

Pitt nurse

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BOUNCING BACK FROM CANCER

**NURSING RESEARCH TAKES ON
LIVING WITH CANCER**

Nursing and Cancer Survivorship

For years, a diagnosis of cancer was considered to be a death sentence. Thanks to medical advances leading to early detection and more effective treatments, people are living much longer after diagnosis. While this is obviously a good thing, it does have significant implications for nursing practice and research around cancer. Cancer can be regarded as both an acute illness and a chronic condition. Whole branches of research and science are now dedicated to surviving cancer.



“Nursing research has an innate multidisciplinary approach, a patient-centered focus, and a principal goal of extending the evidence base for real-world practice.”

Since 2005, research has evolved to include, beyond preventing and curing cancer, learning how to help patients live—and live well—from the moment of diagnosis and for the rest of their lives. This field of study encompasses the physical, psychosocial, and economic aspects of cancer treatment. Survivorship researchers look at both the short-term and long-term impacts of the disease and treatments, ranging from nausea while undergoing chemotherapy to cognitive and pain-related issues that may occur or extend long past active treatment. They look at the social and economic challenges faced by cancer survivors, which may include a decreased ability to work and earn an adequate living, sexual dysfunction, and living with the fear of recurrences of the cancer.

Much of the literature holds that nurses are the natural choice to coordinate efforts to promote the health of survivors, to educate them on

post-treatment care, and to ensure that they have access to all types of resources that will be needed—from psychological treatment to transportation for follow-up appointments. Nurses are known for their holistic approach to caring for the patient, so they will be able to assess and address the wildly diverse needs of patients and their families. Nurses are natural educators, helping patients to understand and become engaged in their treatment, which, in the case of cancer and survivorship, can involve seeing specialists in oncology, psychiatry, physical therapy, and cardiac care.

Just as nurses are well positioned to lead the survivorship journey, nurse researchers are integral to survivorship research efforts. Nursing research has an innate multidisciplinary approach, a patient-centered focus, and a principal goal of extending the evidence base for real-world practice.

In this issue of *Pitt Nurse* magazine, we explore the meaning of cancer survivorship and look at the impact of nursing research. We discuss the state of research on cancer survivorship with Dana Bovbjerg, director of the Biobehavioral Oncology Program at the University of Pittsburgh Cancer Institute Hillman Cancer Center, and Deborah K. Mayer, director of cancer survivorship at the University of North Carolina Lineberger Comprehensive Cancer Center. You'll also find examinations of the research and treatment environment at the University and in the Pittsburgh region.

On behalf of the University of Pittsburgh School of Nursing, I invite you to read this magazine and to learn more about the research that will help people to live longer—and better—after a cancer diagnosis.

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When Industry Changes, Pitt Nursing Changes Along with It

The Doctor of Nursing Practice concentration in nursing administration has been transformed to create the Doctor of Nursing Practice concentration in health systems executive leadership, better reflecting the needs of leaders in a dynamic health care environment and better demonstrating the skills of those who are earning the degree.



“It opens doors for all levels,” says Judy Zedreck, DNP, interim coordinator of the health systems executive leadership program.

In the early stages of envisioning what the revised program would look like, the focus turned to alumni of the DNP nursing administration concentration and what they were doing in their roles. These positions illustrated what and where alumni were achieving and what curriculum and skill sets would be useful to future students. “It was helpful to see the richness of what we were already doing and where that next step could take us in terms of making sure we have nursing leaders at those highest levels,” Zedreck says. “I truly believe this program prepares

nurses as leaders to be successful at that highest level of leadership.”

Expanding possibilities is central to the new program. “We were pleased at where we were, but obviously we always want to strive to be better,” Zedreck explains. “You always want to think, ‘Where do our steps want to take us tomorrow?’ So we were practicing what we preach in our class.”

This includes adding more course material related to service excellence for client and patient satisfaction, finance and quality with the integration and uses of “big data,” and interprofessional collaboration. Clinical residencies also are designed with a senior-level mentor. The revised program also reflects the scope of the University of Pittsburgh School of Nursing nationally and internationally and the impact that students and alumni have wherever their careers take them. Students may take 100 percent of their course work online but can do on-campus course work depending on what they choose for program customization.

Collaboration between students hasn’t been lost with the move to an online program. “I love to teach in a live classroom, but I have come

to appreciate the online program because we are all learning and introducing new ideas from all different areas of the country,” Zedreck says. “I recently had a chief nursing officer who was leading a system, and I had someone with limited leadership experience. The chief nurse could share what the other student was trying to grasp, and she could see what novice leaders are struggling with and learn how she might make changes in her approach as she leads new leaders and novices.”

A core feature of the program is the emphasis on adapting approaches to meet the student’s particular desires and professional goals. In addition to course work at Pitt Nursing, students have the opportunity to take courses at Pitt’s Joseph M. Katz Graduate School of Business, Graduate School of Public Health, Graduate School of Public and International Affairs, School of Education, and School of Law. “We can individualize your degree related to either the demands of your job or your future career goals,” Zedreck says. “The program has variety, it’s individualized, and it has paths you can choose to go down.”

Pitt Nurses Contribute to Statewide Efforts to Improve Health

You can find many of Pitt Nursing's faculty and staff members working with the Pennsylvania Action Coalition (PA-AC) to guide the implementation of the recommendations in the Institute of Medicine's *Future of Nursing* report in Pennsylvania. PA-AC is part of the Campaign for Action, a national initiative of the Robert Wood Johnson Foundation and AARP coordinated by the Center to Champion Nursing in America. The coalition seeks to help the region

become healthier by improving the quality, accessibility, and safety of nursing. Pitt Nursing Dean Jacqueline Dunbar-Jacob serves on the Advisory Board of the statewide group, helping to lead and assess the work of the coalition. Laura Fennimore, DNP, was selected as a leader of the Southwest Regional Executive Team; Mary Rodgers Schubert, DNP, and Annette DeVito Dabbs, PhD, FAAN, also have been asked to serve on this regional committee.

2016 Alumni Awards

Each year, the School of Nursing honors individuals with alumni awards. The 2016 award recipients were as follows:



Distinguished Alumni

Award: Deborah Trautman (MSN '87) PhD, FAAN, is president and chief executive officer of the American Association of Colleges of Nursing (AACN). Trautman

advocates for baccalaureate and graduate nursing education by setting standards, providing resources, and developing the leadership capacity of schools to advance nursing education, research, and practice. She assumed her current role in June 2014. Prior to joining AACN, Trautman served as executive director of the Center for Health Policy and Healthcare Transformation at Johns Hopkins Hospital. She was a 2007–08 Robert Wood Johnson Foundation Health Policy Fellow, and worked for Nancy Pelosi, then Speaker of the U.S. House of Representatives. In 2015, Trautman was inducted as a fellow into the American Academy of Nursing.



Honorary Alumni Award:

Loren H. Roth, MD, MPH, is the associate senior vice chancellor for clinical policy and planning, Health Sciences, University of

Pittsburgh; Distinguished Service Professor of Psychiatry, University of Pittsburgh School of Medicine; Senior Advisor, Quality, UPMC Health Plan; and professor of health policy and management, University of Pittsburgh Graduate School of Public Health. A graduate of Harvard Medical School, the Harvard T.C. Chan School of Public Health, and the Yale University and Massachusetts General Hospital's psychiatric residency programs, Roth works with the deans of the Pitt health sciences schools to prepare future graduates for a health care environment stressing innovation, accountability, interdisciplinary communication and teamwork, quality, safety, and a lifetime learning process to ensure patients' best interests.

Outstanding Young Alumni

Award: Natalie Mathias (BSN '14) is a nurse in the Medical/Surgical Oncology Department at John T. Mather Memorial Hospital. Mathias serves on several hospital committees involving improvement in patient care, research use, and policy/standards evaluation. She is a three-time recipient of the John T. Mather Memorial Hospital patient-nominated Clinical Excellence Award. Mathias also received the peer-nominated Clinical Nurse of the Year award and is sharing her expertise while serving as a preceptor for nursing students.

Moving Up, Courtesy of U.S. News & World Report

The School of Nursing continues to climb in national rankings. In the U.S. News & World Report 2018 edition of Best Grad Schools, the Doctor of Nursing Practice (DNP) program is ranked seventh and the Master of Science in Nursing (MSN) program is tied for eighth. With more and more nurses earning a graduate degree, these rankings show how well the school is positioned to attract more top-tier students.

But there is more good news for the school, several specialty programs were also highly ranked:

- Clinic Nurse Leader is ranked third
- Administration (now Health Systems Executive Leadership) is ranked fourth
- Nursing Informatics is ranked sixth
- Adult Gerontology Acute Care Nurse Practitioner is tied for sixth
- Pediatric Primary Care Nurse Practitioner is tied for ninth
- Adult Gerontology Primary Care Nurse Practitioner is ranked 13th
- Family Nurse Practitioner is ranked 15th

More than 500 nursing programs in the United States were surveyed with the results published for the top 75 percent.





Nursing Alumnus Is New Pitt Trustee

Patricia D. Horoho (MSN '92) has been appointed to the University of Pittsburgh Board of Trustees. The board is responsible for advancing the mission of the University, promoting and protecting its academic freedom and integrity, and enhancing and preserving its assets. Horoho will bring to her role as a trustee more than 33 years of experience as a leader of military health care sites and systems. She was the first woman and first nurse to serve as the surgeon general of the U.S. Army and commander of the U.S. Army Medical Command. Upon her retirement from the military, she became managing director and client account lead for Accenture Federal Services, leading the company's defense health practice and overseeing business operations. This MSN graduate was awarded an honorary Doctor of Public Service degree in 2012 by Pitt and was named a University of Pittsburgh Distinguished Alumni Fellow and Legacy Laureate.

Introducing the BSN to DNP Track in Nurse Anesthesia

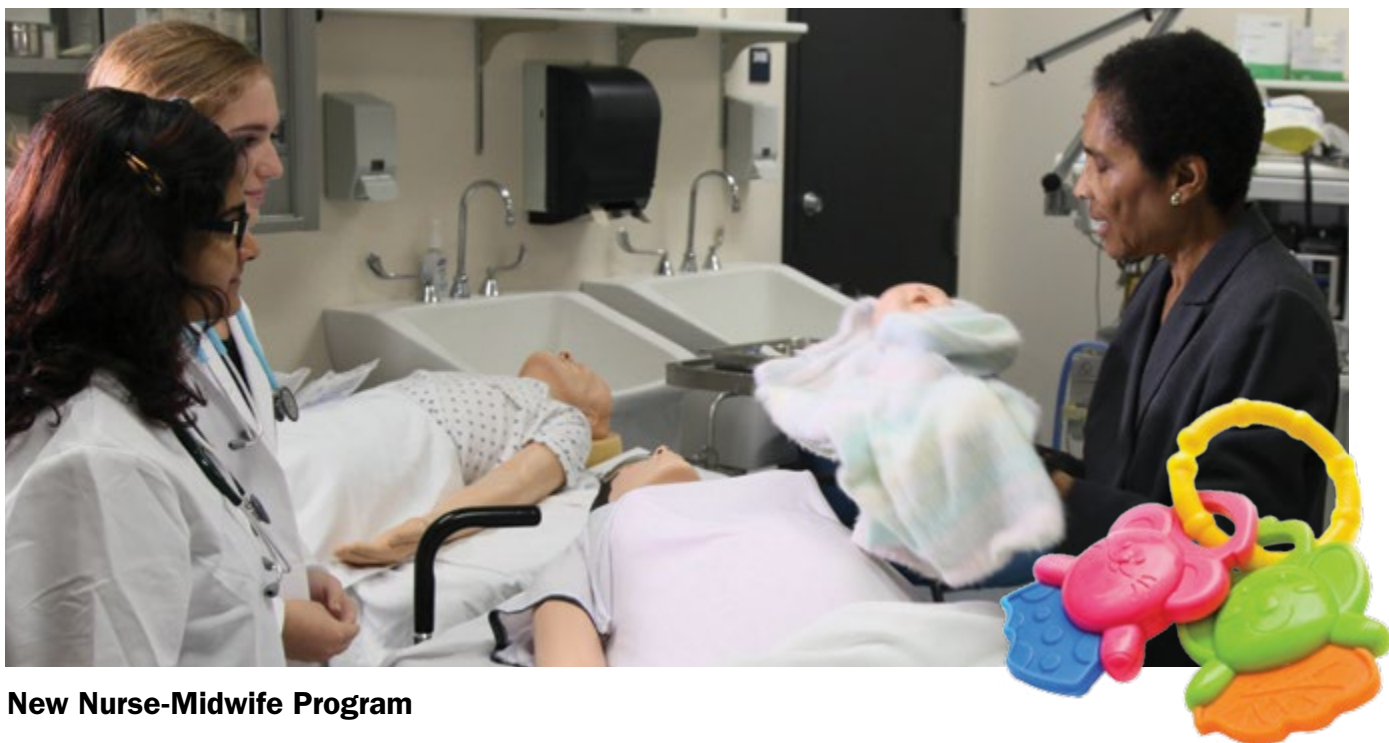
The University of Pittsburgh School of Nursing is transforming its top-ranked nurse anesthesia program and moving to meet the future needs of the profession by transitioning to a BSN to DNP graduate program. The American Association of Nurse Anesthetists is mandating that doctoral education be required for entry into nurse anesthesia practice by 2020.

The program of study includes courses on the chemistry and physics of anesthesia, advanced pharmacology, advanced physiology and pathophysiology, anesthesia technology, and the professional role. As with other DNP majors at Pitt Nursing, students take classes on the evidence base for practice, organizational and systems leadership, informatics,



patient care technology for the transformation of health care, health care policy and finance, clinical error prevention, patient safety and population health, and interprofessional collaboration for improving patient and population health outcomes.

Learn more about this new program and application deadlines on the school's Web site at nursing.pitt.edu/nurseanesthesia.



New Nurse-Midwife Program

From a statistical perspective, midwifery is an exciting field for nurses to enter:

- In Pennsylvania, nurse-midwives attend 11 percent of all births and 16 percent of vaginal births.
- The field of midwifery is expected to have a 29 percent growth in employment by 2022, compared to 19 percent for RNs.
- Medicare reimburses nurse-midwives on par with obstetricians.
- The Affordable Care Act mandates that Medicaid cover birth centers for patients who choose that option.

From a practical perspective, the excitement doesn't end.

"We're at a really interesting turning point nationally in terms of maternity care," explains Nancy Niemczyk, PhD, assistant professor and director of the University of Pittsburgh School of Nursing Nurse-Midwife Program. "It's twofold: It's women seeking out that model of care, and it's also growing recognition from health systems and organizations that midwives provide very high-quality care at a lower cost than obstetricians."

To meet the growing demand for midwives at the local, regional, and national levels, Pitt Nursing opened its Nurse-Midwife Program in the fall of 2016. Students earn a doctorate in nursing practice and are eligible to sit for the national certification exam in Nurse-Midwifery; individuals then apply for state licensure as a certified nurse-midwife.

"The real centerpiece of midwifery is an understanding that for about 85 percent of women, childbirth is not an illness. It's a wellness state, and it's a healthy, normal life process," Niemczyk explains. For optimum care and outcomes, "it's really getting to understand her and then working together to come up with a plan that's going to keep her healthy and well during the pregnancy."

One of the unique strengths of Pitt Nursing's Nurse-Midwife Program is the exposure students get to a range of settings. "Very few programs have both a hospital like Magee-Womens Hospital of UPMC, which is internationally renowned, but also the Midwife Center for Birth & Women's Health, which is one of the country's largest freestanding birth centers," Niemczyk notes. "Our

students get superb out-of-hospital and in-hospital experiences."

The program aims to enroll between 15 and 20 students per cohort. Graduates leave prepared to handle the full spectrum of care, and beyond the expected well woman check, preconception, and pre- and postpartum experience. Midwifery students take many of the same courses as the family nurse practitioner students as well as both primary care and newborn care clinicals. After all, keeping women healthy and well throughout the life span is the focus of midwifery and the common goal that unites midwives.

It's also that focus that allows graduates of the Nurse-Midwife Program to go out and make positive impacts as a Pitt nurse. "We have a student applying for next year who was born in Africa and wants to go back to Africa to do development work," Niemczyk says. "She is really excited about the program because she feels that she's going to have the preparation she needs, and she's going to be able to take holistic care of women."

CANCER SURVIVORSHIP

THE ROAD AHEAD

by Sally Ann Flecker, freelance writer
and editor living in Pittsburgh.



Cancer. The tears in my doctor's eyes told me everything I didn't want to know. I knew that I *might* have cancer. Deep, deep, down, I may have known that I *probably* had cancer. Still, it was so unfathomable that I didn't even bring my husband along with me to my appointment. Now the sorrow and tenderness on my doctor's face was too ponderous to misread. "Stage four?" I asked. "Probably," she answered.

Few moments in my life have been as irrevocable. No matter how hopeful or dire the prognosis, once you have learned you have cancer, you can never be innocent of disease again. You are mortal—so very mortal.

I don't remember the rest of that afternoon or evening. I must have driven home. Did I tell my husband on the phone or in person? Did I hug my boys, read them stories, and tuck them in at bedtime? My short-lived but merciful fog was followed by a night of terrifying clarity. At 1 in the morning, I found myself cleaning furiously, weeding through clutter, and pitching out unimportant keepsakes. What mattered was crystal clear to me. I didn't need my past. What I needed was my future. And I wasn't likely to get that.

But here's what I didn't know then: Cancer is not the death sentence it used to be. Scary, yes. But there's a lot of heartening news out there for those of us who have been diagnosed with cancer. As it turned out, I didn't have to rush out and buy Christmas presents for my children—one of the things I started planning that dark August night seven years ago when I thought I might not live to see December. In fact, my cancer had blessedly not spread and

a wretched course of chemotherapy (fingers crossed) seems to have done its job. And I'm not alone—not in the least. Advances in understanding the disease, development of more effective and precise treatment options, and strides in early detection have led to a swelling in the ranks of survivors in the United States to more than 15.5 million today. Some of those survivors are considered to be living with a chronic disease. When one course of treatment loses its effectiveness over time for them, there often is another one to try. Other survivors are in remission. And there are others still who are comfortable uttering the word “cured.”

There's much to celebrate in the multitude of survivors. But the story isn't over when the need for acute care ends. Cancer survivorship has its own narratives—perhaps more subtle but nonetheless compelling. What are the challenges of those living with, through, and beyond cancer? And how is the health care community responding?

CHANGING THE PERSPECTIVE

“We've made tremendous progress in 40 years,” says Deborah Mayer, director of cancer survivorship at the University of North Carolina Lineberger Comprehensive Cancer Center. Mayer, former editor of the *Clinical Journal of Oncology Nursing* and chair of the American Society of Clinical Oncology survivorship committee, says that when she first started as an oncology nurse in 1975, most of her patients died. “But that's not true now,” she adds. “In 1975, one out of two people—48 percent—was living five years. Now it's 68 percent. We've seen a total flip-flop of how many people are living longer.”

Today, a person is considered a cancer survivor starting with the moment of diagnosis, through treatment, and continuing onward throughout the rest of his or her life. That the health care community can even see this progress is of huge significance. In earlier days, for those who survived, there was nothing in place to acknowledge the persisting physical and

In 1975, one out of two people—48 percent—was living five years. Now it's 68 percent.

psychological aftereffects. “We had a ‘treat 'em and street 'em’ attitude,” Mayer says. “We would diagnose and treat people, and then, afterwards, everybody was left on their own to flounder or figure it out. And most people had at least some residual issues.”

Mayer says the tipping point came in 1985, when Fitzhugh Mullan, a 32-year-old Santa Fe, N.M., pediatrician, published a thoughtful and perceptive reflection about his own cancer experience in *The New England Journal of Medicine*. “The simple concepts of sickness and cure were insufficient to describe what was happening to me,” he wrote in the essay, titled “Seasons of Survival: Reflections of a Physician with Cancer.” “As with most cancer patients, the quality of my life during this period was severely compromised, and the possibility of death was always present. I was, in fact, surviving, struggling physically and mentally with the cancer, the therapy, and the large-scale disruption of my life. Survival, however, was not one condition but many.”

In describing what he calls “predictable” stages of survival, Mullan threw down the gauntlet to the health care community. “Despite this success on the treatment front, we have done very little in a concerted and well-planned fashion to investigate and address the problems of survivors,” he wrote. “It is as if we have invented sophisticated techniques to save people from drowning, but once they have been pulled from the water, we leave them on the dock to cough and splutter on their own in the belief that we have done all that we can.”

Mullan was referring to the myriad of issues cancer patients deal with, which may include physical issues like infertility, sexual



“WHAT ARE THE MECHANISMS THAT WOULD LINK WHAT’S GOING ON IN PSYCHOLOGICAL AND SOCIAL SIDES OF THE CANCER EXPERIENCE TO MORE FUNDAMENTAL BIOLOGICAL PROCESSES AND RESPONSE TO TREATMENT?”

Dana Bovbjerg, leader of the Biobehavioral Oncology Program at the University of Pittsburgh Cancer Institute and professor of psychiatry, psychology, behavioral and community health sciences and clinical and translational science

dysfunction, lymphedema, peripheral neuropathy, incontinence, and plenty of others. Emotional responses such as anxiety, depression, and fear of recurrence may make it hard to move forward with life. And the economic bombshell that is cancer may take the form of lost employment, a stymied career path, or insurmountable debt.

Currently, there is a much livelier scene when it comes to research and advocacy on behalf of survivors. In 1986, Mullan himself cofounded the National Coalition for Cancer Survivorship, which began the formal effort of educating and advocating for quality cancer care through the sweep of issues

facing survivors. Ten years later, the Office of Cancer Survivorship was formed at the National Cancer Institute to support research into the physical, psychosocial, and economic consequences of cancer. In the mid-2000s, two landmark books were published by the Institute of Medicine that took a comprehensive look at the landscape of survivorship: *From Cancer Patient to Cancer Survivor: Lost in Transition* and *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*.

An important initiative with deep roots in Pittsburgh is the Biobehavioral Oncology Program (BOP) at the University of Pittsburgh Cancer Institute. “The program here has been part of the Cancer Institute since Ron Herberman founded it 30 years ago,” BOP program leader Dana Bovbjerg notes. “From the beginning, he was very interested in behavioral aspects of cancer.” The program

sponsors interdisciplinary research, bringing basic scientists from the cancer institute and behavioral researchers from the University of Pittsburgh together to develop interventions for reducing cancer risk and improving a patient’s responses to cancer, treatment, and survivorship. “We try to be a bridge, to some extent, for basic to clinical interactions because many of us are interested in this interface and are trying to understand how it works,” says Bovbjerg, whose appointments as a professor of psychiatry, psychology, behavioral and community health sciences, and clinical and translational science suggest the breadth of interests he draws upon. “What are the mechanisms that would link what’s going on in psychological and social sides of the cancer experience to more fundamental biological processes and response to treatment?” he asks.

As a geriatrics/immunology postdoctoral fellow back in the early 1980s, Bovbjerg found himself growing fascinated with how psychological and mind/body factors might play a role in cancer. “I became very interested in a number of issues related to how to do appropriate assessments with people to try to better understand what is going on,” he says. “There are certain things that animal models are great for, and then, of course, the rubber hits the road when you’re dealing with patients and with survivors. And so we try to understand how to do assessments that capture the full impact and breadth of what cancer does to people, what cancer treatment means to people, and what survivorship means to people.”

For example, one BOP member studies coping skills to reduce distress in caregivers of children recently diagnosed with cancer. Another researcher is looking at how to help patients and their family caregivers manage adherence to the critical medical regimen after allogeneic hematopoietic cell transplants. One intervention study addresses palliative care within oncology practices, while another examines the impact of cancer on family caregivers. Still other lines of research include management of symptoms such as peripheral neuropathy, nausea, depression, and fatigue in cancer patients and survivors.

“One of the things that I think we do need a lot more research on is the disparity piece—and that’s not just for racial and ethnic groups but also for socioeconomic groups,” says Bovbjerg. “We need to better understand what needs to be done during survivorship—what that means to people coming from different backgrounds with different levels of education—but also the things that come up at a very practical level. Can care be paid for? Do they have the resources to continue to take treatments? Do they have the resources to get the screening? And that’s not just the insurance; it’s also the availability of transportation to get them here and there and back again. All of those things come into play. We need to be thinking about how to address these.”

Mayer believes that some answers to quality cancer care lie in survivorship care plans becoming the exemplar. Such plans were recommended by the Institute of Medicine more than 10 years ago, she notes. “They had recommended, as a good faith effort, that patients ending active treatment receive a written document that is a treatment summary of their diagnosis and what happened to them,” she says, “along with a surveillance plan for follow-up, health promotion information, and information about potential long-term or late effects.” Mayer has been leading research on how to reduce the barriers to creating and delivering such survivorship care plans as well as identifying the most effective ways to implement them.

During his 2016 State of the Union address, President Barack Obama announced the national Cancer Moonshot initiative with Vice President Joe Biden at the helm. “It’s meant to say, ‘Let’s put all of our American know-how and resources into making a big leap,’ ” says Mayer, who was named to the initiative’s Blue Ribbon Panel. “I represent a number of groups, and I’m also a survivor myself since 2007. I look at the long-term impact of having had a diagnosis,” she says. “But when you’re in a group like this, you bracket all that and have to rise above to say, ‘What is the big payoff—the things that, if we were able to do them sooner

PITT NURSING IMPACTS FUTURE CANCER SURVIVORSHIP RESEARCHERS

The National Institute of Nursing Research (NINR) funds schools of nursing through Institutional Training Program (T32) grants in order to extend nursing science by developing the next generation of nurse researchers. A T32 grant provides direct financial support for full-time pre- and postdoctoral research training for students.

But it goes far beyond funding. Pitt Nursing’s program prepares students to lead independent research programs in survivorship by apprenticing students to established research mentors—experts from nursing, medicine, genetics, psychiatry, psychology, and other disciplines from the University, the University of Pittsburgh Cancer Institute, and Carnegie Mellon University. The students are exposed to research methodologies and responsible research conduct by training faculty and mentors; a rigorous and tailored academic curriculum; and a broad range of professional development experiences at Pitt, Pitt’s Clinical and Translational Science Institute, and national research conferences. The T32 mechanism is one of NINR’s premier training grant programs, and Pitt Nursing is fortunate to have three such programs, including one in cancer survivorship. Since the program’s inception, the school has supported 12 students through its cancer survivorship T32.



and better, would make a big difference in outcomes?’ For me, it’s making sure that we remember that it’s prevention, treatment, *and* beyond—beyond treatment, whether it’s palliative care or hospice care or survivorship care. It doesn’t end at treatment. So that’s what I’m bringing to the table.”

The leadership of Mayer, Mullan, Bovbjerg, and the countless practitioners and researchers caring for and about cancer survivors won’t make any of us less mortal. But they may just make the unnerving journey with, through, and beyond cancer a less fearsome road to travel.

WHAT DOES SURVIVORSHIP MEAN?

**FROM THE WAR ON CANCER
TO THE MOONSHOT**



The landscape of cancer care and research has changed dramatically

since the 1970s, when the National Cancer Act was authorized by President Richard M. Nixon as part of the government's "war on cancer." That legislation established national cancer research centers and cancer control programs under the auspices of the National Cancer Institute.

With the increasing sophistication of medical science, the discovery of the role of gene mutations in predicting and controlling cancers as well as the development of landmark drugs such as tamoxifen and vaccines such as Gardasil have come to pass.

In January 2016, President Barack Obama announced the creation of the national Cancer Moonshot initiative, which would provide funding and resources to accelerate cancer research. Armed with a \$1 billion fiscal bolus, this program looks to develop additional vaccines, early detection technologies, genomic analyses, therapies for the immune system, and increased data sharing. The Moonshot initiative also aims to break down barriers that delay or obstruct treatment, develop innovative therapies and drugs, and promote research and discovery collaborations. Much like President John F. Kennedy's exhortations to move the nation forward, "with the full speed of freedom, in the exciting adventure of space," Obama believes that the 2016 Moonshot initiative will "harness the spirit of American innovation to identify new ways to prevent, diagnose, and treat cancer."

SURVIVORSHIP

People with cancer (or cured of it) are living longer. In the 1970s, only half of the people diagnosed with cancer survived at least five years. In January 2016, the American Cancer Society stated that more than 15.5 million Americans with a history of cancer were alive. The five-year relative survival rate for all cancers is now about 68 percent, according to the National Institutes of Health; for childhood cancers, that rate is 81 percent.

Thanks to advances in diagnosis and treatment, the number of cancer survivors is projected to increase by 31 percent to approximately 20 million by 2026, according to the National Cancer Institute (NCI).

Thus, the concept of cancer survivorship has come into being. In 1986, the nonprofit National Coalition for Cancer Survivorship (NCCS) was founded to advocate for quality care for those touched by cancer. In 1996, NCI opened its Office of Cancer Survivorship to support research on the long-term, persistent, or late-occurring effects of having had or been treated for cancer.

According to NCI, a person is considered to be a cancer survivor from the time of diagnosis through the balance of his or her life. Others impacted by the survivorship experience, including friends, family, and caregivers, are included in the work surrounding survivorship.

Researcher and cancer survivor Fitzhugh Mullan published a 1985 article in *The New England Journal of Medicine* that described his cancer journey as seasons (or stages) of survivorship rather than as not cured and then cured. Mullan, the cofounder of NCCS, identified the stages as acute survivorship, the time after diagnosis when one deals with the treatment; extended survivorship, the time after treatment when one is still handling the physical and psychological costs of treatment; and permanent survivorship, which induces a gradual confidence in a cancer-free future.

A 2006 Institute of Medicine report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, aimed to raise awareness of the medical, functional, and psychosocial effects of cancer and its treatment; identify quality health care for survivors; and improve the quality of life of cancer survivors through psychosocial services, fair employment practices, and health insurance.

The research field of survivorship, according to NCI, is a truly multidisciplinary endeavor that encompasses the physical, psychosocial, and economic aspects and outcomes of cancer diagnosis and treatment. It also can include issues in

SURVIVORSHIP CLINIC

Making the transition from patient to survivor can be a challenging process for patients, families, and providers. Survivorship clinics can help to facilitate the journey and make patients and families feel more empowered and more supported by the care team. Focusing on a holistic approach to caring for the survivor, survivorship clinics offer a full spectrum of services that may include psychosocial support, personalized follow-up care, and ongoing collaboration and coordination with care providers from across the patient's team.

One such survivorship clinic was recently begun in the Head and Neck Cancer Program at the University of Pittsburgh Cancer Institute (UPCI). Marci L. Nilsen, PhD, assistant professor in the Department of Acute/Tertiary Care, is the nurse coordinator of this program and assesses patients for late- and long-term effects of treatment. Other key components of the UPCI program include patient and family education and survivorship care planning.



health care delivery, access, and follow-up care. The Centers for Disease Control and Prevention note survivors also may face challenges in coordination of care, patient-provider communication, health promotion, support services, and fertility preservation.

There has been a paradigm shift in research on cancer in which we now look at a cancer care continuum. At first, the patient needs acute care services, but after the initial treatment is completed, the cancer may be managed similarly to a chronic illness. There may be long-term or permanent consequences of cancer treatments, and these consequences may not just be physical. Therefore, the field involves researchers from a broad array of disciplines.

Regardless of their academic or scientific background, cancer survivorship researchers want to find ways to help people live—and live well—after cancer.

WHAT DO SURVIVORS NEED?

NURSING RESEARCH IS KEY TO IMPROVING UNDERSTANDING IN AN EMERGING FIELD



The sound of women singing a hymn as familiar as an old friend floats up the stairwell from the social room at Union Baptist Church of Swissvale in Pittsburgh one Friday evening in early May. Inside, one church member puts everyone at ease as she welcomes them to an innovative program for breast cancer education. “Whatever you call them—the girls, breasts,” she says with a smile, “we are honoring them tonight.” Not only honoring breasts but using drama, poetry, prayer, and song to provide the attendees with lifesaving information and to cultivate a network of community support for screening, early detection, and treatment.

This outreach program to African American churches is the result of a grant titled WINGS (Women in Need Getting Strength) awarded to University of Pittsburgh School of Nursing Professor Margaret Rosenzweig. WINGS is an outgrowth of Rosenzweig’s research on racial disparity in breast cancer symptom management. The statistics are a cause for concern. While African American women have a lower incidence of breast cancer overall, they develop the disease at an earlier age and their five-year survival rate after a first diagnosis is 13 percent lower than that of White women. More than one woman in the room at Union Baptist is a breast cancer survivor or has lost a beloved mother, grandmother, aunt, or sister to the disease.

In earlier research, Rosenzweig studied differences according to race and income in women’s breast cancer experiences. “We did find that



African American women felt somewhat nonparticipatory in decisions around treatment and symptom management. They didn't feel that they were part of the dialogue or that they understood enough to be part of the dialogue," she says. "Low-income White women also didn't feel that they understood, but they were willing to just go along with things. African American women questioned it more and wondered if they really needed to do treatment. There wasn't a buy-in like there was with White women. That's a pretty broad generalization, but there wasn't as much of a buy-in to 'Of course, you get chemotherapy.' They didn't seem to have support that the White women did from their families and communities. "

That finding led Rosenzweig to develop ACTS (Adherence Communication Treatment Study), a psychoeducational intervention for African American women undergoing chemotherapy. Testing for that intervention is concluding, says Rosenzweig. "Our next project is to better explore the symptom experience and communication strategies during breast cancer therapy according to social determinants of health," she says. Social determinants of health look at such factors as a patient's neighborhood, employment, age, exposure to stress, and other conditions in the environment. Rosenzweig, a clinical oncology nurse and then a nurse practitioner for many years, has worked with underserved populations since college. "I spent a year as a volunteer in a farmworker clinic, and I've done a lot of community volunteering for underserved populations," she says. "That was a natural interest when I was able to combine the two in my research."

THE WRITE STUFF

As the number of cancer survivors continues to rise—one estimate suggests that there will be nearly 19 million cancer survivors in the United States by the year 2024—the topic of cancer survivorship is generating increased attention. The National Coalition for Cancer Survivorship advocates for quality cancer care for all people touched by cancer. The organization also extends the notion of cancer survivor to include family, friends, and caregivers, as the disease challenges more than the individual patient.

Nursing research on cancer survivorship presents an opportunity to better understand the experience of those living with, through, and beyond cancer and to greatly impact the quality of their lives. At the University of Pittsburgh School of Nursing, a cadre of faculty members has made cancer survivorship research its specialty. They are actively pursuing investigations that have the potential to make a difference in lives touched by cancer.

For Heidi Donovan, a professor at the School of Nursing, a question she had early on as an oncology nurse propelled her research career: Why did some patients do so well, psychologically and functionally, while others' lives were rocked by a cancer diagnosis? "What is it about certain people or their environment or their situation that allows them to deal with a cancer diagnosis and treatment more easily?" she asks. "And is there a way that, as providers, we can help them come to an understanding of how to live with this life-threatening disease better?"

Donovan's interest in multisymptom management in ovarian cancer patients led to heading up a national survey. "We were able to lay out the most common symptoms that women with ovarian cancer face at different phases of the disease trajectory," she says. "We've got a substantive publication about a lack of communication between patients and health care providers and how many symptoms went unmanaged—even for really high-prevalence symptoms that were affecting patients' lives." That survey has been a gold mine, providing a substantial set of data that Donovan has used for the last 10 years to develop an Internet-based symptom management intervention called Written Representational Intervention to Ease (WRITE) Symptoms. The intent of WRITE Symptoms is to help women with recurrent ovarian cancer to improve control of their symptoms through one of two approaches. In one, a patient interacts asynchronously with a nurse via an Internet message board. The other approach is self-directed, with the patient using an interactive computer module.

Nursing research on cancer survivorship presents an opportunity to better understand the experience of those living with, through, and beyond cancer and to greatly impact the quality of their lives.

Nurses can lead the way in promoting, designing, conducting, and participating in cancer survivorship research. At a briefing for congressional aides on November 13, 1997, Kathi H. Mooney, immediate past president of Oncology Nursing Society, described the obligation of providers and policymakers: “We need to ensure that the life we are saving is worth living.” And as early as 1967, Virginia Barckley, the first nursing consultant at the American Cancer Society, suggested that nurses can alter the outcomes of the cancer experience and that the crisis of cancer “can be the harbinger, not of despair, but of new strength and serenity.”

“Once we finish evaluating WRITE Symptoms, we’re going to know a lot more about what parts of the intervention were really important,” Donovan says. Her goal for the next 10 years, she adds, is to take what’s been learned about symptom management through the WRITE Symptoms studies and help that knowledge to become integrated into clinical practice.

EXPRESSIVE GENES

The strongest predictor of who is going to experience nausea and vomiting following surgery and chemotherapy is simply the patient’s gender. The good news is that there are more and more sophisticated antiemetic drugs available to treat these sometimes debilitating side effects. But there remains a significant number of women for whom nothing helps. And that’s who Assistant Professor Susan Wesmiller has set her sights on. In fact, she says her purpose in life these days is to find a genomic predictor that can help to identify the 20–30 percent of women whose nausea and vomiting aren’t controlled effectively by the antiemetic medicines available today.

Wesmiller became interested in the possibility that genetics played a role in nausea and vomiting in the mid-2000s, when she helped nurse anesthesia professor Richard Henker

to collect data for his work on the genetics of pain. Her dissertation research, which added variables on nausea and vomiting to Henker’s data on pain, produced interesting findings. “The CYP2D6 gene is a hepatic enzyme responsible for metabolism of many of the opioids that we give. We found if patients were poor metabolizers, then they couldn’t metabolize their pain meds or [the antiemetic] ondansetron,” Wesmiller says. “And we found one genotype in the mu opioid receptor gene that actually seemed to protect patients with nausea and vomiting. But I didn’t have a big enough study, and it was just one gene.” Still, it was enough to redirect her research career

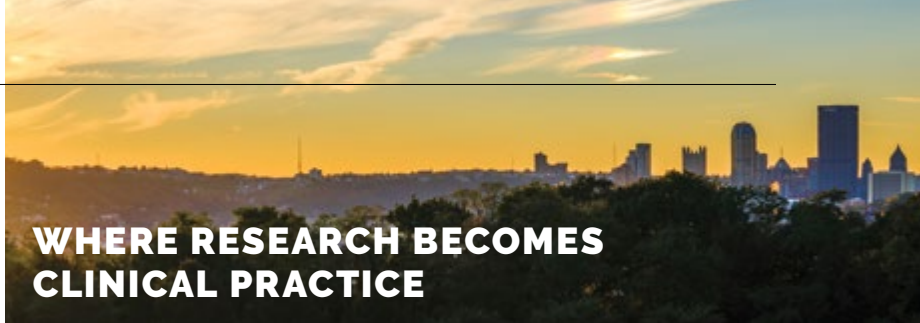
toward looking for a genetic basis in recalcitrant nausea and vomiting. At the School of Nursing, she has had the opportunity to work with geneticist Yvette Conley. “We are so lucky to be one of the few schools of nursing to have our own geneticist and our own genetics lab,” Wesmiller adds.

In her current study, Wesmiller focuses on the genomics of women with breast cancer experiencing treatment-induced nausea and vomiting. “I have this great group of ladies who we are following for a whole year to understand what symptoms they are experiencing and how they’re managing those symptoms,” she says. “They are so sincere and so willing to participate in my studies.”

THINKING WELL

“Oncology nursing has always been focused on improving the lives of cancer survivors, with a real focus on understanding and managing the symptoms that are related to the cancer itself as well as its treatment,” says Professor Catherine Bender. “As individuals who are diagnosed with cancer in this country are living longer, many of the women in our study will not die of cancer, but they do have lasting effects of the disease and treatment. So there really does need to be a focus on how we can help them live their lives and have the best quality of life and functional ability that we can.”

The effects of cancer and cancer treatment on cognitive functioning—for instance, the ability to pay attention and remember, make decisions, and organize information—is one of Bender’s research interests. When Bender began doing research back in the early ’90s, there were only a few researchers in the country looking at this issue. “Over time, it’s become recognized as one of the biggest complaints patients with cancer have, especially one of the late effects of treatment,” Bender says. “We’ve gotten much more sophisticated in the way that we assess the problem. In addition to doing traditional neuropsychological assessments of cognitive function, we also use neuroimaging to help us understand the problems as well as certain biological markers, genomics, so that we can



WHERE RESEARCH BECOMES CLINICAL PRACTICE

figure out who might be at risk and target those people for interventions.”

More recently, Bender has honed in on the effect of endocrine therapy on cognitive function in postmenopausal women with breast cancer. She’s found a subgroup of women did have deterioration in executive functioning, memory, and ability to concentrate with therapy. But, interestingly, she also found a significant number of women who have poorer cognitive functioning compared to their healthy counterparts before they even start treatment. “We have been trying to figure out what is influencing that poorer pretherapy cognitive function as well as what is going on during treatment and trying to identify who is at risk for these problems,” she says.

Bender collaborates with Kirk Erickson from Pitt’s psychology department, who has found that, in healthy older adults, aerobic exercise improves cognitive function in the very domains that also are affected by cancer and cancer treatments. “We think that it was a natural question to ask: Would aerobic exercise influence those same domains of cognitive function in women with breast cancer?” Bender says. A randomized six-month intervention study is launching to look at that very question. “We will be examining the influence of that intervention on cognitive function as well as on brain structure and function using neuroimaging. We also are looking at some proinflammatory cytokines and estrogen levels,” she says. Other exercise interventions with a mindfulness component also are being looked at. In fact, one of Bender’s postdoctoral trainees is studying whether the ancient Chinese practice of Qigong, which involves posture, movement, breathing, and mindfulness, could improve cognitive function in women with breast cancer.

“The School of Nursing is unique in the number of research faculty members that have a focus of research in cancer survivorship,” Bender points out. “We collaborate with each other. We also have the chance to collaborate with other investigators across the University and at the University of Pittsburgh Cancer Institute. That has truly enriched our research. But it also provides a wonderful format for

THE CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE

In 2006, a partnership of Pittsburgh research entities successfully pursued funding from the National Institutes of Health (NIH) to create the Clinical and Translational Science Institute (CTSI). NIH provided a grant for \$83.5 million to establish the institute dedicated to moving biomedical research advances into clinical practice. Pitt was one of 11 institutions deemed advanced enough to set the standard in enhancing the efficiency and quality of clinical and translational endeavors and training of researchers. There are now more than 50 such centers funded by NIH. CTSI provides research and educational resources, training, statistical support, regulatory assistance, and research and lab facilities to researchers. For example, CTSI has the expertise and networks in place to recruit and retain clinical trial participants, tasks that often can be arduous for individual researchers. Housed at the University of Pittsburgh, its participating members include Pitt Nursing and other schools of the health sciences, Carnegie Mellon University, RAND Corporation, and UPMC.

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE

In 1990, the University of Pittsburgh Cancer Institute (UPCI) was first designated a Comprehensive Cancer Center by the National Cancer Institute (NCI), a recognition given only to those institutions with successful programs in clinical care, research, community outreach, and education. An anchor in the nation’s cancer research agenda, this type of center provides scientific leadership, resources, and transdisciplinary research to NCI and the United States’ efforts to study and control cancer. The UPCI research agenda covers preventative strategies to issues affecting long-term cancer survivors and end-of-life care. Celebrating its 30th anniversary in 2015, UPCI has 320 faculty members from 42 University departments, many of whom are based at the Hillman Cancer Center, a state-of-the-art facility that enables lab research, clinical research, and clinical care to exist side by side. Through UPCI, more than 300 clinical trials have been conducted, including trials sponsored by NCI’s Experimental Therapeutics Program, and National Clinical Trials Network.

UPMC CANCER CENTER?

A partner with UPCI, UPMC CancerCenter is a critical part of the pipeline to shift research from the lab to clinical trials.

training doctoral and postdoctoral students, which is something that we all enjoy a great deal.” As those students conclude their studies at Pitt and move forward into their professional careers, the School of Nursing’s impact on cancer survivorship will ripple outward and provide meaningful contributions that improve the lives of all those affected by the disease.



Catherine Bender (far right) shown with Lee and Roger Glunt at the Nancy Glunt Hoffman Endowed Chair reception held in October 2016

CATHERINE BENDER

NANCY GLUNT HOFFMAN ENDOWED CHAIR IN ONCOLOGY NURSING

Catherine M. Bender, PhD, FAAN, should be intimidating to talk to, with her reputation as one of the top oncology nursing researchers, a long list of accolades, and millions of dollars in grant funding, but she is actually very approachable. She is light, warm, and engaging. In a way, she seems completely unaffected by her success, which only serves to highlight her caring nature.

One of Bender's biggest accomplishments to date is being appointed the Nancy Glunt Hoffman Endowed Chair in Oncology Nursing. The endowed chair honors Hoffman, a 1962 BSN graduate who passed away from cancer at the age of 61. A humbled and honored Bender says that she "hopes to do the appointment justice" and "live up to the memory and legacy" of Hoffman.

But Bender hasn't always known that she wanted to do oncology research. In fact, it wasn't until after she had graduated with a BSN from the University of Akron and started a job at the Johns Hopkins Hospital in 1975, that, she says, "I kind of fell into oncology by accident and fell in love with it." In one way or another, Bender has been doing something in oncology ever since.

The numbers behind her research in oncology are staggering. She has published 62 peer-reviewed articles and more than 14 book chapters. However, the most astounding number has to be the number of research grants she's received as principal or coinvestigator. This funding totals more than \$15.5 million and more than 20 grants. She also oversaw a training grant for \$1.5 million for the T32 Nurse Scientists in Cancer Survivorship program at the University of Pittsburgh School of Nursing. In April, 2016, she received nearly \$2.5 million from the National Institutes of Health/ National Cancer Institute for her current research. Together, these numbers add up to something more than just grants received: They show an outstanding woman who has dedicated her time and energy to advancing research, teaching students, and helping people with cancer to live better lives.

Even early on in her career, Bender was interested in helping people. She wrote her PhD dissertation at the School of Nursing in the early 1990s on melanoma and the cognitive changes that can occur during treatment. Now her interests have shifted to breast cancer and the long-term effects it has on survivors. The survivorship rate for breast cancer often is higher than other cancers, and Bender wants to know why, after patients are cured, "they're left with long-term problems," specifically whether these deficits are from the disease, the treatment, or both. She concluded that women who received endocrine therapy had poorer cognitive function than patients who had only received chemotherapy, and this research shocked her. This quickly led to more studies and interest in the topic.

As Bender details her newest research project, Influences of Exercise on Neurocognitive Function in Breast Cancer, the excitement in her voice makes it clear that she can't wait to dive into her work. The study will be researched along with Kirk Erickson, an associate professor in the University of Pittsburgh Department of Psychology who has a specific research interest in cognitive aging methods to improve cognition. The research that Bender and Erickson will conduct is on postmenopausal women with breast cancer. They

want to see whether moderate aerobic exercise will improve cognitive function and memory. This six-month study, which Bender hopes to continue for five years, will seek to assess the importance of exercise on fatigue, sleep problems, anxiety, and depression in women with breast cancer.

“The interesting thing that we found,” Bender remarks when asked how the study started, “is that before [women with breast cancer] even start their treatments, they have poorer executive function than healthy women the same age. So that leaves us to conclude there’s something else going on.” And figuring out exactly what *is* going on is what gets Bender so excited to investigate—well, that and the fact that if her research is successful, she will be able to give women a way to combat their cognitive deterioration while undergoing treatment.

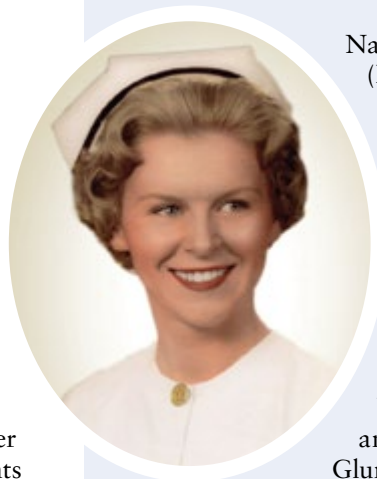
Bender’s current research is just a stepping stone for further studies. For example, she still has many questions she wants to answer: “What are the long-term effects of endocrine treatment? Will the exercise by the women be sustained after the six-month study? Are there genetic markers that respond to exercise?” When she asks these questions, it is evident that she wants to answer them all. And that is what makes Bender so remarkable.

Even more notable is that Bender states that her biggest accomplishments are “helping women with breast cancer” and “seeing [her] mentees succeed.” Her accolades mean little to her compared with the satisfaction she gets from seeing others succeed. She even goes so far as to say, “It helps that I do work with doctoral students and postdoctoral fellows with similar research interests. It helps them further their work, and it enriches my work as well.”

Bender started teaching in 1983 as an adjunct professor at Case Western Reserve University in Cleveland, Ohio. In 1986, she became an assistant professor at the University of Pittsburgh School of Nursing with responsibilities in the graduate program in oncology nursing. Now, after 30 years of teaching at Pitt, she is the former director of the PhD program, chaired 20 master theses and mentored dozens of other students, and still finds time to excel in her research in oncology.

Ultimately, Bender is human, but maybe just barely. She points out that she finds juggling everything from her research, to her teaching, and her family challenging. “You feel like if you’re focusing on one thing, then the other things kind of fall away. It’s a constant balance,” she says. Still, she finds time to do it all and be extraordinary.

A Special Thanks to Supporters of the Nancy Glunt Hoffman Endowed Fund in Oncology Nursing



Nancy Glunt Hoffman (BSN '62) had her life cut short by cancer in 2001. She was passionate about her profession and made a difference in people's lives through her work and community involvement.

When Pitt alumnus and trustee J. Roger Glunt became devoted to establishing a chair in oncology nursing as a tribute to his late sister, he knew that raising the \$1.5 million needed would be a challenging endeavor. But through fundraising efforts at the School of Nursing, Glunt's diligent work, and the dedication and generosity of others, the Nancy Glunt Hoffman Endowed Chair in Oncology Nursing was established.

More than 700 individuals and organizations have donated to make the fund a reality—a fact not lost on Glunt. “I am humbled and honored that so many have joined my wife Lee and me in contributing to the fund,” Glunt stated. “To each of them, I offer my profound thank you.”

A heartfelt thank-you goes to all of the gracious donors and participants in the many golf outings and other special events that raised money for the fund. Dean Jacqueline Dunbar-Jacob, PhD, FAAN, adds, “I cannot thank the donors and event participants enough for their generosity. The Nancy Glunt Hoffman Endowed Chair in Oncology Nursing will be an invaluable part of the School of Nursing. It will enhance the school's cancer research efforts for years to come.”

Justin Bala-Hampton

(DNP '16), MPH, PCCN



Q: Why did you choose to pursue a DNP degree?

A: I was originally enrolled in the MSN to PhD program at Pitt Nursing as a fellow in the Interdisciplinary Training for Nurse Scientists in Cancer Survivorship Research program (T32). It was amazing, especially working with my advisor, Margaret Rosenzweig. But I felt like I was missing something. I wanted to see the results of my research in action—be able to see how my work affected real live patients. After many long discussions with Rosenzweig, I took a leave of absence from the PhD program and proceeded to earn my DNP. It was so satisfying to be a clinician, to work with patients directly.

This was a great choice for me because I get to work with patients and do research that has a more immediate impact, and I can always go back to school to complete my

PhD degree. As I see it, the PhD prepares you to do research to create new knowledge. A nurse who has earned a DNP is a clinical expert—one who uses evidence to make patients better or feel better. A DNP graduate has an extensive set of tools to treat patients, and his or her research seeks to make those tools more effective. I'm interested in both types of research, but for now, this is what I want to be doing.

Q: What inspired your interest in oncology?

A: When I was in eighth grade, my grandmother was going through treatment for cancer, as she had a hematologic malignancy. She had multiple transfusions, and it was a period of great worry and stress for my family. I really didn't understand everything my grandmother and my family were going through, but I wanted to fix it. This sparked my passion for nursing and, specifically,

oncology nursing. I now know a lot more about hematologic malignancies. If we can't find a cure, then I want to make the treatment a better experience for patients and their families.

Q: With your DNP project, what were you hoping to create or discover? What did you learn from it?

A: My DNP project explored perceived economic hardship and distress in acute myelogenous leukemia. I wanted to identify what people were going through at home and socially that would result in a poor or better outcome for the patient with acute myeloid leukemia (AML). For example, research has shown that with breast cancer patients, one-third will take chemotherapy as prescribed. Another third will take the chemo, but not necessarily on the recommended schedule. The final third will not do chemo treatments at all, primarily due to cost. In pediatric cancer research, it's been found that even with a

Nurse researchers have the knowledge and training to see the essence of patients—to see who they really are outside the hospital walls.

completely level playing field—same access to treatment and expertise—there is still a group of young patients who just don't do as well. Why?

Jonas A. de Souza of the University of Chicago Medicine developed a tool that measures the impact of financial distress—the patient's "risk for financial toxicity"—on the lives and success of cancer patients. I wanted to take that concept of financial toxicity and extend it to consider the AML patient's *perceived* economic hardship and its influence on the outcomes. I intended to determine if the perception of economic problems would contribute to a negative outcome for AML patients.

I recruited a sample of cancer patients in Pittsburgh, including a subset who had been diagnosed with AML, and looked for the potential impact of several nonmedical aspects: race, socioeconomic status, age, income, and more. The sample was equally divided in gender and included a majority of insured and well-educated participants. Patients with AML reported higher levels of economic hardship and distress than those with other cancers. Only age, not insurance or income, was correlated with economic hardship or distress. Race was correlated with inability to meet bills. Perceived economic hardship was significantly correlated with economic distress.

My ongoing research will look at ways in which nurses can help patients and families address the perceived fiscal distress that may accompany AML treatment. After all, it's a huge endeavor to be treated for this type of cancer; it means a monthlong stay in the hospital for induction and then multiple sequential acute care admissions and treatments spanning years. People may not be able to work or work as much, and

families may have to pay for travel to visit specialists or to spend time with the patients. How can we better prepare patients and their families so that their anxiety about financial matters will not be a factor in their recovery or treatment? My early work suggests that nurse navigators and other health care team members should design and implement financial planning services at the time of diagnosis to assess patients' perceptions of economic hardship to identify and better support those who might be at risk for economic toxicity and perceived economic hardship. There is limited information available on the part that economic concerns play in the diagnosis and treatment of AML.

When my grandmother was ill, I saw what my family needed to do and how much they sacrificed to help her deal with this disease. Now I want to do research that will identify the resources, the support teams, and the kinds of help that patients and families need along the cancer spectrum.

Q: What is your position now? Tell us what you will be doing at MD Anderson Cancer Center.

A: As of September 2016, I will hold the Post Graduate Fellowship in Oncology Nursing at MD Anderson Cancer Center in Houston, Texas. This is an opportunity to experience a 12-month curriculum of clinical experiences at one of the top cancer centers in the nation. Not only will I take courses in diagnosis, symptom management, and oncologic emergencies, but I also will have a chance to work in clinical areas that span the cancer spectrum—from breast cancer and melanoma to endocrine and colorectal cancer. It's an amazing chance to work with patients from across the globe while pursuing my own research agenda. At MD Anderson, I'm hoping to expand my research

on perceived economic hardship to a larger population, including hospital inpatients and people from many ethnic groups or countries.

Q: Why are nurse researchers so well positioned to study cancer survivorship?

A: Nurses have always looked at patients holistically, considering them as individuals, not just a specific injury or condition. They also have always considered a patient's context—where he or she came from, what he or she was experiencing.

When you look at some of the researchers at Pitt Nursing, you can see what I mean. You have Catherine Bender, who looks at changes in cognitive function and mood experienced by people with cancer. Margaret Rosenzweig looks at symptom distress, reporting, and outcomes of African American women, compared to those of White women, as they go through chemotherapy. Several other faculty members are looking at supporting caregivers and the role of the community in a cancer patient's outcome.

Cancer patients are not just a disease or a diagnosis—they are your neighbors, your parents, or your significant others. Nurse researchers have the knowledge and training to see the essence of patients—to see who they really are outside the hospital walls.

I look at oncology and survivorship as a Rubik's Cube. Patients are puzzles, and they have many faces or facets. Nurses try to figure out how to solve each individual puzzle—how to make patients' lives with cancer better, how to cure the disease, how to support the families in the best possible way—for each and every person who gets that diagnosis. Nurses seek to see and understand the whole cancer survivorship puzzle.

Meet Our New Director of Development

The University of Pittsburgh School of Nursing is pleased to introduce Jane W. Binley, its new director of development. Binley is an accomplished development professional with more than 20 years of experience raising funds for a variety of nonprofit organizations, including in higher education and health care. Most recently, she served as the director of planned giving for Masonic Charities. Prior to that, she was the director of development for the College of General Studies and Graduate School of Public and International Affairs at the University of Pittsburgh.

If you would like to speak with Binley to learn more about giving opportunities at the School of Nursing, you can reach her at 412-624-7541 or janebinley@pitt.edu.



Donors and Scholarship Recipients Gather

Each year, the School of Nursing hosts a luncheon to recognize donors to its scholarship funds and introduce the beneficiaries of those scholarships. It's an amazing event in which we celebrate the potential of the funded students and thank the donors who make it possible for us to foster the students' success. For the 2016–17 school year, 197 undergraduate and graduate students received support from the school's 65 scholarship and research funds. The School of Nursing extends its gratitude to the donors and offers congratulations to the scholarship and award recipients.





Bender Investigates Impact of Exercise on Cognitive Function during Cancer Treatment

Professor **Catherine Bender**, PhD, FAAN, has secured funding from the National Cancer Institute (NCI) for her project, Influence of Exercise on Neurocognitive Function in Breast Cancer. The project aims to determine whether moderate aerobic exercise will improve cognitive function, particularly memory, attention, and executive function, related to endocrine therapy in postmenopausal women with breast cancer. The grant, in excess of \$600,000, will support a clinical trial in which postmenopausal women with early stage breast cancer are randomized to receive either a six-month moderate-intensity aerobic exercise intervention or usual care. The trial seeks to determine if the intervention improves cognitive function compared to usual care during hormonal therapy and to map the direct effects of exercise on neuroimaging metrics

of brain health. Another goal of this five-year project will be to assess the impact of exercise on cognitive function in light of symptoms such as fatigue, sleep problems, depression, and anxiety.

Bender has contributed significantly to the study of changes in cognitive function and mood in patients with cancer. She was the principal investigator (PI) on two NCI grants examining the effects of the endocrine therapy anastrozole on cognitive function in women with breast cancer, co-PI on a grant from the Oncology Nursing Society Foundation on the genomics of cognitive function in breast cancer, and PI on a project funded by the National Institute of Nursing Research on a routinization intervention to improve adherence to complex medication regimens.

Campbell and Nilsen Win ONS Foundation Awards

Two members of the Pitt Nurse community received Research Career Development Awards from the Oncology Nursing Society (ONS) Foundation. These awards are intended to support oncology research training and mentorship of recent PhD graduates to best position them for long and productive research careers.



Assistant Professor **Grace Campbell**, PhD, was awarded the grant for her proposal, titled "Quantifying the Functional Impact of Neurotoxic Chemotherapy: Automated Gait Assessment." She plans to use a Microsoft

Kinect camera to explore gait and mobility changes during and after neurotoxic chemotherapy.

Marci Nilsen, a 2013 PhD graduate of the School of Nursing and assistant professor in the Department of Acute/Tertiary Care, was funded for her proposal, "Promoting Communication and Symptom Management of Persons with Head and Neck Cancer and Caregivers." The goals of this research program are to identify long-term survivorship needs and design a behavioral intervention to promote communication and symptom management on the part of such cancer patients and their family caregivers.



Yates Secures Patent

Assistant Professor **Cecelia C. Yates**, PhD, is part of a research team that successfully sought a patent for "Activators of CXCR3 for the Treatment of Angiopathies of the Eye." Angiopathy, in general, is any disease of the blood vessels; in terms of the eye, such disorders may include macular degeneration, restenosis following glaucoma treatment, or diabetic retinopathy. Yates and her team developed a compound—the IP-10 peptide—that is an activator of the C-X-C chemokine receptor 3 (CXCR3). CXCR3 provokes an antiangiogenic mechanism (blocking new blood vessel growth), which would be beneficial in wound healing and treating angiogenic disorders of the eye. More than 12 million older Americans suffer from vision loss caused by excessive ocular blood vessel growth. The new IP-10 peptide is designed as an injectable solution that will remove excess blood vessels—thereby restoring vision, not just halting vision loss. Yates' coinventors are University of Pittsburgh faculty members Ian Conner, MD, PhD, assistant professor of ophthalmology; Alan Wells, MD, DMSc, Thomas J. Gill III Professor of Pathology and executive vice chair of the Section of Laboratory Medicine; and Joel S. Schuman, MD, FACS, Distinguished Professor of Ophthalmology.

Brain Behavior Research Foundation Bestows Young Investigator Grant on Lee

Heeyoung Lee, PhD, assistant professor in the Department of Health and Community Systems, was awarded a NARSAD Young Investigator Grant by the Brain Behavior Research Foundation. Each year, the foundation provides support for promising young scientists conducting neurobiological research that may contribute to the treatment and prevention of serious brain and behavior disorders. In addition to receiving funding, the young researchers are matched with a scientific mentor from a group of leading researchers across disciplines in brain and behavior research. Lee's project is titled Linking Physical Activity, Brain-deprived Neurotropic Factors, and Cognition in People with Schizophrenia. This work will implement a pilot study evaluating the effectiveness of a home-based physical activity program in improving cognitive function in older adults with schizophrenia or schizoaffective disorder.

A Celebration of Nursing

On Saturday, November 5, the University of Pittsburgh School of Nursing held the 17th annual Cameos of Caring Awards Gala. In 2016, we had the privilege of recognizing 79 nurses—our largest class of recipients to date! More than 1,250 people were in attendance to honor the award recipients. These individuals were chosen for excellence in multiple areas of practice, including patient care, quality and safety, case/care management, and nursing education.

Thirteen of the award recipients are University of Pittsburgh School of Nursing alumni:

Chad Artman (MSN '05)
 Christin Durham (BSN '02)
 P. Maria Flavin (BSN '07, MSN '09)
 Rose Hoffmann (BSN '77, MSN '83, PhD '06)
 Diane R. Kondas (MSN '98)
 Lynn Kosar (BSN '94)
 Beverly Kosmach-Park (MSN '90, DNP '10)
 Karen Nigra (BSN '89)
 Raymond Paronish (BSN '98)
 Lynette Sikora (BSN '90, MSN '92)
 Lauren Riordan Smith (BSN '08)
 Kathleen Spadaro (PhD '08)
 Chibugo Uwazie (BSN '01)

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VINTAGE UNIFORM FASHION SHOW

As part of the festivities at the gala, guests enjoyed a fashion show featuring uniforms from 1893 to 2016. The uniforms were from a variety of schools of nursing and healthcare facilities throughout Western Pennsylvania.



CLASS NOTES

1970s

Rebecca Gediminkas (BSN '78, MSN '85) was named interim dean of health professions and natural sciences at Westmoreland County Community College. In her spare time, Gediminkas serves as a school board member for the Norwin School District.

1980s



Anne Hast (MN '81, DNP '12), CEO of Advanced Surgical Hospital, was a 2016 BusinessWomen First awardee. This award honors top women executives in Pittsburgh.

Nora (Baker) Warshawsky (BSN '82) was selected as the 2016 Graduate of the Last Decade Award recipient by the University of North Carolina at Chapel Hill School of Nursing Alumni Association. Warshawsky also was featured in an issue of *The Journal of Nursing Administration*. The column highlighted the accomplishments of leaders in nursing administration, research, education, and practice. She currently serves as an associate professor at the University of Kentucky College of Nursing.

1990s

Gerene S. Bauldoff (MSN '93, PhD '01) has been invited to serve as a member of the National Quality Forum's Pulmonary Standing Committee for the Pulmonary Endorsement Maintenance Project.

Linda Carter (MSN '92) retired in March 2016 from UPMC.

Patricia Horoho (MSN '92) was presented with the Japanese Medal of Defense Cooperation and a letter of appreciation on behalf of the Japanese Ground Self-Defense Force chief of staff, General Kiyofumi Iwata. Horoho received the award for promoting mutual understanding, partnership, and cooperation between U.S. and Japanese medical officers.

Jodi (Ribich) Ryan (MSN '98) currently serves as director of U.S. oncology medical affairs for Eli Lilly and Company in Indianapolis, Ind.

2000s

Michele Klein Fedyshin (BSN '09) had her article, "Translating Evidence into Practice at the End of Life: Information Needs, Access, and Usage by Hospice and Palliative Nurses," published in the *Journal of Hospice & Palliative Nursing*.

Chad Rittle (BSN '00) is currently serving as president-elect of the Pennsylvania chapter of the American Association of Occupational Health Nurses and is busy coordinating the team planning the March 2017 state conference to be held in Valley Forge, Pa. He also serves as a liaison representative for the American Nurses Association to the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices at their meetings in Atlanta, Ga.

Elizabeth Zapp (BSN '04) received a 2015 Virginia Nurses Foundation 40 Under 40 Award. The Virginia Nurses Foundation annually recognizes the top nurses in the field throughout the state. Zapp was selected from a record number of nominees as one of Virginia's outstanding young nurse leaders because of her achievements in professional practice, leadership, and positive promotion and advancement of the nursing profession beyond the practice setting.

2010s

Noreen Ahmad (BSN '16) won the Okura Mental Health Leadership Fellowship from the Asian American/Pacific Islander Nurses Association, Inc.

Courtney Bloss (BSN '14) recently moved back to the Pittsburgh area and accepted a position at Children's Hospital of Pittsburgh of UPMC on its cardiac unit.

Rebecca Findle (BSN '16) coauthored an article, "Beyond One Term of Mentoring: A New Approach to the Research Mentorship of Undergraduate Students," published in the *International Journal of Nursing Sciences*.

Teresa Hagan (BSN '10, PhD '15) has been selected to participate in the American Academy of Nursing Jonas Policy Scholars Program, funded by the Jonas Center for Nursing and Veterans Healthcare. Hagan, a postdoctoral research fellow at Massachusetts General Hospital and Harvard Medical School, will spend her two-year fellowship stint working with the women's health expert panel.

Dawndra Jones (DNP '14), chief nursing officer and vice president of patient care services at UPMC McKeesport, was selected as the award recipient for the Nightingale Awards of Pennsylvania in the Nursing Administration—Executive/CNO category. Jones also coauthored an article, "Utilizing a Scope and Span of Control Tool to Measure Workload and Determine Supporting Resources for Nurse Managers," in *The Journal of Nursing Administration*.

Lindsay Jones (BSN '15) coauthored an article, "Trajectories of Self-reported Cognitive Function in Postmenopausal Women during Adjuvant Systemic Therapy for Breast Cancer," in *Psycho-Oncology*.

Amber Mori (BSN '16) presented a poster, "Cell Phone Use among Adults Participating in a Study Requiring Extensive Smartphone Use," at the Society of Behavioral Medicine 37th Annual Meeting & Scientific Sessions in Washington, D.C.

Corinne Plesko (BSN '16) presented a poster titled "What Do Nurse Practitioners Know and Ask Their Patients Concerning Electronic Cigarettes?" at the Society of Behavioral Medicine 37th Annual Meeting & Scientific Sessions.

Cecelia Ratay (DNP '16) was presented with the Shirley Negley-Kobert Award by the Nurse Practitioner Association of Southwestern Pennsylvania for her work on multidisciplinary fever management in patients with hemorrhagic and ischemic stroke. Ratay is an advanced practice provider resident in the Department of Critical Care Medicine at UPMC Presbyterian.

Salina Smialek (BSN '16) was awarded the Mary Opal Wolanin Scholarship by the National Gerontological Nursing Association. The award is given to nursing students who intend to work with a geriatric population after graduation. Smialek was selected for her project examining the relationship between undergraduate nursing students' initial clinical experience and their interest in working with older adults upon graduating.

Jenna Zaldonis (BSN '15) coauthored an article, "Predictors and Influence of Goal Orientation on Self-management and Health-related Quality of Life after Lung Transplant," in *Progress in Transplantation*.

American Academy of Nursing Fellow Inductees

Fellowship in the American Academy of Nursing is a prestigious designation bestowed on nursing leaders in the fields of education, research, and practice. This year, the University of Pittsburgh School of Nursing celebrated the accomplishments of the following faculty, alumni, and friends who were inducted as fellows on October 22, 2016.

Michael Beach (MSN '01, MSN '02, DNP '09), assistant professor, University of Pittsburgh School of Nursing

Wendy Henderson (BSN '94, MSN '99, PhD '07), intramural investigator and chief of the biobehavioral unit, National Institute of Nursing Research Division of Intramural Research at the National Institutes of Health

Cynthia Miller Murphy (MSN '84), executive director, Oncology Nursing Certification Corporation

Michael Neft, DNP, associate professor, University of Pittsburgh School of Nursing

Lynn F. Reinke (MSN '90), PhD, investigator, Health Sciences Research & Development Division, VA Puget Sound Health Care System

Mary Jane Smith (BSN '63, MNEd '65), PhD, professor, West Virginia University School of Nursing

Nora Warshawsky (BSN '82), PhD, associate professor, University of Kentucky College of Nursing

Holly Williams (BSN '76), PhD, nurse epidemiologist, Centers for Disease Control and Prevention

Ying Wu, PhD, (international academic partner) professor and dean, Capital Medical University School of Nursing and Clinical Nursing College (China)

Yvette Conley, PhD, professor, University of Pittsburgh School of Nursing, also was inducted as an honorary fellow. This honor is given to non-nurses who are significantly impacting the future of nursing.



Pitt Nursing Remembers Study Abroad Pioneer

Jacqueline Mae Parris Lamb, PhD, a Pitt Nursing faculty member for 25 years, died on March 28, 2016. Lamb, a native of West Virginia, earned two graduate degrees at the University of Pittsburgh—her Master of Nursing in 1975 and her PhD in higher education in 1984. Although she retired from full-time teaching in 2002, her impact on the School of Nursing is still being felt today.

Lamb launched study abroad programs for nursing students, reflecting her passion and regard for international study, beginning with a two-week program in England in 1990. She expanded the programs to include learning opportunities in Copenhagen, Denmark; Palermo, Italy; and Basel, Switzerland. In a *Pitt Nurse* magazine article in 2005, Lamb is quoted as saying, "Knowledge of other cultures and experiences outside one's own culture can open students' minds and provide a broad education. Study abroad offers nursing students unique opportunities to grow professionally and personally."

For her work in Pitt classrooms and in classrooms around the world, Lamb was honored with the 1994 Dean's Distinguished Teaching Award and a 1995 Chancellor's Distinguished Teaching Award. Her fervor for international study didn't dim upon her retirement from teaching pediatric clinical courses. She continued to coordinate nursing study abroad opportunities, helping generations of students to better understand health care across different cultures.

PITT NURSING

in Memoriam

Lois Hanna Abbey
(BSN '46)

Elizabeth Seely Black
(BSNEd '49)

June R. Bobin
(BSN '50)

Donna Lee Donahey
(BSN '72)

Louise R. Eckroth
(BSN '47)

Dorothy W. Garland
(BAS '80)

Elizabeth Kokayko Hassler
(BSN '53, MLit '57)

Joan E. Heyson
(BAS '80)

Geraldine Nedde Hull
(BSN '63)

Barbara Y. Iba
(BSN '61)

Christine S. Koza
(BSN '54)

Jacqueline M. Parris Lamb
(MN '75)

Lillie M. Lesesne
(BSNEd '53, MLit '58)

Genevieve Gowaty Lodowski
(BSN '43)

Patricia A. Lysko
(BSN '77)

Leora R. Masur
(BSN '51)

Leona O. Moore
(BSN '45)

Ann Morton
(BSN '54)

Ruth Wilson O'Brien
(MNEd '78)

Shirley Corcoran Okunewick
(MNEd '78)

Barbara Bryce Owen
(BSN '56)

Patricia A. Reavis
(MNEd '66)

Ethel Mae K. Richards
(BSN '51)

Diane M. Roney
(BSN '76)

Jean J. Sackett
(BSN '45)

Jean Sallaway Schlosser
(BSN '60)

Sharon P. Shipton
(PhD '94)

Phyllis Ann Smith
(BSN '56)

Kathleen M. Stone
(BSN '46)

Barbara R. Watt
(BSNEd '58)

Jean M. Wedel
(BSN '48)

Cindy Sue Weight
(BSN '92)

Rita Sullivan West
(MNEd '64)

Julia C. Whelan
(MN '71)

Phyllis D. Ziants
(BSN '47)



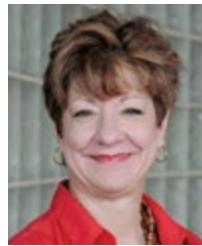
Sheila Alexander



Rose Constantino



Jason Dechant



Janice Dorman



Willa Doswell



Richard Henker

FACULTY DISTINCTIONS

Sheila Alexander, PhD, was named a fellow of the American College of Critical Care Medicine (ACCM). Alexander was selected for fellowship based on her commitment to the ideals and practice of multiprofessional critical care, her leadership and participation in ACCM, and her contributions to advancing technical and cognitive aspects of critical care.

Betty Braxter, PhD, CNM, was selected as the award recipient for the Nightingale Awards of Pennsylvania in the Nursing Education—Academia category.

Grace Campbell, PhD, was nominated by the Association of Rehabilitation Nurses to serve as its representative to the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine) Roundtable on Quality Care for People with Serious Illness.

Rose Constantino, PhD, FAAN, FACFE, has been honored with the American Nurses Association's Jessie M. Scott Award, which recognizes a nurse who has made an outstanding accomplishment in a field of practice, education, or research and who demonstrates the interdependence of these elements and their significance for the improvement of nursing and health care. In addition, Constantino was appointed to the National Advisory Committee of the American Nurses Association's Minority Fellowship Program. She also has been chosen to participate in the Gerontological Nursing Leadership Academy.

Jason Dechant, PhD, was the recipient of the 2016 University of Pittsburgh College of General Studies Student Government Student Choice Award for his ability to teach and connect with students, particularly through humor.

Heidi Donovan, PhD, served on the Institute of Medicine committee on the State of the Science in Ovarian Cancer Research, which was formed to analyze the effectiveness of

contemporary research, recognize gaps in the evidence base, and identify opportunities to advance ovarian cancer research. The resulting report, released in March 2016, contained recommendations for public- and private-sector efforts to reduce the incidence and morbidity of ovarian cancer.

Janice Dorman, PhD, was selected by the University of Pittsburgh Graduate School of Public Health to receive its 2016 Distinguished Alumni Award for Teaching and Dissemination in recognition of her contributions to nursing and public health.

Willa Doswell, PhD, FAAN, created an urban girls' ministry in order to counteract some of the negative life experiences of young African American females and lead them toward positive role models. With its long-term goal of reducing or eliminating sexual behavior, this program has been named an Edge Runner by the American Academy of Nursing.

Jacqueline Dunbar-Jacob, PhD, FAAN, was invited to be one of two nurse-scientists to deliver a prestigious National Institute of Nursing Research Director's Lecture. Her lecture, "Scientific Pursuit of Effective Medication Adherence," addressed the multiple understandings of patient adherence through multiple methods of measurement. Dunbar-Jacob also has been invited to participate in a National Institutes of Health working group on adherence and mHealth technology tasked with exploring challenges in adherence research that might best be resolved through mobile technology.

Richard Henker, PhD, FAAN, was recognized by the president of the Cambodian Council of Nurses and the Chief Bureau of Nursing and Midwifery for developing nursing standards of care for that country.

Marilyn Hravnak, PhD, FAAN, was selected as the award recipient for the Nightingale Awards of Pennsylvania in the Nursing Research category.

John O'Donnell, DrPH, was appointed cochair of the Planning Committee for the 2017 International Meeting on Simulation in Healthcare. He also has been appointed to the University's Advisory Council on Instructional Excellence, which advises Pitt's provost on methods to encourage instructional development and teaching excellence.

Kathryn Puskar, DrPH, FAAN, and **Susan Sereika**, PhD, developed Teaching Kids to Cope (TKC), a health promotion intervention that has been reviewed and recommended by the Blueprints for Healthy Youth Development project. Blueprints provides a registry of evidence-based positive youth development programs. TKC is a psychoeducational group intervention to reduce depression and stress in adolescents by fostering their coping skills. This multisession program explores self-esteem, stress, cognitive errors in thinking, and physiological and psychological reactions to stress. Adolescents are provided with techniques to manage their stress, including relaxation, use of imagery, exercise, cognitive coping, and problem solving. This program also has been named an Edge Runner by the American Academy of Nursing.

Margaret Rosenzweig, PhD, FAAN, received the 2016 Oncology Nursing Society (ONS) State-of-the-Science Lectureship Award at the ONS conference.

Elizabeth A. Schlenk, PhD, is serving as president of the Association of Rheumatology Health Professionals and is a member of the Board of Directors of the American College of Rheumatology.

Patricia Tuite, PhD, has been chosen to represent clinical nurse specialist educators on the AACN Competency-based Education for Doctoral-prepared APRNs Work Group.

Cecelia Yates, PhD, and her grant team received a U.S. patent for "Activators of CXCR3 for the Treatment of Angiopathies of the Eye."



Salah Al-Zaiti



Yvette Conley



Dan Li



John O'Donnell



Margaret Rosenzweig



Cecelia Yates

NEW FACULTY GRANTS

(January–December 2016)

Salah Al-Zaiti, PhD

University Research Council Central Research Development Fund

Non-ST Elevation Myocardial Ischemia:
The Role of Cell Survival Genes

Catherine Bender, PhD, FAAN

Jonas Center for Nursing and Veterans Healthcare

2016–18 Jonas Scholars Program

National Institutes of Health (NIH)/National Cancer Institute

Influence of Exercise on Neurocognitive
Function in Breast Cancer

Yvette Conley, PhD

NIH/National Institute of Nursing Research (NINR)

Targeted Research and Academic Training
of Nurses in Genomics (T32)

Jill Demirci, PhD

American Nurses Foundation

Feasibility and Acceptability of Antenatal
Breast Milk Expression—A Pilot Randomized
Trial in Primiparous Women

NIH/NINR

Preventing Perceived Insufficient Milk:
Development of a Text Message-based
Intervention

Marilyn Hravnak, PhD, FAAN

NIH/NINR

Predicting Patient Instability Noninvasively
for Nursing Care-Two (PPINNC-2)

Dan Li, PhD

University Research Council CRDF

Predictive Modeling for Anesthesia
Outcomes of Cytoreductive Surgery with
Hyperthermic Intraperitoneal Chemotherapy
(CHS+HIPEC) from Electronic Health Record
via Machine Learning Algorithms

Faith Luyster, PhD

NIH/National Heart, Lung, and Blood Institute

Feasibility and Acceptability of an Internet-
based Cognitive-Behavioral Treatment for
Insomnia in Persons with Asthma

Lorraine Novosel, PhD, and **Jennifer Lingler**, PhD

National Center for Interprofessional Practice and Education

Interprofessional Education Exchange
Program (iPEEP)

John O'Donnell, DrPH

Health Resources & Services Administration

Nurse Anesthesia Traineeships

Kathryn Puskar, DrPH, FAAN

Infinite Hero Foundation

Teaching Kids to Cope—Military

Margaret Rosenzweig, PhD, FAAN

Susan G. Komen Pittsburgh

Young WINGS (Women in Need Getting
Strength)

Cecelia Yates, PhD

NIH/National Institute of Arthritis and Musculoskeletal and Skin Diseases

Genomics of Variability in Progression and
Severity of Skin Fibrosis

Jason Fisher, DNP, assistant professor,

Department of Acute/Tertiary Care

Jacob Kariuki, PhD, assistant professor,

Department of Health and Community Systems

Linda Reid Kelly, MSN, JD, assistant professor,

Department of Acute/Tertiary Care

Kelly Kenny, MSN, instructor, Department of

Acute/Tertiary Care

Mitchell Knisely, PhD, postdoctoral scholar,

Department of Health Promotion and
Development

Christina Lauderman, MSN, instructor,

Department of Acute/Tertiary Care

Nancy Niemczyk, PhD, assistant professor,

Department of Health Promotion and
Development

Marci Nilsen, PhD, assistant professor,

Department of Acute/Tertiary Care

Barbara Usher, PhD, associate professor,

Department of Health and Community Systems

STUDENT DISTINCTIONS

Puja Ghotkar, a BSN student, copresented a poster, “Oncotype DX Recurrence Score Associated with Pre-adjuvant Therapy Executive Function Performance in Postmenopausal Women with Breast Cancer,” at the 2015 International Society of Nurses in Genetics World Congress: Epigenetics across the Life Span in Pittsburgh.

Taya Irizarry (BSN '10), a current doctoral student, received the PhD Degree scholarship from the Nightingale Awards of Pennsylvania.

BSN student **Justine Wang**'s article “The Stark Beauty of Silence” was published in *The Pulse*, Pitt's only student-run science multimedia platform.

NEW FACULTY POSITIONS

Virginia Allison, DNP, assistant professor,

Department of Health Promotion and
Development

Grace Campbell, PhD, assistant professor,

Department of Acute/Tertiary Care

Mark Cantrell, DNP, assistant professor,

Department of Health and Community Systems

Jill Demirci, PhD, assistant professor,

Department of Health Promotion and
Development

Bryce Dickey, DNP, assistant professor,

Department of Acute/Tertiary Care

STUDENT GRANTS

(January–December 2016)

Aaron Ostrowski, DNP student
**American Association of Nurse
 Anesthetists Foundation**
Development of a PICC Service by CRNAs
in an N of 1 Methodology
Todd Smith, postdoctoral student
Emergency Nurses Association Foundation
Decision Making Regarding Utilization of
EMS by Patients Experiencing a Suspected
Acute or Chronic Cardiovascular Event
Yehui Zhu, PhD student
Sigma Theta Tau International, Eta Chapter
 Trajectories of Musculoskeletal Symptoms
in Women with Breast Cancer Receiving
Endocrine Therapy

EXCELLENCE IN NURSING AWARDS

Congratulations to our alumni and faculty who were recently recognized by *Pittsburgh Magazine* as recipients of 2016 **Excellence in Nursing awards**:

Advanced Practice Nurse: Darlene Ursiny
(BSN '91), certified registered family nurse
practitioner, Health Associates East

International Entrepreneur: Renee Thompson
(BSN '01, MSN '04, DNP '13), president and
CEO, RT Connections, LLC

Honorable Mention Recipients

Leadership/Executive: Dawndra Jones (DNP '14),
chief nursing officer and vice president of patient
care services, UPMC McKeesport

Marianne McConnell (MN '78), chief nursing
information officer, UPMC

Joy M. Peters (MSN '96), vice president of
patient care services and chief nursing officer,
Jefferson Hospital

Advanced Practice Nurse: Jennifer Diserio
(MSN '03), certified registered nurse practitioner,
Children's Hospital of Pittsburgh of UPMC

Mary Kish (MSN '10), neonatal nurse practi-
tioner, Jefferson Hospital, Children's Hospital of
Pittsburgh of UPMC, Magee-Womens Hospital of
UPMC, and Excelsa Westmoreland Hospital

Leadership/Executive: Diane Hupp (DNP '14),
chief nursing officer and vice president of
operations and patient care services, Children's
Hospital of Pittsburgh of UPMC

Jennifer Troutman (BSN '00, MSN '09),
neonatal nurse practitioner, Children's Hospital
of Pittsburgh of UPMC

Clinician: Jodi Licata (MSN '06), programmatic
nurse specialist, Children's Hospital of Pittsburgh
of UPMC

Academic: Alison Colbert (PhD '07), associate
professor and associate dean for academic
affairs, Duquesne University School of Nursing

Ebony Edwards (BSN '07), assistant professor of
nursing, Community College of Allegheny County

Judith Kaufmann (MSN '89, DrPH, GSPH '04),
associate professor of nursing, Robert Morris
University

Margaret Quinn Rosenzweig (MSN '86,
PhD '01), professor, University of Pittsburgh
School of Nursing

KEEP US POSTED

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

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

Degree(s) and Year(s) of Graduation

Home Address

Home Telephone

E-mail Address (please note home or work)

Professional Position

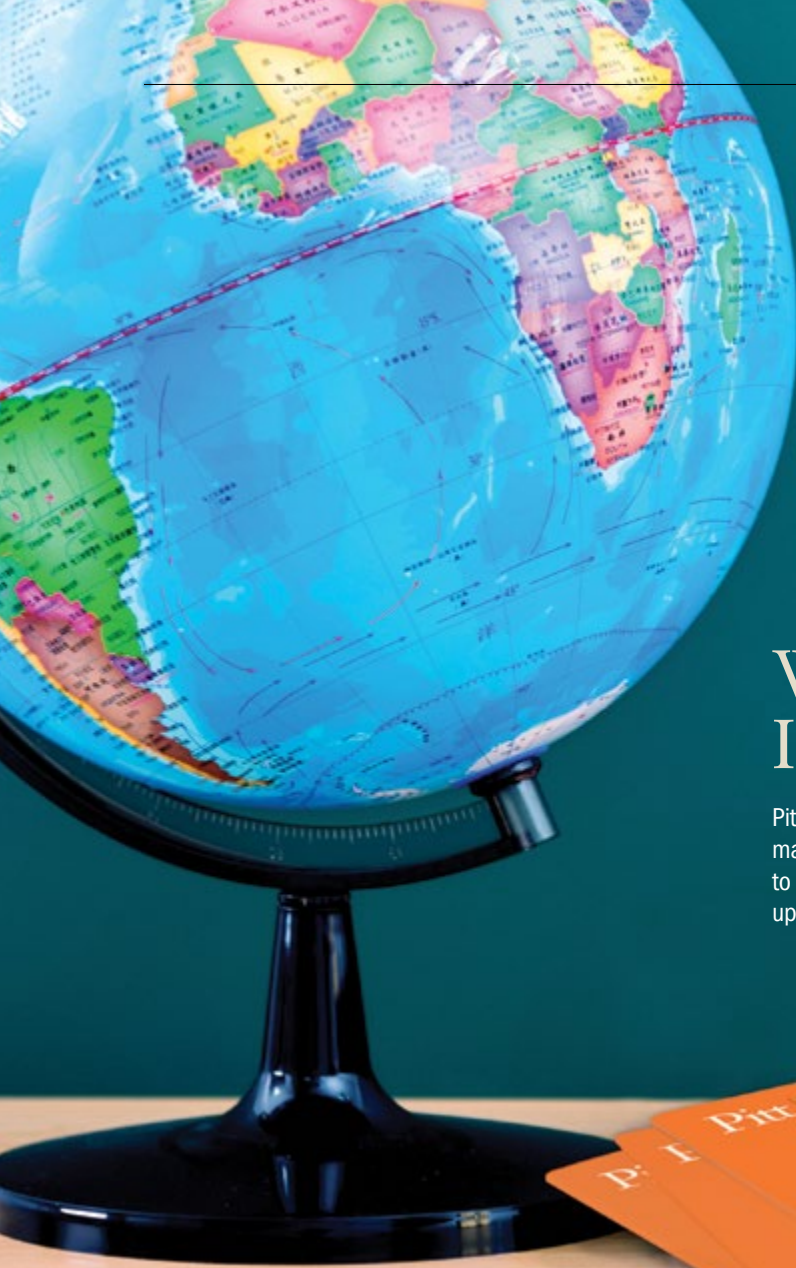
Name of Employer

Employer's Address

News

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Where in the World Is *Pitt Nurse*?

Pitt nurses go all over the world—and so does our *Pitt Nurse* magazine. Send in a picture of where your *Pitt Nurse* goes to ala157@pitt.edu. Selected pictures will be featured in an upcoming issue.



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