

Pitt nurse

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**Lead and Go
FORWARD**

Nurses are heroes. Never has this been truer. COVID-19 has placed nurses at the center of the storm, providing competent and empathetic care. For most people, the mental image they conjure up when they think of a nurse is an individual providing direct patient care at the bedside, holding a patient's hand, or talking to a family. The work is often heroic, but nurses do so much



“We as nurses need to raise our voices about the important contributions that we bring to the world of health care.”

more than execute the technical skills of nursing, which are the most visible. Nurses are heroes, but they are much more beyond the bedside scenes.

Jack Needleman of the University of California, Los Angeles, Fielding School of Public Health summed it up well in a 2016 *BMJ Quality & Safety* editorial: “The more complex, cognitive and [patient] managerial activities of nurses, because they are often done concurrently with the task-oriented work of nurses, often go unobserved and unappreciated.” The nurse is evaluating the status of the patient and determining the next steps in care, communicating the patient's status to the health care team, advocating on the patient's behalf, educating the patient and their family, and engaging in many more unseen activities.

Nurses are active beyond the bedside. They are researchers, working on evaluating outcomes and new care models in order to improve the care that our colleagues in clinical settings are delivering. Nurses work in the public health trenches, looking after our populations and our communities as a whole. Nurses educate the next generation of nurses, making sure that they receive the best evidence-based instruction so that they can be change makers. Nurses are active in quality improvement. And nurses are running toward the fire—sometimes literally—as they work in

emergency preparedness and response, making sure that our communities stay safe and are prepared to thrive after the crisis has ended.

We want to be sure that these other important activities of nurses also are recognized and appreciated.

Much of the encouragement to speak up in nursing focuses on patient advocacy and interruption of unsafe circumstances.

But speaking up about those complex activities of nursing that Needleman refers to and the impact on quality that nurses bring also is important. We as nurses need to raise our voices about the important contributions that we bring to the world of health care.

This issue of *Pitt Nurse* highlights some of those significant activities carried out by our alumni and

faculty. We examine the value of the nurse educator, who prepares the workforce of the future, and the role of nursing education in patient outcomes. We look at the influence of quality improvement projects, focusing in this issue on the prevention of emergence delirium after anesthesia. We explore the impact of public health nursing and emergency preparedness on the health of our communities, addressing social determinants of health and health-related emergencies. And last, but not least, we examine the impact of nursing science on patient care, focusing on faculty research efforts that help us to understand early EKG identification of masked heart attacks, the effects of chemotherapy on cognition, and the contribution of nursing informatics to symptom science.

These are significant contributions, generated by nurses for interprofessional health care teams. These activities highlight our ongoing efforts to improve the care of the people we serve. As a community of nurses, we are influential!

Stay safe and stay well.

A handwritten signature in cursive script that reads "Jacqueline Dunbar-Jacob". The signature is written in dark ink on a light-colored background.

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

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PREPARING FOR WHAT COMES NEXT

Very few people want to think about emergencies or how to prepare for them. The COVID-19 pandemic has highlighted just how important emergency preparedness is—and how nurses are at the forefront of that preparation.



Hoffmann and Kast Receive National CNL Awards

Two University of Pittsburgh School of Nursing graduates have received national nursing awards. Rosemary Hoffmann (BSN '77, MSN '83), who recently retired from Pitt Nursing



as associate professor and coordinator of the clinical nurse leader (CNL) program, won the 2021 CNL Educator Award from the American Association of Colleges of Nursing (AACN). Latasha Kast (BSN '11, MSN '19)



was the recipient of the 2021 CNL Vanguard Award for exemplary practice as a CNL.

Hoffmann served on the faculty at Pitt Nursing from 1995 until her retirement in April 2021 and had served as CNL program coordinator since 2008. She was selected for this award for personifying the role of the CNL and being able to think holistically. Hoffmann

was praised by her colleagues for having particular skill in challenging her students and peers to think bigger by using their credentials and skills as CNLs to become problem solvers and patient advocates.

Kast provides onboarding, education, mentorship, and leadership support to nurses in her role as a nurse manager in the intensive care unit at Canonsburg Hospital. She previously worked in progressive clinical and leadership positions within the trauma/vascular step-down unit, surgical trauma ICU, and neurovascular ICU. Additionally, she serves on the CNL advisory board at Pitt Nursing. Kast was selected for this award for her commitment to nursing practice by leading and developing several quality improvement projects to improve patient outcomes, including an effort to wash the hair of neurosurgical patients to reduce surgical site infections.

AACN bestows only two CNL awards each year. The achievements of Hoffmann and Kast are truly astounding and are a testament to the quality of the CNL program at Pitt Nursing.

Moving Forward

Pitt Nursing is always advancing.

U.S. News & World Report's 2022 graduate school rankings, released this spring, place the University of Pittsburgh School of Nursing's Doctor of Nursing Practice program sixth in the nation. The program moved up two spots from its ranking of eighth last year.



Pitt Nursing's Doctor of Nursing Practice health systems executive leadership concentration is now ranked fourth in the nation.

These rankings represent a weighted average of indicators that include peer assessment, student selectivity and achievement, mean grade point average, acceptance rate, student-to-faculty ratio, faculty credentials and academic achievements, and research activity.

Earlier this spring, the QS World University Rankings by Subject 2021 ranked Pitt Nursing 21st in the world and 11th in the United States. The school's research focus also has received recent recognition, maintaining its position of sixth place among schools of nursing receiving funding from the National Institutes of Health.

Faculty Member Receives Inaugural Award for Nurse Practitioners

University of Pittsburgh School of Nursing Assistant Professor Catherine Grant (MSN '88) is the inaugural recipient of the Pennsylvania Coalition of Nurse Practitioners' Dr. Mona Counts Award.

The award is named in memory of Counts, who started one of the first nurse practitioner-run rural practices in the United States. The practice served the general health care needs of more than

5,000 Appalachian residents of Southwestern Pennsylvania and West Virginia.

Grant is the owner of Associates in Family Health Care. Based in Slickville, Pennsylvania, this clinic was the first in Pennsylvania to be owned and operated by a nurse practitioner. Her practice provides health care services across the life span, including acute and chronic care management; screenings and preventative services such as

immunizations, Pap smears, and gynecologic health; and home visits for patients who are unable to make it to the clinic.

Grant previously received Pittsburgh Magazine's Excellence in Nursing Award for her work in the community.



Faculty Honors

Two University of Pittsburgh School of Nursing faculty members were selected to receive prestigious awards from the University this spring. Margaret Rosenzweig was one of four faculty members to receive the 2021 Chancellor's Distinguished Public Service Award, and Yvette Conley was one of four recipients of the 2021 Provost's Award for Excellence in Doctoral Mentoring.

The Chancellor's Distinguished Public Service Award underscores the high priority that the University places on using faculty expertise to address social problems through public service. Rosenzweig, Distinguished Service Professor of Nursing, was honored for serving as a visionary leader in addressing racial disparities

in the cancer experience. Her efforts have included creating a longitudinal metastatic breast cancer registry to improve care for patients, volunteering as a "big sister," and recruiting local high school students to pursue nursing as a career.

The Provost's Award for Excellence in Doctoral Mentoring annually recognizes outstanding mentoring of graduate students seeking a research doctoral degree. Conley, who is director of Pitt Nursing's PhD program, has been a strong mentor with lasting reach, not just at the School of Nursing and the University but within the discipline of nursing as well. Her mentoring has gained Pitt Nursing a national reputation for training nurses in genomics.

Faculty and Alumni Honored by Nightingale Awards of Pennsylvania

The Nightingale Awards of Pennsylvania honor nursing professionals for excellence in clinical care, education, research, and administration. The following University of Pittsburgh School of Nursing alumni and faculty were among those honored at the Nightingale Awards annual gala on Friday, October 22, 2021.

Assistant Professor Jill Demirci (BSN '05, MSN '10, PhD '12) was a finalist in the Nursing Research category.

Assistant Professor Christine Feeley was a finalist in the Nursing Education - Academia category.

Assistant Professor Brayden Kameg (BSN '16, DNP '19) received the award for the Doctor of Nursing Practice category.

Susan Scholtz (MN '78) received the award in the Nursing Education - Academia category.

Mary Rodgers Schubert (DNP '14) was a finalist in the Nursing Education - Staff Development category.

DNP student Salina Torgerson (BSN '16) received the Advanced Degree-Doctoral Scholarship.

Faculty Member Receives Diabetes Educator Award

University of Pittsburgh School of Nursing Professor Denise Charron-Prochownik is the recipient of the 2021 American Diabetes Association Outstanding Educator in Diabetes Award. The award recognizes a distinguished health care professional who has

made outstanding educational efforts in the field of diabetes.

Charron-Prochownik, a leader in preconception education and care of women with diabetes, was recognized at an awards ceremony at the association's 81st Scientific Sessions, which were held virtually in June.

Celebrating the Best Nurses in the Region

This spring, the University of Pittsburgh School of Nursing and the nursing and health care community gathered virtually to celebrate the honorees of the 2020-21 Cameos of Caring. These nurses personify all that is good in nursing and represent all that our communities have looked up to during the pandemic.

Congratulations to these Pitt Nursing alumni who were among the 2020-21 Cameos of Caring honorees:

Denise Booher (BSN '87), UPMC East

Brenda Cassidy (MSN '86, MSN '97, DNP '11), University of Pittsburgh School of Nursing

Jennifer Coates (BSN '97), UPMC Presbyterian

Marissa L. Eaton (BSN '12), AHN Jefferson Hospital

Ruth Fisher (BSN '06), UPMC Shadyside

Nicole Friedl (DNP '19), UPMC Hamot

Susan Leininger (MSN '87), AHN Allegheny General Hospital

Beth Mastrangelo (BSN '99, MSN '15), UPMC Children's Hospital of Pittsburgh

Kristy Parrish (MSN '09), UPMC Presbyterian

Kristen Sandridge (MSN '11), UPMC Children's Hospital of Pittsburgh

Anu Thomas (MSN '10, DNP '18), VA Pittsburgh Healthcare System

Amy Triola (BSN '83), Wolff Center at UPMC

Laura Witt (BSN '90), UPMC Magee-Womens Hospital



EDUCATING THE NURSING FACULTY OF THE FUTURE

Interest in nursing is on the rise. And during the COVID-19 pandemic, the public has seen more clearly the many hats nurses wear, from connecting patients and families through technology to performing contact tracing, administering vaccines, and educating the public on masking and social distancing.



“That is a current silver lining,” says Deborah Trautman (MSN ’87), president and chief executive officer of the American Association of Colleges of Nursing. “With this visibility comes a greater understanding of all the contributions nurses make.”

But the increased demand highlights an ongoing challenge for the profession. Even as applications are rising, the number of nursing faculty members available to teach and train students has declined by about 6.5% nationally. That may not seem like much, but the decrease limits the number of students schools of nursing can accept and educate.

This comes at a time when there is already a shortage of qualified nurses. The U.S. Bureau of Labor Statistics foresees a need for about 175,900 new nurses every year for the remainder of the decade, but only about 155,000 nurses graduate annually.

A chronic shortage of nurses could have dire consequences, says Rita Trofino (BSN ’76, MNEd ’81), associate dean of Saint Francis University’s School of Health Sciences and Education.

“Look at the demand for nurses during COVID-19,” Trofino says. “And in general, an aging population demands more care.”

The recent spike in interest could help to address that shortfall—but only if schools of nursing can take advantage of it.

“If we are not able to accommodate students, interest could wane,” Trautman says. “Demand is going to continue to grow, and we need to capitalize on that.”



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Deborah Trautman

ANATOMY OF A SHORTAGE

“Nursing tends to experience episodic shortages,” says Jacqueline Dunbar-Jacob, dean and Distinguished Service Professor at the University of Pittsburgh School of Nursing. The field is dominated by women, who are more likely to take time out of their careers to raise families.

But during the recession of 2008, she says, many nurses who might have retired elected instead to continue working. Those nurses are now beginning to retire, Dunbar-Jacob says, “in quite large numbers.”

At Pitt Nursing, the typical faculty member is in their 50s, setting the stage for an increased loss of faculty over the coming years.

Schools are hiring at a brisk pace to make up for retiring faculty. At Saint Francis University, Trofino hired three new faculty members this past year to accommodate a projected increase in admission applications and incoming students.

But even when retiring faculty members are replaced, Trofino says, there is a loss in teaching experience that cannot be replaced as quickly.

“We were fortunate, and the new faculty are very good, but they

haven’t taught at too many places,” Trofino says. “It’s a learning curve, and it’s going to take a while for them to get up to speed.”

That’s partly because the shortage is driven by a scarcity of faculty with Doctor of Philosophy or Doctor of Nursing Practice degrees.

Hiring nursing faculty with a doctorate degree can be a competitive undertaking, says Terri Weaver (BSN ’73), dean of the University of Illinois at Chicago (UIC) College of Nursing. Less than 2% of U.S. nurses have a doctorate, and recruiting qualified candidates can strain the resources of institutions with already limited budgets.



Weaver

“It is extraordinarily challenging to find individuals who can come on board as faculty, especially those on the tenure track doing original science,” Weaver says. “So many of the individuals who desire a doctorate want to move into practice after they graduate.”

Dunbar-Jacob agrees that for many nurses in training, the rewards of teaching may not be as apparent as the rewards of working on a hospital



“It is extraordinarily challenging to find individuals who can come on board as faculty, especially those on the tenure track doing original science.”

Terri Weaver

floor. Many nurses, Trautman adds, have concerns about the time needed to earn a doctorate and the return on that investment.

“One of the challenges,” says Trautman, “is getting people to better understand what the benefits are.”

FINDING SOLUTIONS

Exposing more students to the rewards of teaching is part of the solution, Dunbar-Jacob says. So is preparing graduates for the classroom. Pitt Nursing recently redesigned its minor in education to cater to graduate students interested in a career in academia. The school also offers continuing education classes for nurse educators.

Financial support also is critical. Pitt Nursing promotes federal loan forgiveness programs that repay the loans of graduates who serve as faculty, and the school is looking for ways to engage private sector partners to better support students who are interested in academic careers.

At UIC, Weaver emphasizes support and mentorship through the university’s Bridge to the Faculty post-doctoral program, which prepares promising scholars from underrepresented groups for tenure-track faculty positions. The program has created a pipeline of faculty talent while also supporting the university’s broader goal of hiring a diverse faculty.

Alumni have an important role to play in easing the faculty shortage, Weaver adds. By donating directly to schools of nursing and to funds set up specifically for faculty retention and recruitment, they can ensure that their gifts will go toward easing the shortfall.

“It’s important to help alumni and current students understand that the school’s success is based on their efforts and what they give back,” she says.

ALUMNI TAKE THE LEAD

Pitt Nursing has a long and impressive record of not only graduating future educators but also producing leaders, and its alumni will play an outsized role in guiding the profession through the challenges ahead.

“We are very proud of the numbers of our alumni who have selected education positions and gone on to lead schools of nursing,” says Dunbar-Jacob, who attributes this track record both to Pitt Nursing’s culture of leadership and to the caliber of students the school attracts.

“Leadership was a major part of my master’s,” agrees Trofino, who notes that she encounters fellow Pitt alumni leading schools and organizations across the country. “‘Lead and go forward,’ that was the spirit.”

Weaver took that lesson to heart as a student, becoming the first woman to join Pitt’s student government and the first School of Nursing student to do so. Her service came at a time when the expectation was that nursing students would “put their nose to the grindstone,” Weaver says.

“But I had faculty who understood why I was doing it, that it was important for nurses to be represented in student government,” she says. “They knew the importance of supporting future leaders, and they fostered an environment where students could grow as leaders. And I think that’s why you find so many around the country in executive positions who are Pitt graduates.”

Talking with then dean Marguerite Schaefer pushed Trautman to take her first nursing administration course.

“I was so inspired that it started to change my thinking about my career path,” Trautman says.

Today, she works with deans and other nursing leaders to address myriad issues and has high praise for Pitt Nursing’s leadership.

“Dean Dunbar-Jacob and the faculty continue to evolve and support the students,” she says. “[The faculty] are visionary, they’re leading, and that makes a rich environment for all kinds of possibilities.”

MAKING AN IMPACT

THE IMPACT OF THE BACCALAUREATE AND ADVANCED PRACTICE NURSE ON PATIENT OUTCOMES

A guest feature from Dean Jacqueline Dunbar-Jacob, PhD

Few professions have insight into their direct impact. But nursing is fortunate for having accumulated more than two decades of research on its impact on patient outcomes. That research has focused on areas such as the effect of staffing levels; organizational culture; nurse satisfaction; and, of importance to us in education, the effect of level of nurse education on patient outcomes. In the United States, educational programs continue to be offered at multiple levels of entry leading to licensure as a registered nurse, including diploma (15-20 months), associate's degree (two years), and Bachelor of Science in Nursing (four years). Nursing has a significant impact on patient outcomes, ranging from satisfaction with care to in-hospital mortality.

Nurses contribute to inpatient outcomes through their ability to integrate patient signs, symptoms, lab values, history, and current clinical problems with knowledge of the underlying science base, the clinical trajectory of the illness or disorder, and the potential for adverse complications that can occur. Early recognition of problems and initiation of appropriate responses as well as the provision of appropriate patient

management strategies serve to improve patient outcomes. Similarly, in the primary care arena, the careful assessment of patients, the provision of self-care education, and the provision of appropriate patient management serve to improve patient outcomes.

It is the responsibility of the educators of nurses to ensure that they are prepared to carry out these potentially life-preserving actions and continue to raise the quality of our health care delivery. Many educators, researchers, and professional organizations have been proponents of the BSN as the minimal standard for the education of registered nurses. Starting in 1901, Ethel Gordon Fenwick, on behalf of the International Council of Nurses, recommended that nurses should obtain a university-level education. Since that time, the recommendation has been repeated on numerous occasions, including in the 1948 Brown Report on nursing. In 1965, a position paper issued by the American Nurses Association included a recommendation for the BSN as entry to RN practice, a position reaffirmed in 2000. In 2005, a joint statement by the American Organization for Nursing Leadership and the

American Association of Colleges of Nursing advocated for BSN entry into practice “in the interest of patient safety and enhanced care.”

Not long after that, in 2009, after conducting an observational study of nurses at work, the Carnegie Foundation for the Advancement of Teaching recommended the BSN for entry to RN practice. The report further noted that nurses are undereducated for current practice demands in all programs and recommended that nurses even have a master's degree within 10 years.

In 2010, the Tri-Council for Nursing—composed of the American Association of Colleges of Nursing, American Nurses Association, American Organization for Nursing Leadership, National Council of State Boards of Nursing, and National League for Nursing—issued a policy statement calling for nurses to further advance their education. In 2011, a report on nursing by the Institute of Medicine (IOM), now known as the National Academy of Medicine, recommended that 80% of practicing nurses in the United States complete a baccalaureate education by 2020.

Led by the Robert Wood Johnson Foundation in partnership with AARP, a national initiative to support the IOM recommendations and raise the educational level of nurses was initiated. In 2012, a statement issued jointly by the American Association of Community Colleges, Association of Community College Trustees, American Association of Colleges of Nursing, National League for Nursing, and Organization for Associate Degree Nursing was supportive of educational progression, asserting that “Our common goal is a well-educated, diverse nursing workforce to advance the nation’s health.”

These recommendations exist outside the United States as well. In 1999, the European Union introduced the Bologna declaration, which called for the harmonization of education throughout Europe. In 2003-04, the Bologna project targeted nursing, emphasizing baccalaureate and higher degree programs. In 2009, the World Health Organization recommended raising the standard of education for nurses to the university level with an ability to progress into graduate programs. Currently, many countries throughout the world require the BSN for entry into RN practice. We are seeing that an increasing number of health systems also require a BSN upon hiring.

Why do we see these broad and long-standing recommendations from multiple organizations? The relationship between nursing education and patient outcomes has been studied extensively around the world for more than two decades. In nearly all studies, higher proportions of BSN-prepared nurses caring for patients have been associated with better outcomes in such areas as mortality, failure to rescue, decubitus ulcers, venous thrombosis,

pulmonary embolism, medication errors, procedural violations, length of stay, and readmissions. Similar results have been reported in pediatric critical care, for which a greater proportion of nurses with a baccalaureate degree was associated with fewer complications. Further, studies have reported that nurses holding bachelor’s degrees perform higher in communication skills, knowledge, problem solving, and the professional role. Only two studies have failed to demonstrate a statistically significant association between patient outcomes and nurse education favoring the baccalaureate-prepared nurse, and those studies had methodological flaws.

Although most studies (64.7%) have been conducted in the United States, studies conducted in other countries and regions as diverse as Canada, Thailand, and South Korea make an obvious global contribution to the study of impact of educational level on patient outcome. Recently, the RN4CAST, which surveyed nurses and patients in hospitals in 12 European countries, lent additional support to the importance of the educational preparation of the nurse in patient outcomes.

Systematic reviews also have identified the significance of the nurse’s education on the outcomes of patients. A *systematic* review of 29 studies that was conducted in the Netherlands demonstrated that, among the four studies that examined nurse education and patient falls, two showed no effect based on nurse education while two showed fewer falls among a more educated nursing staff. A robust systematic review and meta-analysis incorporating a total of more than 2 million patients, both surgical and medical, revealed a 6% reduction in odds of death with a 10% increase in the proportion of BSN nurses; moreover, the odds of failure to rescue were reduced by 5% with a 10% increase in BSN nurses.



Other work has demonstrated that the savings seen through reductions in adverse outcomes more than pay for the added cost of the BSN nurse.

More recently, studies have demonstrated the value of nurse practitioners in primary care. Data from United Health, America’s Health Outcomes, showed a significant relationship between full practice authority and the overall rank of the state’s health as well as the rank in clinical care and health outcomes. After an analysis of national Medicare claims data, Buerhaus and colleagues reported that nurse practitioners, compared to physicians, had overall lower rates of hospital admissions, readmissions, inappropriate emergency department use, and low-value imaging. And the Consumer Assessment of Health Providers and Systems survey indicated that patient satisfaction was highest for nurse practitioners.

Nurses make a difference. And their education makes a difference.



THE IMPACT OF NURSES AND NURSE RESEARCHERS ON PATIENT CARE

A Nurse Anesthetist Transforms Trauma Patient Care,
and a Researcher Uses Artificial Intelligence to Detect Heart Attacks

One day at his job at the VA Pittsburgh Healthcare System (VAPHS), nurse anesthetist William Pileggi (MSN '97) was with a patient who was coming out of anesthesia after surgery. The patient woke abruptly, reached through the side rails of his stretcher, and shoved Pileggi to the ground as he shouted, "Get down! You're gonna get shot!"

The patient had woken up in a disoriented state, unaware of where he was, in an episode of emergence delirium (ED). ED occurs when patients emerge from general anesthesia agitated, confused, or—in some cases—aggressive. This patient also was a combat veteran with a history of post-traumatic stress disorder (PTSD), which research shows put him at a high risk for emergence delirium. The incidence of ED in adult combat veterans has been reported to be as high as 27%, compared to only 5% within the general population.

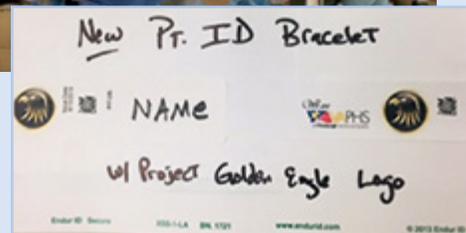
Pileggi, a veteran himself, has seen patients thrash on the bed, remove their IV line, self-extubate, and even injure hospital staff without realizing what's happening. "They go to sleep in Pittsburgh but wake up in Iraq," he says.

The problem has slowly been gaining attention. In the 2010s, two nurses at VAPHS started a program called Project Golden Eagle that helped to identify patients with PTSD. Those patients were placed in quiet rooms and given a gold surgical cap (instead of blue) so that staff would be aware of the heightened risk of ED. Still, when Pileggi joined VAPHS in 2016, he and his colleagues would encounter ED an average of twice a week. It was distressing to the staff, who feared for their own safety, as well as to the patients, who were thrust back into a state of fear and trauma from past experiences. He knew something more needed to be done.

So in 2017, he teamed up with behavioral health and education specialists David Julian, MEd, and Michael Boland, MEd, as well as fellow nurse anesthetist Amanda Beckstead (BSN '15, DNP '20) to research more, strategize improved practices, and create a training program for better assessment and screening for patients with PTSD. Their group—the PTSD/Emergence Delirium Training and Response Team—discovered that certain anesthesia drugs affect the neurocircuitry of the brain in PTSD

patients more than others. In people who have experienced trauma, the amygdala (which is responsible for the "fight or flight" response) often is perpetually hyperactive, and the hippocampus—which controls emotional memory—does not function optimally. Commonly used anesthetics like benzodiazepines and volatile inhalants are particularly dangerous for trauma patients due to the way they blunt reactions in the amygdala and hippocampus and wear off quickly. Thus, the team's plan emphasized using alternative anesthetics and tailoring the dosage and timing of particular drugs to each individual's risk factors. They also created preassessment questions to identify patients with a history of PTSD (even if undocumented), what triggers might activate a bad response, and how to help those patients wake up with ease. Finally, they compiled the research into a training program that was required for all perioperative hospital staff, complete with recorded demonstrations and hands-on practice. The effects were almost immediate: The incidence rate of ED plummeted to 2.7% in high-risk PTSD patients, and in 2019 and 2020, there were no cases of staff injuries, lost airways, or lost IVs. Pileggi saw patients cry with gratitude that their worst fears about waking up didn't happen.

In recognition of their impact, the team won a 2020 Gears of Government Award from the U.S. Department of Veterans Affairs and a 2021 I Am Patient Safety Achievement Award from Pennsylvania's Patient Safety Authority. Veterans Affairs hospitals around the country are now requesting the training program. Pileggi also was recognized as a 2020 Excellence in Education awardee by the National APRN Council.



Top: Team members train for working with emergence delirium patients.

Below: This identification bracelet alerts members of the care team to a patient's PTSD status.

Photos courtesy of William Pileggi and VA Pittsburgh Healthcare System

In the end, it's about patient care.

"Our home run is making that wake up better," says Pileggi.

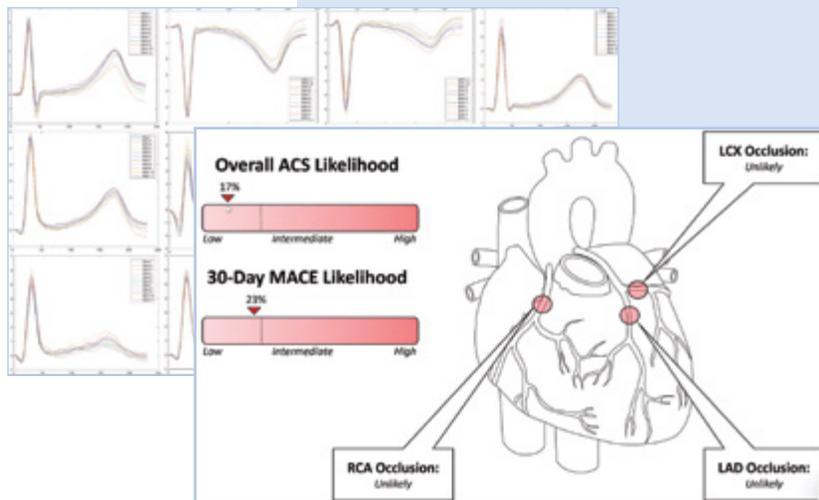
That there are hidden complexities in the brain that might call for specialized care does not surprise University of Pittsburgh School of Nursing researcher Salah Al-Zaiti, because he works to uncover a medical event that also is frequently hidden: a heart attack.

He's developing machine-learning technology to quickly detect a kind of heart attack that usually requires a prolonged battery of tests to identify. Imagine this scenario: Someone feels slight chest pain and suspects a mild heart attack. They call 911 and are rushed to the hospital, where doctors and nurses spring into action, but it might be 24 hours before they know for sure whether a heart attack actually happened and how to treat it.

We're not talking about massive heart attacks, where it's obvious a major cardiac event has happened and the surgical and treatment

“Lots of studies come up with ideas for fancy solutions to problems but that’s it. We want to take the next step of implementation so it can be used to improve patient care.”

Salah Al-Zaiti



Screenshots from Al-Zaiti’s work illustrate the algorithms and metrics used to refine artificial intelligence to predict heart attack incidents.

paths are clear, but rather “masked” heart attacks—ones with symptoms ranging from tiredness to sweating that could be caused by a number of other ailments like muscle strain or the flu. Ambulance medics can administer an EKG on the way to the hospital, but with masked attacks, those results aren’t always enough to make a solid determination. In these situations, nurses and doctors may draw blood, run stress tests and CT scans, and observe while patients wait a day or more for results.



Al-Zaiti

In the end, an average of 50% of patients are sent home with a non-heart attack diagnosis—a process that is inefficient, costly, and frustrating for everyone. Al-Zaiti’s project shortens that identification process through a computer program that deepens the analysis of the EKG’s waveform measure of heart activity and gives results in real time.

“We want to give doctors a quicker path to certainty and reassure patients early,” says Al-Zaiti. Since 2015, his team has recruited more than 4,000 study participants, and in testing the technology in Pittsburgh ambulances, they’ve achieved 80% accuracy in determining whether a patient has had a heart attack or not before arriving at the hospital.

Now he’s advancing the technology further, refining artificial intelligence algorithms to pinpoint where the problem lies in those 10% of patients who had a masked heart attack, exposing exactly which artery was blocked and by how much. Finding the blockage is key in determining treatment, but it can be difficult to isolate the location of the blockage in masked attacks using traditional tools. Al-Zaiti’s new web-based program will configure many data points and produce

graphs of various EKG markers and a diagram of the coronary arteries, with each heart valve labeled “likely” or “unlikely” for occlusions. It also calculates the likelihood of a major adverse cardiac event in the 30-day period following admission, a key factor in deciding how aggressively to treat a heart problem. Data can be transmitted from the EKG—from inside the hospital or from an ambulance out on a call—to the physician’s computer in about 60 seconds.

To develop the program, Al-Zaiti assembled an interdisciplinary team of Pitt researchers, among them Ervin Sejdic from engineering, Samir Saba from cardiology, and Clifton Callaway and Christian Martin-Gill

from emergency medicine. Funded by the National Institutes of Health, the program is being tested in Pittsburgh now in “silent mode,” with results shown only to Al-Zaiti’s team, but Al-Zaiti hopes it will be approved for use in hospitals throughout the country in the future.

“Lots of studies come up with ideas for fancy solutions to problems but that’s it,” Al-Zaiti says. “We want to take the next step of implementation so it can be used to improve patient care.”

Al-Zaiti has received wide recognition for his novel developments and research, including two American Heart Association Early Career Investigator Awards, and in 2017, he was inducted as a fellow of the Council on Cardiovascular and Stroke Nursing.

From the behind-the-scenes work of research to the direct interaction with patients, nurses like Al-Zaiti and Pileggi continue to innovate and improve the care of patients in Pittsburgh and beyond.

PUBLIC HEALTH ON THE FRONT LINES

As the country's hospitals and medical facilities became overrun by patients with COVID-19 in the early days of the pandemic, many public health professionals worked tirelessly to meet the needs of the commonly overlooked and neglected within their communities.

This was especially true in Pennsylvania and Allegheny County.

Six months into the coronavirus pandemic, Allegheny County had seen a total of 11,125 cases and 361 deaths. Many of those cases and deaths were in nursing homes and assisted living facilities.

Many public health nurses were on the front lines of the pandemic in nursing homes, through home health care support, and/or on the streets, providing care to patients who either had no desire or lacked the resources necessary to seek care in hospitals and other major health care facilities. However, like underserved communities, public health nursing is commonly overlooked in the medical field.

But that is changing.

“Public health nurses partner with communities and focus on populations,” says Amy Ansehl (DNP '13) associate dean for student experience, director of applied practice experience, and associate professor of public health at the New York Medical College School of Health Sciences and Practice as well as director of community outreach for the Children's Environmental Health Center of the Hudson Valley. “Compared to medical facility nursing, which is more interested in individual care when a patient enters the hospital, public health professionals look at the needs of the population.”



Put another way, public health is the intersection of social services and health care to promote the well-being of communities, says Mary Sligh (BSN '15), a street medicine nurse who works for Allegheny Health Network's Center for Inclusion Health.

Public health nurses focus on the factors that lead patients to need health care assistance. These factors include their families and home life as well as the environments and communities in which they live and work. Twenty years ago, Ansehl says, if someone got sick, they went to the doctor, got a pill, and were sent home. Today, the entire health care model has changed and is more focused on prevention.

"We are concerned about the social determinants for health, not just the disease or curing illness. We look at health through a social justice lens, whether they have food insecurity, access to healthy foods and clean water. Who are they and their family? Where do they live? Are they able to walk around in their communities or have access to exercise?" Ansehl asks. "We want to reduce any kind of health disparities by considering their surroundings and provide counsel on how they can live healthier lives."

By focusing care on the environment, and in some instances bringing care into the home, public health nurses are able to make real-life recommendations from a framework that looks at a patient holistically.

"Nurses practice in homes, clinics, hospitals and outside," Sligh says. "The field in which I work is street medicine. We work with those experiencing homelessness, those existing in the world outside. Everyone deserves health care, and I feel like, with homeless medicine, I am able to work with patients in a much more human way. We go out to homeless camps and places where they exist and provide holistic, integrated, and interdisciplinary care."

Sligh saw firsthand the role that a lack of homelessness awareness played at the start of the pandemic.

"Many of the preventative guidelines promoted as the virus spread—stay home, wear a mask, quarantine if you are exposed—did not take into consideration the realities of those experiencing homelessness," she says. "It is easy to say, 'Stay home.' It is easy to say if you have been exposed to COVID, then quarantine. But those realities are different for those living on the streets. Such realities are important to consider and remember."

Increased awareness is one of the positives that Sligh says has come from the work she does. It is that same awareness that inspires her commitment not only to care for her

“It is easy to say, ‘stay home.’ It is easy to say if you have been exposed to COVID, then quarantine. But those realities are different for those living on the streets. Such realities are important to consider and remember.”

Mary Sligh



patients, but also to consider their well-being. In addition to dealing with the pandemic and the heightened isolation it caused, there also was an increase in the number of drug overdose deaths in Allegheny County. It all reminded her that good health is interconnected, which makes checking on her patients and their well-being necessary.

Now that COVID-19 vaccines are being distributed to the greater community, public health officials are once again on the front lines helping to educate and vaccinate members of the community, and public health nurses are integral to this effort.

"What I am hearing is that there are some who are afraid to get the vaccine. It is new, [and] they are not sure of the long-term or short-term effects and are afraid of the side effects or to get sick," Ansehl says. "At the same time, a lot of people want it and are just having a hard time accessing it. As public health professionals, we try to reduce the hesitance by emphasizing the importance of mitigating risks. Some of us are helping patients access the vaccine by volunteering to help them get online. One of the things I have always loved about my work is building bridges."

Working in collaboration with Allegheny Health Network, Sligh and the Center for Inclusion Health, as well as other community health providers, are ensuring that the patients they care for who are interested in getting the COVID-19 vaccine have access to it.

"It is an ongoing effort," Sligh says. "In the face of any pandemic or large-scale health scare, public health is very relevant. It is vital. It is also vital that the public continues to listen to the advice of public health researchers and providers."

PREPARING FOR WHAT COMES NEXT



IN ANY EMERGENCY, PREPAREDNESS IS KEY.

Whether you find yourself in a pandemic, a natural disaster, or an automobile accident, your survival is determined by how prepared you are to respond to the situation you're facing.

This is especially true in the field of nursing. Patients have a better chance of recovery when their medical professionals are prepared to respond—which is why Michael Beach (MSN '01, MSN '02, DNP '09), who recently retired as an associate professor at the University of Pittsburgh School of Nursing, took the approach he did in teaching his students about emergency preparedness.

Beach has an extensive background in emergency preparedness and response, has mentored generations of students, and has served as a role model for how to combine practice with community impact. He has responded to innumerable events as part of a disaster medical team for the U.S. Department of Health and Human Services: Hurricane Katrina. Hurricane Sandy. The Haiti earthquake. COVID-19. Beach runs toward the crisis, not away from it.

“There is a holistic approach to emergency preparedness in nursing. Not only are [nurses] prepared for action, but [they] also [have] emotional stability. I try to instill in my students that attitude

and awareness are two key components to emergency preparedness,” Beach says. “Panic kills. It is important to be aware of all that is going on around us, to use more than just our eyes, to also listen, to feel, to even taste—to take it all in and then ask yourself, ‘What are the things I can control in this instance?’ ”

One of his main, and most popular, courses was Fundamentals of Disaster and Mass Casualty Care. In this two-credit graduate-level course, Beach used his more than 30 years of experience working in disaster management to teach his students about disaster response; disaster mitigation; and even professional development, such as what to expect from one's employer in the case of a disaster.

In class, he covered it all. What worked? What did not work? What can be done better? He spent a considerable amount of time teaching his students



Beach



In one of Beach's most popular courses, Fundamentals of Disaster and Mass Casualty Care, periodic drills are conducted so that students can experience crisis management and response.

“I try to instill in my students that attitude and awareness are two key components to emergency preparedness.”

Michael Beach

the importance of personal emergency preparedness because, for Beach, how prepared you are to care for yourself is just as important as how prepared you are to care for others.

After taking his students through discussions of weapons of mass destruction, explosions, pandemics, biomedical and biochemical attacks, and decontamination exercises, Beach encouraged them to talk through how to create a personal preparedness plan and what is needed—food, water, tools, a plan on how to get information in and out, security, and all the other essentials—for a preparedness kit.

“Pittsburgh is a pretty safe place. We do not have earthquakes or hurricanes. But if the coronavirus pandemic has taught us anything, it’s that we have to be prepared for anything,” he says.

Research shows that, historically, most people have admitted to not being fully prepared for a natural disaster. According to a 2016 study by the National Center for Disaster Preparedness, 65% of American households reported that they lacked adequate plans and supplies for a disaster. In 2019, an American Institute of CPAs survey of 2,050 U.S. adults conducted by The Harris Poll found that things were slightly better: Of those surveyed, 73% had taken at least one step to prepare for a natural disaster, with 34% assembling a disaster supplies kit and 32% creating an evacuation plan.

People in general, Beach says, are not very prepared at all.

For Tami Minnier (BSN '84, MSN '85), chief quality officer at UPMC and executive director of the Beckwith Institute, emergency preparedness is her job.

“Emergency preparedness is one of those topics that no one wants to talk about until it is needed, but it’s my job,” Minnier says. “Proactively planning for the what-ifs is an immense responsibility and a science that most people are unfamiliar with.”

Preparedness is what helped Minnier and her team in the early stages of the coronavirus pandemic in America. On January 11, 2020, one of her leaders responsible for infectious diseases showed up at her doorstep, concerned.

“He said to me, ‘I think we need to begin screening all travelers from China for the following signs and symptoms.’ We had to pivot,” she recalls.

But, in Minnier’s words, this was not their first infectious emergency rodeo. Starting with the 2009 H1N1



“Emergency preparedness is one of those topics that no one wants to talk about until it is needed, but it’s my job. Proactively planning for the what-ifs is an immense responsibility and a science that most people are unfamiliar with.”

Tami Minnier

pandemic and moving forward to the Ebola outbreak of 2014-16, they took opportunities from each of those emergencies to prepare.

A team of more than 100 nurses formed almost organically and became experts in infectious disease management as a result of Ebola. They made sure the hospital was current on personal protective equipment (PPE). They gathered a couple of times a year to practice and prepare. They were the first to volunteer to care for infected patients.

“We were fortunate. These nurses said, ‘We care about this and we want to be ready and we know we can be ready.’ They were intentional and leaned in,” Minnier says. “When the pandemic hit us, we had a pretty big leg up on all of the protocols, PPE, where to store it, where to find it—all of the tactical things. They had enough tacit knowledge from our previous experiences to pivot and meet this new challenge.”

While the experience has been emotionally and physically demanding, nurses were able to meet the challenges they faced not just through planning but also commitment. That same kind of commitment, Beach says, is part of what he considers an overall holistic approach to nursing.

“Teams take care of each other. That’s first. But I also think nursing is at its best when we care about what affects our patients,” Beach says. “When we have our patients and their families’ best interest at the forefront of our efforts, that is when nursing is at its best.”



Tami Minnier administers a COVID-19 vaccine to Charmaine Pykosh, an acute care nurse practitioner, in December 2020. Photo courtesy of UPMC

Minnier looks back on the days since early 2020 with bittersweet awe.

“One really big gain from this experience to me is that as the year evolved, we witnessed the selflessness and sacrifices made by nurses and other clinicians. Seeing the respect and recognition for what nurses brought to the table, it warmed my heart,” Minnier says. “The country was reminded, I believe, of the importance of nurses, who, I think for a period of time, had not been seen.”

Going forward, she hopes that the health care industry invests more resources into emergency preparedness.

“Many times, preparedness budgets and efforts have been set to the side, given a lower priority, or not considered as prominently in keeping the organization safe. We cannot let our guard down. If we have learned anything in this past year, it is that preparedness pays off,” Minnier says. “It paid off for us immensely—not that we were not challenged, but we got through.”

Stay Up to Date with Professional Development

The University of Pittsburgh School of Nursing is proud to present new online/enduring nursing professional development activities.

Healthcare Provider Training on LGBTQIA+ Health: An Introductory Module on Best Practices

provides a brief introduction to best practices in LGBTQIA+ health and speaks to the specific needs of this population to increase knowledge, promote positive attitudes, and improve clinical preparedness among professional nurses. This is an hour-long interactive session.

Key Concepts in Health Policy is a two-part series consisting of **Health and Society** and **American Democracy and Its Challenges**. Well-constructed public policy is

necessary to promote the health and well-being of the population; however, 21st-century America is marked by deep divisions in terms of public policy solutions to our most intractable issues. Health policy challenges are not immune to these deep divisions, as the debate during and since the passage of the Affordable Care Act illustrates. Positions on key public policy issues are driven by a variety of philosophical and social ideals. Each session is an hour in length and provides valuable information for all professional nurses.

Once an activity is successfully completed, the participant receives a certificate for one contact hour. The cost is \$25 per activity.

For more information and to register, visit nursing.pitt.edu/continuing-education.



BE PART OF FIGHTING STIGMA

One in five Americans has a mental illness. You can be a change maker and help them in recovery and condition management by becoming a psychiatric mental health nurse practitioner.

These specialists treat individuals with psychiatric conditions who require medication management and care and work in conjunction with other mental health care providers to ensure a team approach to patient care. Providers bring their knowledge where it is most needed, and while days can be challenging, the rewards are innumerable.

At the University of Pittsburgh School of Nursing, the psychiatric mental health nurse practitioner concentration prepares principal providers to care for individuals across the life span in a variety of settings. Students begin their plan of study in core courses that include content on physical diagnosis; health promotion; pharmacology; pathophysiology; and management of acute, episodic, and chronic mental health problems. Psychiatric primary care content directly builds on these core concepts to provide students with

the advanced practice skills to manage effectively the complex psychobiological problems of people across the life span.

BSN to DNP graduates are eligible for national certification offered by the American Nurses Credentialing Center, legal certification as a certified registered nurse practitioner, and prescriptive authority through the Pennsylvania State Board of Nursing.



RESEARCH HIGHLIGHTS

University of Pittsburgh School of Nursing faculty were recently asked to share details of their significant research findings from the past academic year. In this and future issues of Pitt Nurse, we will share highlights of those findings and how this research is contributing to the scientific community.

Long-term Trajectory of Objectively Measured Cognitive Function with Aromatase Inhibitor Therapy in Women with Early Stage Breast Cancer

Researchers: Catherine Bender, professor and Endowed Oncology Chair, Department of Health and Community Systems; Marci Nilsen, assistant professor, Department of Acute/Tertiary Care; and Susan Sereika, associate dean for research and education support services and professor, Department of Health and Community Systems

The researchers had previously found deterioration in working memory and attention among postmenopausal women with breast cancer undergoing aromatase inhibitor (AI) therapy and that, compared to control subjects, women with breast cancer have poorer executive function before AI therapy (with or without chemotherapy) that persists throughout the first 18 months of therapy. However, the trajectory of cognitive function throughout the five-year AI therapy course has not been documented, nor is it clear whether cognitive function recovers after the conclusion of the therapy. The purpose of this study, therefore, was to determine the long-term effects of AI therapy on objectively measured cognitive function in postmenopausal women with early stage breast cancer and whether cognitive function recovers one year after the conclusion of the therapy relative to a year prior to beginning therapy and an assessment done in the last year of the therapy.

Using a comprehensive, objective battery of assessments, cognitive function was measured in 83 postmenopausal women with breast cancer and match controls before starting AI therapy; twice a year during the first two years of therapy; annually during the third, fourth, and fifth years of therapy; and finally at one year after the conclusion of therapy. The resulting data were analyzed using linear mixed modeling, and covariates that included age, IQ, depression, anxiety, fatigue, and pain were assessed alongside executive function.

The researchers found that women who received AIs alone had poorer concentration and psychomotor speed one year after completing therapy compared to their initial pretherapy assessment and poorer concentration relative to their final assessment while undergoing therapy. In contrast, both women with breast cancer and controls had improved executive function, attention, working memory, and verbal memory both at the completion of therapy and one year later relative to their pretherapy assessment.

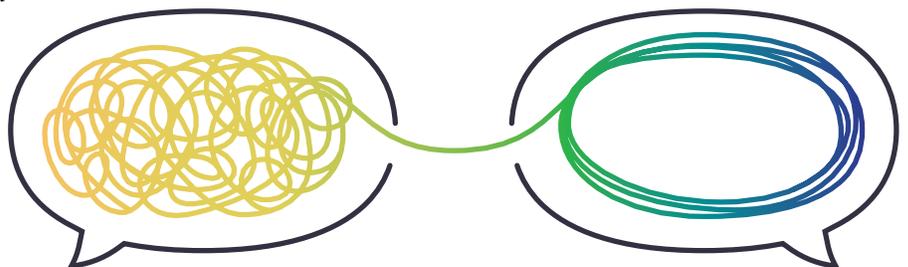
Identifying Symptom Information in Clinical Notes Using Natural Language Processing

Researcher: Theresa Koleck, assistant professor, Department of Health Promotion and Development

Large-scale secondary data reuse of notes in electronic health records (EHRs) has the potential to increase the quantity and quality of symptom research. However, the language used to describe symptoms in clinical notes is complex. This study aimed to describe a method that combines standardized vocabularies, clinical expertise, and natural language processing to generate comprehensive symptom vocabularies and identify symptom information in EHR notes. This proposed method was piloted with five diverse symptom concepts: constipation, depressed mood, disturbed sleep, fatigue, and palpitations.

Researchers obtained synonym lists for each pilot symptom concept from the Unified Medical Language System, then used two large bodies of text (clinical notes from Columbia University Irving Medical Center and PubMed abstracts containing medical subject headings or key words related to the pilot symptoms) to expand the initial vocabulary for each pilot symptom concept. The researchers used an open-source natural language processing tool called NimbleMinder to accomplish these tasks and evaluated its symptom identification performance by comparing it to a manually annotated set of common nurse- and physician-authored EHR note types.

The study found that NimbleMinder's symptom identification performance was excellent. Compared to the baseline Unified Medical Language System synonym lists, this method identified up to 11 times more additional synonym words or expressions, including abbreviations, misspellings, and unique multiple-word combinations, for each symptom concept. This ability to extract symptom information from EHR notes in an accurate and scalable manner has the potential to greatly facilitate symptom science research.



Giving Today to Transform Tomorrow



Thank you for your amazing support of the University of Pittsburgh School of Nursing during the fifth annual Pitt Day of Giving! Pitt Nursing finished in the top 10 on the School and College Donor Leaderboard with 273 unique donors, earning an extra \$500 from Pitt. In addition, we surpassed our donor total of 241 from 2020, unlocking \$1,000 in challenge funds from Dean Jacqueline Dunbar-Jacob. These funds will go a long way toward transforming tomorrow for our students!

2021 Pitt Day of Giving by the Numbers:

9th

Pitt Nursing's standing on the School and College Donor Leaderboard

26

U.S. states represented by a gift to Pitt Nursing

72

Members of the faculty and staff who made a gift to Pitt Nursing

54

Number of graduating classes represented by donors

46

Members of the Pitt Nursing community who registered as social media ambassadors

1955

Earliest graduating class represented by donors

PittGiving:

The More You Know

Do you have questions about words that you might hear that relate to making a financial gift to the University of Pittsburgh School of Nursing? You're not alone. Learn more in this and future issues of Pitt Nurse about terms you might hear and will want to consider if you choose to give to Pitt Nursing.

Matching Gifts: Many employers match charitable contributions made by their employees. Find out how you can double or even triple the size of your gift to Pitt Nursing by participating in a workplace matching gift program.

To learn more, visit giveto.pitt.edu.



NOTABLE ALUMNI ACHIEVEMENT

Tracy Pasek (BSN '85, MSN '91) received a grant from The Beckwith Institute's Frontline Innovation Program for "The Comfort Ability for Children and Adolescents Who Suffer from Chronic Migraine and Headache."

Pasek is the clinical pathways coordinator for UPMC Children's Hospital of Pittsburgh. She previously served on the faculty of the clinical nurse specialist DNP program at Johns Hopkins University. Pasek is cochair of the Clinical Nurse Specialist Special Interest Group of the Society of Pediatric Nurses. She currently serves on two committees for the University of Pittsburgh Human Research Protection Office and is the nurse project manager for the Prone and Oscillation pediatric clinical trial (PROspect) at the University of Pennsylvania.

In Memoriam

1940s

Marian Avery Canfield

(BSNEd '49)

Shirley Ann Glass Carroll

(BSN '49)

Dorothy Pollack Kirby

(BSNEd '49, MLit '53)

Phyllis O'Block (BSN '49)

Geraldine Painter

(BSNEd '45)

Lillian Darin Roberts

(BSN '49)

Lois Smith (BSN '44)

Carole Hall Darwin

(BSN '63)

Dianne Dencler (BSN '63)

Betty Mensch Davis

(BSN '62)

Mary Franceschini

(BSN '65)

Dorothy Miller (BSN '61)

Joan Shawgo (BSN '61)

Doris Stitely (BSN '68,

MN '71)

1970s

Linda Beery (BSN '79)

Susan Colvin (MN '71)

Susan Farrell (BSN '79)

Eleanor Klimoski (BSN '70,

MN '75)

Rosemarie Kmetz (BAS '70)

Barbara Ann Evans Pessy

(BSN '76)

1980s

Rosemarie Failla (BSN '88)

Carol Heape (MSN '85)

Loretta McFadden

(BSN '82)

Judith Nozling (MSN '87)

Christine Risati (BSN '81)

1990s

Sidney Bradley Jr. (BSN '94)

Laurie Rack (BSN '97,

MSN '05, DNP '11)

Elizabeth Zarabi (BSN '92)

2000s

Kimberly Kirsch (BSN '07)

2010s

Rose Morris (BSN '17)



Sarah Belcher



Laura Fennimore



Young Ji Lee



Patricia Tuite



Susan Wesmiller



Jamie Zelazny

FACULTY GRANTS

Susan Wesmiller, PhD
National Institutes of Health/National Institute of Nursing Research
 Administrative Supplement to Genomic Underpinnings for Breast Cancer Treatment-induced Nausea and Vomiting

Jamie Zelazny, PhD
University of Pittsburgh Center for Enhancing Treatment & Utilization for Depression and Emergent Suicidality
 Qualitative Study to Inform the Implementation of a Predictive Suicide Risk Algorithm

FACULTY APPOINTMENTS AND AWARDS

Salah Al-Zaiti, PhD, was invited to present as part of the University of Pittsburgh 2021 Senior Vice Chancellor's Research Seminar series.

Sarah Belcher, PhD, was invited to serve as a subject matter expert on an Oncology Nursing Society panel addressing oral oncolytic adherence as a priority area.

Victor Bench, DNP; **Becky Faett, PhD**; **Alice Haines, DNP**; and **Barbara Rauscher, PhD**, passed the Clinical Nurse Leader Certification Examination.

Laura Fennimore, DNP, was invited to join the American Nurses Association's National Commission to Address Racism in Nursing. The purpose of the commission is to advance a national discussion across the nursing profession to magnify the impact of racism within nursing on patients/families/communities, the health care system, and colleagues and to develop strategies to actively address issues of racism within nursing across the spectrum of practice, policy, and education.

John Gallagher, DNP, was inducted as a fellow of the American College of Critical Care Medicine.

Young Ji Lee, PhD, was appointed to the program committee of the 2021 Virtual Clinical Informatics Conference sponsored by the American Medical Informatics Association.

Patricia Tuite, PhD, was appointed to the National Association of Clinical Nurse Specialists working group on telehealth for clinical nurse specialists.

Cecelia Yates, PhD, received the 2020-21 Emerging Innovator Award from the University of Pittsburgh Innovation Institute in recognition of the potential difference her work can make in people's lives through commercial translation. The Emerging Innovator Award was established three years ago to recognize Pitt innovators in midcareer who have demonstrated "an extraordinary commitment to achieving impact for their research through commercialization."

STUDENT GRANTS

Monica Wagner, PhD, postdoctoral student **Midwest Nursing Research Society Foundation**
 Pain Omics in the Context of Diminishing Levels of Estrogen

STUDENT ACHIEVEMENTS AND AWARDS

Postdoctoral student **Susan Birkhoff, PhD**, has been selected for the 2021-22 O'Neil Center-Pitt Nursing Scholars Fellowship.

DNP student **Madeline Lepore** received the 2020-21 Nurse Practitioner Health Care Foundation/Procter & Gamble Endowed Scholarship in Community Service. Lepore was one of only two students nationwide selected to receive this scholarship.

NEW FACULTY

Andrew Dierkes, PhD, assistant professor, Department of Acute/Tertiary Care

John Gallagher, DNP, professor, Department of Acute/Tertiary Care

Tyler Traister, DNP, assistant professor, Department of Acute/Tertiary Care

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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!

Email **Maddy Dix**, alumni coordinator, at madlinedix@pitt.edu.



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