therefore, cannot be assumed to fit a singular standard.”

As a practitioner, Cooper is keen on having realistic conversations with patients about choosing an approach that provides the most natural and attractive results given their features. She does this as an Advanced Medical Aesthetic Injector at a Bethesda medical aesthetics practice, and at Bellspire Beauty Solutions, her own private aesthetics practice. Her work strives a balance between being alert to body dysmorphia, which exists in all populations, and working with patients to correct common skin and facial concerns that allow them to feel confident about how they look.

One such concern, which is a particular passion for Cooper, is hyperpigmentation on skin of color. It can be caused by heated ecstasy, for example, or even the slightest injury — but the melanocytosis present in skin, the more there will be a reaction. The results can be disfiguring, significantly affecting quality of life.

“It’s an understanding of both how to care for the skin and understanding the impacts on the individual and in a larger sense, the community,” Cooper said. “When we can correct hyperpigmentation and patients finally feel confident to go outside without makeup, it’s affirming for them and satisfying for me.”

All spaces benefit from a variety of perspectives, Cooper said, and aesthetic dermatology is no different. She encourages students and practitioners alike to connect with people, like herself, working in the space, even through a social network.

“There is lots of room in the field,” Cooper said. “There is a need for all of us — all our voices, and all our perspectives on image.”
**Justice, Equity, Diversity & Inclusion (JEDI) Committee Updates**

The JEDI Committee has been working closely with the Dean, faculty, staff, students, alumni and community members to undertake several new initiatives to address inequity and racism within the SON and the nursing profession.

### Promotions & Transitions

Kafui Agbekunu, PhD, MPH, RN, CTN-A, is now co-lead for UB's Global Health Equity Refugee Health and Wellbeing team.

Yu-Ping Chang, PhD, RN, FNGA, FAAN, FIAAN, was promoted to professor. Chang was also appointed senior associate dean of the School of Nursing.

Grace, Dean, PhD, RN, was promoted to professor.

Amy Hequembourg, PhD, was named UB School of Nursing assistant dean for diversity and inclusion. She also earned tenure.

Jennifer Livingston, PhD, earned tenure.

Tania Von Vlegel, PhD, APRN, CNS, CCNS, PCCN, is now an assistant professor.

### New Faculty & Staff

**NEW STAFF**

Danielle Balling joined the UB SON as a community engagement coordinator in the Center for Nursing Research.

Colleen Canfield-Smith joined the UB SON as an integrated behavior health consultant in the Center for Nursing Research.

Courtney Hanney joined the UB SON as project coordinator in the Center for Nursing Research.

Karon Larkin joined the UB SON as a study coordinator in the Center for Nursing Research.

Kellie Wollock joined the UB SON as a community engagement coordinator in the Center for Nursing Research.

Lauree Woods joined the UB SON as admissions assistant in the Office of Student Services.

### Let us know what’s happening!

**Tell us about your accomplishments and career moves:**

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Bold means fighting a worldwide pandemic.

Whether it’s springing into action to vaccinate against COVID-19, developing screening tools for patients under sedation, or learning how to work effectively with other health care professionals, we’re not afraid to do what it takes to make an immeasurable impact on our community and around the globe. The Boldly Buffalo campaign provides countless opportunities for students to discover their passions and achieve their dreams. To learn how you can help create a better world, visit buffalo.edu/campaign.