

**PITT**

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**HEIDI DONOVAN  
TAKES COMMUNITY  
HEALTH NURSING  
TO THE STREETS**

**THE CHANGING ROLE OF NURSING IN HEALTH CARE REFORM**



Heidi Donovan, PhD, associate professor in the Department of Acute/Tertiary Care, and students in her graduate level Health Promotion/Disease Prevention in Culturally Diverse Populations course are collaborating on a series of service learning projects with community partners in the South Oakland area of Pittsburgh.

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## IT'S ALL THERE

Check out the University of Pittsburgh School of Nursing Alumni Society Web site for the latest alumni news. Visit [www.nursing.pitt.edu](http://www.nursing.pitt.edu) and click on the Alumni tab at the top of the page. From upcoming events and meetings to event highlights and more, it's all there!



## Recycle This Magazine

Share it with someone you know and help to spread the word about Pitt nursing.

In this issue of *Pitt Nurse* magazine, we take a look at health care reform and the changing role of nursing.

An Italian proverb states that the full belly does not believe in hunger. For years, politicians and insurance companies have declared that the United States has the best health care system in the world, but it has become increasingly evident that the health care system is not working for everyone. There is a vast difference between the quality of care and the quality of the system.

A ranking of the world's health systems was last produced by the World Health Organization (WHO) in 2000. This groundbreaking report looked at a wide range of data to evaluate fundamental issues related to cost, access, and outcomes. Because of the complexity of the task, WHO no longer produces such a ranking. While the United States arguably has the best emergency care system in the world, the report revealed that all its advanced technology has not translated into better health care for most Americans, ranking the United States health care system 37th overall among WHO's 191 member countries.

Advanced technology also has impacted the cost of health care. According to the WHO report, the United States has the most expensive health care system per capita in the world. In addition, the report noted that the United States is one of the only countries in the developed world that does not provide health care for all its citizens. At the time of the report, more than 42 million people in the United

States did not have health insurance. According to a recent report by *The American Journal of Medicine*, 60 percent of those who file for bankruptcy do so because of medical bills.

The WHO report is confirmed by a 2010 report from the Commonwealth Fund, which compared the United States with six other nations: Australia, Canada, Germany, the Netherlands, New Zealand, and the United Kingdom. The report found that while the United States spends twice as much on health care, it ranks last or next to last on five dimensions identified as necessary for a high-performance health system—quality, access, efficiency, equity, and healthy lives—and last overall. According to the report, the United States also lags on national policies to promote primary care, quality improvement, and information technology. Most troubling, the report concludes that the United States fails to achieve better health outcomes than the other countries. If it survives, the new health care law is designed to tackle some of these problems.

The United States has many truly extraordinary doctors, nurses, hospitals, and medical resources, but major problems such as rising costs and lack of access must be addressed.

With federal health care reform possibly adding millions of newly insured patients to the mix, the Association of American Medical Colleges estimates that the national shortage of physicians could peak at 150,000 doctors within 15 years. Nurse practitioners are viewed by many as a valuable primary care resource that can help to fill that void.

One of the provisions of the health care reform bill will increase health care access for patients by enabling nurse practitioners to practice to the full



extent of their licenses. As luck would have it, there are roughly 150,000 nurse practitioners and advanced practice nurses nationally, although laws vary from state to state with regard to how much physician supervision the nurse practitioners need.

Regardless of what eventually transpires at the legislative level, the health care system is in the process of reform. Hospitals, health care workers, and patients are seeing changes designed to expand access and delivery, improve outcomes, and lower costs. As you will see in this issue, Pitt nurses are on the front lines, performing screenings and early interventions; conducting research in areas that include adherence, technology, and behavioral management of chronic disorders such as obesity and diabetes; and developing behavioral management tools and technologies to facilitate home health care.

A handwritten signature in black ink that reads "Jacqueline Dunbar-Jacob".

Jacqueline Dunbar-Jacob, PhD, FAAN  
Dean, University of Pittsburgh  
School of Nursing



# THE CHANGING FACE OF NURSING

How Health Care Reform  
is Shaping the Future

**W**hen Brenda Cassidy graduated with her master's degree in nursing as a pediatric nurse practitioner in 1997, she could not write a prescription in the state of Pennsylvania despite having ample education and training.

Now, 14 years later, nurse practitioners may prescribe in all 50 states. But it was a change that required years of fighting regulatory barriers, a battle that Cassidy agreed to join and that health care reform is accelerating.

Cassidy, who continues to practice as a pediatric nurse practitioner, is an instructor in the School of Nursing's Department of Health Promotion and Development and also chairs the legislative committee of the Three Rivers Chapter of the National Association of Pediatric Nurse Practitioners. For three years, she also has attended the Region 3 Invitational Leadership Meeting of the American Academy of Nurse Practitioners, an annual gathering that discusses issues such as practice barriers for advanced practice nurses in five states.

It's not easy to balance political and clinical duties, but Cassidy believes it is "an extremely critical time" for nurses to become involved in the policy-making process.

"It is very difficult, when you are a practicing clinician, to dive into this whole political arena," she says. "It's hard to maneuver your way through to understand and grasp how this applies to your daily practice. When you're not a poli-sci major, it's a foreign language. It's so time consuming to get into it and find the meat."

But Cassidy feels an obligation to make the changes more meaningful and accessible for other nurse practitioners.

"It's a really exciting time for me to have done this, because health care reform will result in increasing the number of insured individuals at the same time as the number of primary care providers decreases," she says.

This trend has opened the door to allow nurse practitioners to assume a larger role in the provision of primary care, she notes.

Corina Barrow (MSN '03) agrees. Barrow, a lieutenant colonel in the U.S. Army Nurse Corps, just completed a term as the military nurse fellow for U.S. Senator Daniel Inouye of Hawaii. As his principal legislative adviser on health care issues, she made recommendations on floor proceedings, funding requests, report language, and cosponsorship of legislation.

"Health care reform will, without a doubt, reshape the nursing profession," she says. "Implementation of the [Patient Protection and] Affordable Care Act as well as the continued discussion around health [care] reform will highlight the vital contributions nurses make to the health care team, both as leaders and members."

## A Full Partnership

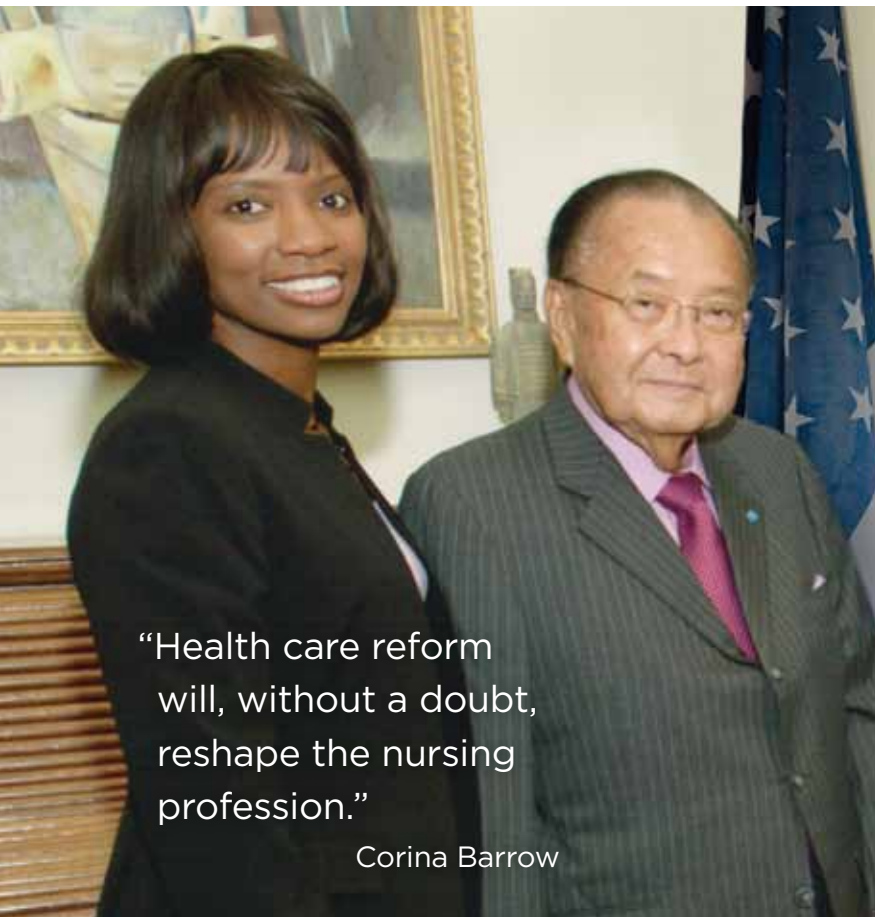
The law's three major goals are improving access and quality while reducing costs, says Barrow. "The practice, philosophy of care, and expertise of nurses lie squarely in this realm."

Both Cassidy and Barrow cite a recent report by the Institute of Medicine (IOM), *The Future of Nursing: Leading Change, Advancing Health*, which they say will serve as an impetus for promoting the nurse's role in health care reform implementation. The report calls for allowing nurses to practice "to the fullest extent of their education and training," a phrase that implicates federal and state regulatory barriers that restrict nurse practitioners from doing what even the state law says they can do. By contrast, IOM wants nurses to be full partners in health care reform.

"This is a huge deal," says Cassidy. "One of the specific action steps the IOM is requiring in order to obtain this collaborative response is to remove the scope-of-practice barriers that prevent advanced practice nurses from serving in primary care roles."

Another IOM recommendation cited by Barrow is the implementation of nurse residency programs after the completion of an advanced practice degree program.

"Achieving these recommendations during a time of health [care] reform will help reshape the image of nursing to demonstrate the profession's important role," Barrow says.



“Health care reform will, without a doubt, reshape the nursing profession.”

Corina Barrow

Corina Barrow (above left) with Senator Daniel Inouye of Hawaii

She adds that some provisions within the law support educational progression for nurses, such as career ladder and bridge programs, with priority given to doctoral students who pursue a faculty career. It also creates a national workforce commission, of which a registered nurse has been appointed chair.

## Nuts and Bolts

Despite the shifting political landscape, the Patient Protection and Affordable Care Act remains law as of publication time. According to Barrow, it significantly affects many areas that are integral to the practice of nursing. The law establishes the Prevention and Public Health Fund to support national initiatives to improve health; creates a U.S. public health science track for professionals who focus on public health, emergency preparedness, and epidemiology; and creates a patient-centered medical home model that facilitates partnerships among primary care providers, patients, and—when appropriate—the patient’s family and community.

The law also creates a maternal, infant, and early childhood home visiting program and, for nurse practitioners, supports nurse-managed health centers. To aid in disease prevention, the law creates the Prevention and Public Health Fund, which is aimed at reducing or eliminating health disparities.

And, finally, the law establishes community-based health teams to support small-practice medical homes by assisting the primary care practitioner with chronic care management, including patient self-management activities.

Two key nursing provisions were added to the bill by Inouye. One funds the development and operation of nurse-managed health clinics (NMHCs), which provide primary care and wellness services to underserved or vulnerable populations. They are associated with schools of nursing, federally qualified health centers, or independent nonprofit health or social services agencies. In an NMHC, nurses are the major providers of service and at least one advanced practice nurse holds an executive management position.

The law also establishes a training demonstration program for family nurse practitioners. The program trains new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by IOM and the needs of vulnerable populations.

“New care and payment models like the patient-centered medical home and the accountable care organization—a network of doctors and hospitals that share responsibility for providing care to patients—will benefit from having advanced practice registered nurses as leaders,” Barrow says.

## Breaking Down Barriers

Cassidy believes that the changes, while welcome, are long overdue. She says that evidence from the scientific literature plainly shows that nurse practitioners give equivalent-quality care to physicians at a lower cost.

“You’re getting the same quality in a more cost-effective way, and one thing nurse practitioners have demonstrated is improved patient satisfaction,” she says. “Nurse practitioners are not trying to move doctors out of the way. It’s a team-based approach; there’s room for everybody.”

In fact, in rural or other underserved areas, primary care physicians are in such short supply that restrictions on nurses’ ability to practice



# Discovering the Meaning of ‘Meaningful Use’

The American Recovery and Reinvestment Act of 2009 allocated \$19 million to make computerized medical records a reality. But there’s a catch: The act expects that the records are being used in a meaningful way.

According to Christa Bartos, MSIS, PhD, an assistant professor of nursing in the Department of Health and Community Systems, part of the purpose is to enhance patient care.

“The University of Pittsburgh Medical Center [UPMC] is a practical example,” she says. If a patient enters the emergency room at UPMC St. Margaret and is transferred to UPMC Presbyterian, it stands to reason that the patient’s information will follow through the system’s network.

As records are computerized, so the theory goes, that same information could be shared on a wider scale: “If I’m in Chicago and I get sick,

my information can be shared through a health exchange network,” says Bartos.

The onset of electronic records is occurring in phases. The first, in 2011, is getting electronic health records and computerized order entry systems up and running in order to enable entry of structured patient data. By 2013, if the data have been entered, the next phase is to exchange the information among networks. The third, by 2015, is to use the data to compare effectiveness across institutions or providers.

“You’re able to see, for example, how UPMC care compares to perhaps VA Pittsburgh Healthcare System care,” Bartos explains.

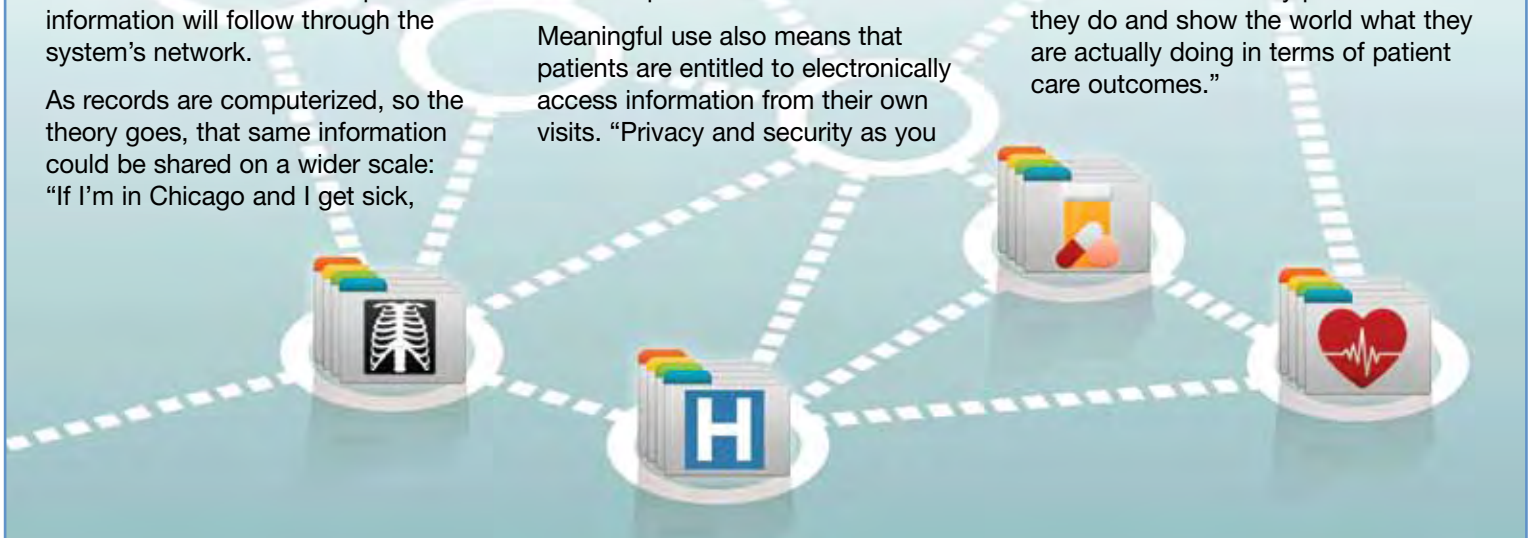
Meaningful use also means that patients are entitled to electronically access information from their own visits. “Privacy and security as you

exchange information is always a concern, but it’s been a concern since forever,” Bartos says. “The patient really should be the person who’s in control of [his or her] health information.”

One potential impact of the onset of electronic records on nurses’ practice is the creation of a larger set of data for nursing outcomes research.

“That makes evidence-based practice profoundly more effective, because there’s going to be so much more information available,” she says.

“It really is going to be, I believe, a transition of health care if it is carried out as outlined. It’s going to enable nurses to electronically prove what they do and show the world what they are actually doing in terms of patient care outcomes.”



have presented significant obstacles. Cassidy cites the example of a nurse practitioner in rural Pennsylvania who had to send the parents of a child with attention deficit/hyperactivity disorder on a four-hour drive once a month to get a prescription because the medications used to treat the child’s symptoms were a physician’s sole domain. Changing those rules represented seven years of effort by the nurse practitioner state advocacy group, the Pennsylvania Coalition of Nurse Practitioners, and in 2009, it happened.

In Cassidy’s own practice, the issue of durable medical equipment recently has become a concern for the Centers for Medicare & Medicaid Services (CMS). Although nurse practitioners have ordered the equipment for years, some companies are now afraid to give it to patients if a nurse wrote the prescription for fear

they won’t be reimbursed by the government due to new interpretations by CMS of outdated physician-only language in the regulations.

Cassidy wrote a prescription to allow a developmentally delayed child to obtain diapers; the physician who works in her practice was not in the office to write it. The request was denied. “Those are some of the frustrating things that are happening still, despite all the changes,” she says. “We all have to be involved. Our advocacy groups are wonderful, but it drizzles down to the individual clinician who can’t order diapers. It’s the patients who suffer.”

*Note: The views expressed by Barrow are her own and do not necessarily reflect those of the Department of the Army or U.S. Department of Defense.*



# Nurses on the Front Lines of Disease Prevention

On the doorstep of the University of Pittsburgh School of Nursing, Heidi Donovan found a real-time laboratory where her students could learn firsthand how integral a nurse's role can be in changing the health of a community.

An associate professor in the Department of Acute/Tertiary Care, Donovan teaches a master's-level course in health promotion and disease prevention in culturally diverse populations. Thanks to her efforts, the class focus has broadened from individual behavior change to encompass some of the community, policy, and social factors that dramatically influence health.

"Health promotion can and should be done everywhere, at every level of our health care system," says Donovan, who describes her students' health promotion solutions as "simple, but difficult"—supporting individuals to succeed in behavior change efforts, proposing policy changes, training lay staff members of community organizations to promote healthy behaviors among their clients, and persuading local stores to offer healthy food choices. "Nurses are in the perfect position to support patients' efforts to become healthier.





“Health promotion can and should be done everywhere, at every level of our health care system.”

Heidi Donovan

Heidi Donovan stands outside Peoples Oakland near the University of Pittsburgh. A private nonprofit agency established by local residents as a community planning and organizing agency, Peoples Oakland offers recovery and rehabilitation counseling, peer support, wellness services, social and recreational services, employment services, and educational support.

Nurses are particularly effective at considering a patient’s unique background and experiences in order to provide evidence-based recommendations and counseling in a highly individualized way to motivate people to make these simple but difficult behavior changes,” she explains.

## Better Nutrition, Healthier Community

Working in partnership with the Community Human Services Corporation (CHS), a nonprofit social services organization in Pittsburgh’s South Oakland area (near the University), Donovan began developing service learning projects for her students. They started by interviewing the organization’s staff members and the neighbors who use its services, did driving and walking tours of the community, and began identifying some priorities for health improvement. As a result, Donovan and the class decided to focus on nutrition and physical activity.

After learning that residents had relatively few choices for low-cost, healthy foods, Donovan partnered with community

leaders from the Allegheny County Health Department, CHS, the Oakland Business Improvement District, Peoples Oakland, and the Oakland Planning & Development Corporation to apply for and ultimately receive a two-year grant to improve physical activity, nutrition, chronic disease, and health promotion leadership in the community. The grant, sponsored by the Centers for Disease Control and Prevention and the National Association of County and City Health Officials, designates and supports Oakland as an ACHIEVE (Action Communities for Health, Innovation & EnVironmental change) community.

Donovan and her colleagues identified teams made up of key community leaders and policymakers. They are focusing on the passage of a complete streets plan in Oakland to support safe walking, biking, and public transit; promoting simple physical activity within work settings; and working to influence and support the small groceries, markets, and restaurants that dot Oakland to offer healthier choices.

“It will really be about creating a campaign and maybe some friendly competition among restaurants and stores to do this,” says Donovan.



Donovan is partnering with community leaders and local markets to make low-cost, healthy food more accessible to residents of South Oakland.

Donovan and her students also have worked with CHS homemakers program, supported by the United Way, which includes a corps of people who assist clients with chronic physical and mental health problems living alone. Donovan's students interviewed various stakeholders and came up with a novel idea: Create simple health promotion tool kits and then train the homemakers, who already know the clients, to coach the clients through pantry evaluations, choosing and preparing healthy foods on a limited budget, increasing physical activity safely and slowly within the home, smoking cessation, and stress reduction.

One group of students designed clever, simple tool kits—including flip charts and pamphlets—that were turned over to a second group of students who conducted a “train the trainer” program in December 2010.

“They were pretty skeptical at first,” acknowledges Donovan of the homemakers. But, she adds, “There was an overwhelmingly positive response during the training program. Some of the homemakers even talked about making personal changes as well.”

## Reaching Out to Prevent Alcohol-related Disorders, Illnesses, and Injuries

Nurse-led research has long been recognized for its practical applications, and research that delves into better screening and early intervention is no exception.

At the VA Pittsburgh Healthcare System, Lauren Broyles (PhD '08) works as a research health scientist who is investigating the efficacy of a specific type of alcohol intervention. Its acronym, SBIRT, stands for Screening, Brief Intervention, Referral and Treatment. This three-pronged approach spans the entire spectrum of alcohol misuse, from hazardous drinking to more severe disorders like alcohol abuse and dependence.

Traditionally, the SBIRT tool has been used in primary care settings and in some emergency and trauma settings and is typically used by physicians, residents, or medical students. But amid calls for a more interdisciplinary use of SBIRT, Broyles is focusing on nurses leading the approach.

“There are a lot of reasons why nurses make sense,” she says. “We have the greatest amount of predictable, extended patient contact. We have a practice style that’s very congruent with SBIRT and motivational interviewing.”

The SBIRT method uses a standardized instrument to perform alcohol screening, which identifies the level of alcohol intervention a patient might need, if any. It is then followed by a five-to-seven-minute brief intervention consisting of a motivational discussion that offers personalized feedback about the patient’s risk levels while encouraging the patient to reduce his or her alcohol consumption.

“It’s a patient-centered approach. It’s not argumentative and it’s not trying to be persuasive. It’s trying to meet the person where they are in their readiness to change their behavior,” Broyles says. “We have the opportunity as nurses to take an upstream, preventative approach to addressing alcohol use before it progresses to dependence or negatively impacts other health conditions. And we have the opportunity to do this across practice settings, not just in primary care.”

As part of research that was funded through a five-year U.S. Department of Veterans Affairs Career Development Award, Broyles is planning a pilot study

that will measure the impact of SBIRT on patient outcomes among hospitalized patients, among whom it has not been extensively used or tested. She is in the midst of a study that trains nurses in the SBIRT technique and ensures that the training is effective.

The Joint Commission (formerly the Joint Commission for Accreditation of Healthcare Organizations) pilot tested new hospital accreditation measures that would require alcohol and tobacco SBIRT for all hospitalized patients. If adopted, the SBIRT measures will address some of the nation's greatest unmet health care needs in hospitals across the country. At present, one in four hospital admissions is related to alcohol, tobacco, or other drug use and more than 2 million deaths in the United States each year, approximately one in four, are attributable to the use of alcohol, tobacco, or other drugs. Screening admitted patients for tobacco, alcohol, and substance use and initiating treatment for these conditions in the hospital makes good clinical sense.

“Administering SBIRT is a natural fit for nurses,” Broyles says. “It’s a place where nurses can really exemplify their holistic approach to practice. We have a shared responsibility to prevent alcohol-related harm.”

## Searching for Biomarkers

On a larger scale, Wendy Henderson (BSN '94, MSN '99, PhD '07) is applying the nurse's approach to research on symptom distress in digestive disorders. “Nurses bring a different perspective to research. They look at what truly matters to the patients: How do they feel? Are they able to function?”

As an assistant clinical investigator in biobehavioral research at the National Institutes of Health (NIH), Henderson is part of a team that is looking for biomarkers in patients who have chronic abdominal pain, a poorly understood syndrome that affects roughly 15–20 percent of children and adults in the United States. “We have nurses at the lead because we’re listening to what patients are saying,” says Henderson. “We’re not necessarily focused on the disease state; we’re focusing on the patient’s symptoms.”



**“Nurses bring a different perspective to research. They look at what truly matters to the patients: How do they feel? Are they able to function?”**

Wendy Henderson

In this research, Henderson and her team are exploring the relationship between intestinal inflammation and abdominal pain as well as objective indicators at the molecular level of symptom severity and the related clinical outcomes. This work could lead to therapeutic targets for physiological problems related to the digestive system, such as obesity, fatty liver, and nutritional malabsorption.

Because NIH research is within the public domain, the findings may be translated directly to hospitals, clinics, and outpatient settings. For example, Henderson's team has developed a tool called the gastrointestinal pain pointer, in which patients use a computer interface to indicate location and intensity of pain as well as to record the pain intensity. When fully developed, the tool could become available for general use. (Information on currently available clinical trials and research protocols is available at [clinicaltrials.gov](http://clinicaltrials.gov).)

“We’re able to invent novel ways to assess patient symptoms,” says Henderson.

For Donovan, the nurse is the cornerstone of discovery and implementation of evidence-based practice—careful integration of the best evidence with people's very individual, personal, family, and environmental risk factors.

“Nurses have a great deal of respect from patients. We see patients at times when they might be very ripe for hearing behavioral change messages,” Donovan says. “I’ve seen some amazing things happen.”



# CARING for the CAREGIVERS

## Research Explores the Physical and Psychological Toll on Patient Families

While the debate over health care reform tends to focus on the patient, a larger, nearly invisible population waits in the wings: the people who provide care for those patients at home.

As part of an effort to encourage a more holistic approach to health care, researchers at the University of Pittsburgh School of Nursing are exploring ways to encourage the physical and psychological support necessary to allow caregivers to function and flourish.

Under its current structure, the U.S. health care system poses a fundamental obstacle to this goal.

Researcher Jennifer Hagerty Lingler (MSN '98, PhD '04) sums it up this way: "There's no way to bill for educating caregivers."

Lingler, assistant professor in the Department of Health and Community Systems at the School of Nursing, is working on a Web-based tool designed for caregivers of Alzheimer's patients. After recently concluding a pilot Web-based seminar with 13 care partners recruited from around the country through online groups, Lingler believes that they welcome the real-time counsel from nurses through online technology.

“One caregiver said, ‘This is the most attention I’ve gotten in five years,’ ” she recounts. “My philosophy is, within the group, it’s the group that holds expertise. We draw it out.”

Lingler is conducting research on the role of caregivers in relaying critical—but often sensitive—patient information when they accompany a patient to clinical visits.

“We found that caregivers underreport clinically actionable symptoms,” she says. “We can teach them communication skills. Effectively communicating with health care providers is one of the caregiver’s most critical tasks.”

The physical and mental health of caregivers themselves requires attention. Conducting a pilot study looking at the biobehavioral response to stress in family caregivers of intensive care unit (ICU) patients who are on prolonged mechanical ventilation, JiYeon Choi (PhD ’08), assistant professor in the Department of Acute/Tertiary Care, says that studies have shown serious long-term consequences for caregivers.

“According to previous studies, about one-third of caregivers of ICU survivors reported a decrease in their own physical health following the patient’s discharge from the acute care hospital or ICU,” she notes. “Depressive symptoms in these caregivers were comparable to caregivers of frail elderly and those with Alzheimer’s.”

For her study, Choi has selected a group of individuals caring for patients undergoing prolonged support from mechanical ventilation. Besides difficulty in weaning from mechanical ventilation, the patients often experience physical limitations, psychological symptoms, and poor quality of life. Their complex course of recovery imposes a great level of stress on family caregivers.

In her pilot study, Choi is exploring associations between psychological distress in caregivers and changes in the levels of interleukin-6 in their blood samples and how such interactions can be linked with caregivers’ health behaviors and health outcomes.

“We know these caregivers are dealing with a great level of stress over the course of the patients’ critical illness and recovery, but our current knowledge is insufficient to develop targeted interventions. It is important to identify characteristics of caregivers

# “Stress in caregivers continues long after the patient’s discharge from the intensive care unit.”

JiYeon Choi

who are vulnerable to having poor outcomes so we can provide timely support.”

Irene Kane (MN ’80) PhD, assistant professor in the Department of Health and Community Systems, can point to dozens of studies that link disease and stress.

“Mainline diseases like cardiovascular illness, diabetes, [and] obesity are partially spawned by stress,” she says. “Relaxation helps the immune system. Name the clinical setting, and I’ll give you an example.”

Throughout her career, she has become a fervent advocate for incorporating stress reduction into patient treatment plans. Kane believes that extending the concept of stress relief to caregivers—including nurses themselves—is an important component of health care reform.

“Health care reform is about prevention,” she argues. Teaching and practicing simple, low-cost strategies like deep breathing, meditation, laughter, and physical activity support other prevention strategies.

“The techniques aren’t new; it’s behavior change. Making it routine is key,” she says.

She begins her psychology classes by bringing students to their feet to do deep breathing. “I tell nurses, you have to know how to do it to teach it.”

Kane also wants them to communicate the benefits of stress reduction through social contacts, spirituality, and exercise and to encourage programs in the workplace as well as clinical settings.

“Our society rewards stress,” she notes. “We need to reverse that trend.”

# The Best Defense

On the Front Lines  
and in Research,  
Nurses Offer  
Preventive Care



As a family nurse practitioner in a community health setting, Lissa Lansdale helps to keep patients out of the emergency room by increasing their access to quality health care.

For Lissa Lansdale (MSN '09), prevention comes in a different format. As a family nurse practitioner for Latterman Family Health Center in McKeesport, Pa., Lansdale works at an internal medicine site, where she sees patients with a lot of acute problems for visits that keep them out of the emergency room. In addition, she manages a diabetes project that educates patients about preventive measures and monitoring guidelines.

But as part of a pilot project, she also sees patients three days a week at a behavioral health site. The goal is to engage patients who haven't recently seen a primary care provider for physical symptoms.

"Many practices all across the country bring a behavioral health therapist into the primary care setting," says Lansdale. "We're doing it a little bit differently: We're taking a physical health focus and putting it into a behavioral health site."

Lansdale says that one of the challenges she faces at the behavioral health site is "learning how to help patients who do not necessarily feel sick at the moment understand that we are trying to prevent complications down the road."

To overcome those obstacles, Lansdale tries to implement changes in small doses. "If you just cut back a couple of cigarettes a day, it might not be too bad, and it would be better for your health," she tells patients who smoke.

"I can see these patients over and over again and maybe relay one simple behavioral change that will have a positive impact on their health each time," she says. "We need to increase access to care. I feel like this definitely has been very innovative. It's a one-stop shop. They tend to come to their behavioral health appointments, where they'll get their medications that they know make them feel better."

When she was studying at Pitt, Lansdale always had her sights set on practicing in a community setting. "I think that's where our focus is heading," she says. "It's kept me on my toes for sure, and it's very rewarding."

## Community Health Nursing

Patients can talk to a nutritionist, get HIV testing, access resources for free mammograms, and get behavioral health screenings at Esperanza Health Center, the Philadelphia, Pa., clinic where Joanna McKee Dixon works as a triage nurse and assistant supervisor of the clinical support team.

With the help of \$6.5 million in federal stimulus funds, the clinic also will build a community health center, including a gym where people can work out and a kitchen where they can learn how to prepare nutritious meals inexpensively.

"I consider myself part of the team, being able to provide preventive services to patients within a holistic approach to care," says Dixon (BSN '07), who speaks Spanish to a population of patients who are mostly natives of Puerto Rico.

Dixon's work illustrates how nurses who work toward primary and secondary prevention are impacting the health of entire communities through a uniquely personal—and usually holistic—approach. At Esperanza, preventive measures include a recently added health promotion class, which educates lay people from the community to handle minor first aid, diabetes, and asthma issues. The staff dietician helps patients to find ways to build healthier choices into their diets, and nurses help them to understand how their behavioral and dietary choices could impact their health.

"We do our best to educate and empower our patients to make positive changes in their health behaviors in order to improve their quality of life," Dixon says.

As a student at Pitt, Dixon—who was a student in the University Honors College—wrote a thesis about barriers to health care among Mexican immigrants in Pittsburgh. Today, she is working to help overcome those barriers, including helping patients who have difficulty getting appointments with specialists because they don't speak English.

"We do our best to educate and empower our patients to make positive changes in their health behaviors in order to improve their quality of life."

Joanna McKee Dixon



“Many practices all across the country bring a behavioral health therapist into the primary care setting. We’re doing it a little bit differently: We’re taking a physical health focus and putting it into a behavioral health site.”

Lissa Lansdale



Lissa Lansdale consults with Ayman Fakeh, a physician at Latterman Family Health Center.

The center offers many additional services and classes to help patients work on self-management of their own health. During an appointment, “there’s only so much you can do in that limited time frame, so it is important to equip our patients with tools to continue positive health practices outside of the health care setting,” Dixon explains.

## Preventive Care in Behavioral Health

Heeyoung Lee, assistant professor in the Department of Health and Community Systems, believes that nurses who take a holistic approach to health care can reduce morbidity and mortality.

As Lansdale found in McKeesport, Lee says that medical conditions frequently go undetected in patients with mental illness. In fact, the life expectancy of people with serious mental illness is nearly 30 percent shorter than that of the general U.S. population, mainly due to early onset cardiovascular disease, she says.

“For example, patients with schizophrenia take antipsychotic medications, which have the side effects of weight gain, cardiovascular disease, and so forth,” she notes. “Also, patients with serious mental illnesses tend to engage in lower levels of physical activity than the general public and often do not meet established physical activity guidelines.”

Because pedometers are known to serve as motivational and monitoring tools that generate physical activity, Lee is involved in

a study that tests the feasibility of using the devices with mentally ill patients.

She also is working on research that examines the link between depression and physical activity in elderly people. According to the data, many elderly people are taking antidepressant medications in addition to medications for chronic medical conditions, indicating comorbidity.

While lay people might think that depression rates among the elderly are relatively low, psychiatric nurse practitioners can see that some older patients are underreporting depression, may not fully understand their symptoms, or perhaps are being screened using a tool that needs to be more sensitive, she notes.

In addition, providers who are trained to look beyond first symptoms often can identify additional ailments, she says. Lee cites the example of a patient who complains of insomnia. Rather than prescribing sleeping pills alone, well-trained providers can ask whether there are any underlying illnesses causing the insomnia, such as restless leg syndrome or gastroesophageal reflux disease.

“That means health care providers in a primary care setting should learn how to screen [for] common psychiatric diagnoses such as anxiety or depression,” Lee says. “Psychiatric primary care nurse practitioners are trained to take care of both physical and mental conditions. They bridge the gap between treatment of psychiatric needs and treatment of medical needs.”

Because pedometers are known to serve as motivational and monitoring tools that generate physical activity, Heeyoung Lee is involved in a study that tests the feasibility of using the devices with mentally ill patients.







# TECHNOLOGY BOOM

## How Smartphones, PDAs, and Web-based Tools Are Helping Nurses to Help Patients

Debra Smyers (BSN '75) has a long title: senior director of program development for Medicaid, special needs, and Children's Health Insurance Program (CHIP) products at UPMC Health Plan, which covers almost 620,000 Western Pennsylvanians. But when asked to describe the impact of health care reform on nursing, Smyers keeps it simple, succinct, and aspirational: "It means everyone performing to the top of their licensure," she says.

That lofty goal is perhaps no different from what it has been in the profession's past. But Smyers, who directs the innovative patient-centered medical home program for one of the largest insurers in Pennsylvania, sees that the tools

to reach that goal are changing substantially. As the size of her nursing staff mushrooms, more than doubling in size in the two years since the program's founding, nurses are borrowing expertise from social workers, emergency medical technicians (EMTs), health lifestyle coaches, and information technology specialists to deliver care outside clinical settings.

Mary Ann Sevick (BSN '79) ScD, agrees with Smyers. "I think that with the growing demand for care, pressure to cut costs, and a shortage of providers, there will be increased pressure to shift care from inpatient and ambulatory settings to the community, where nurses are accustomed to providing care," says Sevick, associate professor of medicine, behavioral and community health sciences, and clinical and translational science at the University of Pittsburgh School of Medicine.

"Nurses typically have training in both clinical and behavioral sciences, so they are uniquely poised to provide self-management training and support self-care," Sevick says. "I also think you will see technology play a larger role in supporting patient self-care."

“If using this application can increase adherence to treatment, we can ultimately save a lot of health care dollars.”

Judith Callan

Both experts understand the challenge of transferring responsibility for sophisticated care regimens to patients and caregivers. Now, University of Pittsburgh School of Nursing researchers are separating the components of the task into discrete elements to ensure that strategies are rooted in observations of patients' basic needs and routines.

“We know that humans can process about seven bits of information in short-term memory. That's the equivalent of a phone number without area code,” Sevick

notes. “Meanwhile, problems have become more complex. So we must use technology to reduce the information burden and help people make good decisions.”

Karen Wickersham, a current doctoral student at the School of Nursing, is using a National Institute of Nursing Research National Research Service Award to start a basic self-care inquiry: How do lung cancer patients take their medication? The former U.S. Air Force nurse, who had previously collaborated with her mentors on research on medication taking in patients with breast cancer and with HIV, has concentrated her research on a group of 25 people being treated for non-small cell lung cancer.

“Lung cancer, which is the number one cause of cancer deaths for both men and women, is usually diagnosed at Stage III or IV. Those diagnosed with non-small cell lung cancer at Stage III or IV have only a 15 percent five-year survival rate,” she says.

“We have always assumed that cancer patients are highly motivated to adhere to medication, but we are finding that they have similar struggles to those with chronic diseases. We hope to learn what the differences are. It's not well understood in patients with lung cancer what their process is—not just how well they are taking medication but how they remember to do these complicated things.”

Her research is a painstaking interview process, asking participants open-ended questions and analyzing their responses.

“We're looking at every aspect, including time of day, keeping supplies, storage methods, and barriers to taking their medication,” Wickersham explains. “We hope findings from this study will guide future research efforts. It's very relevant to where health care is right now. The current debate about medications and prescriptions and costs and reimbursement goes hand in hand with what motivates patients to take their medication.”

Two other self-care research projects conducted by School of Nursing faculty members are looking at adding new consumer technologies to monitor patient activities. These studies are looking at the efficacy of personal digital assistants (PDAs), smartphones, and Web-based platforms accompanying the surge in consumer use of such devices. Recent surveys have shown that consumers are increasingly receptive to employing electronic communications for self-management.

A GfK Custom Research North America survey conducted for Practice Fusion ([www.practicefusion.com](http://www.practicefusion.com)), a San Francisco, Calif., based electronic health records provider, showed that three in five chronic disease patients in the United States believe that the use of medical devices designed for home use would improve their conditions and that 62 percent of the respondents believe that communicating with their physicians via the use of home-based technologies also would improve their health.

“Home medical devices can save the health care system money and also enable patients to live more independently while managing their chronic conditions,” Practice Fusion CEO Ryan Howard said in a press release.

Judith Callan (BSN '80, MSN '84, PhD '07), research assistant professor in the Department of Health and Community Systems, is working with a team to develop a smartphone application for patients who are receiving cognitive behavioral therapy (CBT) for diagnoses of mood disorders. The goal is to increase adherence to CBT to make positive behavior changes.

“My husband calls me Mrs. Inspector Gadget,” she laughs, displaying an Android phone loaded with a prototype of the software. The password-protected app allows patients to instantly log their current mood by moving an on-screen slider and then complete a comprehensive set of CBT homework tasks—list-making, self-monitoring, scheduling, interpersonal, problem-solving, activity-related, and thinking assignments to improve dysfunctional thoughts. Patients save completed assignments under a toolbox icon for later review with their therapists; tapping the library icon accesses self-help ideas to promote sleep, exercise, and relaxation.

While new to the United States, technology has been successfully employed in mental health treatment elsewhere. Britain's National Health Service has adopted Beating the Blues, a Web application, as a first-tier treatment strategy for depression, Callan notes.

"The United States is behind in the use of technology, especially in mental health," she says. "We know that CBT has relapse prevention potential and can prevent future episodes. And we know that depression costs the country more than \$83 billion a year in treatment, deaths, and lost work productivity. If using this application can increase adherence to treatment, we can ultimately save a lot of health care dollars."

Weight loss self-management has emerged as another promising path for the use of handheld technologies. Jing Wang (MSN '10, PhD '10) MPH, completed her doctoral work by examining whether patients using PDAs lost more weight when they learned to find effective solutions to problems they encountered in their daily lives and to monitor their diet and exercise behaviors. Her work used data from a randomized clinical trial in which a sample population was divided into three groups: those recording their diet and activity on paper; those using PDAs for record keeping; and those using PDAs that generated automatic responses, such as reminders or congratulations, to the data entered.

"The group that received feedback achieved better results by better adherence to the self-monitoring of their diet and exercise behaviors. That leads us to think feedback messages are important," says Wang, acknowledging that self-monitoring will still need to be accompanied by meetings and other interactions for successful outcomes.

One sign of the exponential speed of technology change is that PDAs are already becoming obsolete. Wang envisions the technology moving to smartphones and Web-based interactive systems. "As interactive applications integrate software in the smartphones, we will get better outcomes," she says.

Even for more complex cases, such as organ transplant recipients, mobile health technologies may promote self-care and adherence to postdischarge treatment. Lung transplant survival rates decline more precipitously after the first year

than in other solid organ transplant recipients, with only 62 percent survival at the three-year mark. Studies have shown persistent nonadherence for discharged patients asked to monitor blood pressure, measure spirometry, follow dietary instructions, complete blood work, and take immunosuppressants.

Annette DeVito Dabbs (PhD '03), associate professor and interim vice chair of the Department of Acute/Tertiary Care, is evaluating Pocket PATH (Personal Assistant for Tracking Health) smartphones with custom self-monitoring programs. Preliminary results of a pilot study indicate that those using Pocket PATH adhered to their treatment regimen better than

those using paper records. Now DeVito Dabbs is expanding the research to a larger sample in this challenging group.

"The device has custom programming for patients to record their health data and trends indicator changes over time and shows them graphically," she explains. "Decision support is built in—at certain thresholds, patients get messages on what to do. For example, if their blood pressure is trending upward, it reminds them to report it to a clinician. It doesn't substitute for face to face, but it's a window into what's happening at home." She emphasizes that meticulous user-centered design, involving patients in all aspects of the design process, is essential to activating patients to monitor their conditions.

Sevick, who focuses her research on self-monitoring for patients with a combination of chronic diseases, says that the passage of health care reform arrives as an aging population presents more complex cases.

"First, with 32 million more Americans receiving covered health care services, our capacity to deliver care will need to expand," she says. "Second, by eliminating lifetime caps and exclusions for preexisting conditions, we can expect patient populations to become increasingly complex. About half of patients with a chronic disease actually have two or more conditions. I think technology-based self-monitoring can be very useful in these patients—for example, a person with diabetic chronic kidney disease, which affects 9.3 million American diabetics. If their diseases are not managed carefully, these individuals will die of preventable cardiovascular complications." Sevick has studied whether the use of PDAs can help patients to adhere to demanding regimens.



While research by Sevick, Wang, DeVito Dabbs and Callan shows promise for integrating new technologies in self-care, the question remains: Is technology-based self-monitoring feasible for everyone? Sevick says that her recently completed research on those with type 2 diabetes showed that factors predictive of less access to technology, such as race, age, and income, did not affect self-monitoring adherence.

“If the technology is sufficiently user friendly, and if users expect to benefit, I believe there are few barriers,” she notes.

At UPMC Health Plan, Smyers sees nurses using insurance plan data as another effective tool for home health care and self-monitoring. “Our nurses generally function as a bridge between a medical home—usually, the primary care physician [PCP]’s office—and individual households,” she says. “The health plan has a wealth of information based on claims we pay, including emergency room visits, other physician visits, and tests. A PCP often only knows what he or she has ordered. The insurer sees all the information. Was a prescription ever filled? If not, our nurses find out why. Perhaps the patient didn’t understand it or couldn’t afford it. Our nurses can pull in resources for both medical and behavioral issues, from on-staff social workers to pharmacists and even community providers, like emergency medical technicians.” Staffing has increased from six nurses at the founding of the health plan’s patient-centered medical home program to 15 this year.

“Ambulance workers, paramedics, and EMTs have some downtime. We’ve piloted a program that tries to use that downtime in a creative way by partnering with them to be part of our integrated care team, along with our mobile nurses and mobile social workers,” says Smyers. “They’re not treating; they’re doing assessments, and sending information to us so we can act on it.”

Smyers says that primary care physicians welcome the increased involvement of the insurer. “Our nurses help with the challenging patients,” she says. “They spend a lot of time with them. They’re an education resource.” That systemwide support for patients means that health care reform won’t shift the burden of care solely to patients.

“Self-care doesn’t mean independent of anyone else,” says DeVito Dabbs. “The patients should be active partners in their health care, and technology may help them to accomplish this.”

# INFORMATICS: HOT CAREER CHOICE

**Q** What is informatics?

**A** Nursing informatics combines nursing and information management skills to support and enhance patient care.

**Q** What do informatics nurses do?

**A** Informatics nurses develop and improve systems for telemedicine, telehealth, and telemonitoring. Nurses working in consumer health informatics assess consumers’ needs for health information and treatments, conduct research on how to meet consumers’ needs for health information and self-management of health and illness, and integrate consumers’ preferences into information systems.

**Q** Why should I choose informatics?

**A** There are numerous career opportunities nationally for informatics nurses in practice, education, research, administration, and consultation. Informatics nurses can work in public, private, or corporate settings.

**Q** What about salaries?

**A** Salaries for informatics nurses are excellent and continue to rise. According to the Bureau of Labor Statistics, the average salary in the nursing informatics field has risen more than 20 percent in the past few years and is expected to continue to rise with the demand for experts in this field over the next 10 years.

**Q** Why should I come to the University of Pittsburgh for informatics nursing?

**A** Highly recognized as a leader in biomedical informatics science, the University of Pittsburgh is home to one of the U.S. National Library of Medicine’s university-based Biomedical Informatics Research Training Programs. The University of Pittsburgh School of Nursing has three nursing informatics faculty members—more than most schools of nursing—and is ranked fifth in National Institutes of Health funding among schools of nursing. In addition, the University of Pittsburgh School of Nursing is one of the only schools of nursing with three National Research Service Awards Institutional Research Training (T32) grants, including Technology: Research in Chronic and Critical Illness (T32 NR008857). These grants provide nurses with support for pre- and postdoctoral research training.

# Olander Sisters Make History at Pitt

In the School of Nursing's early days, Mary-Alma Olander Price (BSN '44), Leona Olander Moore (BSN '45), and Margaret Olander Brophy (BSN '49) not only distinguished themselves by earning college degrees but did so at the same university and within the same program.

Price, Moore, and Brophy were not only close in age but also close as sisters. After graduating from Wilkinsburg High School in 1939, Price, the eldest, made the decision to study nursing at the University of Pittsburgh. Little did she know at the time that she would be a trailblazer for her two sisters, who would eventually enroll in Pitt's nursing program, as well.

Price earned her nursing degree with the Class of 1944 and was an instructor for the U.S. Cadet Nurse Corps. She worked at what is today's Magee-Womens Hospital of UPMC before becoming a nurse supervisor at Baylor Hospital in Dallas, Texas. After her marriage in 1945, Price moved to Coral Gables, Fla., and then to Melbourne, Fla., where she and her husband raised five children. When her youngest child entered elementary school, she returned to the hospital setting, working as a staff nurse at Holmes Regional Hospital in Melbourne. While there, she developed a pediatric orientation program for first graders designed to help them understand what hospitalization is all about. Price retired in 1988 and remains a Melbourne resident.

Right: Leona Olander Moore (left) and Mary-Alma Olander Price

Below: Leona Olander Moore (left) and Margaret Olander Brophy during Homecoming 2010



Middle sister Leona earned her Pitt nursing degree in 1945; became a cadet nurse; and was sent to Richmond, Va., to care for polio patients. It was while she was head nurse at the Medical College of Virginia in Richmond that she met and married Armond Moore, a physician at the college. After working in Durham, N.C., and then at Reddy Memorial hospital in Montreal, Quebec, Canada, Moore took time off, beginning in 1950, to raise three children. After taking a nine-week course in intensive cardiac care in Springfield, Mo., she returned to nursing in 1974, working at St. John's Hospital and then as the registered nurse and office manager in her husband's practice. She and her husband volunteered at a youth camp in North Carolina, and in

1983, she retired for good when her husband closed his office. Moore lives in Springfield, Mo., and loves to travel nationally and internationally.

The youngest Olander sister, Margaret, met her future husband, James Brophy, at a YWCA dance in Wilkinsburg, Pa., when she was a nursing student at Pitt. Brophy, a graduate of Brown University, worked as an engineer for Westinghouse Electric Company. When Margaret Brophy graduated with her BSN in 1949, James Brophy had already lined up a job for her in Boston, Mass., where Westinghouse had transferred him. Brophy began her nursing career at Glover Memorial Hospital, caring for medical and surgical patients. After her first child was born, she left nursing to raise her family. They returned to the Pittsburgh area when James Brophy went to work as a sales engineer in her father's business. Today, Margaret Brophy resides in Murrysville, Pa.

Moore and Brophy returned to campus during Homecoming Weekend 2010 to celebrate Moore's 65th class reunion. Clearly, their ties to Pitt nursing remain quite strong!

# Active Grants (as of December 1, 2010)

## \$5,000 or more

### Sheila Alexander

Apolipoprotein E Inflammatory Markers and Delirium in Intensive Care Unit (ICU) Patients  
*Agency:* Society of Critical Care Medicine

Long-term Outcomes in ICU Patients: Delirium and Apolipoprotein E  
*Agency:* National Institutes of Health (NIH)/National Institute of Nursing Research (NINR)

### Michael Beach

New Careers in Nursing Scholarship Program  
*Agency:* Robert Wood Johnson Foundation (RWJF)

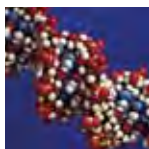
### Mandy J. Bell (Conley)

Genomics of Endoglin Pathway in Preeclampsia  
*Agency:* NIH/NINR  
*Grant Code:* F31

### Catherine Bender

Cognitive Impairment Related to Anastrozole Use in Women  
*Agency:* NIH/National Cancer Institute (NCI)  
*Grant Code:* R01

Cumulative Interferon Dose in Patients with Melanoma Receiving Pretreatment with the Antidepressant, Mirtazapine versus Placebo  
*Agency:* Schering Corporation



Genomics of Cognitive Function in Breast Cancer  
*Agency:* Oncology Nursing Society (ONS) Foundation

Interdisciplinary Training of Nurse Scientists in Cancer Survivorship Research  
*Agency:* NIH/NINR  
*Grant Code:* T32

Predictors of Adherence to Hormonal Therapy in Breast Cancer  
*Agency:* ONS Foundation

### Lora Burke

Improving Self-monitoring in Weight Loss with Technology  
*Agency:* NIH/National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)  
*Grant Code:* R01



Long-term Changes in Weight and Adipokines and the Associations with Genetic Variance  
*Agency:* NIH/NINR  
*Grant Code:* K24

### Lora Burke (Dunbar-Jacob)

Adherence and Health-related Quality of Life (HRQOL) Translation of Interventions  
*Agency:* NIH/NINR  
*Grant Code:* P01

### Grace Campbell (Happ)

Building Academic Geriatric Nursing Capacity Predoctoral Scholarship  
*Agency:* John A. Hartford Foundation

### Grace Campbell (Matthews)

Post-stroke Cognition as a Fall Predictor during Inpatient Rehabilitation  
*Agency:* NIH/NINR  
*Grant Code:* F31

### Donna Caruthers

Translating an HIV Medication Adherence Intervention: A First Step  
*Agency:* University of Pittsburgh Central Research Development Fund

### Denise Charron-Prochownik

Reproductive Health Intervention for Teen Girls with Diabetes Mellitus (DM)  
*Agency:* NIH/Eunice Kennedy Shriver National Institute of Child Health & Human Development  
*Grant Code:* R01

Reproductive Health Intervention for Teen Girls with DM  
*Agency:* NIH  
*Grant Code:* R01

### Denise Charron-Prochownik

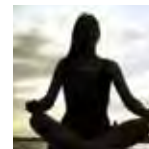
(Siminerio)  
Reproductive Health Program for Women with Diabetes across the Life Span  
*Agency:* U.S. Department of Defense

### Eileen Chasens

Obstructive Sleep Apnea (OSA), Sleepiness, and Activity in Diabetes Management  
*Agency:* NIH  
*Grant Code:* R21

### JiYeon Choi (Sherwood)

Caregivers of Persons on Prolonged Mechanical Ventilation: Mind-body Interaction Model  
*Agency:* NIH/NINR



Caregivers of Persons on Prolonged Mechanical Ventilation: Mind-body Interaction Model  
*Agency:* Rehabilitation Nursing Foundation

### PeiYing Chuang (Sherwood)

Genetics, Psychological Stress, and Cytokines in Oncology Caregivers  
*Agency:* ONS Foundation

### Susan Cohen (Glick)

Acupuncture for the Treatment of Insomnia  
*Agency:* NIH/National Center for Complementary and Alternative Medicine (NCCAM)  
*Grant Code:* R21

### Yvette Conley

Genomics of Cognitive Function in Breast Cancer  
*Agency:* ONS Foundation  
*Grant Code:* Research

Mitochondrial Genetics of Recovery after Brain Injury  
*Agency:* NIH/NINR  
*Grant Code:* R01



### Yvette Conley (Gorin)

Genetics of Age-related Maculopathy  
*Agency:* NIH/National Eye Institute  
*Grant Code:* R01

### Yvette Conley (Okonkwo)

Emerging Therapeutics for Traumatic Brain Injury (TBI) Acute and Chronic Changes  
*Agency:* NIH/National Institute of Neurological Disorders and Stroke (NINDS)  
*Grant Code:* P01

### Yvette Conley (Wagner)

Biomarkers Evaluating and Treating Acute and Chronic TBI  
*Agency:* U.S. Army

### Karen Courtney

After-hours Communication Support for Hospice Family Caregivers and Patients  
*Agency:* NIH/NINR  
*Grant Code:* R21

### Annette DeVito Dabbs

Phase III Trial of Pocket PATH: A Computerized Intervention to Promote Self-care  
*Agency:* NIH/NINR  
*Grant Code:* R01

Phase III Trial of Pocket PATH: A Computerized Intervention to Promote Self-care (Supplement)  
*Agency:* NIH/NINR  
*Grant Code:* R01-S

### Annette DeVito Dabbs (Dew)

Brief Nursing Intervention to Prevent Poor Psychosocial Outcomes in Living Donors  
*Agency:* NIH/NINDS  
*Grant Code:* R21

### Heidi Donovan

Implementation and Evaluation of an Electronic Symptom Assessment and Reporting Registry for Breast and Ovarian Cancers  
*Agency:* Magee-Womens Research Institute and Foundation (MWRI)

Web-based Ovarian Cancer Symptom Control: Nurse-guided vs. Self-directed  
*Agency:* NINR  
*Grant Code:* R01

**Heidi Donovan** (*Edwards/Zorn*)  
Phase 1: Dose Escalation Studies of Intraperitoneal Oxaliplatin with Intravenous Oxaliplatin with Intraperitoneal Docetaxel in Platinum-resistant Recurrent Ovarian, Peritoneal, and Fallopian Tube Cancer  
*Agency:* sanofi-aventis U.S. LLC

**Janice Dorman**  
Targeted Research and Academic Training of Nurses in Genomics  
*Agency:* NINR  
*Grant Code:* T32

**Willa Doswell**  
Protecting Daughters against Cancer (PDAC) in a Multi-ethnic Sample of Mothers and Their Preteen and Adolescent Girls  
*Agency:* ONS Foundation

Parish Nurse/Project Uplift Reducing Mental Health Behavioral Health Risk in Urban Communities: An Evidence-based Project  
*Agency:* Staunton Farm Foundation

**Jacqueline Dunbar-Jacob**  
Adherence and HRQOL Translation of Interventions  
*Agency:* NIH/NINR  
*Grant Code:* P01

Clinical Nurse Leaders Program  
*Agency:* Helene Fuld Health Trust Fund

Pennsylvania Higher Education Foundation Nursing Education Grant Program  
*Agency:* Pennsylvania Higher Education Foundation

University of Pittsburgh Clinical and Translational Science Institute (*Reis*)  
*Agency:* NIH/National Center for Research Resources

*Grant Code:* NIH/UL1 (Linker Specialized Center Cooperative Agreement)

**Sandra Engberg**  
Barriers, Complications, Adherence, and Self-reported Quality of Life in Patients Using Intermittent Catheterization  
*Agency:* Wound, Ostomy, and Continence Nurses Society



Efficacy of Acupuncture in Treating Urinary Incontinence  
*Agency:* NCCAM  
*Grant Code:* R01

Equipment to Enhance Training for Health Professionals  
*Agency:* Health Resources and Services Administration (HRSA)

University of Basel Scientific Leadership Program  
*Agency:* University of Basel

**Judith Erlen**  
Technology Research in Chronic and Critical Illness  
*Agency:* NINR  
*Grant Code:* T32

**Judith Erlen** (*Constantino*)  
Clinical Oncology Program Biostatistical Center  
*Agency:* NIH/NCI  
*Grant Code:* U10

**Judith Erlen** (*Dunbar-Jacob*)  
Adherence and HRQOL Translation of Interventions  
*Agency:* NIH/NINR  
*Grant Code:* P01

**Judith Erlen** (*Liu*)  
Multisite Collaborative Study for Adherence, Virologic, and Clinical Outcomes  
*Agency:* NIH/National Institute of Mental Health (NIMH)  
*Grant Code:* R01



**Becky Faett** (*Brienza*)  
Rehabilitation Engineering Research Center on Telerehabilitation  
*Agency:* U.S. Department of Education

**Linda Garand**  
Prevention of Psychiatric Morbidity in Alzheimer's Disease Caregivers  
*Agency:* NIH/NIMH  
*Grant Code:* K23

**Mary Beth Happ**  
Interdisciplinary Quality Research Initiative  
*Agency:* RWJF



Patient Participation in Treatment Decisions Before and After a Program to Facilitate Patient Communication in the ICU  
*Agency:* Greenwall Foundation

Symptom Management, Patient Caregiver Communication Outcomes in the ICU  
*Agency:* NIH/NINR  
*Grant Code:* K24

**Mary Beth Happ** (*Arnold/Mt. Sinai*)  
Palliative Care for Hospitalized Cancer Patients  
*Agency:* NIH/NCI  
*Grant Code:* R01

**Leslie Hoffman** (*Orenstein*)  
Self-regulated Exercise in Cystic Fibrosis: A Randomized Trial  
*Agency:* NIH/NINR  
*Grant Code:* R01

**Marilyn Hravnak** (*Kerr-Horowitz*)  
Myocardial Ischemia and Vasospasm in Aneurysmal Subarachnoid hemorrhage (SAH)  
*Agency:* NIH/National Heart, Lung, and Blood Institute (NHLBI)  
*Grant Code:* R01

**Julius Kitutu**  
Advanced Education Nursing Traineeship Program  
*Agency:* HRSA

ARRA Scholarship for Disadvantaged Students (SDS): SDS Program Nursing Baccalaureate  
*Agency:* HRSA

Scholarship for Disadvantaged Students (SDS): SDS Program Nursing Baccalaureate  
*Agency:* HRSA

**Jennifer Lingler**  
Psychometric Testing of an Instrument to Measure Participant Burden in Clinical Research on Alzheimer's Disease  
*Agency:* University of Pittsburgh Alzheimer Disease Research Center

**Jennifer Lingler** (*DeKosky*)  
Alzheimer Disease Research Center  
*Agency:* NIH/National Institute on Aging (NIA)  
*Grant Code:* P30

**Judith Matthews** (*Cooper*)  
Quality of Life Technology Engineering Research Center  
*Agency:* NIH/NSF

**Judith Matthews** (*Hodgins/De la Torre*)  
Cyber-Physical Systems (CPS): Medium Collaborative Research Monitoring Human Performance with Wearable Accelerometers  
*Agency:* NIH/National Science Foundation (NSF)

**Judith Matthews** (*Hu*)  
An Advanced Medical Robotic System Augmenting Health Capabilities: Robotic Nurse Assistant (RoNA) Project  
*Agency:* U.S. Army

**John O'Donnell**  
Birmingham City University Research Collaboration  
*Agency:* Birmingham City University

Emerging Learning and Integrated Technologies Education (ELITE)  
*Agency:* HRSA

Nurse Anesthetist Traineeship  
*Agency:* HRSA

# Active Grants (continued)

**Linda Organist** (*Redfern*)  
Further Enhancing  
Nonpharmaceutical Therapy for  
Incontinence  
*Agency:* NIH/NIA  
*Grant Code:* R01

**Lora Ott** (*Hravnak*)  
Failure to Rescue: Patient  
Instability in the Radiology  
Department  
*Agency:* NIH/NINR  
*Grant Code:* F31

**Kathryn Puskar**  
Addiction Training for Nurses Using  
Screening, Brief Intervention, and  
Referral to Treatment (ATN-SBRIIT)  
*Agency:* HRSA

**Jill Radtke** (*Cohen*)  
Breast-feeding the Late Preterm  
Infant: A Grounded Theory Study  
*Agency:* NIH/NINR  
*Grant Code:* F31

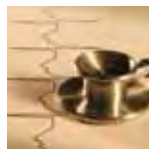
**Margaret Rosenzweig**  
The Attitudes, Communication,  
Treatment and Support (ACTS)  
Intervention to Reduce Breast  
Cancer Treatment Disparity  
*Agency:* American Cancer Society

Implementation and Evaluation of an  
Electronic Symptom Assessment and  
Reporting Registry for Breast and  
Ovarian Cancers  
*Agency:* MWRI

**Elizabeth Schlenk**  
Promoting Physical Activity in  
Older Adults with Comorbidity  
*Agency:* NIH/NINR  
*Grant Code:* R01

**Elizabeth Schlenk** (*Newman*)  
Health Promotion and Disease  
Prevention Research Center—  
Research Core  
*Agency:* Centers for Disease Control  
and Prevention  
*Grant Code:* NIH/U48 (Health  
Promotion and Disease Prevention  
Research Centers)

**Susan Sereika** (*Stewart*)  
Pathophysiology of Parathyroid  
Hormone-related Protein 1-36  
in Humans  
*Agency:* NIH/NIDDK  
*Grant Code:* R01



**Susan Sereika** (*Manuck*)  
Biobehavioral Studies of  
Cardiovascular Disease  
*Agency:* NIH/NHLBI  
*Grant Code:* P01

**Paula Sherwood**  
Determining Genetic and Biomarkers  
Predictors of DCI (Delayed Cerebral  
Ischemia) and Long-term Outcomes  
after SAH  
*Agency:* NIH/NINR  
*Grant Code:* R01

Mind-body Interactions in Neuro-  
oncology Family Caregivers  
*Agency:* NIH/NCI  
*Grant Code:* R01

Patient and Health  
Care System  
Outcomes Following  
EEA (Expanded  
Endonasal Approach)  
*Agency:* NIH/NINR  
*Grant Code:* R01



**Judith Tate** (*Barnato*)  
Provider and Organizational  
Norms and Care at End of Life  
*Agency:* NIH/NINR  
*Grant Code:* R21

**Susan Simms** (*Schlenk*)  
Self-efficacy and Self-care  
Management of Persons with  
Heart Failure  
*Agency:* American Association of  
Critical-Care Nurses

**Carol Stillely**  
Adherence and Health Outcomes  
after Liver Transplantation  
*Agency:* NIH/NINR  
*Grant Code:* R01

**Carol Stillely** (*Dunbar-Jacob*)  
Adherence and HRQOL Translation  
of Interventions  
*Agency:* NIH/NINR  
*Grant Code:* P01

**Debra Thompson** (*Wolf*)  
A Multilevel Study of Nurse Leaders,  
Safety Climates, and Care  
Outcomes  
*Agency:* NIH/NINR  
*Grant Code:* F31

**Karen Wickersham** (*Erlen*)  
A Study of Medication Taking for  
Non-small Cell Lung Cancer  
Patients Receiving Oral  
Targeted Therapy  
*Agency:* NIH/NINR  
*Grant Code:* F31



## Research Collaborators

For more than 50 years, researchers at the University of Pittsburgh School of Nursing have helped redefine the science and practice of nursing through multidisciplinary and multi-institutional translational research. Research collaborators include The following:

### University of Pittsburgh Collaborators

Alzheimer Disease Research Center  
Clinical & Translational Science Institute  
Department of Psychology  
Graduate School of Public Health  
School of Education  
School of Health and Rehabilitation Sciences  
School of Information Sciences  
School of Medicine  
School of Pharmacy  
School of Social Work  
Swanson School of Engineering  
University Center for Social and  
Urban Research  
University of Pittsburgh Diabetes Institute  
Western Psychiatric Institute and Clinic

### Outside Collaborators

Birmingham City University  
Carnegie Mellon University  
Children's Hospital of Pittsburgh of UPMC  
Emory University  
Health Research, Inc.  
Michigan State University at Irvine  
Mount Sinai Medical Center  
Saint Mary's Hospital  
Thomas Jefferson University  
University of Basel  
University of California at Irvine  
University of Hawaii at Manoa  
University of Michigan  
University of North Carolina at Chapel Hill  
University of Pennsylvania  
University of Pittsburgh Medical Center (UPMC)  
University of Washington  
University of Wisconsin-Madison  
Washington University in St. Louis  
Wayne State University



# Cameos of Caring® Program and Awards Gala

Since 1999, the University of Pittsburgh School of Nursing has honored 546 nurses with prestigious Cameos of Caring Awards. In 2010, 14 of the 61 award winners were graduates of the University of Pittsburgh School of Nursing:

**Doris Cavlovich** (MSN '03)

**Donna Dexter**, MNEd

**Melanie Matthews Erskine** (BSN '78, MSN '85)

**Robin Lichtenfels Evans** (MSN '91)

**Julianne Gerstbrein** (BSN '81)  
(awarded posthumously)

**Jane Guttendorf** (MSN '87, MSN '94)

**Kirstyn M. Kameg** (BSN '98, MSN '00)

**Kimberly M. Kirsch** (BSN '07)

**Santa (Sandy) Ann Lake** (BSN '93)

**Timothy R. Lyons** (BSN '97, MSN '01)

**Deborah Lynn Mitchum** (MSN '86, MSN '97)

**John M. O'Donnell** (MSN '91)

**Debra (Debbie) Riggs** (BSN '96, MSN '99)

**Elizabeth Shumaker** (MSN '95)

Proceeds from the Cameos of Caring Program and Awards Gala benefit the Cameos of Caring Endowed Nursing Scholarship Fund, established in 2000 to offer financial support for nurses to enhance their education.

Visit our Web site at [www.nursing.pitt.edu/cameos](http://www.nursing.pitt.edu/cameos) for more information about the Cameos of Caring Program.



Above: Leslie Hoffman, professor, University of Pittsburgh School of Nursing congratulates Nurse Educator award recipient John O'Donnell.



Left: Susan Hoolahan, chief nursing officer and vice president of patient care services at UPMC Passavant, congratulates Advanced Practice award recipient Elizabeth Shumaker.

## Special thanks to the event sponsors:

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# Planned Giving



The thoughtfulness that goes into a planned gift is very often a gratifying experience, not only for the charity that ultimately benefits from such a gift but for the donors as well. Planned gifts are often the legacy a donor wants to leave. The caring feelings associated with planning your legacy require exploration into what you value most and how you can make a difference for the University of Pittsburgh School of Nursing.

There are a number of ways a donor can create the most appropriate planned gift for his or her individual circumstances. A concern that often comes with considering such a gift is, “Will I have enough to live on for the rest of my life?” This concern can be addressed with a bequest in a will that assigns either a specific amount or a percentage of the remaining assets to benefit the charity. In this way, you can make a gift to a charity that costs you nothing in your lifetime.

A charitable gift annuity (CGA) is another option for individuals who wish to make a gift that will ultimately benefit the School of Nursing but who also want to maintain a guaranteed income stream for their lifetime.

A CGA is a simple contract between a donor and the University of Pittsburgh. The University guarantees a fixed income based on the age(s) of the annuitant(s). What remains from the annuity is passed on to the requested fund at the School of Nursing after the death of the annuitant(s).

Life insurance is a simple gift to pass on to a charity. If the original purpose for which an insurance policy was purchased is no longer applicable, you can simply assign a charity as the owner and beneficiary of an existing policy. In this way, you do not need to disturb any other assets or experience a loss of income. In addition, there is a tax benefit in transferring life insurance to a charity; you can claim an income tax deduction for the policy’s cost basis or cash surrender value, whichever is less.

As another option, a new policy can be purchased naming the charity as the owner and beneficiary. The premium payment can be made to the charity as an annual gift (which provides a tax deduction to you), and the charity in turn pays the premium to the insurance company. One of the benefits is that the donor is making payments whose total sum may be less than half of what

The thoughtfulness that goes into a planned gift is very often a gratifying experience, not only for the charity that ultimately benefits from such a gift but for the donors as well.

the ultimate gift to the charity will be. For instance, a \$1 million policy may cost a donor less than \$500,000 to purchase. Obviously, the amount depends on the age and health of the insured.

Finally, donors can use assets they may not have thought of as valuable in their estate planning. Assets like individual retirement accounts (IRAs), which would be ordinary income for a donor while he or she is living, is termed “income in respect of a decedent” (IRD) by the Internal Revenue Service and must be treated as taxable income by your estate at death. Unfortunately, this means that your assets may be taxed twice at death—once as federal income tax and again as federal estate tax. Assigning assets such as IRAs, savings bonds, profit-sharing plans, and/or deferred compensation plans to your charity will remove them from your estate so that your heirs are not responsible for the taxes associated with them.

If you would like more information about including the School of Nursing in your will or estate plan, please contact Janice Devine, director of development, at 412-624-7541 or via e-mail at [jad154@pitt.edu](mailto:jad154@pitt.edu).

# PITT NURSING AGAIN RANKED SEVENTH OVERALL IN GRADUATE PROGRAMS

**7** Pitt nursing retained its ranking of seventh overall, tied with Duke University, Oregon Health & Science University, and Yale University.

**3** Nursing anesthesia is ranked third, up from fifth in 2007.

**4** Pediatric nurse practitioner is ranked fourth, up from sixth in 2007.

**6** Adult nurse practitioner and psychiatric/mental health clinical nurse specialist are ranked sixth.

A total of 449 graduate nursing programs were ranked nationally.

**449**

The latest edition of the *U.S. News & World Report* publication *America's Best Graduate Schools* once again ranked the University of Pittsburgh School of Nursing seventh overall.

The School of Nursing has consistently been ranked among the top 10 graduate schools of nursing for the past nine years and was ranked seventh in 2007, the last time schools of nursing were ranked. In the most recent issue (2012), Pitt nursing tied for seventh place with Duke University, Oregon Health & Science University, and Yale University among 449 graduate nursing programs ranked nationally.

Nursing specialty areas did especially well. Nursing anesthesia ranked third (up from fifth in 2007), pediatric nurse practitioner ranked fourth (up from sixth in 2007), and adult nurse practitioner ranked sixth (up from ninth in 2007). Psychiatric/mental health clinical nurse specialist retained its 2007 ranking of sixth, nursing service administration is ranked ninth and family nurse practitioner is ranked 14th.

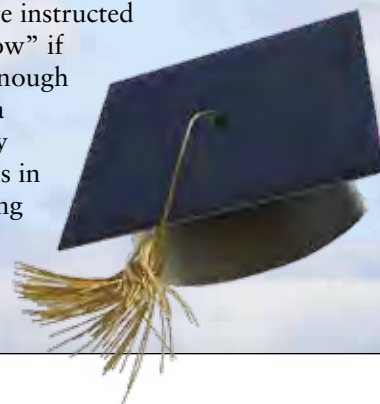
The rankings were based solely on the results of peer assessment surveys sent to deans, other administrators, and/or faculty at accredited degree programs or schools. Respondents rated the academic quality of programs on a five-point scale and were instructed to select "don't know" if they did not have enough knowledge to rate a program. Only fully accredited programs in good standing during the survey period are ranked.

Schools are listed in order of the highest average scores.

In fall 2010, surveys were conducted for the magazine's current rankings of master's programs in nursing accredited by either the Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Commission and graduate nurse anesthesia programs accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists. A total of 467 nursing schools were surveyed.

Rankings for the nursing specialty areas are based solely on input from educators at peer nursing institutions, who nominated up to 10 schools for excellence in each area.

Expanded roles for advanced practice nurses under the health care reform law make rankings for the nurse practitioner areas especially significant. As the nation faces a shortage of primary care doctors, nurse practitioners are increasingly called upon to practice to the full extent of their education. At the University of Pittsburgh, nurse practitioners are prepared to serve as primary health care providers. In that role, they identify health risks, promote wellness, diagnose and manage illnesses, prescribe medications and other treatments, and mobilize resources for patients.



# Continuing Nursing Education

The University of Pittsburgh School of Nursing's Office of Continuing Nursing Education (CNE) provides a variety of on-campus and online educational activities to promote life-long learning for professional nurses focusing on the areas of advanced practice, education, leadership, and reentry into practice. A current calendar of scheduled educational activities is available on the School of Nursing Web site, [www.nursing.pitt.edu](http://www.nursing.pitt.edu); click on the link for continuing education. For specific information or with questions, call 412-624-3156 or e-mail [conted@pitt.edu](mailto:conted@pitt.edu).

## SPEAKERS BUREAU

The Office of Continuing Nursing Education is creating a speakers bureau of alumni experts. Alumni interested in developing and presenting live and/or online CNE learning activities for the School of Nursing should complete a short form found on the School of Nursing Web site, [www.nursing.pitt.edu](http://www.nursing.pitt.edu); click on the link for continuing education and select "Speakers Bureau."

## ALUMNI LEARNING NEEDS ASSESSMENT

The Office of CNE is conducting an assessment of the learning needs of our alumni. This assessment will guide future CNE planning and is a requirement of our ANCC accreditation. Alumni are encouraged to complete a brief questionnaire. The survey can be found on the School of Nursing Web site, [www.nursing.pitt.edu](http://www.nursing.pitt.edu); click on the link for continuing education and select "Learning Needs Assessment." Your participation is greatly appreciated.

## ON-CAMPUS ACTIVITIES

### PHARMACOLOGY AND CLINICAL PRACTICE UPDATE SERIES

Sessions are held the first Saturday of each month at the Pittsburgh campus and at the University of Pittsburgh at Greensburg via video-conference. These monthly learning activities provide the latest pharmacology updates along with corresponding clinical practice implications. Upcoming sessions include COPD, and Alzheimer's disease.

**Program Fee: \$60 per session (discounts available when registering for two or more sessions)**

**Continuing Nursing Education Contact Hours: 3 per session**

### MICHAEL BLEICH VISITS THE SCHOOL OF NURSING

Saturday, May 21, 2011, Frick Fine Arts Building

Michael Bleich, dean of the Oregon Health & Science University School of Nursing, will speak on the recommendations in the new report by the Institute of Medicine and Robert Wood Johnson Foundation's Initiative on the Future of Nursing.

**Program Fee: \$30**

**Continuing Nursing Education Contact Hours: 3**

For more information or to register for any of these continuing nursing education activities, go to [www.nursing.pitt.edu](http://www.nursing.pitt.edu) and click on the link for continuing education.

## SAVE THE DATE

### EMERGING LEARNING AND INTEGRATED TECHNOLOGIES EDUCATION (ELITE) FACULTY DEVELOPMENT PROGRAM

May and June 2011, School of Nursing

ELITE will offer three workshops for nurse educators:

- Seeing Into the Distance: The Future of Distance Education on May 2, 2011
- Remote, Rural, Real Time: Advances in Telehealth on May 3, 2011
- Advanced Simulation: Simulation Educators Tell Their Stories on June 23 and 24, 2011

**Program Fee: \$75**

**Continuing Nursing Education Contact Hours:**

**Distance Education, 5.5; Telehealth, 5**

### ADVANCING ONCOLOGY NURSING PRACTICE IN THE 21ST CENTURY

June 10 and 11, 2011, University Club

Join national and regional oncology nursing experts to enhance your clinical skills, learn about current research findings with strategies for practice implementation, and explore/examine the changing role of oncology nurses. Featured presenters include Paula Trahan Rieger, MSN, CAE, FAAN, chief executive officer of the Oncology Nursing Society, and Deborah Mayer, PhD, AOCN, FAAN, associate professor at the University of North Carolina at Chapel Hill School of Nursing and editor of the *Clinical Journal of Oncology Nursing*.

### 18TH ANNUAL NURSING HORIZONS CONFERENCE—NURSING INNOVATION: BEYOND THE HORIZON

Saturday, June 25, 2011, University Club

Keynote presenters include Alan Bernstein, director of career development and workforce management for the U.S. Department of Veterans Affairs; Cynthia Napier Rosenberg, senior medical director at UPMC Health Plan; and Debra R. Smyers, senior director program development UPMC Health Plan.

**Program Fee: \$99**

**Continuing Nursing Education Contact Hours: 6**

## ONLINE ACTIVITIES

### NEW! PRECONCEPTION COUNSELING FOR ADOLESCENT AND ADULT WOMEN WITH DIABETES

This CNE learning activity will prepare nurses and other health care professionals to provide female patients with diabetes with the preconception counseling necessary to make informed choices for their reproductive health and the health of their future babies.

**Program Fee: \$80**

**Continuing Nursing Education Contact Hours: 4**

The University of Pittsburgh School of Nursing is accredited as a provider of continuing nursing education by ANCC (provider number 206-3-E-06).



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# ALUMNI NEWS + NOTES

## 1960s

**Filomena Varvaro** (MNEd '66) PhD, earned a Certificate in Gerontology in December 2009 from the University of Pittsburgh Center for Social and Urban Research and the University of Pittsburgh Institute on Aging. Varvaro serves as a volunteer field instructor for the Duquesne University School of Nursing RN+WIN (Retired Nurses Working in Neighborhoods) program's Nurse-managed wellness center, which provides wellness nursing care to Pittsburgh's vulnerable older populations. She also serves as a certified peer leader in the Allegheny County Department of Human Services Area Agency on Aging program, Better Choices, Better Health. Varvaro and her husband established the

Filomena and Vincent Varvaro Scholarship Fund at the Pitt School of Nursing.

**Louise Warrick** (BSN '63) camped along the Great Wall of China and trekked through the Altai Mountains in Mongolia with friends. Warrick is standing third from the right in the photo below.

## 1970s

**Patricia Wehrheim Affe** (BSN '70) recently retired at the rank of colonel from the U.S. Army Reserve after 34 years of service. She received the Legion of Merit award for her years of commitment, dedication, and distinguished service. Affe currently works as a clinical specialist in wound care in Florida.

**Linda McBride Antes** (MN '79) has been named chief nursing officer of Lakewood Ranch Medical Center in Lakewood Ranch, Fla.

**Mary Ann Newell Gapinski** (BSN '76), a school health advisor with the Massachusetts Department of Public Health, was recently elected president of the National Board for Certification of School Nurses.

**Pearl Moore** (BSN '68, MN '74) has been appointed to serve on the Obama administration's Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). MEDCAC members are



Patricia Wehrheim Affe

selected based on their background, education, and expertise in a wide variety of scientific, clinical, and related fields. Moore is immediate past CEO and founding member of the Pittsburgh-headquartered Oncology Nursing Society.

**Jennifer Abele Smith** (BSN '72), senior associate dean and assistant professor of clinical nursing at Columbia University School of Nursing, has been inducted as a fellow into the New York Academy of Medicine. Academy fellows embody the highest levels of achievement and leadership in the fields of medicine and health as well as science, social work, nursing, education, law, and research.

**Holly A. Williams** (BSN '76) was among 30 nurses from around the world selected to attend the International Council of Nurses' Global Nursing Leadership Institute in fall 2010. Participants are chosen based upon their leadership abilities and have the opportunity to interact with nurses from many countries.

**Tamra E. Minnier** (BSN '84, MSN '85), UPMC chief quality officer, has been appointed for a three-year term to the board of Joint Commission Resources, which sets quality and safety standards for hospitals and other health care organizations globally.

**Michele A. Reiss** (MN '77, PhD '83), assistant program director and director of behavioral sciences for UPMC St. Margaret's Family Medicine Residency Program, had a new book, *Lessons in Loss and Living: Hope and Guidance for Confronting Serious Illness and Grief*, published in November 2010 by Hyperion. Reiss was the psychotherapist who worked with the late Randy Pausch, author of *The Last Lecture*, and his wife, Jai, as they dealt with his terminal pancreatic cancer diagnosis.

**Kathy Mayle Towns** (BSN '77, MNEd '80), director of Duquesne University's Center for Health Care Diversity, was among 50 African American women from Southwestern Pennsylvania named Women of Excellence by the *New Pittsburgh Courier*. Honorees were selected for making significant contributions to the local community and business world.

## 1980s

**Tina Kevish** (BSN '82) is a certified nurse case manager at OptaComp, an affiliate of Blue Cross and Blue Shield of Florida, in Lake Mary, Fla.

**Connie White-Williams** (BSN '84), advanced nursing coordinator in the Center for Nursing Excellence, Evidence Based Practice and Nursing Research at the University of Alabama at Birmingham (UAB) Hospital, was named one of the UAB School of Nursing's 60 Visionary Leaders during its 60th anniversary celebration in October 2010.

**Joyce M. Yasko** (MNEd '76, PhD '81), vice president of clinical research administration and services at Roswell Park



Cancer Institute in Buffalo, N.Y., was named a Golden Graduate of the West Virginia University Robert C. Byrd Health Sciences Center School of Nursing during its 50th anniversary celebration in October 2010.

## 1990s

**Helen K. Burns** (MN '81, PhD '93) has been named vice president and chief nursing officer of Excelsa Health in Latrobe, Pa. Burns had previously been associate dean for clinical education at the Pitt School of Nursing.

**Jill Haydusko** (BSN '97), manager of the pediatric intensive care unit at Phoenix Children's Hospital, earned a Master of Science in Nursing degree in 2010 at Grand Canyon University.

**Cheryl Dusicksko Hettman** (PhD '96), associate professor and chairperson of California University of Pennsylvania's Department of Nursing, recently became president of the National Association of Catholic Nurses-USA and will serve a two-year term.

**Donna Levitt** (BSN '96, MSN '99) recently received gerontological nursing certification from the American Nurses Credentialing Center. A former Pitt School of Nursing faculty member, Levitt is an associate professor in the Department of Biobehavioral Nursing at the Georgia Health Sciences University School of Nursing in Augusta, Ga.

**Yvette Lane** (BSN '97), a graduate of the school's accelerated program and an RN II at the Washington, D.C., VA Medical Center, has earned a master's degree in health care administration.

## School of Nursing 75th Anniversary Planning Begins

With the School of Nursing set to mark its 75th anniversary in 2014, a core group of alumni and friends have volunteered to join the 75th Anniversary Planning Committee. The group conducted its first conference call in which excitement and ideas ruled in late January. A 75th anniversary Web site will be up and running soon to track planning progress.

The goal for the Planning Committee is to engage from across the eight decades since the School of Nursing's founding in 1939: the 1940s, 1950s, 1960s, 1970s, 1980s, 1990s, 2000s, and 2010s. Current students are also welcome to join.

**There's always room for more volunteers so please consider joining the Planning Committee.**

Please contact Assistant Director of Alumni Relations Joan Nock at 412-624-2404 or jno100@pitt.edu for more information.



## 2000s

**Lauren Broyles** (PhD '08), a research health scientist at the VA Pittsburgh Healthcare System's Center for Health Equity Research and Promotion, received funding for her VA Career Development Award.

**Alison Colbert** (PhD '07), assistant professor in Duquesne University's School of Nursing, has won a competitive grant from the Robert Wood Johnson Foundation to develop interventions to improve the health of incarcerated women as they reenter society. She is one of just 12 nurse educators from around the country to receive the three-year, \$350,000 Nurse Faculty Scholar award in 2010. This award is presented to junior faculty members who show promise as future leaders in academic nursing.

**Charles Giordano** (BSN '99, MSN '06) works as a certified registered nurse anesthetist for Anesthesia Associates of York, Pa.

**Amy Pfender** (BSN '04), assistant director of nursing at Silver Ridge Healthcare Center, is currently enrolled in the MSN education program at the University of Nevada, Las Vegas.

**Charles (Chad) Rittle** (BSN '00) earned a DNP degree in December 2009 from Waynesburg University, where he is an adjunct instructor in the RN-BSN and MSN programs. His capstone project, "Pertussis—The Case for Universal Vaccination," was published in the October 2010 issue of the *Journal for Specialists in Pediatric Nursing*. Rittle is currently epidemiology manager at the Northwest District of the Pennsylvania Department of Health in Jackson Center, Pa.

**Joshua B. Rosman** (BSN '97, MSN '01) is one of only 28 certified registered nurse practitioners in Pennsylvania and 500 nationwide to receive national certification as an advanced certified hospice and palliative nurse. Rosman has worked as a nurse practitioner in family practice and in the prison health system. He is currently based at Conemaugh Health System's Memorial Medical Center in Johnstown, Pa. on the palliative care unit and consults throughout the health system.

## 2010s

**Ellen Kantor** (BSN '10) is a registered nurse at Georgetown University Hospital in Washington, D.C. While completing her nursing degree, Kantor also earned a Bachelor of Philosophy at Pitt's University Honors College.

## In Memoriam

### Katharine A. Lembright

August 10, 1918–March 26, 2011

**Katharine A. Lembright** (BSNEd '46) said, "I never can remember not wanting to be a nurse!" Lembright launched her professional nursing career during World War II and began a journey that would offer challenging opportunities beyond the traditional nursing role.

A native of Alliance, Ohio, Lembright worked as an industrial nurse with Westinghouse Electric Corporation while attending night school to earn a Bachelor of Science in Nursing Education degree from the University of Pittsburgh. She was one of 12 nurses involved in data collection for the U.S. Public Health Service's epidemiological study on the Donora smog disaster in which 20 residents died and more than 6,000 were sickened by the pollutants emitted from several U.S. Steel plants operating in Pennsylvania's Mon Valley, about 30 miles outside Pittsburgh. Study outcomes indicated a direct link between air pollution and public health and were key issues of debate when Congress passed the U.S. Clean Air Act in 1970.

Lembright went on to become an industrial nursing consultant for the state of Pennsylvania and assistant executive secretary for the American Nurses Association. But she found her passion when she assumed the pioneering role of assistant director of nursing for the American Heart Association in 1960, a position she held for 21 years. Lembright planned and developed national programs for improving nursing care, especially as it related to the care of cardiovascular patients. She oversaw the formation of cardiovascular nursing committees across the country as well as in the Netherlands, Canada, and Mexico. Her publications included articles on occupational medicine and cardiovascular nursing care.

As a tribute to her many contributions to nursing, in 1987, the American Heart Association created the Katharine A. Lembright Award, which annually recognizes and encourages excellence in cardiovascular research by established nurse scientists. Lora Burke (PhD '97), MPH, FAAN, professor in the Department of Health and Community Systems at the University of Pittsburgh School of Nursing, was the 2010 Katharine A. Lembright awardee.

### Two Former Faculty Members Pass Away

**Marie Gnus** (BSNEd '48, MLITT '52), former associate professor at the University of Pittsburgh School of Nursing and a veteran of World War II who served with the U.S. Army Nurse Corps, died on February 16, 2011. Gnus taught pediatric nursing at the graduate level. She was an expert in caring for ill infants and enjoyed sharing her knowledge with her students. Gnus authored articles in several publications and was a member of the editorial board of *The American Journal of Maternal/Child Nursing*.

**Irene M. Yakulis** (BSN '69, MN '70) PhD, former faculty member at the University of Pittsburgh School of Nursing, died on Friday, March 11, 2011. Yakulis made many contributions to the education of nurses and was a mentor to other nursing faculty members during a career that spanned nearly 20 years.

### Memory of Fort Hood Army Nurse Victims Honored by Army Nurse Corps Association 2011 Scholarship Program

The Army Nurse Corps Association, formerly the Retired Army Nurse Corps Association, will award its 2011 scholarships in memory of the three U.S. Army nurses who gave their lives at the Fort Hood Soldier Readiness Center in Texas in November 2009. One of the fallen nurses was Pitt School of Nursing alumnus Juanita Warman (BSN '96, MSN '00). Warman, who was a lieutenant colonel, along with John Gaffaney and Russell Seager, were reservists who had been activated and were preparing for deployment to Iraq and Afghanistan.



Juanita Warman

Each scholarship award is \$3,000, and students attending accredited baccalaureate or graduate nursing or anesthesia programs may apply for awards. No military service obligation is required. Complete scholarship details may be found at [e-anca.org/ANCAEduc.htm](http://e-anca.org/ANCAEduc.htm).

**Marilyn D. Chapman**  
(BSN '46)  
January 29, 2011

**Sandra Rozance Miller**  
(BSN '67)  
2003

**Gail Pfeiffer Hoffman**  
(BSN '57)  
October 26, 2010

**Virginia A. Pidgeon**  
(PhD '73)  
October 14, 2010

**Lois E. Mansfield**  
(BUN '45)  
November 28, 2010

**Claire Davies VanDyne**  
(BSN '60)  
January 1, 2001

**Elizabeth J. Mason**  
(BUN '60) PhD  
February 24, 2010



# Nursing Beyond the Classroom:

## A First-person Account by Kyle Bahnsen (BSN '10)

December 8, 2010

### SAMPLE SCENARIO

#### Discharge Instructions in the United States:

"I want you to wash the wound site with warm, soapy water twice daily; apply antibiotic ointment and a new, dry dressing at night; and follow up with orthopaedics and physical therapy by next week, and I will make sure social work has a note for you to be excused while you are on narcotics."

#### Discharge Instructions in Rural Kenya:

"I gave you a vaccination that should prevent tetanus. Leave the dressing I have provided you with on until it becomes wet or soiled. Here are some extra gauze and tape for you to change as necessary. Wash the wound daily with soap and water from the treated pipe (have someone else fetch it for you, because you should not be traveling the 5 km on foot.) Rest, compress, and elevate the limb as much as possible. I'm going to give you an injection of Penicillin G so it does not get infected, and I want you to come back and see me in three days to make sure everything is healing well."

**Resources Available:** There is no running water, much less a water heater; soap is available, but antibiotic ointment and gauze dressings are too expensive and far away to get; the strongest pain reliever for unbearable pain is paracetamol; the nearest orthopaedic and/or physical therapy referral is one hour away via boda boda (motor-bike) and costs 200 shillings where the average salary is 150 shillings/day; and if social work excuses you from work, you will be let go—and you have five children and two wives to feed.



After having a registered nurse license in Pennsylvania for approximately six minutes, I decided it was a good idea to volunteer in Kenya in hopes of sharing all the wonderful skills I learned as a student nurse at the University of Pittsburgh with the world. I knew it was a bold decision, but I was certain there would be trained personnel—Kenyan or international volunteers—there to help me learn the ropes and assist me in my endeavor to save the world. I was wrong—very wrong.

Still alarmed by the lack of toilets and running water, I was taken to work at a dispensary with one full-time nurse (who mainly dealt with paperwork and the ministry of health); one partially trained doctor (who, on a good week, was there two days); and a few students who rotated through, practicing the skills they were currently learning in school.

I had been informed ahead of time that my English would be sufficient in an English-speaking former British colony, but I was wrong again. The primary language spoken was the tribal mother tongue of the region, which had few similarities to Swahili and none to English whatsoever. So there I was, incapable of speaking the language, not so familiar with tropical medicine, an hour away from the nearest "real" hospital, with scant staff, a few generic drugs, a British formulary from the early '90s, a small English-Swahili dictionary, and a Pitt nursing education.

I functioned for the first two weeks on the pure adrenaline of culture shock before

I attempted to implement my own combination of two completely different health care systems. My goal quickly changed from "saving the world" to providing care to the best of my ability without harming anyone. This was not an easy feat, considering I was responsible for being the doctor, nurse, and pharmacist for up to 45 patients a day.

I went to bed every night with bad dreams that JCAHO and HIPPA representatives would hunt me down and scold me for every rule I was breaking or that my old med/surg instructor was shaking her head because I was passing out medications without orders, much less performing the three checks and five rights. Despite the constant battle between my professional and academic conscience and the reality of the environment I was in, I forged ahead, treating sick children for malaria, performing Leopold's maneuvers on expectant mothers, suturing wounds, and praying that I wasn't creating an entire village of methicillin resistance with all the antibiotics I was prescribing.

In hindsight, it was a phenomenal experience. I learned the invaluable skill of economizing resources, the importance of keen assessment, and the impact of nonverbal communication. The personal gain in knowledge and experience far exceeded anything I was able to give back to the local community, and I encourage you all to seek out opportunities beyond the classroom, as unconventional as they may be. My message is simple: Take the skills you have learned as a nurse and pass them on to others—no regrets.



## Homecoming 2010

# Nursing Alumni Celebrate Class Reunions and Homecoming 2010

The School of Nursing hosted its annual 50+ Reunion Luncheon and Homecoming Tea on Friday, October 29, 2010, as part of the University's Homecoming 2010 weekend.

- Alumni from grad classes ending in 0 and 5 marked milestone reunions.
- Alumni celebrating 50 reunion years and more were treated to a complimentary, by-invitation-only luncheon. Honored luncheon guests included alumni from the Classes of 1945, 1950, 1955, and 1960 who were given a special welcome from Dean Jacqueline Dunbar-Jacob and were "pinned" anew by the dean and the school's associate dean, Susan Albrecht.
- The alumni program included the following:
  - School update presentation by Dean Dunbar-Jacob
  - Recognition of 2010 University of Pittsburgh Legacy Laureate Judith H. LaRosa (BSN '63, MNEd '64)
  - Recognition of 2010 School of Nursing Distinguished Alumni awardees Mary Lou Bond (MN '73) and Ruby L. Wilson (BSNEd '54)
  - Recognition of the 2010 School of Nursing Honorary Alumni awardee, the Center for Organ Recovery & Education
- Class reunion photos; a self-guided tour of the school; and a screening of the documentary *The Shot Felt 'Round the World*, about the discovery of the Salk polio vaccine, rounded out the afternoon's festivities.
- Nursing alumni then joined alumni from all Pitt schools, at the University's Welcome Back Reception in the Cathedral of Learning.
  - The nursing alumna traveling the farthest distance was Mary Anne Gentile (BSN '60) of Melbourne Beach, Fla.
  - The earliest class represented was the Class of 1945, whose members marked a 65-year class reunion.

**Thanks to the alumni who made our 2010 alumni event a success!**

**Mark your calendar for the School of Nursing's 2011 Alumni Program and Homecoming Tea on October 14, 2011.**



Top: Mother/daughter alumni celebrated at the Homecoming Tea: (left to right) Mary Jo Lindsay (BSN '85) with her mom, E. Gay Lindsay (BSN '58), and Elsie Mastorovich (BSN '60) with her daughter, Melissa Mastorovich (BSN '88).

Center: The BSN Class of 1960 marked its 50-year reunion with former teacher Lucie Young Kelly (BSN '47), (fourth from left in second row).

Bottom: Juliana Shayne (BSN '73) and 2010 Distinguished Alumna, Ruby L. Wilson (BSNEd '54)



## Black History Month Tea



The School of Nursing's first annual Black History Month Tea was held on Thursday, February 17, 2011, at the University Club in Oakland. Special guest, Luevonue Lincoln (MN '78, PhD '82) spoke about her personal academic journey from migrant worker to nursing professor.

For more than 180 years, the University of Pittsburgh has made history—Black history.

This year, we commemorate 68 years of African American pride, progress, and partnership at the School of Nursing.

The first Black students were admitted to the School of Nursing in 1943. Rachel Poole, Adena Johnson Davis, and Nadine Frye broke the color barrier for future generations of Pitt

Nurses. We still have a long way to go, but our most recent enrollment figures at the School of Nursing show that 13 percent of our enrolled students are from underrepresented populations.



From top to bottom: Luevonue Lincoln (MN '78, PhD '82) and Mary Gray (BUN '51)

C. Dianne Williams Colbert, EDD, MED, and Paula K. Davis, BA, MS, assistant vice chancellor for Health Sciences Diversity

Gray and Gladys Nesbit, Pittsburgh Black Nurses in Action

C. Vanetta Lewis (BSN '71)

## Upcoming Events

### Nancy Glunt Hoffman Memorial Golf Outing

Monday, July 11, 2011

11 a.m. Registration  
12:30 p.m. Shotgun Start  
6 p.m. Reception, Auction, and Dinner

Allegheny Country Club  
250 Country Club Road  
Sewickley, PA 15143

### Summer Graduation Ceremony

Thursday, August 4, 2011

6 p.m.

University of Pittsburgh  
School of Nursing  
Room 125, Victoria Building

### Homecoming Weekend 2011

October 13–15, 2011

#### Alumni Program and Homecoming Tea

Friday, October 14, 2011

2 p.m.

First-floor Lobby, Victoria Building

Classes ending in 1 and 6 will be recognized as milestone reunion classes.

### Cameos of Caring® Awards Gala

Saturday, November 5, 2011

6 p.m. Reception and Auction  
7 p.m. Dinner and Awards Presentation

David L. Lawrence Convention Center  
Spirit of Pittsburgh Ballroom  
1000 Fort Duquesne Boulevard  
Pittsburgh, PA 15222

For the latest event information, visit [www.nursing.pitt.edu](http://www.nursing.pitt.edu) and click on the Events in the sidebar.

## Nursing Alumni Society Recognized by the Pitt Alumni Association

The Nursing Alumni Society (NAS) was the recipient of two Pitt Alumni Association recognitions last fall. NAS maintained Gold Banner status within the alumni association's Banner Program and received a \$500 scholarship contribution. Additionally, the alumni association selected NAS to receive a \$1,000 grant that supported the school's second annual 50+ Reunion Luncheon during Homecoming Weekend 2010.

## School of Nursing Alumnus Honored as a 2010 University of Pittsburgh Legacy Laureate



### Judith H. LaRosa

(BSN '63, MNEd '64), PhD

Vice Dean and Professor, SUNY Downstate Medical Center School of Public Health

LaRosa, shown with Pitt Chancellor Mark A. Nordenberg, has made numerous contributions to the nursing profession as a nurse educator, researcher and administrator. Her career highlights include serving as the National Institutes of Health (NIH)'s first deputy director of the Office of Research on Women's Health; coauthor of the legislatively mandated 1994 NIH Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research; the first coordinator of the National Heart, Lung, and Blood Institute's Workplace Initiative in CVD Risk Factor Reduction; and developer and first coordinator of the National Heart Attack Alert Program, a national education program intended to reduce time to treatment at the first signs of a heart attack.

## University of Pittsburgh School of Nursing Proudly Salutes Its 2010 Distinguished Alumni Awardees



### Mary Lou Bond

(MN '73), PhD, FAAN  
Samuel T. Hughes Professor of Nursing; Assistant Director, Center for Nursing Scholarship and Technology, Assistant to the Dean for Faculty Development; and Codirector, Center for Hispanic Studies in Nursing and Health, University of Texas at Arlington College of Nursing

Bond came to the University of Pittsburgh to pursue graduate studies in maternity nursing because

of the opportunity to study under a leading scholar in that field, Reva Rubin. Bond has spent the majority of her professional life in academia and had the honor of testifying before the Sullivan Commission on Diversity in the Healthcare Workforce in 2004. She is committed to mentoring, recruiting, and retaining Hispanics in nursing education.



### Ruby L. Wilson

(BSNEd '54), EdD, FAAN

A native of Punxsutawney, Pa., Wilson is emeritus dean of the School of Nursing at Duke University and, throughout a prestigious career, was recognized as an exemplary nurse leader, nurse activist, nurse educator, and mentor. The majority of her professional career was spent at Duke, where she was also heavily involved in community service. For her service within a number of professional, university, state, and

local organizations, Wilson was the recipient of Duke's Medal for Distinguished Meritorious Service and the Duke University School of Nursing Lifetime Achievement in Nursing Award. In 2009, she was named an American Academy of Nursing Living Legend.

## 2010 Honorary Alumni Awardee

### Center for Organ Recovery & Education

The Center for Organ Recovery & Education (CORE), a nonprofit organization dedicated to promoting donation, education, and research for the purpose of saving lives and improving the quality of life through organ, tissue, and corneal transplantation, has been a longtime supporter of the school's Cameos of Caring Program and Awards Gala. CORE presents the Donate Life Award annually at the gala to honor nurses who advocate on behalf of organ donation.



## Faculty Grants and Awards



Lora Burke

**Lora Burke** (PhD '97) MPH, FAAN, professor in the Department of Health and Community Systems, received the 2010 Katharine A. Lembright Award from the Council on Cardiovascular Nursing. Burke was also honored by the University of California, Los Angeles, School of Nursing as one of 60 distinguished alumni in honor of its 60th anniversary.

**Denise Charron Prochownik**, PhD, CPNP, FAAN, professor in the Department of Health Promotion and Development, received funding from the American Diabetes Association for her grant, Long-term Effects of Receiving Preconception Counseling in Early Adolescence.

**Susan M. Cohen**, DSN, MSN, BSN, FAAN, associate professor in the Department of Health Promotion and Development, was named one of the University of Alabama School of Nursing's 60 Visionary Leaders during its 60th anniversary in October 2010.



Denise Charron-Prochownik

**Annette DeVito Dabbs** (PhD '03), FAAN, associate professor and interim vice chair of the school's Department of Acute/Tertiary Care, has been awarded the National Association of Clinical Nurse Specialists' CNS Researcher of the Year Award.

**John O'Donnell** (MSN '91) DrPh, CRNA, associate professor in the Department of Acute/Tertiary Care and director of the School of Nursing's Nurse Anesthesia Program, was honored with a 2011 University of Pittsburgh Chancellor's Distinguished Teaching Award. O'Donnell and **Michael Neft**, DNP, MHA, CRNA, CCRN, assistant professor in the Department of Acute/Tertiary Care, also received funding for their Nurse Anesthetist Traineeship grant from the Health Resources and Services Administration.

**Paula Sherwood**, PhD, CNRN, associate professor in the Department of Acute/Tertiary Care, was honored with the 2010 Distinguished Researcher Award from the Pennsylvania State Nurses Association. Sherwood also received a Fulbright Lecturing/Research Award in Finland for the 2011-12 academic year.



Annette DeVito Dabbs



John M. O'Donnell



Paula Sherwood

## Transitions

**Marnie Burkett** (BSN '90), MSN, joined the School of Nursing as an instructor in the Department of Health Promotion and Development.

**JiYeon Choi** (PhD '08) joined the School of Nursing as an assistant professor in the Department of Acute/Tertiary Care.

**Denise Charron-Prochownik**, PhD, CPNP, FAAN, has been named interim chair of the Department of Health Promotion and Development.

**Manon Foisy**, MSN, MBA, joined the School of Nursing as an instructor in the Department of Acute/Tertiary Care.

**Nicole Zangrilli Hoh** (BSN '03, PhD '08) joined the School of Nursing as an assistant professor in the Department of Health Promotion and Development.

**Faith Luyster**, PhD, joined the School of Nursing as a research assistant professor, in the Department of Health and Community Systems.

**Rebecca McAllister**, DNP, FNP, joined the School of Nursing as an assistant professor in the Department of Health Promotion and Development.

**Judith Mermigas** (MSN '91), BSN, CRNA, joined the School of Nursing as an instructor in the Department of Acute/Tertiary Care.

**Leslie Mumpower**, MSN, joined the School of Nursing as an instructor in the Department of Acute/Tertiary Care.





Sandra Engberg

**Sandra Engberg** (MSN '87, PhD '93), CRNP, FAAN, has been appointed associate dean for clinical education. In this position, she is responsible for academic affairs related to curricular enhancement and innovative program development for the baccalaureate, master's, and doctoral nursing practice programs as well as having administrative responsibility for the Center for Innovation in Clinical Learning and the Skills Laboratory. She also teaches a geriatric management course in the Family and Adult Nurse Practitioner programs. In addition, she is a visiting professor at the Institute of Nursing Science at the University of Basel. Engberg is an adult nurse practitioner whose clinical practice for the past 15 years has been in geriatrics. Her research has focused on interventions for urinary incontinence in women, men with prostate cancer, and homebound elders. Studies include clinical trials examining the efficacy of acupuncture for women with urinary incontinence and bio-feedback-assisted pelvic floor muscle training for urinary incontinence in older men and women, including homebound elders. She has published numerous articles on the subject of geriatrics, dementia, and urinary incontinence. Engberg currently is a board member of the Wound, Ostomy and Continence Nurses Society's Center for Clinical Investigation.

## Mitchell and Sherwood Awarded Fulbrights

The Fulbright Program, sponsored by the U.S. Department of State's Bureau of Educational and Cultural Affairs, is the U.S. government's flagship international exchange program. Designed to increase mutual understanding between the people of the United States and the people of other countries, the Fulbright Program has provided more than 290,000 participants—chosen for their academic merit and leadership potential—with the opportunity to study, teach, conduct research, exchange ideas, and contribute to finding solutions to shared international concerns.

The core Fulbright Scholar Program sends 800 U.S. faculty and professionals from a wide variety of academic and professional fields abroad each year.

Ann M. Mitchell, PhD, FAAN, associate professor in the Department of Health and Community Systems at the School of Nursing, received a Fulbright Lecturing/Research Award in Oman for the 2010–11 academic year, and Paula Sherwood, PhD, CNRN, associate professor in the Department of Acute/Tertiary Care, received a Fulbright Lecturing/Research Award in Finland for the 2011–12 academic year.

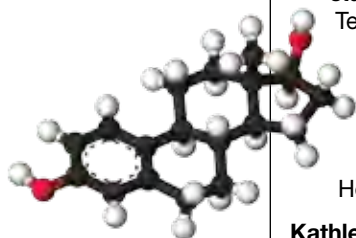


### CORRECTIONS AND CLARIFICATIONS TO THE FALL 2010 ISSUE

On page 9, Linda Rose Frank (MSN '83, PhD '90) should have been identified as an associate professor in the Department of Infectious Diseases and Microbiology at the University of Pittsburgh Graduate School of Public Health.

On page 18, the photo caption should have identified Richfield Springs, N.Y. as the work camp location.

## Student Awards and Honors



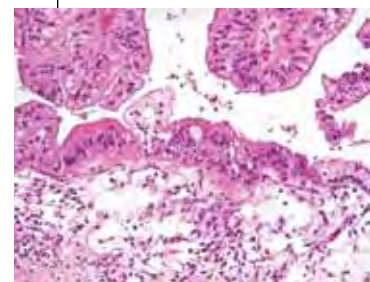
**Elizabeth (Beth) Crago**, a postdoctoral student in the Department of Acute/Tertiary Care, received a Neuroscience Nursing Foundation 2010 research grant for her proposal, "The Impact of Estradiol on the Development of Delayed Cerebral Ischemia after Aneurysmal Subarachnoid Hemorrhage."

**Kathleen Hopkins**, a graduate student in the Department of Acute/Tertiary Care, received a grant from the Oncology Nursing Society Foundation for her research proposal, "Management of Pain following Lung Cancer Surgery." Her mentor is **Leslie Hoffman**, BSN, PhD, FAAN, professor in the Department of Acute/Tertiary Care

Hopkins also was one of 40 students selected to participate in the Industry Academics Clinicians Together (IACT) Innovator's Challenge, Healthcare Technologies for an Aging America. A collaboration of the Tepper School of Business and Carnegie Institute of Technology at Carnegie Mellon University, and the University of Pittsburgh School of Medicine, IACT was conceived in 2010 with

the vision of improving the world through health care innovation. The mission of IACT is to create engaging workshops and events to foster sustainable collaboration among industry, academics, and clinicians in Pittsburgh in order to bring forward transformative research and disruptive solutions within the health care field. The IACT Innovator's Challenge is a health care technology workshop and pitch competition wherein which participants can learn from experts in entrepreneurship and innovation and work with others from the IACT community to develop a health care technology concept and business pitch. Industry professionals participate as team advisors and a panel of judges was selected from technology development organizations in the community.

**Kristen Sandridge**, a student in the Master of Education program, did a research practicum with **Heidi Donovan** this summer and conducted a secondary analysis, which was accepted as a poster presentation at the 11th National Conference on Cancer Nursing Research in Los Angeles, Calif., in February.



## National Conference on Undergraduate Research Presentations

Five undergraduate students were selected to present their research abstracts to a group of peers, faculty, and staff from around the country at the 2011 National Conference on Undergraduate Research (NCUR), which took place March 13–April 2, 2011, at Ithaca College in Ithaca, N.Y.

- **Katherine Delle** (junior): "Comparison of Sleep between Breast- and Bottle-fed Infants"

Mentored by **Eileen Chasens**, DSN, assistant professor in the Department of Health and Community Systems, and **Betty Braxter** (PhD '03), BSN, MS, assistant professor in the Department of Health Promotion and Development

- **Devin Knisely** (junior): "Serotonin Transporter Gene Polymorphisms (5-HTTLPR and 5-HTTVNTR) and APOE as Genetic Markers of Depression following Aneurysmal Subarachnoid Hemorrhage"

Mentored by **Paula Sherwood**, PhD, CNRN, associate professor in the Department of Acute/Tertiary Care

- **Michelle Maramag** (junior): "Effects of Breast-feeding on Sleep in Mothers of Infants"

Mentored by **Eileen Chasens** and **Betty Braxter**

- **Bethany Seidel** and **Tracy Fan** (seniors): "Wellness Education Group Intervention (WEGI) for Adults with Chronic Severe Mental Illness (CSMI)"

Mentored by **Ann Mitchell**, PhD, HNC, FAAN, associate professor in the Department of Health and Community Systems and assistant professor of psychiatry

According to its Web site, "NCUR, established in 1987, is dedicated to promoting undergraduate research, scholarship, and creative activity in all fields of study by sponsoring an annual conference for students. Unlike meetings of academic professional organizations, this gathering of young scholars welcomes presenters from all institutions of higher learning and from all corners of the academic curriculum. Through this annual conference, NCUR creates a unique environment for the celebration and promotion of undergraduate student achievement, provides models of exemplary research and scholarship, and helps to improve the state of undergraduate education."

Delle, Knisely, Maramag, Seidel, and Fan are all highly involved in the Undergraduate Research Mentorship Program in the School of Nursing.

## Student's Secret Identity Revealed in *USA TODAY*



Bruce Wayne, Clark Kent, and Peter Parker all have something in common with senior nursing student Michael Nuzzo. They all have a secret identity. But while Batman, Superman, and Spider-Man are all fictional, Roc, the Pitt panther mascot, is real—at least to Pitt fans! His costume isn't made of skintight latex, and he doesn't have a cape, but when Nuzzo dons his plush panther costume, he assumes the suave, cool-guy persona of Roc, Pitt's energetic and enthusiastic team mascot, who encourages crowds to

cheer on the teams at football games and home basketball games. As one of two Pitt panther mascots, Nuzzo spends about 25 hours a week attending charity and community events and Pitt sporting events in addition to maintaining a rigorous schedule of studies and clinical assignments as a full-time nursing student. It's a demanding schedule, but Nuzzo loves it and only wishes he could have cheered the Panthers all the way to the NCAA championship! He hopes to work in an intensive care unit setting when he graduates and eventually would like to enroll in the nurse anesthesia program, which would give him a chance to sedate people instead of stimulating them.

Nuzzo was featured in the spring 2009 issue of *Pitt Nurse* and the March 22, 2011, issue of *USA TODAY*. Links to both articles are on our Web site, [www.nursing.pitt.edu](http://www.nursing.pitt.edu).

Nuzzo placed sixth in a field of 16 college mascots competing at the NCA/NDA Collegiate Cheer and Dance Championship in Daytona Beach, Fla., on April 9, 2011. His program, titled "Roc(k) of Ages!" featured Roc dancing to the music of the '70s, '80s, '90s and today. There is a link to a video of his performance on our Web site.





# PITT NURSING ACCESSORIES

## PITT NURSING BRACELET

Join the many alumni, students and friends of the University of Pittsburgh School of Nursing who are proudly showing Pitt nursing pride each time they wear this lovely bracelet, created exclusively for the Nursing Alumni Society. Made of sterling silver beads and blue and khaki Swarovski crystals, each piece is handcrafted and strung on 49-strand stainless steel nylon-coated wire. Bracelets are available in 7", 7 1/2", and 8" lengths and can be ordered in two styles—one features more crystals while the other features more sterling silver beads. The bracelets come with a nursing cap charm and lobster-style clasp and sell for \$50 each.

**Because each bracelet is custom made, please allow four to six weeks for delivery.**

When ordering, please make sure to specify length and preferred style. Use the order form provided or download an order form from the School of Nursing's Web site at [www.nursing.pitt.edu](http://www.nursing.pitt.edu); click on the Alumni tab. Any questions can be directed to the School of Nursing Alumni Office at 412-624-2404. Proceeds benefit student activities and scholarships.

QTY.	SIZE	STYLE	PRICE	TOTAL
	Small (7") Approx. wrist size: 6"		\$50	
	Medium (7 1/2") Approx. wrist size: 6 1/2"		\$50	
	Large (8") Approx. wrist size: 7"		\$50	
SHIPPING/HANDLING				\$3
<b>ORDER TOTAL</b>				<b>\$</b>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Make checks payable to University of Pittsburgh and write "Pitt Nursing Bracelet" on the memo line. Mail check and order form to: **University of Pittsburgh, School of Nursing, Alumni Office, 218 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261.**



## NIGHTINGALE LAMP

Enjoy this lovely ceramic Nightingale Lamp, symbolic of modern nursing and a reminder of the University of Pittsburgh School of Nursing's tradition of "passing of the light," for only \$25.

I would like to order \_\_\_\_\_ lamp(s) at \$25 each.

Total enclosed: \$ \_\_\_\_\_

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Please make checks payable to **University of Pittsburgh.**

Mail or drop off check and order form to:

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School of Nursing  
Joan Nock  
218 Victoria Building  
3500 Victoria Street  
Pittsburgh, PA 15261

Thank you for your support of the Nursing Alumni Society and School of Nursing students! All proceeds benefit School of Nursing students.

Can you identify the year and the faces below?



If so, contact Joan Nock at 412-624-2404 or [jno100@pitt.edu](mailto:jno100@pitt.edu). We will publish your answer in the next issue of *Pitt Nurse*.

Want to share your memories with fellow alumni? Just send us your favorite photo of yesteryear, and we'll run it in an upcoming issue. Submit your pictures to: University of Pittsburgh, School of Nursing, 218 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261. All pictures will be returned.



### Remember When? Photo from Fall 2010 Issue

Alumni **Mary Ellen Tritsch** (BSN '43), **Sara Musolf** (BSN '43), and **Alice Hopkins Newton** (BSN '43) from the School of Nursing's first graduating class were quick to identify fellow classmates in last issue's Remember When? photograph. They are, from left to right, Newton, Ruth Willkens Emerson, Grace Gillen Hanna, Eleanor Holbrook White, and Eva Schadt.

**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING  
ALUMNI SOCIETY  
EXECUTIVE COMMITTEE**

**2011 Officers**

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Juliana Shayne (BSN '73)

**Immediate Past President**

Beth A. Mastrangelo (BSN '99)

**Vice President**

Michael W. Cellurale (BSN '06)

**Postbaccalaureate Representatives**

Gloria P. Gotaskie (BSN '77, MSN '94)

A. Jane Haines (MSN '89)

**Representative to the Pitt Alumni Association**

Michael W. Cellurale (BSN '06)

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Jacqueline Dunbar-Jacob

**At-large Alumni Support**

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Jessica Devido (BSN '04, MSN '08)

Rachel Goettler (BSN '07)

Luevonue Lincoln (MN '78, PhD '82)

Pearl F. Moore (BSN '68, MN '74)

Michele M. Prior (MN '80)

Chad Rittle (BSN '00), DNP

Misha Sidberry-Bunch (BSN '99)

Shirley P. Smith (BSN '59, MNEd '79) PhD

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**Contributing Writers**

Joan E. Britten

Clare Flanagan

Niki Kapsambelis

Joan F. Nock

Christine O'Toole

**Design**

Jane Dudley, Department of University

Marketing Communications

**Principal Photography**

Ric Evans

Center for Instructional Development & Distance Education

## What's Happening?

Please share information about your career achievements, advanced education, publications, presentations, honors received, and appointments. We'll include your news in the Alumni News & Notes section as space allows. Indicate names, dates, and locations. Photos are welcome! Please print clearly.

Name (include name at graduation as well as current name)

Degree(s) and Year(s) of Graduation

Home Address

Is this a new home address? \_\_\_ Yes \_\_\_ No

Home Telephone

Business Address

Is this a new business address? \_\_\_ Yes \_\_\_ No

Business Telephone

E-mail Address

Position(s)

News

Complete and return to: University of Pittsburgh  
School of Nursing  
*Pitt Nurse*  
Joan Nock  
Assistant Director of Alumni Relations  
218 Victoria Building  
3500 Victoria Street  
Pittsburgh, PA 15261  
E-mail: jno100@pitt.edu

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, as fully explained in Policy 07-01-03, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity and expression, genetic information, disability, or status as a veteran. The University also prohibits and will not engage in retaliation against any person who makes a claim of discrimination or harassment or who provides information in such an investigation. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, and access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations.

For information on University equal opportunity and affirmative action programs, please contact: University of Pittsburgh; Office of Affirmative Action, Diversity, and Inclusion; Carol W. Mohamed, Director (and Title IX, 504 and ADA Coordinator); 412 Bellefield Hall, 315 South Bellefield Avenue; Pittsburgh, PA 15260; 412-643-7860.

For complete details on the University's Nondiscrimination Policy, please refer to Policy 07-01-03. For information on how to file a complaint under this policy, please refer to Procedure 07-01-03.

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## Alumni Program and Homecoming Tea 2011

**October 14, 2011**

Grad classes ending in 1 and 6 will be recognized as milestone reunion classes.

Gather your classmates to mark this occasion on campus. Contact Joan Nock at [jno100@pitt.edu](mailto:jno100@pitt.edu).

For the latest alumni event information, visit [www.nursing.pitt.edu](http://www.nursing.pitt.edu); click on the Alumni tab, then 'Events' in the sidebar.

