

PITT Nurse

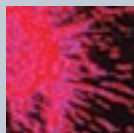


THIS ISSUE: **NURSING RESEARCH:**
CHANGING CLINICAL PRACTICE AND CHANGING PEOPLE'S LIVES



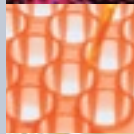
About the cover: Denise Charron-Prochownik, PhD, RN, associate professor in the Department of Health Promotion and Development, is on a mission to make adolescent women with diabetes aware of preconception counseling. In the background, a computer graphic shows a part of the molecule of human insulin, a hormone that regulates blood sugar levels.

Inside PITT NURSE

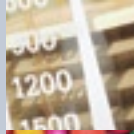


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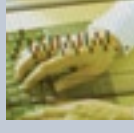
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Our researchers are committed to generating new knowledge in healthcare—knowledge that impacts direct clinical practice and public health policy.



NURSING SCIENCE IS THE FOUNDATION of current nursing practice and the basis for future nursing practice. For more than 50 years, researchers at the University of Pittsburgh School of Nursing have helped redefine the science and practice of nursing through research. Through their work, they are changing clinical practice and changing people's lives.

To facilitate the School's commitment to research, the Center for Research & Evaluation (CRE) was introduced in 1987. The CRE supports basic and biobehavioral research, with a focus in the areas of chronic disease, critical care, adolescent health, and administrative resources and outcomes.

A research-intensive environment at the School is reflected in our rankings. Among schools of nursing, the National Institutes of Health (NIH) rankings place the University of Pittsburgh School of Nursing among the top 10 in the amount of awards received for the eighth consecutive year!

The School set a new record in research dollars. Total research funding for the past year increased by 23 percent to an all-time high of more than \$8 million, for a total of 112 grants—41 from the NIH and 71 from other external sources. We have 17 R01s, three R03s,

four R21s, and a T32. Nine new NIH grants were awarded this year.

In addition, the School is the first school of nursing in the nation with an active genomics laboratory in-house and the first to require a full semester of genetics for undergraduate nursing students.

The NIH rankings are indicative of the substantial contributions our faculty members are making to the development and evaluation of issues related to nursing care. Our researchers are committed to generating new knowledge in healthcare—knowledge that impacts direct clinical practice and public health policy.

Our Center for Research in Chronic Disorders (CRCD) completed 11 years of funding by the NIH. Last year the CRCD was re-funded for an additional five years (giving the School a total of 15 years of funding) and provides infrastructure and method support for systematic design and testing of outcomes related to persons with chronic diseases.

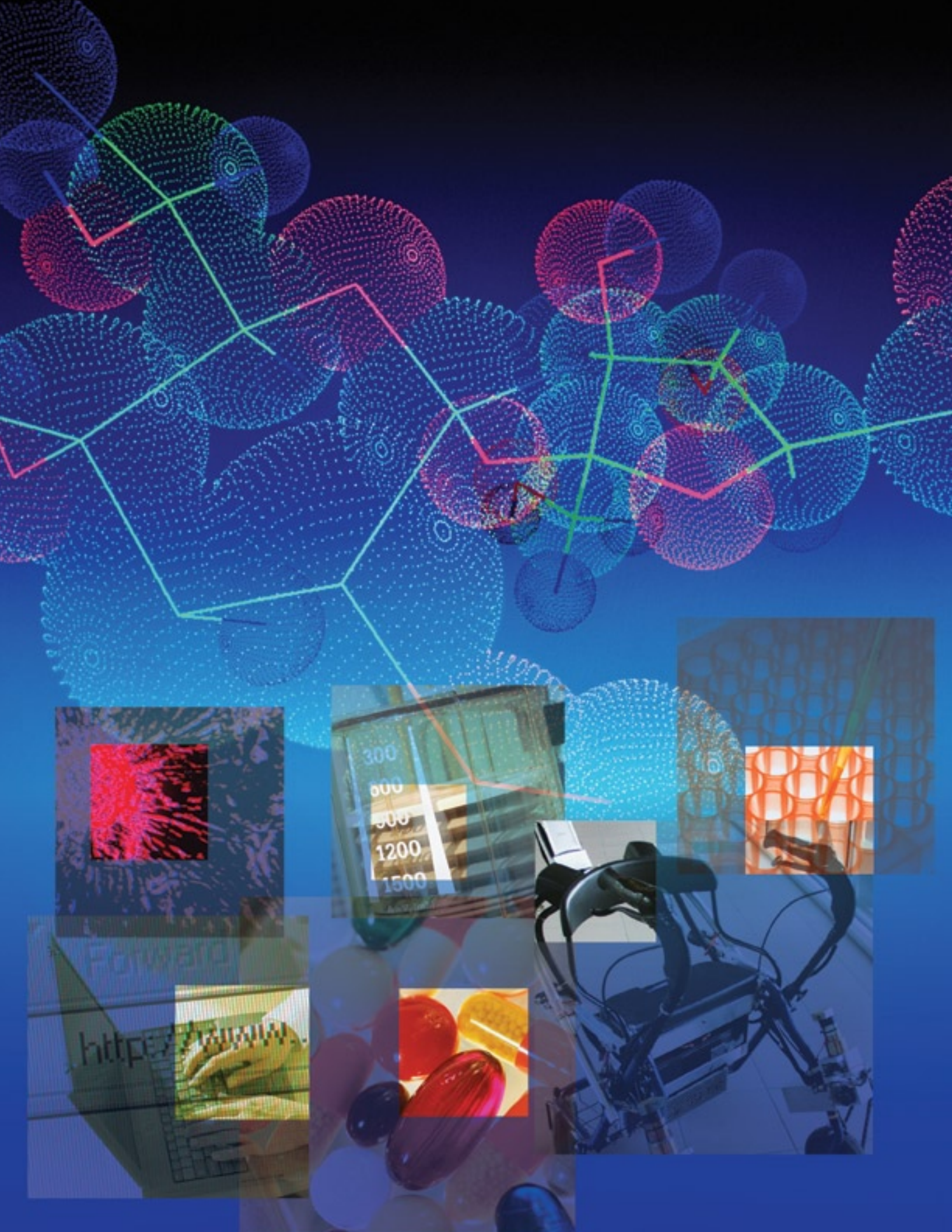
The School also is committed to preparing the next generation of nurse researchers to respond to future national healthcare needs. Our highly respected PhD program prepares nurses for academic positions, as well as for positions as clinical investigators and/or leaders in the profession. In both our BSN to

PhD and MSN to PhD programs, students receive mentored research experiences, with opportunities for interdisciplinary study within a focused area of excellence. Additionally, the nursing research minor provides an educational opportunity for nurses who are doctoral students in other schools within the University of Pittsburgh to obtain a focal concentration in nursing research and thus incorporate a nursing perspective in their scholarly pursuits. In addition, this past year, research mentoring relationships were established with Southern University in Baton Rouge, La.; The State University of New York Health Science Center at Brooklyn (SUNY Downstate); and West Virginia University.

In the following pages you will learn about studies in several key research areas: oncology, critical and end-of-life care, adherence, technology, and informatics. We are proud that the scientific knowledge gained from this research is helping to advance clinical practice, improve healthcare outcomes, and support evidence-based practice.

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

JACQUELINE DUNBAR-JACOB, PHD, RN, FAAN
DEAN, UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING



CHANGING CLINICAL PRACTICE AND CHANGING PEOPLE'S LIVES



JANICE S. DORMAN, associate dean for scientific and international affairs, School of Nursing

ON OCTOBER 19, 2005, researchers from the University of Pittsburgh School of Nursing met at the Oncology Nursing Society to present an overview of several areas of research at the School. A single day was not enough time to cover all current

research at the School, but representatives from six areas highlighted recent studies in oncology, genetics, acute and critical care, adherence, technology, and informatics. Presentations featured the overarching research themes in each area, using language common for all audiences, including the media, academic, scientific, and lay populations.

Future issues of *Pitt Nurse* will highlight other areas of research at the School, including:

- Adolescent health, with a focus on pregnancy, smoking, stress, suicide, and at-risk behavior;

- Chronic disorders, with a focus on AIDS, cardiovascular and cerebrovascular diseases, diabetes, obesity, and liver disease;
- Healthcare outcomes, with a focus on length of stay, cost, job satisfaction, nurse-patient outcomes, and medication errors;
- Women's health, with a focus on infertility, postpartum depression, pregnancy and its complications, and menopause; and
- Qualitative and quantitative research.

Researchers at the School do not operate in "silos" of expertise. The presenters demonstrated many overlaps and commonalities, as well as intradisciplinary and interdisciplinary connections among all areas of nursing research. In addition, the presentations outlined a growing network of multidisciplinary collaborations with other schools at the University of Pittsburgh as well as with groups and schools outside the University.

OVERVIEWS OF THE PRESENTATIONS are highlighted on the following pages. A summary list of all currently funded research at the School is on pages 26–27 of this issue, and a list of research collaborators and a list of current funding sources are on page 28. More information about individual studies is available

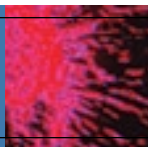
on the research link of our Web site, www.nursing.pitt.edu.

FACILITIES AVAILABLE to researchers within the School include:

- The Center for Research & Evaluation;
- The Center for Chronic Disorders, a center funded by the National Institute of Nursing Research (NINR) and headed by Dean Jacqueline Dunbar-Jacob, PhD, RN, FAAN;
- The Molecular Genetics Laboratory;
- And the newly established Clinical Research Suite, which is used to conduct clinical research, consultation sessions, and focus group sessions.

"OUR ABILITY to excel in a wide range of research makes us a leader in nursing research," says Janice S. Dorman, PhD, MS, associate dean for scientific and international affairs and professor in the Department of Health Promotion and Development. "We are on the cutting edge of using research to influence practice."

With the NINR gearing up for its 20th-anniversary celebration in 2006, the institute is focusing on nursing research that impacts people's lives and patient care. The School is on target with this objective.



CATHERINE BENDER,
assistant professor,
Department of
Health and Community
Systems

master's program and develop continuing education programs in oncology nursing.

THE FIRST GRADUATE ONCOLOGY nursing specialist program in the country was established at the University of Pittsburgh School of Nursing in 1968. In 1973, the National Cancer Institute awarded the School a contract to expand the oncology component of the medical surgical

Additionally, prominent nurse researchers at the School have conducted oncology research that has significantly impacted treatment for cancer patients. A multidisciplinary oncology nursing research group has come together including faculty representatives from each department. Along with their individual research, group members work on several ongoing collaborative projects, have presented research results nationally, and published together.

GETTING LIFE BACK TO NORMAL can be a challenge for women following breast cancer treatment. Catherine M. Bender, PhD, RN, assistant professor in the Department of Health and Community Systems, is working collaboratively with researchers from the University of

ONCOLOGY

IMPROVING QUALITY OF LIFE AND CARE FOR CANCER PATIENTS

Pittsburgh School of Medicine, Emory University School of Medicine, and the University of Washington School of Nursing to study cognitive function and mood related to cancer treatment.

Following breast cancer therapy, women report problems with memory, attention, and decision making. These women have been told they are probably cured of their disease—they maintain their jobs, their families, and social obligations—but they say they just can't multitask the way they used to. And their families may not understand—the families want to move on, but their loved one isn't the same person she was before her diagnosis.

Bender is not only describing the problem but looking at the potential physiological underpinnings of the problem. With funding from the National Institutes of Health (NIH), Bender is testing behavioral and pharmacological interventions to ameliorate cognitive impairment and prevent depression associated with cancer treatment. Pharmacologic interventions her group has studied include giving patients antidepressants prophylactically before they start treatment. The group also has looked at behavioral interventions such as teaching compensatory strategies to help patients handle the problems they experience as a result of their cancer treatment. The goal of Bender's

studies is to get patients' lives back to as close to normal as possible following cancer treatment.

Bender also is leading a project funded by Oncology Nursing Society (ONS) tobacco settlement funds. Working with researchers from the ONS and the oncology nursing research group at the School of Nursing, Bender is looking at how symptoms cluster in people with cancer as a comorbidity with other chronic illnesses. A symptom cluster is three or more concurrent symptoms that are related to and influence one another. As the number of cancer survivors increases, it is important to know how a past diagnosis of cancer influences the symptom clusters experienced with other chronic health problems.

IMAGINE YOU ARE a 48-year-old woman diagnosed with breast cancer. You've completed treatment, which includes surgery, radiation therapy, and chemotherapy. And now, as a result of your treatment, you've been thrust into a premature menopause. You're experiencing hot flashes, sleep disturbances, and night sweats—a legacy of your therapy you have to live with.

Because hormonal therapies may increase the risk of reoccurrence, they are not an option for most cancer survivors. Susan M. Cohen, DSN, APRN, associate professor in the Department

of Health Promotion and Development, is researching alternative ways to manage menopausal symptoms, including acupuncture and mindfulness meditation. Funded by the NIH, her research has demonstrated a 50 percent reduction in the number of hot flashes women experience with acupuncture.

WOMEN DIAGNOSED with ovarian cancer also must cope with symptoms from the disease and its treatment. Heidi S. Donovan, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, is researching symptom management in women diagnosed with ovarian cancer. In collaboration with the National Ovarian Cancer Coalition, Donovan has conducted research to describe the symptoms these women experience, the cognitive and emotional responses to multiple symptoms, and how symptoms affect coping and quality of life.

Using that information, Donovan developed an innovative psycho-educational intervention to help women with recurrent ovarian cancer manage their multiple symptoms. With funding from the NIH, Donovan and co-investigators from the University of Pittsburgh and the University of Wisconsin are evaluating the feasibility of nurses delivering this intervention via secure Internet message boards. In addition, they will be evaluating whether the Internet-based intervention helps women with recurrent



ovarian cancer reduce the severity of their symptoms and improve their quality of life.

Donovan also is looking at how women with ovarian cancer communicate with their healthcare providers about their many symptoms and side effects. In collaboration with clinicians at Magee-Womens Hospital of UPMC, she is assessing women's beliefs about symptom management that may interfere with symptom reporting.

MARGARET Q. ROSENZWEIG, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, believes advanced practice nurses can improve outcomes for patients with metastatic cancer.

With a K07 award from the National Cancer Institute, she is studying the influence of demographic and racial variables on the experience of metastatic breast cancer. Working collaboratively with the Center for Minority Health at the Graduate School of Public Health and the University of Pittsburgh Cancer

Institute, Rosenzweig not only looks at treatment decisions, but also at the symptom experience, the severity of those symptoms, and how those symptoms are managed as women receive care for metastatic breast cancer. Preliminary findings indicate that low-income minority women experience greater symptom distress and social distress, and have greater informational needs during metastatic breast cancer treatment than wealthier minority women and all white women.

Rosenzweig also has developed an expansive database with information about women with metastatic breast cancer. Researchers in multiple disciplines have used the database to answer important research questions.

PAULA SHERWOOD, PhD, RN, CNRN, assistant professor in the Department of Acute and Tertiary Care, is looking at the hidden costs of care in patients diagnosed with breast, ovarian, colorectal, and brain cancer. Sherwood is collaborating with Bender, Donovan, and Rosenzweig on a pilot study funded by the Center for

Research & Evaluation that is designed to understand how the financial stress that can accompany chemotherapy treatment influences severity of symptoms, adherence to treatment regimens, and patients' overall emotional health.

Sherwood also is interested in the behavioral and biological stresses that can result from providing care for a family member with cancer. In a pilot study funded by the University of Pittsburgh Cancer and Aging Center, Sherwood is studying psycho-behavioral responses, immune function, and overall health in individuals who provide care for a family member with a primary malignant brain tumor.

One caregiver says: "Looking back, I don't know how I did it. Twenty-four seven—change diapers, take blood, give needles, cook, clean, change him, shave him, medicate him, go to all of his appointments, do endless hours of research, run around town to get his medical stuff, and of course massage him and exercise him, sit with him,

FOLLOWING BREAST CANCER THERAPY, WOMEN REPORT PROBLEMS WITH MEMORY, ATTENTION, AND DECISION MAKING.

and above all, shower him with love and affection—that was the easy part.”

Sherwood's goal is to develop and test interventions to help caregivers cope with the stress of caring for a loved one with cancer.

UNCERTAINTY IS THE greatest source of psychosocial distress for children diagnosed with cancer. Patients and their families are faced with treatment decisions that have uncertain outcomes. Today's choice may turn out to be better than, equal to, or not as good as others taken.

Mishel's theory states that uncertainty is natural and an inherent part of reality. Accepting uncertainty opens doors to consider multiple possibilities, because nothing is certain or universal. It also can remove barriers to trust and can help patients and their families feel more comfortable with the decision-making process.

Janet Stewart, PhD, RN, assistant professor in the Department of Health Promotion and Development, is studying how children and their families adjust to cancer and cancer treatment. With funding from the ONS and Amgen Inc., Stewart developed a measure of uncertainty in children, based on Mishel's theory on uncertainty in illness.

Stewart is working collaboratively with nurse scholars from the Children's Hospital of Pittsburgh of UPMC oncology group to study parental treatment

decision making. Her goal is to develop and test interventions to help manage uncertainty in young children and their families.

HOW, AND WHAT, do you tell your family if you decide to have genetic testing and the results are positive?

Rebekah Hamilton, PhD, RN, assistant professor in the Department of Health Promotion and Development, is studying what individuals and their families do with predictive genetic testing information. With funding from the NIH, Hamilton is looking at the long-term consequences of a decision to have genetic testing—how people deal with genetic test results and what decisions they make after testing.

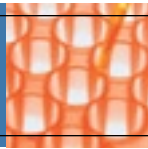
Young women with breast cancer generally have many relatives with breast cancer. Mutations on two specific genes (BRCA1 and BRCA2) have been shown to increase the risk for breast and ovarian cancer, but not all women with a family history of breast or ovarian cancer have one of these mutations, and not all women with one of these mutations will develop cancer. Genetic testing could identify women who should consider intense cancer screening or procedures to reduce cancer risk (medication or surgical removal of breasts, ovaries, or both). However, since not all women who have these mutations develop cancer, identifying these mutations may also needlessly

expose women to anxiety, insurance problems, or unnecessary procedures.

“What must it be like to be 20 and thinking about having a prophylactic mastectomy?” Hamilton wonders. She is asking young women ages 18–35 what (and who) influences their healthcare decisions after genetic testing for the BRCA mutations. Preliminary results reported at the International Society of Nurses in Genetics conference in October 2005 in Salt Lake City, Utah, indicate that healthcare decisions for these young women are complicated by all of the normal developmental issues that come with being 18–35—relationships, reproduction, family, and career. For example, there is some evidence that younger women may get more pressure from their fathers. A compelling finding from her research so far is that younger women report having few resources to help guide them once they get their genetic testing results.

One of Hamilton's goals is to develop an intervention that will provide young women with the resources they need to make decisions and help guide them through the complex issues of being young and at risk for hereditary breast and ovarian cancer.

ONCOLOGY RESEARCHERS at the School of Nursing share a common goal to improve outcomes, quality of life, and care for cancer patients and their families.



“In my genetics class, students are surprised to learn that every cancer cell has a genetic abnormality.”

GENETICS

PATIENT PROGNOSIS AND TREATMENT CAN BE TAILORED BY IDENTIFYING GENETIC ABNORMALITIES



YVETTE CONLEY,
assistant professor,
Department of Health
Promotion and
Development

GENETICS RESEARCH AT the School of Nursing started in 2000. Two notable firsts illustrate the enormous growth of genetics research at the School since that time.

Under the direction of Yvette P. Conley, PhD, assistant professor in the Department of Health Promotion and Development, the School opened the first fully functional genomics laboratory to

be located in a school of nursing. This state-of-the-art laboratory serves as a model for other schools of nursing and is a resource for students and faculty both at the school and the University. "People who come to the lab are always impressed not only with the equipment, but also with the size of the lab," Conley says.

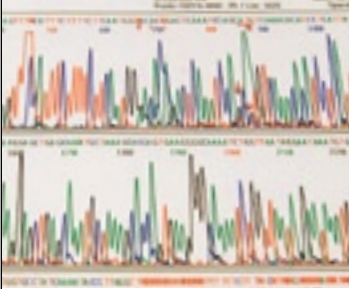
The School is also the first nursing school to require a full semester of genetics. "In my genetics class, students are surprised to learn that every cancer cell has a genetic abnormality," Conley says. "This is part of the reason why genetics has had some of its biggest impact on oncology research."

Genetics nursing research impacts patient care. Identifying a specific genetic abnormality enables healthcare providers to tailor a patient's prognosis and treatment. For example,

abnormalities involving the Her2 gene can be identified in approximately 25 percent of breast cancers. Knowing this affects prognosis because a breast cancer with a Her2 gene abnormality is often more aggressive. This knowledge also affects treatment because Herceptin, a drug tailored to combat this particular type of genetic abnormality in the cancer cell, has proven to be effective in fighting the disease. "Genetics research has the potential to identify other individuals who may be at risk and tailor treatment regimens targeted to specific abnormalities," Conley says.

WHY DO SOME PEOPLE age better than others? Information about the genetics of aging will help researchers understand the biology of individual variation in the aging process. Studying genetic differences in aging is of particular interest because while our lifespan has been increasing, our health span has not kept up. In a study funded by the National Institute on Aging, Conley is looking at the genetic factors that influence the pace of aging. Her research will help identify the mechanisms of longevity and have an impact on improving the health span of individuals.

CONLEY BELIEVES the difference in recovery from a traumatic brain injury (TBI) can be traced to genetics. Nearly 2 million Americans suffer from TBI each year. Damage from the initial trauma poses an immediate threat, but subsequent events often cause secondary injury. There is considerable variation in functional outcome attained after a TBI, even when other



“Genetics researchers want to help patients and improve patient care,” Conley says. “Nurses are especially well suited for genetics research because it is a perfect match of science, compassion, and evidence-based care.”

factors are similar between individuals. Determining what is responsible for this variation could aid healthcare providers in maximizing outcomes following a TBI. Funded by the National Institute of Nursing Research (NINR), Conley is studying the mitochondrial genetics of recovery after brain injury.

SHEILA ALEXANDER, PhD, assistant professor in the Department of Acute and Tertiary Care, is looking at genetic-based susceptibility to cerebral vasospasm (CV), a decrease in the size of the cerebral blood vessels that increases risk of stroke, after subarachnoid hemorrhage (SAH)—a bleed into the area around the brain—and is associated with poorer outcomes after SAH. Although up to 40 percent of all individuals recovering from SAH will have CV, there are few mechanisms to monitor for development of CV and no biomarkers to identify individuals at risk for CV. “I want to find ways to identify individuals at risk of having poor blood flow to the brain after neurologic injury, and then someday find ways to improve that blood flow,” Alexander says. “If a genetic-based biomarker is identified, it could allow for the early identification and treatment of CV.” Alexander also is exploring other genetic influences on recovery from SAH as well as TBI.

A LIFELONG GENETIC EPIDEMIOLOGIST, Janice S. Dorman, PhD, MS, associate dean for scientific and international affairs and professor in the Department of Health Promotion and Development, focuses her research on autoimmune diseases, specifically women’s health and type 1 diabetes. In collaboration with co-investigators at Children’s Hospital of Pittsburgh of UPMC, the University of Pittsburgh, and UPMC, Dorman is studying “Genetic Studies of Diabetes: Technology to Improve Prediction and Prevention of Disease,” also known as the GIFT-D project.

Dorman knows that the speed at which genetic testing has become available is rapid, but one area of concern is whether the patient is truly informed about what the genetic testing means. With Denise Charron-Prochownik, PhD, RN, associate professor in the Department of Health Promotion and Development, she identified the gap in education and genetic testing availability. Dorman and Charron-Prochownik noticed

that families agreed to be tested for type 1 diabetes without full knowledge of what a genetic test for diabetes susceptibility can look for, and what the test is unable to reveal. The research team developed computer-based education modules to help family members understand the relationship of genetics and make an informed decision about having genetic testing. The research team also developed genetic education modules to help healthcare professionals describe the genetic test and explain the ramifications of learning about their results to their patients. Their ultimate goal is to have the modules available for Web-based education.

WHAT DO YOU DO when you get the results of genetic testing? Rebekah Hamilton, PhD, RN assistant professor in the Department of Health Promotion and Development, is interested in the genetic impact of oncology. In a project sponsored by the NINR, she is studying the health-behavior decision making in young women who discover they are at high risk for hereditary breast and ovarian cancer. Young women with a positive BRCA genetic mutation face a potentially deadly legacy at a developmentally critical time in their lives. This study will describe how receiving genetic risk information affects decisions about actual health behaviors.

“It is important for nurses to be involved in this type of research because genetic testing is ahead of the education of patients,” Conley says. “Nurses have compassion when administering the test and make sure the patient understands what the test means.”

AS A NURSE ANESTHETIST, Rich Henker recognizes that patients undergoing surgical procedures have inconsistent responses to pain treatment. Henker, PhD, RN, associate professor and vice chair in the Department of Acute and Tertiary Care, is studying genetic differences in pain response. Identifying genetic differences before surgery may help healthcare providers determine safer and more effective opioid requirements for patients.

In a study sponsored by the American Association of Nurse Anesthetists Foundation, Henker is exploring

the relationship of mu receptor genotype and gender with postoperative pain response and the amount of opioid administered.

LORA BURKE, PhD, RN, associate professor in the Departments of Epidemiology and Health and Community Systems, recently received funding to follow a cohort of participants from one of her weight-loss studies. Burke and Conley will explore whether variation in genes known to influence the risk of developing obesity are related to weight fluctuations, how body fat is distributed, and the development of insulin resistance and atherosclerosis.

PREECLAMPSIA AFFECTS 5 percent to 8 percent of all pregnancies. Characterized by high blood pressure and the presence of protein in the urine, this rapidly progressive condition affects both the mother and the unborn baby. Preeclampsia and other hypertensive disorders of pregnancy are a leading global cause of maternal and infant illness and death.

Sandra Founds, PhD, RN, assistant professor in the Department of Health Promotion and Development, thinks there may be a genetic explanation as to why some women develop preeclampsia and others do not. Founds is investigating genetic studies of preeclampsia to determine whether there is altered gene expression in early placental development in women who develop preeclampsia.

SUSAN ALBRECHT, PhD, RN, FAAN, associate dean for student and alumni services and associate professor in the Department of Health and Community Systems, focuses her research on prevention of smoking relapse in the postpartum period, a critical time for women who quit smoking during their pregnancy. As part of her research, Albrecht is investigating genes thought to influence smoking behavior and nicotine metabolism. This information may help tailor the most effective smoking relapse prevention program for an individual.

“GENETICS RESEARCHERS want to help patients and improve patient care,” Conley says. “Nurses are especially well suited for genetics research because it is a perfect match of science, clinical expertise, and potential for translation to healthcare.”

CENTER FOR RESEARCH IN CHRONIC DISORDERS

The Center for Research in Chronic Disorders (CRCD) is an independent entity in the School of Nursing that supports multidisciplinary, outcomes-based adherence research in chronic disorders through five central interdependent cores:

- **Administrative Core:** Provides administrative oversight and coordinates support services to promote collaboration and integration within the broader scientific community.
- **Data Management and Analysis Core:** Supports common methods of data management and statistical analysis of adherence and clinical outcomes.
- **Cognitive Core:** Designs and creates tailored test batteries to measure psychological and cognitive function as they may impact treatment adherence.
- **Research Development Core:** Pilot funds are provided for internal and external investigators to foster research of the management of treatment regimens in persons with chronic disorders. Through monthly visiting scholars' presentations, the core brings national and international experts on adherence research to stimulate multidisciplinary collaborations throughout the University. Monthly journal club sessions foster discussion among doctoral students and faculty on topics pertinent to the CRCD's mission.
- **Dissemination and Translation Core:** Information and research findings are disseminated through the *Chronicle*, a quarterly publication, and patient and provider newsletters. Findings are translated into practice through conference seminars and workshops with clinicians.

The CRCD was established in October 1994 with a five-year grant from the National Institutes of Health/National Institute of Nursing Research (2 P30 NR003924-11), and is one of only three centers in the United States to have been continually funded since 1994. During its first 10 years, the CRCD focused on the effects of chronic illness, health disparities, and socio/demographic characteristics on quality of life, functional status, cognitive function, and adherence to treatment regimens. The work of the past decade identified the central role that adherence to management guidelines plays in clinical outcomes. Current CRCD projects focus on interventions to improve adherence to medication and lifestyle changes such as weight-loss and exercise regimens.



CRITICAL AND END-OF-LIFE CARE



MI-KYUNG SONG,
assistant professor,
Department of Acute
and Tertiary Care

Acute and Tertiary Care, compared outcomes between ACNP and housestaff (physicians who are completing a fellowship in pulmonary or critical care medicine) who managed patient care in a medical intensive care unit. Hoffman's study showed that patient outcomes were equivalent with one exception—more patients required reintubation (replacement of the breathing tube) under care of housestaff. Hoffman and her team believe the greater continuity of care under ACNP care may explain this outcome. In companion studies, her research team documented that ACNPs and housestaff require a similar amount of time to manage patient care, and a qualitative analysis of the perceptions of intensivists, respiratory therapists, and nursing staff concluded that ACNPs are valued for their contributions to medical management in critical care settings.

APPROXIMATELY 13,500 Americans die each year from subarachnoid hemorrhage (SAH), a form of stroke where blood enters the space surrounding the brain. SAH affects 30,000 Americans each year and has a mortality rate of 45 percent. The primary

CRITICAL CARE NURSES direct patient care from the acute event, through palliative care, to the end of life. Researchers at the School of Nursing are studying health disparities, neurology, genetics, oncology, and pulmonary dysfunction across the continuum of acute care services.

HOW DO OUTCOMES compare when advanced care nurse practitioners (ACNPs) manage patient care in a critical care setting? In a study funded by the National Institutes of Health (NIH), Leslie A. Hoffman, PhD, RN, FAAN, professor and chair of the Department of

cause of this high mortality rate is cerebral vasospasm (CV), a condition where the cerebral blood vessels contract for prolonged periods, causing a decrease in delivery of blood and nutrients to the brain. In a second study funded by the NIH, Hoffman is testing whether a biomarker (20-HETE) influences development of CV after SAH and whether the extent of CV during the first 14 days after injury predicts functional recovery.

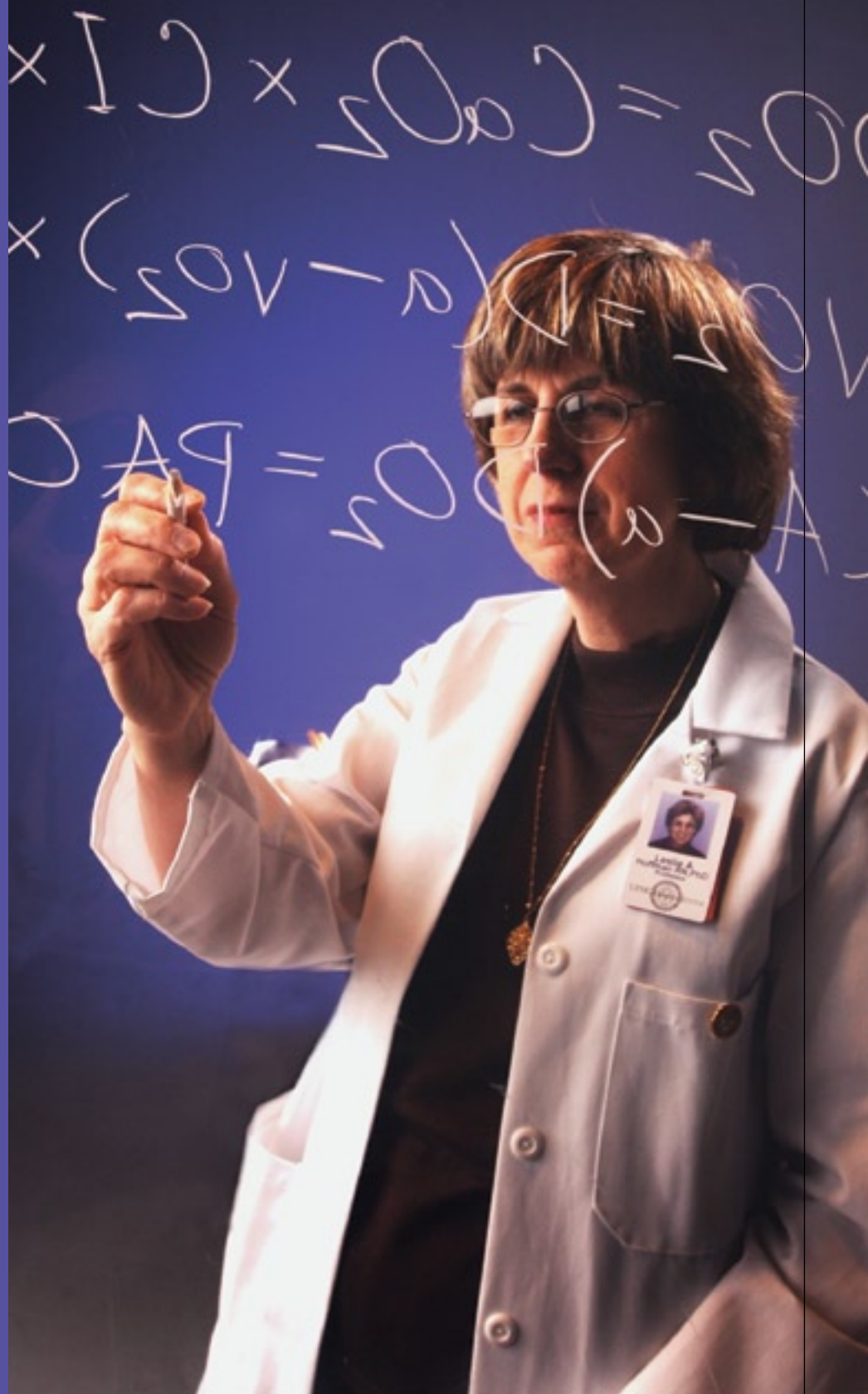
Sheila Alexander, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, also is interested in SAH. In a study that combines genetics research with critical care research, Alexander is examining the influence of Apolipoprotein E genotype (common variations in gene) and phenotype (differences in amounts and forms of proteins) on both short- and long-term recovery after SAH. The ability to identify individuals at risk for CV and poor outcomes will enable intensive care unit nurses and other healthcare professionals to provide individualized interventions to maximize recovery and focus resource utilization on individuals at the greatest risk. Alexander also is exploring other genetic influences on recovery from SAH as well as traumatic brain injury.

CORONARY HEART DISEASE (CHD) is the second leading cause of hospitalization in America. More than 12 million people in the United States have CHD, but the death rate from this disease is higher among African Americans than for any other racial or ethnic group for which data are recorded. Coronary artery bypass grafting (CABG) is a common invasive intervention used to treat CHD, but African Americans are less likely to undergo CABG than Caucasians with equivalent severity of disease, and they experience higher postsurgical morbidity and mortality.

Marilyn Hravnak, PhD, RN, CRNP, associate professor in the Department of Acute and Tertiary Care, is studying

CRITICAL CARE
NURSES IMPACT
THE CONTINUUM
OF PATIENT
CARE THROUGH
RESEARCH.

Leslie Hoffman, PhD, RN, FAAN, a nationally recognized leader in nursing research



health and healthcare disparities between critically ill African Americans and Caucasians. In a study funded by the National Institute of Nursing Research, Hravnak is looking at matched African Americans and Caucasians undergoing CABG. Matching the groups by gender, age, income, and heart defect, Hravnak hopes to identify why African Americans are more at risk for poorer outcomes following the CABG procedure, and ultimately identify interventions to help reduce their risk.

MECHANICAL VENTILATION can make it impossible for critically ill patients to speak. Respiratory tract intubation for airway management can be a traumatic life event. Patients may be frightened because the tube makes it impossible for them to speak. It further reduces their ability to participate in their own care and decision making. And it impairs pain and symptom assessment for the healthcare providers. One patient on long-term mechanical ventilation expressed her thoughts by writing them down because she could not speak. “I’m afraid I’ll be living when I want to be dead,” she wrote.

Mary Beth Happ, PhD, RN, associate professor in the Department of Acute and Tertiary Care, understands how important communication is with ventilated patients. In a study funded by the National Institute of Child Health and Human Development, Happ is developing tools to improve communication with nonspeaking intensive care unit patients—communication tools to enhance the quality of their lives and remove one of the barriers to participating in decision-making processes that affect their health and outcomes.

MANY PEOPLE ARE AFRAID of receiving unwanted treatment at the end of life. Despite the increasing emphasis placed on patient-clinician communication about end-of-life care, efforts to guide the patient to make an informal end-of-life treatment decision often fail.

Mi-Kyung Song, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, wants to improve communication with critically ill patients. Song’s research is focused on improving end-of-life care with better end-of-life communication and decision making.

Song is studying end-of-life communication among African American patients who have end-stage renal disease. In this study, Song is testing an hour-long intervention, patient-centered advanced care planning, to see whether communication about end-of-life care improves between clinicians, patients, and their surrogate decision makers.

Song also is studying the final stages of illness after chronic lung rejection. Transplantation has become a viable treatment option for patients with end-stage lung disease, but the long-term outcomes of this procedure are limited. Post-transplant management currently focuses on aggressive immunosuppression to prevent rejection of the transplanted organ, antimicrobials to prevent opportunistic infections, and surveillance programs to detect and treat complications after transplant. But these approaches have not been successful in preventing the pervasive complication of chronic rejection. There is no cure for chronic rejection, and the only current treatment option is retransplantation. With funds from the School of Nursing’s Center for Research & Evaluation, Song is exploring how lung transplant patients manage their illness from the onset of chronic rejection until death.

THESE STUDIES FACILITATE better forms of care at the onset of critical illness, improving the rate of recovery, and improving communication during critical illness and end-of-life decision making.



Respiratory tract intubation for airway management can be a traumatic life event. Patients may be frightened because the tube makes it impossible for them to speak. It further reduces their ability to participate in their own care and decision making. And it impairs pain and symptom assessment for the healthcare providers.





ADHERENCE IS A CONCEPT



JUDITH ERLLEN, professor, Department of Health Promotion and Development, and doctoral program coordinator

ADHERENCE OR COMPLIANCE is how well individuals follow their prescribed treatment plan. It is the key to self-management, enabling individuals to manage their own health. But current research demonstrates there is significant noncompliance with behavioral as well as pharmacologic treatment regimens, particularly among the elderly.

Individuals with chronic disorders may need to follow a treatment regimen for the rest of their lives. And many people take some sort of medication on a daily basis: vitamins, calcium, or some other over-the-counter or prescription medicine to treat a condition. The challenge is remembering to take it. For the elderly or individuals with comorbidities (one disease in coexistence with other diseases or conditions), that challenge may be compounded by complex treatment regimens that are difficult to follow—a complex regimen might include a daily or weekly exercise component and multiple medications to be taken at different times of the day.

Researchers at the School of Nursing hope to make adherence easier. Easier to remember to take medication. Easier to comply with regimens of physical activity to improve functioning. Easier to follow and stay on a diet regimen. Easier to self-manage. Ultimately, all intervention studies focus on improving health and quality of life.

There can be many other barriers to adherence—social, economic, physical, or psychological—or patients simply may not understand the regimen or how to implement it. In one study, a patient complained that her inhaler didn't work. The nurse walked the patient through the process to identify a solution to the problem. The patient did everything per-

fectly, except she forgot to remove the cap from her inhaler. Everything else was fine, but she missed a crucial step.

In another study, a patient did not fill his prescriptions because he could not afford the medication—a preadherence obstacle. Or, a patient might not like the taste or side effects.

Another patient forgot to take his nighttime pills when he fell asleep in front of the TV. Other patients pocket-dose—they measure out the medications they need for a day, but forget to follow through when they get busy or while they are at work. So, the medications are not as effective as they should be.

Memory may be only one barrier in behavioral treatment regimens. Motivation, pain, and fatigue can make patients resistant to regimens of diet and exercise. Before we can identify interventions to enable people to better adhere to treatment regimens, we need to understand the complexities of adherence.

JACQUELINE DUNBAR-JACOB, PhD, RN, FAAN, dean of the School of Nursing; professor of nursing, epidemiology, and occupational therapy; and director of the Center for Research in Chronic Disorders (CRCD), has studied medication adherence for more than 20 years. She is working with patients who have type 2 diabetes in combination with other health problems, such as high cholesterol and high blood pressure levels, to learn how people handle taking multiple medications when they have multiple disorders requiring medication.

JUDITH A. ERLLEN, PhD, RN, FAAN, professor in the Department of Health Promotion and Development, doctoral program coordinator, and associate director of the CRCD, has been conducting intervention studies with patients who have HIV infections for approximately eight years. Weekly telephone calls by nurses encourage patients to improve their medication regimen. In addition to the phone intervention, these studies employ diaries and medicine bottles fitted with a special cap that records the date and time the bottle is opened. All the patients in these studies are asked to use a diary so they can record how they are taking their medicines.

Before we can identify interventions to enable people to better adhere to treatment regimens, we need to understand the complexities of adherence.

Judith A. Erlen, PhD, RN, FAAN



The goal of these telephone interventions is to enable people to become more adherent to medication taking so their clinical outcomes and quality of life improve. One patient who had been extremely nonadherent said, “I see now how far I have really come.” Prior to the intervention, this patient’s health problem had been out of control. By managing his medication more carefully, his health has improved.

Findings from this work have been presented at the Eastern Nursing Research Society, Sigma Theta Tau, and the Society of Behavioral Medicine. Although adherence did not improve as much as the researchers expected, the interventions did demonstrate modest changes in adherence for patients with HIV infections.

IMPROVING LONG-TERM weight loss is the goal of a study conducted by Lora E. Burke, PhD, MPH, RN, associate professor in the Departments of Epidemiology and Health and Community Systems. Funded by a grant from the National Institute of Diabetes and Digestive and Kidney Diseases, Burke is looking at the correlation between adherence to recording food intake and physical activity and weight loss. She uses a variety of paper and electronic diaries to have patients record what they are eating and when. One of her studies is discussed further on page 20. Patients in her study report that the act of recording makes them feel more in control.

Diaries in one form or another are a common way to collect data in adherence studies. Burke asks people what they are

doing that hurts them, then asks them to write down when they are doing it so the individuals can monitor their own behavior. She is doing pilot work to improve how people self-monitor and make patients more aware of their own behavior. Initial results show that electronic diaries and personal digital assistants can improve self-monitoring by making recording easier and more effective.

SANDRA J. ENGBERG, PhD, RN, CRNP, assistant professor and chair in the Department of Health Promotion and Development, is examining the effectiveness of a relapse intervention to improve long-term adherence to pelvic floor muscle (PFM) training for urinary incontinence in older adults. Biofeedback is used to teach participants PFM exercises and how to actively use their PFM to prevent involuntary urine loss. The relapse intervention is designed to help participants identify and deal with barriers to doing their exercises. Adherence is measured by both self-report and by bladder diary where subjects record each time they do their prescribed exercises.

A PRIMARY NATIONAL HEALTH GOAL, identified in Healthy People 2010, is to increase the proportion of adults who engage in moderate physical activity for at least 30 minutes each day. This is particularly important in individuals with cardiovascular risk. One barrier to physical activity in this population is osteoarthritis of the knee. Only 15 percent of persons with osteoarthritis participate in regular physical activity.

ONE PATIENT WHO HAD BEEN EXTREMELY NONADHERENT SAID, “I SEE NOW HOW FAR I HAVE REALLY COME.”

Elizabeth A. Schlenk, PhD, RN, assistant professor in the Department of Health and Community Systems, is studying adherence to exercise programs in individuals at cardiovascular risk who also suffer from osteoarthritis of the knee. Osteoarthritis of the knee can be managed through a program of quadriceps strengthening and graduated walking, yet only half engage in these exercises. Addressing osteoarthritis of the knee is a first step to developing a regular physical activity program among older adults at cardiovascular risk.

Schlenk's study is a 24-week intervention in combination with self-report. An electronic pedometer was one of the tools used to measure adherence. The intervention also included six individualized weekly sessions with a physical therapist followed by nine biweekly telephone counseling sessions with a nurse. She has found that by moving their joints a little bit better, people are able to improve physical functioning and walk farther.

Arthritis is a common problem for many people as they grow older. Schlenk's findings have potential impact for a broader population.

IN EACH OF THESE STUDIES, researchers have seen how difficult it is to self-manage long-term behavior, so they are studying maintenance strategies and booster programs to sustain adherence. They also are developing studies to target specific factors that can impede or enhance adhering, such as social support, cognitive function, and personality.

CENTER FOR RESEARCH & EVALUATION

Researchers at the School of Nursing are engaged in both clinical and basic science research. By addressing some of the most challenging issues facing today's healthcare practitioners, they provide a scientific basis for the care of individuals across the life span. In addition, they prepare and develop future generations of nurse researchers.

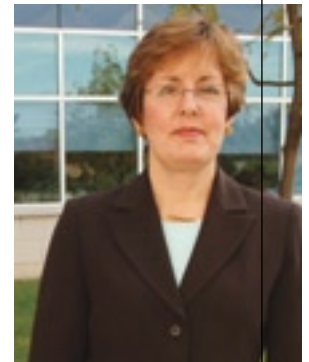
The Center for Research & Evaluation (CRE) was established in the fall of 1987 to help meet the School's growing commitment to research. The CRE has a full complement of biomedical and data laboratories stocked with state-of-the-art equipment. In addition, a staff of statisticians, grants administrators, and clerical personnel offer support services such as:

- Data analysis, design, and consultation.
- Training in data design and management.
- Budget development and monitoring.
- Scientific review of proposals.
- Oversight of project compliance with sponsor and internal requirements.
- Proposal packaging.
- Maintaining project funding.
- Disseminating information about opportunities for funding, training, development, conferences, and research.
- Developing faculty and doctoral student research methodology.
- Consulting on the development of research programs.

TECHNOLOGY IS A TOOL



APPLICATIONS FOR TECHNOLOGY cross all health disciplines. Nurses focus on the development and application of technologies that enhance the quality of life for people with acute or chronic illness and their families. For technology to be useful it must be patient-centric—that is, it must serve the real needs of patients and fit seamlessly with their daily lives.

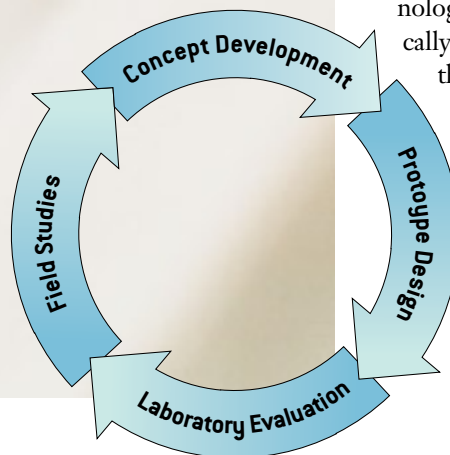


JUDITH MATTHEWS,
assistant professor,
Department of Health
and Community
Systems

Several exciting areas of study at the University of Pittsburgh School of Nursing are involved in expanding existing technologies or developing emerging technologies. But, nurses don't do any of it alone—they lead multidisciplinary teams, and projects are inter-institutional as well as interdisciplinary.

Like the design of any technology, there are three principles that guide the design of patient-centric technologies. First, recognize a consumer health need. Next, identify technology that can meet that need and empirically measure its functionality. Then, refine the idea, fix the technology, test it, get input from potential users, and then go back again. It is an iterative process that can be time-consuming and costly.

THE LIFELONG, complex medical regimens required to prevent organ rejection after transplantation are difficult for many patients to follow. Annette De Vito Dabbs, PhD, RN,



assistant professor in the Department of Acute and Tertiary Care, is developing technology to help.

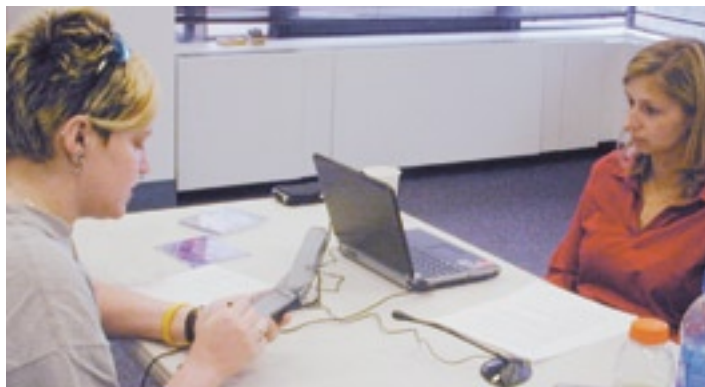
For individuals with end-stage lung disease, a lung transplant offers the only hope for extended survival and improved quality of life. But transplantation is not considered a cure; it is an exchange of one chronic illness for another. While most lung recipients experience dramatic improvements in their overall health, they also can face a variety of lung complications, such as acute and chronic rejection, and infection. In addition, the lifelong immunosuppression regimen that transplant patients require can result in many other complications.

As a result, lung recipients typically experience a course of gradual decline punctuated by episodes of acute complications. Each complication leads to setbacks, greater morbidity, and disability. Patients must follow complex medical regimens to control their underlying illness and reduce the frequency and severity of complications. “Maintaining longer intervals without complications enables lung recipients to experience a more satisfying level of functioning and ‘normalcy within illness,’” De Vito Dabbs says.

FUNDED BY THE National Institute of Nursing Research and the University of Pittsburgh Central Research Development Fund, De Vito Dabbs is collaborating with the Human Computer Interaction Institute at Carnegie Mellon University to design and pilot-test an interactive handheld technology-based intervention called Pocket PCs to Promote After-Transplant Health (PocketPATH).

PocketPATH is a practical tool that can help lung recipients prevent and detect acute complications. Customized data recording, tracking, messaging, and decision-support programs help lung transplant recipients adhere to their medical regimens, record and interpret trends in their self-monitoring data, detect potential adverse conditions, and communicate changes to the transplant team.

The success of PocketPATH will be judged on how well lung recipients like and use the device and on how well its use leads to reduced morbidity, disability, and healthcare resource utilization after lung transplantation. If it is successful, PocketPATH will pave the way for future applications in other transplant and chronic illness populations.



Using a laptop connected to the handheld PocketPATH device, the developer is able to determine how the recipient interacts with the software and navigates the device by tracking and recording the steps she takes going through a particular task.

MARY BETH HAPP, PhD, RN, associate professor in the Department of Acute and Tertiary Care, is working on two studies to understand and improve communication with non-speaking patients in acute and critical care settings.

The first study, funded by the Oncology Nursing Foundation and the American Association of Critical Care Nurses, looked at how people intubated for mechanical ventilation following head and neck surgery respond using an Augmentative Assistive Communication Device (AACD). Patients who are unable to speak can express their feelings, wants, and needs through an electronic speech-generating communication board. Happ looked at the content, quality, and frequency of communication, as well as patient satisfaction when 21 nonspeaking hospitalized patients were given these devices. The study showed that selected seriously ill, hospitalized patients can use these devices to express themselves as long as the device is matched to the patient’s abilities, is within reach, functions properly, and there is knowledgeable staff.

“I love you” was the most frequent communication intubated patients used to express their feelings to others around them—particularly family.

That study led to the Study of Patient-Nurse Effectiveness with Assisted Communication Strategies (SPEACS), a multidisciplinary clinical intervention trial. In conjunction with investigators at the University of Pittsburgh, Duquesne University, and UPMC, this study—funded by the National

“I love you” was the most frequent communication intubated patients used to express their feelings to others around them—particularly family.

Institute of Child Health and Human Development—looks at communications between nurses and nonspeaking intensive care unit (ICU) patients. This study is testing the impact of providing nurses with (1) basic communication skills training and (2) consultation by a language pathologist on the use of augmentative and alternative communication techniques.

In a series of observations videotaped over several years, Happ is looking at the communication between 30 nurses and three nonspeaking ICU patients each, for a total of 90 patients. The communication interactions on these tapes are coded and analyzed. To establish a benchmark, Happ first looks at tapes of the nurse-patient interactions during usual care before the intervention. After nurses receive communications skills training developed by the research team, the patient-nurse communication will be taped again. In the third step, nurses will receive individual counseling from a language pathologist and training in the use of an AACD.

Happ’s study provides an objective measurement of how the quality and nature of communication between nurses and nonspeaking patients in the ICU changes with increased levels of information, skill sets, and the addition of AACDs.

OBESITY IS A CHRONIC disorder with a high rate of recidivism. Lora E. Burke, PhD, MPH, RN, associate professor in the Departments of Epidemiology and Health and Community Systems, is developing tools to help patients lose weight—and keep it off.

Self-monitoring is the cornerstone of behavioral treatment. Documenting and following their behavior and responses is important for patients who are trying to lose weight, and is a strong predictor of their long-term weight-loss success. But studies show that adherence to those positive health behaviors may wane over time.

Burke’s studies on obesity and weight loss look at self-monitoring, and ways to improve self-monitoring by making it more timely and less time-consuming as patients go through the many-times-daily habit of eating. In two studies with investigators at the University of Pittsburgh, Stonybrook University in New York, and Emory University, funded by the National Institute of Diabetes and Digestive and Kidney Diseases, Burke is examining a variety of approaches to determine which ones are most effective for individuals tracking their own food consumption and physical activity.

In an earlier study that looked at patterns of self-monitoring, Burke found that weight loss is significantly related to frequency of self-monitoring and

marginally related to recording within two hours of eating. The study concluded that timeliness is important and related to outcome.

Burke has been working with a company to develop software for a personal digital assistant (PDA) that will track when recording occurs and also will make self-monitoring easier. The PDA being used to track self-monitoring does more than keep track of when the patient records. The recently developed dietary software program provides a database of more than 6,000 foods and calculates the calorie and fat content of foods consumed, and displays these values. Meanwhile, the physical activity program tracks the patient’s daily physical activity and exercise. This information makes it easier and more convenient for people to self-monitor how they are doing in relation to their daily goals for calories and fat grams as well as their weekly goals for physical activity.

In a further refinement of her intervention study, Burke is measuring the effect of adding messages to the PDA that provide individuals with feedback on how they are doing. Burke’s studies have expanded quite a bit from the simple paper diary enabling people to see what they have actually done as opposed to what they have set for target goals. Burke will be presenting a paper at the Society of Behavioral Medicine’s annual conference in 2006 on her latest findings pertaining to self-monitoring and success in weight loss.

Losing weight and keeping it off is difficult, but Burke is finding ways to help individuals succeed.

INDEPENDENCE IS HAPPINESS.

Susan B. Anthony

THE GREATEST CHALLENGE as people age is to keep their independence. As they get older, adults may develop geriatric syndromes and multiple chronic disorders with complex treatment regimens to follow. Judith Matthews, assistant professor in the Department of Health and Community Systems, is working on two studies to develop mobile robots capable of monitoring and guiding the daily activities of elderly people, and enabling them to sustain independent living.

The NurseBot project is an interdisciplinary multi-university research initiative focused on developing robotic technology for the elderly. Initially funded by the National Science Foundation, this study brings together researchers from the University of Pittsburgh, Carnegie Mellon University, the University of Michigan, and Stanford University.

Specifically, the NurseBot project is developing two mobile personal-service robots that assist elderly people suffering from chronic disorders in their everyday lives. In a study funded by the National Institutes of Health, the current prototypes—Pearl, a humanoid robot; and the IMP (Intelligent Mobility Platform), a robotic walker—are undergoing preliminary usability testing in field studies with older adults.

The two robots provide research platforms to test a range of ideas for assisting elderly people, such as:

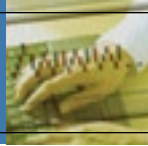
- **Intelligent reminding:** Many elderly patients have to give up independent living because they forget. The robot can remind people to visit the restroom, take medicine, drink, or see the doctor.
- **Tele-presence:** Professional caregivers can use the robot to establish a “tele-presence” and interact directly with remote patients.
- **Data collection and surveillance:** Systematic data collection can help avoid a range of emergency conditions such as certain types of heart failures.
- **Mobile manipulation:** Arthritis is the main reason for the elderly to give up independent living. A semi-intelligent mobile manipulator can help older adults overcome some barriers that currently force patients to move into assisted-living facilities.
- **Social interaction:** Too many elderly people are forced to live alone, deprived of social contacts. The project is exploring whether robots can take over certain social functions.

If successful, this project could change the way we deliver healthcare to the ever-growing contingent of elderly people, and it could significantly advance the state of the art in mobile-service robotics and human-robot interaction.

THESE PROJECTS all employ patient-centric technology as a tool to enhance the quality of life for people with acute or chronic illness and their families. Nurse researchers are well suited to identify patient needs that can benefit from technology solutions and assure that the resulting products fit seamlessly with their daily lives.



IMP (Intelligent Mobility Platform)



INFORMATICS



DEBORAH LEWIS,
associate professor,
Department of Health
and Community
Systems

NURSING INFORMATICS is a combination of information science and nursing science. Nursing informatics includes the development, analysis, and evaluation of information systems that support, enhance, and manage patient care. The emphasis within the School of Nursing is consumer informatics.

Several studies at the School of Nursing are looking at improving provider-family/patient communication, increasing enrollment in clinical trials, and evaluating the quality of healthcare information. The common goal of all these projects is to improve patient outcomes.

DEBORAH LEWIS, EDD, MSN, associate professor in the Department of Health and Community Systems, is building a better Web portal for families of children with cancer. Initial research shows that 89 percent of parents surveyed look up health information on the Internet. The Caring Connection is a family-focused communication and information resource designed to extend the process of family-provider communication beyond the clinical setting into the parent's home and community.

The Caring Connection is in the final step of a four-phase project. In the first phase, Lewis researched how parents use the Web for information and communication. She and her team then built prototypes and pilot-tested them with families. In the third phase, the team redesigned and pilot-tested the Web site again, iteratively changing the portal to better meet the needs of the families. Now, in the final phase, the site has been implemented.

The site has several family-friendly features, including tips about talking to your clinician when you come to the hospital. The three major components to the site are a health almanac, information resources, and a gathering place:

- A health almanac captures actual clinical data including laboratory results, treatment protocols, and current medications with links to drug information sheets developed at Children's Hospital of Pittsburgh of UPMC.
- The information resources section includes a glossary, information about cancer types and drugs, links to validated/qualified Internet resources, and a link to the Children's Hospital library. This section also includes information specific to kids and their siblings.
- The Gathering Place is a discussion board that sits on a secure server, providing parents with a safe, secure means to communicate with providers about lab studies.

NURSING INFORMATICS IMPROVES SYSTEMS AND THEREFORE PATIENT OUTCOMES.

Individual Web sites also have been established where parents can tell the story about what is happening with their child, post pictures, and record their feelings. The sites can be themed based on the child's interest, and they can add their own information in an ongoing way.

Lewis recognizes that technology is not always the best approach, and the Internet is not the best way for every parent to get information. Live interaction is still best for some types of communication, and there are times when patients need to talk directly to a physician. She knows the Internet may not always be the best source for information, but it may be useful as a distraction. Her goal is to improve quality of life and care for the child and caregivers, help with decision making, and enhance collaboration with healthcare providers. Preliminary data was published in the September/October 2005 issue of *Computers Informatics and Nursing* and presented at the American Medical Informatics Association's annual meeting in Washington D.C., on October 25, 2005.

RESEARCH DEPENDS on clinical trial enrollment, yet only 2 percent to 4 percent of adult cancer patients are enrolled in clinical trials. Enrolling in a clinical trial is a complicated healthcare decision. In addition, there are a number of barriers to clinical trial enrollment. Unstructured document formats make it difficult to search for clinical trials and access protocol information. Also, providers in busy oncology practices may not have time to efficiently identify eligible study subjects.

With research interests in human computer interaction and standardized markup languages, Gilan El Saadawi, MD, PhD, MS, assistant professor in the Department of Health and Community Systems, is developing an improved process for converting existing text-based clinical protocol files (such as doc and pdf) to a standard document format. Because different databases and file types can't necessarily talk to each other, information entered in different formats may be unavailable to someone conducting a search. The way information is entered and retrieved in the system can make it impossible to match eligible subjects with appropriate studies.

The standards-based workbench El Saadawi is building will provide a critical missing link in the support of cancer clinical trials. Developing a standard for clinical trial protocol information will increase the ability to communicate clinical trial protocol data freely between systems within a single institution and across institutions. This can provide a foundation for robust automated eligibility screening and physician notification systems that stream in laboratory data, pathology data, and consent data and match patients to trials automatically. It also will provide the foundation for a national network of clinical trial protocol databases, enabling rapid matching of patients to clinical trials based at institutions across the country.

In addition, a standard for clinical trial protocol information will enable common, open-source toolsets to be cre-

ated and shared. As a result, informatics groups would be able to create more sophisticated database systems, and organizations with more limited resources will be able to use off-the-shelf software for their databases.

STUDIES HAVE SHOWN that many Americans use the Internet for health information, and half report that they use the information they find to make healthcare decisions. But how good is the information people find?

Elizabeth LaRue, MLS, AHIP, instructor in the Department of Health and Community Systems, is developing a tool to help patients evaluate the quality of the information they find on the Internet. Her study, "Site, Publisher, Audience, Timeliness" (SPAT) will help families effectively understand and assess the quality of healthcare information they find on the Internet. SPAT is an instrument that walks individuals through the steps of validating a Web site. When LaRue completes the validation process, this will be the only validated instrument available to evaluate Web sites.

NURSING INFORMATICS is improving patient outcomes today by facilitating communications between providers, patients, and their families. And nursing informatics will continue to impact patient outcomes with improved systems to increase enrollment in clinical trials, and programs to help patients and their families understand and evaluate the quality of healthcare information they find on the Internet.

DENISE CHARRON-PROCHOWNIK

“TEACH EARLY AND OFTEN”



Denise Charron-Prochownik with her research team: Patricia Schmitt, Andrea Rodgers-Fischl, and Sehnoa Bernstein (not pictured: Meg Hannon)

APPROXIMATELY 56 PERCENT OF ALL PREGNANCIES in the United States are unplanned. That's an interesting statistic, but here are some really alarming numbers. According to national statistics:

- A teen pregnancy is reported every 31 seconds—nearly 1 million teen pregnancies occur annually in the United States.
- The United States has the highest teen pregnancy rate of any developed country.
- 40 percent of all girls become pregnant at least once before they are 20.

- Nearly 70 percent of teen mothers do NOT receive prenatal care.

An estimated 18.2 million people in the United States—6.3 percent of the population—have diabetes, a serious, lifelong metabolic disorder that affects blood glucose levels. Unintended pregnancies are associated with delayed prenatal care—which, for women with diabetes, can result in increased morbidity and mortality in the mother and the child.

According to Denise Charron-Prochownik, PhD, RN, associate professor in the Department of Health Promotion and Development, up to one-tenth of diabetic women have had pregnancy-related complications. Perinatal problems associated with uncontrolled blood sugars can include stillbirth, miscarriage, and premature labor; infant birth defects such as heart defects, brain and spinal cord problems, and breathing problems; and maternal problems such as high blood pressure, hypoglycemia, retinopathy, neuropathy, nephropathy, and cardiac disease.

Today, most women with diabetes can look forward to having a healthy baby. While diabetes poses some risks in pregnancy, advances in care and preconception counseling have greatly improved the outlook for these pregnancies. “Women with diabetes can have healthy pregnancies and healthy babies if they plan ahead,” Charron-Prochownik says. “Tight blood sugar control (keeping blood sugars at or near normal) for at least three months prior to conception and throughout the pregnancy is crucial.” Blood sugar levels affect vital organs developing in the fetus during the first month of pregnancy. Preconception counseling and care help women achieve and maintain tight blood sugars, reducing the incidence of birth defects associated with diabetes from 9 percent to 2 percent—the same complication risk as the general population.

Charron-Prochownik is on a mission to make adolescent women with diabetes aware of preconception counseling. “We know it works,” she says. “We just have to get the word out!” Her target audience is not women ready to start families. “Why

wait until women are in their 20s to tell them?” she asks. “We need to tell teens.” But she knows teens need to hear it more than once—her motto has become, “Teach early and often.”

To ensure that women with diabetes plan their pregnancies, preconception counseling must begin at puberty—prior to any sexual activity. “Planning ahead is the key—the key to avoiding an unintended pregnancy and the key to a healthy, planned pregnancy,” Charron-Prochownik says. “Our goal is to prevent unplanned pregnancies among teens with diabetes and raise their awareness about diabetes, pregnancy, and the benefits of seeking preconception counseling.”

Charron-Prochownik has been involved in research on adolescents with diabetes for more than 15 years. “Many teens with diabetes are sexually active, they’re not using effective birth control, they’re at high risk for unplanned pregnancies, and they have poor knowledge and understanding of what their risks are,” she says. In fact, her study revealed that some women with diabetes mistakenly believed they were unlikely to get pregnant, and therefore were less likely to use effective methods of birth control.

With funding from two back-to-back American Diabetes Association clinical research awards, Charron-Prochownik, along with a team of experts, developed an educational program on reproductive health awareness specifically for teens with diabetes. To get a valid and reliable program and a substantial, diverse sample, this multidisciplinary project included collaborators from a number of institutions. In addition to her research team at the School of Nursing, the team included representatives from Carnegie Mellon University; Children’s Hospital of Pittsburgh of UPMC; the Joslin Diabetes Clinic in Boston, Mass.; St. Louis (Mo.) Children’s Hospital; the University of Michigan; the University of Pittsburgh; UPMC; and Wayne State Medical Center in Detroit, Mich. “It takes a village to conduct research!” she says.

The team developed a theory-based educational and counseling program called Reproductive-Health Education and Awareness of Diabetes in Youth for Girls (READY-Girls). Tailored specifically for teen women with diabetes, the final program included a printed book and CD-ROM with an animated, interactive educational counseling program. Both were pilot-tested at the diabetes clinic at Children’s Hospital in Pittsburgh. A three-month follow-up study showed that both the book and the CD were effective in changing knowledge, intentions, attitudes, and beliefs about sexuality, pregnancy, and preconception counseling among teens with diabetes. Charron-Prochownik recently completed a larger two-site randomized control study with a repeat booster and a nine-month follow-up. “This study will confirm the importance of teaching early and often,” she says.

continued on page 28



ACTIVE GRANTS LIST NOVEMBER 2005

ALBRECHT, S.
Professional Nurse Traineeship
Agency: HRSA

ALEXANDER, S.
CSF Ca⁺⁺ APOE Protein and Genotype and CV after TBI
Agency: CRDF

BENDER, C.
Cumulative Interferon Dose in Patients with Melanoma Receiving Pretreatment with the Antidepressant Mirtazapine vs. Placebo
Agency: Schering Corporation

Cognitive Impairment Related to Anastrozole Use in Women
Agency: NIH/NCI, Grant Code: R01

Symptom Clusters in Patients with Chronic Disorders and Cancer as a Comorbidity
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Agency: CRE

BROYLES, L. [ERLEN]
Substance Users, HIV Infection, and Adherence
Agency: NIH/NINR, Grant Code: F31

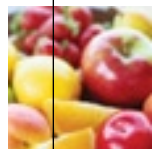
BROYLES, L. [HAPP]
Clinicians' Evaluation and Management of Pre-existing Substance Use, Chronic Pain, and Psychiatric Conditions in Long-Term ICU Patients
Agency: AACCN

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Treatment Preference and Vegetarian Diet in Weight Loss [Competitive Supplement]
Agency: NIH/NIDDK, Grant Code: Method. Supple.

Treatment Preference and Vegetarian Diet in Weight Loss
Agency: NIH/NIDDK, Grant Code: R01

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Agency: NIH/NHLBI, Grant Code: R01

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Agency: Kuehn Endowment



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Agency: CRCD

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Agency: NIH/NINR, Grant Code: F31

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Agency: University of Pittsburgh Diabetes Institute

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Agency: NIH/NICHHD, Grant Code: R01

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Agency: ADA

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Agency: DOD

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OSA Severity, Daytime Sleepiness, and Physical Activity in Adults with Type 2 Diabetes
Agency: CRCD

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Agency: NIH/NINR, Grant Code: F31

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Agency: STT-ETA Chapter

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Agency: NIH/NCI, Grant Code: R21

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Agency: Kuehn Endowment

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Agency: NIH/NINR, Grant Code: R01



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Agency: NIH/NEI, Grant Code: R01

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Agency: NIH/NIHCD, Grant Code: R01

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Agency: AAN/Hartford Foundation

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Agency: University of Pittsburgh/CRDF

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Agency: NIH/NINR, Grant Code: K01

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Agency: CRCD Pilot Study

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Agency: CRE

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Agency: CHP, Grant Code: R01

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Agency: CHP (NIH)
Grant Code: R01

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Agency: NIH/NICHHD
Grant Code: R01

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Agency: CRSP

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Agency: CRSP

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Agency: CRE

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Agency: PHEF

Nursing Education Grant
Agency: PHEF

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Agency: PHEF

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Agency: Robert Wood Johnson

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Agency: NIH, NIDDK, Grant Code: R01

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Agency: NIH, NINR, Grant Code: R01

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Agency: NIH, NCI, Grant Code: K07

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Agency: NIH/NINR, Grant Code: R01

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Agency: NIH/NCCAM
Grant Code: R01

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Agency: Kuehn Endowment

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Agency: NIH/NCI, Grant Code: U10

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Agency: NIH/NICHD, Grant Code: R01

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Agency: AANA Foundation

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Agency: Loyola University
Grant Code: R01

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Agency: NIH/NINR, Grant Code: K01

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Agency: NIH/NHLBI, Grant Code: R01

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Agency: CRCD Pilot Study

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Agency: NIH/NINR, Grant Code: R03

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Agency: HRSA

The Impact of Intravenous Catheter Insertion Training Modalities on Clinical Intravenous Catheter Insertion Performance
Agency: STT-ETA Chapter

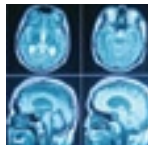
OLSHANSKY, E. [SIMINERIO, UPMC]
Diabetes Prevention and Treatment Programs for Western Pennsylvania
Agency: DOD

Nurses' Perceptions of Depression in Cardiac Patients
Agency: CRE

OLSHANSKY, E. [LAWRENCE, CHP]
Developmental and Interpersonal Maturity among Adolescent and Young Adult Heart Transplant Recipients
Agency: ITNS

PUCCIO, A. [HOFFMAN]
The Effect of FiO2 Elevation on Local Brain Tissue Oxygenation (PbtO2) and Cerebrospinal Fluid Oxidative Stress Markers in Patients with Severe Traumatic Brain Injury
Agency: Hoffman Endowment

PUSKAR, K.
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Agency: NIH/NINR
Grant Code: R01



Medication Adherence in Young Adults with Schizophrenia and Bipolar Disorder Using Relational Agent Technology
Agency: Eli Lilly and Company

ROSENZWEIG, M.
Communication Skills for Acute Care Nurse Practitioner (ACNP) Students
Agency: University of Pittsburgh Advisory Council on Instructional Excellence

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Agency: NIH/NCI, Grant Code: K07

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Agency: CRCD Pilot Study

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Agency: NCI

SCHLENK, E. [PATRICK, MWRI]
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Agency: HCS RDF

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Agency: CRE

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Agency: NIH/NIMH, Grant Code: R01

SEREIKA, S. [MULDOON, SOM]
Fish Oil, Inflammation, Psychological Distress, and Heart Disease
Agency: NIH, Grant Code: R21

SEREIKA, S. [STEWART, SOM]
Pathophysiology of PTH-related Protein (1-36) in Humans
Agency: NIH/NIDDK, Grant Code: R01

SEVICK, M.A.
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Agency: NIH/NINR, Grant Code: R01

SHERWOOD, P.
Stress and Aging: Caregiver Outcomes in Neuro-oncology
Agency: University of Pittsburgh SOM

The Costs of Cancer Care
Agency: CRE



SONG, M.K.
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Agency: CRDF

An Exploration of the Illness Trajectory after the Onset of Chronic Lung Rejection
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Feasibility and Acceptability of Using Personal Digital Assistants with Veterans Having Type 2 Diabetes
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STEBLER, K. [CONTI, SOM]
Matilda Theiss Health Center New Access Point for Public Housing Residents
Agency: HRSA

STEWART, J.
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Agency: CRDF

Uncertainty and Allocation of Responsibility for Self-Management in Families of Adolescents with Cancer
Agency: CRCD Pilot Study

STILLEY, C.
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Agency: NIH/NIMH, Grant Code: R03

WARZISKI, M. [BURKE]
Weight Loss Maintenance: Exploring Racial Differences
Agency: NIH/NINR
Grant Code: F31

CENTER FOR RESEARCH IN CHRONIC DISORDERS (CRCD) [DUNBAR-JACOB]
Agency: NIH/NINR, Grant Code: P30
Dunbar-Jacob—director, administrative core
Burns—director, dissemination core
Erlen—director, development core
Ryan (WPIC)—director, neuro-psychological assessment core
Sereika—director, data management and analysis core
Stilley—project director

PEPPER CENTER [STUDENSKI, SOM]
Pittsburgh Older Americans Independence Center
Agency: NIH/NIA, Grant Code: P30
Dunbar-Jacob—core leader, adherence and retention core
Olshansky—qualitative investigator
Schlenk—co-leader, adherence and retention core
Sereika—core leader, data management and analysis core
Stilley—co-leader, adherence and retention core



RESEARCH FUNDING SOURCES

FEDERAL SUPPORT

Department of Defense
 Health Resources and Services Administration
 National Cancer Institute
 National Center for Complementary and Alternative Medicine
 National Eye Institute
 National Heart, Lung, and Blood Institute
 National Institute of Child Health and Human Development
 National Institute of Diabetes & Digestive & Kidney Diseases
 National Institute of Mental Health
 National Institute of Neurological Disorders and Stroke
 National Institute of Nursing Research
 National Institute on Aging

Eli Lilly and Company
 Highmark Caring Foundation
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 Proctor and Gamble Pharmaceuticals Inc.
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 Schering Corporation
 Sigma Theta Tau, Eta Chapter
 Sigma Theta Tau International
 University of Pittsburgh Diabetes Institute
 UPMC
 UPMC Diabetes Institute

SUBCONTRACTS

Children's Hospital of Pittsburgh
 Loyola University

NONFEDERAL SUPPORT

American Academy of Nursing/Hartford Foundation
 American Association of Critical Care Nurses
 American Association of Nurse Anesthetists Foundation

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Advisory Council on Instructional Excellence
 Central Research Development Fund

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 Washington University
 Wayne State University
 Womancare Midwifery Service
 Yale University

DENISE CHARRON-PROCHOWNIK *continued from page 25*

Charron-Prochownik is currently funded by the National Institutes of Health to modify the CD-ROM for teens with type 2 diabetes. The final product from her study is a book, which includes an interactive tutorial on two CD-ROMs, called *Reproductive Health Awareness for Teenage Women with Diabetes—What Teens Want to Know about Sexuality, Pregnancy, and Diabetes*. It is available for teens, parents, and healthcare providers through the American Diabetes Association.

Initial results confirm that this inexpensive, well-validated, self-instructional early intervention raises awareness of preconception counseling and helps empower women with diabetes to make well-informed health choices for themselves and their

future children. A preliminary report of 13- to 16-year-old adolescent women who viewed the CD and later read the book in a separate session (sequential boosters of the program) showed that an astonishing 100 percent believed the CD helped them learn more about reproductive health.

“Whether or not she is planning a pregnancy, every young woman with diabetes needs to know the facts and needs to get awareness counseling,” Charron-Prochownik says. She wants to raise awareness of preconception counseling so future mothers can have healthy pregnancies and healthy babies. “If we can save just one baby, it will all be worthwhile.”

HURRICANE KATRINA

When Hurricane Katrina slammed the U.S. Gulf Coast in August 2005, two University of Pittsburgh School of Nursing instructors in the Department of Acute and Tertiary Care answered the call to assist in recovery efforts.

Katrina was one of the most costly and destructive storms in U.S. history. At one time a Category 5 hurricane, Katrina ultimately made landfall in Louisiana and Mississippi at Category 4 strength. The storm caused approximately 1,200 deaths. Recovery efforts will probably cost more than \$80 billion—the highest cost of any hurricane in history.

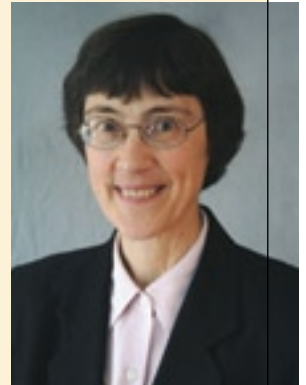
MICHAEL BEACH, MSN, RN, has worked in search-and-rescue disaster management for the past 16 years. Beach, responsible for the new trauma and emergency preparedness clinical emphasis within the School's Acute Care Nurse Practitioner Program, not only teaches disaster management concepts, but he also puts them to good use. In the wake of Hurricane Katrina, he traveled with search-and-rescue group U.S. Search and Rescue/Recovery, also known as U.S. SARR, to set up an advance distribution site for the Red Cross in Waveland, Miss. Beach's unit focused on the cleanup process as well as distributing food, ice, and water to small communities with large elderly and disabled populations. "The conditions were severe—hot, humid, the smell ripe from standing water," he says. Beach was inspired by the outpouring of residents who worked day and night to help their fellow neighbors. He remembers one woman in particular who immediately approached his unit upon arrival. She insisted on helping and swept debris all day long. When he asked where she lived, she pointed to a mattress on the sidewalk and said, "My dog and I live there." For Beach, the most difficult part was leaving. "It was an honor to serve," he says.

LAURA KLING, MSN, RN, also put her nursing skills to good use this October. Kling, a member of the Westmoreland County Red Cross, went north, not south, to help Katrina victims. Kling traveled to the Red Cross national call center in Niagara Falls, N.Y., serving as a staff health supervisor responsible for overseeing the health and safety of Red Cross personnel. In addition, she worked as a disaster health services call dispatcher, managing more than 200 calls from hurricane victims and families displaced from their homes, communities, and healthcare. In her role as a dispatcher, Kling heard heart-breaking stories from evacuees who were at the Superdome, diabetics who had not had insulin in more than a month, AIDS patients turned away at the emergency room, and families who had lost everything. "It took all of my nursing skills—active listening, asking questions, assessment, and knowledge," she says. "It was physically and emotionally demanding—and ultimately very rewarding."



Nightingale Award for Research Excellence

Judith A. Erlen, PhD, RN, FAAN, was honored by the Nightingale Awards of Pennsylvania for excellence in nursing research. Erlen is a tenured professor in the Department of Health Promotion and Development, doctoral program coordinator, associate director of the Center for Research in Chronic Disorders, and director of the "Technology: Research in Chronic and Critical Illness" (T32 NR008857) training grant.



Erlen's research focuses on her interests in patients with chronic disorders, medication adherence, quality of life, and ethics. Combining these multiple interests has led to her studies of medication adherence in patients infected with HIV and her work on medication-taking practices among community-dwelling patients with Alzheimer's disease.

Nursing research is the foundation of current nursing practice and the basis for future nursing practice. Nominees for this award are committed to excellence in nursing practice through research. Nurse researchers receive grants and publish findings that enhance nursing practice education and patient care in the academic and clinical practice settings.

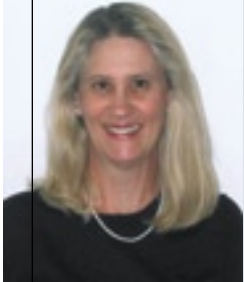
Nightingale Awards of Pennsylvania presents annual awards to exceptional nurses practicing in the commonwealth. The awards program gives state and national recognition to recipients in clinical practice LPN, clinical practice RN, clinical advanced practice RN, nursing administration, nursing research, and nursing education, along with a patient choice award.

The awards are based on the demonstration of excellence in several areas, including how each nurse significantly influences the quality of patient care, creates a collaborative environment for the practice of nursing, models caring and compassion, and contributes to healing and health in the community.

In addition, two University of Pittsburgh School of Nursing students received Nightingale Award scholarships. Kelly Winkelvoss, RN, a master's student in the Psychiatric Primary Care Nurse Practitioner Program, received a Nightingale Advanced Degree Scholarship. Joanna McKee, a BSN student, received a Nightingale Bachelor's Degree Scholarship. These exceptional students distinguished themselves by demonstrating deep levels of caring, compassion, community service, and academic achievement.

Nightingale Awards of Pennsylvania grants scholarships annually to Pennsylvania residents who are studying nursing at the basic or advanced level and intend to practice in the commonwealth. Recipients are chosen by a committee of nurses and consumers from all parts of the commonwealth. The awards are based on merit, involvement in community service, and leadership potential.

SCHOOL OF NURSING ALUMNA NAMED 2005 LEGACY LAUREATE



Captain Holly Ann Williams, PhD, MN, (BSN '76) was named a 2005 University of Pittsburgh Legacy Laureate.

Established in 2000, the Legacy Laureate program recognizes alumni for their personal and career achievements, while providing them with an opportunity to contribute to the success of today's students. Members of the group represent a broad array of disciplines, including business, medicine, journalism, law, government, sports, social services, education, and the arts.

Williams returned to the University of Pittsburgh to receive her award and met with School of Nursing undergraduate and graduate students to share her career experiences. She also joined an Emerging Leaders panel discussion with students from across the University, and participated in Pathway to Professions, a career networking event for Pitt alumni.

A commissioned officer in the U.S. Public Health Service, Williams is a nurse epidemiologist in the malaria epidemiology branch of the Division of Parasitic Diseases at the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta, Ga. She has conducted international health missions for the CDC, the U.S. Department of State, the U.S. Agency for International Development, the World Health Organization, Roll Back Malaria, the United Nations High Commissioner for Refugees, and foreign departments and ministries. Her work involves direct care, teaching, research, and collaboration in global health, with a focus on malaria control. Williams has had professional assignments in such countries as Tanzania, Mozambique, Kenya, and Zambia.

As the associate recruiter for the CDC, Williams provides guidance to nurses who desire to become commissioned officers. She serves on the editorial boards of nursing and anthropology peer-reviewed journals. She also teaches at Emory University in the schools of anthropology and nursing, and at the Uniformed Services University of the Health Sciences.

Williams also was honored in May by the School of Nursing Alumni Society as one of its 2005 Distinguished Alumni.

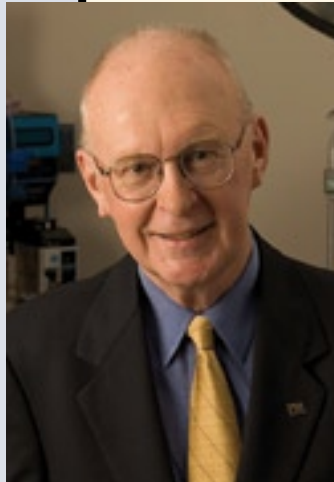
But Williams is not resting on her laurels! In October 2005, she completed the Marine Corps Marathon in five hours and 23 minutes, raising \$5,500 to support leukemia research. Williams maintained a rigorous training regimen for this event all through a busy schedule that had her serving from the tsunami recovery efforts in Southeast Asia, to Africa, to Hurricane Katrina recovery efforts on the Gulf Coast of the United States. As a result of her training, she managed to complete the race without injury. We congratulate Williams for finishing, for her dedication to training, and for her commitment to achieving so many challenging goals.



J. ROGER GLUNT NAMED 2006 DISTINGUISHED ALUMNI FELLOW

J. Roger Glunt was named a 2006 Distinguished Alumni Fellow by Chancellor Mark Nordenberg.

Established in 1993, the Distinguished Alumni Fellow Award honors University of Pittsburgh alumni who have achieved an outstanding level of professional achievement and service to the community.



A good friend of the School of Nursing, Glunt is chair of the School's Board of Visitors and chair of its Volunteer Advisory Committee for the University's capital campaign. His leadership has helped the School of Nursing raise 95 percent of its multimillion-dollar goal in record time. In recognition of his many contributions to the School, Glunt received the 2002 School of Nursing Honorary Alumnus Award.

As a tribute to his sister, Nancy Glunt Hoffman (BSN '63), who lost her battle with cancer in December 2001 at age 61, Glunt established the Nancy Glunt Hoffman Memorial Fund at the School of Nursing. Created with the vision of advancing the

practice of oncology nursing, the fund will be used to endow a chair that will position the University of Pittsburgh as a model for oncology nursing research and practice. In addition to a generous personal donation, Glunt has helped solicit gifts from oncology physicians, the Oncology Nursing Society, family members, acquaintances, and related corporations and foundations. To date, more than \$150,000 has been raised.

A member of the University of Pittsburgh Board of Trustees, Glunt served as president of the University of Pittsburgh Alumni Association from 1994–96. In recognition of his distinguished service and significant contributions to the University of Pittsburgh, Glunt has been honored by the Pitt Alumni Association as a Pitt volunteer of the year (2000) and as a director emeritus (2005). The Pitt Band named him an Alumnus of Distinction in 2003.

Glunt is also active in local, state, national, and international housing issues. A 1999 inductee into the National Housing Hall of Fame, he was recognized with the 2004 Hearthstone BUILDER Lifetime Public Service Award for his more than 30 years of service as an industry advocate and champion of local and national philanthropic causes. Glunt has served as president of the Builders Association of Metropolitan Pittsburgh, the Pennsylvania Builders Association, and the National Association of Home Builders; and as chair of the National Housing Endowment.

In addition, Glunt actively participates in philanthropic ventures and maintains a strong volunteer presence within his community. Glunt received the 2004 Robert L. Payton Award for Voluntary Service, presented on behalf of the Council for Advancement and Support of Education in recognition of extraordinary service and philanthropy.



Jason J. Dechant, MA, instructor course director in the Department of Health Promotion and Development, with Carol and Jack Grogan, Esq., executors of the Ellen Chaffee estate.

A DEFINING PHILANTHROPIST

Ask 10 people to define the word “philanthropist,” and you will likely get 10 different answers.

One might say a philanthropist is someone who provides financial support to a worthy cause or causes. If someone had an interest in etymology, she might tell you that the word comes from the Greek *philanthropia*, which means someone who loves people. Others might say that philanthropy is any expression of goodwill to humanity. Others might cite an active effort to promote human welfare. Philanthropy means all of this and more.

“I have been involved with philanthropic work for more than 15 years and have seen many wonderful examples of philanthropic people,” says Mary Rodgers Schubert, director of development. “But for me, the personification of philanthropy is Ellen Chaffee. Ellen Chaffee was a giver.” She gave freely of her time and talent to hundreds of students over a 37-year teaching career to ensure they had more than a functional understanding of anatomy, physiology, and pathophysiology. Chaffee provided educational assistance to thousands of nursing students who

used the book she co-authored, *Basic Physiology and Anatomy*. Her clinical instruction included developing and teaching courses in the principles and practices of operating room nursing, obstetrics, and medical-surgical nursing.

Chaffee used the royalties from her book to fund her philanthropic work. One of the first major contributors to the Ruth Perkins Kuehn Memorial Fund, Chaffee remembered Dean Kuehn as a special woman who helped her sharpen her writing skills and said she would always be grateful to Dean Kuehn for helping her improve to the point where she was able to get published. Chaffee and her friend Alice Pflaum established the Virginia G. Braley Student Emergency Endowment, named for another dear friend of theirs. Through a fund at the Pittsburgh Foundation, Chaffee established the Elizabeth L. and Wilbur J. Chaffee Memorial Undergraduate Scholar’s Award. This fund, named in honor of her parents, annually benefits a junior student at the School of Nursing. In 1993, the year before her death, Chaffee made a major gift to renovate the nursing skills lab. The blue awnings at the entrances to the School of Nursing are also examples of Chaffee’s generosity. Another special gift went to support the Dean’s Discretionary Fund. Chaffee supported other University activities such as the band, women’s sports, football, and the library. Chaffee also had a charitable gift annuity with the University.

Her last gift to the School of Nursing was in the form of a bequest. Chaffee left the School of Nursing a substantial portion of her estate. She did not specify how the gift should be used, but it was a clear choice for Dean Jacqueline Dunbar-Jacob to use the gift to renovate the anatomy and physiology lab and dedicate it in Chaffee’s honor. The lab is a beautiful and lasting tribute to this great friend and supporter of the School of Nursing. Nursing students for years to come will continue to benefit from Ellen Chaffee, philanthropist.

Anyone can be a philanthropist, no matter how much you are able to give. If you would like more information about ways you can support the School of Nursing, please contact Mary Rodgers Schubert at 412-624-7541 or mschuber@pitt.edu.

CAPITAL CAMPAIGN UPDATE

UNIVERSITY OF PITTSBURGH

As of November 30, 2005
\$850 Million
85 Percent of \$1 Billion Goal

SCHOOL OF NURSING

As of November 30, 2005
\$8.1 Million
95 Percent of \$8.5 Million Goal

CRYSTAL TEICHERT

Crystal Teichert, senior nursing student and president of Pitt’s Student Nurses’ Association of Pennsylvania (SNAP), received the Dr. Rena Lawrence Memorial Award at the SNAP convention in Harrisburg, Pa. This award is presented to a distinguished nursing student who demonstrates outstanding achievement and commitment to nursing excellence in the areas of academics, personal and professional growth, leadership, and citizenship.

LAUREN BROYLES AND ALISON COLBERT

Lauren Broyles, RN, and Alison Colbert, RN, doctoral students in nursing, published their paper, “Medication Practice and Feminist Thought: A Theoretical and Ethical Response to Adherence in HIV/AIDS,” in a special issue on infectious disease in the journal *Bioethics*. The paper was published with Judith A. Erlen, PhD, RN, FAAN, professor in the Department of Health Promotion and Development, doctoral program coordinator, and associate director of the Center for Research in Chronic Disorders.

MARGARET CRIGHTON

Margaret H. Crighton, PhD, RN, postdoctoral scholar in the Department of Acute and Tertiary Care, presented her work on gerontology in Hong Kong; Geneva, Switzerland; and Orlando, Fla.

Awards

Susan Albrecht, PhD, RN, FAAN, associate dean for student and alumni services, development, and public relations; and associate professor in the Department of Health and Community Systems, for her proposal "Advanced Education Nursing Traineeships" (7/1/05–6/30/06).

Catherine M. Bender, PhD, RN, assistant professor in the Department of Health and Community Systems; **Heidi S. Donovan, PhD, RN**, assistant professor in the Department of Acute and Tertiary Care; **Margaret Q. Rosenzweig, PhD, RN**, assistant professor in the Department of Acute and Tertiary Care; and **Paula Sherwood, PhD, RN, CNRN**, research assistant professor in the Department of Acute and Tertiary Care, for their Center for Research & Evaluation pilot feasibility study program "The Costs of Cancer Care" (7/1/05–6/30/06).

Lora Burke, PhD, MPH, RN, associate professor in the Department of Health and Community Systems, for her R01 proposal "Improving Self-Monitoring in Weight Loss with Technology" (9/15/05–6/30/10) and her study "Weight Cycling and Inflammation: Effect on Insulin Resistance and Atherosclerosis."

Denise Charron-Prochownik, PhD, RN, associate professor in the Department of Health Promotion and Development, for her proposal "Reproductive Health Intervention for Teen Girls with DM" (8/1/05–5/31/10).

Margaret Crighton, PhD, postdoctoral fellow, for her proposal "The Experience of Neutropenia for Elders Who Have Completed Treatment for Non-Hodgkins' Lymphoma" (7/1/05–6/30/07).

Annette De Vito Dabbs, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, for her K01 proposal "Promoting Self-Care After Lung Transplantation" (8/23/05–7/31/08) and her Center for Research & Evaluation pilot feasibility study program "Pocket Path: Using PCs to Promote After-Transplant Health" (7/1/05–6/30/06).

Heidi Donovan, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, for her R21 proposal "Internet-Based Cancer Symptom Management: WRITE Symptoms" (8/15/05–7/31/07).

Sandra Engberg, PhD, RN, CRNP, assistant professor and chair in the Department of Health Promotion and Development, for her proposal "Efficacy of Acupuncture in Treating Urinary Incontinence" (8/1/05–7/31/10).

Rebekah Hamilton, PhD, MSN, BSN, assistant professor in the Department of Health Promotion and Development, for her R03 proposal "Decision Making in Young Women at Risk for HBOC" and for her proposal "Living With Predictive Genetic Testing" (7/15/05–6/30/06).



Susan Albrecht



Lora Burke



Denise Charron-Prochownik



Heidi Donovan



Sandra Engberg



Kathryn Puskar



Gail Wolf

Kathryn Puskar, DrPH, MPH, MN, BSN, professor in the Department of Health and Community Systems, for her proposal "Medication Adherence in Young Adults with Schizophrenia and Bipolar Disorder Using Relational Agent Technology" (7/1/05–8/31/06).

Mi-Kyung Song, PhD, RN, assistant professor in the Department of Acute and Tertiary Care, for her Center for Research & Evaluation pilot feasibility study program "An Exploration of Illness Trajectory after the Onset of Chronic Lung Rejection" (7/1/05–6/30/06).

Transitions

Donna Caruthers, PhD, RN, moved from a staff position on Dr. Judy Erlen's grant in the Department of Health Promotion and Development to a postdoctoral associate position in the same department.

Sandra Founds, PhD, RN, joined the Department of Health Promotion and Development as a full-time assistant professor in the tenure stream.

Jennifer Iagnemma, MSN, RN, joined the Department of Health Promotion and Development as a part-time instructor.

Joseph Mattis, MSN, RN, moved from an adjunct instructor position to a faculty position in the Department of Acute and Tertiary Care. He has been appointed as a part-time instructor out of the tenure stream.

Thomas Miller, PhD, RN, moved from a research associate position to a full-time assistant professor position in the Department of Acute and Tertiary Care.

George Panzak, MS, RN, joined the Department of Health and Community Systems as a part-time instructor.

Nancy Savie, RN, BSN, joined the Department of Acute and Tertiary Care as a part-time instructor.

Melissa Taylor, PhD, RN, joined the Department of Health and Community Systems as a part-time assistant professor.

Gail Wolf, DNS, RN, former chief nursing officer of UPMC, has joined our faculty full time as the coordinator of the administration program. Wolf has been teaching in and coordinating the program as a part-time faculty member since last fall. With 23 years of experience as a nursing administrator, Wolf will be a strong asset to the School.



Baby Jo and "Godmother"
Jeanne Orr

It's a boy ... or a girl!

THE UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING PROUDLY ANNOUNCES THE ARRIVAL OF SIMBABY

Thanks to a generous gift from School of Nursing alumna Jeanne Orr (BSNEd '50, MA '61), Pitt has the first school of nursing in the United States to have a full-scale infant simulator. Named "Jo" in honor of Orr, the interactive mannequin features realistic anatomy and clinical functionality that enables highly realistic patient-simulation training experiences on a wide range of emergency medical interventions.

The School of Nursing is a leader in offering human simulation experiences to facilitate full-context learning within all programs. The simulation experience allows students to practice teamwork, leadership, and communication skills, preparing them for unusual cases they may face in real life but might never see on their clinical rotations. Simulation training gives students an opportunity to apply problem-based learning in an environment that is safe for both students and patients. Debriefing software provides immediate, detailed feedback on performance to learners.

In addition to SimBaby, more than 22 simulators, AV systems, and 14 simulation theaters are available for students both at the School's

simulation laboratory and at the nearby Peter M. Winter Institute for Simulation, Education, and Research (WISER). The simulation theaters at the School and WISER can be configured to resemble operating rooms, intensive care units, basic patient rooms, airway management training laboratories, ED trauma bays, ambulance/helicopter treatment areas, outdoor disaster scenes, or patient exam rooms. In addition, the skills lab at the School of Nursing is equipped with 15 skills mannequins and a variety of task trainers, including a pelvic exam simulator and a virtual IV insertion simulator.

As a nurse educator, Orr saw the value simulation training brought to nursing education and practice and wanted to do something to advance the simulation program at the School. Orr's generosity already supports students with two annual scholarship awards. Now, through her SimBaby gift, she is able to help hundreds more.

The School of Nursing is proud to welcome SimBaby to our growing SimFamily.



ANN MITCHELL

In November 2005, Ann Mitchell, PhD, RN, assistant professor in the Department of Health and Community Systems and assistant professor of psychiatry in the Department of Psychiatry in the School of Medicine, was elected president of the North American Consortium for Nursing and Allied Health for International Cooperation (NACNAH).

NACNAH's mission is to enhance the educational preparation of nursing students and allied health professions. By making available to academic programs the resources and opportunities central to an effective integration

into the curriculum of a strong international dimension, NACNAH hopes to foster the preparation of a cadre of professionals poised to partner with colleagues around the world to address the health needs of a diverse society.

Mitchell has served on the Board of Directors and as the cochair of the Program Planning Committee of NACNAH for the past 10 years. Now, as president, she will lead the development and utilization of evidence-based practice models in NACNAH's continuing efforts of educating students to become culturally competent.



YVETTE P. CONLEY

Yvette P. Conley, PhD, assistant professor in the Department of Health Promotion and Development, was invited to join the American Society of Human Genetics

(ASHG) Information and Education Committee. Peter H. Byers, MD, 2006 president of ASHG, offered Conley the three-year position in recognition of her role in educating healthcare providers.

Alumna committed to improving healthcare for Arizona's elderly



TWO-TIME SCHOOL OF NURSING ALUMNA

Linda R. Phillips, PhD, (MN '73, BSN '69) RN, FAAN, FGSA, has been called a pioneer for her work in the care of vulnerable elders and healthcare delivery systems for the frail elderly. When she completed her doctoral work at the University of Arizona (UA) in 1980, her dissertation led to an eight-year study funded through the National Institutes of Health and was among the first studies of elder abuse in the country.

Phillips is a tenured professor of nursing at UA and serves as codirector of its Arizona Center on Aging, a Center of Excellence at UA Colleges of Nursing and Public Health. Since 2002, when UA's College of Nursing was awarded a prestigious \$1.8 million, five-year grant by the U.S. Health Resources and Services Administration to establish the state's first Geriatric Education Center (AzGEC) based at the Arizona Center on Aging, Phillips has been its principal investigator.

"Establishment of the center marked a real milestone in Arizona's effort to promote the health of its older residents," says Phillips, who says she believes the statewide multidisciplinary focus of AzGEC to address the health and social issues facing the state's rapidly growing older population helped UA to receive grant funding. This approach is significant to offering a continuum of care to aging populations. (Environmental News Network reports

that Arizona's population is expected to increase between 25 percent and 40 percent by the year 2025, and more than one-fifth of the population will be older than 65.)

AzGEC partners include the UA Colleges of Nursing, Medicine, Pharmacy, and Public Health; UA College of Agriculture and Life Sciences; UA Interdisciplinary Program on Gerontological Studies; the Southern Arizona Veterans Administration Health Care System; Arizona State University's (ASU) School of Social Work; and ASU's Interdisciplinary Program on Gerontological Studies.

Goals of AzGEC include improving the training of health professionals in Arizona in geriatrics, developing and disseminating curricula relating to the treatment and prevention of health problems of the elderly, supporting the training and retraining of faculty to provide instruction in geriatrics, and supporting continuing education of health professionals who provide geriatric care in Arizona.

According to Phillips, the idea was to focus strongly on developing geriatric clinicians (health professions students) and faculty, and to set the continuing educational offerings within a framework that was appealing to those groups. Many of the traditional continuing medical education/continuing education activities have been retained, as well as

According to Phillips, the idea was to focus strongly on developing geriatric clinicians ... and faculty, and to set the continuing educational offerings within a framework that was appealing to those groups.

centering offerings within the existing graduate program in gerontology.

“Because of differences in educational models between physicians and other disciplines, I believe we wouldn’t have even considered this if a nurse hadn’t taken a leadership role in the design of the AzGEC,” Phillips says.

AzGEC offers an online, seven-credit-hour certificate designed to appeal to practicing health professionals and graduate students. These credits can be applied to a graduate degree in gerontology or to other disciplines.

As the AzGEC project passes midpoint, outcomes include three new three-credit courses for all health professionals, as well as three-credit disciplinary courses in public health, nursing, social work, medicine, and nutrition. The center has also sponsored a three-credit-hour overview course on aging and a three-credit-hour disciplinary course in pharmacy.

Phillips enthusiastically reports that more than 20 graduate students have earned 15-credit-hour certificates and more than 30 students have enrolled in the 15-hour certificate program.

“Our greatest accomplishment is that we’ve had no students stop with a seven-credit-hour certification. All have chosen to complete the 15-credit-hour certificate,” she says.

AzGEC also works to enhance education among Native Americans and Mexican Americans. Faculty from the

center conduct a monthly radio program on aging on the Hopi reservation, and programs on dementia are offered to those elders living at the Mexican-American border.

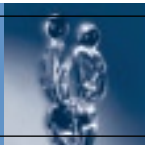
Phillips’ own research focuses on family caregiving for frail elders and the quality of care families provide within the context of turbulent or difficult family dynamics.

“My research has contributed to a better understanding about factors that influence the quality of care provided by families and the interpersonal factors in families that contribute to poor quality of care and elder abuse,” Phillips says.

According to Phillips, the goal of healthcare providers is to assist elders to live well with multiple chronic conditions through excellent medical management. However, that goal can’t be attained by focusing attention only on teaching elders more about their diseases and disease management. It’s much broader than that. Families and family caregivers also must be considered because they provide the bulk of the care for frail elders.

“I love this work,” Phillips says. “There are not enough hours in the day to do all of what needs to be done, but I believe we are raising awareness of the challenges and stimulating health professionals to think about these issues as they plan care with and for elders.”

“My research has contributed to a better understanding about factors that influence the quality of care provided by families.”



A Celebration of Nursing

Since 1999, the University of Pittsburgh School of Nursing has honored outstanding nurses in Pittsburgh and its surrounding areas at the Cameos of Caring Awards Gala. Nearly 1,200 guests filled the David L. Lawrence Convention Center on October 1, 2005, when 42 nurses were recognized as 2005 Cameos of Caring awardees.

The Cameos of Caring awardees represent nursing's finest and have unique experiences to share:

Alma Decker, RN, of LifeCare Hospital of Pittsburgh, owned and operated a beauty shop for 20 years and cultivated warm friendships with her clients. She says, "Watching many of them grow older and have to deal with illness ... I saw their independence and dignity slip away. I knew I helped in a small way just by listening to them express their frustrations, but I wanted to make a bigger difference in their lives. I decided to become a nurse."

Juliana Piazza, RN, of West Penn Allegheny Health System, Canonsburg General Hospital, spent a year in an office performing clerical work and decided it just wasn't for her. She went into nursing because she saw how satisfied and excited her sister was with her nursing career. Piazza says, "Twenty-eight years later, she and I both still work full time" as nurses.

Scott D. Smith, RN, of UPMC Northwest, is not your traditional nurse. He was a physical therapist and funeral director prior to becoming a registered nurse with UPMC Northwest/Visiting Nurse Association. Smith says, "I had always enjoyed helping people in my previous careers ... so the transition to nursing was a logical, gratifying choice."

Debra K. Zeak, RN, of West Penn Allegheny Health System, The Western Pennsylvania Hospital, knew from the time she was 5 she wanted to be a nurse. She would model her nurse's outfit and claims, "No one in the house escaped my thorough examination and 'pretend' shot."

The proceeds from the gala benefit the Cameos of Caring Endowed Nursing Scholarship, designed for RNs to earn an advanced degree: RN-BSN, RN-MSN, master's, or doctoral. This year, \$95,000 was raised for the scholarship fund, and 12 students—the largest field to date—received financial assistance.

The event continues to grow within the local area and across state lines. The Ohio State University, the University of Akron, and Wright State University have established their own Cameos of Caring programs. As more and more institutions, hospitals, and health systems join the Cameos of Caring family, its message is positively impacting the future of nursing.

IN 2005, FOUR PITT NURSING GRADUATES RECEIVED CAMEOS OF CARING AWARDS:



Mary Beth Kissler, BSN '91, CNRN
UPMC Presbyterian



Eugene J. Lewis, BSN '95, MSN '99, CRNP/ACNP-C
VA Pittsburgh Healthcare System, Heinz Division



Michael F. McSteen, BSN '91, MBA, CCRN
Children's Hospital of Pittsburgh of UPMC



Peggy Yarnall Nikolajski, RN, MSN '90, CRNP
UPMC St. Margaret



Judith Zedreck (BSN '79), vice president and CNO of West Penn Allegheny Health System, Allegheny General Hospital, presents a Cameos of Caring Award to Advanced Practice Awardee Ann Vioral.



U.S. Congressman Tim Murphy with 2005 Cameos of Caring Awards Gala Mistress of Ceremonies Marilyn Brooks, Dean Jacqueline Dunbar-Jacob, and Pennsylvania Senator Jay Costa Jr.

A SPECIAL THANK YOU TO OUR EVENT SPONSORS:

University of Pittsburgh Medical Center • Center for Organ Recovery and Education • Johnson & Johnson • Cerner Corporation • STAT Staffing

ALUMNI NEWS + NOTES

Nursing Alumni Society President's Message

Happy New Year! As I and the members of the Nursing Alumni Society Executive Board look ahead to a productive 2006, we are pleased with our efforts this past fall.

The executive board recruited a wonderful group of class representatives who have partnered with us to assist with alumni-related activities. We are energized by their enthusiasm and welcome this collaboration because it lets us hear the "student voice."

Nursing alumni were well represented in the alumni hospitality tent prior to the homecoming game on Saturday, October 22, 2005. Members of the executive board greeted returning alumni who stopped by the nursing table to say hello. This venue always offers great outreach opportunities. Our annual poinsettia sale was once again a success, and to help relieve stress brought on by fall term finals, the executive board provided "finals survival" snacks for students in December.

As the spring term begins, I will direct the board's energies toward fulfilling gold banner status within the Pitt Alumni Association; planning a fun-filled Alumni Day event on Saturday, May 20, 2006 (see Alumni Day 2006 registration form on page 40); and continuing efforts to create a historical space in the Victoria Building.

Remember, teamwork makes the dream work! I invite you to become involved by contacting the alumni office at 412-624-2404. By working together, we can accomplish all of our goals.

Dr. Joan P. Byers (MSN '87)
President

AFRICAN AMERICAN NURSING ALUMNI COMMITTEE

As a subcommittee of the Nursing Alumni Society Executive Board, our group continues to lend its support to accomplish nursing alumni goals that include providing scholarship assistance to the best and brightest students.

Donations to the scholarship fund can be made payable to "The University of Pittsburgh" and mailed to University of Pittsburgh, School of Nursing, 218 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261. Please write "AAEND" on the memo line of your check.

We are pleased a Class of 2005 alumna has recently joined us. Our mentorship efforts can only be enhanced if we offer students the experience older alumni can bring and also the connections our younger alumni can make.

Your involvement is welcomed. Please contact the alumni office at 412-624-2404 for more information. Together, we can make 2006 a banner year!

Luevonue Lincoln (PhD '82, MN '78)
Chair



PHONE-A-THON MAKES GREAT CONNECTIONS

The School of Nursing continues to reach out to alumni through personal phone contact—a great way to keep in touch and update our records. We're always interested in hearing about you and will be calling you soon!

1950S

Patricia Catanzaro Woodbury (BSN '58) practiced in Minnesota for 30 years, clinically and as an assistant professor in the School of Public Health at the University of Minnesota. After retiring from St. Paul Children's Hospital, where she worked as a pediatric nurse practitioner, she trained with the Arthritis Foundation to teach exercise programs for those afflicted with arthritis. Woodbury, now living in Florida, is a program coordinator with the Arthritis Foundation and develops exercise programs, recruits volunteers, fields patient referrals, and does presentations on arthritis within the community.

1970S

Constance M. Husman (MN '70) was named a 2005 Distinguished Alumnus by the University of Pittsburgh Graduate School of Public Health (GSPH). A 1974 GSPH graduate, Husman is an instructor and nurse practitioner in the pediatrics department of University of Maryland Medicine.

Dr. Susan A. Albrecht (BSN '75, MN '78) was recognized by the Pennsylvania State Nurses Association with its 2005 Distinguished Nurse Award. The award was formally presented at an awards dinner in Harrisburg, Pa., in September 2005.

Dr. Carol L. Caliendo (BSN '75) has been named dean of the College of Professional Studies at Carlow University. The College of Professional Studies awards undergraduate and graduate degrees to students in the Schools of Education, Management, and Nursing. In addition to teaching at Carlow, Caliendo is a certified registered nurse practitioner with a specialty in obstetrics and gynecology and has been a licensed midwife.

Deborah Tompsett Makin (BSN '76) earned a PhD in political science and is assistant chair of social and behavioral sciences at Riverside Community College in Norco, Calif.

Joyce M. Yasko (MEd '76, PhD '81) has been named vice president of clinical research at Roswell Park Cancer Institute in Buffalo, N.Y.

Dr. Diane Novotny Lancaster (BSN '79), program manager for nursing quality and nurse researcher at Brigham and Women's Hospital in Boston, Mass., was awarded a \$250,000 research grant from the Susan G. Komen Breast Cancer Foundation. The grant will fund a research project titled, "Factors That Influence Breast Cancer Risk Appraisal Among Elderly African American and Caucasian Women." Lancaster's goal is to produce a tool that can help clinicians and researchers assess a woman's perceived risk of developing breast cancer. As a co-investigator on a 2005 Cancer Education Project funded by the Oncology Nursing Society Foundation, Lancaster also is conducting a study that seeks to enhance knowledge about breast cancer risk and the benefits of screening among mobility-limited elders who underutilize mammography. She was the author of the paper "Coping with Appraised Breast Cancer Risk Among Women with Family Histories of Breast Cancer," which was recently published in *Research in Nursing and Health*.

1980S

Lynn Whitaker Baker (BSN '80) lives in State College, Pa., and is an operating room staff nurse.

Claudia Gehring Miewald (MSN '89) worked as a nurse educator at North Idaho College before her recent appointment as director of North Idaho Behavioral Health, a service of Kootenai Medical Center in Couer d'Alene, Idaho.

1990S

Tammy Jenkins Burkey (BSN '93) is a certified registered nurse anesthetist.

Kelly DeVoogd (BSN '94, MSN '98) graduated from the Philadelphia College of Osteopathic Medicine in June 2005, and is doing her residency in obstetrics/gynecology at the Western Pennsylvania Hospital.

Joan F. McCarthy (MSN '97), a nurse midwife at the Brockton (Mass.) Neighborhood Health Center, works with poor and underserved minority groups in the Brockton area.

Scott Rhoades (BSN '95), PHRN, EMS coordinator at Indiana Regional Medical Center, and graduate student in the Department of Nursing and Allied Health Professions at Indiana University of Pennsylvania, had an article titled "Space: A Nursing Frontier" published in the November 2005 issue of *Advance for Nurses*. Rhoades is president of the board of directors for the Space Nursing Society and subject matter adviser/consultant for NASA Medical Operations/Wyle Laboratories in Houston, Texas.

2000S

B. Alan Bernstein, MSN, (BSN '00) has been promoted to associate chief nurse/program leader at the VA Pittsburgh Healthcare System—HJH Progressive Care Center. In this role, he is responsible for the daily operations of more than 300 beds, including seven inpatient units.

Kelly Winkelvoss (BSN '03), a master's student at the School of Nursing, received a 2005 advanced practice program scholarship award from the Nightingale Awards of Pennsylvania at the annual gala in Harrisburg, Pa., in October 2005.

Bethany Francis (BSN '05), a staff nurse in oncology/medical surgical at Magee-Womens Hospital of UPMC, is an RN birth assistant at the Midwife Center in Pittsburgh.

Jennifer L. Hiles (BSN '05) works in Unit 10G, UPMC Presbyterian.

Jade Seaman (BSN '05) works in the cardiac surgical intensive care unit at Johns Hopkins in Baltimore, Md.

Christine Wingrove (BSN '05) works in Unit 11N, UPMC Presbyterian.

Applications for Ruth Perkins Kuehn Research Award due July 3

The **Ruth Perkins Kuehn Research Award**, established in honor of the School's founder and first dean, Dr. Ruth Perkins Kuehn, is presented to an alumnus or faculty member whose work demonstrates a clear clinical application and support for the practice of nursing. Funding priorities are based on the proposal's scientific merit, with consideration given to the investigator's ability to conduct the study. The project's potential for leading to further research, methodology/theory development, and its contribution to nursing knowledge or knowledge in other fields also are evaluated. **Deadline for 2006 submissions is 4 p.m. EST, Monday, July 3, 2006.** The award recipient will be announced at the School of Nursing's convocation event on September 11, 2006.

For application criteria and guidelines for the Ruth Perkins Kuehn Research Award, call the Center for Research & Evaluation at 412-624-4854 or check online at <http://cre.nursing.pitt.edu> after May 1.

NSA "PITT NURSING GEAR" SALE UNDERWAY

The **School of Nursing's Nursing Student Association (NSA)** is conducting its annual Pitt nursing gear sale. The sale offers a wide range of items from T-shirts to sweats. To check out the various styles and download an order form, please visit www.nursing.pitt.edu; click on "alumni and friends," "NSA," then "news and events." Orders can be placed until March 15, 2006. Please contact Samantha Deal at sjd14@pitt.edu if you have questions. Show your Pitt nurse pride and support the NSA!

In Memoriam

Lillian Mae Gill '52
March 12, 2005

Florence B. McChesney '52, '58
August 5, 2005

Margaret Godfrey Hurst '56, '82
November 2000

Constance Hoover Marshall '56
April 12, 2005

Hattie Harris Turk '56
September 8, 2005

Norma M. Rodgers '60, '64
October 30, 2005

Cheryl Manning-Stauffer '74
January 25, 2005

Geneva Brand Blankenhorn '79
July 13, 2003

If you wish to express condolences to a classmate's family, the alumni office will be pleased to forward your message. Contact Joan Nock at jno100@pitt.edu or at 412-624-2404. Mail can be directed to University of Pittsburgh, School of Nursing, Office of Advancement and External Relations, Attention: Joan Nock, 218 Victoria Building, Pittsburgh, PA 15261.

UPCOMING EVENTS

UNIVERSITY OF PITTSBURGH NURSING PROGRAM AT JOHNSTOWN 25TH ANNIVERSARY CELEBRATION

March 30, 2006

Living Learning Conference Center
Johnstown campus

Time to be announced

PINNING

April 28, 2006

Soldiers & Sailors Memorial Hall

7 p.m.

COMMENCEMENT

April 30, 2006

Petersen Events Center

1 p.m.

GRADUATE STUDENT DINNER

April 30, 2006

Pittsburgh Athletic Association

4 p.m.

ALUMNI DAY 2006: BUILDING NEW TRADITIONS

May 20, 2006

Victoria Building and The Twentieth Century Club

9:30 a.m.

CONVOCATION

September 11, 2006

Victoria Building

1 p.m.

CAMEOS OF CARING AWARDS GALA

September 30, 2006

David L. Lawrence Convention Center

6 p.m.

SAVE THE DATE! FIRST ANNUAL NANCY GLUNT HOFFMAN GOLF OUTING

Friday, July 21, 2006

Longue Vue Country Club
Verona, Pa.

Outing proceeds benefit the University of Pittsburgh School of Nursing's Oncology Chair Fund. For more information, contact Jennifer Fellows at 412-624-5328 or jmw100@pitt.edu.

SALUTE TO PITT NURSES SERVING IN THE MILITARY

The University of Pittsburgh School of Nursing salutes all of its graduates who are serving in the military at home or abroad. We are proud of you and your work.

THE UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING ALUMNI SOCIETY INVITES YOU TO

ALUMNI DAY 2006

on Saturday, May 20, 2006

AT THE SCHOOL OF NURSING AND THE TWENTIETH CENTURY CLUB, OAKLAND

“Building New Traditions”

SCHEDULE OF EVENTS

9:30 a.m.

- Registration/Welcome/Continental Breakfast
First-Floor Lobby, Victoria Building
- Class Reunion Meet and Greet/Photos
{ '46, '51, '56, '61, '66, '71, '76, '81, '86, '91, '96, '01 }
- Self-Guided School Tour

10:30 a.m.

“From Fever to Fame: A Psychiatric Evaluation of Florence Nightingale”

Katherine Wisner, MD, MS
Professor of Psychiatry

Noon

Luncheon at The Twentieth Century Club*
4201 Bigelow Boulevard

*Shuttle service available from Victoria Building

1 p.m.

Program at The Twentieth Century Club

Dr. Joan P. Byers (MSN '87)

President, Nursing Alumni Society

Jacqueline Dunbar-Jacob, PhD, RN, FAAN

Dean, School of Nursing

Recognition of Reunion Classes

2006 Distinguished and Honorary Alumni Awards

Nursing Alumni Student Scholarship Awards

PARKING

Soldiers & Sailors Parking Garage, parking fee = \$5 all day

*Shuttle service available to Victoria Building

HOTEL ACCOMMODATIONS

Holiday Inn Select—University Center

100 Lytton Avenue, Pittsburgh, PA 15213
Reservations: 412-682-6200

Room rate: \$105/night (available until April 28, 2006)

When making reservations, please state you are with the “University of Pittsburgh School of Nursing”

Wyndham Garden Hotel Pittsburgh—University Place

3454 Forbes Avenue, Pittsburgh, PA 15213
Reservations: 412-683-2040

Room rate: \$145/night (available until April 28, 2006)

REGISTRATION FORM—ALUMNI DAY 2006, SATURDAY, MAY 20, 2006

Please RSVP by May 15, 2006.

YES, I plan to attend Alumni Day.

NO, I cannot attend but wish to make class gift donation of \$_____.

Number attending _____ x \$50/person = \$_____

Please make checks payable to **University of Pittsburgh** and return with this form to the School of Nursing, Room 218, 3500 Victoria Street, Pittsburgh, PA 15261. Contact Joan Nock, associate director of alumni relations, at 412-624-2404 or jno100@pitt.edu for more information.

2006 CLASS GIFT PROGRAM

Classes marking reunions in 2006 may make donations in any amount in honor of their milestone celebrations. Please indicate your class year on your check's memo line when directing a check to the “University of Pittsburgh” for this program and include with your Alumni Day 2006 registration. Your generosity is most appreciated.

Please print or type.

Name: _____
(include name at graduation and class year)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Check here if new address or telephone number

Name(s) of guest(s): _____

Continuing Education

FOR MORE DETAILS ABOUT OUR UPCOMING PROGRAMS, PLEASE CALL 412-624-3156, E-MAIL CONTEDED@PITT.EDU, OR VIEW INFORMATION ONLINE AT WWW.PITT.EDU/~NURSING/CONTINUINGEDU/INDEX.HTML.



Legal and Ethical Aspects of Clinical Education in the Health Sciences

APRIL 7, 2006

First-Floor Lobby, Victoria Building

Emerging themes of legal and ethical parameters of clinical education in nursing and the health sciences are examined from the perspectives of the School of Nursing, the University, and the clinical agency. Specific relevance to clinical educators and staff nurses who work alongside student nurses will be explored.

Fast Track Back: Re-Entry into Practice

MAY–JUNE 2006

First-Floor Lobby, Victoria Building

This program is designed for the RN without recent clinical experience preparing for re-entry into nursing practice.

Youth Obesity Prevention: A Holistic Approach

MAY 5, 2006

First-Floor Lobby, Victoria Building

This conference presents the current evidence and best practices regarding childhood fitness and nutrition. The prevalence of childhood obesity is on the rise in Pennsylvania, particularly among minority and rural youth. Best practices to lower childhood obesity through nutrition, exercise, and culturally sensitive approaches must be shared among pediatric professionals. The workshop outcome is for attendees to incorporate evidence-based practice into their education and care of children and adolescents.

Horizons Annual Nursing Conference

MAY 19, 2006

First-Floor Lobby, Victoria Building

Please check our Web site for more information.

Health and Fitness Program

JUNE 9, 2006

First-Floor Lobby, Victoria Building

Save the date; please check our Web site for more information.

The Heart Truth Conference

JULY 14, 2006

Magee-Womens Hospital of UPMC

Save the date; please check our Web site for more information.

Anesthesia Update

JUNE 3, 2006

First-Floor Lobby, Victoria Building

Save the date; please check our Web site for more information.

Simulation Program

JULY 2006

First-Floor Lobby, Victoria Building

Please check our Web site for more information.

2006 Pharmacology Update

AUGUST 2006

First-Floor Lobby, Victoria Building

This annual event emphasizes a broad pharmacologic knowledge base necessary for evidence-based practice. The aim is to enable clinicians to offer interventions that represent best practice. Drug development and monitoring of safety from public and governmental perspectives are emphasized.

PITT NURSING ACCESSORIES

HAVE YOU GOT YOUR "PITT NURSING" BRACELET YET?

Join the many alumni, students, and friends of the School who are proudly showing off their Pitt nurse pride each time they wear this lovely bracelet, created exclusively for the Nursing Alumni Society. Made of sterling silver beads and Swarovski crystals, the bracelet features blue and khaki crystals. Each piece is handcrafted and strung on 49-strand stainless steel nylon-coated wire. Bracelets, available in 7-inch, 7½-inch, and 8-inch lengths, can be ordered in two styles: One features more crystal, while the other features more sterling silver beads. The bracelet comes with a nursing cap charm, and customers may choose between a lobster claw or toggle clasp. Bracelets sell for \$50 each.

When ordering, please make sure to specify length, style, and clasp. Use the order form provided or download an order form from the School of Nursing's Web site at www.nursing.pitt.edu; click on "Alumni & Friends." Any questions can be directed to the School of Nursing Alumni Office at 412-624-2404. Proceeds benefit student activities and scholarship.

QTY.	SIZE	STYLE	CLASP	PRICE	TOTAL
	Small — 7" Approx. wrist size 6"			\$50	
	Medium — 7½" Approx. wrist size 6½"			\$50	
	Large — 8" Approx. wrist size 7"			\$50	
SHIPPING/HANDLING					\$ 3
ORDER TOTAL					\$

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, Pittsburgh, PA 15261.**



"PITT NURSING" TOTE BAGS

A great way to carry just about anything, these navy blue canvas totes are durable, bear the School of Nursing seal, and are a real bargain at \$10!

I would like to order _____ tote bag(s) at \$10 each

Total enclosed: \$ _____

Name: _____

Address: _____

E-mail: _____

Please make checks payable to "University of Pittsburgh"

Mail or drop off your order to:

University of Pittsburgh, School of Nursing, Attention:
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!

Order forms also can be downloaded from the School of Nursing Web site at www.nursing.pitt.edu; then click on "Alumni & Friends."

SAVE THE DATE!

FIRST ANNUAL NANCY GLUNT HOFFMAN GOLF OUTING

FRIDAY, JULY 21, 2006

Longue Vue Country Club
Verona, Pa.

Outing proceeds benefit the University of Pittsburgh School of Nursing's Oncology Chair Fund. For more information, contact Jennifer Fellows at 412-624-5328 or jmw100@pitt.edu.



UPJ NURSING PROGRAM TO CELEBRATE 25 YEARS

The University of Pittsburgh at Johnstown nursing program will mark its 25th anniversary on Thursday, March 30, 2006, with an event in the Living/Learning Center on the Johnstown campus. More information will be available online at www.upj.pitt.edu.

Save the date!



Can you identify the year and the face?



IF SO, CONTACT JOAN NOCK AT 412-624-2404 OR JN0100@PITT.EDU. WE WILL PUBLISH YOUR ANSWER IN THE NEXT ISSUE OF *PITT NURSE*.

Want to share your memories with fellow alums? Just send us your favorite photo of yesteryear, and we'll run it in an upcoming issue. Submit your pics 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 SUMMER 2005 ISSUE

Calls and e-mails from alumni—Mary Alice Dillie Feathers ['46], Mildred Steele Herridge ['46], Audrey Somers Powell ['46], and Evelyn Ramming ['59]—helped identify the “Remember When” photo from our summer 2005 issue. The photo of Alice Ramming Lewis ['46] was taken at the 1946 Pinning Ceremony. Thank you to all who contacted the School!

**NURSING ALUMNI SOCIETY
EXECUTIVE COMMITTEE**

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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, 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, disability, or status as a disabled veteran or a veteran of the Vietnam era. 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 and complaint/grievance procedures, please contact the University of Pittsburgh, Office of Affirmative Action, William A. Savage, Assistant to the Chancellor and Director of Affirmative Action (and Title IX and 504, ADA Coordinator), 901 William Pitt Union, Pittsburgh, PA 15260; 412-648-7860. UMC 51791 106 14M

What's Happening?

Please send us information about your career advancements, papers presented, honors received, appointments, and further education. 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:

DEGREE AND YEAR 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:

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University of Pittsburgh
School of Nursing

Pitt Nurse

Joan F. Nock

Associate Director of Alumni Relations

218 Victoria Building

3500 Victoria Street

Pittsburgh, PA 15261

E-mail: jno100@pitt.edu

Student Support

The University of Pittsburgh School of Nursing offers a wide range of programs to address the changing demands of healthcare and advance the science and practice of nursing.

STUDENT SUPPORT:

- Support is available through teaching fellowships, graduate student researcher positions, and scholarships.
- Support is available for full-time study in the BSN to PhD program.
- Predoctoral and postdoctoral fellowships are available for “Technology: Research in Chronic and Critical Illness”—funded by the National Institute of Nursing Research (T32 0008857)

For more information, phone 1-888-747-0794 or visit our Web site at www.nursing.pitt.edu.

THE UNIVERSITY OF
PITTSBURGH SCHOOL OF
NURSING ALUMNI SOCIETY
INVITES YOU TO

Alumni Day 2006

“Building New Traditions”

on Saturday, May 20, 2006

AT THE SCHOOL OF NURSING AND
THE TWENTIETH CENTURY CLUB, OAKLAND

See registration form on page 40.



University of Pittsburgh

*School of Nursing
Room 218, 3500 Victoria Street
Pittsburgh, PA 15261*

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