UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING MAGAZINE SUMMER 2004

PITT Nurse

This issue: Technology in Nursing
Also: The Voice of Pitt Nursing - School Marks Anniversary Celebrations
SINCE THE TIME OF FLORENCE NIGHTINGALE, nursing has a history of being at the core of healthcare reform and the advancement of professional practice. Likewise, the School of Nursing at the University of Pittsburgh has a long and impressive history of preparing nursing leaders who have made impressive contributions, impacting practice. Our emphasis continues to be on producing leaders for the future of healthcare. The student of 65 years ago was primarily focused on regional health issues and practices as well as the nursing needs which arose out of World War II. In many ways the world has become smaller and more accessible as travel, immigration, and technology have created more immediate access to the world than was readily available in the past.

Technology has become an integral part of healthcare, communication, and decision making. Today’s students must be familiar with relevant technology, as well as the ability to manage, control, and guide patients on predictable journeys.

There is a developing emphasis on evidence-based practice beginning in the education of the undergraduate students and continuing through our graduate program offerings. The knowledge base for healthcare is growing so quickly that practitioners must remain current through research literature and must have the capability to apply that information wisely and systematically.

It is an exciting time to be in nursing. It is a rapidly changing world and health care is a part of that rapid change. The nurse of the future needs to be prepared not with a list of facts but with the capability to evaluate and synthesize new information, the capability to adapt to an ever-changing environment, and the willingness to continue education as knowledge expands and the delivery systems progress. The University of Pittsburgh School of Nursing is preparing students to meet that world with enthusiasm.

Sincerely,

Jacqueline Dunbar-Jacob, PhD, RN, FAAN
Dean, University of Pittsburgh School of Nursing
MARJORIE A. NEBEL SCHAFFER MEMORIAL FUND ESTABLISHED

On September 30, 2003, a car accident tragically took the life of Marjorie A. Nebel Schaffer BSN ’81, an RN who worked in Butler Memorial Hospital’s maternity unit. As a lasting tribute to her contributions to the field of nursing, the family of Ms. Schaffer, along with the University of Pittsburgh School of Nursing, has established the ‘Marjorie A. Nebel Schaffer Memorial Fund.’ This fund will provide financial support for undergraduate students attending the University of Pittsburgh School of Nursing. Individuals who would like to contribute to this memorial fund can contact Mary Rodgers Schubert, MPN RN, director of development, University of Pittsburgh School of Nursing, at (412) 624-7561 or mrschuber@pitt.edu.

NURSEBEAT

JANICE DORMAN APPOINTED ASSOCIATE DEAN

The School of Nursing is pleased to welcome Janice S. Dorman to the leadership team as associate dean for Scientific and International Affairs, effective September 1, 2004. Dorman, PhD, MS comes from the Graduate School of Public Health at the University of Pittsburgh where she served as associate dean of Research and associate professor of Epidemiology. Dr. Dorman has conducted extensive international research on the genetic epidemiology of diabetes and other autoimmune diseases, and their impact on women’s health. Dr. Dorman is principal investigator of three NIH-FUNDED R01 grants, including a sub-project for the World Health Organization (WHO) Multinational Project for Childhood Diabetes, known as the WHO DiaMond Project. She also serves as director of Molecular Epidemiology for the WHO Collaborating Center for Diabetes, Respiratory, and Research and Training. As director of the International Molecular Epidemiology Task Force, Dr. Dorman coordinates international training programs in molecular epidemiology.

CNR = CRE

The Center for Nursing Research (CNR) has been renamed The Center for Research and Evaluation (CRE) to reflect the center’s expanded responsibilities in assuming oversight of the data for evaluation projects at the School of Nursing. Susan Sereika, PhD, associate professor, has been appointed director of the CRE and Gale Pidobinski assigned as staff support.

Dr. Sereika manages the data collection for the School’s Evaluation Committee and has served as interim director since June 1, 2003. She also serves as a faculty statistician to the research faculty in the School of Nursing, assistant director for statistical support services in the Center for Nursing Research, director of the Bioinformatics and Data Management Core in the Center for Research in Chronic Disorders, a federally funded core center from NIH, co-director of the Information Technology and Bioinformatics Core in the General Clinical Research Center, and participates on committees focusing on issues related to information technology at the University of Pittsburgh and several professional organizations.

NEW FACULTY

The University of Pittsburgh School of Nursing is pleased to welcome the following faculty:

FULL-TIME

Dorothy Hawthorne Burdine, assistant professor, Department of Health Promotion & Development.

Deborah Crowley-Lisowski, MSN ’98, Virginia Commonwealth University, instructor, Department of Health and Community Systems.

Paula Sherwood, MSN ’95, University of Iowa, research assistant professor, Department of Acute and Tertiary Care.

Deborah White will join the faculty in the Department of Health Promotion and Development effective August 15, 2004. Pending University approval, Deborah will be appointed as an Assistant Professor in the research track.

PAR-TIME

Joy Laughlin, MSN ’03, University of Pittsburgh, instructor, Department of Acute and Tertiary Care.

Diane Litvinuk-Roach, MSN ’02, University of Pittsburgh, instructor, Department of Health and Community Systems.

COMMUNITY EXPERIENCE

Nancy Denenon, MN, RN, Health & Community Systems Clinical Faculty, coordinated a health fair for the Kingsway Association on Saturday, April 24th, 2004, as part of the grand opening celebration for the new community center in East Liberty. School of Nursing faculty and students provided services in the following specialties: blood pressure screenings and healthy heart counseling — Patricia Tuile, MSN, RN, instructor; Midred Jones, PhD, RN, CNS, assistant professor and Susan A. Abrecht, PhD, RN, FAAN associate professor, and associate dean for student and alumni services, development and public relations; healthy eating – Jeannie Malenof, PhD, MS, assistant professor and Janet Bonf, from Elizabeth Schlan’s research program; healthy weight – Lisa Bernardo, PhD, MPH, RN, assistant professor; cancer screening and awareness – Margaret Rosenzweig, PhD, CRNP-C, AOCN, assistant professor and Heidi Donovan, PhD, RN, assistant professor; children’s health and asthma awareness – Janet L. Stewart, PhD, MN, RN, assistant professor; infectious diseases – Michelle Meyers, BSN, RN and Betty Brunter, PhD, RN, research associate; mental health issues – Rose Constantin, PhD, JD, RN, FAAN, FACE, associate professor; Pitt health career information – Bethany Francis, ’05, president of NSA and a member of the university’s Blue and Gold Society. Suzanne Saxon, Peg Thearel, RN and Jolynn Gibson from the Diabetes Institute provided diabetes awareness information and blood glucose readings. Nancy also coordinated participation from the ACHD WIC program and Tobacco Free Program for this event.

OUT OF STATE EXPERIENCE

Three nursing students took their Transitions into Professional Nursing course far from the University of Pittsburgh’s Oakland Campus. Sherri Baker, Danielle Hedge and Melissa Kuske had the unique opportunity to spend August through December 2003 in Florida due to the efforts of Pat Messmer, PhD, BSN ’67, an alumna of the School of Nursing and a current nurse researcher at Miami Children’s Hospital. The students received housing through Miami Hospital’s Social Services and earned nine credits from the experience.

“Through video conferencing every other Tuesday, I was able to monitor the students’ progress,” said Rose Hoffmann, MSN, RN, primary instructor of the Transitions course at the School of Nursing. “The students turned in their assignments via e-mail, and I remained in contact with their preceptors by e-mail also.” The class on campus was videotaped and sent to Florida, while the course website helped keep Sherri, Danielle and Melissa up-to-date and in touch with classmates back in Pittsburgh.

The Transitions course is a bridge for students, providing training to help them make the move from the classroom into the clinical setting.

2004 Dean’s Distinguished Teaching Awards

Two School of Nursing faculty were honored as recipients of the 2004 Dean’s Distinguished Teaching Award.

Jason J. Dechant, MA
Instructor/Course Director
Widely recognized by colleagues and students for his expertise in anatomy and physiology and his creative approach to teaching, Jake Dechant has been an instructor and course director in the School’s Department of Health Promotion and Development since 1999. This award recognizes Dechant’s commitment to teaching excellence, the positive effect he has had on the lives of his students, and his contribution to the excellence of our undergraduate and graduate programs.

Rosemary Hoffmann, RN, MSN
Clinical Instructor
Rose Hoffmann has been a member of the faculty of the School of Nursing since 1999. Primary teacher and clinical instructor for the undergraduate nursing students (and one alum) to India for a study abroad program. The group lived, studied, and shared clinical experiences with Indian students in underserved areas of the country. This was the first group of students to participate in this course as part of the school’s initiative to address trans-cultural nursing issues and expand its global outreach and perspective.
**Faculty News**

Susan A. Albrecht, PhD, RN, FAAN, associate dean, Student and Alumni Services and Development, has been elected to the American Nurses Association House of Delegates. She has also co-authored articles that appeared in the Journal of Nursing Scholarship and the Journal of Obstetric, Gynecologic, and Neonatal Nursing.

Mary Cuthran, PhD, CRNP, assistant professor, Department of Health Promotion and Development, received Pennsylvania’s 2003 Nightingale Award for Nursing Education.

Nancy Donovan, MN, RN, Health & Community Systems Clinical Faculty, has been appointed Coordinator of Community Clinical Events for the School of Nursing.

Jacqueline Dunbar-Jacob, PhD, RN, FAAN, dean, University of Pittsburgh School of Nursing, has been selected as a Robert Wood Johnson Executive Nurse Fellow. She was also named president-elect of the Academy of Behavioral Medicine Research and will serve as president for the 2004-2005 term.

Nancy Grew, PhD, RN, director and associate professor of the Nursing Program and coordinator of the School Nurse Certificate Program at UPJ, was elected to the University Senate Educational Policies Committee for a three-year term (2004-2007).

Leslie Hoffman, PhD, RN, FAAN, department chair and professor, Department of Acute and Tertiary Care, received Pennsylvania’s 2003 Nightingale Award for Nursing Research.

Marilyn Hravnak, PhD, RN, CRNP, assistant professor, Department of Acute and Tertiary Care, received notification that her abstract, Standard versus Off Pump Primary Isolated CABG: Comparison of Complications in a Matched Sample, has been selected as a Specialty Award winner by the Society of Critical Care Medicine. The poster award was presented at the 33rd Critical Care Conference.

Thelma Patrick, PhD, RN, MS, assistant professor, Department of Health Promotion and Development, has accepted a grant from the American Nurses Foundation for her study: Parents of Children with Cancer: Experiences with Treatment Decision Making.

Elizabeth Schlenk, PhD, RN, assistant professor, Department of Health and Community Systems, has been appointed to the research committee of the Association of Rheumatology Health Professionals.

Janel Stewart, PhD, RN, assistant professor, Department of Health Promotion and Development, received a grant from the American Nurses Foundation for her study: Parents of Children with Cancer: Experiences with Treatment Decision Making.

Louise Wasko, PhD, CRNP, APIN, BC, assistant professor, Department of Health Promotion and Development, presented a poster for the 15th International Research Congress, Sigma Theta Tau in Dublin, Ireland on July 22-24, 2004. The poster is titled, “Are Advanced Practice Registered Nurses Communicating with their Patients about Over-the-Counter Medications and Herbal Products?”

**Student News**

Captain David Cassella, a student in the Acute Care Clinical Nurse Specialist Program, has been deployed to Iraq.

George W. Rodway, MSN, CRNP, a student in the School’s doctoral program, is the author of the manuscript “Preludes to Everest: Alexander M. Kellass and the 1920 High Altitude Scientific Expedition to K2,” selected by The American Physiological Society (APS) as the recipient of the 2004 Orr E. Reynolds Award for best article submitted by an APS member. The award was formally presented in Washington, DC in April. Rodway also chaired a symposium at the American Theriac’s 100th Annual Conference in Orlando in May.

Thilmah Jeyarajah, a student in the Acute Care Clinical Nurse Specialist Program, has been deployed to Iraq.

Nancy Donovan, MN, RN, instructor in the Department of Acute and Tertiary Care, received notification that her abstract, Standard versus Off Pump Primary Isolated CABG: Comparison of Complications in a Matched Sample, has been selected as a Specialty Award winner by the Society of Critical Care Medicine. The poster award was presented at the 33rd Critical Care Conference.

Kawakisho, a doctoral student from Jordan, has been selected as a Robert Wood Johnson Executive Nurse Fellow. She was also named president-elect of the Academy of Behavioral Medicine Research and will serve as president for the 2004-2005 term.

Marilyn Hravnak, PhD, RN, CRNP, director and associate professor, Department of Health Promotion and Development, successfully defended her doctoral dissertation, a methodological study, “Caring Habit of the Month Program: Cognitive, Affective and Behavioral Effects on an Anti-Violence Program in Middle School Children” on June 1, 2004.
STUDENT SCHOLARSHIPS AWARDED AT CONVOCATION 2003**

Undergraduate Awards & Scholarships

**ADDN FELLOWSHIP**
Suzanne Corbin, PhD, RN, FAAN

**THE NURSE BEAT**
Mary Beth Happ, PhD, RN, assistant professor for the Department of Acute and Tertiary Care, has been awarded a grant from the National Institutes of Health/National Institute of Nursing Research for her grant titled “Improving Communication with Nonspeaking ICU Patients” (9/1/03 - 6/30/08).
Rosemary Hoffmann, RN, MSN, has been awarded a grant from Sigma Theta Tau - Eta Chapter for her study “The Effects of Barriers on Health Related Quality of Life (HRQL) and Compliance in Adult Asthmatic Patients who are followed in an Urban Community Health Care Facility.”

Leslie Hoffman, PhD, RN, FAAN, professor and chair for the Department of Acute and Tertiary Care, has been awarded a grant from Health Resources and Services Administration (HRSA) (2004 - 2007) to enhance the Acute Care Practitioner and Clinical Nurse Specialist Programs at the University of Pittsburgh School of Nursing by implementing a new clinical emphasis in Trauma/Emergency Preparedness (TEP). The 3-year project will introduce innovative methods of providing high fidelity human simulation instruction in TEP training and extend it to rural areas.

Mary E. Kerr, PhD, RN, FAAN, professor for the Department of Acute and Tertiary Care, was awarded a grant titled “Role of 20-HETE on Vasopressin-Induced Ischemia after SAH” by the National Institutes of Health/National Institute of Nursing Research (5/01/04 - 1/31/09).

Judith Matthews, PhD, MHP, RN, assistant professor for the Department of Health and Community Systems, has been funded by the National Institutes of Health/National Institute of Nursing Research for her study titled “Robotic Assistance with Ambulation Among Older Adults’” (9/15/03 – 8/31/05).

Mary Ann Sevick, ScD, RN, assistant professor for the Department of Health and Community Systems, was awarded a grant for her research “Enhancing Adherence in Type 2 Diabetes” - through the National Institutes of Health/National Institute of Nursing Research (5/1/04 - 1/31/09).

Janet Stewart, PhD, RN, assistant professor for the Department of Health Promotion and Development, has received a grant from the American Nurses Foundation for her study “Parents of Children with Cancer: Experiences with Treatment Decision Making” (11/1/03 - 11/30/04). Janet was also awarded a grant from the Central Research Development Fund for her grant entitled “Uncertainty in Children and Adolescents with Cancer” (7/1/04 - 6/30/06).
The University of Pittsburgh School of Nursing received at $372,000 grant from the Pennsylvania Higher Education Foundation (PHEF) through the Foundation’s Nursing Education Grants Program. The program distributed nearly $5 million to help nursing students statewide with 3,151,000 awarded to assist 27 area nursing schools, including The University of Pittsburgh School of Nursing, Duquesne University, Indiana University of Pennsylvania and Slippery Rock University of Pennsylvania. The School of Nursing received the largest single grant awarded by the foundation.

The Foundation established the Nursing Education Grants Program with support from the Pennsylvania Higher Education Assistance Agency (PHEAA) and The Hospital and Healthcare Association of Pennsylvania (HHA) to make nursing education more accessible and affordable. The program helps to reverse the Commonwealth’s nursing shortage by generating financial support which otherwise is not available to schools. This funding, in turn, helps Pennsylvania schools increase the recruitment and retention rates of their nursing programs, providing qualified nurses for the citizens of Pennsylvania.

“The Foundation’s support for tuition scholarships will clearly impact the numbers of applicants able to pursue a nursing education and permit expansion of nursing programs within the state,” said Dr. Jacqueline Dunbar-Jacob, dean of the University of Pittsburgh School of Nursing. “The Accelerated 2nd Degree BSN Program is designed to enable students with a baccalaureate degree in another discipline to earn a baccalaureate degree in nursing. This is an intensive, fast-paced program which builds upon a student’s previous education while providing the science and nursing content to enable students to earn a BSN degree within three terms of full-time study. Admission is highly competitive and based upon proven academic achievement and grades earned in pre-requisite courses. Successful completion of this program will earn the student eleven (11) credits toward the MSN requirement should the student decide to pursue a master’s in nursing degree at the University of Pittsburgh School of Nursing. Dr. Eileen Chasens is the coordinator of the Accelerated 2nd Degree BSN program. Check the web for more information or to register for fall classes: www.nursing.pitt.edu

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University of Pittsburgh School of Nursing Ranked Sixth By NIH

The University of Pittsburgh School of Nursing has been ranked sixth in a recent ranking of the National Institutes of Health (NIH) research support to the nation’s schools and colleges of nursing.

According to Dean Jacqueline Dunbar-Jacob, PhD, RN, FAAN, the NIH rankings demonstrate Pitt’s faculty are making significant contributions to the development and evaluation of issues related to nursing care. “Nursing care is an important factor in achieving better patient outcomes,” she said. “Our researchers are committed to generating new knowledge in health care that impacts direct clinical practice and public health policy.”

Pitt’s Center for Research and Evaluation (CRE) supports basic and biobehavioral research in such areas as chronic disease, critical care, adolescent health, and administrative resources and outcomes. An active multidisciplinary mentorship of investigators facilitates programmatic research development within the CRE. The School of Nursing’s Center for Research in Chronic Disorders (CRCDO) is funded by a grant from the National Institute of Nursing Research and provides infrastructure and method support for systematic design and testing of evaluation outcomes related to persons with chronic diseases.
HEALTH INFORMATICS is the study of how to manage and process information to make it useful for healthcare providers and healthcare consumers. Nursing informatics combines the knowledge of computer science, information science and nursing to support the process of nursing and healthcare. Nurses employed in nursing informatics clinical roles might work for healthcare organizations as decision-makers and system analysts. Other nursing informatics roles might include consultants or representatives for the large information system companies.

A more recent role in nursing informatics is in the area of consumer health informatics. Many healthcare consumers and their families use the Internet to search for health information. The Internet is also being used by healthcare organizations to provide clinical updates and information to patients, and e-mail is being studied as a new form of communication between healthcare providers and their patients. Although the roles for nurses in consumer health informatics are widely varied, they are all related to the delivery of high-quality health information to support healthcare consumers’ healthcare needs.

My research interests are in the area of consumer health informatics. I am studying how healthcare consumers use information technology to improve their health. Currently, we are developing a website to support the communication and information sharing that occurs between parents and healthcare providers of children with cancer. Parents will be able to find information about their children’s illness and use online discussion groups to exchange information with their child’s healthcare providers and other parents. We are also developing an interactive pain assessment tool for young children.

Nurses in the field of nursing informatics come from a variety of backgrounds. Computer experience is helpful, but not a prerequisite for the University of Pittsburgh master’s program in nursing informatics. We currently offer an MSN in nursing informatics, a post-master’s certificate, and a minor for currently enrolled students. For more information, please visit our website at: http://informatics.nursing.pitt.edu

Deborah Lewis holds a master’s degree in nursing and a doctorate in educational technology from West Virginia University, master’s in public health from the University of Pittsburgh and post doctoral training in biomedical informatics at the University of Pittsburgh Center for Biomedical Informatics. In addition, she is a nationally certified family nurse practitioner and certified diabetes educator.
Technology has shaped the way in which care is provided to patients throughout the history of professional nursing. Historically, the challenge of caring for ill family members at home prompted nurse innovations. Bedpans, bandages, a special spoon for dispensing medication, and furniture and clothing to accommodate ill patients were all developed to make home care easier. In the hands of nurses, everyday household items were often transformed into tools for patient care using nursing ingenuity.

“Nurses have always been very good at making do out of very little to more effectively take care of their patients,” says Julie A. Fairman, PhD, FAAN, RN, associate professor of nursing, University of Pennsylvania School of Nursing. “Because nurses work so closely with patients, they see what is needed and find ways to increase patient comfort, enhance treatment, and facilitate care. Nurses constantly strive to improve what doesn’t work. As a result, a wide variety of nurse inventions have been incorporated into clinical practice.”

Today, a wide variety of technological marvels are revolutionizing how nursing is practiced. Computerized charting makes it easier to track vital patient information. Needle-less IV tubing reduces the risk of dangerous needle sticks. And automatic external defibrillators, PIXIS dispensers, handheld PDA units, and robots enable nurses to deliver even better patient care.

In addition, technology is revolutionizing the methods research nurses use to gather information, track progress of studies, and disseminate results. Nursing educators are also taking advantage of technologies such as distance learning, multimedia, and human simulation laboratories to improve the learning process.

At the same time, nurses have always been concerned about how technology impacts patient care. Because patient care is always primary in nursing, technology only has value to nursing if it improves patient care. Nurses have been cautious about the use and abuse of technology and the problems of simultaneously nursing the equipment and nursing the patient.

This special issue of Pitt Nurse highlights the many ways in which the University of Pittsburgh School of Nursing’s faculty, students, and alumni use technology to advance the practice of nursing.

INTRODUCTION

ASSISTIVE TECHNOLOGY FOR THE ELDERLY

JUDY MATTHEWS KNOWS THAT GROWING OLD IS NOT FOR COWARDS – BUT SHE BELIEVES ASSISTIVE TECHNOLOGY CAN HELP MAKE BRAVERY A LITTLE LESS ESSENTIAL.

The proportion of elderly in the United States is growing at a phenomenal rate, causing a greater demand for healthcare services and devices that can extend independent living and promote improved health. Yet little of today’s information technology addresses the critical problems that arise as a result of this demographic shift.

Judith Matthews, PhD, MPH, RN, assistant professor in the Department of Health and Community Systems, recognizes that assistive technology can help sustain the independence of this growing population.

With age, people are more likely to experience impairment in sensory and cognitive function, physical endurance and mobility, as well as depression. Because older adults commonly experience multiple chronic conditions that require complicated treatment regimens, it can become increasingly difficult for them to care for themselves. In addition, improper use of medications, inadequate food and fluid intake, lack of exercise, and urinary incontinence can increase their risk of hospitalization and institutionalization. Daily life for some is characterized by social isolation, difficulty moving from one place to another and navigating in unfamiliar environments, and lapses in memory and judgment that affect their ability to self-manage their chronic conditions.

Most older adults wish to remain as independent as possible for as long as possible, regardless of whether they live in their own homes or reside in continuing care retirement communities. Intelligent assistive technologies that mitigate the ill effects of chronic disorders and prolong independence hold great promise for a burgeoning elderly population whose families may be widely dispersed and for whom in-home supportive services are
At its best, technology makes life easier and better – but it only has value if people can and will use it.

JUDY MATTHEWS

According to the U.S. Department of Health and Human Services, Administration on Aging, there were 35.6 million older adults—people 65 years or older—in 2002 (the latest year for which data are available). Older adults represented 12.3% of the U.S. population, or about one in every eight Americans. By 2030, when the “baby boom” generation reaches age 65, that percentage is expected to grow to 20% of the population. And, the 85+ population is projected to increase from 4.6 million in 2002 to 9.4 million in 2030.

About 30% (10.5 million) of all non-institutionalized older adults in 2002 lived alone. The proportion living alone increases with advanced age. Among women aged 75 and over, for example, almost half lived alone in 2000. In addition, approximately 95% of the elderly lived in various types of senior housing, many of which offer supportive services for their residents.

Most older adults have at least one chronic condition and many have multiple conditions. Among the most frequently occurring conditions among the elderly in 2000-2001 were: hypertension (43.2%), arthritis (38.1%), all types of heart disease (31.1%), any cancer (20.0%), asthma (15.1%), and diabetes (15.0%).

Walking is often the primary form of exercise for the elderly. Since inactivity contributes to increased morbidity and mortality in older adults, devices that facilitate daily exercise may promote improved health and well-being. Ambulatory assistive devices such as canes and walkers offer stability, at best. They do not help with navigation or orientation. And, they do not encourage someone to move, eat, drink or take medication, nor do they provide assistance or support for other needs.

From her experience working with older adults in a variety of settings, Matthews is aware that escorting elderly residents to medical and therapy appointments, social activities and meals are some of the “routinest” things, Matthews is aware that escorting elderly residents to medical and therapy appointments, social activities and meals are some of the “routinest” things needed to provide cognitive and physical assistance that augments, rather than replaces, human caregiving and support. They are meant to supplement what professional or family caregivers do, not replace them.

The IMP is adapted from a regular, commercially-available, collapsible, rollator-type walker equipped with a seat, a basket, and hand brakes with a locking feature to prevent rolling when a person is seated. The basic walker has been modified with a laptop computer, mapping technology, a mechanism for self-parking and retrieval by remote control, and a touch-sensitive screen that can display directional guidance and other information.

Existing walkers can be hazardous when not used correctly, collapsible, rollator-type walkers are meant to supplement what professional or family caregivers do, not replace them.

As Pearl and the IMP attain enough robustness to permit human experiments, team members are conducting field studies to see how older adults interact with the robots and respond to various design features such as audio guidance and visual display.

Matthews is part of a multidisciplinary, multi-institutional collaboration that includes health sciences and technology researchers from the University of Pittsburgh, Carnegie Mellon University, the University of Michigan, and Stanford University. Together, they set out to produce robotic assistants capable of augmenting the in-home help and supervision provided by family members, friends and health care providers. "The development of intelligent assistive technology can't occur in a vacuum," she says. "Multidisciplinary teamwork is essential." Engineers, computer scientists, and robotists know about recent technological advances and have the skills to develop assistive technology. Nurses and other health professionals who work with older adults see that technology might solve, and know how to conduct research with people. Together, there's no limit to what they can accomplish.

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From her experience working with older adults in a variety of settings, Matthews is aware that escorting elderly residents to medical and therapy appointments, social activities and meals is a necessary, but time-consuming, task for the staff at long term care facilities. Beyond saving staff time, enabling greater independence in these individuals is desirable.

Assistive devices that help older adults get around seemed like an obvious solution to Matthews and her colleagues. They set out to develop robots equipped with the ability to navigate, orient, and guide residents on these predictable journeys.

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Existing walkers can be hazardous when not used correctly, contributing to falls and injuries. And when not in use, their position relative to the user may be less than ideal. A robotics walker that embodies several functions tailored to an individual’s evolving needs, such as: issuing reminders to eat, drink fluids, and take medication; monitoring health status and adherence to the prescribed treatment regimen; enhancing communication with family, friends, and health care providers; providing physical assistance with walking and other activities of daily living; and promoting personal safety.

As a result of this collaboration, two prototype robots for older adults are in development. One is a mobile robotic personal assistant named Pearl, previously described in the Winter 2002 issue of Pitt Nurse. The other is a robotic walker, named the IMP or Intelligent Mobility Platform. Matthews stresses that, “These robots are intended to provide cognitive and physical assistance that augments, rather than replaces, human caregiving and support.”

"At its best, technology makes life easier and better – but it only has value if people can and will use it.”

Matthews believes there is a role for robots to help those who may not be able to interact with robots; providing physical assistance with walking and other activities of daily living; and promoting personal safety.

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UNIVERSITY OF PITTSBURGH
NURSES INVOLVED IN DAILY CLINICAL CARE
must rapidly assess
and interview patients in a system that places increasing emphasis on speed, productivity, and efficiency. Cutting edge human simulation devices and a realistic environ-
ment in the Human Simulation Lab at the School of Nursing allow graduate and undergraduate nursing students to develop Crisis Resource Management (CRM) skills in a safe, low risk setting which is as close as possible to reality. The lab contains the MPL/Lateral Sim-Man® Human Simulator, an Ohmeda® Anesthesia Gas Machine, anesthesia cart, emergency cart, malignant hyperthermia (MH) cart, Operating Room (OR) supplies, critical care supplies, gas supply, vac-
suum, OR lights, intercom, and alarm systems. It can set up as an OR, Intensive Care Unit (ICU) or Emergency Room (ER). The lab also has full audiovisual capability with three active cameras, audio and video mixers, monitor, DVD recorder, and VCR recorders.

During high fidelity simulations, students work in teams, and
their performances are recorded while they perform pre-scripted sce-
narios. Each student has a role in the scenario such as: primary nurse, first responder, charge nurse, or recorder nurse. Various other health team providers may be assigned, depending on the scenario. Students not directly participating may view the events from one of five inte-
grated multimedia classroom settings.

Students must suspend their disbelief long enough to forget the environment and patient are not real. It isn’t difficult when the “patient” speaks (from an embedded microphone), generates EKG output, breath sounds (both normal and abnormal), bowel sounds, exhales carbon dioxide, and produces heart tones and pulses. Computerized controls and software allow simulation of tongue edema, laryngospasm, airway obstruction, and various cardiac arrhythmias.

The scenarios are scripted to give each student experiences in assessment, decision making and skill development. If the students deviate from the expected scenario, a supervisor in the control room can override the program and create responses for SimMan that match the students’ actual actions and activities. “In one instance,” recalls Gerchen Zewe, RN, MMSN, Acute and Tertiary Care instructor, “a student called out ‘We have no pulse or respirations!’ and began compressions. This wasn’t in the scripted scenario.” Observers in the control room were surprised. But they instantly switched to manual control and had SimMan perform appropriately for the stu-
dent’s responses. “We just went with the flow,” she says. It turns out, the student was right. A review of the data after the scenario revealed a glitch in the program that caused a momentary pause in the pulse and respirations at the very moment the student checked those signs. “The student was commended for an appropriate response,” says Zewe.

Not all outcomes are so positive. Sometimes SimMan dies – because of, or in spite of, the students’ efforts. Success is important but, “failure promotes intense learning,” says John O’Donnell, CRNA, MSN, director of the Nurse Anesthesia Program. “The beauty of simulation training is that students get to perform in a secure, non-threatening environment so if they make a mistake, it’s safe – to both the student and the patient.” At the end of the scenario, students undergo ‘after-action’ debriefing, and often receive a short lecture on the key points behind the event. “The debrief is arguably the most important component in the training,” says O’Donnell. “Self-debriefing is the most effective.

The challenge is to make sure the student’s esteem and confi-
dence are not undermined as a result of the experience.” A success-
ful debrief requires skill, so training faculty how to debrief effective-
ly is an important part of the simulation program at the School of Nursing.

The simulation experience can be intense, and performing under pressure in front of peers can be intimidating. Students are required to sign confidentiality agreements to ensure that, “what happens here stays here,” explains Rosemary Hoffmann, RN, MSN, Acute and Tertiary Care instructor. “Students need to know they are safe.”

The new Peter M. Winter Institute for Simulation, Education, and Research (WISER) Center, which opened on April 29, 2004, offers new opportunities in simulation education for the School of Nursing. Developed in partnership with the School of Medicine, School of Nursing, School of Dental Medicine, Center for Emergency Medicine, the University of Pittsburgh Medical Center, and the Lendal Corporation, this state-of-the-art enterprise is the largest civilian full body human simulation facility in the world. Located at 230 McKee Place, the Center’s floor plan comprises approximately 12,000 square feet, includes more than 10 simulation areas, and has fully integrated audiovisual capability. Internet-ready classroom and conference capability allow the Center to serve the local as well as the national and international community of interest. The Center houses a variety of simulation devices including 16 Lendal SimMan, 4 Lendal AirMan, three satellite facilities, one SimVan (Center for Emergency Medicine), an Obstetric Simulator that delivers a full term infant and serves as a Beta-test site for the Lendal Corporation with the most recent product SimBaby, currently under evaluation. In 2003 WISER trained approximately 9,000 stu-
dents and at least 12,000 trainees are anticipated during 2004. In addition, a large number of procedure and partial task training mannequins are available.

The University of Pittsburgh School of Nursing Nurse Anesthesia Program has been participating in human simulation work since 1994, originally conceived to aid training in Anesthesiology Crisis Resource Management (ACRM). This training approach, advanced in the early 1990s by Dr. David Gaba of the Stanford University School of Medicine, ACRM is now an accepted compo-
nent of many nurse anesthesia and anesthesiology program curricula.

HIGH FIDELITY HUMAN SIMULATION: SIMMAN ON CAMPUS
The theory is modeled on simulation work done in the military and industry and parallels Crew Resource Management that has been widely adopted in aviation.

Over the past nine years, the Nurse Anesthesia Program faculty have worked closely with Dr. John Schaefer, director of the University of Pittsburgh Human Simulation Center and the WISER Center. John O’Donnell says, “The goal has always been to offer Nurse Anesthesia students a multi-tiered program in human simulation.”

Simulation efforts have proven extremely popular with students, and feedback from clinical instructors has indicated significant impact on student readiness for practice. As a result, a variety of courses have been developed to help students in the Nurse Anesthesia Program develop both basic and critical event management skills culminating in high level courses in which students practice management of high intensity, low frequency events. Current programs include Preparation for Clinical Practice (1st year anesthesia students); Crisis Management Team Training (2nd year anesthesia students and MD residents); Trauma Call (2nd year anesthesia students); and Anesthesia Crisis Resource Management (2nd year anesthesia students).

Building on the success of the simulation education in the anesthesia program, other School of Nursing programs have integrated this approach into their curriculum including Critical Care Course (undergraduate senior year); Advanced Clinical Problem Solving (undergraduate senior year); Demonstrating the Nursing Process Through Simulation (freshman year); Pharmacology Simulation (Accelerated BSN Program); Re-entry to Practice (Fast Track Back Program); and Hypothenunion Simulation (ACGN students).

Continuing education events for CRNAs, and a variety of community outreach projects are also a component of School of Nursing simulation efforts.

Starting this fall, the University of Pittsburgh School of Nursing will begin to integrate simulation training more fully at the freshman, sophomore, junior, and senior levels. Emphasis will be on medical-surgical courses, but other offerings will include the use of simulation in demonstrating nursing process, the development of critical thinking, and pediatric and obstetric care. Outcomes of the simulation experience will include acquisition of critical level appropriate clinical skills and attainment of level-specific competencies throughout the undergraduate educational process.

“High Fidelity Human Simulation training enhances clinical experience, it does not replace it,” says Rosemary Hoffmann. “It’s a great tool. An experience our students get in simulation training helps accelerate learning and improve retention while ensuring patient safety.”

ROSEMARY HOFFMANN

BEYOND SIMMAN: TECHNOLOGY IN THE NURSE ANESTHESIA PROGRAM

“ I THINK THE NURSE ANESTHESIA PROGRAM (NAP) may be the most technology-driven program in the school,” says John O’Donnell, CRNA, MSN, director and instructor of the Nurse Anesthesia Program.

“We have several initiatives: Human simulation, both at the School and WISER, Typhon on-line record keeping and evaluation system; and the Nurse Anesthesiast Rural and Elderly Expansion Project (NAREEP) grant for distance education. We also run multiple web sites for the program and other events.” Laura Palmer, MNEEd, CRNA, assistant director and instructor, Nurse Anesthesia Program is the NAP technology advisor and webmaster.

HIGH FIDELITY HUMAN SIMULATION

The University of Pittsburgh School of Nursing Nurse Anesthesia Program simulation efforts have increased in quality and quantity over the last year. Full body high fidelity simulation experiences in student education for anesthetic induction and maintenance, Anesthesia Crisis Management Leadership/Team training, Anesthesia Crisis Resource Management principles, Difficult Airway, Double Lumen Endobronchial Tube Placement, Trauma Call, and remediation efforts are offered. All simulation courses are now tied with specific didactic courses.

In addition to these full scale efforts, “part-tail training” in the areas of intubation (adult, child, infant), central venous access, arterial access, intraosseous access, spinal insertion, epidural insertion, and patient positioning are used. Current Nurse Anesthesia Program simulation efforts are highlighted at www.pitt.edu/~napcrna/simulation.htm

ON-LINE CASE DATA ENTRY

In fall 2003, the Nurse Anesthesia Program purchased a student case tracking system and evaluation system from Typhon Group Healthcare Solutions. This product is designed specifically for anesthesia students and provides for on-line case data entry, time log creation, custom reports for students and program faculty, and AANA transcript generation. The companion evaluation package (EASE™) allows for the creation of on-line evaluation tools for students and faculty in a secure web server. This summer, the addition of FDA case data entry software has allowed portability in the clinical area. These systems have allowed the Nurse Anesthesia Program to go “paperless” for required clinical case record keeping and has provided more accurate and detailed student experience information. This information is used to evaluate the program’s clinical offerings and guide clinical assignments.

DISTANCE EDUCATION

Through a $36,500 grant awarded in 2002 by the Office of Advancement of Telehealth (SHS), the Nurse Anesthesia Program is transmitting didactic presentations to students rotating to four clinical sites outside the Pittsburgh area. Currently, distance education material is transmitted to Covenant Healthcare in Saginaw MI, Elk Regional Hospital in St. Mary’s PA, Altoona Hospital in Altoona PA, and UPMC Lee Regional in Johnstown PA.

WEB-ENHANCED EDUCATION

Every aspect of the didactic curriculum is supported on the web using the University CourseWeb server and other intranet sites created specifically for the Nurse Anesthesia Program’s educational needs. All presentation materials are available in either Word or PowerPoint and enhanced with digital photos, graphics, and video clips. More extensive learning materials are provided on CD-ROM.

There is even an anatomy website, originally constructed as a class assignment for the Applied Physiology and Pathophysiology course in the spring of 2003, and updated and managed by Laura Palmer. Several other websites are under development, including one explaining Anesthesia Positioning needs and a Regional Anesthesia Techniques website. The program maintains an informational website focused on the needs of prospective applicants and alumni. Because of the communication challenges with students at over 20 clinical sites spread across the US (most distant is University of Washington, Seattle) a separate website provides current students, site coordinators and faculty with essential clinical and administrative information.

BEYOND SIMMAN: TECHNOLOGY IN THE NURSE ANESTHESIA PROGRAM

2003 CERTIFICATION EXAMINATION SCORES AGAIN SET A NURSE ANESTHESIA PROGRAM RECORD

The University of Pittsburgh School of Nursing Nurse Anesthesia Program Class of 2003, National Certification Examination scores set a three-year program record.

Twenty-eight students graduated from the Nurse Anesthesia Program on December 13, 2003. All twenty-eight 2003 graduates (100%) passed the National Certification Examination on the first attempt, taking the minimum ninety items. In addition, twenty of the 2003 graduates (71.4%) received the maximum score of 600 on the exam, and the average score was 585.6, the highest in program history.

Over the past three years, 42 out of 81 graduates (52%) received the maximum score of 600 and 100% passed the Certification Examination on the first attempt.
WHEN KIDNEYS FAIL, patients must undergo renal replacement therapy, either with peritoneal dialysis or hemodialysis. Mary Ann Sevick, ScD, RN, associate professor, Health & Community Systems, and Terry Starrett, BS, MA, RN, MSN, project director, are using personal digital assistants (PDAs) to help hemodialysis patients deal with their complicated treatment regimen.

The most common treatment approach for patients with kidney failure is hemodialysis three days per week, for about 5 hours per dialysis session. In hemodialysis, the blood is allowed to flow, a few ounces at a time, through a machine with a special filter which removes wastes and extra fluids normally removed by the kidneys. The clean blood is then returned to the body. Removing the harmful wastes and extra salt and fluids helps control blood pressure, keeps the proper balance of chemicals in the body, and prevents the development of bone and cardiovascular complications. Hemodialysis patients also usually take multiple medications and must limit their fluid intake.

But perhaps one of the most complicated aspects of the hemodialysis regimen is the "renal diet." Because the kidneys are not working properly, patients must limit their intake of sodium (to prevent fluid overload between dialysis sessions), potassium (to prevent serious heart arrhythmia), and phosphorus (to prevent bone problems and vascular calcifications). At the same time, many hemodialysis patients suffer from malnutrition. It is not uncommon for them to lose their appetite and so they struggle to eat enough calories, in particular, high quality protein. "Most dialysis patients don’t feel well most of the time, and they don’t want to eat," says Sevick. "As a result, their body begins to consume itself, breaking down fat and muscle, and the patient becomes increasingly weak over time."

"Many who have tried know how difficult it is to change lifelong eating patterns. And keeping track of just one nutrient, such as calories, carbohydrates, or saturated fat, can be difficult for the average person. Imagine trying to eat enough calories and protein, and at the same time limiting sodium, potassium and phosphorus! Further, imagine doing so on a schedule disrupted by time consuming dialysis treatments, and when you are not feeling particularly well.

Sevick and Starrett teach hemodialysis patients how to balance their diet using current technology. "I was in that chair. I was on dialysis, I had kidney failure and I had a kidney transplant," says Starrett, a passionate woman who is intent on making a difference with dialysis patients. "I know what these people are feeling by having been where they are." Sevick and Starrett designed a computer-based intervention to assist dialysis patients in monitoring their diet. The interactive programs, which can be viewed on a laptop computer during dialysis, educate patients about the importance of maintaining adequate calories and protein, and limiting sodium, potassium, and phosphorus. Starrett also developed a computer program for the laptop that teaches patients how to use a PDA to monitor their diet using special dietary software called BalanceLog. Starrett says, "The laptop program walks them through the process of logging what they have eaten into the BalanceLog program. The patient follows along step-by-step using their own PDA to enter foods into BalanceLog while the laptop shows them how." Because hemodialysis patients often have memory problems, this program is especially helpful. "BalanceLog is a great way to help us determine what patients are eating without having to rely on their memory," says Starrett. "We teach them to enter what they’ve eaten as soon as they finish a meal. When patients enter meals as directed (right after eating) we get a pretty accurate, real-time record of their diet. BalanceLog also allows us to generate reports by the week or month, so we can see dietary trends."

Most patients find learning how to use the PDA and dietary software has been surprisingly easy. "They do occasionally have problems," Starrett says. "Sometimes they may not be able to find the food in the PDA because they are misspelling it or the food may need to be added to the data base. The program allows people to enter recipes, such as a soup they make all the time. We work with the patient to determine the food content of their own personal recipes and enter the nutritional content in the PDA." Using a new technology can be overwhelming, but Starrett says, "The technical issues have been minimal. If people have a problem with their PDA, they just write their foods down. We enter their meals during their next visit to the dialysis unit and work with them to resolve the problem."

Starrett was one of the lucky ones who went on to receive a kidney transplant. She is determined to help her patients eat well and stay healthy so they too can go on to be transplanted. "When I was on dialysis, I never imagined I would be able to do something like this," says Starrett. "For me, technology has opened up a whole new world of possibilities." The research Sevick and Starrett are conducting will demonstrate how useful technology can be to help hemodialysis patients manage their diet and avoid possible complications from poor dietary patterns.

HELPING HEMODIALYSIS PATIENTS OVERCOME THE ODDS

BY REBECCA FUNK
Nurses continue to research and participate in a range of space-related experiments today. Currently at NASA, nurses work in occupational health and clinical roles and have provided input hygiene studies for the Space Shuttle and Space Station programs. One of the goals Rhoades has for the SNS is to establish a collaboration between the nursing profession and space-related initiatives. Advancements made in nursing research can have significant impact on astronauts' health care. For example, Rhoades compares orbiting astronauts with bedrest patients. The astronauts and bedrest patients face similar environmental challenges. Consider a patient in an intensive care unit (ICU). The ICU patient constantly hears alarms, low-level communication devices, medical equipment and computers. After days, the patient may experience “ICU psychosis” or even “mix-ups” in their circadian rhythms, or “sundowners.” Astronauts likewise may experience sleep problems. After all, they watch a sunrise every 90 minutes.

Patients on bedrest who lack gravity-loading on their bones and do not exercise their muscles may experience bone demineralization, muscle atrophy, and cardiac de-conditioning. The same occurs to the body in a zero-gravity environment. Bedrest patients suffer from decreases in immune response due to stress. Zero-gravity and radiation exposure affect the astronauts in the same way. It takes longer for their wounds to heal and longer for antibiotics to work. Rhoades adds, “Bacteria loves to flourish in Zero-G.”

The SNS strives to illuminate the importance of nurses’ roles in space exploration. Nurses participate in discussions and contribute their expertise to problem analysis and preparing astronauts to utilize the appropriate and necessary medical equipment and medications. Nurses explain changes in medications in space after exposure to zero-gravity and radiation. They help train non-medical personnel to act as the crew medical officer (CMO) since not everyone on the mission has a medical background. Nurses teach astronauts’ long-term health, nutrition, exercise, hygiene, countermeasures to space adaptation syndrome, bone loss, cardiac changes, fluid shifts and re-adaptation to the Earth’s gravity on return. They monitor the psychological well-being of not only the astronauts, but everyone involved in the mission, including ground support, families, and all employees of the space program. Nurses prepare for “futureistic” developments that may arise with exploration of our solar system and beyond, such as reproduction, fetal growth and development, labor and delivery and pediatric growth. They even consider development issues on lunar or Martian bases.

Currently, the SNS is developing a curriculum and a textbook and is looking to attract nurses with a variety of nurse theory backgrounds, writing, research, education, and clinical experiences. “We welcome everyone to contribute,” Rhoades adds.

Scott Rhoades currently practices as a Nursing Coordinator and EMS/Pediatric Critical Care Nurse at Indiana Regional Medical Center, located in Indiana, Pennsylvania. His duties involve managing float personnel, EMS/Medical Center Interface, EMS Education, Transfer and Transport Issues, and Flight Operations. Rhoades is the acting medical officer for the United States Air Force Auxiliary/PA Wing/Group 17 Squadron 714, where he is also involved in emergency services, air and ground search/rescue team and aerospace education. He is enrolled in the United States Air Force Institute for Advanced Distributed Learning (AFIADL).

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**BIOFEEDBACK & URINARY CONTINENCE**

**SANDRA ENGBERG, PhD, RN, CRNP**

Assistant Professor and Chair, Health Promotion and Development

Dr. Sandra Engberg wants to help older men and women, including homebound elders, maintain urinary continence. Engberg is the principle investigator on an NINR (National Institute of Nursing Research) funded study examining the effectiveness of a relapse intervention in maintaining urinary continence in homebound older adults, as well as the cost-effectiveness of providing behavioral therapies for urinary incontinence in this population.

“Women experience incontinence twice as often as men. Physical changes result from pregnancy, childbirth, and menopause often cause the pelvic floor muscles that support the bladder to weaken, resulting in incontinence. Older women experience incontinence more often than younger women,” says Engberg. “Incontinence can lead to feelings of isolation as the older individuals become afraid or embarrassed to go out.”

Kegel exercises to strengthen or retrain pelvic floor muscles and sphincter muscles can reduce or eliminate stress and urge leakage. Men and women of all ages can learn and practice these exercises, which are taught by a health care professional. Although Kegel exercises do not require equipment to be effective, it is important to do them properly and frequently.

John Henry Newman once proclaimed, “A man would do nothing if he waited until he could do it so well that no one could find fault.” Scott Rhoades, RN, BSN ’95, PHRN, recently made this statement a personal motto and enthusiastically added, “We dare to dream!”

Rhoades serves as secretary and charter member of the Space Nursing Society (SNS). SNS is strategically headquartered in Palmdale, California, which is home to several NASA facilities, contractors, and the military. However, members span the country and extend to the United Kingdom and Australia. The SNS represents nurses working in the space program, and nurses sharing similar interests. Membership is also open to non-nurses who do not have voting privileges within the society but who are encouraged to participate in discussions.

Rhoades has promoted the combination of nursing, aviation, and space throughout his ten-year professional nursing career believing that, “Nurses have much to bring to the table. However, nursing is not recognized as a hard-science. I want to help change that misconception.”

“Nursing has been part of the space program from the beginning, it’s just not that well-known,” Rhoades explains. Dee O’Hara, considered America’s First Space Nurse, made significant contributions to the space program without ever flying into space. While working as an Air Force Nurse, O’Hara was assigned to NASA in 1959 to assist in coordinating healthcare for the Original Seven Mercury astronauts. She claimed the role of ‘support person’ for the astronauts’ families during the missions and remained with NASA until the mid-1970s.

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Medication adherence is critical for symptom management, disease control, and health outcomes in acute and chronic illnesses. “You can’t tell by looking at someone if they will be adherent,” says Dr. Carol Stilley.

The Center for Research in Chronic Disorders (CRCD), an independent NIH/NINR funded center within the School of Nursing has been using automated electronic monitoring caps, “Medication Event Monitoring System, or MEMS” to evaluate medication adherence among patients with chronic illnesses for over 19 years. The first step to promoting adherence is knowing when patients take medications. This not only alerts the clinician as to patterns of under-dosing, over-dosing, and difficulties with dose scheduling but can serve as an intervention tool to improve adherence. “Understanding how a patient is nonadherent helps to research on why, which can help the clinician design more effective interventions,” she says. “We can’t just assume that patients are forgetful,” says Stilley. While she believes psychosocial factors and cognitive function may be crucial, the understanding why some patients are nonadherent, there are many reasons patients don’t take their medications. Patients may worry about side effects, they may feel fine and think they no longer need the medication, or they may be concerned about the cost. “Simple reminders may not help patients with those concerns.”

MEMS cap technology dates back to the 1980’s – practically ancient by current standards. It has been modified over the years and is still considered “state-of-the-art” for measuring medication adherence. The system uses simple pill bottles with computer chips embedded in the bottle cap that counts the number of times the bottle is opened. Each opening is counted as one dose. When the patient returns the cap, we download the data to a computer. A display that looks like a calendar shows when they took their medicine. It’s very objective and nonjudgmental,” says Stilley. Looking at the information with the patient, clinicians can talk about why they missed their doses and plan a more effective intervention. MEMS has been used by CRCD researchers to study medication adherence among patients with chronic diseases such as diabetes, HIV, asthma, high blood pressure, and tuberculosis. The CRCD is beginning pilot and feasibility testing of several newer electronic monitoring systems to study adherence to medication and other treatment regimens, such as exercise and diet.

Medication adherence is a top-priority area of research in the CRCD. Assistant Professor, Acute and Tertiary Care, Dr. Mary Beth Happ doesn’t use a single technology in her research. She is researching multiple technologies—specifically, human-technology interactions. “My research focuses broadly on human-technology interactions with patients who are receiving mechanical ventilation and are unable to speak,” Happ says.

Happ currently leads a multidisciplinary team working on a National Institute of Child Health and Human Development-funded study, to “Improve Communication with Non-speaking ICU Patients.” The research team includes a speech language pathologist, critical care nurse specialist, pulmonary critical care physician, and biostatistician. The study is testing two different interventions to improve communication between nurses and ICU patients who are unable to speak during treatment with a breathing tube and mechanical ventilation (respirator). Happ says, “This is cutting-edge research to ascertain and improve the communication status of non-speaking ICU patients.”

Other NIH-funded research conducted by Happ and SON co-investigators, Drs. Valerie Swigart and Leslie Hoffman, examines the care and communication processes with patients on long-term mechanical ventilation (4 or more days of ventilator support) in a step-down critical care unit. “I am interested in how people are treated when they don’t have voice and can’t speak back,” she says. “Do caregivers communicate with patients who do not have voice? How do we interact or check to see if a patient is in delirium (mental confusion resulting from high fever, intoxication, shock, or other causes, and characterized by anxiety, disorientation, memory impairment, hallucinations, trembling, and incoherence). Can they not speak back? How can they not speak back?”

Part of the problem is that waiting to address the psychosocial needs until the patient is liberated from the ventilator may actually exacerbate the patient’s condition. “Not addressing a patient’s fear, confusion, and anxiety while they are on a ventilator may prolong their critical illness and extend the time they need to be on the ventilator,” Happ says. “Being on a ventilator can cause a patient to be agitated. An agitated patient may be restrained, and research shows that physical restraint can prolong hospitalization and worsen delirium, thus potentially extending the time patients need to be on a ventilator. As a result the patient experiences decreased mobility and increased morbidity.”

Potential solutions to improve communication with non-speaking, critically ill patients may be high-tech or low-tech. The research team is looking at everything from electronic augmentative and alternative communication (AAC) devices to simple picture boards and written choice and non-verbal communication techniques. Improved communications may help seriously ill patients get off ventilators and get well faster. Most importantly, understanding patients’ communication will improve their experience of mechanical ventilation and critical illness.
WE KNOW THAT PARENTAL INSTINCT calls on mothers and fathers to rock their child. Even a pregnant mother, though she may not realize it, is rocking her child. When an infant is born prematurely, he is separated from the favorable condition provided by life in utero. What you may not know is that Mary Neal, PhD, MLitt ’52, FAAN, studied the effects a specific motion pattern, such as rocking, could have on premature infants, as well as developed an apparatus to simulate this motion.

“The expectant mother frequently expresses joy when her infant moves in utero,” says Neal, a professor emeritus at the University of Maryland School of Nursing and an American Academy of Nursing “Living Legend.” “We know that during the progression of pregnancy, they become crucially and move with the mother. Lack of activity is a critical sign to note for any obstetrician or midwife, and it mean that the unborn child is in serious trouble.”

Throughout her professional nursing career, Neal has made a significant impact in the area of prenatal and premature infant care. While stationed at the Walter Reed Army Medical Center in Washington, D.C. during World War II, she was assigned to an obstetrical unit. After serving in the military for three years, Neal attended the University of Pittsburgh School of Nursing, earning a Master of Letters. Neal began her doctoral study in 1961 at New York University. Her dissertation, an experimental study of motion in premature infants, was carried out in four New York City area hospitals.

Neal worked with premature infants particularly those ranging from 27-32 weeks in age, or 12 weeks premature. During her time at Cornell's New York Hospital, she noticed that four infants died after about four weeks in an incubator where they were fed and monitored, but handled very little. They were physically active their first week of life, less active the second week and very sick the third week showing little body movement. She hypothesized that the lack of motion the infants would have experienced in utero may be related to mortality or development and neurological handicaps.

According to Neal, the purpose of the study was to determine the relationship between a regimen of stimulating the vestibular nerve, which governs body equilibrium and aids in the perception of body position, and the developmental behavior of the premature infant as measured by four tests. These behavioral responses are representative of the most complex behavior that can be exhibited by a premature infant.

Neal needed an apparatus that would simulate the rocking a pregnant woman makes when walking, as well as the motion created by the living, rhythmic environment of the womb. “The apparatus gives a nice rocking motion,” says Neal. “The very, very small infant from 27-32 weeks has the highest incident of neurological handicap; he is unable to feed himself, he can’t do all these things necessary to sustain life and that became the focus of my study.”

Neal used the resources of several major libraries in New York City to investigate what research had been conducted in this area in addition to what was registered and available. She eventually built the first apparatus, the “rocking hammock,” herself using a motor she found in a children’s toy store. It took two to three years for Neal to develop the apparatus and to have it built and then accepted for the study. To be functional, the apparatus had to be encased and placed on top of the incubator. The hammock provided motion and stimulation to each infant for 30 minutes, three times a day until the infant was 252 total days (in utero plus days after birth). The compound motion combined 60 horizontal and 30 vertical into a “motion pattern.” The pattern of motion was started on the fourth day after birth. Research literature shows that such a motion pattern increased the onset and production of respiratory enzymes and enhanced development of the cranial nerve associated with body movement.

In her first study, there were 62 infants – 31 randomly assigned to a study group (the swingers) and 31 assigned to a control group (non-swingers). Neal placed the apparatus on top of the incubator and swung the infant through the hole normally used for weighing infants. The swinging started to make a difference in the premature infant’s activity. “The babies that did the swinging excelled in some areas,” Neal says. “The swingers excelled in motor development and visual response. The Graham Test, as modified by Rosenblith, was the tool used to measure the infants’ development. Neal visited Rosenblith at Brown University to learn how to use the test. The findings showed the experimental infants (swingers) were statistically significant at the .001 level for motor development, general maturation, visual response and displacement of limbs for the arms only; and .01 level for auditory response and pull to sitting behavior. The swingers showed faster weight gain and were discharged from the hospital, on average, one week earlier than the control group (non-swingers).”

In subsequent research in Maryland, four groups of infants were studied: Experimental Group A were swung in the hammock for thirty minutes, three times a day; Group B (self-swingers) were placed in the same hammock as the first group, but instead of motion being imposed on them, they were free to remain still or initiate motion themselves; To add the extra handling of the infants in the study into the control group, Group C infants were placed in the same hammock, but the hammock was stationary; Group D (the control group) received no special handling or treatment.

The infants were tested for pH levels, weight gain, body length increment and again by the Grahm Test. A medical follow-up by the pediatrician and the use of the Bayley Scales of Infant Development (BSID) to assess the mental, motor, and behavior rating scales) for infant development at 6, 12, and 18 months were also added. There were only 20 infants in the study, so findings can only be considered possible trends. However, the self-swingers of Group B had the highest motor, general maturation, and visual scores. This suggests that further research is needed on this particular group. All of the infants showed a lag by the Bayley test in both motor and mental development.

The professional input from pediatricians, pediatric neuologists, neurologists, and professional psychologists was invaluable and strengthened the research quality of the study.

Neal's belief in emerging technology throughout her career has helped her to make a difference in the nursing field. “I think that we have to produce more of our own technology and utilize more fully current technologies,” says Neal. “To get the apparatus built took an act of God, really. As the chief of pediatrics at New York Hospital said to me, ‘Well, who else has ever done it?’

In honor of her pioneering achievements, Neal was named a Living Legend by the American Academy of Nursing in 1996. Her rocking apparatus was featured in the 1970 Time Life documentary, “Rock A Bye Baby”, written about in Reader's Digest in the 1970s, and permanently enshrined in the Living History Museum at the University of Maryland at Baltimore. Neal's unique invention continues to be an inspiration for other nurses who aspire to create their own forms of health care technology.

“The key to understanding new technology is to embrace previous technological advances,” she says. Neal used current technology to help her create her apparatus, and she continues to look for ways to advance the nursing profession.
THE SUMMER MONTHS HAVE GONE QUICKLY, but I hope they have offered many opportunities for less structure and more fun, for relaxing and recharging.

Shortly, a new academic year will be upon us and the Nursing Alumni Society Executive Committee is committed to success. At our annual summer workshop in August, we set an aggressive agenda and have decided to focus our activities toward teaching students what it means to be an alumnus. I believe the only way to do this is by example. By demonstrating our commitment to the School, we can nurture alumni spirit in today’s students, ensuring the next generation of alumni is even stronger.

We will continue our participation in traditional activities such as Freshmen Family Weekend and Homecoming, but are looking to launch new initiatives that will tie into our 2004-2005 focus. Please consider joining with us.

Enthusiastic alumni volunteers are always welcome. Contact the School of Nursing Alumni Office at 412-624-2404 to see how you can become involved or check out the School of Nursing website for meeting details: www.nursing.pitt.edu; click on ‘alumni and friends’ then ‘Nursing Alumni Society.’

The word is out—it is truly special to be a University of Pittsburgh School of Nursing alumnus.

Otilia Getiske, BSN ‘77, MSN ’94
President

p.s. Mark your calendars for Saturday, May 21, 2005, and make plans to celebrate Alumni Day 2005 with us!
1940's
Adena Johnson Davis, BSN ’47, was recognized as an African American Alumni Council 2003 Distinguished Alumna at its annual meeting. Dr. Davis is the first African American graduate of the School of Nursing, where a scholarship was established in her name in 1999.

1950's
Dorothy Kabat Kirby, MLT ’53, BSN ’54, is now retired but served as a Lt. T. L. in the Army Nurse Corps during World War II. As a public health nurse, she practiced in Pennsylvania, New York, New Jersey, and the District of Columbia. Dorothy, mother of five and grandmother of five, is also an award-winning artist.

1960's
Judith Sterlecell Charlson, BSN ’64, was named the Pittsburgh Center for the Arts (PCA) Gael Council Board’s 2004 Service to the Awards for her past efforts as president of Pittsburgh Society of Artists and as Gael Council Chair. The Award was formally presented in June at the PCA during an opening reception for new exhibits.

1970's
Angie Simon Staab, MN ’72, BSN ’65, an online clinical associate professor in the College of Nursing at the University of Arkansas for Medical Sciences, teaches in the Southern Gerontological Nursing Certificate Program. She provides instruction in both design online courses and is a part-time nurse practitioner at the local health department, practicing in adult and women’s health. On the editorial boards of Clinician Reviews and Clinician News, Staab recently qualified in track and field for the 2005 Senior National Olympics to be held in Pittsburgh in June 2005.

Dr. Terri E. Weaver, BSN ’73, has been appointed chair of the Biobehavioral and Health Sciences Division, University of Pennsylvania School of Nursing.

Jennifer Onisillag Lepli, BSN ’74, is a health system specialist at the Department of Veterans Affairs Headquarters in Washington, DC. She assists with upper level management issues for three Veterans Integrated Service Networks, encompassing 15 medical centers in six states. Jennifer works in the office of the Under Secretary for Health in the area of operations and management.

1980's
Patti Moore, MN ’84, BSN ’68, FAAN, adjunct professor at the School of Nursing, was named a Woman of Spirit by Carlow College in recognition of her contributions to the nursing profession and oncology patient care. Ms. Moore serves as chief executive officer of the Oncology Nursing Society.

Margaret Cuszaak Sisto, RN ’80, BSN ’75, co-authored the article, “Perspective on Family-Centered, Flexible Visitation in the Intensive Care Unit,” published in the May 2003 issue of Critical Care Medicine.

Tracy Drogan, BSN ’82, co-authored the article, “Cardiovascular Transplantation as a Treatment Option for the Heart Failure Patient,” published in the January–March 2003 edition of Critical Care Nursing Quarterly.

1990's
Jane M. Lagrotteria, MSN ’90, wrote the article, “Biostatistical Placing for Congestive Heart Failure,” published in the January–March 2003 edition of Critical Care Nursing Quarterly.


Dr. Elisabeth George, PhD ’99, MSN ’83, is author of the article, “Predicting Heart Failure in Older Women: An Immunologic Approach,” published in the June 2004 issue of Nursing Clinics of North America.
In Memoriam

Mary Ruth Marshall, ’43
Mary Alberta Lang Widman, ’43 July 17, 2003
Marilyn Jandorf Citron, ’45, ’44 May 6, 2004
Mary Louise Brown, ’48, ’50 February 5, 2004
W. Janet Hunt Cosgrave, ’48 April 8, 2004
Ellen E. Chaffee, ’50 May 28, 2004
Victoria V. May, ’50, ’54 November 10, 2003
Ruth Sherill Campbell, ’54 May 22, 2003
Mary Ann Kearney Kellogg, ’65 December 20, 2003
Mildred Gala Starzynski, ’71, ’78 January 23, 2004
Marjorie Ann Nebel Schaffer, ’81 September 30, 2003
Beth Steele-Dexter, ’82
Ellen E. Chaffee
Alumna and associate professor emerita, Ellen Chaffee, 83, passed away on Friday, May 28, 2004. She was a resident of the Sherwood Oaks Lifetime Care Community in Cranberry Township.

A native of Troy, Ohio, near Dayton, Chaffee earned a B.S. in education from Miami University of Ohio and a master’s of nursing from Western Reserve University (now Case Western Reserve.) After serving as a second lieutenant in the Army, she was a clinical instructor at the Jewish Hospital School of Nursing in Cincinnati. Chaffee joined the School of Nursing in 1947 as a nursing instructor and earned a master’s of letters in 1950. Rising through the academic ranks, she became an assistant professor in 1952 and associate professor in 1964.

Chaffee’s contributions to nursing education were significant. She taught anatomy, physiology and pathophysiology; developed courses in the principles and practice of operating room nursing, obstetrics and medical-surgical nursing; and co-authored Basic Physiology and Anatomy, a textbook used at nursing schools across the country.

Of all her academic pursuits, Chaffee clearly favored teaching. She recognized the importance of students knowing why something was done and would do whatever it took to help them learn. “Science is fun” she would remind her students.

Retiring in 1984, Chaffee established the Elizabeth Lucas & Wilbur Chaffee Memorial Undergraduate Scholar’s Award in honor of her parents, and through her generosity, School of Nursing students benefit from hands-on experience in the Ellen Chaffee Nursing Skills Lab, dedicated in 1994. The blue awnings that mark the School of Nursing entrances are also due to her kind support.

In recognition of Chaffee’s passion for teaching and her expertise in anatomy and physiology, the University of Pittsburgh School of Nursing is committed to renovating the School’s Anatomy and Physiology Lab as a permanent memorial tribute.

If you wish to express condolences to a classmate’s family, the Alumni Office will be pleased to forward your message. Contact Joan Nock at jno100@pitt.edu

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A memorial service is planned at Heinz Chapel on September 20, 2004 at 2:30 p.m. with a reception to follow at the Pittsburgh Athletic Association.

Florence E. Elliott
Florence E. Elliott, former faculty and friend of the University of Pittsburgh School of Nursing, passed away on March 3, 2004.

Ms. Elliott earned a nursing diploma from Huron Hospital in Cleveland, Ohio. She went on to receive a Bachelor of Nursing Education from the University of Virginia and a Master of Teaching Arts from Columbia University.

After working as a practitioner at Huron Hospital, Ms. Elliott began a long career as an educator and administrator for several schools of nursing across the country, including the University of Pittsburgh School of Nursing. She served on an administrative committee with Dr. Virginia Braley and Dr. Florence Erickson following Dean Kuehn’s retirement in 1961, functioning as part of a three-member dean leadership team. After Dr. Margaretta Schaefer became the School’s second dean in 1964, Ms. Elliott was appointed associate dean for the undergraduate program.

A tireless advocate of the nursing profession, she was instrumental in assisting several schools of nursing with earning accreditation and believed it critical for nurses to remain vigilant about furthering their education.

Named an Honorary Alumnus of the School of Nursing in 1999, Ms. Elliott was a major gift donor to the School’s Distinguished Clinical Scholar Endowment Fund to benefit nursing professionals in clinical practice.

Frances George Steward
Frances George Steward, 93, the second faculty member hired at the School of Nursing after its establishment in 1939, passed away at her home in Clearwater, Florida on November 24, 2003. A professor of nursing education, she taught at the School from 1940–1959.

During her time at Pitt, Ms. Steward opened the first continuing education center for nurses in the country and directed a study aimed at distributing responsibilities between nurses and ward clerks to provide cost-effective quality care. She co-authored a book entitled, Patterns of Patient Care, with the School’s first dean, Dean Kuehn.

When research was introduced at the School of Nursing during the 1950’s, Ms. Steward was director of the research staff and chaired its working committees.

Ms. Steward’s professional academic career included faculty positions at Ohio State University, the University of Washington, St. Peter’s Junior College and Florida State University. She also served as national president of Sigma Theta Tau, the nursing honor society. A memorial service was held at The Oaks of Clearwater on December 18.
2004 DISTINGUISHED ALUMNI AWARD Recipients

DR. JUDITH ERLEN, BSN ’66
Judith Erlen, PhD, RN, FAAN, has enhanced the nursing profession as an educator, researcher, and mentor. Earning a master’s in nursing at Wayne State University and a PhD at Texas Woman’s University, she is currently a tenured professor in the University of Pittsburgh School of Nursing’s Department of Health Promotion and Development. She also serves as the School’s doctoral program coordinator and associate director of its Center for Research in Chronic Disorders.

A fellow in the American Academy of Nursing, Dr. Erlen maintains membership in a number of professional and scientific societies, has a long list of professional publications to her credit and has directed research on ethics in nursing and health care. Her commitment to the University of Pittsburgh and the School of Nursing is sincere, making her an enthusiastic ambassador on behalf of her alma mater.

DR. LINDA FRANK, MSN ’83
Linda Frank, PhD, MSN, ACRN, is an assistant professor in the University of Pittsburgh’s Graduate School of Public Health (GSPH), Department of Infectious Diseases and Microbiology. Serving as Principal Investigator/Project Director of the PennsylvaniaMid-Atlantic AIDS Education and Training Center, she also directs the Communicable Disease & Behavioral Health MPH Track at the GSPH.

Dr. Frank has developed curricula and implemented training for prison health care providers, probation and parole officers and peer educators within state correctional facilities. She is a prolific writer and speaker state and national AIDS planning coalitions, action councils and certification boards. An asset to the nursing profession, Dr. Frank has demonstrated leadership and excellence in practice over a most exemplary career.

DR. MARY E. KERR, MSN ’81
Dr. Mary Kerr, PhD, RN, FAAN, is a professor with tenure in the University of Pittsburgh School of Nursing and directs its Center for Nursing Research for seven years. She received her baccalaureate degree in nursing from Slippery Rock University and a PhD from Case Western Reserve University.

With continuous research funding since 1995, Dr. Kerr is nationally and internationally renowned and has enhanced health care’s knowledge base within the area of neuroscience. Recognizing the significance of research and its application to practice, she has built bridges to the practice arena. Dr. Kerr has gained the respect of physicians and colleagues at the School of Medicine and serves as associate director of the Clinical Core Brain Trauma Research Center at UPMC. She has published extensively and shares her expertise with students as a mentor and educator.

2004 HONORARY ALUMNI AWARD Recipients

ALEXANDER M. MINNO, MD
Dr. Alexander Minno is a tireless advocate on behalf of the School of Nursing and his engag-ing personality ingratiates him to all. A native of Conemaugh, PA, he is a 1947 graduate of the University of Pittsburgh School of Medicine and practiced internal medicine and rheumatology for 53 years.

Dr. Minno serves on the School’s Volunteer Advisory Committee and in 2000, he and his wife, Frances, endowed an undergraduate scholarship at the School: The Frank and Anna Minno Scholarship Fund in Memory of Their Daughter Lt. Col. Julia Minno, BSN ’64, MBLIT ’93. It is a tribute to his sister, Lt. Col. Julia Minno, who served in the U.S. Army Nurse Corps and had tours of duty in France, Japan, West Germany and Ethiopia over a 17-year military career.

The School of Nursing is privileged to consider Dr. Minno a friend.

MARY RODGERS SCHUBERT, MPM, RN
Mary Rodgers Schubert demonstrates her commitment to the School of Nursing and to the nursing profession in all that she does. As the School’s director of development since 2000, she has worked diligently to strengthen alumni ties to the School. Ms. Schubert has been instrumental in raising over $6.3 million over the past four years and has led the School to within 76% of its $8.5 million Capital Campaign goal.

Possessing a high level of professionalism and a warm, sincere style, Ms. Schubert is an asset to her profession, to the School and to its alumni. She earned a diploma from The Western Pennsylvania Hospital School of Nursing, a BSN degree from the Pennsylvania State University and a master’s degree from Carnegie Mellon University’s H. John Heinz III School of Public Policy and Management.

Recognized by the School of Nursing as an outstand-ing loyal supporter who has been emotionally invested in the School’s success, Mary Rodgers Schubert has made an indelible mark on the University of Pittsburgh, the School of Nursing and her alma mater.

CALL FOR 2005 NOMINATIONS

The School of Nursing Alumni Society is accepting nominations for its 2005 Distinguished Alumni and Honorary Alumni Awards. Our alumni represent the University of Pittsburgh School of Nursing locally, nationally and internationally through their work as nursing professionals. The School takes pride in the numerous accomplishments of its alumni but needs assistance in identifying those individuals who meet the following award criteria.

2005 DISTINGUISHED ALUMNI AWARD

Nominees for the 2005 Distinguished Alumni awards must be a University of Pittsburgh School of Nursing program graduate and will be considered on the basis of leadership, achievements and contributions in areas similar to the following: academia, administration, clinical practice, research and service (professional and community).

When submitting Distinguished Alumni Award nominations, please indicate in which area nominee should be considered.

2005 HONORARY ALUMNI AWARD

This award recognizes individual who is not a gradu-ate of the University of Pittsburgh School of Nursing, but who has demonstrated extraordinary service and support to and for the School’s missions.

When submitting nominations for Distin-guished and Honorary Alumni, please include any materials (such as curriculum vitae or resume) and information that supports that nomination (i.e. letters of support, pertinent materials.)

All 2005 Distinguished and Honorary Alumni nominations should be submitted no later than January 15, 2005 to the University of Pittsburgh School of Nursing Alumni Office; 218 Victoria Building; 3500 Victoria Street; Pittsburgh, PA 15261. For more information, please contact the Nursing Alumni Office at 412-624-2404.

MENTORSHIP PROGRAM LAUNCH IS FIT TO A ‘TEA’!

Through the efforts of Kathie Niznik, director of undergraduate student services, the School’s Mentorship Program became a reality last fall. A number of alumni volunteered to take on the role of mentors and share their expertise and personal experiences, preparing junior- and senior-year students to make a smooth transition into the professional arena.

“We had a fantastic response from more than 40 alumni, representing all levels of education. Who better to lead the students to their future?” Niznik said.

Matching mentors to students who share the same specialty interest was thenext challenge according to Niznik. “The juniors and seniors who had already requested OB, pediatric, and critical care nurse mentors. It was a challenge, but we accommodated the students.”

Once alumni mentors were teamed up with their students, the Mentors were invited to join in the fun. The tea cups added an authentic flair to the afternoon event that attracted nearly 100 guests. And, Perfetti volunteered to mentor a student.

Gloria Pelc Gotaskie, ’77, ’94, Nursing Alumni Society Executive Board President and close friend of the late Stephanie Motter Hughes ’77, believes the program is a fitting gift to the School. “The opportunity to take a new nurse under her wing. She loved to teach others. This program represents who she was…this is her legacy.”

THE UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING proudly salutes its…
The School of Nursing marked the 65th anniversary of its founding, the 60th anniversary of its master’s program, and the 50th anniversary of its doctoral program during a successful weekend-long celebration May 14-15, 2004, “The Voice of Pitt Nursing.”

Kicking off the festivities on Friday afternoon were keynote speakers, Bernice Buresh and Suzanne Gordon, authors of From Silence to Voice. Pitt nursing alumni and a number of healthcare professionals were among the distinguished presenters who led the continuing education sessions offered Friday afternoon and Saturday morning.

Alumni chose from a variety of social activities that included class reunion gatherings, dinner on Mt. Washington, and tours of the Petersen Events Center, the McGowan Center, the UPMC Sports Complex and the Nationality Rooms.

The weekend culminated with a Gala Dinner in Alumni Hall’s Connolly Ballroom on Saturday evening where the 2004 Distinguished Alumni and Honorary Alumni were recognized along with student scholars. Among honored guests were Chancellor Mark A. Nordenberg and Dr. Arthur S. Levine, Senior Vice Chancellor for the Health Sciences and Dean, School of Medicine.

ANNIVERSARY CELEBRATION WEEKEND MAY 14-15, 2004

PHOTO CAPTIONS (left to right, top to bottom) →
1. Posing before dinner are: Dean Jacqueline Dunbar-Jacob, Chancellor Mark Nordenberg and Senior Vice Chancellor for the Health Sciences and Dean, School of Medicine, Dr. Arthur Levine.
2. Gloria Gotaskie, MSN ’94, BSN ’77, president of the School of Nursing Alumni Society, presents Alexander Minno MD with a 2004 Honorary Alumni Award.
3. Nursing Alumni Society President, Gloria Gotaskie, MSN ’94, BSN ’77, presents Jessica Cooper, BSN ’04, with the 2004 Nursing Alumni Senior Student Award.
4. Dr. Judith Erlen, BSN ’66, and Dr. Mary Kerr, MSN ’81, celebrate their recognition as 2004 Distinguished Alumni Awardees.
5. Dean Jacqueline Dunbar-Jacob presents Dr. Mary Kerr, MSN ’81, with a 2004 Distinguished Alumni plaque. Dr. Judith Erlen, BSN ’66, and Dr. Linda Frank, MSN ’83, were similarly recognized as 2004 Distinguished Alumni.
6. Retired faculty, Dr. Ann Lyness, BSN ’66, signs the Anniversary Celebration Commemorative Calendar that includes her creative artwork: 18 original prints of the Oakland Campus and the city of Pittsburgh.

AFRICAN AMERICAN NURSING ALUMNI SCHOLARSHIP COMMITTEE

A new academic year promises to bring new opportunities for the Scholarship Committee. Because of the ongoing support of committed donors, the scholarship endowment continues to grow. The 2004 recipient, Ikaia Bonas, received a substantial scholarship award to defray her educational expenses.

I believe there are other areas to which we can direct our efforts as well. Involvement in the School’s Mentorship Program is one such opportunity. I had the pleasure of participating this past year, providing mentorship to two great students. It was truly a rewarding experience, and I look forward to continuing in this endeavor.

Because we are a sub-committee of the Nursing Alumni Society Executive Committee, we will support their focus initiative: what it means to be an alumna? As role models, we can send a positive message to today’s nursing students.

Please join with us as we continue to make a difference through scholarship and mentorship. Check out the School of Nursing website for Committee information: www.nursing.pitt.edu; click on alumni and friends; then ‘Nursing Alumni Society.’

Luvonne Lincoln, MN ’78, PhD ’92
Chair

NURSING ALUMNI SOCIETY EXECUTIVE COMMITTEE WELCOMES NEW MEMBER

Beth A. Killmeyer, BSN ’99, has joined the Alumni Society Executive Committee as baccalaureate representative. She is administrator on duty at Children’s Hospital of Pittsburgh, handling the staffing and supervision of patient care personnel.

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Chair
CAMEOS OF CARING AWARDS GALA
SATURDAY, OCTOBER 16, 2004

SPIRIT OF PITTSBURGH BALLROOM
DAVID L. LAWRENCE CONVENTION CENTER

6:00 p.m. Cocktails, Hors d’oeuvres
7:00 p.m. Dinner and Awards Presentation
Post-event reception with live entertainment

$100.00 per person
Event proceeds benefit the Cameos of Caring
Endowed Nursing Scholarship

Please detach the bottom reply form and mail to:
Jennifer Whitehurst, University of Pittsburgh School of Nursing,
218 Victoria Building, 3500 Victoria Street, Pittsburgh, Pennsylvania 15261

RSVP BY OCTOBER 6, 2004

Name ________________________________________________________________
Address ______________________________________________________________________________
City ___________________________ State ______ Zip ________________________
Telephone Number: Home ___________________________ Business ____________________________

☐ I/We wish to reserve _______ tables of ten at $1,000 each.
☐ I/We wish to make _______ reservation(s) at $100 each.
Enclosed is my check for $________________. Please make checks payable to: University of Pittsburgh.

PLEASE LIST THE NAMES OF THOSE IN YOUR PARTY:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

☐ I/We cannot attend, but wish to make a contribution. Enclosed in my check for $________________.
☐ I/We wish to be seated with ____________________________
☐ I/We have no seating preference. Please have the Gala Committee select seating.
☐ I/We have special dietary needs. Please reserve _______ vegetarian dinners for ____________________
☐ I/We have accessibility needs. Please call me at _________________________ to discuss

FOR MORE INFORMATION, CONTACT JENNIFER WHITEHURST AT 412.624.5328, JMW100@PITT.EDU

A copy of the official registration and financial information of the School of Nursing, University of Pittsburgh may be obtained from the Pennsylvania Department of State by calling toll free, 1-800-732-0999. Registration does not imply endorsement. Please be advised that IRS regulations require a donation to be limited to the excess of the total amount paid over the value of the benefit received. $40 of the total cost per ticket is tax deductible.
Please send us information about your career advancements, papers presented, honors received, appointments, and further education. We’ll include your news in the Alumni Notes section as space allows. Indicate names, dates, and locations. Photos are welcome! Please print clearly.

NAME:

DEGREE AND YEAR OF GRADUATION:

HOME ADDRESS: IS THIS A NEW HOME ADDRESS? ●● YES ●● NO

HOME TELEPHONE:

BUSINESS ADDRESS: IS THIS A NEW BUSINESS ADDRESS? ●● YES ●● NO

BUSINESS TELEPHONE:

E-MAIL ADDRESS:

POSITION(S):

NEWS:

COMPLETE AND RETURN TO:

PITT NURSE

Joan F. Nock

Associate Director of Alumni Relations

University of Pittsburgh School of Nursing

218 Victoria Building

3500 Victoria Street

Pittsburgh, PA 15261

E-mail: jno100@pitt.edu

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits all forms of discrimination on the basis of race, color, national origin, religion, gender, sex, sexual orientation, age, disability, military status, veteran status, or genetic information. For more information on how the University seeks to ensure a safe and equitable educational and employment environment, please visit: http://www.pitt.edu/affirmativeaction. This policy applies to admissions, employment, access to, and treatment at University programs and activities. This information is subject to change by the University based on changes made by the University in accordance with federal, state, and/or local laws and regulations. For information on how the University complies with all applicable laws and regulations regarding employment and compliance between procedures, please contact: William J. Date, Director of the Chemnitz and Thrall Office of Affirmative Action, 314 William Pitt Union, University of Pittsburgh, Pittsburgh, PA 15260. 412-624-2404.

REMEMBER WHEN

Can you identify the year and the faces for this photo?

IF SO, CONTACT JOAN NOCK AT 412-624-2404 OR JNO100@PITT.EDU. WE WILL PUBLISH YOUR ANSWER IN THE NEXT ISSUE OF PITT NURSE.

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

REMEMBER WHEN PHOTOGRAPH

Calls from a host of alumni identified the individuals as Virginia Braley (left) and Ellen Chaffee (right.) The photo is circa late 1950s or early 1960s. Thanks to all who took the time to contact the School.

What’s Happening?

Please send us information about your career advancements, papers presented, honors received, appointments, and further education. We’ll include your news in the Alumni Notes section as space allows. Indicate names, dates, and locations. Photos are welcome! Please print clearly.

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HOME TELEPHONE:

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BUSINESS TELEPHONE:

E-MAIL ADDRESS:

POSITION(S):

NEWS:
UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING
3500 Victoria Street, Room 218
Pittsburgh, Pennsylvania 15261

www.nursing.pitt.edu