Modern medicine and health care have undergone great transformation with the introduction of new technologies, drugs, devices, procedures, and tests that have revolutionized the way people live, the treatment of diseases, and the methods of health care delivery. Health care has been evolving at a breakneck pace since the 1940s. Antibiotics, vaccines, the identification of DNA, and organ transplantation became realities. Medical care, which had taken place in the home, shifted to hospitals and specialty care settings. Today, people have unprecedented access to health care in this country as well as to more effective surgeries, therapies, and artificial limbs and organs. Not surprisingly, nursing education and practice have advanced as well.

Since the School of Nursing was founded in 1939, the responsibilities of nurses have grown exponentially. Today, nurses are leaders in patient care, research, policy making, and system management. The school has spearheaded the preparation of nurses for these enhanced roles by offering academically and clinically rigorous programs at the graduate level: master’s (1940s), PhD (1950s), and DNP (2006). Pitt nursing faculty members bring to the classroom their own significant clinical experiences and knowledge based on state-of-the-art research. Students can take advantage of diverse practical learning opportunities at facilities ranging from a Level I trauma center to nonprofit community clinics in underserved neighborhoods. Alumni have taken the extensive skills and knowledge they acquired at Pitt into hospitals, clinics, health care systems, and government agencies around the world. The school was seventh in U.S. News & World Report’s 2011 ranking of the country’s best graduate nursing programs.
Linda Dudjak, PhD (above), doesn’t hesitate when asked to talk about what attracted her to nursing. “Probably at the heart of it was the opportunity to blend my intrigue with medicine and science with my passion for making a difference in people’s lives,” she says. One of the ways that Dudjak is clearly making a difference is by sharing her acknowledged expertise in health care leadership. She has been in her current position as an associate professor in the School of Nursing’s Department of Acute/Tertiary Care responsible for the MSN administration and leadership concentration since 2008 and the DNP administration concentration since May 2014. To that role, she brings a breadth of experience gleaned from opportunities as a clinical nurse specialist in radiation oncology; director of inpatient services at the University of Pittsburgh Cancer Institute; program administrator at UPMC Presbyterian; and chief nursing officer and vice president of patient care services for UPMC Horizon, a 12-hospital rural health system in Mercer County, Pa.

The opportunity to care for oncology patients has been a shaping force, personally as well as professionally. Her early experiences were in medical-surgical units in the days when oncology units were not prevalent in community hospitals. Even then, she recognized the chronic nature of a cancer diagnosis and saw that there was a huge opportunity for nurses to influence patients and families through teaching and compassionate care as well as through helping them to coordinate services and navigate the health care system. “I felt most rewarded when I cared for patients with that diagnosis,” she says. “Those patient experiences have taught me so much about life. They are the things that keep me grounded.”

One of the highlights of Dudjak’s career was in the late 1980s, when she was a member of the team that developed the University of Pittsburgh Cancer Institute, which brought together health care professionals from many different hospitals and organizations under a

continued
common umbrella and vision. “It was such a positive experience, because everyone who was part of that initiative was someone whose professional heart was invested in the care of patients with cancer and their families,” she says. “That was their identity.” The institute obtained National Cancer Institute designation as a Comprehensive Cancer Center in less than five years—something of a record.

When she began to work in formal nursing leadership roles, friends would ask Dudjak if she missed patient care. “I felt as though I still touched patient care through the people that I prepared and mentored as nurses and leaders themselves,” she says. “It allowed me to not just influence the care of the patients that I was assigned [to] on that shift but to potentially influence the care of patients in a whole department or organization.” Her positions in executive nursing and operational roles in both academic and community settings have allowed her to see the unique challenges and opportunities of working in a complex tertiary setting as well as the unique challenges that exist to influence practice and patient care in a small community setting.

For Dudjak, the opportunity to teach courses and advise students in administration is a perfect translation of her professional career. “In an academic environment, you are able to devote time to delving into the evidence; exploring the best, most innovative practices; sometimes discovering new knowledge; and being able to instill a curiosity for that cutting-edge knowledge in students in a classroom or clinical setting,” she says. “It has been an absolute joy to be able to make that connection between what I learned through day-to-day experience with what I now know as formal evidence and put those together to prepare future leaders. It’s the perfect job. I love it.”

WHERE DO OUR MSN STUDENTS COME FROM? MSN Students, 2009–14

More than 600 students have been admitted to the program over a five-year period.

19 percent of MSN students are male.

Students are from 29 different home states.

The average age at admission is 30.

Selected employers of MSN students at the time of admission:

- MedStar Georgetown University Hospital
- Emory University Hospital
- Brigham and Women’s Hospital
- New York-Presbyterian Hospital
- Vanderbilt University Medical Center
- Pennsylvania-based institutions, including Allegheny General Hospital, Conemaugh Memorial Medical Center, Excela Westmoreland Hospital, Penn State Milton S. Hershey Medical Center, and University of Pittsburgh Medical Center (UPMC)

MSN students have earned previous degrees from schools including:

- Arizona State University
- Baylor University
- Boston College
- Duke University
- Florida State University
- Johns Hopkins University
- Loyola University Chicago
- Ohio State University
- Oregon Health & Science University
- University of California, Los Angeles
- University of Michigan
- University of Pittsburgh
- University of Virginia
Nurse Specialty Roles
Nursing Administration

This curriculum prepares nurses to serve as managers at the department or director level through foundational courses on evidence-based practice, nursing outcomes, health promotion, technology, and organizational theory. Students then explore finance/economics, health policy, or leadership development. Graduates benefit from clinical residencies at a wide range of sites, including a world-class research and teaching institution.

“Our program is unique in that our faculty have all practiced at an executive nurse level. We really are experts in the field of health care leadership and are able to bring that to the classroom at the graduate level. I think that’s unique to Pitt’s program, and it’s a huge value because you really are able to relate to the problems and the questions that students bring and you’re able to offer them real-world solutions,” explains Linda Dudjak, PhD, associate professor and coordinator of the nursing administration area of concentration. Before teaching at Pitt, Dudjak was the vice president of patient care services for a health system in northwestern Pennsylvania. Another faculty member, Judith Zedreck, was the interim chief executive officer/chief operating officer as well as vice president and chief nursing officer for a multicampus 700-bed hospital who had both site and system responsibilities.

“Our program is unique in that our faculty have all practiced at an executive nurse level.”
Linda Dudjak

FULL CIRCLE

Five years ago, Judith Zedreck, DNP (right), was walking through a Nordstrom when a woman called her name. Though Zedreck hadn’t seen her in many years, she recognized her as Patty, the mother of a premature infant she had cared for back in her early days as a staff nurse in the neonatal intensive care unit at Magee-Womens Hospital of UPMC. And now here she was, telling her that her baby, who had been so tiny and fragile, was all grown up. “Elizabeth got married,” Patty told Zedreck, with the sound of a miracle in her voice.

And here’s the second-best part of that encounter: Patty opened up her wallet—not to show Zedreck a picture but to pull out one of the “Dear Mommy” notes that Zedreck had been in the practice of writing after an overnight shift to let the parents know how things in that touch-and-go world had gone. “She said that when Elizabeth got married, they talked about those notes and how much they meant to her,” Zedreck, now a professor in the Department of Acute/Tertiary Care remembers. “And you know, they were just nothing. I mean, it took me 30 seconds to write those notes. But that was a lifetime for that mother.”

Zedreck’s commitment to education is such that she actually completed her Doctor of Nursing Practice degree in 2013 while she was the interim chief executive officer/chief operating officer at Allegheny General Hospital. “I went back to school not because I didn’t have enough to do but because I really thought it was the best thing to do,” she says. “I wanted to be sure that I was in a structured learning environment so that I knew what the trends were and what were best practices—not only evidence-based practice in clinical settings but also in administrative settings.”

One of Zedreck’s earliest roles was as a clinical educator. After a career that took her to the highest levels of administration, she is thrilled to be back in the classroom. “The respect and the pride for nursing, for me, are just phenomenal. I love to be in that environment,” she says. “There’s no time you’re in the Victoria Building that you’re not proud to be a part of that. And it’s not just about teaching and training. It truly is about the profession and how we’re advancing it.”

PITT NURSE FALL 2014 5
Clinical Nurse Leader (CNL)

This relatively new role for nurses is dedicated to improving the quality of patient care, at both the individual and the aggregate levels, in the clinical setting. A CNL evaluates patient outcomes, assesses risk across groups of patients, develops or revises care plans, coordinates care across the continuum of health care services, and tests innovative care methods. Course work covers research for evidence-based practice, health promotion in diverse populations, diagnostic exams across the life span, education and mentoring in the clinical setting, and pathophysiology across the life span.

CNL program faculty members include Associate Professor and Coordinator Rosemary L. Hoffmann, PhD, a certified nurse leader. Hoffmann currently serves on the Commission on Nurse Certification Board of Commissioners and has won awards for her teaching and clinical scholarly work. Her recent research addresses teaching strategies in asynchronous learning and high-fidelity human simulation in addition to the barriers to outpatient care in community settings.

The role of the CNL was first introduced in 2003 in reaction to Institute of Medicine reports on quality and safety. As of August 2014, there are more than 3,000 individuals who have earned CNL certification.

Position: Associate professor, Department of Acute/Tertiary Care, and coordinator, clinical nurse leader program; and online programs

Class Act: The CNL role is a relatively new one. “With the health system rapidly changing and hospitalized patients being more complex,” Hoffmann says, “there needs to be a nurse who can be a liaison and deliver best practices among the bedside provider, the nursing administration, and the health care team.”

Investigations: Hoffmann, who is certified by the Commission on Nurse Certification as a clinical nurse leader, conducts research into teaching strategies. “I identify different types of teaching strategies to use in the classroom and online,” she says. “I try to incorporate what is working best with the students.”

Of Note: Hoffmann believes that the CNL program does a good job of teaching students to identify problems at the microsystem level (e.g., a hospital unit, rehab facility, long-term care facility, or community-based setting) and then implement strategies to improve outcomes based on the latest evidence. “[The clinical nurse leader] should be the nurse who the staff goes to for consultation,” Hoffmann says. “The staff nurse realistically does not have sufficient time to look at data and implement projects. The clinical nurse leader serves as their leader to get the interdisciplinary team together to discuss a complex patient. CNL students are educated in quality, safety, organization, and outcomes.”

Standouts: Hoffmann was a recipient of the provost’s Innovation in Teaching Award for helping to incorporate high-fidelity human-simulated technology into the undergraduate program. In 2007, she received the Distinguished Clinical Scholar Award to incorporate interprofessional health care education within the School of Nursing.
Nursing Informatics

This area of concentration combines principles of nursing science with those from cognitive, computer, and information sciences. It focuses on the development, analysis, and evaluation of information systems to enhance and manage patient care. Discipline-specific courses investigate informatics theories and issues, database management, information technology project management, clinical information systems, and technology evaluation and usability.

Faculty members for this area of concentration include Elizabeth LaRue, PhD, (below), who holds graduate degrees in library and information science. She has served as an information systems specialist at the Medical College of Georgia, as the assistant director for education and technology at Rush University, and as the head of reference and educational services at Columbia University’s Augustus C. Long Health Sciences Library. Also teaching in this areas is Christine Curran, PhD, who served as the chief nursing informatics officer at UMass Memorial Medical Center. She also held leadership positions in nursing informatics at the Ohio State University Medical Center and Columbia University. Her work explores informatics competencies and she is a codesigner of the information management framework developed by Staggers, Gassert & Curan in 2001.

ELIZABETH LARUE, PhD, MLS

Position: Assistant professor, Department of Health and Community Systems, and coordinator, nursing informatics concentration

Back Story: LaRue has a master’s in library science and a doctorate in library and information science from Pitt. She came to nursing informatics as a medical librarian after being asked to liaise with a nursing school that was transitioning to evidence-based practice. “Evidence-based practice has a whole lot of library science in it,” says LaRue. “I fell into informatics through that realm.”

Class Act: Nursing informatics is a relatively new field—an area that blends cognitive psychology, information science, and computer science with nursing. “It provides nurses with another way to offer care through analyzing systems and the data within the systems to deliver better care,” LaRue says.

Standouts: LaRue is not trained as a nurse but says that she believes that “students benefit from working with somebody who is not one of them. Multidisciplinary faculty teach the nursing informatics courses, thereby exposing students to different thought processes and different knowledge bases.”

Of Note: LaRue was awarded a highly competitive and prestigious Fulbright award for the 2014–15 academic year. She will be in Lilongwe, the capital city of Malawi, where she will be helping the Kamuzu College of Nursing at the University of Malawi to establish a master’s program in nursing informatics. LaRue was in Malawi for a few weeks last year to look at the way a software company was developing electronic health records and how the software was being used in the hospitals and clinics there. “It was being developed, but it really wasn’t being used,” she recalls. “I just saw computers sitting in corners that were all dusty.” She ended up going to the Kamuzu College of Nursing, speaking with some faculty members, and giving a couple of lectures to introduce them to the field of nursing informatics. On being awarded a Fulbright, LaRue says, “I’m still overwhelmed when I think about it.”
Neonatal Nurse Practitioner

This type of advanced practice nurse manages the care of high-risk infants and children (up to 2 years of age) as part of a team of neonatologists and other pediatric specialists. Working in NICUs and other high-risk settings, neonatal nurse practitioner (NNP)s coordinate care for those with chronic health problems going from hospital to home. They select and perform diagnostic and therapeutic procedures in the intensive care setting; therefore, students take courses in physical assessment and differential diagnosis as well as neonatal specialty courses focusing on development and diagnostic differences within this special population. Classes in evidence-based practice, research, and management of the sick neonate are included. Students have a diverse set of facilities in which to gain clinical experience. “The clinical experiences the students get at the NICU sites in Pittsburgh are unbelievable. They can go anywhere from here having had the exposure to any kind of scenario in a NICU,” explains Kathleen Godfrey, DNP, faculty member and certified neonatal nurse practitioner.

The faculty members for this area of concentration include Donna Nativio, PhD, considered to be one of the founders of the American nurse practitioner movement. Nativio has almost 30 years of clinical experience as a pediatric nurse practitioner and has served in leadership positions with the National Organization of Nurse Practitioner Faculties and American Association of Nurse Practitioners. Courses also are offered by Godfrey, who has a distinguished record of clinical experience as both a neonatal and pediatric nurse practitioner at leading regional hospitals, including Children’s Hospital of Pittsburgh of UPMC.

Position: Assistant professor, Department of Health Promotion and Development, and lead faculty member, neonatal nurse practitioner program

Back Story: As a new nurse, Godfrey had hoped to work in pediatrics, but there were no jobs open. So she took a position doing what seemed to be the next closest thing, which was working at Magee-Womens Hospital of UPMC in the newborn nursery. When she agreed to transfer to the neonatal intensive care unit (NICU), she says, “I didn’t know a lot about it. Initially I was thinking, ‘Well, at least it’s taking care of sick babies. That’s some pediatrics.’” In spite of the early misconception of what was involved, Godfrey has flourished in the NICU.

Class Act: Godfrey brings 30 years of neonatal nursing experience to her teaching role. “I am a clinician; I feel that’s my calling,” she says. “But I enjoy sharing my knowledge and expertise with the students. All sick newborns aren’t alike. Having seen so much over the years, I can bring my students the atypical scenarios in addition to the typical.” Not only that, but because she is so well integrated into preemie and sick baby care in Pittsburgh, Godfrey also is able to bring in top physicians, advanced practice nurses, pharmacists, nutritionists, and developmental specialists to teach. “The expertise we have in this city is amazing,” Godfrey says.

Best Practice: For her own DNP capstone project in 2011, Godfrey tested an occlusive wrap in which to place the tiniest premature babies the second they are delivered—even before drying them off. “The tiniest babies get cold very quickly,” she says. “Hypothermia can have terrible effects on babies, especially preemies.” Procedures, including resuscitation, can be done through this occlusive wrap, which is a little like being saran-wrapped from the neck down. Godfrey determined through her project that by the time the babies were admitted to the NICU from the delivery room, they had improved temperatures. “This led to a change in standard practice at Magee such that now all babies born at less than 29 weeks are placed in this wrap,” she says.
Position: Associate professor, Department of Health and Community Systems, and coordinator, certificate program in nursing research

Back Story: When Schlenk finished her PhD at the University of Michigan School of Nursing, she came to Pitt originally as a postdoc. Academic research had always been her goal. “Sometimes doors open and you have to decide if you are going to walk through them or not,” she says. “And I did—and it’s been really wonderful.”

Class Act: Schlenk teaches a core course called Research for Evidence-based Practice 2 to help graduate students to become consumers of research, be able to critically appraise it, and then be able to apply it appropriately to their practice. “Evidence-based practice is a thread throughout the whole curriculum, so from early on, students are learning about practice that’s based on evidence, not on opinion or intuition.” An online 17-credit certificate program in nursing research was approved last fall, and Schlenk teaches one of the courses in that program on coordinating clinical trials. (One of her students takes the course from faraway Palermo, Italy.)

Investigations: Issues of adherence to chronic disorder regimens have always interested Schlenk. “When I came to Pitt, I started to make connections with rheumatologists,” she says. “I’ve focused my attention lately on rheumatologic conditions, specifically osteoarthritis.” And because, she says, chronic disorders never travel alone, one study is examining adherence to physical activity regimens in patients with osteoarthritis and high blood pressure.

Of Note: As a mentor, Schlenk has a full slate, counseling students in research practicums and independent studies as well as chairing DNP capstone project and PhD dissertation committees. “It’s very rewarding,” she says, “to be preparing the next generation of advanced practice nurses and young investigators.”

Standouts: Schlenk is on the executive committee of the Association of Rheumatology Health Professionals, an interdisciplinary organization that advances knowledge and skills of health professionals in rheumatology through education, practice, research, and advocacy.

MEET OUR LEADING ALUMNI

Deans of Schools of Nursing:
Yale University
Margaret Grey, DrPH, FAAN
University of Illinois at Chicago
Terri Weaver, PhD, FAAN
Ohio State University
Bernadette Melnyk, PhD, FAAN
Oregon Health & Science University
Susan Bakewell-Sachs, PhD, FAAN
Case Western Reserve University
Mary Kerr, PhD, FAAN
Kent State University
Barbara Broome, PhD, FAAN
Robert Morris University
Valerie Howard, EdD
SUNY Delhi
Mary Pat Lewis, PhD

Military:
U.S. Army Surgeon General and Commander, U.S. Army Medical Command
Patricia Horoho, MSN

Hospital/Health Administration:
President and CEO, Allegheny General Hospital
Michael Harlovic, MSN
President and CEO, Nicholas H. Noyes Memorial Hospital
Amy Pollard, MSN
President and Founder (retired 2014), Angeles Home Health Care
Rita Doll, MA
CEO, Advanced Surgical Hospital
Anne Hast, DNP

Health System Administration:
Senior Vice President and Chief Nursing Officer, Excela Health
Helen Burns, PhD, FAAN
Vice President and Chief Nursing Officer, Bon Secours Health System
Andrea Mazzoccoli, PhD
Director, Learning and Innovation, Health First
Melanie Shatzer, DNP

Federal Government:
Assistant Deputy Undersecretary for Organizational Integration, Veterans Health Administration, U.S. Department of Veterans Affairs
Catherine Dischner, MSN

continued
Certified registered nurse anesthetists (CRNAs) are the providers of more than 34 million anesthetics each year in this country. These advanced practice nurses have successfully completed specialized graduate-level education and can administer anesthesia for all types of cases and in various settings. From preoperative assessment to discharge, the CRNA is a patient advocate and collaborator with other health care practitioners in providing cost-effective anesthesia.

Since the 1980s, the University of Pittsburgh School of Nursing has offered this well-regarded and very popular graduate program, which is accredited by the American Association of Nurse Anesthetists’ Council on Accreditation and ranked third in the nation in U.S. News & World Report’s 2011 ranking of the top graduate nursing programs in the country. The curriculum incorporates principles of anesthesia, developing an anesthesia management plan, administration of anesthetic agents and associated medications, and team training in patient safety.

In 2004, the American Association of Colleges of Nursing (AACN) endorsed moving the current level of preparation necessary for advanced nursing practice (for those in specialty nursing) from the master’s degree to the DNP or other doctoral-level degree by 2015; as of this printing, the school is in the process of this transition and offers the MSN-to-DNP option.

The nurse anesthesia program features several unique components, including an anesthesia crisis resource management course (the first offered in the country); a partnership with the Peter M. Winter Institute for Simulation, Education, and Research, the largest civilian simulation center in the country; a robust CRNA student mentoring partnership between the School of Nursing and the University of Pittsburgh Physicians (UPP); and a clinical rotation in Pitt’s School of Dental Medicine.

Michael Neft, DNP, CRNA, assistant director of and assistant professor in this specialization, notes that nurse anesthesia students get “their clinical practice in world-renowned hospitals. We have a wealth of experience with our affiliated hospital partners, so we can bring in subject matter experts to teach.”
HE’S THE (SIM)MAN

In the early 2000s, when medical equipment manufacturer Laerdal Medical had cutting-edge medical training products in the pipeline, John O'Donnell, DrPH, CRNA, professor and chair of the Department of Nurse Anesthesia and director of the nurse anesthesia program, struck a deal. He had a faculty development grant in simulation, and he wanted to use it to acquire a SimMan for training his students. SimMan is a computer-controlled mannequin. It is very life-like—it breathes, has a heart rhythm, bleeds, and talks, for starters. It was so early in production that Laerdal hadn’t even determined the final cost of SimMan. O’Donnell approached the company, saying, “Here’s the deal. I have this money, and if it costs less than this, then you’ve made a profit. And if it costs more … ” Laerdal agreed. “We received the very first simulator to come off the assembly line in the United States,” O’Donnell says. As to who got the better end of the deal, O’Donnell is keeping mum.

O’Donnell got involved with simulation on the ground floor back in 1994 in the early days of Pitt’s Peter M. Winter Institute for Simulation, Education, and Research (WISER). Now WISER’s director of research and associate director for nursing programs, O’Donnell is known internationally for his expertise in simulation educational methods and more specifically for his work in debriefing after simulation events.

For students in the nurse anesthesia program, this means that they get to train in one of the world’s preeminent simulation facilities. Before a beginning student walks into the simulation lab, he or she has already been prepped with 30 hours of classroom explanation. Then he or she spends about 40 hours in the simulation lab learning and practicing skills from how to intubate to how to check the anesthesia gas machine, read the miniature printout, and position a patient on the operating room table. All of these individual skills are mastered before a student is brought in for a simulated operating room experience.

“I’ve always been interested in safety. I’ve always been interested in education. And I’ve always been intrigued by the idea that if we could train somebody to do a dangerous task on a mannequin, it would be better than having them do that for the first time on a person. There wouldn’t be a risk of hurting them,” O’Donnell says. “So just from an ethical standpoint, I would say there’s a very strong argument for using this kind of training if we can get people to be better at their actual clinical jobs.”

O’Donnell has a pair of degrees from Pitt—his MSN in nurse anesthesia and his doctorate in public health in epidemiology. In fact, his is a Pitt family. His wife, Melinda, who manages the surgical clinics at the VA Pittsburgh Healthcare System, has her bachelor’s and master’s degrees from the School of Nursing. Daughter Maeve is working on her BSN, and one son, Conor, is taking premed courses. His other son, Liam, starts at the University of Pittsburgh at Greensburg this fall.

O’Donnell’s teaching has received attention both locally and nationally. He is especially proud of the Chancellor’s Distinguished Teaching Award he received in 2011. Also special to him are the 2006 national Program Director of the Year award from the American Association of Nurse Anesthetists and a 2010 University of Pittsburgh School of Nursing Cameos of Caring award. He’s also quick to point out that the school’s nurse anesthesia program is ranked third in the country by U.S. News & World Report. “I think we’re one of the top anesthesia programs in the country,” he says. “We produce nurse anesthetists who can work in any setting directly out of school with almost no orientation.”

And that’s something that can’t be simulated.

Congratulations to the nurse anesthesia program on being awarded departmental status in August 2014!
The Doctor of Nursing Practice (DNP) program offers the complex clinical skills and critical knowledge of evidence-based practice to empower nurses to positively impact health care delivery systems. This alternative to the research-focused PhD was recommended in the 2005 report *Advancing the Nation’s Health Needs*, in which the National Research Council of the National Academies called for nursing to develop a “non-research clinical doctorate to prepare expert practitioners who can also serve as clinical faculty.” DNP-prepared advanced practice nurses are amply qualified for leadership roles in direct patient care, systems-focused care and administration, and clinical education. Thus, it is no wonder that Pitt DNP graduates have achieved the highest clinical and administrative positions.

The PhD program in nursing was founded in 1954. This rigorous doctoral program has gained an international reputation for its preparation of graduates and pioneering research. To meet the National Research Council’s call for a nonresearch clinical doctorate, the school began offering the DNP program in 2006. The program enables graduates to evaluate research results and to use that evidence in clinical decision making, implementation of clinical innovations, and improvement of patient care on both the micro and macro levels. Course work examines advanced evidence-based practice, organizational and systems management, clinical research and analytical methods, informatics and patient care technology, and health care policy and finance. Students are admitted to areas of concentration including various nurse practitioner specialties, clinical nurse specialists, administration, or nurse anesthesia. All DNP students must successfully complete a capstone project, which showcases the synthesis and application of knowledge gained throughout the program.

The school has crafted both BSN- and MSN-to-DNP programs to benefit those with differing educational backgrounds. Post-master’s DNP courses are offered via Pitt Online, the University of Pittsburgh’s accessible platform for distance learning, which has been honored by the Blackboard Catalyst Awards program for four years in a row.

Pictured here are faculty members who teach core courses in the DNP program: Heidi Donovan, PhD; Janice Dorman, PhD; and Sheila Alexander, PhD. Their courses cover health promotion in diverse populations, genetics and molecular therapeutics, and pathophysiology.
TRAILBLAZER

Donna G. Nativio, PhD, FAAN, FAANP, was sitting in the library at the University of Pittsburgh Graduate School of Public Health, where she was a masters student in the 1960s, when she read a small article in a journal. It was about a program in Denver, Colo., that was training nurses as practitioners who could provide services in rural Colorado to populations that didn’t have access to health care. Nativio already had her nursing degree. “I thought, ‘I think that’s for me. That’s what I want to do,’” she recalls. “I guess if I had an ‘aha’ moment, that was it.” Nativio finished her master’s, completed a residency in public health, and then went off to Denver to find out how that program was preparing what would come to be called nurse practitioners.

Back in Pittsburgh, she took a position with the Allegheny County Health Department overseeing the pediatrics portion of a federally funded maternal infant care program. There, she developed a demonstration project that included a curriculum to prepare experienced public health nurses at well-baby clinics to carry out physical exams and make decisions about immunizations.

Nativio, now associate professor and vice chair for administration in the Department of Health Promotion and Development at the Pitt School of Nursing, went on to become a driving force for the introduction of nurse practitioners in the state in the 1970s. In fact, when she looks at the law in Pennsylvania today that addresses the credentialing of nurse practitioners, she can still see some of the words that she contributed. “I was able to be involved in how Pennsylvania decided to credential,” she remembers. “I submitted terminology that I thought would serve us best in that law. The law has changed several times since, but I can still see some of what I wrote back then.”

She was a powerhouse then and is still one today—a huge presence at the School of Nursing as director of the Doctor of Nursing Practice (DNP) program as well as director of family, adult-gerontology primary care, pediatric, and neonatal nurse practitioner areas of concentration.

“We were one of the universities that introduced the DNP program early, thanks to our current dean,” Nativio says. “I lived through no credentialing being required and the master’s not being required for [becoming a] nurse practitioner. If history repeats itself in terms of regulation and legislation, I think the DNP will become a required degree,” she says.

This is a wonderful time to be a nurse practitioner, Nativio believes. “In all the years I’ve been doing this, this may be one of the very best times because of the federal health care law that has said that nurse practitioners are included as primary care providers. There’s lots of data that show it can be done,” she says. “There are lots of jobs as more and more people who weren’t insured become insured. Almost anything you pick up that talks about workforce talks about an increase in demand for nurse practitioners. And often they will couch it in terms of taking care of the physician shortage. But I don’t think that’s the only reason. Nurse practitioners are good at what they do, and I think some people prefer the nurse practitioner.”

Nativio, who has many awards and distinctions to her name, was selected as a 2014 fellow of the American Academy of Nurse Practitioners.

“There are lots of jobs as more and more people who weren’t insured become insured. Almost anything you pick up that talks about workforce talks about an increase in demand for nurse practitioners.”

Donna G. Nativio
DNP AREAS OF CONCENTRATION
(AS OF PUBLICATION):
Clinical Nurse Specialist
(Adult Gerontology)
Nurse Administration
Nurse Practitioner [Adult
Gerontology Acute Care, Adult
Gerontology Primary Care, Family
(Individual Across the Life Span),
Neonatal, Pediatric Primary Care,
Psychiatric Mental Health]

Adult Gerontology

This concentration—offered as part of both the clinical nurse specialist (CNS) and nurse practitioner options—equips graduates to develop and manage care programs for patient populations, to foster change in nursing practice, to lead multidisciplinary groups in implementing innovative projects, and to initiate research projects to test new practices. Students may choose to focus their clinical experiences on cardio-pulmonary care, critical care, primary care, oncology, or trauma and emergency preparedness.

MARGARET ROSENZWEIG, PhD, CRNP-C, AOCNP

Position: Associate professor,
Department of Acute/Tertiary Care
Specialty: Oncology

Back Story: As a student, Rosenzweig thought she would be a staff nurse, perhaps specializing in psychiatric nursing, when she finished her undergraduate nursing program. That all changed in her senior year, when she cared for a patient with cancer at the end of life. “It was instant that I knew these were the patients I wanted to work with,” she remembers. “I was interested in cancer, chemotherapy, the whole process of living with cancer, what it did to the family—all of that was very intriguing to me.”

Class Act: Rosenzweig developed the curriculum for the oncology focus in the acute care nurse practitioner program. Because she also is in clinical practice as a nurse practitioner for women with breast cancer, Rosenzweig can bring case studies in to supplement textbook teaching. “In order for students to learn the material, it needs to be presented in a very clear algorithm,” she says. “But it adds a great deal of validity to what you’re saying when you can talk about what you see in practice.”

Investigations: While racial disparities in cancer screening and prevention have attracted earlier attention, Rosenzweig focuses her NIH-funded research efforts on racial disparity in cancer treatment. “It’s about what happens when Black patients come to the cancer care world and what the difference is between the experience of a Black patient and a White patient,” she says. “I do a lot of general cancer lectures in the school across the master’s and undergraduate [programs]. I always feel that I want to be an advocate for being sensitive to cultural needs.”

Of Note: Rosenzweig has been selected as a 2014 fellow of the prestigious American Academy of Nursing, where she joins thought leaders in nursing and health care.
Administration

Nurses are taking on more responsibilities and more challenging roles in the administration of health care facilities and systems. As members of an executive team, nursing leaders (such as chief nursing officers) are involved at the highest levels of management and governance, helping to identify and implement strategic directions for patient care as well as nursing staff members and their role within the facility and/or system.

At Pitt, this concentration involves extensive course work on evidence-based practice and research, nursing outcomes, organizational theory and health policy, leadership, and clinical systems analysis and design. Students participate in a unique clinical residency with a senior-level mentor and complete a capstone project.

In this specialization, students have an amazing opportunity to study with faculty members who have real-world experience in managing and leading health care entities and organizations. As she does in the MSN program, Linda Dudjak brings her executive nursing and operational expertise to the classroom, sharing her experience as her career path went from a clinical nurse specialist to the chief nursing officer and vice president of a rural health care system. Judith Zedreck bases her teaching on her distinguished career as a lead administrator (including interim CEO and COO) for the West Penn Allegheny Health System, where she was responsible for budgets exceeding $90 million and multiple facilities. Other faculty members have risen to leadership positions in hospitals and health care systems across the country.

Psychiatric Mental Health

Graduates of this concentration (offered within the CNS and nurse practitioner foci) function as principal care providers for psychiatric clients in a variety of settings, treating them both episodically and chronically. The curriculum enables graduates to effectively manage common and complex medical and psychobiological problems for psychiatric clients across the life span. Emphasis is placed on psychobiological diagnosis and treatment, including therapies for clients and their families that promote mental health and prevent mental disorders. Students gain the skills to design programs of care delivery that are effective and that will significantly impact health care outcomes.

Students in this concentration are directed by with Heeyoung Lee, PhD, assistant professor and coordinator of the psychiatric primary care nurse practitioner program. Lee, who is a certified adult psychiatric mental health nurse practitioner and a certified registered nurse practitioner in adult psychiatric mental health, is a prolific researcher looking into mental health outcomes including psychiatric symptoms, psychosocial functioning, and the functioning of families with adolescents diagnosed with schizophrenia.

**HEEYOUNG LEE, PhD, APRN-BC**

**Position:** Assistant professor, Department of Health and Community Systems, and coordinator, psychiatric mental health nurse practitioner program area of concentration

**Back Story:** Lee earned her BSN and MS in psychiatric nursing at Hanyang University in Seoul, South Korea. She received her PhD in psychiatric nursing from the University of Washington.

**Class Act:** The University of Pittsburgh School of Nursing stands out in the way it prepares psychiatric nursing students to identify medical conditions that may masquerade as a psychiatric condition, Lee believes. “Before we think about a diagnosis, we have to think first if there’s a medical condition there,” she says. “There are conditions that may actually mimic psychiatric symptoms.” Colleagues from other programs often comment, Lee says, on how good the students in her program are at using the evidence.

**Of Note:** In 2012, Lee was a Robert Wood Johnson Foundation Nurse Faculty scholar semifinalist.
SANDRA FOUND, PhD, CNM, FNP

**Position:** Associate professor, Department of Health Promotion and Development

**Specialty:** Women’s health and pregnancy

**Back Story:** In the mid-1980s, after earning her BSN, Founds went on to become certified as a nurse-midwife and a family nurse practitioner. “I wanted to take care of the pregnant woman in the context of her family,” Founds says, “although most advanced practice nursing positions tend to be one or the other.”

**Class Act:** Founds teaches women’s health as well as the adult, acute and chronic clinical and role practicum courses in the Doctor of Nursing Practice program. She also is in clinical practice at a student health service and at Magee-Womens Hospital of UPMC OB-GYN outpatient clinics. “Students appreciate when I discuss cases from my clinical practice to give concrete scenarios that illustrate or exemplify the theoretical content,” Founds says.

**Investigations:** Founds’ research focus is on genetics and the pregnancy disorder preeclampsia, particularly basic molecular genetic research in the placenta. “Preeclampsia has implications for lifelong cardiovascular health risk factors for women,” Founds says. Recently, she was awarded a highly competitive NIH R03 grant for a pilot project to localize preeclampsia candidate genes in first-trimester placentas.

**Of Note:** Founds says that clinical sites appreciate the quality of Pitt students due to their preparation: “They’re getting the theory, and then they’re in practice situations where they’re getting to apply it. I think we’re doing that really well. I personally like the way the clinical experience is constructed in the series of three clinical practice levels.”

**Standouts:** Founds’ honors include the 2012 International Society of Nurses in Genetics Founders Award in research.

Family Nurse
(INDIVIDUAL ACROSS THE LIFE SPAN)

This program prepares a nurse practitioner to be the principal provider of primary health care for patients of all ages. Graduates have the skills to identify health risks, promote wellness, diagnose and manage acute and chronic illnesses, and harness community resources to benefit the patient and family.

Course work within this concentration delves into adolescent health theory, family theory for nurse practitioners, diagnosis and management of psychiatric conditions in primary care, genetics and molecular therapeutics, and clinical diagnostics.

Students can truly learn from Catherine Grant, DNP (right), who is an assistant professor in the Department of Health Promotion and Development and a nurse practitioner at/owner of the first nurse-owned and -managed health center in Western Pennsylvania. At her clinic, Grant treats patients from infants to the elderly, providing everything from wellness visits to physical exams to treatment of episodic and chronic health problems.
There are opportunities to specialize in the neonatal (high-risk infants from birth to 2 years of age) and pediatric (birth through adolescence) areas in the School of Nursing DNP Program. Neonatal nurse practitioners manage the care of high-risk infants in clinical settings, including intensive care and newborn nurseries as well as high-risk follow-up clinics. The pediatric primary care nurse practitioner provides primary, health promotion, maintenance, and prevention services to children as well as diagnoses and manages care for acutely or chronically ill children and adolescents in primary care or subspecialty settings. Course work covers the theoretical underpinnings and clinical aspects of well-child care, pediatric health problems, adolescent health, sick neonatal care, and neonatal disease process.

The school’s faculty members bring to the classroom the benefits of their expertise and amazing experience in these two critical areas. Brenda Cassidy, DNP, CPNP-PC, assistant professor and lead instructor for the pediatric nurse practitioner program, is a pediatric CRNP for a large urban pediatric practice, where she specializes in comprehensive adolescent health care and gynecological care of teens, as well as at a regional children’s facility. Kathleen Godfrey, DNP, NNP-BC, CPNP, assistant professor and lead faculty member for the neonatal nurse practitioner program, has served as a nurse practitioner for the past 30 years, primarily as a neonatal nurse practitioner in a NICU at Magee-Womens Hospital of UPMC. Cynthia Danford, PhD, PNP-BC, CPNP-PC, teaches in the pediatric nurse practitioner program while maintaining an active research program that seeks to promote children’s health in vulnerable populations through family-focused interventions that address eating and activity behaviors. She was recently honored with the American Nurses Foundation’s Virginia S. Cleland Scholar Grant for her research with preschool children.

“The clinical experiences that students get in the NICU sites in Pittsburgh are amazing. Our DNP graduates are some of the best-prepared neonatal nurse practitioners in the country having had this exposure.”

Kathleen Godfrey