

DUKE NURSING

a publication of Duke University School of Nursing

Generations of Impact



Celebrating 95 Years



Nursing PhD Turns 20



Alumni Awards



A Lasting Legacy

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DUKE NURSING

magazine

VOLUME 22 ISSUE NUMBER 1

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ON THE COVER: Jessica Covil-Manset, PhD (seated), is a staff member who also volunteered as a pregnant model for Women's Health Nurse Practitioner students. She is pictured with Dr. Kathy Trotter, director of the WHNP specialty, and Rachel Thomas, MSN'25.



Dear Duke University School of Nursing Community,

Earlier this year, on January 2, our School celebrated our 95th anniversary. The milestone coincides with a critical time in the profession of nursing. Recent headlines in the popular press chronicle troubling trends in workplace safety for nurses and providers, challenges to the pursuit of advanced nursing degrees due to changes in federal student loan policy, and nurses striking for safe staffing in multiple cities.

At times like these, we honor the privilege of nursing: the opportunity to be invited into some of life's most challenging, meaningful, and tender moments, when people are at their most vulnerable. We uphold the promise of nursing, that we will be there for these people, provide them with evidence-informed, person-centered care, and work tirelessly on behalf of them and their communities. And we step into the power of nursing—the power to serve in the communities we come from, to educate the healthcare workforce of tomorrow, to advocate, to lead, to innovate, and to create change.

Reflecting on the legacy of Dean Emerita Dr. Mary Champagne (page 21), who served the School at another critical time, I am inspired by how she embodied the privilege, promise, and power of nursing. I hope you are likewise inspired to remember Dr. Champagne, as well as to read about how we are advancing health for all people across the lifespan, from neonatal to geriatric care (pages 5-11).

We are the largest group of healthcare professionals and the most trusted. While we have always been on the frontlines of change, we have sometimes acted quietly, not seeking attention. This moment demands that we use our voice. We must champion and amplify the stories that show how we serve communities, drive innovation, and transform the future of healthcare. Together, let us step into our power and wield our influence with purpose and dignity. Our patients, our colleagues, and the next generation of nurses are counting on us. When nurses use our power, we change healthcare for everyone.

Sincerely,

A handwritten signature in black ink that reads "Michael V. Relf".

Michael V. Relf, PhD, RN, ANEF, FAAN

Mary T. Champagne Distinguished Professor of Nursing
 Dean of Duke University School of Nursing
 Associate Chief Nurse Executive for Academic Partnerships and Innovation,
 Duke University Health System



The School of Nursing's first dean, Bessie Baker, served from 1931 to 1938.

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Clockwise from upper right:
The Fall 2025 Hooding & Recognition Ceremony took place inside Duke Chapel
Associate Professor Derrick Glymph assists a student during the CRNA White Coat Ceremony
A familiar Dukie reviews a past issue of Duke Nursing Magazine
Graduating MSN students pose for a selfie

COVER PHOTO CREDIT:
Andrew Buchanan



FALL GRAD RECAP

This past December more than 200 students crossed the chancel at Duke Chapel, receiving their diplomas and being honored by faculty, staff, family, and friends, in the School's Hooding & Recognition Ceremony.



182 DEGREES CONFERRED

76
BSN

84
MSN

22
DNP

44 CERTIFICATES AWARDED

13
POST-GRADUATE

31
SPECIALTY



BUILDING A LEGACY: THE ORIGINS OF DUKE UNIVERSITY SCHOOL OF NURSING



This story has been adapted from A History of Duke University's School of Nursing (Volume One: 1931 to 1971).



Dean Bessie Baker, the first Dean of Duke University School of Nursing

As Duke University School of Nursing marks its 95th anniversary, we reflect on how far we've come since our founding. From a small, selective diploma program to a globally recognized leader in nursing education and research, the School has continually adapted to meet the needs of patients and communities. What began as a vision to create the best medical center between Baltimore and New Orleans has grown into an institution that prepares nurses to lead in an era of rapid technological, scientific, and societal change.

With only five years remaining until the School of Nursing celebrates its centennial, Dean **Michael Relf, PhD, RN, ANEF, FAAN**, says a historical understanding can help the School's community better appreciate the visionary mindset needed to meet the current moment.

"As we approach our centennial, understanding our history is essential," said Dr. Relf. "The vision and resilience that shaped Duke University School of Nursing in its earliest days continue to inspire us. While the world of nursing looks very different now, our history provides the foundation for how we evolve to continue to be a global leader in education, research, and clinical practice."

while he was a patient there in 1917. She agreed to the position and became the first dean of the School of Nursing in 1931.

Baker, who would serve as dean until 1938, was a graduate of the Johns Hopkins School of Nursing and Columbia University. Dr. Davison later reflected that Baker's dynamic personality and forceful character helped ensure the success of the School from its earliest days.

By 1931, Baker had recruited the first students to enroll in Duke's new three-year nursing diploma program, writing personally to each individual who was accepted. Her official title at the Hospital is unclear, with various sources referring to her as chief nurse, hospital liaison, and director of nursing service. Her responsibilities included leading the nursing education enterprise and the delivery of nursing care. In the initial years of operation, enrollment in the School of Nursing was small and selective, the faculty holding students to high standards. The first class of twenty-four students enrolled in the new diploma program on January 2, 1931. A notice placed on the bulletin board at the School of Medicine read, "The student nurses have arrived. Do not feed or annoy them. Be gentle and entertain them."

After two-and-a-half years of study, the first fourteen nurses graduated in June 1933. The School's first students had one instructor who taught nearly all their courses: **Ann Henshaw Gardiner, MS, RN**, assistant professor of nursing education. The



The first class of graduating nurses, 1931



Nursing students pose in an undated photo



Dean Baker was a tireless advocate for the newly formed school

A Vision for Excellence in Education & Care

In 1925, James Buchanan Duke's \$4 million bequest established Duke Hospital, the School of Medicine, and facilities to educate and train nurses—part of his goal to create the best medical center between Baltimore and New Orleans. From day one, nurses were the backbone of Duke Hospital's operations. When the Hospital opened in July 1930 during the Great Depression, resources were limited, but nurses ensured patient care ran smoothly. **Wilburt Cornell Davison, MD**, founding dean of the School of Medicine, was tasked with launching the new School of Nursing. Viewing the chief nurse as "the most important person in any hospital," he led a nationwide search for a leader who could shape both patient care and nursing education.

Bessie Baker and Early Nursing Education

Dr. Davison wrote that everyone agreed that Duke should try to recruit Miss **Bessie Baker**, who had been the chief nurse of Base Hospital 18, during World War I at the Hopkins Unit at Bazoilles-sur-Meuse in France,

curriculum, the prerequisites for admission, and student life were all evolving quickly at the fledgling School. School bulletins beginning in 1931 list the entrance requirements as "intelligence, character, and graduation from an acceptable high school." By the late 1930s, the School of Nursing required one year of college work for admission to the nursing program.

From its beginning through 1944, enrollment grew from fifty-seven to 275 students and the faculty from two to nineteen. 95 years later, Duke University School of Nursing has 91 full-time faculty and more than 1,200 students—and stands at the forefront of a rapidly evolving profession.

"Advances in technology and shifting healthcare needs are transforming the way nurses care, lead, and innovate," said Dean Relf. "With a steadfast commitment to preparing clinicians to use evidence to inform person-, family-, and community-centered care, Duke will continue to lead with vision, expertise, and dedication to improving health for all people."

Generations of Impact

Where Nursing Education Meets Real-World Change for Patients, Communities, and Policy

Written and compiled by Matt Lardie

There is a thread that runs through Duke University School of Nursing, one that weaves together education and experience to create a tapestry of care across the lifespan. Our students, staff, faculty, and thousands of alumni have built a culture of care that has impacted countless lives in our own backyard here in Durham, across the nation, and throughout the world. Duke-trained nurses continue to lead in hospitals, clinics, schools, community programs, and anywhere care is needed.

In the pages ahead, you'll follow that thread across lifetimes and geography, meeting the people and ideas behind a spectrum of initiatives and research programs: from discoveries that reshape practice, to innovative training models, to partnerships that expand access and equity. Together, their work adds up to something larger than any single encounter—generations of impact, felt one patient, one family, and one community at a time.

For many of us, our first encounter with a nurse comes before we've ever seen the light of day, with maternal healthcare making a world of difference in the lives of newborns.

Jessica Covil-Manset, Communications Manager at the School of Nursing, had a firsthand experience with how our Women's Health Nurse Practitioner students are trained when she volunteered to be a pregnant model while carrying her first child.

Women's Health Ultrasound Training: A Pregnant Person's Account

By Jessica Covil-Manset

In June 2025, I volunteered to support the School of Nursing's Women's Health Nurse Practitioner MSN students in two perinatal ultrasound learning experiences. As the School's Communications Manager, and with a Duke graduate background in women's and feminist studies, I relished the opportunity to support women's health nursing education (and to see my developing baby).

This training allowed students to conduct perinatal ultrasounds on real-life pregnant persons with a practicing technician guiding students through the basics of manipulating a transducer probe across a pregnant belly and understanding what is shown on the display screen. Students gained hands-on experience positioning and angling the probe so that it shows various parts of the uterus and the fetus, finding the placenta, the head, the spine, and the heart.

One student who participated in my ultrasound, **Alexis Jordan**, has been an RN since 2021, and all her nursing experience is in labor and delivery. She said that she decided to pursue her WHNP at Duke because she wanted to be more hands-on with reproductive care across the lifespan.

"So many women of all ages have had negative experiences when it comes to receiving obstetrical and gynecological care," said Jordan. "I want to be able to improve that experience. I chose Duke due to the prestige and the location. I'm an NC native and didn't want to be too far from home."

Another WHNP student, **Jocelin Maxwell**, who engaged with another volunteer, came to the program with many years of nursing experience across clinical settings, including critical care, neurosciences, and outpatient women's health.



Jessica Covil-Manset (seated), Rachel Thomas, MSN'25, and Dr. Kathy Trotter, director of the WHNP specialty



WHNP student Alexis Jordan performs an exam

My husband and I welcomed our baby girl on October 12—leaving just enough time for me to participate in the follow-up ultrasound experience on October 8. I am so thankful for the care and attention that the WHNP students showed me, and I can't wait to see the kinds of nurse leaders they become!

Many people are called to nursing to care for young people. Some go on to become NICU nurses, others school nurses. Some become nurse scientists and tackle some of the most pressing issues facing youth today. There are countless nurses across the globe, and many here at Duke, focused on ensuring that children and adolescents have happy, healthy lives.

From Isolation to Support: How MASI Helps South African Adolescents Stay on HIV Treatment

Marta Mulawa, PhD, MHS, is a Duke scientist and assistant professor whose research centers on a practical question with life-long consequences: how to help adolescents living with HIV stay engaged in care and take treatment consistently. In South Africa—home to one of the world's largest HIV epidemics—young people often navigate medication routines alongside stigma, disrupted support networks, and the everyday pressures of adolescence. But Mulawa also knows that youth across the globe often have one thing in common—whether it's Chicago or Cape Town, they are never far from their mobile devices.

Those realities led Mulawa and her team to develop MASI, a comprehensive smartphone app designed to support young people living with HIV in South Africa with multiple features for day-to-day health management. MASI stands for Masakhane Siphucule Impilo Yethu, which is Xhosa for "Let's empower each other and improve our health."

A central design motivation was connection: the app helps adolescents link up with peers who may be facing similar challenges so they can better support one another. Mulawa's prior work highlighted the power of peer influence in this population, and collaborators in South Africa emphasized



Associate Professor Marta Mulawa

that social isolation was a major and under-addressed barrier.

The project also built on existing digital health infrastructure. Mulawa worked with collaborators who had developed the HealthMpowerment (HMP) platform to support populations in the United States, creating an opportunity to adapt a proven approach to the needs emerging in South Africa. Because adolescents spend so much of their time on their phones, delivering support through a smartphone app aligned with how they already communicate and seek information.

What Adolescents Said They Needed—and How It Shaped the Design

In formative research, adolescents described a wide range of challenges that can derail consistent medication-taking—reinforcing the need for an app that supports multiple dimensions of adherence. One early, high-impact lesson involved information and messaging. Evidence in the HIV field shows that when someone takes treatment consistently and reaches an undetectable level of the virus in their body, they cannot transmit HIV to others—an empowering, destigmatizing message widely known as "Undetectable equals Untransmittable," or U=U. Yet many adolescents in the study were not familiar with the concept or how it applied to their lives, meaning it was not serving as a motivator for adherence. As a result, sharing clear, empowering information about U=U became a key element of MASI, delivered directly through a medium adolescents engage with constantly and can revisit over time.

MASI is designed to complement clinical services, including through an "Ask the Expert" feature. Adolescents can post



Dr. Mulawa with Mluleki Matiwane (University of Cape Town Research Assistant), Bulelwa Mtukushe (University of Cape Town Research Manager), and Elizabeth Knippler (School of Nursing Research Program Coordinator)

questions anonymously, which are then answered by a provider—one practical way nurses and other clinicians can support app use in routine care. Participants valued the ability to get answers to questions they might not have time to ask, or feel comfortable raising, in other settings.

Early Evidence: Feasibility, Acceptability, and Flexible Engagement

To test MASI, the team conducted a pilot randomized controlled trial with 50 youth living with HIV. The pilot demonstrated the app's feasibility and acceptability, along with its potential to improve treatment adherence. Engagement varied across participants, but adolescents appreciated that MASI is comprehensive while still allowing users to pick and choose the content and features most relevant to their needs.

Supporting the Transition to Adult HIV Care

"Adolescents are in this unique development stage where they are beginning to more actively manage their own care and treatment," Mulawa said. MASI offers features such as a "Health Tracker," which allows users to scheduled tailored reminders and monitor how often they take treatment.

"We also have many activities and resources to support active self-management, which is critical as they transition into adult HIV care," she added.

Impact and What Comes Next

Mulawa's team has already seen preliminary, encouraging signals that MASI can improve treatment adherence. "The adolescents were very enthusiastic about moving forward to expand MASI to reach more youth and also to use it to address mental health challenges that they identified as a high-priority unmet need among adolescents with HIV in South Africa," Mulawa noted.

By combining peer connection, trustworthy information, and low-barrier access to clinical expertise, MASI illustrates how digital tools can strengthen adolescent HIV care, and points toward scalable models that health systems can adapt to support young people over the long term. It's nursing at its finest—combining clinical expertise and scientific knowledge to allow patients to not only survive, but thrive.

Empowering School Nurses to Meet the Youth Mental Health Crisis

Across the country, school nurses are becoming essential first responders in a growing public health emergency: the youth mental health crisis. With one in five students experiencing a major depressive episode each year, and nearly half receiving no treatment, the gap between student needs and available mental health services is widening. For her capstone project, **Sahara Aguilar, DNP'25, RN, FNP-BC**, investigated how school



Dr. Sahara Aguilar at her graduation flanked by Dr. Mary Lou Affronti and Dr. Mariam Kaye

nurses (often the first adults to detect changes in students' behavior, mood, or academic performance) occupy a uniquely influential position in addressing this issue; yet many feel under-prepared, undertrained, and unsupported in navigating complex mental health concerns.

A New Model for Training: MHTIPS

Aguilar developed "The Mental Health Training Intervention for Health Providers in Schools" (MHTIPS), a training program that equips school nurses with practical tools for prevention, early identification, crisis response, and effective communication with students and families. Through a structured, multiweek training that blends self-paced modules with guided discussions and resource mapping activities, participants learn to recognize warning signs, deliver support, and navigate referral pathways with confidence.

Measurable Improvements in Knowledge, Confidence, and Preparedness

Results from the implementation are striking. Aguilar noted that nurses' knowledge scores nearly doubled—from 43% pretraining to 84% immediately post training—and gains remained strong three months later. Confidence in discussing concerns, responding to crises, and referring students to services also rose significantly, with similar sustained improvement in preparedness across key skills such as recognizing distress, motivating students to seek help, and coordinating services. These outcomes reflected not only enhanced clinical competence but also the real-world impact, nurses reported; on average, they identified nearly a dozen mental health concerns in the months following the intervention, and 97% successfully connected students with needed resources.

A Promising Path Forward Despite Persistent Barriers

While participants in Aguilar's program praised the relevance and quality of the training, systemic obstacles endure. "Insufficient staffing, restrictive policies, limited family engagement, and ongoing stigma continue to challenge school-based mental health efforts," said Aguilar. Nurses who underwent the training called for more in-depth content, greater administrative support, and expanded resources to meet

Care Rooted in Community: Insights from

Some chronic diseases affect people from infancy and throughout their lifespan. Sickle cell disease is one such condition. Usually diagnosed at birth, it requires life-long, complex specialized medical care. Living with sickle cell often means managing frequent severe pain episodes, severe disease complication such as stroke and kidney disease, and frequent emergency department visits and hospitalizations. These place a significant strain on the person's ability to participate in everyday activities such as attending school or work and affect their overall mental wellbeing. Here at the School of Nursing, we have one of the most robust programs of SCD research in the nation, with multiple nurse scientists approaching the care of patients with SCD from a variety of angles. One of these nurse scientists, **Mariam Kayle, PhD, RN, CCNS, FAAN**, who in partnership with the North Carolina Department of Health and Human Services, Division of Public Health has co-lead the implementation of a statewide SCD surveillance program here in North Carolina, a vital piece of the puzzle when it comes to tracking, understanding, and treating sickle

cell disease. Dr. Kayle explained what drew her to this research and why this particular program is so important.

"I was drawn to sickle cell disease (SCD) because it sits at the intersection of complex clinical management and significant disparities in health outcomes. People with SCD can experience recurrent severe pain, organ damage, and premature mortality, while also facing structural barriers to care including limited access to specialized care, frequent reliance on emergency department (ED), transportation challenges, and inconsistent treatment experiences across health care settings. Those realities make SCD not only a clinical condition, but a major public health issue.

"DUSON has been a strong home for SCD research and practice improvement. Faculty contribute locally, nationally, and globally—Dr. Paula Tanabe advances ED pain management (including decision-support tools and individualized pain plans), Dr. Mitch Knisely develops precision-health approaches to promote equitable pain care, and Dr. Stephanie Ibemere strengthens provider capacity and care models in the U.S. and in low-resource settings.

"My own work focuses on public health surveillance. In partnership with the North Carolina Department of Health and Human Services, Division of Public Health, I co-lead the North Carolina Sickle Cell Data Collection (NC SCDC) program, a statewide surveillance effort funded by the Centers for Disease Control and Prevention. We link data from multiple sources to understand the epidemiology of SCD in North Carolina, patterns of health care use, and outcomes over time—then translate findings into actionable insights for practice, policy, grant applications, and community-based program planning."

Looking at the NC SCDC effort, what do you see as its most critical goals for improving our understanding of sickle cell disease in North Carolina?

"Because there is no national SCD registry, we still don't have a complete picture of how many people are living with SCD, where they live, or how their needs change across the lifespan. NC SCDC—along with 15 other state programs—helps fill that



Associate Professor Mariam Kayle

student needs effectively. Despite obstacles, the overall impact is unmistakable: MHTIPS not only strengthens the skills of individual practitioners but offers a scalable model for improving student mental health outcomes across diverse school settings.

Where Community Shapes Science

Across the School of Nursing, commitment to advancing health for all extends beyond individual patient care to a broader, holistic approach that recognizes the lifelong needs of diverse populations. Throughout work addressing the challenges of every stage of life, we embrace the vital role that collaboration with communities plays in fostering resilience, equity, and lasting well-being. By involving the communities we serve in every aspect of our work—from care delivery and education, to nursing science—



Professor Rosa Gonzalez-Guarda

we ensure that our impact is both far-reaching and deeply rooted, creating a foundation for health that spans generations.

Rosa Gonzalez-Guarda, PhD, MPH, RN, FAAN, knows firsthand the importance of community-engaged research. Dr. Gonzalez-Guarda has led a team of community members, researchers, PhD students, and nurse scientists in a years-long research program called SER Familia. SER Familia is a Duke University School of

Nursing-led research program focused on improving the health and wellbeing of Latino immigrant families by addressing the combined effects of stress, social conditions, and health challenges.

Dr. Mariam Kayle and the NC SCDC Program

gap by linking multisource data to track epidemiology, health care utilization, and outcomes.

"In North Carolina, our most critical goals are to clarify the population's needs across the lifespan and to pinpoint geographic and structural gaps in access to SCD-specific services. When we share results through publications, presentations, and brief reports, our goal is that data are used to inform clinical practice and resource allocation—especially in communities without specialty centers. For example, we have found that many people with SCD live in south-eastern North Carolina, where there is no sickle cell center and where transportation disadvantage can further limit access to care.

"By providing population-level data, we aim to help state and local leaders make informed decisions about funding and programming. Our findings have supported a statewide emergency department pain-management initiative through the Governor's Council on Sickle Cell Disease and Other Blood Disorders, and they have also informed proposed state legislation to expand funding for transportation, care coordination, and care delivery through sickle cell centers, community-based organizations, and the Division of Public Health. Ultimately, our goal is to identify needs and inform programs that would address those needs."

Why is a comprehensive, state-level surveillance program so important for addressing the outcomes for people living with sickle cell disease?

"A comprehensive state-level program matters because SCD outcomes are shaped by specialist availability, transportation, underinsurance, and fragmented care. By linking multisource data statewide, we can identify areas where we can focus on to help guide resources to address people's needs.

"For example, in a multi-state analysis of newborn screening data (11 states), we found that about two-thirds of mothers of newborns with SCD lived in counties with limited transportation. Findings like that point to practical actions—early connection to care coordination and social work, transportation support, and options

such as telehealth or outreach clinics. In North Carolina, sickle cell educator-counselors affiliated with the Division of Public Health and community partners help meet some of these needs.

In another North Carolina analysis, we linked all-payer hospital discharge data with the CDC Social Vulnerability Index to define what 'high ED use' looks like in SCD using longitudinal patterns (rather than an arbitrary cutoff). We identified four groups with low (0–1), moderate (2–9), high (10–32), and super-high (≥ 33) ED visits per year. While fewer than 10% of people were in the high or super-high groups, they accounted for more than half of all ED visits in the state. Those patients were older, lived in less resourced counties, were more likely to visit multiple EDs, were more likely to die—and to die younger (median ~32–33 years versus ~50 in the moderate group). Those insights are only possible when we can link people and encounters and follow outcomes over time."

Based on your work with the SCDC program, how do you envision NC SCDC data being used by clinicians, policy-makers, or community partners to meaningfully impact patient care and equity across the state?

"I envision NC SCDC data driving action through our formal data request process, which allows clinicians, researchers, public health officials, and community-based organizations to request aggregate data. Each request is reviewed by our data team and the Division of Public Health. To date, our data has supported grant applications, scientific publications, quality improvement initiatives, community program planning, and policy discussions. When shared with partners, these data can highlight gaps in care, guide targeted resource allocation, and shape programs that address important healthcare needs—so surveillance findings translate into meaningful improvements in care for North Carolinians with SCD."

The views presented in this article are those of Dr. Kayle and do not necessarily represent the views of the North Carolina Department of Health and Human Services, Division of Public Health.

Now in its second year, Dr. Gonzalez-Guarda reflects on the progress the program has made and looks forward to what comes next:

"In Year 2 of *SER Familia*, I found myself navigating a transitional phase—moving from protocol development to fully launching the study. This period was marked by initiating the project and actively refining processes to ensure fidelity, boost participant engagement, and keep us on track to meet our study aims. Our leadership structure has stayed strong, thanks to bi-weekly meetings with my fellow principal investigator (**Dr. Richard C. Cervantes**) and monthly check-ins with the entire investigative team.

"Throughout these meetings, my team and I have concentrated on building the infrastructure needed for high-quality delivery in community settings. We finalized the manual for community health workers (CHWs), prototyped a 'return of results' process that shares participant-specific profiles related to stress, resilience, and syndemic health, tested and refined our Research

Electronic Data Capture (REDCap) platform for survey and process data collection, and completed procedures and instruments for fidelity monitoring and qualitative data collection. Altogether, these efforts have focused not only on launching recruitment, but also on standardizing and clarifying the intervention's early touchpoints—especially Session 1, where CHWs use visual tools and interpretation guides to discuss baseline results with families.

"Preparing the workforce has been one of our biggest achievements. Starting October 23, 2024, our investigators and staff—led by Co-Investigator **Irene Felsman, DNP, MPH, RN, C-GH** and coordinators **Ms. Garcia Ortiz** and **Zahira Decena**—held weekly, two-hour sessions to train CHWs in research procedures, syndemic conditions targeted by the project, and best practices for implementing *SER Familia*. I also facilitated monthly meetings so I could stay closely connected to CHWs' field experiences and surface implementation challenges they faced while working with Latino immigrant families. As CHWs began delivering the



School of Nursing faculty, students, and staff alongside Ser Familia community members

intervention, our meetings shifted from traditional training to structured supervision. During this time, nurses and other clinical team members—including public health practitioners and psychologists—provided consultative support for complex family needs that emerged, such as mental health symptoms.

Looking ahead to Year 3, my principal goals are all about scaling up while maintaining rigor: improving recruitment, enrollment, retention, and intervention delivery so we can get back on track with our original timeline (aiming for 80 dyads enrolled per quarter), supporting eight CHWs to recruit around 10 dyads each quarter with Duke staff pitching in as needed, advancing a protocol manuscript toward publication, and

Continues on page 11



Preparing the Next Generation of Primary Care Adult-Gerontology Nurse Practitioners



Assistant Professor Casey Brown

As the population ages and more people live longer with chronic conditions, primary care adult-gerontology nurse practitioners (AGNPs) are increasingly in demand. We spoke with **Casey Brown, DNP, RN, AGPCNP-BC, AOCNP**, assistant professor and director of the School's AGNP Primary Care major, about what's changing in the field and how today's students are being prepared for the complex, whole-person care needed by older adults.

What's driving the urgency for more primary care adult-gerontology NPs?

Two forces are converging: a rapidly aging population and a growing number of people surviving—and living for decades—with chronic conditions. Adult-gerontology primary care providers care for patients from adolescence through end of life, which means they manage long-term diagnoses, medications, and prevention across many years. That continuity makes AGNPs a critical part of meeting demand for primary care and ensuring older adults receive comprehensive, ongoing support.

How is an AGNP's role different from specialty care?

AGNP's can practice in both primary and specialty care. However, those that practice in primary care are often responsible for the whole picture. Even when a patient is actively being treated for something like cancer, they still need routine primary care—screenings, chronic disease management, medication reconciliation, and risk reduction for conditions like diabetes, heart disease, and stroke. In practice, that means coordinating with specialty teams and making sure nothing is missed while the patient may be focused on one major diagnosis.

What are some of the hardest conversations new clinicians need to be ready for?

Primary care often includes life-impacting discussions that aren't purely medical—like when it's no longer safe to drive, whether additional supports are needed at home, or when a transition to memory care or a nursing facility is appropriate. These conversations can look very different depending on the patient's age and circumstances. Helping an injured 25-year-old plan for six weeks without driving is not the same as telling an 85-year-old with cognitive changes that driving may never be safe again. Students have to learn how to communicate clearly and compassionately while preserving dignity and supporting patients and families through the practical ripple effects.

How are we preparing students to provide this kind of whole-person care?

Preparation must include both didactic coursework and hands-on clinical and simulation experiences. Faculty focus on the acute and chronic conditions primary care clinicians manage most often and then teach students how to explain diagnoses and implement an appropriate plan. We also teach students about long-term monitoring of conditions. Students practice difficult real-life scenarios through discussion and simulation, and benefit from on-campus immersion experiences. The goal is for graduates to enter clinical practice already knowing where to start: how to assess, how to manage, how to communicate, and when to collaborate with specialty colleagues.



Adult-Gerontology students practice exams during a simulation

Protecting Older Adults: Nursing Strategies for Climate Change Adaptation



Professor Valerie Sabol,
Director of Planetary Health

At the School of Nursing, planetary health principles are being woven into the curriculum across programs. Climate change is not only an environmental concern, but a health concern as well. Aging populations are especially at risk of increased negative health outcomes due to factors like rising temperatures and increasing frequency of natural disasters. Recognizing that planetary health cannot be separated from human health, the School named

Valerie K. Sabol, PhD, MBA, ACNP-BC,

GNP-BC, ANEF, FAANP, FAAN, as the inaugural Director of Planetary Health last year. In that role, Dr. Sabol has continued to work with departments and programs across the School to integrate nurse-led climate education into the curriculum. Here, she draws on her gerontology background to talk about the impacts of climate change on older adults and how the School of Nursing is rising to meet these challenges.

Can you tell us a bit about the intersection of climate change and health outcomes for older adults?

Climate change poses significant and multifaceted risks to the health of older adults, who are disproportionately affected due to age-related physiological changes, chronic conditions, and social vulnerabilities. Key exposures include extreme heat, worsening air quality, severe storms and flooding, food and water insecurity, and the spread of infectious diseases. These hazards exacerbate cardiovascular and respiratory conditions, increase the risk of dehydration and injury, and contribute to mental health stress. Heat, in particular, represents an immediate threat, as older adults often have reduced ability to regulate body temperature and may be taking medications that impair heat tolerance.

Climate change also intensifies existing inequities. Limited mobility, fixed income, social isolation, and inadequate housing can restrict older adults' ability to respond to environmental stressors. At the same time, older adults are not only vulnerable but also capable of contributing to climate adaptation and resilience when supported with accessible, practical, and inclusive communication.

What can nurses do to address some these increased risks?

Nurses play a critical role in helping older adults mitigate and adapt to these risks. In practice, nurses can assess environmental exposures as part of routine care, including access to cooling, air quality, safe housing, and emergency preparedness. They can provide education on symptom recognition, chronic disease management during environmental stress, and individualized preparedness planning, while coordinating care and connecting patients to community resources.



Dr. Sabol engages with a representative from the East Coast Greenway Alliance during the School's Planetary Health Fair.

How is the School of Nursing responding?

At Duke University School of Nursing, this work is advanced through a focused commitment to planetary health education, preparing

the next generation of nurse leaders to respond to climate-related health challenges. Through integrated curricula, experiential learning, and interdisciplinary collaboration, students develop the clinical, systems, and leadership competencies needed to address environmental determinants of health across settings. By embedding planetary health as a core professional lens, Duke nurses are equipped not only to deliver climate-responsive care, but also to lead innovation, advocacy, and system-level changes that supports healthy aging and resilience in a changing climate.

Continued from page 10

considering an administrative supplement to better capture implementation costs, challenges, and potential cost-effectiveness.”

Community-engaged research like SER Familia demonstrates the power of collaboration between academic institutions and the communities they serve. By centering the voices and experiences of Latino immigrant families, this work not only advances scientific understanding but also drives practical solutions that foster resilience and equity. As we move forward, continued partnership and investment in community-driven initiatives will be essential for creating lasting improvements in health and well-being.

The collective efforts underway at the School of Nursing—ranging from innovative data-driven initiatives like the NC SCDC to collaborative, community-engaged research exemplified by programs such as SER Familia—demonstrate the profound impact that our community, past and present, has on patients across the lifespan. By harnessing robust data systems, empowering community voices, and fostering meaningful collaborations, we move closer to nurse-led solutions that improve the lives of all people across the globe. At Duke we are weaving a tapestry of care that will touch generations with its impact.



Shaping the Future of Nursing and Health

At a time when nursing leadership is more critical than ever, our School continues to set the standard for excellence. Nationally ranked programs, world-class faculty, robust research funding, and an expanding alumni network reflect a shared commitment to advancing health, equity, and innovation.

Top-Ranked Programs



Excellence defines our academic footprint. Our programs consistently rank among the very best in the nation and the world, reflecting an unwavering commitment to educational quality, innovation, and impact.

- #1 Best Bachelor of Science in Nursing Programs, *U.S. News and World Report*
- #3 Best Nursing Schools: Master's, *U.S. News and World Report*
- #4 Best Nursing Schools: Doctor of Nursing Practice, *U.S. News and World Report*
- #4 ShanghaiRanking's Global Ranking of Academic Subjects: Nursing
- #5 QS World University Rankings for Nursing
- 11 Consecutive years as Best School for Men in Nursing, American Association of Men in Nursing

Spring 2026 Student Enrollment

From pre-licensure pathways to graduate and doctoral programs, students benefit from close faculty mentorship, interdisciplinary collaboration, and hands-on learning experiences that prepare them to make an immediate and lasting impact.

1182 students

- 208 Pre-Licensure (ABSN & MN)
- 684 MSN & Certificates
- 151 DNP
- 83 DNP-CRNA
- 33 PhD
- 30 Non-Degree



Scholarships Awarded

These investments reflect our belief that supporting students is essential to strengthening the nursing workforce and improving health outcomes for communities everywhere.

\$4.2M+ in school-funded scholarships awarded to **329** students (FY25)



Our Alumni



United by a shared commitment to excellence and service, our graduates are advancing nursing practice and improving health outcomes in communities nationwide.

10,045 alumni living in 46 states!

Our Faculty

Our faculty are nationally and internationally recognized scholars, clinicians, and educators.

91 full-time regular rank faculty

100% of full-time regular rank faculty hold a doctoral degree

7 Fellows in the Academy of Nursing Education

34 Fellows in the American Academy of Nursing

14 Fellows in the American Academy of Nurse Practitioners

400+ adjunct regular rank faculty



Research Funding (FY2025)

Our research enterprise fuels discoveries that address urgent health challenges, train the next generation of nurse scientists, and translate evidence into practice, improving care for individuals, families, and communities across the world.

#11 NIH Funds Awarded among Nursing Schools Engaged in NIH-Funded Research

#3 Overall NIH Funding for Individual Training Awards



\$8.3M+

in Awards Received for Externally Funded Research

\$6.3M+

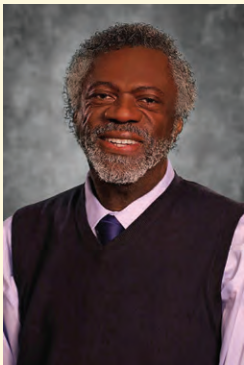
in Awards Received for External Funding from the NIH





Ruby L. Wilson Distinguished Professor

Tonia Poteat, PhD, MPH, PA-C, AAHIVS, DFAAPA, has been appointed as Ruby L. Wilson Distinguished Professor in Nursing effective July 1. Dr. Poteat is a clinician and social scientist with more than 30 years of clinical experience and more than a decade of community-engaged research.



Ernest Grant, PhD, DSc(h), RN, FADLN, FAAN, received the 2026 Duke Health MLK Humanitarian Award along with School of Medicine colleagues Dr. Henry Rice and Dr. Nikhil Balakrishnan. This award honors faculty, staff, and administrators

who exemplify Dr. King's legacy through exceptional service, health equity, and community impact.



Latesha Harris, PhD, RN, was selected as a fellow in the Nursing Science Incubator for Social Determinants of Health Solutions (N-SISS) at John Hopkins University. Dr.

Harris is currently a National Clinicians Scholars Program postdoctoral fellow at the School of Nursing.



Mitch Knisely, PhD, RN, ACNS-BC, PMGT-BC, FAAN, received the 2026 Raymond Gavins Distinguished Faculty Award, given by the Samuel DuBois

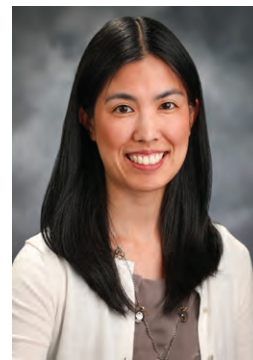
Cook Society. This award is presented to a faculty member at Duke whose efforts have contributed to improving relationships among community members from different backgrounds at Duke and beyond.



Vicki Rennecker-Nakayoshi, Director of Annual Giving and the Bessie Baker Society, received a Provost and Campaign Leadership Council (CLC) Collaboration Award from Duke Alumni Engagement and Development.



Karin Reuter-Rice, PhD, CPNP-AC, FCCM, FAAN, has been appointed Chancellor of the American College of Critical Care Medicine (AACM).



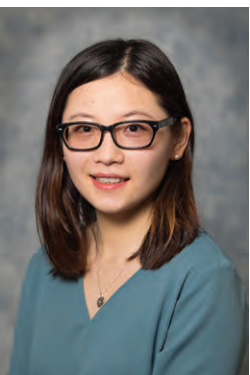
Stacey Swinney, Senior Strategic Services Associate, was selected to represent the School of Nursing in the 2026 cohort of the Duke Leadership Academy.



AnnMarie Walton, PhD, RN, MPH, OCN, CHES, FAAN, received the Cheers Award from the Institute for Safe Medication Practices. The award recognizes individuals, organizations, and companies that have demonstrated an exemplary commitment to improving medication safety.



Michelle Webb, DNP, RN, CHPCA, FPCN, has been named a Fellow in Palliative Care Nursing by the Hospice and Palliative Nurses Association.



Hanzhang Xu, PhD, RN, CNE, FAAN, received this year's Mid-Career Researcher Award from the Southern Nursing Research Society (SNRS).

PROMOTIONS & APPOINTMENTS



Sharron Docherty, PhD, PNP, FAAN, has been promoted to Professor with Tenure, Track I.



Devon Noonan, PhD, MPH, FNP-BC, CARN, FAAN, has been promoted to Professor with Tenure, Track I.



Darina V. Petrovsky, PhD, RN, has been promoted to Associate Professor, Track I.



Qing Yang, PhD, has been promoted to Professor, Track III.

The School of Nursing's **Center for Nursing Discovery** was honored by Becker's Healthcare as one of 93 hospitals and health systems with exceptional simulation and education programs.



Rebecca (Becky) Carson, DNP, APRN, CPNP-PC/AC, has been appointed to Associate Professor, Track II.

The PhD Program Celebrates 20 Years of Excellence in Nursing Science

*Mitchell R. Knisely, PhD, RN, ACNS-BC,
PMGT-BC, FAAN*

As Assistant Dean of Duke University School of Nursing's PhD program, I am proud to reflect on the journey and significance of the program as we celebrate its 20th year.

Our school's commitment to advancing nursing science began decades before the 2006 launch of the PhD program. Building on a legacy that started with one of the nation's earliest graduate nursing programs in 1958, Duke has always been at the forefront of preparing nurse leaders and scholars. Yet the creation of the PhD program was a pivotal moment, designed to cultivate nurse scientists who would drive research on chronic illnesses, health systems, and beyond. Today, our PhD program stands as a testament to Duke's mission to shape the future of nursing through research and innovation to advance health equity and social justice.



Since its inception, the program has grown in both scope and impact. Each year we admit a select group of highly qualified students,

ensuring that every individual receives close mentorship and rigorous research training. **Our graduates are prepared to assume roles in academia, healthcare systems, and industry, contributing to nursing science and improving health outcomes on a broad scale.** The school's ongoing commitment to health equity is reflected in the areas of research focus of our PhD students, many of whom are dedicated to addressing disparities and advancing care for historically marginalized populations. This aligns with Duke's broader mission to lead in nursing education, clinical practice, and research, and to be a national model for addressing social determinants of health.

The importance of doctorally prepared nurse scientists cannot be overstated, especially in today's healthcare landscape. Nurses with PhDs are uniquely positioned to generate new knowledge, developing innovations that improve patient care, influence policy, and advance health equity. Our expertise in research methodology, data analysis, and interdisciplinary collaboration enables us to address complex health challenges and design interventions that make a tangible difference in communities both here in North Carolina and around the world. At Duke, we see our nurse scientists, including current students, faculty, and our incredible alumni, leading the way in developing new knowledge, mentoring the next generation, and advocating for systemic change. Their work is essential not only to the advancement of nursing science, but also to the realization of a more equitable and effective health care system for all.



The 2025 PhD Cohort

33

CURRENT STUDENTS FROM 15 AMERICAN STATES, CANADA, CHILE, CHINA, GHANA, AND SOUTH KOREA

92

TOTAL GRADUATES FROM 21 AMERICAN STATES, CANADA, CHINA, DEMOCRATIC REPUBLIC OF CONGO, JAPAN, JAMAICA, JORDAN, LEBANON, MALAWI, NEPAL, AND SOUTH KOREA

6

Program leadership over the years: Ruth A. Anderson, Linda L. Davis, Debra H. Brandon, Sharron Docherty, Rosa Gonzalez-Guarda, and Mitchell Knisely; with additional grateful acknowledgment of Elizabeth "Jody" Clipp, Ellie McConnell and Barbara S. Turner for their leadership in helping launch the PhD program which admitted the first students in Fall 2006.

ALUMNI AWARDS

By Troy Pinkins



This spring marked the annual School of Nursing Alumni awards. Six outstanding alumni were honored for their contributions to the field of nursing this year—scan the QR code to read the full nominations for each awardee.



**Hannah J. Dodson, BSN '11,
DNP '15**

Clinical Practice Excellence Award

Dr. Hannah Dodson, a two-time Duke Nursing graduate and Vanderbilt-trained Family Nurse Practitioner, has over 20 years of experience designing technology-enabled, nurse-led models for chronic care.

Her work seamlessly blends bedside excellence with advanced analytics, transforming how complex chronic conditions are managed and significantly improving patient outcomes. Dr. Dodson's career began in direct patient care, where she gained deep insight into the realities of multi-morbid chronic disease management. This experience shaped her belief that the best care requires timely data, effective workflows, and patient-centered shared decision making, inspiring her formal training in health informatics and a commitment to redesigning care for better nurse intervention and patient engagement.

Across regional and multi-state programs, Dr. Dodson has pioneered AI-supported chronic care management that integrates predictive analytics with nursing assessment to enable earlier interventions and reduce avoidable hospitalizations. Her nurse-driven models, which have supported over 100,000 high-risk beneficiaries, are credited with dramatic reductions in readmissions and acute events, all while maintaining a strong focus on patient goals. Her leadership is evident in Leadline Wellness, a precision health platform she created that combines behavioral health, resilience training, and chronic disease management—offering continuous care and clinical support beyond discharge instructions.

As a clinical assistant professor at UNC, Dr. Dodson mentors master's and doctoral candidates to excel in data-rich environments while preserving the essential values of nursing. Her students report increased confidence, improved clinical judgment, and enhanced communication, resulting in growth that transforms careers and patient care. Widely recognized for her innovative approach, Dr. Dodson has received awards for innovation and clinical excellence and is celebrated as a health and wellness advocate who links improved outcomes with empathy and evidence-based practice.



**Ashakie Phillips, MSN '17,
DNP '19, PMHNP '25**
Trailblazer Award

Dr. Ashakie Phillips is a nationally recognized nurse practitioner and Duke University School of Nursing graduate whose work stands at the forefront of behavioral health, addiction treatment, HIV prevention, and health equity. Their practice is defined by courage and compassion, focusing on dismantling barriers

for communities often excluded from traditional health systems through nurse-led models that meet patients where they are.

As a "First Call" psychiatric provider with San Francisco's BEAM program, Dr. Phillips delivers same-day psychiatric assessment and treatment initiation for individuals facing opioid use disorder, trauma, and mental illness. Their approach eliminates stigma and hurdles, transforming BEAM into a replicable public health solution centered on equity and responsiveness. In HIV prevention, Dr. Phillips has expanded access to PrEP and PEP, streamlined protocols for marginalized communities, and led the implementation of Tele-PrEP and injectable CAB-PrEP at scale.

Beyond major public health systems, Dr. Phillips founded Liberated Space, a multi-state telehealth practice rooted in Black liberation, queer resilience, and healing justice. Through mentoring interdisciplinary teams and standardizing trauma-informed workflows, they have accelerated access, improved outcomes, and modeled care that prioritizes dignity and trust, redefining patient readiness as a result of compassionate, equitable care.



Caryl Weinberg, BSN '80
Humanitarian Award

Caryl Weinberg has spent more than four decades dedicated to humanitarian service and global health, bringing compassionate leadership to communities across Africa and the United States. Her work focuses on building local capacity, elevating women's leadership, and developing lasting partnerships that create meaningful change.

After 16 years at Rush University Medical Center in Chicago, Ms. Weinberg answered a lifelong call to serve in the mission field, coordinating health efforts in rural Ethiopia and later expanding her reach as a Regional AIDS Consultant across Cameroon, the Democratic Republic of Congo, Ghana, Nigeria, and Niger. She collaborated with local clinicians and partner denominations to develop evidence-based HIV/AIDS programs, always guided by the principle that sustainable impact comes from empowering those who will carry the work forward.

Returning to the U.S. in 2007, Ms. Weinberg became Director of Missions at First Presbyterian Church of Evanston and co-founded Tumekutana, a fellowship of African women leaders now spanning 22 countries. Her ongoing board service and leadership continue to amplify local voices and steward resources, showing that true humanitarianism is love organized for the good of others—quietly, persistently, and with joy.



Edwin N. Aroke, MSN '11 **Distinguished Alumnus Award**

Dr. Edwin Aroke is an internationally recognized nurse anesthesiologist, scientist, and academic leader whose work has advanced pain science, precision health, and equity in clinical practice. A Duke Nursing alumnus (MSN, Nurse Anesthesia), he completed his PhD focused on pharmacogenetics and established one of the nation's

few NIH R01-funded programs led by a CRNA, studying how social experiences alter epigenetic pathways to drive aging and chronic pain disparities. His scholarship spans 60+ peer-reviewed publications and is reshaping how clinicians understand, measure, and address inequities in pain.

At the University of Alabama at Birmingham, Dr. Aroke rose rapidly to tenured professor, serving as Director of the PhD Program and currently as Interim Assistant Dean for Research and Scholarship. His leadership strengthens research infrastructure and opens doors for underrepresented students in nursing science—building pipelines where they did not exist, mentoring dozens of doctoral trainees, and translating evidence into implementation that changes lives. In 2025, Dr. Aroke was appointed Editor-in-Chief of the *AANA Journal*, the flagship publication of the American Association of Nurse Anesthesiology. Under his stewardship the journal is sharpening methodological rigor, accelerating publication timelines, and foregrounding research that moves the discipline forward—particularly in implementation science and health equity.

Dr. Aroke's commitment to service is global. As cofounder and president of the Association of Cameroonian Nurse Anesthetists in America (ACNAA), he helped establish the Association of Cameroon Nurse Anesthetists, secure the association's registration with the International Federation of Nurse Anesthetists, and launch the Cameroon Conference of Nurse Anesthetists (CCNA)—training over a hundred providers and expanding surgical safety in resource-limited settings. Honors such as the International Society of Nurses in Genetics Founders' Award, fellowships in the Academy of Diversity Leaders in Nursing, the American Association of Nurse Anesthesiology, and the American Academy of Nursing reflect both the excellence of his scholarship and the generosity of his mentorship. Dr. Aroke continues clinical practice, volunteers extensively, and is a sought-after speaker whose presence in a room raises both the bar and the hope of what nurses can do.



Catherine L. Gilliss, BSN '71 **Lifetime Achievement Award**

Dr. Catherine Gilliss is a preeminent nurse scholar, dean, and mentor whose career has shaped family nursing, nursing education, and executive leadership for more than four decades. A distinguished Duke Nursing alumna, she reframed families as central units of analysis and care—authoring the landmark paper on the family as a unit of analysis and

coediting foundational texts that helped catalyze interventions across chronic illness and family systems. Her program leadership secured major NIH funding for research and training, growing the field and the next generation of nurse scientists.

Across 28 years as dean at Yale, Duke, and UCSF, Dr. Gilliss led strategic growth in doctoral education, translational research, and clinical integration. Her leadership at Duke strengthened academic-service partnerships, advanced implementation science within nursing, and set a national standard for how schools of nursing partner with health systems. At UCSF, she served as Styles Professor of Nursing and Associate Vice Chancellor for Nursing Affairs, later becoming Executive Director of the UCSF Leadership Institute, preparing executive leaders for roles in academic health centers. In every institution, her tenure was defined by scholarly rigor, organizational acumen, and mentorship that turns talent into teams and teams into institutions.

Dr. Gilliss's service to the profession is equally expansive. As President of the American Academy of Nursing and President of the National Organization of Nurse Practitioner Faculties, she helped shape policy environments that elevated nursing education, practice, and research nationally. Her honors include the Yale School of Nursing Medal, Distinguished Alumna Awards from both Duke and UCSF, and the Duke University Medal—the university's highest honor for distinguished service—reflecting both her scholarly impact and institutional stewardship. Colleagues describe her as both exacting and kind, a leader whose ideas carry weight because they are tested in the real world, and a mentor who makes room at the table and then asks you to sit closer. Dr. Gilliss's legacy is visible in the curriculum nurses study, the research they conduct, the institutions they lead, and the families whose care is better because nursing thinks in terms of people and systems at once. For Duke Nursing, her story is not only a past worth honoring—it is a future worth following.



Joan M. Stanley, BSN '71 **Lifetime Achievement Award**

Dr. Joan M. Stanley, PhD, NP, FAANP, FAAN, stands as one of the most influential nursing leaders of the past fifty years. Over her 54-year career, she has shaped the frameworks that determine how nurses are educated, regulated, and empowered to improve health outcomes in the United States and worldwide. A proud Duke Nursing

alumna, Dr. Stanley's professional journey reflects an unwavering commitment to advancing nursing as a profession rooted in excellence, access, equity, and public trust.

Starting her career as a staff nurse after earning her BSN from Duke University in 1971, Dr. Stanley became one of the nation's earliest adult nurse practitioners and went on to earn her MS and PhD from the University of Maryland. Her contributions extend from clinical practice and faculty positions at the University of Maryland Hospital and School of Nursing to national leadership at the American Association of Colleges of Nursing (AACN). There, she played a pivotal role in developing The Essentials frameworks and championed competency-based education, emergency preparedness, interprofessional data sharing, and diagnostic competencies. Her influence is equally significant in advancing practice policy—she founded the Nurse Practitioner Association of Maryland, led efforts for private insurance reimbursement and expanded NP

authority, and was the driving force behind the Consensus Model for APRN Regulation, successfully uniting dozens of organizations to create a unified regulatory framework.

Dr. Stanley's legacy also includes the creation of the Clinical Nurse Leader (CNL) role, which redefined master's-prepared nurses as frontline clinical systems leaders and established national certification standards. Her honors include fellowships in the American Academy of Nursing and the American Association of Nurse Practitioners, citations from federal agencies and state legislatures, and multiple Lifetime Achievement Awards, most recently the 2026 FAANP Legacy Award. Through decades of service to Duke—as an advisory board member, committee chair, and alumni leader—she has exemplified professional loyalty matched only by her impact. Her legacy is evident in the empowered nurses, clear standards for APRNs, and improved patient care across health systems, leaving the profession stronger than she found it.



Nancy Shan Thigpen



Elizabeth Spalding



Winifred Bennett



Sarah Kiser



Mary Jane Kagarise



Claire Galli

IN MEMORIAM

1950s

Nancy Shan Thigpen, BSN'52
Elizabeth L. Spalding, BSN'56
Erlene R. Clayton, BSN'57
Ellen Fleming Wells, BSN'59

1960s

Winifred Irene Reeves Bennett, MSN'65
Sarah Lou Sutton Kiser, BSN'61

1970s

Mary Jane Kagarise, BSN'71
Claire E. Galli, BSN'76

1980s

Darlene Hicks Dunlap, BSN'81

Remembering Mary Champagne

Mary T. Champagne, PhD, RN, FAAN, Dean Emerita of Duke University School of Nursing, passed away on December 14, 2025.



Mary T. Champagne

Beyond her distinguished career as an educator, researcher, clinician, and community health advocate, Dr. Champagne oversaw the rebirth of Duke University School of Nursing and secured our place as one of the premier graduate nursing programs in the nation.

Dr. Champagne's professional career covered vast territory, spanning positions from staff nurse to world-leading researcher. As

a BSN, she volunteered to serve in the Peace Corps and traveled to Afghanistan, where she taught, co-directed, and later directed the Lashkar Gah School of Nursing. Following her return to the U.S., Dr. Champagne earned her MSN and PhD from the University of Texas at Austin. She taught at the College of Nursing at The University of Nebraska, and then at the School of Nursing at the University of North Carolina at Chapel Hill, where she became the Chair of the Department of Adult and Geriatric Health.

Dr. Champagne served as Dean of Duke University School of Nursing from 1991-2004, at which point she decided to focus on her scholarly work, saying that she was "at heart an academic." After stepping down, she continued to serve in her role as Associate Professor, was promoted to Professor in 2006, and was named Laurel Chadwick Professor in 2009. She retired from DUSON in 2016.

As dean, Dr. Champagne's future-focused mindset resulted in the School's evolution into a national leader in nursing education. She brought back the Bachelor of Science in Nursing through the accelerated program in 2002, and worked with faculty to establish a PhD in Nursing program. During a time when there was a perception that online education was subpar, Dr. Champagne was instrumental in pursuing online education programs for the School with a grant from the Robert Wood Johnson Foundation. In taking the Family Nurse Practitioner program online, Dr. Champagne opened the NP profession to many in rural and underserved areas, a turning point in the School's trajectory. In her role as co-investigator on a grant, she also brought the first National Institutes of Health (NIH) research funds to the School. Dr. Champagne's vision for and contributions to the School cannot be overstated.



Left to right: Dean Emerita Mary Champagne, Dean Michael Relf, Dean Emerita Catherine L. Gilliss

A prolific researcher, Dr. Champagne published numerous journal articles, books, book chapters, and abstracts on clinical research topics including pain management, aspects of recovery, emergency care, elder care, and care for the chronically ill, as well as nursing graduate education administration, in particular surrounding the use of technology.

In 1995, she was recognized by Sigma Theta Tau, the national nursing honor society, as an outstanding nurse researcher. She also served as the primary investigator for the Duke-ECU Partnership for Training, a distance learning program to train health professionals to become nurse practitioners, physician assistants, and nurse midwives in medically underserved areas in eastern North Carolina.

Dr. Champagne served not only the School of Nursing community but also the broader Duke community in various roles. She was integral in building Duke's partnerships with community leaders to create innovative approaches to delivering healthcare to underserved Durham communities, and she served as a senior fellow of the Duke Center for the Study of Aging and Human Development. She served on the University Priorities Committee from 2007-2009, the Medical Center Policy Advisory Committee from 1991-2004, and the DUHS Board of Trustees' Committee on Patient Safety and Clinical Quality from 2008-2013.

Outside of Duke, Dr. Champagne served on the N.C. Council of Deans and Directors and nationally on the American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties joint committee on nurse practitioners. She was a member of the National Task Force on Quality Nurse Practitioner Education and reported to Congress on the Next Generation of Interdisciplinary Education in Health Professions.

She served as a consultant to many nursing associations and organizations and was honored throughout her career for her numerous contributions, including with the Outstanding Faculty Award (giving by Duke University School of Nursing students) in 2004. She was named a Fellow of the American Academy of Nursing in 2001.

As our community mourns Dr. Champagne's passing, we celebrate her legacy of providing excellence in education and her insistence on prioritizing the medically underserved.



Maureen Beck



Elizabeth Robison



Tina Alster

1969

Carol G. Barnes, BSN'69, retired 16 years ago alongside her husband, Van. Since retirement they have traveled all over the world and the United States. She counts herself fortunate to have family nearby and in Orlando, as her husband has Alzheimer's Disease and was recently diagnosed with bladder cancer. She notes that he continues to have a great spirit and that their home is always open to their Duke friends.

1970s

Nancy M. Schroll, BSN'76, currently lives in Falls Church, Virginia with her husband, Jim (Trinity '75), and they will celebrate their 50th wedding anniversary next year! Nancy keeps busy visiting their two children and four granddaughters, who all live in Charlotte, NC, which makes it easy to plan side trips to the Duke campus to relive old times and attend an occasional basketball game. Nancy's professional career was primarily spent practicing nursing in the field of pediatric cardiology. During retirement she is pleased to have found a volunteer nursing opportunity at a free medical clinic for the uninsured in Falls Church. It is a fulfilling way to give back to the community using the knowledge and skills gained during her Duke nursing education.

Christine A. Baser-Habib, BSN'77, PhD, retired at the end of 2025 and is currently adapting to a new lifestyle and approach to daily living. Baser-Habib continues to value their connection to Duke and remains proud and grateful to the School of Nursing. Residing in the San Diego area, Baser-Habib enjoys living near their two adult daughters. Although Baser-Habib's husband is also

retired, he has yet to join in dance lessons. Baser-Habib looks forward to visiting Duke for the 50th reunion in 2027 and extends best wishes to all Blue Devils, especially to DUSON and the Class of '77.

Dr. Maureen Stabile Beck, BSN'79, is a gerontological nurse practitioner and serves as an Associate Professor (promoted last year) at McGovern Medical School in Houston, Texas. Dr. Beck maintains a busy outpatient and house call practice and acts as the quality officer for her division. She has been a leader in age-friendly health systems and recently published a paper highlighting her team's accomplishments at UT. Dr. Beck also serves as an at-large board member for GAPNA. On weekends, she and her husband, Rich, stay active managing their ranch and enjoy spending time with their children and grandchildren as often as possible.

Sharon E. Delaney, BSN'79, RN, MPH, CNM, recently published an article entitled *Traveling with an Ostomy: Advice from a Nursing Perspective* in the American Journal of Nursing, Vol. 26 (2), February 2026. She wants to give special thanks to Charlotte Katzin (BSN'79) for sharing her knowledge of travel health nursing and her stellar editing skills.

Elizabeth Ann "Betsy" Whitmore, BSN'79, GNC'97, now works as a Director of Practice Management Operations at UNC REX Healthcare in Raleigh. In her spare time, she enjoys cooking, collecting wine, and traveling. She has two children, Whit and Charlotte Kelley, and two grandchildren.

Anne Kimberley Wietstock, BSN'79, has worked in a number of settings since graduating from the School of Nursing, including schools, a public health department, hospitals (Med-Surg, L&D), Occupational Health, and most recently, as a COVID screening

nurse (2020-2022). She completed the Parish Nurse program in the mid-1990s and has developed several programs in Michigan and southern Indiana. She is an ordained deacon and serves at the Episcopal Cathedral of St. James in South Bend, IN. She has retired from active nursing and looks forward to traveling this summer and beyond with her husband, Steve (who teaches chemistry at the University of Notre Dame and will retire at the end of the academic year), and their Cairn Terrier, Cybil.

1980s

Elizabeth Robison (Adams), BSN'80, EdD, MSN, RN, CNE, CHSE-A, FAADN, was appointed to a two-year term as Secretary of the Board of Directors of the Organization for Associate Degree Nursing (OADN). Dr. Robison was additionally appointed a Fellow of the Academy of Associate Degree Nursing (AADN) during a ceremony in November 2025, where she received the 2025 Bobbie Anderson Leadership Award highlighting her steadiness, service, and transformative impact on associate degree nursing.

Dr. Tina S. Alster, BSN'81, MD'86, received the 2026 Women's Dermatologic Society (WDS) Visionary and Leadership Award and the 2026 American Society for Laser Medicine & Surgery (ASLMS) Ellett Drake Memorial Award for her extraordinary mentorship and educational contributions.

Dr. Sandy Maxwell Smith, BSN'81, was appointed to the American Hospital Association's Committee on Governance for a three-year term (1/1/26-12/31/28). She continues to serve on the Methodist Le Bonheur Healthcare (system) Board as one of 11 independent directors; Sandy is the Chair of the Quality Credentialing Subcommittee.



Allana Minnick



Lisa Ring



Cliff Gregory Harless

Jennifer “Jenny” Susan Troutman, BSN ‘81, retired as a nurse practitioner at the Kansas City VA (after working in employee health for 11 years) two years ago. Since then, she has remained busy traveling both internationally and within the US, volunteering, quilting, gardening, and having fun with friends. She continues to live in Kansas City. She bought a retirement house at the beginning of Covid, which she is working to fix up.

Dr. Mary Ellen Wright, BSN’81, PhD, APRN, CPNP, FIAAN, FAAN, was inducted as a Fellow of the American Academy of Nursing as well as a Fellow of the International Academy of Addiction Nurses. Dr. Wright received the University Research, Scholarship, and Artistic Achievement Award from Clemson University, and her latest book, *Extraordinary Nursing: Multiple Roles in Caring Practices*, won the Book of the Year, Creative Works from the American Journal of Nursing.

Allana Harper Minnick, BSN’83, retired in 2021 after 38 years at WakeMed in Raleigh, including 36 years in the NICU. Her first grandson was born in September 2025, and she now spends her days watching him while his parents go to work. Her husband, Jay (MDiv’89), will retire in June 2026 after serving Pleasant Grove United Methodist Church for 33 years.

1990s

Lisa Ring, DNP, MSN’97, APRN, CPNP-AC/PC, was promoted in 2025 to Advanced Practice Provider Director at Children’s National Hospital in Washington, DC. Dr. Ring published two articles in 2025 and currently serves on the NAPNAP Education Strategy Committee. She has been the

Conway Research Nursing Scholar at Children’s National since 2017 and is an Assistant Professor at George Washington University School of Medicine and Health Sciences.

2000s

Vickie Durham Keathley, MSN’09, RN, CNE-CL, will complete her Doctor of Nursing Practice degree in August 2026. As a non-regular rank faculty member at the School of Nursing, she continues to educate and mentor the next generation of nurses with a strong focus on pediatric nursing. Her newest innovation is the development of a pediatric acute and chronic critical care elective for the pre-licensure program, created in close collaboration with clinical partners whose expertise and recommendations shaped the course. This work reflects her commitment to preparing practice-ready clinicians and advancing evidence-based, learner-centered approaches in nursing education.

2010s

Ashley Doughty Harless, ABSN’11, and her husband, Brett, welcomed a son, Cliff Gregory, in December 2024 in Pinehurst, NC.

Jennifer Joyner (Jacobs), MSN’11, DNP, APRN, CPNP-AC, received her Doctor of Nursing Practice from the University of Texas at Austin in 2024. Dr. Joyner also received the inaugural NAPNAP Daisy Nurse Leadership Award in March 2025, as well as the Duke Chapter of Sigma Beta Epsilon’s Scholarship and Professional Development Award in December 2025. Dr. Joyner currently serves as the Lead PNP, Newborn Nursery at Pedatrix Medical Group in Austin, TX, is the immediate

past-President of the Austin chapter of NAPNAP, and is adjunct clinical faculty at the UT-Austin School of Nursing.

Angela Simone Goodman, ABSN’12, MSN, CNM, WHNP, has had a dynamic and evolving nursing career since graduating. She developed a passion for women’s health during her OB rotation at the School of Nursing, which led her to begin her nursing journey at Duke University Hospital, where she spent more than two years learning postpartum, antepartum, and labor and delivery care. She relocated to Japan, continuing to build her LDRP expertise alongside Navy nurses, certified nurse midwives (CNMs), and physicians, and she became a mother during her time abroad. Following a personal experience with postpartum hemorrhage, she became deeply committed to addressing black maternal mortality and morbidity, inspiring her to pursue a master’s degree at Georgetown University. While completing her program, she worked part-time as an LDRP nurse, and in 2020, she graduated and became dual-certified as a CNM and Women’s Health Nurse Practitioner. Over the next five years, she served as a full-scope midwife, delivering hundreds of babies and caring for a diverse population of women and families. As of 2026, Goodman has transitioned from bedside care to a new role as a Maternal Fetal Medicine Advanced Practice Provider, where she is dedicated to bringing holistic midwifery care to high-risk populations. She is embracing this new chapter as an opportunity for professional growth while balancing her career with family life and wishes her classmates all the best in 2026.

Sonya Hollar Schofield, ABSN’19, has been a labor and delivery nurse at UNC Hospital and a Clinical Instructor for DUSON since graduating. She loves bringing Duke students to her unit and taking students on global trips! She is currently working toward a Master’s of Nurse Education.

Insights from Helen S. Lydon

For School of Nursing alumna Helen Sullivan Lydon, BSN'75, the line that runs from the School's founding to the present day isn't imaginary—it's a tangible connection for her and her family. Lydon's mother, Georgia E. Evans, was part of the School's first graduating class. Here, Lydon reflects on how Duke shaped her family's trajectory as nurses.



Helen Lydon with her mother, Georgia E. Evans BSN'31, in an undated photo.

My mother talked about nursing and healthcare issues as long as I can remember. My aunt was one of the first nurse anesthetists at Duke Hospital, and I loved hearing her experiences and stories as well, not just at Duke but later in her career. I always was interested in the sciences and started leaning toward healthcare

(particularly nursing) when in middle school. As a teen I volunteered at a large hospital in Buffalo, NY, during the summers and thought all aspects were fascinating. The patients, the doctors, the routine, and environment. It seemed like nursing would be an interesting, challenging, and fulfilling career with so many varied opportunities in different types of clinical settings: community, inpatient, ORs, ICUs (which were very new), teaching, managing. My mother didn't work while I was young, but she volunteered every month at the Red Cross Bloodmobile in our community.

My mom talked all the time about her years in nursing school and her work at Duke Hospital. She told of the extremely strict Miss Baker, who ran the school with an iron fist, and how hard they had to work! Bed making was a *very* important skill and must be done "exactly right." [At the time] students worked nights and weekends staffing the hospital, believe it or not! I guess

that's how they got such fabulous experience and knowledge. After graduating, my mother stayed at Duke and was an OR scrub nurse for a highly regarded Duke neurosurgeon named Barnes Woodhall.



As part of her ongoing commitment to the School, Helen Lydon has generously arranged an estate gift to support the next generation of nurses. Join Helen and give back to Duke at gifts.duke.edu/nursing.

From top left: Georgia E. Evans's WWII Identification Card, a wartime operation room with Georgia E. Evans at the center, nurses in the 65th General Hospital Wing



Class of 1975 50th Reunion. 1st Row, L to R: Sue Bower Guptill, Phyllis "Chris" Harris Alford, Terry Jackson Forsyth, Helen Sullivan Lydon; 2nd Row, L to R: Zoe Tillson Timperon, Sue Thomas Miner, Kathy Gallagher, Buffy Montgomery Smolens, Tina Marelli

She talked about how hot the Durham summers were with no air conditioning anywhere (it wasn't invented yet), and how humid and uncomfortable the operating rooms were. There was a staff person assigned to mop nurses' and doctors' brows during an operation. My mother later traveled to California to work in a hospital in Santa Barbara with a Duke nursing friend for a couple years. When World War II started, she returned to Durham to work again at the hospital. A group of surgeons, physicians, medics, aides, and nurses started a MASH unit along with the US Army in 1943. It was called the 65th General Hospital, and they were stationed in Suffolk, southeast of London. The team of several hundred or so took care of injured British and US airmen, many of whom were shot down over the English Channel. Those were frightening but exhilarating times. She talked about how on a day off they would take a bus to London to shop, eat, and go to the theatre. London had blackouts where no one was allowed to use any lights. They walked around using flashlights at night, and every home and business had blackout shades/curtains. Many friendships were made during those years and remained strong for many years. Those stories I found so thrilling that I knew I wanted to be a nurse.

Nursing is a fantastic and rewarding career. So many chances to have a positive effect on others' lives. So many varied options depending on your interests. Different work schedules from which to choose: evenings, nights, weekends, part-time. When my son was young, I worked only weekends to be home with him Monday-Friday and volunteer at his school. It was perfect for our family. I went on to get an MSN and worked in a tertiary care medical center in educational and management roles in Washington, DC for 40 years until my retirement.

Being at Duke was one of my most fond life experiences, so the connection I felt through my mom (who passed in 1998) made me think about giving back. Supporting that wonderful school seemed like the right thing to do, not just because of my connection but also my wonderful mother's.

2026 REUNION RECAP



This past April, alumni and friends gathered at Duke for the annual reunion, Alumni Awards ceremony, and milestone recognitions, including the Pinning Ceremony for the 50th Anniversary of the Class of 1976.



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- ✓ Get Involved
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- ✓ Share a Class Note

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Stephanie Yates, MSN '89 - 27 years of giving



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