

UBNURSING

NEWS FROM THE UNIVERSITY AT BUFFALO SCHOOL OF NURSING | 2024



Healing Hands:

Providing Care Across Cultures in Peru.

P.10

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EDITORIAL TEAM	PHOTOGRAPHY
Sarah Goldthrite Director of Marketing, Communications & Alumni Engagement	Cover Image: Rena Kessel (Pictured left to right: Edwina Fang, Gianna Pefanis, Kazlin Beers, Sophia Justo)
Shannon O'Sullivan Assistant Director of Communications & Alumni Engagement	Dylan Buyskes/Stephen Gabris , Onion Studio
GRAPHIC DESIGN	Meredith Forrest Kulwicki , University at Buffalo
Ellen Stay , Stay Graphic Design	Douglas Levere , University at Buffalo
	Tom Wolf , Tom Wolf Imaging

A Message from the Dean



Esteemed Alumni, Colleagues, Donors and Friends,

It is with immense pride and a deep commitment to the nursing profession that I share with you the latest developments from the University at Buffalo School of Nursing. As we stand at the threshold of a new chapter in our school's history, we are driven by a renewed commitment to excellence, innovation and community impact.

This year, we launched an ambitious five-year strategic plan, crafted through the collective vision of our faculty, staff and stakeholders.

This comprehensive blueprint outlines seven strategic objectives that will guide us toward our goals. Central to these objectives are expanding our research activities, addressing critical health disparities, recruiting a diverse and exceptional faculty, and growing our student enrollment and programmatic offerings. We are committed to providing transformative educational experiences and deepening our engagement with community health needs through strategic collaborations.

I am more than delighted to report that our RN to BS program has been recognized as the #1 online bachelor's program in the United States by U.S. News & World Report. This prestigious ranking marks the first time the University at Buffalo has achieved a #1 ranking in any category. It is a testament to the dedication and innovation of our faculty, staff, and students and underscores the impact we have on the profession at a national level.

Our research endeavors continue to break new ground. Among the critical topics highlighted in this issue include oncology and health disparities, the

continuation of the late Grace Dean's pioneering sleep research, and vital investigations into work-related stress and burnout among health care workers. These studies advance the field of nursing and address some of the most pressing challenges facing our society and our profession.

As we celebrate our achievements, we must also confront the challenges ahead. This issue addresses a critical matter: the alarming lack of financial support for the nursing profession. Despite the vital role nurses play in health care, nursing receives just 1% of private donations to the sector. Furthermore, the percentage of the National Institute of Nursing Research (NINR) budget awarded to schools of nursing peaked in 2005. Since 2011, the majority of funding to schools of nursing has come from other NIH institutes. This financial shortfall exacerbates a crisis where there is an ongoing nursing shortage in the workforce and in the faculty ranks, affecting both the profession and nursing education.

Amid these challenges, our alumni continue to inspire us. This magazine also features profiles of our graduates who are not only leaders in traditional nursing roles but also entrepreneurs forging new paths in health care. Their stories remind us of the diverse and dynamic career opportunities that a nursing degree can offer.

As we move forward, I extend my deepest gratitude to each of you for your continued support that contributes to our edge of excellence. Together, we are shaping the future of nursing and making a profound impact on the health and well-being of our communities.

With warm regards,

Annette Wysocki
Dean & Professor



SCHOOL OF NURSING Strategic Plan 2024–2029

Our Mission

Our mission continues our scholarly excellence as we educate clinical leaders, conduct impactful research, and deliver clinical care based upon principles of collaboration, equity, inclusion, and social justice for our region and the world.

Our Vision

The University at Buffalo School of Nursing will boldly deliver tomorrow's vision for health care as a top 25 public university educating professional nurses, conducting transformative research and providing courageous leadership.

Our Values

Our UB School of Nursing core values are inherent and critical to the achievement of our mission and vision:

- **Inclusive and Sustainable Environments:** We create equitable, healthy and inclusive environs for all
- **Ethical Behavior:** We extend civility, integrity and respect of others' perspectives
- **Innovative Excellence:** We embrace creative change
- **Wellness:** We promote personal and professional resiliency and work/life balance
- **Collaboration:** We include stakeholders, communities and interdisciplinary colleagues
- **Transparency:** We welcome open discussion and communication
- **Compassion and Caring:** We cultivate a passion for serving others

Strategic Objectives

- 1 Double our research activity by engaging research faculty with clinical faculty and obtaining a center grant to be a top 25 public university.
- 2 Recruit and retain faculty & staff that demonstrate diversity of thought, experience, collaboration and expertise.
- 3 Achieve greater societal impact locally and globally by increasing enrollments and diversity across programs.
- 4 Expand and align financial resources to support the strategic objectives of UB SON and the university.
- 5 Provide students with transformative, innovative and research-grounded educational experiences.
- 6 Foster an environment of cultural sensitivity and caring, while ensuring equity, inclusion and wellness.
- 7 Broaden and deepen engagement in meeting regional, national and global community health care needs by engaging and collaborating with new symbiotic partners.

RESEARCH

Study Suggests Possible Solutions for Work-Related Stress and Burnout Among Health Care Workers

BY SHANNON O'SULLIVAN

Two School of Nursing researchers, Michelle Kober, PhD candidate, and Yu-Ping Chang, associate dean for research and Patricia H. and Richard E. Garman Endowed Professor, recently published a study in the American Journal of Lifestyle Medicine revealing crucial insights about health care workers' experiences of workplace stress and burnout.

The researchers interviewed 27 health care workers from five organizations in New York State. The study's findings conclude that burnout affects both workers' well-being and the quality of patient care. Additionally, workers cited a lack of support from organizational leadership when it comes to managing their stress levels and mental health.

This study addresses a critical need for more research about stress management and burnout from the perspective of health care professionals.

“Organizations should know what it is that they can do to better support our health care workers, and this study reveals some of what is needed.”

“Organizations should know what it is that they can do to better support our health care workers, and this study reveals some of what is needed,” Kober said.

The World Health Organization defines burnout as a phenomenon caused by “chronic workplace stress that has not been successfully managed.” An American Nurses Foundation survey of more than 7,400 nurses conducted in 2023 indicated that 56% of nurses report feeling burned out.

The study's respondents discussed staff shortages, coworker conflict and

interactions, strategies to mitigate stress, impacts of work-related stress and managing stress and burnout in the workplace.

Chang noted that the study's findings suggest an urgent need for programmatic changes within health care organizations to address burnout.

Chang and Kober conducted this study as part of a nearly \$2 million grant from the Health Resources and Services Administration, which is designed to increase the mental health workforce in Western New York. Chang is the principal investigator of the HRSA-funded workforce resilience training program, which promotes using Mindfulness-Based Stress Reduction (MBSR) to reduce stress and burnout among health care workers.

Kober explained that the study's results show that mental health support and resiliency trainings are essential for new employee onboarding and should be offered annually so health care organizations can provide continuous support for their workforce.

Chang echoed the need for organizational implementation of resiliency trainings and mental health supports.

“The findings of this paper underscore the urgent need for a comprehensive and sustainable resilience training program within healthcare organizations,” Chang said.



Michelle Kober



Yu-Ping Chang



Understanding the Impact of Social Factors on Cancer Care Disparities

BY TERRA OSTERLING

Social determinants of health – non-medical factors such as race/ethnicity, age, geographic location, education and socioeconomic status – are getting more mainstream attention, including in new guidance released earlier this year by the World Health Organization.

“By addressing the specific needs of this marginalized population, we hope to create a model that can be expanded and adapted to other underserved communities.”

And while research into to how these factors influence health outcomes is not new, a recent study, “Evaluating Social Determinants of Health Related to Cancer Survivorship and Quality of Care,” has specifically examined how Black and white cancer survivors perceived the quality of care they received.

Darryl Somayaji, PhD, RN, CNS, CCRC, clinical professor, School of Nursing, and adjunct assistant professor of oncology, cancer screening and survivorship at Roswell Park Comprehensive Cancer Center, is the lead author of the study, which was recently published in Cancer Nursing.

Somayaji’s work includes studying how diagnosing, treating and surviving diseases like cancer differs for Black versus white individuals, and those living in underserved and under-resourced neighborhoods.

The team led by Somayaji analyzed data collected via patient questionnaire by the Southern Community Cohort Study (SCCS).

“My focus in research, patient care and education has always been cancer and health disparities,” Somayaji said, “so coming across this dataset that included cancer survivors with a high participation rate by African Americans supported my question: Do social determinants of health impact disparities in cancer outcomes?”

The dataset included nearly 74,000 individuals living across 12 southeastern states; Somayaji’s team extracted the responses of a subset of more than 1,100 adult cancer survivors identifying as either Black or white – specifically, their answers to questions related to quality of care. Their diagnoses included breast, prostate, lung and colorectal cancer. More than half of the participants were African American and recruited from community health centers. Nearly three-quarters of the sample were urban located.

Key Findings and Ongoing Challenges

The team’s results showed race, household income and education as significant predictors of participants’ perceptions about the quality of care they received.

“We found overall that white participants were more likely to feel they received a better quality of health care when it came to testing, diagnosis and treatment compared with Black participants,” Somayaji said.

“The racial disparity held true even among better educated participants; while overall perception among both Black and white patients with more education was that they received better quality of care, the perceptions of white patients still trended higher,” Somayaji said.

The study acknowledges that multiple factors can influence a patient’s

reported experience with quality of care. Additionally, the dataset had limitations: the questions were short and predefined for one point in time and the answers were self-reported perceptions.

Toward Equity in Cancer Care: Addressing Structural Barriers

The researchers noted that social determinants of health are a well-known concern related to timeliness in testing, diagnosis and follow-up care for cancer.

“We know that late diagnoses are known to increase with being under- or uninsured or having lower education or household income, if a patient is not already being screened based on risk or symptoms. And we know that early detection saves lives,” said Somayaji, whose current research includes promoting lung cancer screening in urban primary care settings.

“We’re doing a better job with breast, colorectal and prostate cancer screenings, but not in all communities. And while we’re seeing more survivors of lung cancer, the rate for lung cancer screenings among eligible people is horrifically low. And most lung cancer screenings are free with Medicare and Medicaid [though eligibility depends on the individual insurance coverage plan],” Somayaji said.

“Even with more screenings happening, and even though more white individuals are diagnosed with lung cancer, Black individuals have worse outcomes. Our progress [toward equity] is slow, and it is slow because of structural racism.”

The SCCS data subset is also representative of individuals who are historically underrepresented in cancer research, and the intersections, and implications, are significant to ongoing

study of and work toward equitable delivery of health care. Somayaji sees it as a grassroots effort and part of the future of how nurses are educated and how they operate in the workforce to contribute toward equity.

“...understanding these patient responses and perceptions on cancer care is key to assessing patient needs and barriers.”

“This is really about paying attention to the individual’s experience, and that of their communities down to the granularity of neighborhoods,” Somayaji said. “When we think about these social determinants of health and how we know the resources people have access to could empower them to make informed choices, understanding these patient responses and perceptions on cancer care is key to assessing patient needs and barriers. It can help us to align health priorities toward quality health outcomes and reduce the burden of cancer.”

Co-authors with Somayaji include Heba Moheadat, PhD²⁴, and Chin-Shang Li, PhD, University of Rochester.

Darryl Somayaji is supported by the University at Buffalo School of Nursing Patricia H. Garman Behavioral Health Nursing Endowment Funds. Research reported in this publication was supported by the National Cancer Institute of the National Institutes of Health under Award Number U01CA202979. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.



Rest Assured: Empowering Nurses to Tackle Sleep Disorders in Cancer Care

BY TERRA OSTERLING

A good night's sleep is essential for good health, but it is especially important for patients coping with diseases like cancer.

Cancer patients and survivors are known to suffer from insomnia more than the general population. That is why screening for sleep disorders in cancer care, which is not typically done, was the focus of a pilot study recently published in *The Journal of Continuing Education in Nursing*.

The School of Nursing's Kelly Foltz-Ramos, PhD, RN, FNP-BC, CHSE-A, assistant professor and director of simulation and innovation, and Suzanne S. Dickerson, PhD, RN, professor and associate dean of the research doctoral program, were the lead authors of the study, "Educating Nurses in Sleep Screening, Brief Intervention, and Referral for Treatment."

"The real problem is that patients are not screened for sleep, and if they are asked about their sleep, nothing is done," Foltz-Ramos said. "In cancer patients and survivors especially, sleep disorders can have a huge negative impact on their health, while they are receiving treatment, during recovery and long term into survivorship."

Training Nurses in Sleep-SBIRT for Better Cancer Care

Often if cancer patients report a problem sleeping, it is attributed to their treatment or to the cancer, and the first line of treatment is usually medication. However, Foltz-Ramos and Dickerson recognized that brief behavioral therapy (based on cognitive behavioral therapy) has proven effective for addressing sleep disorders. It was a matter of training nurses, who are uniquely positioned to screen and begin intervention to address the problem.

"We know there is opportunity to improve sleep for these patients by empowering registered nurses to play a role by screening and giving a brief behavioral intervention," Foltz-Ramos said.

In their study, the researchers developed online educational modules with in-situ simulation scenarios to train nurses in sleep disorders screening and providing brief intervention or referral to treatment (SBIRT).

"We chose the SBIRT model, which has been used for alcohol use screening, because this approach applies well in clinical practice settings and includes the necessary components," Dickerson said. These components are following up with brief interventions and referral for other treatment — in this case, sleep-wake issues requiring sleep medicine expertise.

While Sleep-SBIRT could eventually be implemented to transfer nursing education to the clinical setting to impact outcomes for patients with all types of diagnoses, the focus on cancer patients was of particular interest to the late Grace E. Dean, PhD, RN, a School of Nursing professor and oncology nurse researcher. In 2019, Dean completed a pilot study with lung cancer patients with insomnia in which nurses delivered effective insomnia treatment.

"Dr. Dean recognized the need to train nurses to provide this in everyday oncology practice. She went on to write for funding to develop an online training module with simulation feedback that nurses could complete that would inform the nurses of common sleep-wake disturbances. Our recent paper describes the initial feedback of the program. This was her research program legacy — to promote awareness of sleep-wake problems for cancer patients in clinic nurses. Her work set the stage for addressing sleep needs for future oncology patients," Dickerson said.

The training program, which was implemented with registered nurses in ambulatory clinics in a comprehensive cancer care center, included the online modules that could be completed as their schedules permitted and from any connected computer. The content covered the most common sleep disorders: obstructive sleep apnea, circadian rhythm sleep disorders, parasomnias, narcolepsy, restless legs syndrome and insomnia. Patients who screened positive for

"In cancer patients and survivors especially, sleep disorders can have a huge negative impact on their health, while they are receiving treatment, during recovery and long term into survivorship."

insomnia were offered brief behavioral therapy for insomnia (BBTI) and the rest were given a referral to a primary care provider.

The nurse participants were scheduled for the simulation and worked in pairs, in the clinic setting, with each taking a turn to participate or observe each scenario.

"Many of the nurses were very open about not having this knowledge before, even reporting that they didn't understand how bad their own sleep was until after participating in the training and simulation. We found that self-reflection piece very interesting — when you're more aware of sleep disorders in yourself, it makes you more aware of how it impacts other people. We will definitely think about that moving forward," Foltz-Ramos said.

Foltz-Ramos is also thinking forward to redeploying an improved training. The modules would be updated, and innovative strategies may be applied, such as making the simulation available via virtual reality to address scheduling obstacles for busy nurses.

Co-authors with Foltz-Ramos and Dickerson include Cheryl A. Oyer, PhD; Donna Fabry, DNP, CNS, RN; and Grace E. Dean, PhD, RN, all of the School of Nursing. This study was supported by the University at Buffalo School of Nursing, Patricia H. Garman Behavioral Health Nursing Endowment Fund, and the National Institutes of Health Grant #R01NR018215.



Kelly Foltz-Ramos, PhD, RN, FNP-BC, CHSE-A



Suzanne S. Dickerson, PhD, RN



Grace E. Dean, PhD, RN

The Grace Dean Fund for Student Nursing Researchers

Help shape the future of nursing! Your donation will provide crucial financial assistance to PhD students at our school who are dedicated to advancing nursing knowledge and research. Each recipient will embody the drive and passion that Grace exemplified throughout her career as a researcher, educator, leader and mentor.

With your support, together we can empower the next generation of nursing leaders to make a difference in health care and beyond.



Poor Sleep Quality Persists Over Time for Breast Cancer Patients

BY SARAH GOLDTHRITE

Nouf Alanazi, PhD candidate in the School of Nursing, was recently published in *Oncology Nursing Forum* for her research examining sleep quality and self-reported causes of sleep disturbances among breast cancer patients. The researchers surveyed nearly 500 participants at the time of diagnosis and again one year later.

The study's findings indicate that multiple sleep factors worsen during the year following diagnosis and after treatment.

Sleep quality, Alanazi says, is critically important for overall health and wellbeing. Studies have shown that poor sleep is associated with cancer, increased risk of mortality, diabetes, and obesity, among other health issues. And, with breast cancer being the most common form of cancer in women worldwide, the researchers call sleep quality issues in these patients and survivors "alarming."

"With breast cancer being the most common form of cancer in women worldwide, the researchers call sleep quality issues in these patients and survivors 'alarming.'"

Alanazi's research team examined participants' Pittsburgh Sleep Quality Index scores, a questionnaire that scores sleep quality factors, such as how long it takes to fall asleep. They found that the study participants' sleep scores decreased, meaning their sleep quality worsened over time. This could suggest that cancer diagnoses and treatments may make it more difficult for people to sleep well – something the researchers say should be explored further.

The study also identifies common reasons breast cancer patients have trouble sleeping: waking up in the middle of the night, not being able to fall asleep

within 30 minutes, needing to go to the bathroom and feeling too hot. Participants also said worrying, feeling pain, or being disturbed by their bed partner or spouse made it hard to sleep.

Alanazi says it's crucial for oncology practitioners to recognize that breast cancer patients and survivors experience worry and anxiety, "which may promote additional deterioration in sleep quality." Her research team says it's important for oncology nurses to screen for psychological distress and other symptoms related to sleep. Understanding these factors can help health care providers find ways to help breast cancer patients and survivors sleep better.

Additional authors include Fangyi Gu, MD, ScD, Roswell Park Comprehensive Cancer Center; Chin-Shang Li, MS, PhD, University of Rochester Medical Center; Rebecca Lorenz, University of Buffalo/The Ohio State University; and Chi-Chen Hong, PhD, Roswell Park Comprehensive Cancer Center.



Grants in Focus: Supporting Bold Ideas in Nursing and Health Care

Susan Grinslade, clinical professor and associate director of UB's Community Health Equity Research Institute, is a Co-I on a project funded by the National Institute on Minority Health and Health Disparities. The grant, titled "**Igniting Hope in Buffalo, New York Communities: Training the Next Generation of Health Equity Researchers**," includes \$724,502 in funding for the first year, with a total of **\$3.6 million** expected over five years. The project aims to inspire and mentor a new generation of scientists from diverse backgrounds to conduct innovative research on health disparities. It will strengthen community-university partnerships to develop and test solutions for race-based health inequalities in Buffalo, while working with community partners to ensure the research leads to sustainable, system-level changes. Timothy Murphy, professor at UB's Jacobs School of Medicine and Biomedical Sciences, is the PI on the project.

Eunhee Park, assistant professor, PI, and **Yu-Ping Chang**, professor and associate dean for research, Co-I, are leading an R34 project "**AI-Enhanced App-based Intervention for Adolescent E-Cigarette Cessation**" with funding of **\$745,031** from the National Cancer Institute. This study aims to develop and test a scalable, AI-enhanced smartphone app for adolescent e-cigarette cessation. Designed for widespread implementation in schools, primary care clinics, and community settings, the intervention seeks to provide an accessible, effective tool for reducing e-cigarette use among adolescents.

Daniel Smith, assistant professor, has been awarded a K01 grant from the National Institute of Nursing Research, with funding of **\$487,230**. Smith's project, "**High Health and Human Health: The Impacts of Heatwaves on Kidney Disease and Data Driven Solutions (The 4H Proposal)**" aims to explore the link between heatwaves and kidney disease hospitalizations by examining environmental factors such as impervious land use, reduced green space and historical redlining. Using the knowledge to action theory, this research will be translated into community-based interventions, while also enhancing Smith's expertise in reducing environmental health disparities caused by climate change.

Carleara Weiss, assistant professor, has received funding of **\$747,000** from the National Institute on Aging for her R00 project, "**The Benefits of Nicotinamide Riboside Upon Cognition and Sleep in Older Veterans**." Building on her earlier K99 work, Weiss will examine the relationship between NAD+ serum levels and biomarkers of neurodegeneration. The project aims to assess the effects of nicotinamide riboside supplementation on sleep and cognitive function in older adults and evaluate the use of biomarkers such as BDNF, AB42/AB40 ratio, p-tau, and NfL for tracking changes in sleep and cognition.



Susan Grinslade



Eunhee Park



Daniel Smith



Carleara Weiss

Healing Hands

Providing Care Across Cultures in Peru

Nursing students traveled to Peru in August for a global immersion experience. Led by Molli Oldenburg, global initiatives coordinator and FNP program director; Gail Markowski, AGNP program director; and Jennifer Guay, RN to BS program coordinator, the group worked with CerviCusco, an award-winning women's health clinic in the Andes Mountains. The clinic serves all Peruvians, with a focus on, providing students with an invaluable opportunity to sharpen their cross-cultural communications skills.

The students performed ECGs on patients with cardiac risks, took vital signs and screened for diabetes. They also provided care for pediatric, geriatric, and obstetric populations; completed a rotation at the regional hospital; and conducted 114 PAP smears to screen for cervical cancer in Sacred Valley. On the final day of their clinical experience, they provided screenings for hypertension and diabetes and worked with a physician to treat over 100 geriatric patients. The group also donated birthing kits to a local Andes Mountain Public Health Group and sanitary pads at various stops.

In addition to their clinical experiences, students explored historical sites like Machu Picchu, the 15th century Inca citadel and Lima, Peru's capital. They dined on local cuisine and fully immersed themselves in Peru's rich and diverse culture.

Caitlyn Tiedemann, DNP '24 (AGNP)

While on the nursing global health trip to Peru, I learned about the challenges of providing health care in resource-limited settings and the importance of cultural sensitivity in patient interactions. These experiences highlighted the need for adaptability and creative problem-solving in the nursing practice. Applying these lessons, I can enhance my practice by being more resourceful, empathetic and collaborative to address diverse needs effectively.

Gianna Pefanis, BS Student

Visiting Peru and getting a view of what health care looks like in underserved communities was very eye opening. I feel grateful to have been a part of cervical cancer screenings and to have learned how to perform pap smears. I had yet to find an area of nursing I was truly passionate about until this trip. Taking care of women and advocating for them was one of the most rewarding experiences of my life. This trip has led to my decision to pursue my DNP in Family Nursing.

Sophia Justo, BS Student

I learned about the importance of community in health care. The people that we saw relied on one another for transportation and childcare to get to the clinic. Furthermore, this trip gave me a new perspective on using available resources to provide the best health care you can. The clinics in Peru did not have a lot of the equipment we're used to having, so we learned to use what we had.

Kaitley Wozer, DNP (FNP) Student

One of the main things I learned in Peru was how to be adaptable. We also had a lot of language barriers, because none of our group was fluent in Spanish, and we did not have an interpreter. It also showed me the responsibility I have as someone interested in future global outreach to hone my language skills. Being in Peru aside from the clinical experience was breathtaking. I felt lucky to see such beautiful sites and I loved to hear the locals talk with pride about the beauty and natural resources of their area and their rich history.

Emily Vezina, DNP (FNP) Student

The opportunity to travel to Peru was a once-in-a-lifetime experience. Participating in health care delivery in traditional communities that would not otherwise receive care was both humbling and eye opening. We have so many resources at our fingertips that we take for granted in the U.S. and cultivating a sense of awareness was my greatest takeaway. I hope this is the first of many mission trips in my future.



Emily Pandel, BS Student

When I went to Peru, I learned more than just how to treat people. It gave me a deeper understanding of how to provide authentic and compassionate care. There was an unsaid understanding between us, even with the language barrier. With approximately 200 people waiting in the unbearable heat to seek out our free care, they were still dancing together in line, showing us that life is truly about happiness and who you spend time with. No matter the situation they were in, they still enjoyed every moment. Because of this trip, it allowed me to have a more positive perspective on life — giving me more empathy and understanding of those around me.

Kazlin Beers, BS Student

I learned how to communicate with patients from different cultures who speak other languages. We overcame the language barrier by communicating using technology and body language. I'm very determined to learn Spanish now, and I can apply this knowledge to clinical practice here at home because we have a large Spanish-speaking population here in Buffalo, NY. Being bilingual can help tremendously in any hospital setting, especially in an emergency setting.



Support global health experiences for nursing students!

Edwina Fang, BS Student

Through my experience in Peru, I have seen how different medical care is given compared to the U.S. It is less medically advanced, and resources are limited. **It has taught me to be resourceful in any given situation to best treat my patients.** I have met amazing people during the trip and experienced their beautiful culture. I plan on applying the valuable lessons and skills I've learned to my future practice.

Rena Kessel, DNP (FNP) Student

I developed a deeper understanding of the role that cultural sensitivity plays in patient care delivery, especially when applied in a global community setting. Through this experience, I learned to navigate unpredictable situations and gain a sense of community in a culture completely different from my own. Regardless of the environment or background, it is essential to demonstrate cultural humility, take the time to establish trust with patients, and remain sensitive to the patients' individual values and expectations. The experiences and lessons I learned from this program are concepts that I will always carry with me and be sure to implement in future practice.

Jessica Nguyen, DNP (FNP) Student

One moment stuck with me after Peru: a patient needed an IV, and we struggled to find a vein, but I noticed one in her hand. The health care team was against this, as they were concerned about the pain it might cause her. **Their compassion made me reflect on my own and overall general practices at home;** while we strive to avoid causing pain, we often neglect to prioritize minimizing it. This experience reinforced the importance of patient-centered care to me, where prioritizing a patient's comfort and needs should always come first.



Meet Seth O'Scope (SimMan ALS)

Our newest high-fidelity manikin's name was selected through a contest during National Nurses Week. **Kaleigh Wagner, DNP (nurse anesthesia) student, submitted the winning name!**

AIRWAY SKILLS/FEATURES:

- Controllable open/closed airway; automatically or manually controlled
- Head tilt/chin lift
- Jaw thrust w/articulated jaw
- Suctioning (oral & nasopharyngeal)
- Bag-mask ventilation
- Orotracheal intubation
- Nasotracheal intubation
- Combitube, LMA, I-gel and other airway placement
- Endotracheal tube intubation
- Retrograde intubation
- Fiberoptic intubation
- Transtracheal jet ventilation
- Needle cricothyrotomy
- Surgical cricothyrotomy
- Airway resistance
- Right main stem intubation
- Stomach distention

BREATHING FEATURES:

- Simulated spontaneous breathing
- Bilateral and unilateral chest rise and fall
- Normal and abnormal breath sounds
- Lung auscultation: posterior and anterior sites
- Oxygen saturation and waveform

BREATHING COMPLICATIONS:

- Cyanosis
- Needle thoracentesis – bi-lateral
- Unilateral and bilateral chest movement
- Chest tube insertion – bilateral

EYES:

- Manually set to: open, closed or partially open
- Set of interchangeable pupils

AIRWAY COMPLICATIONS:

- Tongue fallback
- Tongue edema

CARDIAC FEATURES:

- Extensive ECG library
- Heart sounds
- ECG rhythm monitoring
- 12 lead ECG display
- Defibrillation and cardioversion with live shock – Laerdal LINK technology
- Pacing

CIRCULATION FEATURES:

- BP measured manually by auscultation of Korotkoff sounds
- Carotid, femoral, radial pulses synchronized with ECG
- Pulse strength variable with BP
- Pulse palpation is detected & logged

CPR:

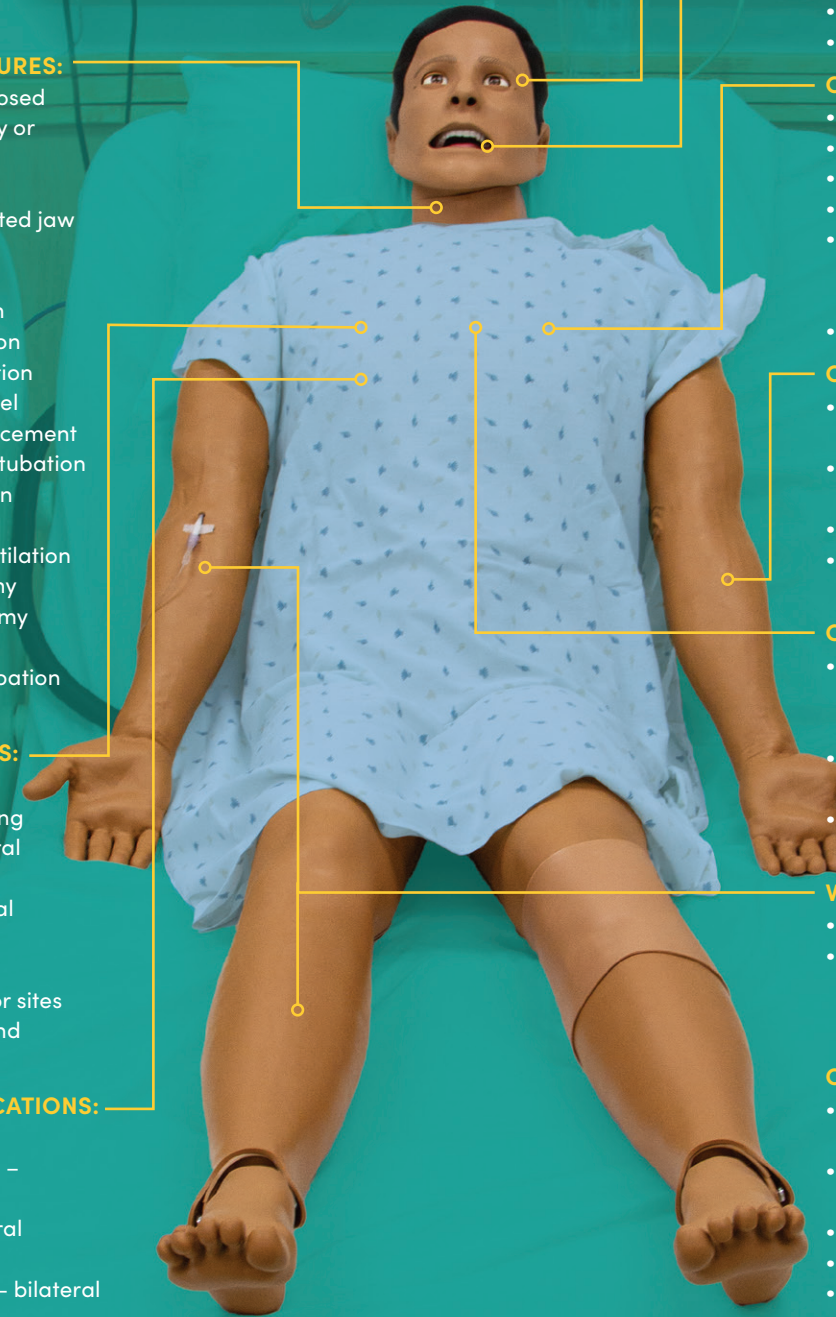
- CPR compressions generate palpable pulses, blood pressure wave form, ECG artefacts
- Realistic compression depth, resistance
- Detection of depth, release, frequency of compressions

VASCULAR ACCESS:

- IV access
- Intraosseous access (tibia)

OTHER FEATURES:

- Foley catheterization without urine output
- Pre-prepared for use of the SonoSim Ultrasound solution
- Patient voice
- Pre-recorded sounds
- Custom sounds
- Instructor can simulate patient's voice wirelessly



Breaking Barriers in Nursing Through Mentorship

BY CHARLES ANZALONE

Tineka Pace is a Buffalo native and 2002 School of Nursing graduate “continuously haunted” by the memories of blatant and inconspicuous racism, cultural ignorance and bigotry that she has experienced during her career.

Pace recounted multiple incidents of the racism she has encountered while working as a nurse: the numerous times she has been called “the N-word” by patients; how she once walked into a room as a nurse manager and was asked by patients to see “your boss” and “empty the garbage” on her way out; and an instance when her supervisor, who otherwise valued her work, looked the other way when she was clearly the target of racism.

“There has certainly been no lack of instances of inconspicuous racism that have plagued my life as a nurse. It feels as though the occurrences became more frequent as I progressed in my career,” said Pace, who is now nurse manager for the AmTrust Workers Compensation Utilization Review Unit. “I want to emphasize that one of the most challenging aspects of my career has been dealing with microaggressions from colleagues and leadership.”

Here’s what she’s doing about it. Pace was singled out as one of — if not the most enthusiastic — participant in the School of Nursing’s mentorship program. After George Floyd was killed in 2020, Black and African American students needed support and Pace felt compelled to step forward.

“It was evident Black nursing students felt they needed additional support to help them navigate racial tensions following the murder of George Floyd,” Pace said. “It was important to share my knowledge and experience with the next generation of nurses, especially those from



underrepresented groups.”

Sophia Overton, clinical instructor and program lead, noted that the program provides nonacademic support to interested students.

“The support is student-driven based on their concerns, needs and interests. Some topics include self-care strategies, how to manage microaggressions, prejudices in the workplace, etc. The overarching goal,” she said, “is to help the mentees develop skills, confidence for their personal and career success.”

Lifting as We Climb: Guiding Students to Success

The mentors are registered nurses employed in various areas of the profession, according to Overton. They correspond with their mentees at least twice monthly for 30 minutes to discuss topics of the students’ choosing.

“Some mentees still maintain contact with mentors,” said Overton. “The support continues.”

Lilian Igwe is a great example. A 2024 traditional baccalaureate nursing program

graduate, Igwe is paired with Tineka Pace.

“Prior to submitting my application, there was a rumor suggesting that individuals of color were frequently overlooked during the admission process,” said Igwe, who Pace described as “a brilliant and enthusiastic young woman with a bright future ahead of her.”

“Hearing this rumor definitely put fear in my heart about whether I would get in or not,” Igwe said. “Or if I should even consider applying.”

Now, Igwe is glad she did.

“I was on the e-board of the [Multicultural Nursing Student Organization] as the activities coordinator and am happy to be an African American who can give courage to other people of color like me to apply so I can invalidate that rumor,” she said.

Igwe explained that having Pace as a mentor “has been a consistent reminder about how successful a Black woman can be. That is reassuring while being in a predominately white institution,” Igwe said.

**Become a mentor
for future nurses.
Sign up at
[nursing.buffalo.edu/
mentor](https://nursing.buffalo.edu/mentor)**



Mentor Tineka Pace pins 2024 graduate Lilian Igwe during a ceremony in May to welcome her to the nursing profession.

Strengthening the Backbone of Health Care

Why Nurses Need More Support

Nurses are the backbone of the health care system, delivering essential services, advancing patient outcomes and leading innovative research.



As the largest segment of the health care workforce, nurses play a critical role in ensuring the health and well-being of individuals, families, and entire communities. Yet, despite their profound impact, the nursing profession faces significant challenges — chronic underfunding, limited philanthropic support and a persistent shortage that endangers the future of

health care.

The infographics in the next two pages shed light on these critical issues. They highlight the low levels of federal funding for nursing research, which limit the potential for nurses to contribute to cutting-edge health care solutions. They also underscore the meager philanthropic investment in nursing education and professional

development, which stifles the growth of future leaders in the field.

Meanwhile, the ongoing nursing shortage intensifies the strain on the health care system, placing greater pressure on those already in the field and threatening patient safety.

Addressing this lack of support is critical to the future of health care. It’s essential that investments in the profession increase to ensure its growth, stability and continued contribution to the health and well-being of society.

The State of Financial Support for Nursing

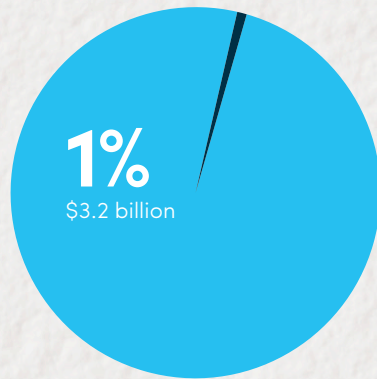
Philanthropic Support for Nursing

Private Support (2015–2022)

TOTAL HEALTH CARE PHILANTHROPY:

\$333.3 billion

TOTAL DIRECTED TO NURSING:



Types of Support (2015–2019)

74% FOR NURSING EDUCATION

Support for schools, scholarships, and ongoing training.

22% FOR NURSE-LED PRACTICES

Hiring nurses in underserved areas, supporting direct patient care.

7% FOR LEADERSHIP DEVELOPMENT

Grants focused on leadership initiatives in nursing.

5% FOR WORKFORCE DEVELOPMENT:

Expanding and strengthening the nursing workforce.

1% FOR PROFESSIONAL NURSING ORGANIZATIONS AND ASSOCIATIONS:

Support for nursing membership associations serving the profession.

Major Challenges

SYSTEMIC ISSUES (BURNOUT, ATTRITION) remain underfunded.

FOUNDATION GRANTS ADDRESSING DIVERSIFICATION OF NURSING (2015–2019):

1% of \$705.5 million

Source: American Nurses Foundation (2023)



Federal Funding for Nursing Research by the National Institutes of Health (NIH)

Historical Federal Funding for Nursing Research

FIRST CONGRESSIONAL APPROPRIATION TO NINR IN 1987:

\$20 million

2023 NINR BUDGET:

\$197.6 million

NINR'S BUDGET REPRESENTS ONLY

0.41%

OF THE OVERALL NIH BUDGET



Budget Comparison (2023)

MEDICAL SCHOOLS RECEIVE **91 times** THE TOTAL NINR BUDGET

152 MEDICAL SCHOOLS RECEIVED NEARLY

\$18 billion OF NIH FUNDING

WITH AN AVERAGE OF ABOUT

\$120 million PER SCHOOL

86 NURSING SCHOOLS RECEIVED A TOTAL OF

\$294.7 million IN NIH FUNDING

WITH AN AVERAGE OF

\$3.4 million PER SCHOOL



IF ALL NURSING SCHOOLS WITH PHD/DNP PROGRAMS RECEIVED FUNDING, THE NINR BUDGET WOULD NEED TO BE NEARLY **\$1.5 billion**

Growth of Nursing Doctoral Programs

PHD PROGRAMS:

From 50 in 1993, to 148 in 2024

DNP PROGRAMS:

From 0 in 1993, to 426 in 2023

Return on Investment (ROI) of Nursing Studies

ROI FOR FOUR LANDMARK STUDIES RANGED FROM

\$1:\$202 to \$1:\$1,206

A SAVINGS OF

\$3.224 billion

TO THE HEALTH CARE SYSTEM



Sources: Kiely, D. P., & Wysocki, A. B. (2020). Federal Funding of Nursing Research by the National Institutes of Health (NIH): 1993 to 2017. *Nursing Outlook*, 68, 270–283; AACN (2023)

The State of the Nursing Profession

Current Nursing Workforce



Health Care Employment in 2022

14.7 million people

(9.3% OF TOTAL EMPLOYMENT) EMPLOYED IN HEALTH CARE OCCUPATIONS.

TOP HEALTH CARE OCCUPATIONS:

REGISTERED NURSES:

4.7 million

(22% OF HEALTH CARE WORKERS) 4X AS MANY RNS AS PHYSICIANS

PERSONAL CARE AIDES:

1.4 million

NURSING ASSISTANTS:

1.2 million

Occupational Outlook

Projected Job Growth (2022–2032)

↑ ALL OCCUPATIONS: 3%

↑ REGISTERED NURSES: 6%

↑ NURSE PRACTITIONERS: 45%

RN JOB OPENINGS ANNUALLY THROUGH 2032: 193,000+

Average Annual Salary

ALL OCCUPATIONS: \$65,470

REGISTERED NURSES: \$94,480

NURSE PRACTITIONERS: \$128,490

NURSE ANESTHETISTS: \$214,200

NURSE MIDWIVES: \$131,570

NURSE EDUCATORS: \$86,530



National Nursing Shortage

Contributing Factors

NURSING SCHOOL CAPACITY

In 2023, **65,766 qualified applications** were turned away due to insufficient faculty, clinical sites, funding and other resources.

AGING WORKFORCE

23% of RNs plan to retire in the next five years.

1 million RNs projected to retire by 2030.

BURNOUT AND JOB DISSATISFACTION

52% of nurses are considering leaving their jobs due to insufficient staffing, high stress and poor work-life balance. In acute care,

60% report burnout and 75% report feeling stressed, frustrated and exhausted following the COVID-19 pandemic.

RISING DEMAND FOR CARE

U.S. population aged 65+ is expected to reach

82 million or 23% of the population by 2050,

increasing the need for specialized care, including for chronic diseases and comorbidities.

Projected RN Shortage

2025: 78,610

2030: 63,720

States with Largest Projected Shortage in 2035

WASHINGTON 26%



GEORGIA 21%



CALIFORNIA 18%



OREGON 16%



MICHIGAN 15%



IDAHO 15%



LOUISIANA 13%



NORTH CAROLINA 13%



NEW JERSEY 12%



SOUTH CAROLINA 11%





Historic Faculty Hiring: Meet Daniel Smith

BY GRACE GERASS

Since fall 2023, UB has welcomed upwards of 200 full-time faculty in what is believed to be the largest cohorts of new faculty since the university joined SUNY in the 1960s. The historic initiative, “Advancing Top 25: Faculty Hiring,” is considered transformative and has already attracted some of the most promising and established researchers and scholars from across the country.

Grace Gerass, UB’s internal communications manager, sat down with one of those new faculty members — Daniel Smith, assistant professor, School of Nursing — to learn more about his research and what it means to work at UB during this exciting time of growth.

Can you talk about your research?

My research examines climate change’s effects on the health outcomes of marginalized populations. Think about the heat waves and hotter summers we’ve been experiencing — I’m studying how those higher heat conditions affect the health of people living and working in extreme heat, specifically focusing on

kidney health. In addition to my faculty role, I’m also a nurse scientist for La Isla Network, a group of universities, researchers, government institutions and companies collaborating to address heat stress and other climate-driven risks. There’s good evidence that people are developing chronic kidney disease because of heat exposure, but this work is mostly studied in rural workers. I’m the principal investigator of a National Institutes of Health grant that’s researching the association between heat waves and hospital admissions due to renal dysfunctions. We’re looking at urban neighborhood factors — for example, urban

areas are typically 5-10 degrees hotter than rural areas, and they have higher building density — and connecting them to these hospitalizations.

How did you get into this field?

I grew up on a dairy farm in North Carolina. Farmers are always worried about weather conditions — if it’s raining, too hot, too cold, too windy. That was my life, understanding the connection between humans and the environment. Before I became a nurse, I earned bachelor’s degrees in biology and Spanish from the University of North Carolina at Charlotte. My biology work was in an environmental toxicology lab and how humans impacted the environment. I also spent time as a Spanish medical interpreter, which led me to become a nurse — where I came to understand that the environment also impacts human health.

Tell me about your professional background. What made you want to do your research at UB?

I began my nursing career as a community health nurse and clinical instructor at Emory University, where I earned my bachelor’s degree in nursing, master’s degree in nursing research, post-master’s certificate as an adult-gerontology primary care nurse practitioner, and PhD in Nursing Science. After that, I was the Weingarten Endowed Assistant Professor at Villanova University, where I focused on community-based work. I decided that I wanted the next step in my career to be at an R1 Research Institution, which led me to UB.

But it was more than just UB’s classification as an R1 institution that caught my attention. I was attracted to UB’s emphasis on climate change, and was incredibly impressed by the university’s sustainability work. It’s important for me to be in an environment with like-minded people. Not just a place that welcomes research, but an institution that cares about sustainability. That’s what pushed my decision to join UB over the edge.

What do you believe makes UB stand out in the academic community?

I’ve been really impressed by UB’s community engagement. Not every institution — especially those the size of UB — emphasizes community health equity research. UB has a Community Health Equity Research Institute, for example, that I want to work more with. As a researcher who is not only trained as a data scientist, but with a background in community-based participatory action research, it’s important to me that there are community partners outside of UB’s academic community. That’s what makes UB special.

How does it feel to be joining UB faculty during this historic faculty hiring initiative?

It’s exciting to be joining UB right now! It can be hard coming into a new institution as a lone faculty member. It’s great to know that I’m a part of a cohort of new faculty all relocating to Buffalo, learning about the university, and experiencing the region. I’m not even the only new assistant

professor in nursing, which is great. It makes me feel proud that our teaching and scholarship have been recognized by the university.

How do you like living and working in Buffalo?

I moved here from Pennsylvania earlier in July. I’ve really enjoyed exploring the outdoors and biking the Empire State Trail. I’ve never lived so close to a large body of water. Plus, as someone who grew up on a dairy farm, I’ve really enjoyed purchasing fresh food from the farmer’s markets to cook meals at home. Next up, I plan to explore the Eternal Flame.

As a community-engaged researcher, it’s important to me that those coming to Buffalo aren’t detracting from residents currently living here, but helping the community experience a resurgence through a health equity lens. I hope to use my teaching and research resources and experiences to support those efforts.

“I was attracted to UB’s emphasis on climate change, and was incredibly impressed by the university’s sustainability work. It’s important for me to be in an environment with like-minded people. Not just a place that welcomes research, but an institution that cares about sustainability. That’s what pushed my decision to join UB over the edge.”



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team of nurse
scientists and
educators.

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nursing.buffalo.edu/careers

2024 University at Buffalo School of Nursing Alumni Awards

Distinguished Alumni Award

Peter Gustave Johnson, PhD, BS '81, CNM, FACNM, FAAN

In addition to his Bachelor of Science in nursing, Peter Johnson earned his PhD in educational psychology from UB in 1999. For over 15 years, he has been the chief nursing and midwifery officer at Jhpiego, a nurse-led non-governmental organization (NGO) affiliated with Johns Hopkins University. Johnson has traveled to more than 20 countries across sub-Saharan Africa and Southern and Southeast Asia, leading efforts to strengthen nursing and midwifery education, infrastructure and services. In 2021, he received the American College of Nurse-Midwives' Lifetime Visionary Award for his global work with Jhpiego.

Patricia H. Garman Award for Excellence and Service in Nursing

Linda Scharf, DNS '93, MS '76, BS '67, RN

Linda Scharf has an exceptional record of service to the profession, including serving as the lead nurse planner for the Professional Nurses Association of WNY since 2016. Her career spans administrative nursing roles at Millard Fillmore Hospitals and Kaleida Health in Western New York. Scharf previously held positions as CEO and clinical vice president of the Visiting Nursing Association of WNY, primary nurse planner for Fazzi Associates in Northampton, MA, and coordinator of the VNA Immunization Campaign. She has also served as vice president of nursing in the Millard Fillmore Health System in Buffalo and Williamsville, NY.

Outstanding Recent Graduate Award

Salah Al-Zaiti, PhD '13, MS '10, RN, ANP-BC, FAHA

Salah Al-Zaiti received a prestigious Fulbright U.S. Scholar Program award from the U.S. Department of State and the Fulbright Foreign Scholarship Board in 2023. He conducted research on cardiovascular disease, biomedical informatics and machine learning in Jordan during the 2023-2024 academic year. An associate professor and vice chair of research at the University of Pittsburgh School of Nursing, Al-Zaiti recently developed a machine-learning model using electrocardiogram readings to improve heart attack diagnoses. He has secured nearly \$8 million in NIH funding and published nearly 100 peer-reviewed articles.

Distinguished Preceptor Award

Isabel Molina, MS '00, BS '91, PMHNP-BC

Isabel Molina received the Dr. Coletta A. Klug Fund Award and the S. Mouchly Small Award from UB for her expertise in psychiatric-mental health nursing and sensitivity to the needs of clients and their families. For over 20 years, she has worked with diverse patient populations at Williamsville Wellness Center, Horizon Health Services, BestSelf Behavioral Health and Buffalo Psychiatric Center. Fluent in Spanish, Molina provides exceptional care to Spanish-speaking patients. She has precepted UB psychiatric-mental health nursing students for nearly two decades, earning praise for her skills in assessment, diagnosis and medication management.



Peter Gustave Johnson



Linda Scharf



Salah Al-Zaiti



Isabel Molina



From Candy Striper to Industry Icon: The Inspiring Nursing Journey of Diane Thompkins (MS, BS '76)

BY TERRA OSTERLING

As a grade-schooler in 1960s Prince George's County, Maryland, Diane Thompkins, MS, BS '76, RN, aspired to a career in computers. Then, teaching history like her next-door neighbor felt like a calling. The dark computer labs of that era fizzled that aspiration as quickly as the landscape of high school classrooms soured her on stepping into one as a teacher. A love for science and teaching, though, would stay with her, woven together with patient care she observed as a teen candy striper at the local hospital where her mother was a medical secretary.

Thompkins watched with fascination how the nurses were calm in all situations, meeting people where they were and providing what they needed. That's what she realized she wanted to do.

Decades later after her retirement in 2023, Thompkins was honored by the American Board of Nursing Specialties when they renamed their lifetime achievement award "The Diane Thompkins Lifetime Achievement Award" in recognition of her significant impact on the nursing profession. It's an impact shaped by continually following her interests and pushing herself forward into new, patient-centered experiences.

Exploring New Horizons at UB

"It was uncommon back then for a nurse to have a four-year college degree, but higher education was important to my parents and having a bachelor's degree was important to me, so when I worked alongside the registered nurses as a candy striper and knew that's what I wanted to do, I started looking around for college programs," Thompkins said.

While the University of Maryland was less than 30 miles from her home, Thompkins wanted to explore. The University at Buffalo School of Nursing offered a four-year nursing degree, was

out of state and affordable. Attending UB also meant the opportunity to leave behind segregated education.

“It was uncommon back then for a nurse to have a four-year college degree, but higher education was important to my parents and having a bachelor's degree was important to me.”

While downtown Buffalo was struggling economically, the city's ethnic neighborhoods and students from all over New York were a welcome cultural education for Thompkins. She was also impressed by UB's commitment to keeping the main campus in the city while other businesses and organizations moved to the suburbs.

"I was focused during my time in Buffalo: go to class, go to clinical and experience the world so I could appreciate it. I felt it was my job to get it done in eight semesters, but I also had fun learning about where people were from, hearing how they spoke and trying new foods. But I never did like chicken wings dipped in bleu cheese," Thompkins said.



Thompkins graduated from Nurse Flight School in 1979.



Thompkins joined the United States Air Force, completing her officer training in Texas.



Thompkins receiving her wings upon graduating from Nurse Flight School.

From Bedside to Flight Nursing School

Thompkins' first professional experience in bedside nursing took her to University of Chicago Hospital in Hyde Park as a graduate nurse awaiting the results of her board exams. She was there for two years in the medical and surgical units as a new registered nurse — time she spent thinking about another goal: enlisting in the military and training as a flight nurse.

"The three choices I had after high school were to go to work, go to college or enlist in the military. My father grew up in Florida and was in the Navy during World War II, and I was thinking about college for nursing when the Vietnam War was winding down. By the time I got out of school, the military programs funding nurses were also winding down, so nurses admitted to the military needed to come with experience," Thompkins said.

“The three choices I had after high school were to go to work, go to college or enlist in the military.”

Once she got that in Chicago, it was off to Texas for Air Force officer training, then being stationed at March Air Force Base in Riverside, California. Even as she advanced ranks from 2nd to 1st lieutenant, her nursing shift assignments were not the experiences she hoped for. Thompkins began to reconsider her Air Force career plans. Meeting with her colonel and new base nursing director opened another door.

"I initially told her I was planning to leave after my three years and that I wanted to transfer to another unit until then. But then I decided to take the risk and tell her what I really wanted: to go to flight nursing school. She came back and told me to pack my bags, that I was going to Brooks Air Force Base (in San Antonio) for flight nursing training. I learned then and there to always

be truthful with people because if you say nothing you'll just stay where you are," Thompkins said.

Flight nursing school was rigorous. Thompkins learned to swim so that she could pass the survival training simulations required to serve as a nurse caring for patients being transported on flights all over the world. Every step of the way were teachers guiding her through acknowledging fears and managing competencies. She got her certificate for completing flight nursing school, proudly pinned her wings over her rank, and then realized she was ready to go back to school.

An Education in Education

Thompkins left the Air Force as a captain in 1981, not long after her three-year commitment [for nurses] was over. She headed to the University of Maryland for her Master of Science in Nursing Education, while simultaneously working as an evening charge nurse at Prince George's Hospital and Medical Center's medical cardiology and renal unit. Her academic experience reignited her aspirations to teach, but the reality of academia — the significant amount of time spent in committees and meetings and working on administrative tasks versus actual classroom time with students — paused her track on that again.

In 1984, accepting a position as a clinical nurse at the National Institutes of Health set her on a 14-year path where Thompkins found ways to be the educator she was at heart. First as an interim head nurse, then as a nurse educator designing, developing, implementing and evaluating education programs for nurses. Thompkins was also ecstatic when the agency began using electronic medical records and she found herself using computers in nursing. All her pathways and ambitions converged when managing nursing continuing education programs led to credentialing.

Thompkins left the National Institutes of Health in 1998 and spent several years as an advice nurse for Kaiser while also

working part-time guiding nurses through review courses, and again in nursing education and staff development. Then, in 2004, she accepted the position of Assistant Director of Certification Services for the

“When I think back to what I learned at UB, I can still hear ‘every patient deserves your best and to be treated ethically.’”

American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association that is internationally renowned for its credentialing programs that certify and recognize individual nurses in specialty practice areas.

Over the next 19 years until her retirement, Thompkins would also serve the ANCC as a senior certification program analyst as liaison to faculty, students and schools seeking certification for nurse practitioners and clinical nurse specialists, and providing expertise, guidance and leadership as manager of accreditation.

A Patient-Centered Perspective

"No matter where we are, everything we do in nursing is for the benefit of the patient," Thompkins said, "Ultimately what we do in credentialing is for nurses who interact with the patients, so if you have a good, qualified workforce — the patient wins."

As Thompkins' roles evolved at the American Nurses Association, she kept pace with tying together advanced practice, specialty nursing, nursing education, regulations and state licensing. She routinely represented the APRN at nursing stakeholder meetings and even piloted transforming a massive national level accreditation binder into an electronic file. Her institutional memory and work in credentialing would lay the groundwork

for providing support to several other nursing stakeholder groups, including the National Organization of Nurse Practitioner Faculties, National Council of State Boards of Nursing and National Association of Clinical Nurse Specialists.

"When I think back to what I learned at UB, I can still hear 'every patient deserves your best and to be treated ethically,'" Thompkins said, "That was a driver throughout my career. I took an indirect route [to certification and credentialing], but everything I learned along the way applied to that work. It was just as important as my work in bedside nursing."

Today, Thompkins' mother insists she display the award she received from the American Board of Nursing Specialties. She acquiesced, even bringing it along to a large family reunion, so she could be an example to her profession, and to her community.



Lorna Schumann was the first recipient of the newly named Diane Thompkins Lifetime Achievement Award. Diane Thompkins and American Board of Nursing Specialties president James Stobinski presented the award earlier this year.

Art, Acumen and Endurance: A Nurse Practitioner's Journey to Aesthetics Entrepreneurship

BY SHANNON O'SULLIVAN

When Jenna Goldsmith was a nursing student at UB, she never envisioned that her career in advanced nursing practice would entail owning and operating a medical spa.

Goldsmith earned her BS in Nursing in 2006 and her MS in Maternal and Women's Health Nursing in 2008, both from UB. Since 2015, Jenna L. Goldsmith NP Medical Spa in Williamsville, New York, provides patients with medical aesthetic services, including Botox, fillers, laser treatments and a variety of other elective procedures.

"When we treat the face, it's a game of millimeters," Goldsmith said. "It's quality over quantity all day long in the world of aesthetics."

She emphasizes that continuing education and enhancing quality care for patients are her primary goals for the practice. Additionally, she aims to publish more research related to aesthetics – demonstrating how nurse practitioners can forge a career that combines clinical practice, entrepreneurship and research.

Although Goldsmith, 39, downplays her business acumen, she was recently named to Buffalo Business First's annual "40 Under 40" list.

"I always say I'm not a great business

person – I'm just really good at assessing perceived issues or problems," Goldsmith said.

Goldsmith attributes that ability to her training and experience as a nurse. After shadowing a hospital rotation in Batavia in high school, she knew she wanted a nursing career. She also realized that attending UB was a pivotal step toward achieving her goals.

"Going to UB for nursing was synonymous with the best. I'm definitely someone who strives for excellence."

"Going to UB for nursing was synonymous with the best," she said. "I'm definitely someone who strives for excellence."

She looks back fondly on her time at UB, including her participation in the Nursing Student Organization. She also began a lifelong friendship with fellow 2006 UB nursing alumna, Emily Jerge, who is now her sister-in-law and a member of the same 2023 "40 Under 40" cohort.

Goldsmith's focus on medical aesthetics began by chance. She was working at a gynecologist's private practice in 2010 when she picked up a paper on the way home from work to explore job opportunities. She noticed an ad seeking a physician's assistant or a nurse practitioner to manage a medical spa.

"That was 2010, so this kind of stuff didn't really exist," she explained. "I sent my resume thinking there was no way I would ever get that job ... they called me for an interview, and I got the job that day."

Goldsmith cites New York State's 2015 Nurse Practitioner Modernization Act, which expanded experienced nurse practitioners' scope of practice, as instrumental in her decision to found her own medical spa. Although she was nervous to enter the business world, her harrowing experience of surviving a stroke motivated her to become an entrepreneur.

"Life is short, and I know that that is an overused phrase, but I had a stroke when

I was 31 years old," she said. "After 22 days in the hospital and unsure if I would ever walk again or get out of a wheelchair, I can definitely tell you that life is short, and you should go for it."

Her advice for aspiring and current nurses is to maintain an open mind about career directions. She encourages nurses to view entrepreneurship as another avenue for providing exceptional patient care.

"Just because you're a nurse or nurse practitioner doesn't mean that you can't have your own business...and be just as successful at caring for patients," she said. "I really think that nurses do that best."



Alumni and long-time friends Jenna Goldsmith and Emily Jerge were named to Buffalo Business First's "40 Under 40" 2023 cohort.

"Nursing is a team profession. We may be taking care of patients individually as nurses, but we need the support of our peers to physically and mentally get us through the days and nights, the weeks, the years."

Congratulations to Jenna Goldsmith, MS '08 and BS '06, owner and operator of JLG Medical Spa in Williamsville, NY, on ranking no. 19 on UB's 2024 Fast 46 list! Named in honor of UB's founding in 1846, Fast 46 recognizes and celebrates the success of 46 of the fastest growing businesses owned or led by UB alumni or former students around the world.

UB FAST46

In This Together: The Importance of Peer Support in Nursing

Emily Jerge (BS '06) shares her personal story of finding success with the help of supportive friends and colleagues in nursing. Read more about the many ways to make these important connections.



A True-Blue Nurse: An RN to BS Grad and Current DNP Student Shares Her UB Nursing Journey

BY SHANNON O'SULLIVAN

Before Cindy-Ann Bautista graduated in 2020 from the School of Nursing's RN to BS program, the no. 1 ranked online bachelor's program in the nation, UB was already an important part of her life.

Bautista's husband, son and daughter are all UB alumni. So, when she decided to earn her bachelor's in nursing, she felt like attending UB was the logical choice.

"Well, I can't be the only Bautista that doesn't have a bachelor's degree from UB, so that's what drew me," she said. "So, we could all be a UB Bulls family ... I love UB."

Bautista currently works as a travel nurse in the emergency department at Upstate University Hospital in Syracuse. She is also enrolled in the family nurse practitioner program at UB. She was originally inspired to pursue nursing after enduring her own health struggles.

"I got a kidney transplant ... and I was hospitalized a couple of times," she explained. "The nurses that took care of me, they were just fantastic ... and at that point I had been going to school, in and out, and I finally decided that nursing was what I wanted to do."

Bautista worked as a home health aid and a certified nursing assistant before becoming an RN. As a working nurse with a family, she lauds UB's RN to BS program for its flexibility and support.

"Every professor that I had was extremely flexible," she said. "They understand that we are working individuals, and they do their best to ensure that you have that education to move to the next level of nursing."

In New York State, registered nurses must earn their bachelor's degree within 10 years of initial licensure. Bautista explains the benefits of the bachelor's degree for practicing RNs.

"The whole purpose of it is having us really slow down and take a look and realize the theory of why we're doing what we're doing on a daily basis," she said.

Through working with diverse patient populations in emergency departments, Bautista emphasizes that one of the most critical aspects of nursing is educating patients and their loved ones about how to manage their health after discharge. She notes that the cultural and linguistic diversity of U.S. patient populations makes inclusive and cross-cultural communication strategies essential for nurses.

"We need to be multicultural in our practice," she said.

Bautista underlines the importance of diversifying the nursing profession for many reasons, including that some patients from marginalized communities may be reluctant to seek treatment from health care professionals and providers who do not look like them or come from a different background.

She currently serves as a mentor for an undergraduate nursing students through the School of Nursing's mentorship program for students from underrepresented backgrounds. She also wants to become more involved with providing care via global experiences trips, as inspired by Mollie Oldenburg, program director of the family nurse practitioner program and global initiatives coordinator.

"She does so many things that I would like to do," Bautista explained. "Going to other countries ... learning [about] different cultures ... looking at the different health care systems."

As a future family nurse practitioner, Bautista aspires to establish her own practice in a community with low socioeconomic status. She also hopes to offer pop-up nursing care events, where community members can receive services and education, including having their blood

pressure taken, diabetes management training and wound care.

Bautista views nursing as "the foundation of health care" and offers advice for those looking to join the ranks of the nation's most trusted profession.

"Nursing has to be something that that you enjoy," she said. "Even when the day gets tough and you have a bad day, you know when you come back the next day, you cannot wait to provide care."

"Nursing has to be something that that you enjoy. Even when the day gets tough and you have a bad day, you know when you come back the next day, you cannot wait to provide care."



Cindy-Ann
Bautista BS '20

Congratulations class of 2024!

Commencement Awards

Sigma Theta Tau,
Gamma Kappa Chapter Award

Cristina de Rosa (PhD '24)
Grace Carol Haxton (BS '24)

Ethan Christian '12
Memorial Award

Clarice Fisher (BS '24)

Shirley D. DeVoe Nursing Award
for Excellence in Communication

Kellie Ann Gorman (DNP '24)
Brenda Lema (BS '24)

Dr. S. Mouchly Small Award

Rachel L. Paige (DNP '24)
Becca Navel (BS '24)

Ruth T. McGrorey Award
for Excellence in Nursing

Taylor Jakubik (BS '24)

Anne Walker Sengbusch Award
for Leadership in School and
Community Activities

Clare Banigan (DNP '24)
Taylor Allen (BS '24)

Ruth Gale Elder Award for
Excellence in Nursing Research

Amanda Anderson (PhD '24)

Class of 2024
Degrees Awarded: **243**

PhD: **8**

DNP: **52**

PMH Advanced Certificate: **7**

BS in Nursing: **176**

- RN to BS: 58
- Accelerated: 52
- Traditional: 66



Helene Fuld Health Trust Awards \$500,000 to UB School of Nursing to Support Accelerated Nursing Students

The University at Buffalo School of Nursing has received a \$500,000 grant from the Helene Fuld Health Trust to support students in the Accelerated Bachelor of Science in Nursing (ABS) program. The award will be matched with \$200,000 from the SUNY University Center Endowment.

The grant includes \$400,000 for an endowed scholarship fund and \$100,000 for immediate-use scholarships. SUNY will provide the \$200,000 match over three years. The endowment portion of the gift will generate returns, offering long-term support for nursing students.

"We are indebted to the Helene Fuld Health Trust for their confidence in providing this grant to our accelerated students at the University at Buffalo School of Nursing, who often have limited scholarship opportunities as second-degree students," says Annette Wysocki, dean of the nursing school.

"These students become outstanding competent practitioners and leaders

in nursing and their prior degree often further magnifies their expertise. Last year, these students achieved a 100% pass rate on the NCLEX-RN exam, exemplifying the high caliber of students who attend this program and become expert nurses providing high-quality care at the bedside."

Class	Accelerated BS (UB)	Traditional BS (UB)	NY State (Baccalaureate Programs)	U.S. (Baccalaureate Programs)	U.S. (All Program Types)
2024*	100%	100%	87.1%	90.2%	89.2%
2023	100%	98.5%	87.7%	90.3%	88.6%
2022	92%	96.8%	73.1%	82.3%	79.9%
2021	97.9%	95.8%	78.2%	86.0%	82.48%
2020	98%	97%	81.6%	90.3%	87.2%
2019	98%	98.6%	84.7%	91.7%	88.2%

NCLEX-RN Pass Rates | *Q3 results at time of publication.

The ABS program serves students who have earned a bachelor's degree in another field and are pursuing a second career in nursing. These students are

crucial to addressing the national nursing shortage that is affecting health care systems and patient outcomes across the country.

"Acknowledging the increased complexity and sophisticated knowledge required for health care delivery, the Helene Fuld Health Trust gives preference to programs that offer BSN degrees and higher," according to the organization. "The trust continues to award grants to leading nursing schools that develop innovative programs to enhance the professional and leadership skills of nursing students, faculty and administration."

UB graduates about 120 pre-licensure BSN students each year, including more than 50 ABS students. The first distribution of Fuld funds will provide \$55,000 in scholarships for the fall semester.

The Helene Fuld Health Trust is one of the most renowned charitable organizations supporting nursing schools, with a mission to promote the health, welfare and education of student nurses. Grant applications are competitive and by invitation only.

The grant recognizes UB's nursing programs as leaders in the field and reflects the trust's commitment to investing in the future of nursing education.



Alumna Shares Her Accelerated Ascent into Nursing



BY SHANNON O'SULLIVAN

Natalie Argueta became acquainted with her current patient population of older adults at an early age.

Argueta's mother worked at a nursing home. She often tagged along during her shifts, as her mother was a single parent.

"I'd hang out in the dining halls, the game rooms and the courtyard with the residents," she said. "That's how I learned compassion and caring."

Argueta currently works as a nurse at the Alzheimer's Disease and Memory Disorders Center (ADMDC), a Center of Excellence for Alzheimer's Disease (CEAD) – operating under UB's Department of Neurology in the Jacobs School of Medicine and Biomedical Sciences.

As part of the ADMDC team, Argueta exemplifies the nursing field's versatility: she assists with clinical research trials; provides care in the outpatient clinic; and conducts community outreach to educate health care providers about the increasing prevalence of dementia and memory loss resulting from a marked increase in the U.S. older adult population.

"We feel like it's really important that

health care professionals, especially in the Western New York area, are educated about [dementia]," she explained.

Argueta is a graduate of UB's

"Being a nurse is being extremely knowledgeable ... it's being a technician, you have to be good at computers ... you have to be a leader... [you've] got to be creative."

accelerated bachelor of science in nursing program – a rigorous, 12-month course of study designed for students pursuing nursing as a second bachelor's degree. She earned a BA in Psychology and Sociology with a Criminal Justice certificate from the University of Massachusetts-Amherst before relocating to Buffalo.

Argueta comes from a low-income background and was able to excel in the

program through a generous Helene Fuld Health Trust scholarship. Given the demands of the accelerated curriculum, this financial support enabled her to focus exclusively on her studies.

Although the accelerated track poses challenges for each class of students, Argueta also had to adapt to a major obstacle: she started her nursing degree in May 2020.

"The most challenging part was that it was during COVID," she said.

Argueta credits her instructors for how they adapted the curriculum for online learning, as well as the strong culture of peer support, for her success.

Argueta's advice for those interested in pursuing nursing as a second career is to volunteer or work in a hospital or nursing home to gain an understanding of how multifaceted nursing is.

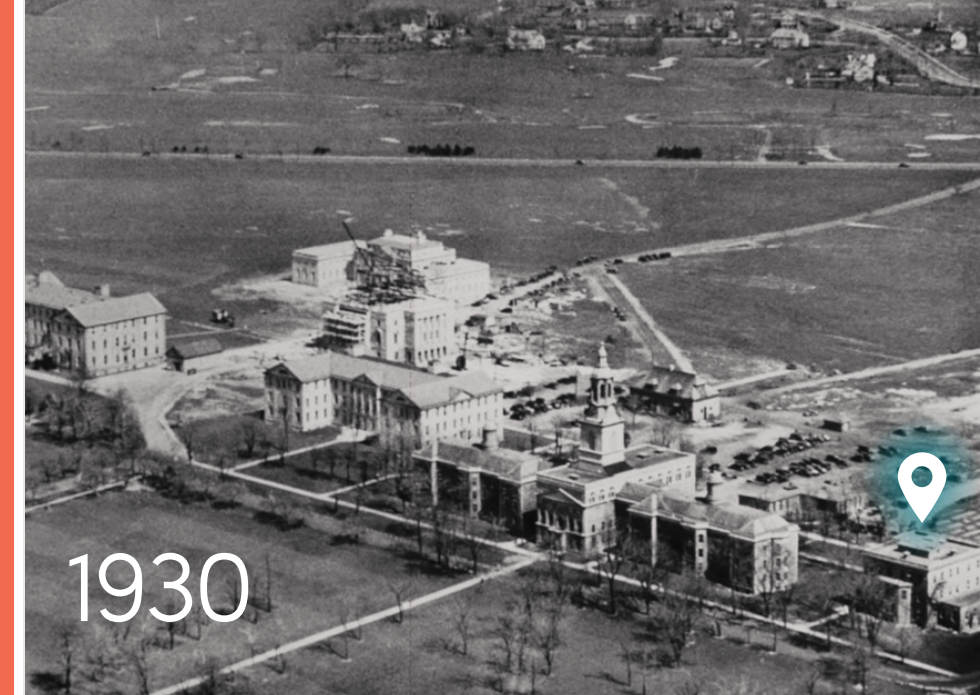
"Being a nurse is being extremely knowledgeable ... it's being a technician, you have to be good at computers ... you have to be a leader... [you've] got to be creative," she said.

The Future Unfolds at UB

UB's South Campus rises behind the historic Erie County Almshouse complex, which included Hayes Hall, Townsend Hall and Wende Hall. In 1930, architects E.B. Green and Son and Albert Hart Hopkins designed the campus plan, shaping its development through the 1950s.

Wende Hall, originally the maternity ward of the almshouse, was later named Hochstetter Hall when it housed UB's Physics Department. In the 1970s, the Hochstetter name moved to North Campus, and the building was renamed Wende Hall. A significant addition was completed in 1955. Following a major renovation in 2008-09, Wende Hall became the home of the School of Nursing.

Brush up on "The History of the University at Buffalo School of Nursing" with Janice Feigenbaum (PhD '88, MS '70). The newest chapter highlights Marsha Lewis' tenure as dean from 2012-2022.



1930



1972



Today

pUBs

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