

Pitt | nurse

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**The Nurse
Practitioner
Will See You Now**

We can make a difference

This past summer and fall have presented critical times at the local, state, and national level. We've seen nearly unprecedented numbers of disasters and crises across the country and had introspective moments where we as a university and a school have been called to look inward—while driving pressure outward—to ensure our thriving survival as institutions. I'm sure that many of us over the past few months have wondered, simply, "What next? What can I do to make things better now?"



“As nurses, it's time to stand together and to continue to do what is right for our patients and our communities.”

What remains clear throughout this tumultuous time is that nurses step up and strive to do what is right not only for the patient but also for their community. We've seen nurses from the University of Pittsburgh and elsewhere give of their time for disaster response, in community and charitable work, and in advocating for both patients and the profession. Nurses are key to driving change, and 2017 has shown that in very clear and oftentimes very personal ways.

We're now facing one of those critical times in Pennsylvania as the house and the senate consider passing legislation that would dramatically affect nurse practitioners across the state. This pending legislation, now sitting in committee, would remove the regulation requiring nurse practitioners to have a mandated agreement—often with financial obligations involved—with physicians. The current regulation is an overly burdensome restriction on nurse practitioners and a restriction that often has negative effects on patient care and delivery. This is the time to engage with our legislators and make it clear that we need to support legislation that makes sense and does not create undue barriers to providing excellent patient care.

As nurses, it's time to stand together and to continue to do what is right for our patients and our communities. As Pitt nurses in particular, we practice and educate with the desire to move nursing science and practice forward. The University of Pittsburgh School of Nursing was founded upon the desire to shape nursing leadership and practice. That is just as true in 2018 as it was in 1939. We continue to innovate and to serve as advocates. The strength you have as a Pitt Nurse remains so especially vital in challenging times, and we all can make a difference by working together.

In this issue of *Pitt Nurse*, we explore the importance of giving nurse practitioners full practice authority and what that means for patients, providers, and the community. We take a data-driven and analytic approach to evaluating what full practice authority would truly mean and how it is the right thing to do not only for providers but also for patients across Pennsylvania and across the United States. Catherine Grant, a member of our faculty who also has a private practice in a clinic setting, shares her experiences as a nurse practitioner in the community and the barriers she encounters due to overly restrictive laws. Barbara Barnes, a physician and educator, also weighs in on what full practice authority means from the physician's viewpoint and how nurses and physicians can work together to improve patient care without one or the other being overly encumbered.

On behalf of the University of Pittsburgh School of Nursing, I invite you to read this issue and gain a deeper understanding of what full practice authority means not only for our colleagues who are nurse practitioners but for all of us in this time of dynamic changes and experiences in both delivering health care and receiving it.

Jacqueline Dunbar-Jacob, PhD, RN, FAAN
Dean and Distinguished Service Professor of Nursing
University of Pittsburgh School of Nursing

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Pitt Nursing Team Wins Funding

Assistant professor Lucille Sowko and professor Laura Fennimore, of the School of Nursing Department of Acute/Tertiary Care and Dawn Drahnak, assistant professor in the University of Pittsburgh at Johnstown baccalaureate nursing program, were recognized by the University of Pittsburgh’s 2017 Innovation in Education Awards Program.



Winning projects across the University are selected for funding each year by the Office of the Provost’s Advisory Council on Instructional Excellence.

TWICE: Teaching Workplace Interprofessional Communication Effectively—Innovative Strategies to Improve Communication in the Workplace was designed to develop teaching strategies that could improve senior nursing students’ communications skills and their efficacy in addressing difficult conversations in the workplace. The program uses instructional videos, peer-to-peer communication scenarios, and faculty evaluations of student communications skills. It’s expected that the project will enhance graduate nurse clinical performance and have both immediate and long-term impacts on patient safety.



BSN Program Opens at Pitt–Greensburg

A traditional Bachelor of Science in Nursing degree program is now available at the University of Pittsburgh at Greensburg. This is the second regional campus to begin offering programming under the auspices of the School of Nursing. The first program was started at the University of Pittsburgh at Johnstown in 2009.

Students will do their clinical placements at Excelsior Health facilities in Westmoreland County and will travel to Children’s Hospital of Pittsburgh of UPMC for their pediatric placements. Seventeen students are enrolled in the first class. Enrollment is expected to increase to 40 students per academic year

Marie Fioravanti, DNP, serves as the director of the nursing program at Pitt–Greensburg.



Distinguished Teaching Awards Announced

Professor Janice Dorman (tenure track) and assistant professor Becky Faett (nontenure track) received the 2017 University of Pittsburgh School of Nursing Dean’s Distinguished Teaching Awards.



The Dean’s Distinguished Teaching Awards are bestowed upon faculty members who best represent the school’s commitment to excellence in teaching. Dorman and Faett were chosen for their use of effective teaching assignments, their time and effort in preparing their classes, and their creative talents in facilitating the growth of our students.

Students described Dorman as continually looking for new ways to enhance her course content and delivery based on science and changes. They called her one of the most insightful professors in the School of Nursing.



Students called Faett “one of the most dedicated nurses” they had worked with and someone who was invested in their professional development. Students described her as a role model who emulates the qualities they aspire to have as a Pitt nurse.



Helping Pitt Stay Flu-free

Fall brings the annual push for flu vaccination, and Pitt Nursing students were thrilled to help out again with clinics across campus.

Don't forget: Getting the flu vaccine each year is one of the best ways to keep from getting the flu, and to help protect your patients and those around you. Check with your employer or local pharmacy to see when their flu clinics are, or make an appointment with your primary care physician.



Pitt Nursing in Nicaragua

Assistant professor Mark Cantrell led a group of students from the study abroad program to Nicaragua. In addition to rich cultural experiences and interactions, students participated in community health work and had the opportunity to visit rural and community health centers, the Polytechnic University of Nicaragua, the Nicaraguan Ministry of Health, and the Nicaraguan World Health Organization office.





LETTING THE NURSE PRACTITIONERS DO THEIR JOB

MAKING CHANGES TO IMPROVE CARE



“The doctor is in” is a well-worn cliché. In reality, the care provider you see in that exam room may instead be a nurse practitioner. The odds also are good that the nurse practitioner is more likely to spend more time with you than a physician, and you also will experience good outcomes.

These providers aren't just a supplement to address physician shortages or access issues in rural communities. Yes, that may be the case—and it certainly strengthens the appeal of enhancing the scope of practice and giving nurse practitioners full authority without physician oversight—but that isn't the limit of the reality. Instead, these providers carry their own skill sets and their own way of approaching and enhancing patient care.

The number of nurse practitioners in some areas of practice is expected to almost double to reach nearly 250,000 by 2025, according to researchers at the RAND Corporation. These skilled providers—all of whom have master's degrees and many of whom have doctorates—treat patients after going through extensive clinical training and education. They must then pass a state licensing exam and a national certification exam before they can practice. The state Board of Nursing specifies the scope of practice for nurse practitioners, which governs their practice. In 22 states and the District of Columbia, nurse practitioners practice independently. Despite this, Pennsylvania requires that nurse practitioners practice under a collaborative agreement with a physician.

The result is that even though nurse practitioners are a strong way to increase access, especially in rural communities, and to strengthen both patient satisfaction and outcomes, their hands are tied by legislation.

BRIDGING THE GAP—AND MORE

The research is clear: Regional, state, and national organizations agree that if you want to

improve access and patient outcomes, you need to allow nurse practitioners to provide care to their full capacity—without harnessing them with a requirement to have physician oversight. This full practice authority would allow nurse practitioners to provide care in areas (such as rural regions) that may lack physicians.

Why is this important? Earlier access to care means delivering the right care to the right patient at the right time—without avoidable barriers or delays. This improves patient satisfaction and quality outcomes, all without incurring extra cost and/or extra hardship for the patient. Patients are able to get what they need sooner and closer to home. An extra barrier is added to care delivery to patients who live in states with restrictive practice and where a physician is needed to oversee a nurse practitioner. Patients aren't able to access a variety of services in a timely manner, including basic needs like accessible parking placard applications, school and employment physicals, and preventive care.

They're stuck because they live in an area that doesn't have appropriate health care coverage and because they live in a state that adds barriers to nurse practitioner full practice authority.

According to recent research from the University of Pennsylvania School of Nursing supported by the Robert Wood Johnson Foundation, nurse practitioners are 13 percent more likely to move into a primary care setting in states that allow full practice authority and do not require nurse practitioners to have a collaborative agreement with a physician for practice. To improve access to primary care—thus addressing where health care is moving in an increasingly complicated landscape—it becomes imperative to allow nurse practitioners to do what they do best without adding layers of legislation and bureaucratic oversight.

The National Academy of Medicine concurs. In a 2010 report, it noted that nurses and nurse practitioners would be key factors in meeting increased demands on the health care system and specifically called out state legislation that would prevent these providers from practicing to the full scope of their licenses.

PROVIDING COST-EFFECTIVE AND EFFICIENT CARE

Allowing full practice authority isn't just about ensuring access in rural areas. It's also about improving the economics around how care is provided.

The United States has the highest per capita spending on health care in the world—but doesn't have the improved health outcomes to go along with that. Allowing nurse practitioners to practice to the full scope of their licenses, without the expense and overhead associated with requiring that they have collaborative agreements with physicians, both provides

excellent outcomes and reduces costs.

Initial savings come in the form of the pure cost of education and the loan debt associated with becoming a nurse practitioner. The total cost to prepare a nurse practitioner is less than one year's tuition for a physician.

The result of that loan burden is that physicians become more likely to pursue higher-paying specialties and are less likely to move into primary care or rural settings. The cycle of reduced health care access for primary providers—especially in rural areas—is continually perpetuated as physicians seek positions that allow them to pay off their loans.

It's not just the number of personal and student loans that affect the economics surrounding nurse practitioners and physicians. In one study, an evaluation of 2 million visits provided by more than 200 providers showed that labor costs—including salary, productivity measures, and long-term effects—were lower in medical practices that had higher use of nurse practitioners, regardless of whether they were used in

primary care, acute care, or long-term care. In Tennessee, nurse practitioners were able to provide care that was 23 percent below the average cost of other providers and saved additional money by reducing hospital admission rates and laboratory use. UnitedHealth Group speculated in 2009 that providing nurse practitioners to manage nursing home patients had the potential to save more than \$166 billion in health care expenditures over a 10-year period.

IN THE END, THE PATIENT WINS

Matters of cost and access aside, what truly matters to the patients—and to the profession as a whole—is what the end result looks like. After all, what is the use of having access to cheaper care if the outcomes aren't any good?

Once again, nurse practitioners deliver.

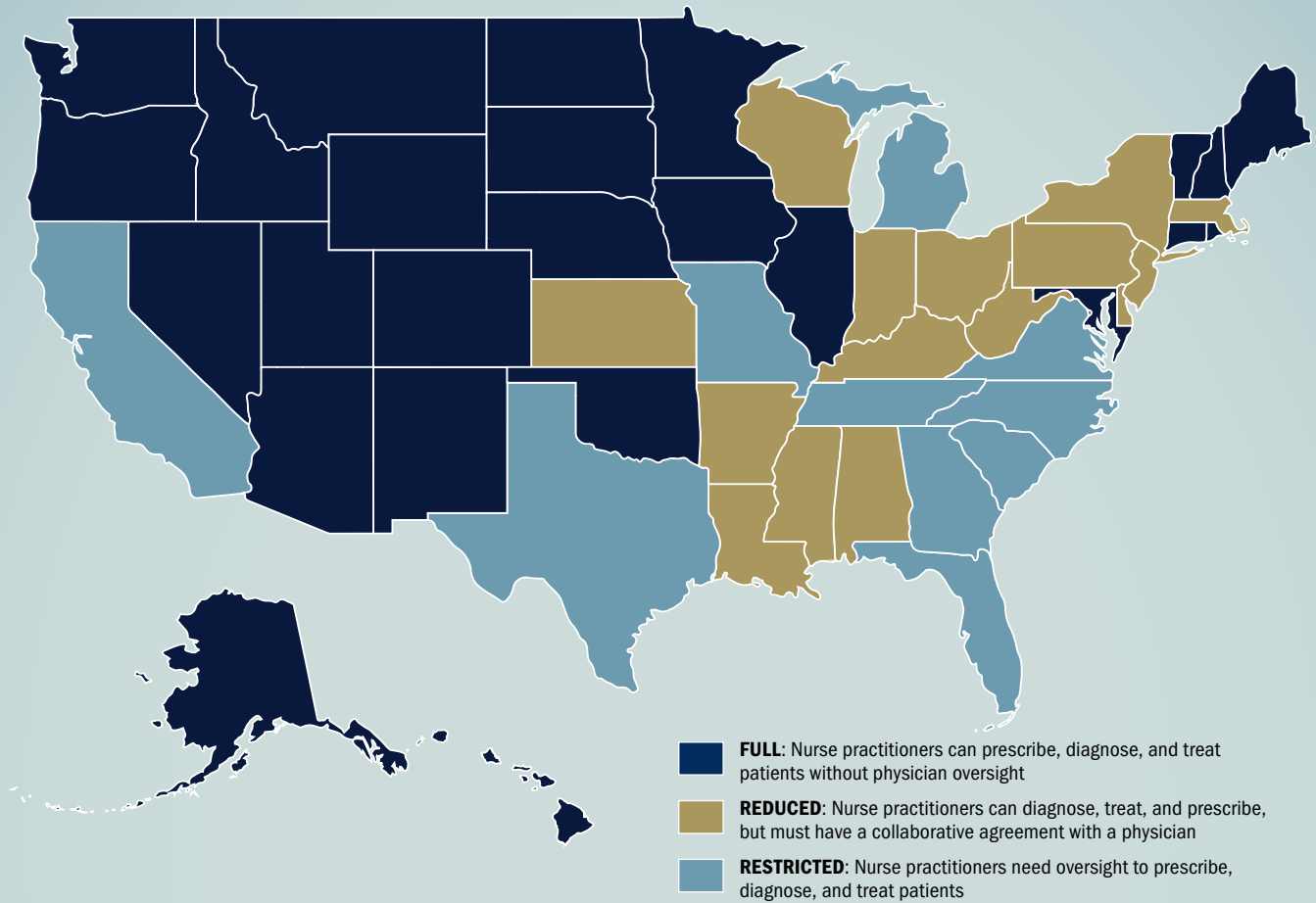
According to the George Washington University School of Nursing, patient outcomes were comparable regardless whether patients saw a nurse practitioner, a physician assistant, or a physician. A similar study also conducted at George Washington illustrated that not only were outcomes similar between nurse practitioner and physician care, but nurse practitioners working in states with full practice authority (compared to nurse practitioners in states with restrictive legislation) also did not demonstrate any significant differences in the care they provided. To the contrary, nurse practitioners with full practice authority provided more patient education at visits and participated in collaborative referrals more often.

The research is clear: Patients who are treated by nurse practitioners have fewer preventable hospitalizations, fewer hospital readmissions, and fewer unnecessary emergency department visits. They're also happier patients, as demonstrated through higher patient satisfaction scores. Even the Federal Trade Commission notes that nurse practitioners provide safe and effective care with no differentiation from the care provided by their physician counterparts.

In short, the legislative restriction on nurse practitioners' licenses does not change whether patients receive high-quality care. It simply adds another level of burden.

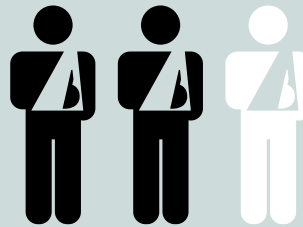
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STATE-BY-STATE SCOPE OF PRACTICE



**23%
LESS COST**

In Tennessee, nurse practitioners were able to provide care that was 23% below the average cost of other providers.



2 out of 3 patients support legislating more access to nurse practitioner services.

The number of nurse practitioners in some areas of practice is expected to almost double to nearly 250,000 by 2025.



In 2016, the Department of Veterans Affairs granted full practice authority to the 4,800+ nurse practitioners in VA facilities.

The total cost to prepare a nurse practitioner is less than one year's tuition for a physician.



One study showed that labor costs were lower in medical practices that had higher use of nurse practitioners.

BEING IN PRIVATE PRACTICE AS A NURSE PRACTITIONER

Written by Catherine Grant, DNP, FNP-BC, a nurse practitioner and assistant professor at the University of Pittsburgh School of Nursing. She is the owner of Associates in Family Health Care. Based in Slickville, Pa., this clinic was the first in Pennsylvania to be owned and operated by a nurse practitioner.



Being in private practice as a nurse practitioner for 25 years, one would expect that the road would be smoother, the barriers would be fewer, and one's patients would receive unadulterated health care. This nurse practitioner-owned and -managed health center began with the help of a physician collaborator and a local hospital.

Physician collaborator Kevin Wong was truly before his time. For more than 20 years, Wong has been the collaborating physician for this practice. He receives no payment, no referrals, and no type of quid pro quo for his collaboration with this office. The Jeannette Hospital, which no longer exists, also supported this effort with equipment and monetary support for one year. Again, there were no expectations of patient referrals or testing through the hospital as compensation for its support. All parties involved believed that this nurse-owned and -managed health center was beneficial to the residents of this rural Pennsylvania community.

Currently, I have close to 1,000 active patients. Associates in Family Health Care (AFHC) provide health care services from birth to elder care. These services consist of acute care diagnosis with disease management; chronic care diagnosis and disease management; screening; and preventative services, which include immunizations, Pap smears, and biometric markers. AFHC offers home visits for the elderly and those individuals who are too ill to come to the office.

AFHC has been successful due to its services, convenient hours, and caring and knowledgeable staff, but it also has faced challenges. The practice has struggled to be listed as a provider with some local insurance companies. We have succeeded with all but one insurance carrier, and we continue to work to gain access to its provider panels. This is extremely important so that we can continue to care for those individuals with this particular insurance coverage. At present, when a patient comes to the office using this insurance, the patient has to change his or her coverage to an insurance we do accept. This delays care for these individuals.

One insurance company has begun to take my name off the patients' insurance cards and randomly assign a physician in my place. There is no justification as to why this insurance company has begun to conduct this practice, and there seems to be no one available who can answer this question. This adds to the confusion, frustration, and anxiety of my patients, as they are concerned that their office visit will not be covered and they refuse to go elsewhere for health care services.

There are currently four family nurse practitioners on staff. Specialties such as dermatology and orthopaedic evaluation with joint injections are currently being provided by nurse practitioners within these specialties. By providing these specialties, we have been able to diagnose early skin cancers and have provided orthopaedic care without the patients having a three-to-four-month wait for a physician specialist.

The staff of AFHC are attuned to those individuals who use our services, and through interactions and screenings, we are able to determine what additional services are needed in the area.

Community services currently being offered include weight loss and exercise classes. AFHC is currently developing a diabetes prevention program. Smoking cessation is another huge service that also will be coming into fruition within the next two months. Domestic violence counseling has recently become a new service at our practice. Contact has been made with local authorities and political representatives to try to get funding and services to offer GED classes within our facility. We also have applied for a lunch program for children 18 and younger to enable them to get free breakfast and lunch throughout the summer months.

It is a great challenge to treat individuals not only for their health but also for their well-being. This health center is all inclusive to the community. It is based on providing health care but meets the needs of the community as well.

I'm proud of the care I provide and that AFHC provides. We continue to strive to meet the needs of our patients, and to treat them in a holistic fashion that provides the care they deserve.

IN HER OWN WORDS:

A PHYSICIAN'S VIEWS ON FULL PRACTICE AUTHORITY

Barbara Barnes, MD, is associate vice chancellor for industry relations and continuing education, health sciences, and associate dean for continuing medical education at the University of Pittsburgh School of Medicine. She also is a vice president at UPMC responsible for clinical education and research support.

What is your perspective on the role of full practice in today's health care environment?

I'm a general internist by training, and when I finished my residency, I decided to work in an underserved rural area. I started out as the only internist in a 100-bed hospital at a time when its medical staff was transitioning. Most of the physicians were facing retirement, and the hospital was trying to recruit younger doctors. It was probably the best experience in my whole career, and it was very fulfilling to be in that situation. However, after several years, I was burned out due to the lack of support and cross-coverage, so I left for a larger institution in an urban area. As I've transitioned throughout my career, I've maintained a strong interest in rural health issues as well as workforce challenges. I've become very concerned about how we are going to be sure that there is adequate access to providers and comprehensive clinical services in both rural and urban underserved areas.

Looking at the demographics of the physician population, it's hard for me to understand how physicians alone are going to be able to fulfill these needs, particularly with increased specialization and smaller proportions entering primary care careers. Similar to general population trends, physicians tend to settle in urban areas unless they have some particular affinity for rural locations.

I think we really do need to envision the workforce and look at how we can produce highly qualified health care professionals who will actually be able to meet the population's demands. Advanced practice nurses are particularly well suited professionally to take on these roles, particularly in regard to managing chronic illness, initiating preventive measures, and addressing psychosocial issues. I believe that they can function well in independent practice through collaboration with physicians and other providers, advancing both the quality and accessibility of care.

Can you explain more about how you envision this workforce?

I think we are moving toward more integrated models of care. When I trained, it was very much "Physicians are the captains of the ship," and all other health professionals were somewhat subservient to the physician. We're moving toward much more professionally egalitarian ways of providing care and looking at what different members of the health care team bring to the overall care process. It's a matter of understanding everyone's expertise and how they can work together. It's a great opportunity to comprehensively address the needs of our diverse patient populations.

What makes this such a great opportunity? How can nurse practitioners assist in this?

Allowing nurse practitioners to provide a more complete scope of services will not only advance the way we care for individual patients but also will improve the care of the population. This is particularly important in terms of the changing epidemiology of diseases, such as chronic illnesses like diabetes and cardiovascular disease. In addition to their knowledge of appropriate diagnosis and treatment, nurse practitioners draw heavily on the social and psychosocial determinants of health.

New models of care will foster more collaborative relationships within the care team as well as with patients and families. As we deal with complex diseases and therapies, we need highly trained professionals who have expertise complementary to and consistent with that of physicians. It takes this whole team working together to manage these patients effectively.

With the use of technology, health care professionals don't have to be physically present in the same location to collaborate. There is tremendous opportunity for telemedicine and informatics to create virtual interactions. If we're looking at the example of a nurse practitioner in a more remote rural area or even an underserved urban area, they can be continuously connected to the expertise of other professionals. It's not only a physical team but a virtual team that can provide that patient with care. As I look back on my early career, I imagine how different my experience would have been if I had the opportunity to include nurse practitioners in my practice and to readily obtain teleconsults from other medical specialties and professional disciplines.

What does this mean in terms of quality outcomes and patient satisfaction?

We're looking at trying to improve not only health care outcomes but also patient satisfaction and cost-effectiveness. That's why it's so important to look not only to the provider team but also to the engagement of patients. Rather than a patient's having to navigate between different providers, it's really a more individualized perspective, with the health professional team working with the patient and family. That holistic attitude is inherent to the nursing profession and one of the things that nursing brings so well.

What does having a nurse practitioner with an independent practice mean for a patient?

It really is important to be able to have nurse practitioners function independently. It is my experience that nurse practitioners are careful to define their scope of practice and that they are very committed to integrating with physicians and other health professionals as appropriate. The concern is always that giving someone independent practice authority is going to allow them to do things that are outside their scope of competency. That does not seem to be a concern as we've looked at the 22 states and District of Columbia that grant nurse practitioners full practice status.

It comes down to professionalism. For example, Pennsylvania licenses a doctor as a physician and surgeon regardless of training and specialty. However, the scope of an individual's actual practice is defined by specialty organizations, regulatory bodies, malpractice insurance, and the institutions in which they work. We, as health professionals, are expected to do what is best for our patients, which means knowing what we are and are not capable of doing.

Are there differences in how this is perceived in various areas of medicine, or could this improve access across the board?

I believe that there are certain specialties that lend themselves more to the nurse practitioner. In general, they tend to be more focused in the cognitive rather than procedural areas. Nurse practitioners and physician assistants (PAs) are sometimes used interchangeably in primary care, although their training and preparation differ. In other settings, PAs tend to be more technically and procedurally oriented. The profession of nursing and the training of nurses positions nurse practitioners to function very well in the longitudinal care of the patient and in the care of people with chronic problems.

What do you see as the ideal scenario?

We should look at things from a patient- and family-centered point of view rather than that of the provider. The care the patient receives should be seamless, with a lot of coordination among the levels and sites for care and providers. Nurse practitioners will play an increasingly vital role in this model if they are permitted to provide a full scope of services consistent with their training and competence.

FIVE MYTHS AND FACTS

ABOUT NURSE PRACTITIONERS AND FULL PRACTICE AUTHORITY



MYTH: Nurse practitioners aren't as educated as physicians.

FACT: The National Organization of Nurse Practitioner Faculties strongly recommends that providers hold a Doctor of Nursing Practice degree before moving into practice as a nurse practitioner. This involves many years of study after achieving a Bachelor of Science in Nursing in addition to any education that nurse practitioners may have achieved if they entered nursing through an accelerated second degree program or if they completed certificate work. More than 80 percent of nurse practitioners also are certified in specific areas of primary care, according to the American Association of Nurse Practitioners.

MYTH: Nurse practitioners expect to be able to provide the same level of care as physicians in every specialty.

FACT: It's rare that you're going to find a nurse practitioner who expects that his or her degree, training, and clinical experience have equipped him or her with the tools necessary to be a neurosurgeon, orthopaedic surgeon, or any more complex specialty. Nurse practitioners don't expect or request that they be able to cover all specialties without supervision. Instead, they focus on providing care in the areas that best suit their skill set. Those areas include endocrinology, women's health, psychiatric mental health, primary care, neonatal care, hematology/oncology, dermatology, and gerontology. Providing full practice authority doesn't mean that nurse practitioners are going to branch out into fields where they do not have training. Instead, it means that they're going to be able to provide the best care in fields that complement being a nurse practitioner.

Studies have shown that patients themselves report good health status and outcomes when treated by a nurse practitioner or by teams that heavily involve nurse practitioners.

MYTH: Nurse practitioners want to use full practice authority legislation so they can practice as sole practitioners and not have to consult with physicians.

FACT: Like all good medical providers, nurse practitioners know that high-quality and effective care cannot be provided in a vacuum. Allowing full practice authority without physician oversight doesn't mean that vacuums will suddenly open up across Pennsylvania and in other states that allow it. Instead, we know that in states that allow for full practice authority, patients are often able to see specialists sooner and have strong outcomes because of the nurse practitioner. Nurse practitioners are comfortable asking for help when they need it and do not allow ego to get in the way of patient care. Technology also helps to connect providers to other providers and, in turn, to patients. Telemedicine is expanding its scope, and nurse practitioners use this technology to ensure that their patients receive the right care without losing the familiar face.

MYTH: Nurse practitioners can't provide as good outcomes or care as a physician.

FACT: To the contrary, studies have found that the care nurse practitioners provide is, at a minimum, on par with the care provided by physicians. Both the Federal Trade Commission

and the National Academy of Medicine note that nurse practitioners and other advanced practice nurses provide safe care—and that the extent of that care is only limited by the states in which they practice. Further studies have shown that patients themselves report good health status and outcomes when treated by a nurse practitioner or by teams that heavily involve nurse practitioners. Nurse practitioner-delivered care generally results in fewer hospital readmissions and fewer preventable hospitalizations.

MYTH: Nurse practitioners are like physician assistants. They're just there to fill in the gaps and help the physician.

FACT: Physician assistants and nurse practitioners have different skill sets and different levels of education and experience for approaching patient care. Nurse practitioners hold prescriptive rights, including for controlled substances, in all 50 states and in the District of Columbia. The depth of nurse practitioner training also equips nurse practitioners for independent practice beyond supplementing a physician practice. Critical thinking skills developed first at the bedside, and then in graduate education uniquely train these providers to come up with their own treatment plans that are ideal for the individual patient.

ANNOUNCING THE

Patricia Ann Hodgson Memorial Scholarship

“Pat was justifiably proud of her education,” David Hodgson says when explaining why he established a memorial fund for his wife, Pat Hodgson.

Patricia Jones Hodgson, a native of Charleroi, Pa., earned her Bachelor of Science in Nursing from Pitt in 1965 after transferring from Juniata College. She was diagnosed with breast cancer in 1988, but despite aggressive treatment, had a recurrence in the summer of 1990. She died December 7, 1990, three weeks shy of Pat and David’s 22nd anniversary.

Beginning the Patricia Ann (Jones) Hodgson Memorial Scholarship allowed Hodgson to have a concrete way not only to give back to his wife’s alma mater, but also to ensure a lasting legacy for her.

The Hodgsons met when Pat was a nurse at the National Naval Medical Center in Bethesda, Md., where she was stationed as part of her service as an ensign with the Naval Reserves Nurse Corps. Pat’s career and personal pursuits reflected a passion for helping others, and to providing the best care she could, regardless of where she was, or who she was helping. Unable to work when they were stationed in the Philippines due to the Status of Forces agreements (the agreement between a host country and the foreign country providing military forces), Pat began a project with other wives who had nursing degrees. They volunteered in the community to provide prenatal care and

education. Pat also worked to support refugees from Vietnam who had fled their country during the conflict.

Later, Pat went back to school to earn a master’s degree in psychology and social work from the University of Texas, and then started a new chapter when she began working with individuals dealing with addiction. They moved from Memphis, Tenn., to Oak Harbor, Wash., where they had previously lived, after Hodgson retired from the Navy. There, she began work in quality assurance, discharge planning, and patient advocacy for a hospital; she later moved into a role as a nurse and addiction counselor in an addiction rehabilitation center.

Hodgson says being in Pat’s company was a treasure. He loved seeing her interact with others, and seeing how other people were drawn to her. He explains, “She made a positive difference in people’s lives, and who can ask for a better legacy?”

This dedication to helping others is one of the primary reasons to establish the fund, Hodgson says. He envisions that this fund will be geared toward those who are pursuing graduate degrees at the School of Nursing, to help support those who may not have access to the resources that generally are available for undergraduate students. By opening advanced nursing degrees to those who may have a challenging time affording them otherwise, Hodgson hopes to then create a ripple effect from the fund to improve access to skilled nurses in the community and to create more opportunities that are involved in educating and supporting these providers. He especially wishes that students interested in pain management, oncology, and hospice are encouraged to apply and receive funding.

Pat's nurturing nature was a blessing to me, to our son, to her acquaintances, and to the patients for whom she provided care.

It is the nurses in those fields who especially resonated with the Hodgsons. Pat died at home, and the family received much support from home health care and hospice professionals. They made quite the impression on Hodgson, and he says he will also be grateful for their compassion. "These professionals see similar tragedies play out countless times, yet they never gave me the impression that the one time we were trying to cope with the impending death of a beloved wife, mother, and friend was anything less than a monumental loss that we were facing," Hodgson says of his wife's care team. "They put aside any hint of 'been there, done that' and treated us as if we were the only ones who had to deal with the soul-searing reality. Which—in our minds—we were."

Like many of the nurses he wants to inspire, Pat was the ideal person to be a nurse, Hodgson explains—intelligent, supportive, and nurturing. "Pat's nurturing nature was a blessing to me, to our son, to her acquaintances, and to the patients for whom she provided care," he says. "She was born to be a supportive wife, loving mother, and empathetic health care provider."

Hodgson hopes that students will benefit from this fund and have it ease their financial debt, but then also remember Pat. "If, occasionally, one of them happens to scan Pat's biography, or reflect on her life and death for a moment, that will keep Pat's memory alive to some extent," he explains. "Hopefully, the scholarship will provide some lasting recognition of Pat's contribution to the lives of those of us fortunate enough to have known her."



Alumni Awards Celebrated

Each year, the University of Pittsburgh School of Nursing bestows alumni awards to acknowledge the accomplishments of our graduates and their contributions to the nursing profession. The 2017 recipients are Patricia Horoho, Merel Duursma, and Ying Wu.

Distinguished Alumni Award: Patricia D. Horoho (MSN '92)

In December 2015, Lieutenant General (Retired) Patricia D. Horoho completed her four-year tour of duty as the first woman and first nurse to command the U.S. Army Medical Command and serve as the surgeon general of a military department in the 239-year history of the U.S. Department of Defense.

As a soldier, Horoho served at every level of leadership including roles as surgeon general and U.S. Army Medical Command commanding general; special assistant to the commander, International Security Assistance Force Joint Command, Afghanistan; deputy surgeon general; chief of the Army Nurse Corps, Western Regional Medical Command; commander, Madigan Army Medical Center; and commander, Walter Reed Health Care System.

Horoho is a native of Fayetteville, N.C. She earned her Bachelor of Science degree at the University of North Carolina at Chapel Hill in 1982 and was recognized by the university as a Distinguished Alumna in 2014. She received her Master of Science in Nursing degree as a clinical trauma nurse specialist from the University of Pittsburgh in 1992. Pitt has recognized her as a Legacy Laureate and a Distinguished Alumna Fellow, and awarded her an honorary Doctor of Public Service degree.

She also holds a Master of Science degree in national resource strategy from the Industrial College of the Armed Forces and three other honorary doctorates.

Horoho served as distinguished professor at the Uniformed Services University of the Health Sciences Daniel K. Inouye Graduate School of Nursing. In 2012, she was inducted as a fellow into the American Academy of Nursing.

She has been selected as one of North Carolina's top 100; been honored by Time Life for her actions at the Pentagon on September 11, 2001; and been among nurses selected by the American Red Cross and *Nursing Spectrum* to receive national recognition as a "Nurse Hero." She was the 2009 USO of Metropolitan New York Woman of the Year, 2014 Tiffany Circle Distinguished Woman Warrior, and first military service member and nurse to receive the New York Institute of Technology's Riland Public Service Award. Additionally, Horoho received the Helen Manzen Award from the New York University Rory Meyers College of Nursing for exemplary leadership on behalf of the health of the nation and was honored by the American Red Cross with the Women Who Care Humanitarian Award.

Horoho's military awards and citations include the U.S. military's Distinguished Service Medal, Legion of Merit, and Bronze Star Medal; France's National Order of the Legion of Honour, Chevalier (Knight); Japan's Defense Cooperation Award, Second Class; and the President's Lifetime Achievement Award.

In April 2016, Horoho began her career with Accenture Federal Services as client account lead and managing director for military health, focusing her talents on military medicine and serving as a member of Accenture's global health board.



She serves on the University of Pittsburgh Board of Trustees; the advisory council for the MDW American Red Cross; the Healthy Nurse Healthy Nation Advisory Board; the Institute for Nursing Leadership National Advisory Council; the Wellness Committee of the Boulder Crest Retreat, INL NAC Targeted Appointments Committee; member of the 2016 Women of Impact for Health Care; and the Advisory Board of the Jonas Center for Nursing and Veterans Healthcare. She also is a Tiffany Circle member and a member of the American Nurses Association and the North Carolina Nurses Association.

Outstanding Young Alumni Award: Merel Duursma (BSN '14)

A Pittsburgh native, Merel Duursma knew from a young age that she wanted to work in the medical field. When she was 7 years old, she was diagnosed with a brain tumor and became a patient at Children's Hospital of Pittsburgh of UPMC. Each time Duursma left the chemotherapy clinic, she would gaze up at the School of Nursing. So when she received her acceptance letter from the University, it was a most meaningful choice.

Duursma's experiences as a patient at Children's inspired her career choice and

her dream to someday work there. As an undergraduate, Duursma worked in the school nurse's office at the Fanny Edel Falk Laboratory School, treating children in grades K-8, assisting in policy development, and restructuring operations. Participating on a research team at the School of Nursing allowed her to study relationships between cancer patients and their caregivers. Working at Western Psychiatric Institute and Clinic gave Duursma invaluable experience working with children with autism spectrum disorder and intellectual disabilities. Among her proudest accomplishments at the University of Pittsburgh are the opportunities she was given through the philanthropic endeavors of her sorority, Delta Phi Epsilon, including its work with the Cystic Fibrosis Foundation and the families it benefits.

After graduation, her lifelong dream came true when she accepted a nursing position in the nationally ranked abdominal transplant department at Children's Hospital of Pittsburgh of UPMC. The time she spent at Pitt has continued to benefit her in her goal to be the best nurse she can be.

She continues to indulge in her passion for volunteering through running on Team Children's in the Pittsburgh Marathon and her involvement with the Diamonds and Denim, an annual fundraising event for the Hillman Center for Pediatric Transplantation. She volunteers as a camp nurse at two summer camps for children with diabetes and a history of abdominal transplant.

Honorary Alumni Award: Ying Wu, PhD

Ying Wu is dean of and professor in the School of Nursing at Capital University of Medical Sciences in Beijing, China. Since becoming dean in 2007, she has led a proactive team in transforming

nursing education locally and nationally, including collaborations with the University of Pittsburgh School of Nursing.

Her accomplishments include a nationally ranked BSN program and the creation of master's program and PhD program initiated in 2005 and 2009, respectively. Wu also established the first postdoctoral program in nursing in China.

She is a fellow of the American Academy of Nursing and the European Society of Cardiology. Wu has leadership roles in 20 international and national organizations. She serves as vice president of the International Medical Informatics Association (IMIA) in leading the IMIA-Working Group/Special Interest Group and vice president of the China Medical Informatics Association, as well as chair of the Professional Committee of Nursing Informatics in China. She was president of the Asia Pacific Association for Medical Informatics from 2012 to 2014. She serves on the board of the Chinese Nursing Association as a vice secretary general and was the founder and funding president of the Association of Disaster and Emergency Nursing Rescue, Chinese Association of Medical Rescue. Wu serves on the editorial boards of eight nursing journals.

Wu studied in the acute care nurse practitioner program at the Columbia University School

of Nursing and transferred to the University of Alabama at Birmingham School of Nursing, where she earned her master's degree in 1998. She was certified as an acute care nurse practitioner specializing in cardiovascular care. After Wu returned to China, she served as the associate dean of the School of Nursing at Peking University and completed her PhD at Wuhan University School of Medicine in 2006, specializing in cardiovascular care.

Wu has taken on roles in establishing national standards and guidelines for nursing education programs to ensure and improve quality, formulate the draft master plan of cardiovascular prevention challenges encountered by nurses globally, and revise the ICN disaster nurse competencies. She has been principal investigator on 27 grants and has received funding from the Natural Science Foundation of China and other external funding sources. Wu has more than 130 publications in the field and also has been an invited keynote speaker at more than 20 international conferences. She has made great contributions to cardiovascular care and medical informatics in the field of nursing both domestically and globally.



CLASS NOTES

1950s

Mary Gray (BSN '51) was the recipient of the Mary Eliza Mahoney Living Legend Award from Pittsburgh Black Nurses in Action.

1970s

Theresa M. Dupart (BSN '74, MN '77) is a director at large of the Pitt Alumni Association.

Jeanne Hoppie (BSN '77) recently was promoted to program director of graduate nursing at South University in Austin, Texas. She also is currently serving as the interim dean and program director for the BSN program.

Jennifer Onaitis Legler (BSN '74) served as the keynote speaker at the University of Pittsburgh School of Nursing Spring Graduation and Pinning Ceremony. She recently retired as the director of the U.S. Department



of Veterans Affairs/U.S. Department of Defense Liaison Office at the Veterans Health Administration within the U.S. Department of Veterans Affairs in Washington, D.C.

Marilyn Oermann (MNEd '75) was recently honored with the Margaret Comerford Freda Award for Editorial Leadership in Nursing Publication from the International Academy of Nursing Editors. She is currently the editor in chief of *Nurse Educator* and the *Journal of Nursing Care Quality*.

Debra Thompson (BSN '77, MSN '81, PhD '10) is an officer for the Pitt Alumni Association. In August, Thompson served as the keynote speaker at the Pitt School of Nursing summer graduation ceremony.

Susan Bakewell-Sachs (BSN '79), PhD, PNP-BC, FAAN, and **Terri E. Weaver** (BSN '73), PhD, FAAN, were elected to the American Association of Colleges of Nursing Board of Directors.

1980s

Susan Bindon (BSN '84) was recognized by the American Association of Colleges of Nursing (AACN) as the recipient of its Excellence and Innovation in Teaching Award. She is currently an assistant professor at the University of Maryland School of Nursing's Institute for Educators.

Kim Guesman (MSN '86) was named chief nursing officer at Beaumont Hospital in Farmington Hills, Mich.



1990s

Patricia Horoho (MSN '92) was named to the national Advisory Board of the Jonas Center for Nursing and Veterans Healthcare. The Jonas Center provides grants and programs that support the nursing profession. These funds are designed to develop outstanding nursing faculty, advance scholarship, and spark innovative practice.

Cheryl Schmidt (PhD '99) recently was named interim associate director for prelicensure programs at the Arizona State University College of Nursing and Health Innovation. She also is an American Red Cross nurse and assists with the deployment of volunteers to hurricane shelters.

2000s

Erin August (BSN '03) currently is working with the Extracorporeal Life Support Organization (ELSO) to create a global adult ECMO transport work group. She previously worked as a lead coordinator for heart and lung transplant and VAD/ECMO transport at Scott & White Memorial Hospital.

Kathi Elliott (MSN '08) received the Nurse Mentoring Award from Pittsburgh Black Nurses in Action.

Nadine Englert (MSN '01) was named a 2017 American Academy of Colleges of Nursing Wharton Fellow. Fellows represent nursing programs from across the country, and a select number of nurse executives are chosen for this prestigious honor each year.

Tammy M. Haley (MSN '02, PhD '12), director of nursing and radiological science at the University of Pittsburgh at Bradford, was recognized by Pitt's Graduate School of Public Health as the 2017 recipient

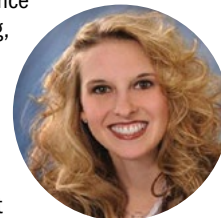
of its Distinguished Alumni Award for Teaching and Dissemination. She was selected for this award in recognition of her work using research as a means to engage students, enhance her teaching, add to the body of knowledge in her field, and provide service to the global community.

2010s

Amy Ansehl (DNP '13) received the 2017 Community Leadership Award from Visiting Nurse Services in Westchester. She was honored for her "tremendous contributions in advancing public health and for her dedicated service to the organization over the past several years."



Brandy Hershberger (MSN '11) has been named chief nursing officer for the Palms of Pasadena Hospital in St. Petersburg, Fla. Her extensive experience in clinical training, health care leadership, and optimization poised her for this new role. Hershberger most recently served as assistant chief nursing officer for Fawcett Memorial Hospital in Port Charlotte, Fla.



Nicole Osier (PhD '16) was accepted as a fellow at the Young Investigator Colloquium, hosted by the American Psychosomatic Society in Seville, Spain, in March, and as a fellow at the Emerging Scholars' Forum, hosted by the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto, in May.

Ifeoma Wadibia (BSN '17) received the Everyday Hero Award from Pittsburgh Black Nurses in Action.

AANA 2017

Faculty, alumni, and students gathered to show their Pitt Nursing spirit and catch up at the American Association of Nurse Anesthetists annual meeting, held in Seattle in September. Many School of Nursing anesthesia alumni provided support for current students to attend this year's educational opportunity.



PITT NURSING

in Memoriam

Bette C. Acker
(BSN '46)

**Margaret M. Bruce
Brumgard**
(BSN '43)

Marie Cattley
(BSNEd '49)

Alta May M. Houser
(BSNEd '49)

Olga R. Hulley
(BSN '44)

Margaret F. Schelien
(BSN '44)

Ruth M. Switch
(BSN '47)

Olga Z. Walek
(BSN '46)

Lorraine C. Watson
(BSNEd '49)

Mary E. Zurcher
(BSN '47)

Monretta D. Aarons
(BSN '59)

Margaret S. Austin
(BSN '54)

Mary V. Bortas
(BSNEd '57)

**Mary R. Pethtel
Brumbaugh**
(BSN '56)

Joyce M. Bucks
(BSNEd '57)

Helen Cronin
(BSNEd '52)

Connie Delello Garvey
(BSN '55)

Susan V. Hicks
(BSN '56, MLit '60)

Mary Bickel Patterson
(BSN '55)

**Margaret M.A.
Pointek**
(BSNEd '54, MLit '59)

Catherine R. Schiff
(BSN '58)

Jeanne Davic Soyars
(BSNEd '59)

Alice K. Corbin Trapp
(BSN '50)

**Theresa Gallagher
Balog**
(MN '68)

Joan M. Bishop
(BSN '63, MNEd '79)

Mary L. Ende
(MNEd '65)

Kathleen D. Haver
(MNEd '67)

Gladys P. Husted
(BSN '62, MNEd '68)

Jean Lamb
(MNEd '67)

Jemelene C. Moore
(MNEd '68)

Elise M. Nestel Miller
(BSN '67)

Dorothy G. Shaulis
(MLit '61)

Stephanie S. Altman
(BSN '73)

Geneva W. Ballou
(BAS '70)

J. Elaine Ganong
(BSN '70)

Frances C. Kach
(BSN '70)

Sophia Orlovich
(MNEd '76)

Deanne Osborn Taylor
(MNEd '77)

Mary Pufka Billman
(BSN '85)

Cynthia A. Hatcher
(MSN '89)

Cynthia G. Healy
(BSN '80)

Keith P. Krumenaker
(BSN '84)

Gerry Simonetti
(MSN '86)

Sarah Bertler
(MSN '93)

Arlene K. Jones
(MSN '96)

Jodi L. Ryan
(MSN '98)

George W. Slavik
(BSN '98)

Janet Baron
(MSN '00)

Randall R. Broach
(BSN '00)

Mary J. Popojas
(MSN '04)

Sara J. Whitlatch
(BSN '03)



Sheila Alexander



Catherine Bender



Mark Cantrell



Rose Constantino



Jill Demirci



Heidi Donovan

FACULTY DISTINCTIONS

Sheila Alexander, PhD, CRNP, FCCM; Patricia Tuite, PhD; and retired staff member **Kirsti Stark** (BSN '74, MSN '85) received the University of Pittsburgh Clinical and Translational Science Institute ProtoHype Challenge award for their project, J-P Drain Stripping/Milking Device.

Catherine Bender, PhD, FAAN, received the Oncology Nursing Society's Distinguished Researcher Award.

Grace Campbell, PhD, CRRN, received a University of Pittsburgh Cancer Institute Junior Scholar Award in Population Sciences Cancer Research.

Mark Cantrell, DNP, MPH, was selected to participate in the Edmundo Granda Ugalde Leaders in International Health Program of the Pan American Health Organization/World Health Organization for 2017.

Brenda Cassidy, DNP, CPNP-PC, was elected to the Executive Board of the National Association of Pediatric Nurse Practitioners as a member at large.

Rose Constantino, PhD, JD, FAAN, FAFCE, was named a visiting professor and Balik Scientist at Centro Escolar University Graduate School in Manila, Philippines. She will teach two graduate nursing courses there this fall. Constantino also was selected to participate in the University of Pittsburgh 2017 Faculty Diversity Research Retreat.

Laura Fennimore, DNP, NEA-BC, received the 2017 Excellence in Oncology Nursing Health Policy and Advocacy Award from the Oncology Nursing Society.

Tammy Haley, PhD, is the 2017 recipient of the Pitt Graduate School of Public Health Distinguished Alumni Award for Teaching and Dissemination. She is the director of nursing and radiological sciences, associate professor of nursing, and coordinator of the RN-BSN program at the University of Pittsburgh at Bradford.

Susan Wesmiller, PhD, received a University of Pittsburgh Cancer Institute Junior Scholar Award in Population Sciences Cancer Research.

NEW FACULTY GRANTS

(April–August 2017)

Eileen Chasens, PhD, FAAN
National Institutes of Health (NIH)/National Institute of Nursing Research (NINR)
Self-management, Insomnia, and Glucose Control in Adults with Diabetes

Rose Constantino, PhD, JD, FAAN, FAFCE
University of Pittsburgh David Berg Center for Ethics and Leadership
Exploring the Feasibility of Pairing BSN Students with Older Adults at Risk for Food Insecurity over Seasonal Changes

Elizabeth Crago, PhD
University of Pittsburgh Central Research Development Fund
The Effect of IGF-1 Gene Variation on Functional Outcomes after aSAH

Annette DeVito Dabbs, PhD, ACNS-BC, FAAN
NIH/NINR
Technology Research in Chronic and Critical Illness (T32)

Jill Demirci, PhD, IBCLC
University of Pittsburgh Central Research Development Fund
Feasibility of an Antenatal Milk Expression Protocol among Mothers of Surgical Infants and Preliminary Macronutrient Analysis of Antenatal Milk

Heidi Donovan, PhD
Roswell Park Cancer Institute/University of Pittsburgh Cancer Institute Ovarian Cancer SPORE Developmental Research Program
Provider and Patient Influences on Adherence to Standard of Care Treatment for Ovarian Cancer across the UPMC Catchment Area

Willia Doswell, PhD, FAAN
University Research Council Diversity Research Grant
Teaching Healthy Behavior in Low-resource African American Neighborhoods: The Kids Can Cook Program

Teresa Hagan, PhD
Sigma Theta Tau International/Hospice and Palliative Nurses Foundation End-of-Life Nursing Care Research Grant
Stronger Together: Promoting Patient Self-Advocacy and Nurse Empowerment in the Clinical Encounter

Julius Kitutu, PhD
Health Resources & Services Administration (HRSA)
Graduate Student Traineeships

John O'Donnell, MSN, DrPH, CRNA
HRSA
Nurse Anesthetist Traineeships

Margaret Rosenzweig, PhD, CRNP-C, AOCN, FAAN
Magee-Womens Research Institute and Foundation/Medical Staff Grant Award
Metastatic Breast Cancer Program of Care: Support, Education, and Advocacy (SEA)

Mandy Schmella, PhD
Center for Research & Evaluation
DNA Methylation Profiling Before and After Onset of Clinically over Preterm Preeclampsia

STUDENT DISTINCTIONS

Julia Dixon-Ernst, DNP student, was selected to represent the Pitt nurse anesthesia program in the American Academy of Nurse Anesthetists Foundation Student Advocate Program.

Jessie Holmquist, DNP student, received a national March of Dimes Dr. Margaret C. Freda Graduate Nursing Scholarship Award for the Highest Scoring Applicant. She was recognized during the American College of Nurse-Midwives annual meeting.



Willa Doswell



Teresa Hagan



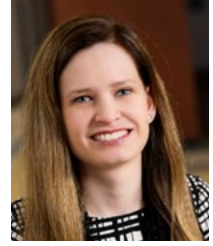
Julius Kitutu



John O'Donnell



Margaret Rosenzweig



Mandy Schmella

Audrey Vanim Kreke, DNP student, is the recipient of this year's Shirley Negley-Kobert Award from the Nurse Practitioner Association of Southwestern Pennsylvania.

Tal Levin-Decanini, DNP student, received a 2017 Richardson DNP Student Scholarship from the National Association of Pediatric Nurse Practitioners.

STUDENT GRANTS

(April–August 2017)

Sarah Belcher, PhD student

American Cancer Society

Characterizing Psychobehavioral Risks in Multiple Primary Cancer Survivors

Nightingale Awards of Pennsylvania

Characterizing Psychobehavioral Risks in Survivors of Multiple Primary Cancers

Lacey Wright Heinsberg, PhD student

Sigma Theta Tau International Eta Chapter

Genetic Variation of the Iron Homeostasis Pathway in Patient Outcomes Following aSAH

Michele McCorkle, DNP student

American Cancer Society

Graduate Scholarship in Cancer Nursing Practice

Jonna Morris, PhD Student

NIH F31 Ruth L. Kirschstein National Research Service Award

Sex Differences in the Perception and Symptom Presentation of Impaired Sleep

Yang Yu, PhD Student

Sigma Theta Tau International Eta Chapter

Psychosocial and Behavioral Outcomes of Patients Undergoing Sleeve Gastrectomy in China

Yehui Zhu, PhD Student

American Cancer Society

Musculoskeletal Symptoms with Endocrine Therapy: Trajectory and Predictors

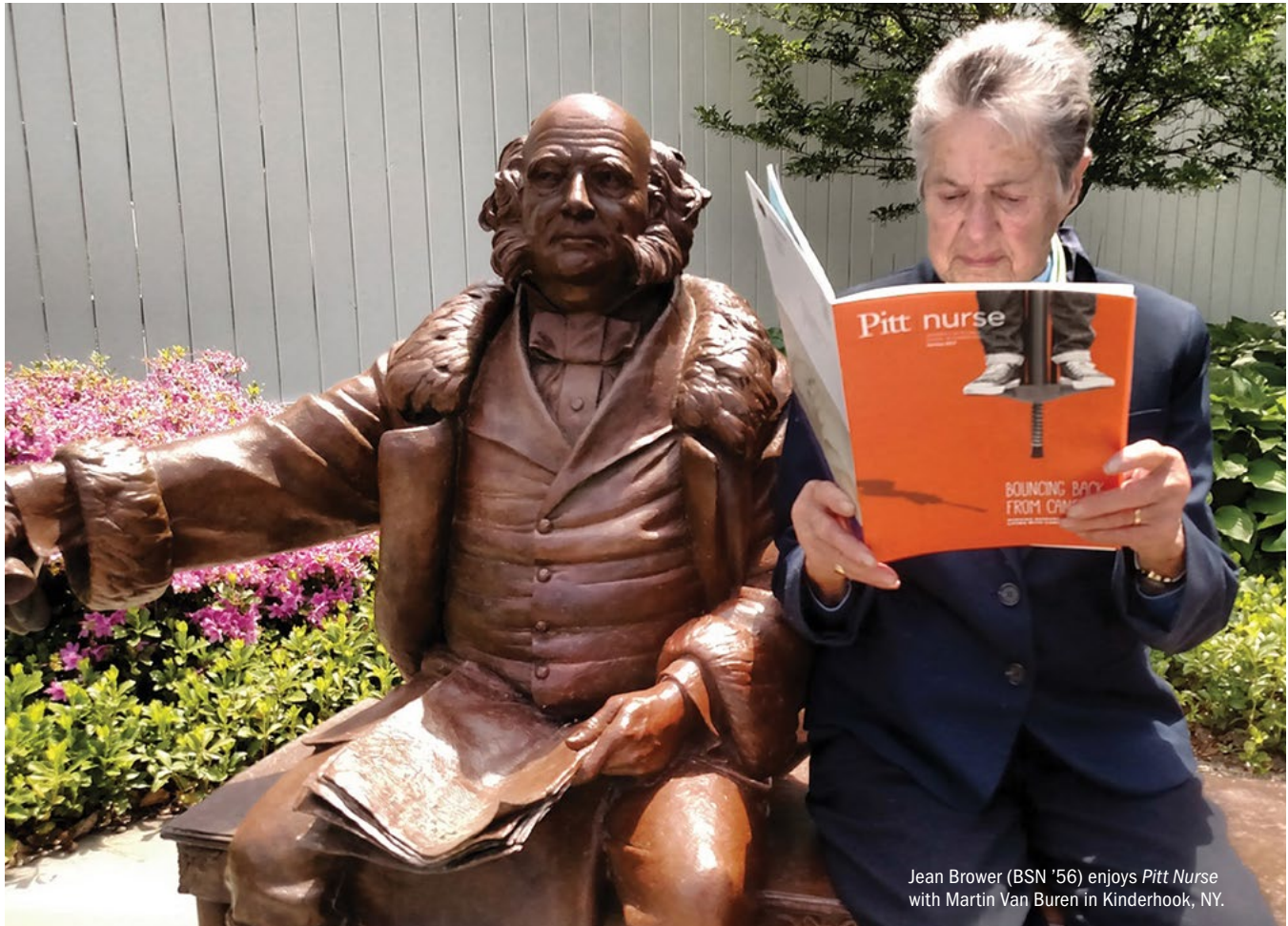
AMERICAN ACADEMY OF NURSING FELLOW INDUCTEES

Several alumni and faculty will be inducted as fellows to the American Academy of Nursing this fall.

- **Jann Torrance Balmer** (BSN '75), director for Continuing Medical Education, University of Virginia
- **Lisa Kitko** (BSN '90), assistant professor of Nursing, Pennsylvania State University
- **Grant Martsof**, professor, University of Pittsburgh School of Nursing
- **Elizabeth A. Schlenk**, associate professor, University of Pittsburgh School of Nursing
- **Charlotte Seckman** (MSN '92), associate professor, University of Maryland School of Nursing
- **Jing Wang** (PhD, MSN '10), associate professor, University of Texas Health Science Center at Houston

Induction into the academy is a selective and prestigious honor for nurse leaders. Fewer than 200 individuals were selected for 2017, representing 50 states, the District of Columbia, and 28 countries.





Jean Brower (BSN '56) enjoys *Pitt Nurse* with Martin Van Buren in Kinderhook, NY.

KEEP US POSTED

Please share information about your career achievements, advanced education, publications, presentations, honors received, and appointments. We may include your news in the Alumni News + Notes section or other media. Indicate names, dates, and locations. Photos are welcome! Please print clearly.

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

Degree(s) and Year(s) of Graduation _____

Home Address _____

Home Telephone _____ E-mail Address (please note home or work) _____

Professional Position _____ Name of Employer _____

Employer's Address _____

News _____

COMPLETE AND RETURN TO:

Jessica Revtai
 Alumni Coordinator
 University of Pittsburgh
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 Pittsburgh, PA 15261
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Students, family, and faculty gathered to celebrate at the School of Nursing's Winter 2017 graduation ceremony. Congratulations to all of our new Pitt Nursing alumni!

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Communications
School of Nursing

Jennifer Fellows
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School of Nursing

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- Doctor of Nursing Practice **7th**
- Master of Science in Nursing **8th**



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