

PITT *Nurse*

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**NURSING CARE
THROUGH THE CONTINUUM**

The face of health care is changing as care increasingly moves from the hospital and skilled nursing facilities to the home. Nurses' roles are evolving and expanding to provide care across multiple settings for individuals through the continuum.

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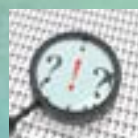
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IT'S ALL THERE

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



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Over the past few decades, the nursing profession has gathered excellent data on the value of baccalaureate preparation and the need for advanced practice nurses in all settings.

The University of Pittsburgh School of Nursing is responding with programs that prepare undergraduate- and graduate-level nurses to provide care to patients from tiny neonates through the continuum to the end of life.

Recognizing that the changing demands of this nation's complex health care environment require the highest level of scientific knowledge and practice expertise to ensure quality patient outcomes, the American Association of Colleges of Nursing (AACN) voted in 2004 to move the current level of preparation necessary for advanced nursing practice from the master's degree to the doctoral level by the year 2015. This decision followed almost three years of research and consensus building with a variety of stakeholder groups.

According to AACN, some of the factors building momentum for change in nursing education at the graduate level include the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; the shortage

of nursing personnel, which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally prepared nursing faculty; and increasing educational expectations for the preparation of other members of the health care team.

Transitioning advanced practice nurses to the Doctor of Nursing Practice (DNP) degree moves nursing in the direction of other health professions that offer practice/clinical doctorates, such as: medicine (MD), dentistry (DDS), pharmacy (PharmD), psychology (PsyD), physical therapy (DPT), and audiology (AudD).

Accordingly, in June, the School of Nursing moved the adult medical/surgical and psychiatric mental health clinical nurse specialist areas of concentration, as well as the acute care, adult, family, neonatal, and pediatric nurse practitioner areas of concentration, from the master's to the doctoral level. While these programs will continue at the master's level for students who are already enrolled, new applicants who are interested in these areas of concentration will select the BSN to DNP option.

The school moved these areas of concentration to the doctoral level to reflect the complex clinical skills and sophisticated knowledge of the evidence base necessary for advanced practice nurses practicing in today's health care environment. DNP graduates will be prepared to affect the health care delivery system by evaluating the evidence base for nursing practice, becoming leaders in clinical arenas, establishing standards and policies, and meeting the needs of today's diverse health care systems.

DEAN'S MESSAGE



Students who are interested in the Master of Science in Nursing (MSN) program can still apply for admission to the psychiatric primary care nurse practitioner, clinical nurse leader, nursing informatics, nursing administration, and nurse anesthesia areas of concentration. Nursing administration and nursing anesthesia programs are also offered as a post-master's DNP's (MSN to DNP).

As one of the leading nursing schools in the country, the University of Pittsburgh School of Nursing is at the forefront of changes in the health care environment and is helping to define the future of nursing.

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



Education Proves Crucial to Pediatric Nursing

One of the most satisfying moments in Susanne Hughes' workday happens when a patient leaves.

As a professional staff nurse in the neonatal intensive care unit at Magee-Womens Hospital of UPMC in Pittsburgh, Hughes works on the front lines of care for the tiniest—and often most vulnerable—population in pediatrics. She is part of a team

of nurses who provide intravenous fluids and medication for babies who are too young or too sick at birth to accompany their parents home from the hospital, who assist with lifesaving technical procedures, and who provide skilled basic care.

So when the infants finally grow robust enough to leave, Hughes can't help but feel a sense of accomplishment. "It's a wonderful feeling when you see a baby who's been in the unit for 2½ months get carried out in their car seat by their parents," she says.

"There have been so many advances in the medical field, and, hand in hand, medicine and nursing advance together."

Meg Hannan

A distant relation of Virginia Apgar, the anesthesiologist who developed the Apgar Score for assessing the health of newborn babies, Hughes (BSN '09) was practically born to work in neonatal care, though she didn't always see it that way. During her junior year at Pitt, Hughes (whose maiden name is Apgar) signed up for a summer internship in obstetrics after her junior year. Having never changed a diaper or even worked as a babysitter, she was intimidated.

"I thought, 'Oh no, these little babies are so fragile—if I touch them, I'll break them!'" she recalls. But she found that her work environment was so satisfying that she couldn't wait to walk in every day to see the infant patients. "I learned that they were very resilient and a lot of fun to work with," she says. "They can't talk to you, but they have a million different facial expressions. Their body language tells you when they're happy or feeling miserable."

Though she does not actually assign Apgar Scores—that's the domain of nurses who work in labor and delivery—Hughes does work daily with infants, a task she finds both challenging and rewarding. "The hard thing in our population is that when babies are born, they have such a small reserve. They can't tell you, 'I'm starting to get a headache; I don't feel good.' You have to pay close attention to their vital signs, lab trends, and behavior," she says.

Because nurses on the neonatal unit are so integral to the babies' day-to-day care, they have become more involved in committees evaluating the unit's protocols and best practices. The goal is to determine whether policy changes will result in better patient outcomes.

"We are preparing for the future," says Hughes. "Through research, we better understand how our care impacts the quality of life these babies will experience in their childhood. Babies are surviving at an earlier age, and we are adjusting our care to minimize the severity of their chronic diseases." One example is giving higher-calorie formula sooner to boost an infant's nutrition.

For Meg Hannan (MSN '01, PhD '07), pediatric care has grown more complex in conjunction with advancements in technology and expertise. "Children are surviving illnesses where they didn't before," explains Hannan, a pediatric nurse practitioner at the Children's Home of Pittsburgh and Lemieux Family Center, a transitional hospital for infants and children. "So there is more chronic disease because there is a lot more technology. There have been so many advances in the

Susanne Hughes had never changed a diaper or worked as a babysitter before, but she was hooked the moment she started caring for infants in the neonatal intensive care unit at Magee-Womens Hospital of UPMC.

medical field, and, hand in hand, medicine and nursing advance together.”

Hannan, who also serves as an assistant professor in the Department of Health Promotion and Development, says that education is integral to the job of the pediatric nurse, perhaps doubly so because both the child and the caregiver need information. And getting everyone on the same page is often a complicated task, especially if parents can't agree on the best course of action.

“I've had that, when you have the mother and father disagree,” Hannan says. “You try to figure out what their thought processes are and see if there is some kind of common ground they can come to. And you hope all those psychology and sociology classes pay off down the line.”

Pediatric nurses also need to negotiate a potential minefield when parents do not want them to divulge information to the child, who is the patient, or, conversely, when adolescent patients disclose information that they don't want to share with their parents.

“It's a real challenge, and you do face that in pediatrics,” says Hannan.

To help nurses navigate those situations, Children's Hospital of Pittsburgh of UPMC asks its legal department to conduct grand rounds with nurses, and similar conferences discussing ethics also are held.

Education is becoming more crucial for pediatric nurses, particularly in light of changes resulting from health care reform, says Hannan. Nurses who earn advanced degrees now have more opportunities in diagnosis and treatment across multiple settings: acute care, outpatient care, specialty care, and primary care.

“Nurse practitioners are always in a position to promote health care for children,” says Hannan.



The Unsung Heroes of Pediatric Care

Bridgetta Devlin worked for 18 years as a pediatric nurse practitioner, mostly in a hospital emergency room and in primary care. So she was surprised when she discovered that she would need to complete 15 additional credits beyond her master's degree to be certified as a school nurse in Pennsylvania.

She wasn't on the job very long before she understood why: Health screenings, immunizations, curriculum development, and behavioral health are all typical tasks in her workday, which is packed from beginning to end.

“I thought I understood what went on in schools until I worked in schools,” says Devlin (BSN '82, MSN '85). She earned her School Nurse Certificate from Pitt in 2004 and has worked in the Pittsburgh Public Schools for seven years. Now, whenever Devlin mentors nursing students, she always gets the same reaction: “I can't believe how busy you are,” they say.

School nurses often serve as the unsung heroes of pediatric health care. They work alongside the same children every day, literally sharing their lives and watching them grow up. And along the way, the school nurse is there for cuts and bruises and crises large and small.

“I am not only a nurse practitioner, I'm the surrogate mom for the day,” says Virginia Allison (BSN '82, MSN '87), who has worked for 23 years as a nurse in the Pittsburgh Public Schools. “When parents drop their child off, they are totally trusting that the well-being of their child will be respected.”

In the primary care settings where she once worked, Devlin might see her patients every six months to a year. In schools, she is more directly involved, helping obese students to learn weight management and better nutrition habits. She also assists diabetic students who require insulin, keeps tabs on children with seizure disorders, and teaches students about the epidemiology of sexually transmitted diseases. And she also is involved in the curriculum, mentoring students who express an interest in health sciences careers.

On one memorable day, someone from the Allegheny County Health Department called a student on her cell phone to notify her that she had been identified as a sexual partner of someone with a sexually

“I am not only a nurse practitioner, I'm the surrogate mom for the day.”

Virginia Allison

transmitted disease. “She had no idea what to do. She came into my office sobbing,” says Devlin, who was able to offer counseling.

In fact, the school nurse often is a child's first point of reference for a psychological problem. Allison worked at an elementary school where a girl came in frequently to talk about her father, who had been murdered. And Devlin, whose school offers therapeutic services to students, notes that “oftentimes, the school nurse is the person who has the most mental health experience in the building.”

Every morning, before leaving for school, Allison prays that she'll make the right decisions. Sometimes she sees as many teachers as she does children. They might need allergy shots or help with illnesses or even have chest pains. “We deal with some serious things in the school setting. You don't know what the day's going to hold for you,” Allison says. “Every day I go into work, I know that I make a difference in the lives of the children I serve.”

In the Pittsburgh Public Schools, school nurses are required to be nurse practitioners. The role of the advanced practice nurse is valuable because of the challenging cases seen in the school setting. Allison has seen increasingly complicated cases in the student population since she first started. As a new nurse, she might have been in a school in which 5–10 percent of the student population had asthma. Today, that number has soared to 20–25 percent. Diabetes and peanut allergies have dramatically increased, as has the percentage of children taking Ritalin or similar medications.

“If you're in school nursing because you want nice cushy hours, you're not the person for the job,” says Allison. “I consider what I do to be a calling.”

The Changing Face of Care

Across Multiple Settings, the Nurse's Role Evolves, Expands

When Marcia Kollar first started working as a psychiatric nurse 30 years ago, the average age of her geriatric patients was in the mid-70s. Today, that average is more like mid-90s—a shift that has significantly impacted the way care is delivered.

“It’s a dramatic difference,” Kollar says of the aging population she treats at UPMC, where she works as a clinical nurse specialist in psychiatric adult mental health. “It’s unbelievable how it impacts clinical care.”

A woman in her late 80s once mourned the death of her mother, who was 105. More patients are outliving their children, suffering one of the most devastating losses a person can experience. “When we look at providing services to these patients, we’re always balancing psychiatric interventions with medical interventions,” says Kollar (MSN ’89). “It requires very skillful psychological management as well as comprehensive medical skills.”

The aging population of the nation as a whole, and of Western Pennsylvania in particular, is one example of the way that the shifting U.S. population landscape is shaping both the infrastructure of health systems and the role nurses play in delivering those services. Thanks in part to a larger-than-average population of older adults, the region has served as an incubator for best practices in chronic care, including new models in team-based patient-centered care.

The medical home model

At UPMC Health Plan, Laura Fennimore (MSN ’87, DNP ’09) is enthusiastic about the future of the medical home model, a concept that emphasizes “partnership among the provider, the patients and their families, and now also a health plan.” Fennimore, who is director of clinical programs, says that the model works toward promoting wellness and prevention in addition to management of acute and chronic disease.

UPMC Health Plan initiated a medical home model for chronic disease in 2008. At the center of the model is a primary care physician who, along with other providers, provides central management of a patient’s care: cancer and osteoporosis screenings, chronic disease management, follow-up to hospitalization, and all other relevant services.

The word “home” is appropriate in this model: “Home is where you are supported. Home is where you feel safe. Home is where what is important to you generally matters,” explains Fennimore.

For nurses, the medical home model represents a significant opportunity to work as practice-based care managers. In this role, which Fennimore says UPMC Health Plan will dramatically expand, nurses are integral to educating patients and their families, helping the patient to get the right care at the right facility, and identifying factors that affect health promotion.

“Understanding systems of care is important for a nurse who works in this environment,” says Fennimore. If a patient leaves a hospital, the care manager helps to follow through by finding out what the discharge plan was, then ensures that the patient understands what needs to be done: Does he/she understand what medications he/she needs to take? Can he/she fill the prescription? Will he/she know to identify any possible reactions and explain them to his/her providers?

“When people think of nurses who work in physician offices, they may be familiar with what they’ve experienced in the past. The nurse may be responsible for obtaining some history and vital signs, assisting the physician in examination, and possibly following through with any instructions that need to be given,” says Fennimore.

Under the medical home model, there is a much greater emphasis on the nurse’s spending time with patients to teach prevention (for example, smoking cessation), chronic illness management, and effective use of community resources. A well-known report issued by the Institute of Medicine on the future of nursing underscored the need for nurses to practice to the full extent of their education and training. “I believe

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Laura Fennimore

this role offers that opportunity,” Fennimore says, adding that the model “is an opportunity to reduce the fragmentation that individuals experience in the health care system and to improve care coordination.”

Home-based care

Like Kollar, Deborah Kelly (MSN ’03), chief clinical officer of the Clarion Forest Visiting Nurse Association (VNA) in northwestern Pennsylvania, also is seeing a shift in patient demographics. Since she started 22 years ago as a staff nurse, hospital stays have gotten shorter; consequently, “patients are coming home a lot sicker than ever before,” she says.

Because patients are more fragile, visiting nurses must have stronger clinical skills as well as solid critical thinking skills. In years past, the Clarion Forest VNA sought a year of medical/surgical nursing experience as a baseline; now, the preference is for at least five.

“There are immense opportunities for nurses in home care,” says Kelly, a DNP student at the School of Nursing. “In the future, there will be an even greater need for advanced practice nurses in home care because of the complexity of care that these patients need.”

In home-based care, perhaps more than in any other setting, nurses operate on the front lines. They can see whether a patient is struggling financially and unable to afford medications or a better diet, for instance.

“Oftentimes, the home care nurse can identify barriers that other health care providers may not recognize because they’re not in the home environment,” says Kelly. “Nurses tend to function very independently. A lot of times, they are the eyes for the advanced practice nurse [APN] or the physician. They’re seeing patients in their own environments, and they’re able to communicate to the physician or APN factors that may be influencing the patient’s ability to comply with the medical regimen.”

When a patient is first discharged from the hospital, nurses typically visit three times a week or as often as daily if the condition warrants. As patients improve, the visits decrease, but the nurse still has plenty of time to focus on the patient’s needs. “It’s a one-on-one situation,” explains Kelly. “The nurses don’t have phones or call bells ringing that are

distracting them. They can really focus on patient teaching, and they develop relationships with the patient and family.”

Consequently, the nurses seem to find their work more satisfying—the agency boasts a turnover rate of less than 1 percent—and, historically, they have had a strong track record of success with their chronic disease management protocols.

As is the case with the medical home model, Kelly believes that visiting nurses may spend more time in the future educating patients about self-care. “Every year, we see more patients with chronic diseases, and patient education is becoming more important,” she says.

A mental health perspective

Psychiatric care also is moving toward a more patient-centered, environmentally sensitive care model. Kollar has worked in inpatient and partial hospitalization programs; today, she travels to several different sites to see patients either in nursing homes or outpatient settings close to where they live.

Part of her work includes educating caregivers and family members, who often don’t understand the patient’s behaviors or how they are affected by the disease state. “We’re very much at the forefront of geriatric care from a mental health perspective,” says Kollar, whose observations have been part of collaborative studies by physicians at UPMC. In one case, after noticing how differently depression presents in patients with dementia, the team found that it had much better outcomes using antidepressants than with what was then the standard of care, antipsychotic drugs.

“We really serve as consultants. We review the cases and try to tease out what’s happening for the patient,” she says.

In long-term care settings, many caregivers have little to no formal training in mental health, dementia, or other relevant topics. Coupled with the complicated illnesses of the patients, it makes the nurse’s role critical in helping to pull together available resources to create a better outcome for patients.

Psychiatric nurses who are working with older adults also must be mindful of generational perceptions of mental health care, Kollar says. “Historically, psychiatric care was provided because you were ‘crazy,’ and 30, 40, 50 years ago, it meant you were sent to the state hospital, never to come back. And that’s what many people have in their minds about psychiatric care,” she says. The key is for nurses to make things as approachable and normalized as possible. Because nurses tend to specialize in patient connections, they are integral to helping older people accept the care.

As with any kind of setting, care coordination is paramount, says Kollar; all areas must work in sync. “When you have all of that in place, it truly can improve the quality of life for patients.”

Preparing the Next Generation of Nurses for an “Aging Tsunami”

The most recent U.S. Census figures confirm that as the first baby boomers approach retirement age, the U.S. population is facing a demographic wave so large that researchers have referred to it as the “aging tsunami.”

Between 2000 and 2010, the segment of the U.S. population 45–64 years old grew by 31.5 percent to nearly 81.5 million. This age group now makes up 26.4 percent of the total U.S. population. There also was a 15.1 percent jump in the number of U.S. residents age 65 and older to about 40.3 million, or about 13 percent of the population. The Pew Research Center estimates that by 2030, 70 million—or nearly one in five—U.S. residents will be 65 or older.

Americans are living longer as a result of medical advances, a focus on healthier lifestyles, and better management of chronic diseases. Most people born now have a good chance of living to 100. While lawmakers struggle to balance the needs of a population that is living longer with trying to cut a massive budget deficit, health care and social service providers must make plans to care for this aging population.

As approximately 10,000 people turn 65 each day, health care professionals trained to treat the elderly are increasingly needed across the country, especially in rural areas.

The Institute of Medicine (IOM) has taken a leading role in addressing the workforce issues of providing competent care to our aging population across treatment settings. The IOM report *Retooling for an Aging America: Building the Health Care Workforce* reinforces the need for education to address the complex health care needs of older adults in hospitals, nursing homes, skilled nursing facilities, assisted living facilities, and home settings. To do this, IOM recommended the inclusion of geriatric content on license, certification, and recertification examinations in an effort to enhance the geriatric competency of all health care providers.

The University of Pittsburgh School of Nursing is helping to improve the health care of older adults in a number

of ways, including conducting research that focuses on illness prevention or improved health outcomes among older adults and through community and clinical partnerships with groups such as the University of Pittsburgh Institute on Aging, University of Pittsburgh Medical Center (UPMC) Benedum Geriatric Center, and UPMC Late-Life Depression Prevention Program.

Academically, the school is addressing the IOM goals by infusing geriatrics into the graduate nursing curriculum and offering an innovative, “state-of-the-science” stand-alone undergraduate gerontological nursing course. The School of Nursing is developing a new postbaccalaureate gerontology certificate and a minor for nurse practitioners as well as a graduate certificate in gerontology in collaboration with the University of Pittsburgh Council on Aging. Offered through the University Center for Social and Urban Research, these programs provide nursing students with an opportunity to study other disciplines.

A growing body of evidence confirms that nurses play a pivotal role in influencing the health trajectories of geriatric patients, especially those in the acute care setting. Physiological changes that occur with aging, multiple coexisting medical problems, and numerous medications place older adults at significantly higher risk for complications, including death.

Primary care adult and family nurse practitioners focus on issues in community and home settings. Their goal is to keep older patients out of the hospital and to maintain their level of functioning so that they can safely live in their own homes.

Undergraduate and acute care students focus on the acute care of older patients, because normal age-related physiological changes and concomitant

chronic medical conditions place the older patient at much greater risk of harm when they are acutely ill. Hospitalized patients aged 65 and older suffer from twice the diagnostic complications, 2½ times the number of adverse medication reactions, and eight times more falls than younger patients.

Geriatric patients are at a particularly high risk for cascade iatrogenesis, a phenomenon that occurs when an initial medical intervention triggers a series of complications that then trigger a cascade of decline in health and functioning. Without a solid understanding of geriatrics, doctors and nurses can inadvertently cause more harm than good during the course of treatment.

“Caring for older people can be complicated,” says Linda Garand, PhD, assistant professor in the Department of Health and Community Systems. “To effectively care for older adults, student nurses have to integrate their knowledge of caring for acutely ill adult patients with an understanding of how patterns of chronic comorbid conditions affect the presentation and course of illness in geriatric patients.”

Garand is coordinator of the undergraduate geriatric nursing courses at the School of Nursing and mentors several undergraduate and graduate nursing students. “Focusing on the complex nursing care issues presented by older adults and using examples from my own clinical experience allows undergraduate students to better understand the challenges of providing appropriate nursing care to older adults,” Garand says. As a result, a growing number of students are expressing interest in specializing in the care of older adults. “And that’s a good thing, because we’re all getting older!”

A Peaceful Death:

At the End of Life, There Comes a Nurse



Like most nurses, Mary Beth Happ remembers well the first time she watched a patient die.

She was 21 years old, and the patient's wife collapsed in her arms. Happ, who had originally gone into nursing to become a midwife, changed her mind while completing a maternity rotation as an undergraduate. But she never realized the extent of the role she would play at the other end of the life cycle.

Today, as a professor in the Department of Acute/Tertiary Care, Happ specializes in communication in the intensive care unit and decision-making communication at the end of life. As she points out, it's a role that nurses play in several settings.

"While we think of end-of-life care as being hospice and palliative care nursing—and indeed that is true—there are nurses in acute and critical care who attend to end-of-life care," she notes. She quotes Virginia Henderson's famous definition of nursing: "to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge."

It's the "peaceful death" part that gives us pause, but for nurses who work with the dying, it is a sacred task.

"I respect life. I also believe in death. I believe that we're all going to die, and the important thing is, when it becomes evident the person is dying, you help them to die appropriately," says Andrea Sloan (BSN '76), now an attorney in McLean, Va., who handles complex end-of-life cases. "And that's a big area for nurses. You keep [the patient] comfortable; you get religious counseling for them. You do what you need to do, but you accept death."

Sloan believes that her nursing background uniquely qualifies her in the complex and often contentious decisions that are her practice domain. Technological advancements have

allowed lives to be saved that once might have been lost, but there is a flip side to those medical miracles. Technology also prolongs lives that have reached, by all accounts, their natural end. That tangles the decisions families must make for loved ones: Should a person in a coma be removed from ventilation? Should feeding tubes be removed? When is it time to say good-bye?

"There are things the nurses can do," says Sloan. "They're going to be knee deep in the middle of things, and they can confuse advocacy for the patient with the legal rights of the patient and the family."

If, for example, a family reaches the gut-wrenching decision to remove a feeding tube from a brain-damaged patient in her 30s who has no hope of recovery, bedside nurses must understand that they have to honor that directive, says Sloan.

"You sometimes have to respect that somebody may make a decision that is directly opposite of your values," she notes. "End of life will smack you with that right on the nose."

Happ also has counseled nurses in the opposite situation, where they realized that further efforts to extend life were

futile, but family members could not agree on an appropriate course of action. After the patient died, a clinical nurse specialist led a session among the nurses who worked at the bedside to discuss how they felt about the case and to honor the memory of the patient. In that situation, nurses had felt caught in the middle between feuding relatives and physicians, who were able to walk away from the situation at times when nurses could not.

"We hold this unique and very important position in the middle, so we negotiate this middle ground among patients and families and physicians," says Happ. "We really need to learn to school ourselves in what it means to be mediator, moderator, and facilitator. Nurses are great at that, but they shouldn't have to come to those skills on their own."

Michele Reiss (MN '77), PhD, agrees that nurses are at the forefront of changes in end-of-life care and, consequently, that their roles are being reshaped as well.

"We can now prolong lives with medical technology as never before, but that leaves a number of ethical and emotional questions regarding risks versus benefits and when enough is enough," says Reiss, director of behavioral sciences and assistant director of the

"I respect life. I also believe in death. I believe that we're all going to die, and the important thing is, when it becomes evident the person is dying, you help them to die appropriately."

Andrea Sloan

Family Medicine Residency Program at UPMC St. Margaret. "I believe nurses are an all-important part of that dialogue, both at the bedside and nationally. They are the ones having many of the conversations with the patient, and with families, about what the end-of-life journey is like." As the baby boomer generation continues to age, the debate regarding the economics of end-of-life care versus individual patient and family needs will continue. Reiss hopes that nurses will be significant contributors to that discussion.

Reiss also has a private psychotherapy practice working with those who are facing life-threatening illness or acute grief and authored a book titled *Lessons in Loss and Living: Hope and Guidance for Confronting Serious Illness and Grief*. She was the therapist who counseled Carnegie Mellon University professor Randy Pausch and his wife, Jai, as they confronted Randy's diagnosis of terminal pancreatic cancer.

She recalls the "grace under fire" she witnessed in Pausch, whose final presentation at Carnegie Mellon, "The Last Lecture: Really Achieving Your Childhood Dreams," became an Internet sensation and a best-selling book. "He had this amazing capacity to acknowledge the seriousness of his

illness and yet enjoy the moment and give the rest of us hope and inspiration. He was a scientist. He understood the direness of his medical condition; he knew pancreatic cancer would win the war. Yet he also vividly appreciated the time he still had," Reiss says. "The curse of his illness didn't negate the blessings of his life. This ability to perceive and appreciate what we still have alongside what we are losing is a cognitive perspective worth cultivating in our patients—and in ourselves."

Reiss views the nurse's role in end-of-life care as an incredibly gratifying yet stressful opportunity. Having run support groups for oncology and hospice nurses, Reiss believes in the importance of developing support systems for the nurses who provide end-of-life care in order to address the high burnout rates and stresses inherent to that work. Still, she marvels that so many have dedicated themselves to the task.

"There is an intimacy attached to being there when someone is so very sick. It is intense and emotionally depleting and yet such a privilege," Reiss reflects. "The fact that so many nurses, in so many different roles, continue to make themselves available and emotionally open for this ... now that is pretty special."

Answering the Bigger Questions:

Nursing Research Leads to Better Patient Care



The attending physician on the neurosurgical step-down unit at UPMC Presbyterian orders a stat head CT scan for a stroke patient. The woman is agitated, struggling to break free from her restraints. She also exhibits signs of confusion but can't talk due to a tracheostomy.

Her nurse, Marci Nilsen (BSN '05, MSN '08), senses the patient's frustration and tries some new communication techniques she just learned in a speech-language pathology course. The woman responds well. She calms down and signals that she is aware of being in the hospital. She knows the year and the president's name.

Nilsen pages the physician and asks why he is calling for the stat head CT when the patient is oriented.

"How do you know?" the doctor asks.

"Well, I just asked her," Nilsen replies.

It's a problem Nilsen encountered time and again during her clinical rotations as a University of Pittsburgh nursing student. "A lot of nurses and doctors didn't communicate well with stroke patients who were unable to speak," she says. "And how are we going to truly assess these patients if we can't communicate with them?"

Now, as a PhD student in the School of Nursing, Nilsen is working to address this quandary under the mentorship of Mary Beth Happ, MSN, PhD, FAAN, professor in the Department of Acute/Tertiary Care. Through her dissertation research, she is investigating the factors that impact communication between mechanically ventilated critically ill older adults and their nurses. "My goal is to develop new ways to improve quality of care for these patients," says Nilsen, who recently received a prestigious predoctoral

fellowship for her work from the National Institute of Nursing Research at the National Institutes of Health (NIH). The School of Nursing is ranked fifth in the nation in NIH research dollars awarded.

Nilsen's interest in research was first sparked when she was an undergraduate helping with data collection and entry on a study of children with behavioral conduct problems. Through that experience, she came to understand the critical importance of basing professional nursing practice on scientific research.

"As nurses, we are patient advocates; they depend on us to provide them with the best possible care," Nilsen explains. "It is our duty, then, to do research to advance nursing science so we know the best way to do things based on real evidence. Research is essential because it is how our profession will move forward."

Her view echoes the 2006 position of the American Association of Colleges of Nursing (AACN) on nursing research, which states that "the ultimate goal of research training in nursing at all levels is to strengthen the professional's contribution to enhancing the health and health care of individuals and populations."

And the earlier that training begins, the better, according to a 2007 *Science* article exploring the benefits of undergraduate research. The study of nearly 15,000 students and mentors found that undergraduate research fuels student interest in science-related careers and in pursuing a PhD, and it recommended that greater attention be paid to providing such opportunities to college freshmen and sophomores.

The need to encourage undergraduate students to obtain a higher degree is especially acute in the field of nursing, where doctorates are often earned much later in life than in other disciplines. At the age of 28, Nilsen is an anomaly. AACN states that almost half of graduates from nursing doctoral programs in 2002 were between the ages of 45 and 54, and given that the mean retirement age for nurses

is 63.1 years, that leaves a limited number of years available for a fruitful academic career.

Moreover, the organization reports that the production of doctorally prepared nursing faculty lags far behind demand, further underscoring the need to inspire undergraduates to pursue research careers.

Indira Gowda (BSN '09) is a case in point. Throughout her undergraduate years, Gowda worked as a research assistant to Richard Henker (MSN '02), PhD, FAAN, professor and interim chair of the Department of Acute/Tertiary Care, collecting and analyzing data for a study examining the genetic basis of the postoperative pain response following anesthesia.

"Research is essential because it is how our profession will move forward."

Marci Nilsen

The work formed the core of Gowda's honors thesis, and she had the opportunity to present her results at the 2009 conference of the American Association of Nurse Anesthetists in San Diego, Calif. "Being able to pull together all the data I had collected to tell one cohesive story helped me understand why I was doing the research," Gowda says. "I really liked being able to sit down and synthesize all the information."

After graduation, Gowda worked for a year as a post-baccalaureate fellow at NIH, studying blood cell formation. She is currently a medical student at the University of North Carolina at Chapel Hill with hopes of becoming a pediatric hematologist/oncologist. As a physician, Gowda will put into practice the knowledge and skills she developed through her undergraduate research at Pitt, such as the ability to identify research problems and to collaborate on scientific teams.

"Research was something I didn't know about until I started doing it. Then I really liked it, and it sparked my interest to continue," Gowda says. "It would be good for any nursing student to have that kind of early exposure."

That's true even for nurses with no ambitions of graduate work, because it teaches invaluable critical thinking skills

and prepares them to apply research findings to their bedside practice, according to Julius Kitutu, MSc, MEd, PhD, assistant professor and assistant dean for student services in the School of Nursing.

“Research training at the undergraduate level helps nurses learn how to search for information to make informed decisions and how to quantify what they are doing in their clinical practice with actual data,” Kitutu says.

Kitutu coordinates the Undergraduate Research Mentoring Program at the School of Nursing, which was launched in the fall of 2008 to engage more undergraduate students—freshmen through seniors—in research.

The aim of the program is to open the door as soon as possible to the students’ understanding of evidence-based practice and to foster their interest in graduate-level studies. It’s one of the most comprehensive programs of its kind in the nation, helping the School of Nursing to attract and retain top students, Kitutu says.

Students are matched with a faculty mentor for a year or longer, up to graduation, and devote five hours a week to paid work as research assistants performing tasks such as data collection, coding, and verification; database and bibliography searches; and manuscript preparation. They are involved in research addressing some of the most challenging issues in health care, from behavioral management of chronic disorders to end-of-life care.

Participation nearly doubled to 61 students last fall in the program’s second year, and that number is expected to climb again this fall. The undergraduates are mentored by more than 30 faculty members with research funding from NIH and other sources. Support for the program comes through the provost’s office at Pitt and the Office of the Dean in the School of Nursing.

Outcomes have been overwhelmingly positive thus far, Kitutu says, with participants demonstrating improved academic performance, increased research skills, and increased interest in seeking graduate education in nursing research institutions. Students have presented their results at conferences locally and nationally, and several have been coauthors on peer-reviewed journal articles.

One senior reported that “the program changed my perception of [the] research process. It gave me the ability to observe and engage in the process that actually shapes practice in the professional setting.”

“There’s a lot of value here,” Kitutu says, “and we’ve seen a great many students consider going on to pursue a graduate degree because of the Undergraduate Research Mentoring Program.”

This past spring, Jennifer Seaman completed her second year of doctoral studies at the School of Nursing, where she is working in Happ’s research group to develop ways to improve quality of care for older adults at the end of life in the ICU. She was recently awarded a \$100,000 scholarship from the John A. Hartford Foundation and the Atlantic Philanthropies in support of her doctoral training in academic geriatric nursing through the American Academy of Nursing.

Seaman came to research later in her career after spending years in clinical practice and as an informatics nurse for UPMC.

“Undergraduates in the School of Nursing today have an extraordinary opportunity to gain hands-on experience with the scientific process,” she says. “They see how a problem gets turned into a research hypothesis and then a study that will hopefully impact clinical care in a positive way. I wish I had that kind of experience as an undergraduate.”

She also understands firsthand the vital role nursing research plays in advancing quality and excellence in health care, recounting the story of a patient in the ICU who was on a ventilator and suffering from complications from a bone marrow transplant.

“It was a very busy night, and a lot of my time was spent making sure his medical needs were met,” she says. “But he kept gesturing and trying to communicate, and I couldn’t understand what he was trying to tell me.”

The patient passed away a short time later. “It really bothered me that I spent 12 hours supporting this man’s physiological needs but I wasn’t able to take care of his emotional needs,” Seaman says. “I feel like sometimes we are only taking care of part of the person.”

She hopes that her own research will help to change that reality one day. “I want to know what can be done from a nursing perspective to ensure that these patients have an optimal experience at the end of life—that we are supporting the whole person and their family,” she says. “In research, it may seem like a tiny piece of the puzzle that you are solving, but, ultimately, our goal is to answer these bigger questions that will lead to better patient care. That’s my driving motivation.”

“Our goal is to answer these bigger questions that will lead to better patient care. That’s my driving motivation.”

Jennifer Seaman

Pitt–Johnstown

The School of Nursing has responded to the increased demand for more and better-trained nurses by expanding its Bachelor of Science in Nursing program to the University of Pittsburgh at Johnstown. Offered in addition to Pitt–Johnstown’s long-standing RN to MSN program, the BSN program is a satellite program accredited by the Commission on Collegiate Nursing Education through the University of Pittsburgh School of Nursing.

The Pitt–Johnstown program combines clinical practice with traditional nursing theory and values that emphasize holistic patient care and rural health issues. Through community partnerships with health care providers such as Windber Medical Center, Conemaugh Memorial Medical Center, and Select Specialty Hospital–Johnstown, students receive real-world preparation through high-quality clinical experiences.

The strong quality of the program is reflected in a 95 percent BSN licensure (National Council Licensure Examination) pass rate.

By the Numbers

A poll of the School of Nursing’s 2011 graduates reveals that:

- more than **94 percent** of the school’s BSN graduates intend to pursue a graduate degree,
- almost **67 percent** name Pitt as their first choice for graduate education,
- **23 percent** of our MSN graduates plan to pursue further graduate study, and
- more than **21 percent** of our DNP graduates intend to pursue additional graduate education.



Lessons for Life: An Extraordinary Mentoring Experience



The University of Pittsburgh School of Nursing has a reputation for providing an outstanding education built on intensive research and extensive clinical experience. In fact, the school's reputation is one of the main reasons why students choose Pitt.

As an alumnus and current doctoral student at the School of Nursing, Jessica Devido (BSN '04, MSN '08) knows that she received an excellent education, but she also feels that she got much more.

"While I was an undergraduate student at Pitt, I was able to take part in a mentoring program where students were paired up with experienced Pitt alumni based on areas of interest and expertise," Devido says. "Little did I know when I signed up for what seemed like an ordinary program that I would meet an extraordinary woman who would have a great impact on my life's course—Luevonue Lincoln."

In light of the pivotal role mentoring plays in career development, the School of Nursing considers cultivating effective mentoring relationships to be important for the academic and professional success of nursing students. The school's mentoring program offers students a source of support, guidance, advice, and friendship while they are in the nursing program. It also can be beneficial as a source of networking contacts and in helping graduates to reach their personal and professional nursing goals.

Lincoln (MN '78, PhD '82) was featured in the cover story in the fall 2010 issue of *Pitt Nurse* magazine. As good as

the story was, Devido believes that mere words cannot fully express Lincoln's value-instilling mentoring abilities. "Luevonue cannot be described in a few words, but I know that if there were more people like her, this world would be a much better place," she says. Lincoln has played many roles in the lives of many people, but for Devido, she is more than a mentor—she is a champion.

"From the first day I met her, Luevonue has selflessly provided me with advice, insight, support, and love," says Devido. "She instilled the value of education and emphasized how important it is to never stop learning. She encouraged me to always strive for my goals and, when meeting a goal, to set a new one that is even higher. And she taught me that all things are possible with hard work, determination, and faith."

The feeling is mutual. Lincoln is impressed with Devido's dedication to the nursing profession. "We talked about the importance of getting advanced degrees," she says. "Jessica is very clear about her goals as a professional."

Despite their differences in age, background, and where they are in their careers, the two share a mutual respect and admiration and have developed a relationship that is personal as well as professional. "I have become very close to Jessica and her family," Lincoln says. "I am very proud to know her as a mentee and a colleague."

Devido appreciates the education she received at Pitt and is grateful for her experience in the mentoring program. "I am so glad that Pitt understands how important it is for novice nurses to foster relationships that will guide them through their early nursing career and beyond to higher places," she says. "I thank Luevonue for all she has done and been for me and for the legacy she leaves."

"Jessica has been an inspiration to me," says Lincoln. "She is a great example of what being a nurse is all about."

A Dream Deferred and a Dream Realized

Imagine working all your life toward a goal—playing football, for instance. Then imagine that in the very moment that you actually achieve your dream, it is taken away, forever, just like that.

That's what happened to Aaron X. Anderson, a member of the Class of 2013. Anderson started as a premed student at the University of Tampa. He transferred to the University

of Pittsburgh for its nursing program—and for football. It was a natural choice, as both his father, Mark Anderson, and sister, Vanessa Anderson, are Pitt grads.

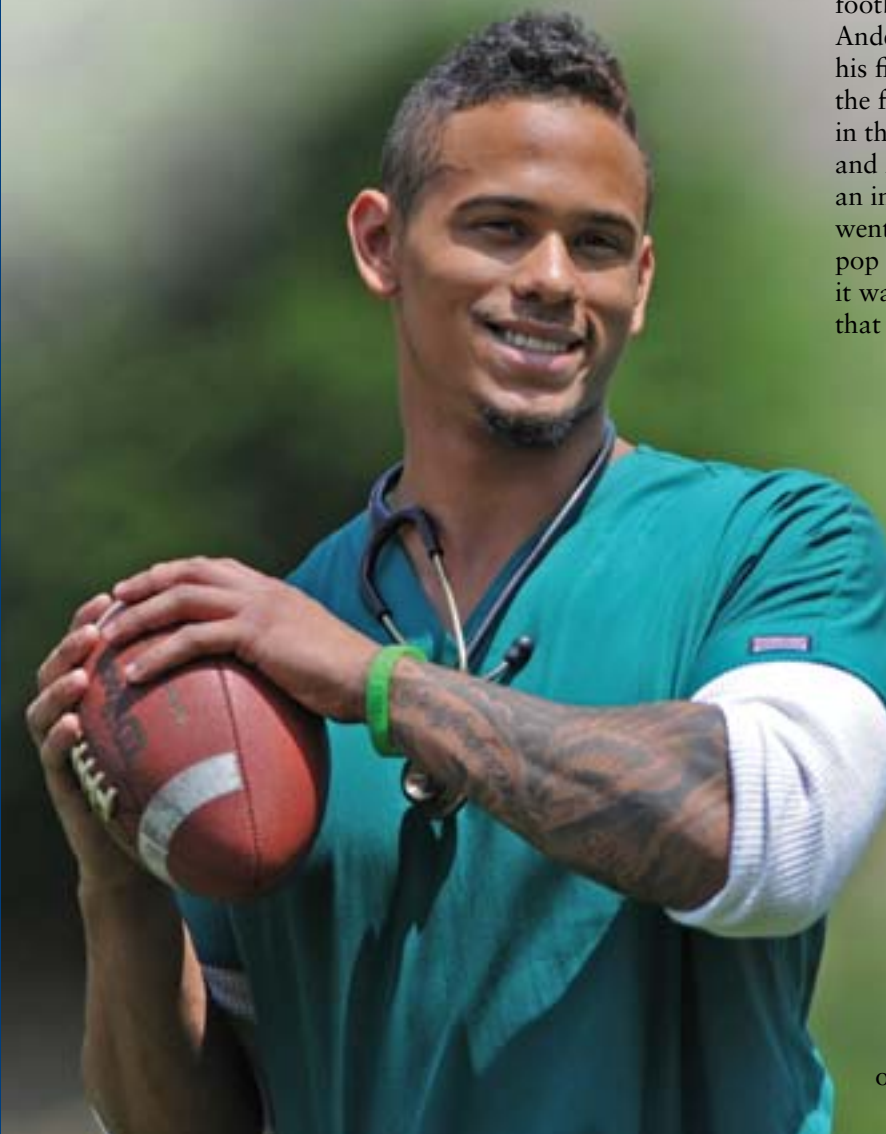
He had been interested in a career in health care since he was 15, when he broke his femur, the strongest bone in the body, in a dirt bike accident. "The outstanding care I received inspired me to go into health care," he says.

Anderson was an all-conference defensive back in Forestville, Md., at Bishop McNamara High School, which is considered to be in the toughest conference in the state. Now he looked forward to playing for Pitt, confident that he would be able to juggle the arduous demands of varsity football with the rigorous schedule of a nursing student. Anderson worked out to prepare, and in the first term of his first year, he went to the football tryouts, where he ran the fastest 40-yard dash of anyone in the exercise. Then, in the last drill of the day, one of the coaches threw the ball and Anderson dove for it. "I was playing all out to make an impression," he says. "Coach threw the ball, my body went one way, and my knee went the other. I heard a loud pop and knew something was wrong." The trainers thought it was just a sprain; the important thing to Anderson was that he had made the team!

Anderson rested his knee for about five weeks and wore a brace, but on his first day back at practice, his knee popped again. This time, Anderson got an MRI and learned that he had a torn anterior cruciate ligament (ACL). You can't be a top athlete with a torn ACL, so Anderson had surgery and went through nearly a year of recovery and rehabilitation. His dream of playing college football was replaced with the reality of spending grueling hours in rehab each week on top of a schedule that was already booked with classes and clinical experiences.

Anderson is healed now. He still works out five days a week, but he opted not to try out for football again. He decided that it was important to put his academics first—especially if he hopes to achieve his other dream and get into the highly ranked nurse anesthesia program at Pitt.

"The whole experience reinforced my desire to be a nurse," he says. "I want to be able to take care of people the way I was taken care of."



ALUMNI NEWS + NOTES

1950s

Marian Neustadt Hershman (BSN '58) was featured in the June 2011 issue of the Association of Camp Nurses' *CompassPoint* in its "People in Practice" column. Now retired from camp nursing, she shares highlights of her decades-long commitment to camp nursing at summer camps in New York; Maine; and Ontario, Canada.

1960s

Nancy Contakos Plumb (BSN '61, MEd '67) retired in June 2011 after 50 years of nursing practice. A nurse educator for 45 years, she taught for five years at what was then McKeesport Hospital School of Nursing and for 40 years at the Community College of Allegheny County's South Campus. Plumb was also a nurse in UPMC's casual pool.

Barbara E. Spier (BSN '68), PhD, annually gives two to three weeks of volunteer time to the American Red Cross for disaster deployment anywhere in the nation. She has served ice storm victims in New York, flood victims along the Texas/Louisiana border, and hurricane victims in south Texas. Most recently, Spier traveled to Alabama to assist with the final stages of Red Cross disaster relief following the devastating tornadoes that ripped through that state in late April.



Holly A. Williams

Holly A. Williams (BSN '76), a captain in the U.S. Public Health Service, addressed graduates as the keynote speaker at the School of Nursing's 2011 spring graduation ceremony on April 30.

1980s

Michele Staley Elder (BSN '89) is a research program manager in the Pitt School of Medicine's Department of Critical Care Medicine, where she manages the Bioengineering and Organ Support Program. She worked as a critical care nurse in a liver

Diane Novotny Lancaster (BSN '79) is associate chief nurse, evidence-based practice improvement, at the Cambridge Health Alliance in Boston, Mass.

Shirley Powe Smith (BSN '59, MEd '79), PhD, CRNP, retired in May 2011 from her position as assistant professor and coordinator of the continuing education program at Duquesne University's School of Nursing. Smith, the first African American graduate of Duquesne's PhD program in nursing, was honored with a scholarship endowed in her name, the Dr. Shirley Powe Smith Community Nursing Endowment Fund for Improving Health Disparities.



Shirley Powe Smith

Deborah Tompsett-Makin (BSN '76), PhD, is a political science professor at Norco College in Norco, Calif. and was named Teacher of the Year.

transplant unit before entering the field of research at the University of Pittsburgh Cancer Institute.

Mary Kerr (MNEd '81), BS, PhD, a former faculty member at the School of Nursing, has been appointed dean of the Frances Payne Bolton School of Nursing at Case Western Reserve University. Kerr previously served as deputy director of the National Institute of Nursing Research at the National Institutes of Health.

Nancy Ewings O'Brien (BSN '83) practiced at Magee-Womens Hospital of UPMC in the neonatal ICU and at Children's Hospital of Philadelphia in the ICU and the OR.

Susan G. Poorman (MN '81, PhD '88), APRN, BC, ANEF, was featured in the "Faculty Matters" column of the January 2011 issue of *Nursing Education Perspectives*. Poorman teaches at the undergraduate and graduate levels at Indiana University of Pennsylvania. She is the owner of STAT Nursing Consultants, Inc., which specializes in the treatment of test anxiety and study and thinking skill development for nursing students and graduate nurses.

1990s

Deborah Fernicola (MSN '98) works as a nurse practitioner at the James E. Van Zandt VA Medical Center in Altoona, Pa., where she's been recognized with the Secretary Award for Excellence in Nursing.

Patricia D. Horoho (MSN '92) has been nominated by President Barack Obama to be the 43rd surgeon general of the U.S. Army and commanding general of the U.S. Army Medical Command. Upon her confirmation, Horoho, a major general, will become the first female and first Nurse Corps officer to hold this position in Army medicine's almost 236 years of service to the soldier, the Army family, and the nation.

Dorean Behney Hurley (BSN '95), MSN, is a clinical instructor at Boston College.

Cheryl K. Schmidt (PhD '99), CNE, ANEF, associate professor and associate dean for service, and regional associate dean at the University of Arkansas for Medical Sciences College of Nursing, is one of four nurses in the United States (and among 39 nurses in the world) selected to receive the International Committee of the Red Cross Florence Nightingale Medal. This award is the highest international distinction a nurse can achieve and recognizes Schmidt's extensive work in preparing nursing students across the United States to serve as volunteers in Red Cross disaster response efforts.

2000s

Alan Bernstein (BSN '00), director of career development and workforce management at the U.S. Department of Veterans Affairs Office of Nursing Services in Washington, D.C., was the keynote speaker at the School of Nursing 2011 Nursing Horizons Conference this past June.

Margaret-Ann Carno (PhD '02), CPNP, ABSM, FNAP, FAAN, was recently appointed to the American Thoracic Society

(ATS)'s Education Committee by the incoming president of ATS. As a member of this committee, Carno will have opportunities to chart the future of ATS in the ever-changing health care environment.

Amy Vehar Yarnot Maniatis (BSN '00) is a staff nurse in the CCU at the University of Maryland Medical Center. She has been accepted into the MSN Executive Practice Program at the University of Maryland and will begin her studies in fall 2011.

Suzanne Marshal (BSN '09), a staff nurse at UPMC Shadyside, also holds a bachelor's degree in fine arts from Arizona State University.

Lorraine M. Reiser (PhD '07), CRNP, associate professor at Clarion University of Pennsylvania, was inducted as a fellow of the American Academy of Nurse Practitioners at its annual meeting in Las Vegas, Nev., in June 2011. Her article, "Clinical Use of Physical Activity Measures," which was published in the *Journal of the American Academy of Nurse Practitioners* and coauthored with School of Nursing faculty member Elizabeth Schlenk, received a citation as the most downloaded article in that Journal in 2010.

Charles (Chad) Rittle (BSN '00), DNP, is an assistant professor of nursing and the Pathways to Nursing program coordinator at Chatham University in Pittsburgh, Pa.

2010s

Carol Strunk (BSN '10) was nominated for UPMC Presbyterian's Rookie of the Year award.

In Memoriam

Geraldine DeCarbo Angel (MNEd '63)
April 19, 2011

Jean Scott Bell (BSN '46)
April 6, 2010

Jean Brethauer Christie (BSN '46)
July 9, 2011

Evelyn Craig (BSNEd '51) MEd
June 17, 2011

Sister M. Camillus Erb (MNEd '67)
June 16, 2011

Dorothy Lippert Howard (BSN '54)
May 9, 2011

Dorothy W. Killius (BSN '44)
April 5, 2011

Maxine Acosta McFarland (BSN '46)
April 6, 2011

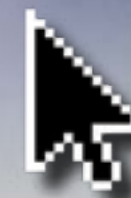


Clarification

Mary Amaker Gray holds a BSN degree from the School of Nursing. Her degree was incorrectly listed in the spring 2011 edition of *Pitt Nurse* magazine.

Keep Your E-mail Address Current!

The School of Nursing recently introduced *Pitt Nurse* eLetter, which will be sent out periodically and will include the latest news from the school. Please keep your e-mail address current with your alma mater by notifying Joan Nock, assistant director of alumni relations, at jno100@pitt.edu if your e-mail address changes.



Alumni Honored by APBNA

At the annual Evelyn Paige Parker Scholarship Luncheon on Saturday, June 25, four School of Nursing alumni were recognized by the Association of Pittsburgh Black Nurses in Action (APBNA), a chapter of the National Black Nurses Association, Inc. Honored for their years of nursing service were Adena Johnson Davis (BSN '47), Mary Amaker Gray (BSN '51), Lillie M. Lesesne (BSNEd '53, MLIT '58), and Luevonue Lincoln (MN '78, PhD '82). In addition, a student scholarship was awarded to Jarae Payne at the event, which was held at Pittsburgh's Churchill Valley Country Club.

Alumni Present Nightingale Lamps at Spring Graduation Ceremony

Continuing a tradition that has been a part of the school's spring graduation ceremony for years, five members of the Nursing Alumni Society's executive committee presented ceramic Florence Nightingale lamps to graduates.

They were Jessica Devido (BSN '04, MSN '08), Gloria Gotaskie (BSN '77, MSN '94), Luevonue Lincoln (MN '78, PhD '82), Michele Prior (MN '80), and Misha Sidberry-Bunch (BSN '99).



Community Outreach

Students in the Nursing Care of Mothers, Newborns, and Families class did a clinical rotation at Sojourner House, a faith-based residential rehabilitation facility in Pittsburgh for women in recovery and their children. Pictured left to right are Alicia Lewis; Nicole Olshansky, MSN, DNP, assistant professor in the Department of Health Promotion and Development; Hannah Park; Christopher Ring; Chelsea Seacord; Melanie Kuta; and Jennifer Gutaszkas.

School of Nursing Annual Alumni Event

Homecoming 2011

During the University of Pittsburgh 2011 Homecoming Weekend, the School of Nursing is pleased to invite all nursing alumni to its

Alumni Program and Homecoming Tea

Friday, October 14, 2011
beginning at 2 p.m.
in the Victoria Building first-floor lobby
3500 Victoria Street, Oakland
Registration Fee: \$15/person
RSVP by Friday, October 7, 2011

- Alumni from classes ending in 1 and 6 will be recognized as milestone reunion groups.
- 2011 Distinguished and Honorary Alumni will be honored.
- Park at the Soldiers & Sailors Memorial Hall & Museum or O'Hara parking garages. A shuttle bus will be available from the parking garages to the Victoria building.
- Registration form is available online at www.nursing.pitt.edu or below.
- For complete University Homecoming 2011 details, visit www.alumni.pitt.edu/homecoming.
- With any questions, contact Joan Nock at 412-624-2404, toll free at 1-866-217-1124, or by e-mail at jno100@pitt.edu.

Registration Form

_____ Name	_____ Number of Guests @ \$15 each	\$_____
_____ Class year(s)	_____ Degree(s) earned	
_____ Address	_____ Yes, I would also like to make a donation to the Class Gift Program.*	\$_____
_____ Phone	_____ No, I can't attend, but I would like to make a donation to the Class Gift Program.*	\$_____
_____ E-mail		
_____ Name(s) of Guest(s)		

Make checks payable to University of Pittsburgh and mail by October 7, 2011, to:

University of Pittsburgh
School of Nursing
Joan Nock
218 Victoria Building
3500 Victoria Street
Pittsburgh, PA 15261
Phone: 412-624-2404 E-mail: jno100@pitt.edu

*Alumni marking reunions in 2011 are invited to make donations in any amount to the School of Nursing's Class Gift Program in honor of their milestone celebrations. Indicate your class year on your check's memo line when directing a gift to the University of Pittsburgh for this program and include your check with your Alumni Program and Homecoming Tea registration.

Join the School of Nursing's 75th Anniversary Planning Committee



It's not too late to join the 75th Anniversary Planning Committee! Consider joining us to help plan a wonderful celebration in 2014. Please contact Assistant Director of Alumni Relations Joan Nock at 412-624-2404 or jno100@pitt.edu for more information.

University of Pittsburgh School of Nursing

50-Year+ Luncheon

(By Invitation Only)

Alumni marking 50-year reunions or more in 2011 will be special guests at the third annual

50-Year+ Alumni Luncheon

at noon on
Friday, October 14, 2011,
in the Victoria Building first-floor lobby
3500 Victoria Street, Oakland.

This complimentary luncheon will honor nursing alumni from graduating years 1961, 1956, 1951, and 1946.

RSVP by October 7, 2011, to Joan Nock at 412-624-2404 or jno100@pitt.edu.

Upcoming Events

Convocation

Monday, September 12, 2011
2:00 p.m.
The University Club, Ballroom B
123 University Place
Pittsburgh, PA 15260

Homecoming Weekend 2011

October 14–16, 2011
Visit www.alumni.pitt.edu/homecoming for complete details.

School of Nursing 50-Year+ Luncheon

(by invitation only)

(Classes of 1946, 1951, 1956, and 1961)
Friday, October 14, 2011
Noon
Victoria Building first-floor lobby

Alumni Program and Homecoming Tea

Friday, October 14, 2011
2 p.m.
Victoria Building first-floor lobby

See page 21 for details.

Cameos of Caring® Awards Gala

Saturday, November 5, 2011
David L. Lawrence Convention Center
Spirit of Pittsburgh Ballroom

School of Nursing 75th Anniversary Celebration (1939–2014)

2014, Pitt Nursing Diamond Jubilee Anniversary

Mark your calendars and please consider joining the 75th Anniversary Planning Committee. Contact Assistant Director of Alumni Relations Joan Nock at 412-624-2404 or jno100@pitt.edu for more information.

Fall Open House

Saturday, October 1, 2011

Victoria Building first-floor lobby
9 a.m.–noon

Network with faculty and current students to learn about our undergraduate and graduate programs, review the application process, and tour the School of Nursing. Refreshments will be served.

No registration is necessary. For directions or more information, visit www.nursing.pitt.edu or call 412-624-4586 or 1-888-747-0794.

Continuing Nursing Education



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

SPEAKERS BUREAU

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

ALUMNI LEARNING NEEDS ASSESSMENT

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

ON-CAMPUS ACTIVITIES

NEW PHARMACOLOGY AND CLINICAL PRACTICE UPDATE SERIES TO START SEPTEMBER 10, 2011

September 10, October 1, November 5, and December 3, 2011, and January 7, February 4, March 3, April 14, May 5, and June 2, 2012

Last year's series was a great success. A new series has been developed that will begin this fall and continue monthly. These learning activities are held at the Oakland campus and on the regional campuses via videoconference. The series provides the latest pharmacology updates along with corresponding clinical practice implications. A complete listing of dates and topics can be found on the CNE Web site.

Program Fee: \$60 per session (discounts are available when registering for two or more sessions)
Continuing Nursing Education Contact Hours: 3 per session

For more information or to register for any of these continuing nursing education activities, go to www.nursing.pitt.edu and click on the link for continuing education.

SAVE THE DATE: ELITE SIMULATION WORKSHOP

December 1 and 2, 2011, School of Nursing
The Emerging Learning and Integrated Technologies Education (ELITE) Faculty Development Program at the University of Pittsburgh School of Nursing will host a two-day simulation workshop, Transforming Educational Practices and Translating Simulation Innovation into Action, on December 1 and 2, 2011, at the University of Pittsburgh.

FAST TRACK BACK

The next Fast Track Back (FTB) session will begin on April 11, 2012, at the School of Nursing. The goal of the FTB program is to provide professional nurses who have not been actively practicing with the current trends and skills needed to care for adult medical/surgical patients in an acute care setting. FTB consists of two separate sections. The first section reacquaints participants to the role of the RN practicing today, physical assessment, pharmacology, clinical decision making, and communications. This will be accomplished through lectures, group discussion, independent study, participation in exercises in the clinical skills lab and human simulation center, and a sophisticated shadowing experience. The second section provides a faculty-guided clinical practice experience on an adult medical/surgical unit in an acute care hospital setting. Specific information regarding the sessions and registration will be available after January 9, 2012.

LEADING CARE IN AN AGE OF COMPLEXITY

Leading Care in an Age of Complexity is a continuing nursing education conference cosponsored by the University of Pittsburgh School of Nursing and the UPMC Center for Nursing Excellence and Innovation that will be held on June 4 and 5, 2012, at the University Club in Oakland. This conference will have three themes: leadership, clinical practice, and technology. Tim Porter-O'Grady and Gail Wolf are two of the confirmed conference speakers.

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

Faculty Awards and Honors



Michael Beach

Michael Beach (MSN '01, MSN '02, DNP '09), assistant professor in the Department of Acute/Tertiary Care, received an award from the Robert Wood Johnson Foundation to provide 10 scholarships to second degree students for the 2012 academic year.

Catherine M. Bender (MN '79, PhD '94), FAAN, professor in the Department of Health and Community Systems, received an award from the National Cancer Institute for her R01 grant, Long-term Trajectory of Cognitive Function Related to Anastrozole Use in Women.

Lora E. Burke (PhD '97), MPH, FAAN, professor in the Department of Health and Community Systems, received an award from the National Institutes of Health for her grant, Advancing Real-time Data Collection: Adaptive Sampling and Innovative Technology.

Marilyn Davies (BSN '70, MN '77), PhD, assistant professor in the Department of Health and Community Systems, received funding from the University of Pittsburgh Central Research Development Fund for her project, Providing Health Information to Households with Preschoolers at Risk for Obesity.

Kathy Magdic (MSN '92, MSN '95, DNP '10), FAANP, coordinator of the acute care nurse practitioner area of concentration and assistant professor in the Department of Acute/Tertiary Care, was awarded a 2011 Cameos of Caring Nurse Educator Award. She will be recognized at the 13th annual Cameos of Caring Awards Gala on Saturday, November 5, 2011, at the David L. Lawrence Convention Center.

Gerri Maurer, BSN, MPM, DNP, clinical instructor in the Department of Health Promotion and Development, is Sojourner House's 2011 Pearl of Hope awardee.

Ann M. Mitchell, PhD, FAAN, associate professor in the Department of Health and Community Systems, received a 2011 Distinguished Clinical Scholar award for her project, Development of Nurse Practitioner Students' Skills in Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use.

John M. O'Donnell (MSN '91), DrPH, associate professor in the Department of Acute/Tertiary Care and director of the Nurse Anesthesia area of concentration, received

an award from the Health Resources and Services Administration to support nurse anesthesia students.

Kathryn R. Puskar (MN '71), MPH, DrPH, FAAN, professor and coordinator of the psychiatric mental health clinical nurse specialist area of concentration in the Department of Health and Community Systems, received the 2010 Ellen Rudy Clore Excellence in Research Writing Award from the *Journal of Pediatric Health Care* for an article she coauthored, titled "Identification of Suicide Risk among Rural Youth: Implications for the Use of HEADSS."

Gail Wolf, PhD, FAAN, professor in the Department of Acute/Tertiary Care, was honored to have her course, NURSP 2261: Organizational Theory, chosen as a 2011 Blackboard Exemplary Course in an international competition.

Transitions

Catherine M. Bender (MN '79, PhD '94), FAAN, was promoted to the position of full professor in the Department of Health and Community Systems.

Alice Blazeck (BSN '75), MSN, DNSc, assistant professor, was named vice chair for administration in the Department of Acute/Tertiary Care.

Annette DeVito Dabbs (PhD '03), BSN, MN, FAAN, associate professor, was named vice chair for research in the Department of Acute/Tertiary Care.

Jan Dorman, BS, MSHyg, PhD, professor, was named vice chair for research in the Department of Health Promotion and Development.

Ann M. Mitchell, PhD, FAAN, associate professor in the Department of Health and Community Systems in the School of Nursing and assistant professor in the Department of Psychiatry in the School of Medicine, was named vice chair for administration in the Department of Health and Community Systems.

Lorraine Novosel, PhD, MSN, joined the Department of Health Promotion and Development as an assistant professor.

Na-Jin Park, BSN, PhD, joined the Department of Health and Community Systems as an assistant professor.



Kathy Magdic



John M. O'Donnell



Anne M. Mitchell



Annette DeVito Dabbs



Margaret Rosenzweig

Margaret Rosenzweig (MSN '86, PhD '01) was promoted to associate professor with tenure in the Department of Acute/Tertiary Care.

Tonya Rutherford-Hemming, BSN, MSN, joined the Department of Health and Community Systems as an instructor.

Elizabeth A. Schlenk, PhD, was promoted to associate professor with tenure in the Department of Health and Community Systems.

Carol Stilley, MEd, PhD, associate professor, was named vice chair for research in the Department of Health and Community Systems.



Elizabeth A. Schlenk

Student Awards and Honors

Amy Ansehl, **Francine Barr**, **Lorraine Galkowski**, **Kimberly Gorman** (BSN '06), and **Janet Harris** participated in the Conemaugh Health System Seventh Annual Research Poster Symposium.

Anne Nestor placed third in a body-building contest. Nestor also played on a rugby team at Pitt.

Doctor of Nursing Practice students **Lori Perlstein**, BSN, MA; **Kathy Ramson**, MSN; and **Margaret Strong**, MSN, presented a poster titled "Implementation of a Nurse-driven Protocol to Decrease Catheter-associated Urinary Tract Infections (UTIs)" at the 2011 Nursing Scholarship Day at St. Luke's Hospital in Bethlehem, Pa., sponsored by St. Luke's Hospital and Moravian College.

Jennifer Seaman (BSN '11) was named a John A. Hartford Foundation and Atlantic Philanthropies Building Academic Geriatric Nursing Capacity scholar in academic geriatric nursing by the American Academy of Nursing.

Doctoral student **Karen Wickersham** (BSN '11), was awarded an American Cancer Society Doctoral Degree Scholarship in Cancer Nursing for July 1, 2011–June 30, 2013. Her advisor is **Judith A. Erlen**, Chair of the Department of Health and Community Systems and her mentors include **Catherine M. Bender**, professor in the Department of Health and Community Systems; **Mary Beth Happ**, professor in the Department of Acute/Tertiary Care; and **Sandra Engberg**, associate professor in the Department of Health Promotion and Development and associate dean for clinical education.



Undergraduate nursing students **Kaitlyn Ligman**, **Stephen Roach**, and **Amber Breindel** (not shown) experienced pediatric nursing in a different setting when they volunteered at heart camp this summer. The Dr. Bill Neches Heart Camp for Kids offers children with heart disease the chance to trade doctor appointments for pool time. The annual camp, cosponsored by Children's Hospital of Pittsburgh of UPMC and the American Heart Association, gives kids a test-free, pain-free vacation and the opportunity to interact with nurses and doctors in a nonmedical setting. Located at YMCA Camp Kon-O-Kwee in Fombell, Pa., heart camp gives campers between the ages of 8 and 16 the chance to meet, interact, and relate to other children with similar conditions. More than 150 campers from across the United States attend the camp annually.



Linda M. Siminerio, (MS '78), PhD, executive director of the University of Pittsburgh Diabetes Institute, received the American Diabetes Association (ADA)'s prestigious Outstanding Educator in Diabetes Award. The award is presented to an individual who demonstrates significant contributions to the understanding of

diabetes education, has spent many years in the field, and has benefited recipients of education.

"Diabetes is a condition that requires the person to make informed daily decisions about food, activity, and medication in response to blood glucose monitoring results, all day, every day. Self-management education provides the necessary foundation for quality self-care. With a diabetes epidemic and accountable care, it becomes critically important that people with diabetes become actively engaged in their self-care," says Siminerio.

Nearly 26 million children and adults in the United States have diabetes. Diabetes contributes to the deaths of more than 231,000 Americans each year. ADA estimates that the total cost of diagnosed diabetes in the United States is more than \$174 billion. Published studies suggest that when additional costs for gestational diabetes, prediabetes, and undiagnosed diabetes are included, the total diabetes-related costs in the United States could exceed \$218 billion.

Siminerio, who also is an associate professor in the School of Medicine and the School of Nursing at Pitt, has been a pioneer in the field of diabetes education. She was one of the first pediatric diabetes educators in the United States and has helped to establish 46 ADA-recognized diabetes self-management programs throughout Pennsylvania. She has been a leader in the Pennsylvania Chronic Care Commission, whose efforts are aimed at improving services to people with diabetes. She is also the author of numerous books and scientific publications in her field and is the author of the National Standards for Diabetes Self-Management Education and the International Diabetes Standards and Curriculum. In addition, Siminerio has served as vice president of the International Diabetes Federation (IDF) and as chair of the IDF World Diabetes Congress in 2009. She was the editor in chief of *Diabetes Forecast*, and a past president of health care and education for ADA.

17 Nursing Students Presented Posters at the Fifth Annual Pitt Institute on Aging Research Day

Dalia Alhasanat, Jayme Day (BSN '07), **Larry Goisse, Heba Khalil, Shannon Moore** (BSN '07), **Miranda Moskal, and Julie Seifert** presented a poster titled "Open versus Restrictive Visiting Hours in the ICU: Effects on the Aged Patient, Family, and Staff Satisfaction." Their faculty mentor is **Kathryn R. Puskar**, professor in the Department of Health and Community Systems and coordinator of the psychiatric mental health clinical nurse specialist area of concentration.

Lottie Brewer (BSN '02), **Gloria Enright** (BSN '04), **Courtney Estep, Vanessa O'Neill, Shannon Shipe, and Alessandra D. Williamson** (BSN '09) presented a poster titled "Repositioning to Prevent Pressure Ulcers in the Geriatric Population." Their faculty mentor is **Kathryn R. Puskar**.

Claudia Kregg-Byers (BSN '05) presented a poster titled "Predictors of Food Security in Older Adults from the Ecological Model of Health Behavior." Her faculty mentors and coauthors but not presenters are **Lauren Terhorst**, assistant professor in the Department of Health and Community Systems, and **Elizabeth A. Schlenk**, associate professor in the Department of Health and Community Systems.

Marci Nilsen (BSN '05, MSN '08) presented a poster titled "Nurse and Patient Characteristics Associated with Nurse Talk Time in the ICU." Her faculty mentors and coauthors, but not presenters, are **Mary Beth Happ**, professor in the Department of Acute/Tertiary Care, and **Susan M. Sereika**, associate professor and associate director for statistical support services in the Department of Health and Community Systems.

Trevor Nissley (BSN '11) presented a poster titled "Factors Associated with Willingness to Participate in Medical Research among Cognitively Impaired Older Adults and Their Family Caregivers." His mentors are **Jennifer Lingler**, assistant professor in the Department of Health and Community Systems, and **Amanda Gentry**, senior research specialist in the Department of Health and Community Systems.

Susan Simms (BSN '93) presented a poster titled "Gender, Social Support, Medication Adherence, and Health-related Quality of Life of Older Adults with Heart Failure." Her mentors and coauthors, but not presenters, are **Susan M. Sereika** and **Elizabeth A. Schlenk**.

This year's research day, Celebrating Research on Aging: Building Collaborations for the Future, was held on April 19, 2011, at the University of Pittsburgh's William Pitt Union. Sponsored by the University of Pittsburgh Institute on Aging in partnership with UPMC, this annual event celebrates the current research on aging from the University of Pittsburgh, Carnegie Mellon University, and research clinicians at UPMC. More than 70 posters were displayed in a competitive poster session.

PITT NURSING ACCESSORIES

PITT NURSING BRACELET'S POPULARITY CONTINUES

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

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

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

QTY.	SIZE	STYLE	PRICE	TOTAL
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Can you identify the year and the faces below?



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 pictures to: University of Pittsburgh, School of Nursing, 218 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261. All pictures will be returned.



Remember When? Photo from Spring 2011 Issue

The photo that appeared in the spring 2011 issue was of Floyce Reid McCauley (BSN '56) who went on to medical school and practiced as a child psychiatrist in the Philadelphia, Pa., area. The following alumni contacted the School of Nursing to identify the young nursing student pictured: **Suzanne Weller Gross** (BSN '56, MNEd '63), **Joan Guthrie** (BSN '56), **Jean McLaughlin** (BSN '56), **Luda Shields** (BSNEd '55), and **Shirley Powe Smith** (BSN '59, MNEd '79). McCauley passed away in December 2005.

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What's Happening?

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

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

Degree(s) and Year(s) of Graduation

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For information on University equal opportunity and affirmative action programs, please contact: University of Pittsburgh; Office of Affirmative Action, Diversity, and Inclusion; Carol W. Mohamed, Director (and Title IX, 504 and ADA Coordinator); 412 Bellefield Hall; 315 South Bellefield Avenue; Pittsburgh, PA 15260; 412-648-7860.

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