Courtney Ramsey, BSN’15

Duke University School of Nursing strives to look beyond differences to forge connections among students, faculty, staff, and patients from all walks of life.

**COURTNEY RAMSEY, BSN’15,** became seriously interested in nursing after her grandmother broke her hip. “The nurses in the hospital were fabulous,” she says. “They made sure she was comfortable and paid attention to her needs as a person. It was great to see how involved nurses are with patients. They are true collaborators in each patient’s care.”

Ramsey, a native of Greenwood, Mississippi, is a Health Equity Academy Scholar at Duke. In addition, she has served as co-president of Spectrum, a student organization committed to the advancement of the health of lesbian, gay, bisexual, transgender, and other individuals of minority status through nursing advocacy. Spectrum has sponsored workshops, such as student-facilitated training that aims to engage everyone in preventing gender violence on Duke’s campus. The organization has also hosted more lighthearted events, such as a fashion show of sorts in which students were invited to get creative in decorating their scrubs. “The MC of the event dressed in drag. I thought that was interesting because I’d never seen anyone dressed in drag before,” Ramsey says. “I think sometimes we take offense to things simply because we haven’t been exposed to them. Spectrum does a good job of introducing that type of diversity to our community of student nurses. It has been really fun.”

* by Angela Spivey
Brigit Carter, PhD, MSN, RN, CCRN, associate clinical professor of nursing

Jasmine Alexis, BSN’15

Barbara Neto, BSN’15

Julie Cusatis, senior manager of international programs

photographs by Les Todd
“When you think about the concept of diversity, it’s not just skin color. It’s anything that makes us different. The key is learning how to accept those differences and look for things that are alike about each person,” Ramsey says. “That’s how people connect. You have to address the biases that you have, but don’t let those stand in the way of a great relationship.”

BARBARA NETO BSN’15 just might be hard-wired for change. Born in Portugal, she was raised in Massachusetts. When she decided to apply to nursing schools, she knew she wanted to go somewhere away from home. “I wanted to be away from the northeast, just to be somewhere different, out of my comfort zone,” she says. “I like change and surprises.”

When she visited the Duke School of Nursing, “I fell in love,” she says. “I felt it was such a supportive environment. The faculty really want you to succeed. I knew that would be important with me leaving my home and family.”

Neto received the Helene Fuld Health Trust Scholarship and was a scholar in the Health Equity Academy, the nursing school’s summer immersion diversity program. “I’m very grateful for the opportunity to be in the Health Equity Academy. I like that we explored different wellness resources that are available in our communities that we can pass along to patients,” she says.

Neto has family in Portugal and visits there often. She did her community health rotation in Nicaragua, and she served as co-president of Duke Nursing Students Without Borders, an organization that has organized volunteer trips and distributed medical supplies to countries such as Guatemala. “I’ve always felt like a global citizen,” Neto says.

After graduation, Neto will bring all she has learned to her new job in the emergency department of Duke Regional Hospital. Some people might find that setting stressful, but not Neto. “I like being on my toes,” she says.

JASMINE ALEXIS, BSN’15 was afraid of the doctor’s office when she was in elementary school. Then the nurses won her over. “I was scared of the shots and would run from them at first,” she says. “But the nurses took the time to talk me through things.” Later, she would confide in her nurses, rather than her doctor, in part because she spent more time with them. “A nurse is all I ever wanted to be,” Alexis says.

Alexis was one of six Health Equity Academy Scholars in her ABSN class at Duke. The academy is funded by a Health Resources and Services Administration grant intended to increase nursing education opportunities for people from disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented among registered nurses. In addition to receiving scholarships and academic support, the scholars participate in a six-week summer immersion at the School of Nursing to learn about social determinants of health—how education, culture, socioeconomic status, and the environment where patients live affects health.

Alexis says the academy taught her to look beyond the outward appearances of patients. “There is more to your patient than what you’re seeing on the bed. This person is a mother, a sister, or a father. This person could be the primary breadwinner. Or this person may not have a job or a car. Our job as nurses is to see what obstacles our patients face. I may have a diabetic patient, and I’m telling them they need to eat fruits and vegetables and they need to exercise. But I have no idea if they have access to a grocery store or if they have the money to pay for fruits and vegetables. So it’s not so much giving people a list of things that you want them to implement in their lives, but trying to figure out what their obstacles are and why these needs haven’t been met before, and how can we help them find the resources in the community so they can start making healthier choices. I think the Duke University School of Nursing is definitely taking steps toward what needs to happen in health care—focusing not just on treating illness but...
“...it’s not so much giving people a list of things that you want them to implement in their lives, but trying to figure out what their obstacles are and why these needs haven’t been met before.”

JASMINE ALEXIS

“Our students should be culturally competent. They should have a good understanding of how to connect and work with people from different backgrounds, people of various sexual orientations, people with disabilities.”

BRIGIT CARTER

TOTAL ENROLLMENT: Represents an unduplicated headcount of students enrolled in at least one course and their primary academic programs are represented. Overall enrollment may not match the aggregation of academic programs if students are enrolled in more than one academic program.

ENROLLMENT BY UNDERREPRESENTED MINORITY: Represents an unduplicated headcount of students. “Underrepresented Minority in Higher Education” includes: US citizen and resident alien males, and American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino/a, Native Hawaiian or Pacific Islander, and two or more races.

ENROLLMENT BY GENDER: Represents an unduplicated headcount of students.

Reports/Statistics produced by: Duke University School of Nursing Institutional Research Office

on wellness and preventing illnesses before they start.”

In 2016, Alexis begins a job in Duke’s medical intensive care unit, realizing her childhood dream of becoming a nurse.

As she moved from serving in the military to attending nursing school at NC Central University to working as a nurse at Duke University Hospital, then earning a PhD and becoming a nursing professor, BRIGIT CARTER, PhD, MSN, RN, CCRN, associate clinical professor of nursing, always had her eye on her next challenge. “I felt supported while earning my degree and as I moved into administrative leadership at the school. So I understand how important support is,” Carter says. She and other scholars have documented in the literature that social isolation can be a big problem for students from underrepresented populations in the nursing field. It’s a problem she tries to address as director of the Duke School of Nursing Health Equity Academy. “I’m concerned that some students will fade into the background, which is why I believe in the work that I’m doing, because it addresses social isolation,” Carter says. “Everybody should be afforded the opportunity to grow.”

For the scholars in the Health Equity Academy, just as vital as the academic support and summer immersion program are the Sunday dinners that Carter hosts at her home. There is no shop talk. They just get to know each other. “It really gives the students a network of people to trust and depend on,” she says.

Having nurses in the workforce from all backgrounds can encourage patients to feel safe seeking health care, Carter says. “But we will not be able to have enough minorities in nursing or in any other health care field to match our population. So...
it’s important for us to have diversity in our frame of mind. Our students should be culturally competent. They should have a good understanding of how to connect and work with people from different backgrounds, people of various sexual orientations, people with disabilities.”

“I think this school has seen a tremendous growth in how we are embracing diversity,” Carter adds.

JULIE CUSATIS, senior manager of international programs at Duke University School of Nursing, has applied her expertise in team building and leadership to lots of different causes over the years, including advocacy for people with developmental disabilities, increasing diversity among nursing BSN and PhD students, and now providing global experiences for nursing students. Throughout her career, she says, a common thread has been striving for inclusion—creating a sense of belonging.

Cusatis served on the committee that produced the School of Nursing’s statement on diversity, and she thinks it puts it well: “Diversity is more than broadly represented demographic differences. Rather, diversity embodies cultural sensitivity, openness, collaboration, and inclusion.”

“It’s wonderful that we have these incredible programs to bring diversity into our school, especially because we live in an increasingly diverse and global world,” Cusatis says. “But we also need to pay attention to the other side of the coin—inclusion. When we are bringing diversity into an environment, it is equally important to foster a sense of belonging and camaraderie.

PhD student Ethan Cicero’s first academic publication brings to light health disparities among the transgender population

IN HIS FIRST SEMESTER AS a Duke nursing PhD student, Ethan Cicero brought attention to a problem that has largely been in the dark. His first academic publication—a case study of a transgender man’s experience of mistreatment in an emergency department—was covered by CBS News, the Huffington Post, and other national media.

Cicero began the work that led to that publication as a BSN student at UNC-Chapel Hill School of Nursing. “I wanted to do a research project, and I realized we’re not talking about transgender identities at all,” he says. “I wanted to show the nursing field why this is important, how many people it’s impacting, and what’s happening to people’s health because of it.”

He began reviewing the literature, which shows, for example, that 28 percent of transgender people in a survey had been harassed at a hospital or doctor’s office, and 19 percent of them had been refused medical care because of their transgender identity. When Cicero put out a call to interview people about their experiences, he got a response from a transgender man who had received shockingly bad treatment at an emergency department.

The man, Brandon James (a pseudonym), is in his late forties. He had lived as a woman for much of his life but had transitioned to a male using hormones. His driver’s license and medical record identifies him as female, but he appears very masculine. He went to the emergency room for high blood pressure and anxiety, but the staff at the reception desk focused only on his appearance. As Cicero wrote in his publication, “After consulting with a colleague, the check-in staff member walked away, but soon returned with three or four additional staff members. Brandon recounted his humiliation: ‘They come up and she’s like, ‘That’s a girl.’ Pointing at me saying, ‘No, that’s really a girl.’ It wasn’t business-like at all. I was a spectacle. I was a freak show at the circus.’”

The man ended up leaving the hospital without seeing a doctor, and a friend who had accompanied him filed a complaint. Cicero published the case study in the Journal of Emergency Nursing.

“Health care is supposed to be a space where we take care of others,” Cicero says. “But if you think about putting yourself in a position where

“People are dying because of lack of simple preventative measures. Because providers are not aware and are uncomfortable.”

ETHAN CICERO
The international programs that Cusatis currently manages can help to create a more inclusive environment by expanding nursing students’ self and social awareness, Cusatis says. “Global immersions give students a unique opportunity to experience a different way of life and broaden their worldview,” she says. “For example, students often make initial judgements of the disparities that they see in resource-limited countries, where access to care and medical equipment that they are accustomed to can be non-existent. While students arrive with a desire to make a difference, they begin to notice that although these global sites do things very differently, there is much more to learn than to teach. They witness the extraordinary physical assessment skills that local nurses have developed out of necessity, and the ingenuity that stems from doing much with very little. These experiences help our nursing students realize the value and importance of tapping into different cultures, customs, people, and perspectives.”

In 2015, Cusatis was recognized with the Duke University Diversity Award.

“People are dying because of lack of simple preventative measures. Because providers are not aware and are uncomfortable,” Cicero says. He gives the example of someone who was born as a female but now identifies as a man. “Let’s say they have transitioned, they’re on hormones. Well, they may still have a cervix. Are they getting a pap smear? Are they able to find a provider that’s comfortable to do that? Are they comfortable seeking one out?”

Cicero, who is a Robert Wood Johnson Future of Nursing Scholar, will focus his PhD research project on some of the larger issues surrounding health disparities for transgender people. “We’re still trying to understand the problems that are happening,” he says. “Sometimes discrimination is actual and sometimes it’s perceived, and it’s about really getting to the root of what’s going on.”

The bottom line for nurses, he says, is that it’s good to ask questions. “It’s okay not to know. But now’s the time to start really getting educated on how to best care for the population that you’re serving,” he says. “Most people have had interactions with a transgender person whether they know it or not. And moreover, for nurses, it’s about meeting our patients where they’re at and caring for them, and really focusing on their health.”