

PITT

Nurse

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**PATRICIA
DALLAS
HOROHO
(MSN '92)**

PITT NURSES IN SERVICE



Cover: Patricia Dallas Horoho (MSN '92) is the surgeon general of the U.S. Army and commanding general of the U.S. Army Medical Command. She is the first woman and first nurse to be nominated for the position and confirmed by Congress in the 236-year history of Army medicine.

Inside PITT NURSE

IN SERVICE



As Army Surgeon General, Horoho Pioneers Leadership for Nurses and Women 2

A career marked by significant firsts



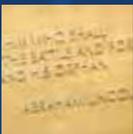
For Some Nursing Students, Active Duty Is Just Another Day on the Job 6

Delivering care to people who put their lives on the line for freedom



Reserve Officer Training Corps (ROTC) at the University of Pittsburgh 9

Providing the tools, training, and experiences students need to succeed



In the VA System, Opportunities Allow Nurses to Shine10

Serving our wounded warriors and their families



Red Cross Nurses Prevent and Relieve Suffering13

Offering aid and compassionate services wherever they are needed for more than 130 years



Public Health Nursing: The Potential for Change16

Understanding and treating clinical and social issues for entire populations

Alumni Profile 25

Grants List31

Alumni News + Notes 34

Nurse Beat40

Remember When 44

IT'S ALL THERE

Check out the University of Pittsburgh School of Nursing Alumni Society Web site for the latest alumni news. Visit www.nursing.pitt.edu and click on the Alumni tab at the top of the page.



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Nursing once again topped the list of most trustworthy professions in the most recent Gallup, Inc., poll, the 12th time in the 13 years it has been included.

The American Nurses Association (ANA) states that the public's continued trust in nurses is well deserved, reflecting an understanding of and appreciation for the many ways that nurses provide expert care and advocacy. ANA further notes that major national policy issues show a similar trust in nurses. Both the Affordable Care Act (ACA) of 2010 and *The Future of Nursing: Leading Change, Advancing Health* recommendations call for nurses to take on greater leadership roles and to collaborate fully with other professionals to provide essential health care as a growing number of individuals gain greater access to services.

There is already a shortage of providers to meet the current demand for primary care services, and the demand is expected to increase significantly as ACA makes health care coverage available to an additional 32 million Americans. While it is great news that so many will now be covered for services and treatment that they could not previously afford, health care reform will be a hollow promise if these individuals do not have access to competent health care providers. Quality care depends more than ever on nurses and other health professionals.

As our nation struggles with the dual challenges of providing broader access to quality health care and controlling

health care costs, experts continue to advocate for advanced practice nurses (APNs) to meet the growing need for primary care providers. The Institute of Medicine's landmark 2010 report *The Future of Nursing* concludes that it is more important than ever for APNs to be allowed to practice to the full extent of their education, training, and competency as more people need more care.

Florence Nightingale defined nursing as a science and an art. Nursing is both of those things, but above all it is a service profession. Nurses serve in many ways, including as clinicians, researchers, educators, and leaders. And they work in a wide variety of environments, from clinics and hospitals to homes and in the field. Wherever their skills are needed, there are nurses. Our mission is to ensure that there are enough well-prepared nurses to meet current and future needs.

This issue of *Pitt Nurse* looks at some of the ways that nurses make an impact in their communities, advance the profession, and address the challenges of health care in the 21st century.

One shining example is featured on our cover. Patricia Dallas Horoho (MSN '92) was recently named the 43rd surgeon general of the U.S. Army and commanding general of the U.S. Army Medical Command. She is the first woman and the first nurse to be nominated for the position and confirmed by Congress in the 236-year history of Army medicine. Horoho also was honored as a Distinguished Alumni Fellow of the University of Pittsburgh in February.

We have also profiled a number of students and alumni who are military veterans or currently serving in the military. Many of our students participate in the U.S. Army, Navy, or



Air Force Reserve Officer Training Corps. They echo Nightingale, who said, "I can stand out the war with any man."

But care doesn't end at the edge of the battlefield. America's wounded warriors continue to receive care from Pitt nurses in military hospitals and through the U.S. Department of Veterans Affairs system. Other Pitt nurses work with a wide variety of aid organizations, including the American Red Cross.

No matter what career path they follow, Pitt nurses share a common dedication to improving the health and quality of life of individuals, families, and communities.

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



As
Army Surgeon General,
 HOROHO PIONEERS LEADERSHIP
 FOR NURSES AND WOMEN



Patricia Dallas Horoho, a lieutenant general (three stars) in the U.S. Army, has enjoyed a career marked by significant firsts: She was the first woman and the first nurse to command the Walter Reed Health Care System, and she stood up the first medical response to the attacked side of the Pentagon when it was struck by terrorists on September 11, 2001.

Ten years after that fateful morning in the Pentagon, Horoho (MSN '92) was again honored as a pioneer, becoming the first nurse and first woman in the 236-year history of Army medicine as well as the U.S. Department of Defense to serve as a surgeon general.

“I would submit that I am just the next person who is passing through the crack that has been opened by pioneers and leaders who came before me, regardless of gender, culture, race, or creed,” she says. “And I will take that role seriously. It’s a tremendous honor to be able to serve in that position.”

On her most recent deployment to Afghanistan, officers and enlisted men and women alike approached Horoho to say that her nomination to the surgeon general’s post inspired them and gave them hope that their daughters could one day serve in such a role.

Considering that nurses could not command when Horoho first joined the service in 1983, her rise to the highest rank in the medical corps becomes virtually meteoric.

Among her many mentors, Horoho credits her grandfather, an Italian immigrant named Eddie Tarone, with instilling the values that she considers the bedrock of what it means to be an American: faith, family, honesty, and being a team player. A coal miner with a sixth-grade education, Tarone never bought anything on credit. He later opened a small bar and owned apartments, making his way in his new homeland and teaching his descendants the value of a kind word.

“I never heard my mom or him say a bad word about anybody,” recalls Horoho, whose mother, Jo Dallas, has been one of her most ardent supporters.

Today, her parents live with Horoho, her husband Ray, and their three children. She credits their support for allowing her to spend 28 years on active duty while serving as a mother, wife, daughter, officer, warrior, and nurse.

As the senior officer of the U.S. Army Medical Department, the surgeon general provides advice and assistance to the secretary of the Army and chief of staff of the Army on health care matters. In her new role, Horoho serves as medical commander for a health care organization that provides health care to 3.9 million beneficiaries—including both active and retired personnel and their dependents—and oversees 616 fixed medical facilities as well as 345 field units. The budget alone, which she also manages, is \$13 billion.



General Raymond T. Odierno (left), U.S. Army chief of staff, and retired Colonel Ray Horoho (right), her husband, pin the three-star epaulets on the shoulders of Lieutenant General Patricia D. Horoho, the 43rd surgeon general and commanding general of the U.S. Army Medical Command, on December 7, 2011, at a ceremony at Joint Base Myer-Henderson Hall in Arlington, Va. Photo Courtesy of U.S. Army. Photo by Rob McIlwaine.

“It’s a very comprehensive system,” says Horoho, who served as deputy surgeon general prior to her confirmation.

Hands-on Leadership

Although she has three offices in the United States—in the Pentagon; elsewhere in the Washington, D.C., area; and at the medical command in San Antonio, Texas—Horoho also intends to travel to parts of the world where Army Medical Department members are assigned. “I want to be able to hear and see how the provision of care is implemented in all environments where care is rendered,” she says.

That desire to see firsthand what is happening on the ground has followed Horoho throughout her military career. Though she initially joined with the intention of staying three years and “seeing the world,” as she puts it, she quickly learned that the Army offered a breadth of experiences and opportunities that could not be duplicated in civilian life.

She has traveled to Haiti, Egypt, Kuwait, Iraq, Afghanistan, Australia, Switzerland, and virtually all of Europe. Everywhere she goes, she helps to ensure that the best possible care is available for American service members. Moreover, she has served in a diplomatic role by helping to partner with other countries to improve care.

“Army service allows you to meet international health care leaders and be able to look at where there’s a global issue that might spark collaboration,” she says.

As a nurse leader, Horoho often speaks about her “C4SG” philosophy: Connection, Character, Competency, and Conviction, along with Serving and the Gifts offered by the profession. “The reason those words are so powerful is because we have strategic implications at the point of health care delivery,” she says. “We not only impact the health of that patient and his or her family members, we also have the ability to impact the strategic aspect of health care.”

Working in a dynamic environment means nurses must have the courage to change. “If you don’t change, you become irrelevant,” she says. “And for nurses, I think it takes a tremendous amount of courage to connect emotionally and spiritually with patients.”

Looking Ahead

During the next four years of her tenure as surgeon general, Horoho plans to focus on collaborative partnerships and the collective health of military service members, their families, and all those entrusted to their care. She believes that the Army Medical Department can work not only with colleagues within the Department of Defense but also with civilian counterparts in an effort to improve American service members’ health and well-being and can partner to improve the health of the nation.

She also urges young nurses to develop a strong clinical background that will better inform them as they eventually move on to leadership roles. By learning how to balance direct patient care with administrative experience, they will have added insights about the impact policies have on care.

“You need to be able to be open to new experiences and make sure that life is a continual lifelong learning process,” she says.

And while she cites many role models—as varied as President Ronald Reagan; Anna Mae Hays, the first woman to earn the rank of brigadier general; and Elizabeth L. (Noroian) Graham (BSN ’68, MN ’70), PhD, her trauma instructor at the University of Pittsburgh School of Nursing—she says none is as influential as her mother and grandfather.

“None of this would have been possible if the two of them had not been instrumental in guiding me to pursue a profession in nursing,” she says.

From February to July 2011, while Patricia Dallas Horoho (MSN '92), a lieutenant general in the U.S. Army, worked as the deputy surgeon general and chief of the U.S. Army Nurse Corps at the Office of the Surgeon General for the U.S. Army, she was supported by two other Pitt nurses: Corina Barrow (MSN '03), a lieutenant colonel in the U.S. Army and military nurse fellow and Malgorzata Bujak (BSN '05), a captain in the U.S. Army.

phenomenal leader,” Barrow says. “It’s been an absolute honor and privilege to serve as a member of her team.”

Barrow and Bujak first crossed paths at the University of Pittsburgh School of Nursing when they both gave brief presentations at a freshman orientation session in 2002. Barrow, a graduate student, discussed her experience as an Army nurse and her then current assignment in the Long-term Health Education

booth at the School of Nursing that day. A couple of weeks later, I was enrolled in Army ROTC classes, and several months later, I signed my ROTC contract.”

Barrow calls Bujak an exceptional Army Nurse Corps officer with a very bright future. “It’s nice to know that something I said made a difference and inspired such an amazing young lady to serve our nation,” she says. “The



3 ARMY STRONG: PITT NURSES SERVING TOGETHER

This was not Barrow’s first experience with either Horoho or Bujak. Between July 2008 and December 2009, she worked as Horoho’s executive staff officer in the Office of the Army Nurse Corps in San Antonio, Texas. At the time, Horoho was dual hatted as chief of the Army Nurse Corps and commander of the Western Regional Medical Command at Fort Lewis in Washington.

After serving on Horoho’s team for 18 months, Barrow was selected for a Congressional Fellowship with Senator Dan Inouye and served as his military nurse fellow from January 2010 to January 2011. During her fellowship, Barrow was selected to attend the Industrial College of the Armed Forces at the National Defense University in Washington, D.C. For the six months between the time her fellowship ended and school began in August, Barrow returned to Horoho’s staff and worked with Bujak. “LTG Horoho is a

Program at Pitt, while Bujak, a sophomore at the time, discussed her freshman year experience at Pitt.

“I was impressed with Barrow’s excitement and passion for being an Army nurse, her amazing and unique experiences in the U.S. Army, and the great benefits for joining the service,” Bujak says. “She inspired me to go talk to the U.S. Army ROTC recruiters, who conveniently had an information

Army Nurse Corps is a wonderful profession; we could not have made a better choice.”

Bujak agrees. “It was the best decision I made in my life,” she says. “I am grateful for the wide range of opportunities Pitt provided me and with the many adventures I’ve had with the Army so far.”



(left to right): Lieutenant Colonel Corina Barrow, Lieutenant General Patricia Horoho, and Captain Malgorzata Bujak pictured together at the Army Nurse Corps Transition Conference in Alexandria, VA in November.



Lottie Brewer (right) with her roommate, U.S. Air Force Major Kimberly Lopez, pictured in front of the ICU in Balad, Iraq. It is becoming more common for health care personnel from the Army, Navy, and Air Force to join together to staff the military hospitals. Although it isn't usual for Army and Air Force personnel to be roommates, rooms are filled as personnel arrive.

**FOR SOME NURSING STUDENTS,
ACTIVE DUTY IS
JUST ANOTHER
DAY ON THE JOB**

When Heather Kowger is working on the front lines as a military flight nurse, perhaps in a plane that is corkscrewing through the air on approach to a site that could be remote and dangerous, she keeps one thought in mind: *If this soldier were my son, I would want somebody out there doing this for him.*

The mother of a 3-year-old boy, Kowger (BSN '03), BSEME, is a captain in the 911th Aeromedical Evacuation Squadron, part of the Air Force Reserve Command stationed near the Pittsburgh International Airport. It is a job she has held for nearly seven years and one she considers an honor.

"I get to provide the best care I can for people who are putting their lives on the line for freedom," says Kowger, who works as an emergency room nurse at UPMC Presbyterian in her civilian life.

And if that weren't enough, Kowger also is studying in the School of Nursing's nurse anesthesia program, from which she anticipates graduating in April 2013.

Nurses who serve in the military are a special breed, but some, like Kowger, set themselves further apart by dedicating themselves to continuing their education even while service remains a major commitment in their lives.

"It puts a whole new perspective on things," says Kowger, who has been a nurse for 13 years and previously worked as a paramedic. Though she worked as a civilian flight nurse from 2001 to 2008, she says there are some differences when working with deployed soldiers.

"There, your patients are very appreciative of your care," she says. "You have these 19-year-old Marines who took a bullet, or they had an IED [improvised explosive device] explode, and everything is: 'Thank you, ma'am.'"

She has seen soldiers try to refuse pain medication from between clenched teeth; she knows that a flight nurse in a war zone might have to figure out how to feed or medicate an aircraft full of patients if a plane breaks down. Working within these unpredictable and often dicey parameters has made

her a better civilian nurse by refining her skills and helping her to become more adaptable, she believes.

The Transition from Active Duty

Lottie Brewer (BSN '02) agrees that caring for soldiers is a unique and eye-opening experience. Brewer, who was on active duty with the U.S. Army until July 2007, later went into the reserve and remains in the Individual Ready Reserve while she completes her graduate studies in Pitt's nurse practitioner program and cares for her 2-month-old son and 2-year-old daughter.

"I really love to take care of the wounded warriors," says Brewer, who has been stationed in Germany and deployed to Iraq. "They're different from any other population you could care for. They're thankful for everything you do—[even] something as simple as taking them a glass of water.

"It's very humbling, because they're the ones who are out there making sacrifices for our country, and we should, quite frankly, be thanking them," she says.

Brewer worked as a medical-surgical nurse for three years and served in an intensive care unit while she was deployed. Later, she worked in same-day surgery.

"I really like Army nursing," she says. "They give you so many opportunities. I had my basic training through my college degree, but once you are on active duty, you get trained in many more skills than you would have the opportunity to do in civilian life."

When it came time to pursue a master's degree, she thought becoming a family nurse practitioner would be the best fit.

"I like caring for patients all across the life span, from little children all the way to elderly patients," she explains.

Brewer's husband, Rob, is an Army major who remains on active duty while pursuing his graduate degree at Pitt's Graduate School of Public and International Affairs. He will finish in December, then move to his next assignment in Washington, D.C.

"I get to provide the best care I can for people who are putting their lives on the line for freedom."

Heather Kowger



If she finishes on schedule in August 2012, Brewer hopes to join him and work as a family nurse practitioner at his base, Fort Belvoir.

"It helps that I had the prior service," she says, though she adds, "If all else fails, I can always volunteer to return to active duty."

A Deliberate Choice

Maya Clark, a captain in the Air Force Reserve, is training to become a flight nurse in the same unit as Kowger. She joined the reserve in 2008 and enrolled in the School of Nursing's PhD program in January 2010, with an anticipated graduation date of August 2012.

A onetime medical-surgical nurse and acute care nurse practitioner, Clark grew up with the military as the daughter of an Army-enlisted man. She initially planned to go on active duty in the U.S. Air Force right out of nursing school but was diverted by a job that offered to pay for her master's degree.



Captain
Maya Clark

"I always knew that I wanted to do flight nursing," she says. "I figured the reserve was a happy medium. It allowed me to join the service and give back, but it also allowed me to become a flight nurse."

Clark was accepted to Pitt at the same time she was supposed to attend flight school, a requirement for the job she wanted. So she asked the School of Nursing to help her balance the two.

"Without even one second's hesitation, they said, 'It's fine, we'll work it out,'" she says.

After flight school, which lasts a month, Clark learns water survival. And that's before she ever starts the role.

As Kowger describes it, the schedule of an Air Force flight nurse requires considerable dedication. Though most reservists sacrifice one weekend a month and two weeks a year, flight

nurses also must invest much more time to keep their skills sharp. They sometimes fly cross-country all week-end and can be diverted to attend to a specific Air Force mission. They can be deployed overseas on as little as three days' notice.

So what appealed to Clark about that kind of schedule?

"It's just a different sort of management, and it allows you to have a large amount of autonomy that you don't necessarily get as a nurse in the inpatient setting," she says. "That seemed to me to be the best way to put my skill set into practice but also to give back to the community that I had grown up with."

She also was impressed by the dedication of the unit's nurses, more of whom volunteer for deployment than there are slots available.

"It's a pretty amazing thing to watch," says Clark. "For anybody who has taken nursing to this extreme, you always want to learn something different. In addition to continuing to learn, we also keep 'doing.'"

Joe Barkovich agrees and believes nursing can provide another opportunity to make a difference. A student

in the Accelerated Second Degree BSN program, Barkovich served as a motor transportation operator with special



Joe Barkovich standing post outside the Iraqi city of Fallujah. The photo was taken by an Iraqi police officer who was part of a group being trained by Barkovich's unit.

combat medic training with the U.S. Marine Corps during his second tour of duty in Iraq in 2005.

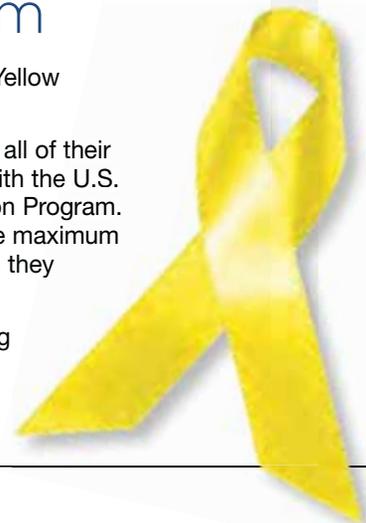
Marine Corps training helped prepare Barkovich for the rigors of the second degree program. "The Marines taught me that you just do it," he says. "Eventually the strain will go away and you'll be better for it." In addition to leadership and management skills, Barkovich learned to look for understanding and not to make assumptions. "In the field, as in nursing, it can be a matter of life or death," he says.

Yellow Ribbon Program

The University of Pittsburgh is proud to participate in the Yellow Ribbon Program.

All eligible undergraduate and graduate students will have all of their tuition and fees paid for by the University in partnership with the U.S. Department of Veterans Affairs as part of the Yellow Ribbon Program. Out-of-state and graduate students who are entitled to the maximum benefit rate may receive this funding if the school in which they are enrolled participates in the Yellow Ribbon Program.

There are currently 521 registered student veterans earning their undergraduate, graduate, and professional degrees at Pitt. Veterans are enrolled in every school at the University.



RESERVE OFFICER TRAINING CORPS (ROTC) AT THE UNIVERSITY OF PITTSBURGH



U.S. AIR FORCE, U.S. ARMY, U.S. NAVY

The Reserve Officer Training Corps (ROTC) is an educational program that offers full-time students an opportunity to become military officers while completing a degree. This elective curriculum, which students take along with their required college classes, provides the tools, training, and experiences necessary to help them succeed in any competitive environment.

Students may elect to participate in programs through the Air Force or Army ROTC at the University of Pittsburgh or through the Naval ROTC program at Carnegie Mellon University as Pitt students.

Completion of the ROTC program leads to commissions as follows:

- Second lieutenant in the U.S. Air Force
- Second lieutenant in the U.S. Army, Army National Guard, or Army Reserve
- Ensign in the U.S. Navy or second lieutenant in the U.S. Marine Corps

All three programs offer stipends or scholarships. Depending on the service, qualified students may receive scholarships that pay full tuition, fees,

and a book allowance. Regardless of scholarship status, all contracted cadets also are eligible for a monthly stipend. The Air Force and Naval ROTC programs offer special scholarships for nursing students, and the School of Nursing makes every effort to adjust clinical and lab assignments to accommodate the demanding schedules of ROTC students.

For more information about ROTC at Pitt, visit www.oafa.pitt.edu/rotc.aspx.



Front row, left to right: Ryan Chambers, Navy ROTC, Class of 2014; Alison Rutter, Navy ROTC, Class of 2013; Grace Schott, Navy ROTC, Class of 2014; Nora Brodsky, Air Force ROTC, Class of 2014; Shannon Carr, Navy ROTC, Class of 2015; Anna Sala, Air Force ROTC, Class of 2014; Emmanuelle Tietbohl, Air Force ROTC, Class of 2012; Talor Forbes, Navy ROTC, Class of 2013; and Amanda Watts, Navy ROTC, Class of 2015. **Back row**, left to right: Emma Pannepacker, Navy ROTC, Class of 2012; Jessica Meyer, Navy ROTC, Class of 2012; Elena Lages, Air Force ROTC, Class of 2014; Amy Farr, Air Force ROTC, Class of 2013; Colleen Casey, Navy ROTC, Class of 2015; and Brett Freund, Air Force ROTC, Class of 2013. Not pictured: Virginia Lee, Navy ROTC, Class of 2012; Elizabeth Walker, Air Force ROTC, Class of 2012; and Julie St. George, Air Force ROTC, Class of 2013. Members of the Army ROTC were on physical training and not available when this photo was taken.



On the wall of the entrance at the U.S. Department of Veterans Affairs (VA) headquarters in Washington, D.C., are a pair of plaques bearing these words from Abraham Lincoln's second inaugural address: "To care for him who shall have borne the battle, and for his widow, and his orphan."

This phrase, which evolved into the mission statement of the VA in 1959, follows Jennifer Onaitis Legler through every workday. Whether she is helping to shape a more equitable disability rating system for service members and veterans, shaking hands with a Medal of Honor recipient, or reviewing testimony that will be presented to Congress, Legler (BSN '74), MSN, is constantly mindful of the population she is honored to serve. The same is true for many nurses who have forged careers in the VA. Though they may not be military personnel themselves, they feel a special kinship and responsibility to the veterans and families under their care.

"I really fell in love with the system," says Melanie Erskine (BSN '78, MSN '85). Erskine has worked at the VA Pittsburgh Healthcare System (VAPHS) for 30 years as a psychiatric clinical nurse specialist after a

Above: Lauren Broyles, left, and Melanie Erskine in the lobby of the VA Pittsburgh Healthcare System location in Pittsburgh.

IN THE VA SYSTEM, Opportunities

ALLOW NURSES TO SHINE

brief stint in civilian acute care. “We’re all working toward the common good of veteran care.”

When she works with groups of veterans, she notes that they become more homogenous, regardless of age or background.

“As veterans, they share a very rich history. So no matter what era they’re from ... put them in a room and they come together because of the commonalities they share. And we treat them, I believe, with gratitude and respect.”

Though Erskine’s career has encompassed many roles—substance abuse and nursing management among them—health and wellness has proven to be the most enduring interest. Currently, she is overseeing a program called MOVE!, which offers weight management to veterans and their families at the VAPHS and in five outlying clinics.

With the help of a dietitian and a kinesiologist who is a certified tai chi instructor, Erskine presents a holistic approach to weight loss and wellness that seeks to recalibrate the way the patient thinks about food and exercise.

“I really focus on encouraging the veteran to take control of his or her health by buying healthful, natural foods; eating three to four meals a day; drinking water; shopping on the perimeters; and leaving the boxed meals in the center of the grocery store,” she explains. “Weight loss is the by-product, because I’m really encouraging health and the promotion of well-being.”

In 2011, she received a grant to roll out the program for VA employees, offering such perks as morning boot camp, after-work yoga, stress management, and healthy cooking classes.

Erskine praises the VA for allowing her the opportunity to implement a holistic approach.

“I’m a creative person, and it gets back to opportunities in the VA,” she says. “I’m afforded a lot of opportunities to use that creativity.”

Passion Reborn

For Legler, joining the VA after 14 years as an administrator and director of nursing in a psychiatric facility was a new lease on her love for the profession.

“I wanted to refresh my career after being in the private, for-profit side of health care,” she says.

Years earlier, her mother had suggested that she consider working for the government, noting that her brother had worked as an operating room nurse at the VA in Buffalo, N.Y. So when Legler learned about a job opening at the Washington, D.C., VA Medical Center, she applied. Immediately, she felt as though she’d come home.

“They didn’t pigeonhole me and say, ‘Oh, you’re a psych nurse,’ ” she recalls. “They really appreciated my background and allowed me to use my health care experience extensively. ... It’s really a great opportunity to do what you find interesting. You always seem to be able to find your niche.”

She transferred to VA headquarters eight years ago and considers the 16 years she has spent with the VA to be the best she’s ever had as a nurse. She has helped to make the disability rating system more transparent so that men and women on active duty know what kind of compensation they can expect if they are medically unable to continue to serve. She has helped to create a computer-based military cultural awareness program for VA employees to help them understand the differences among various branches of the service and between officers and enlisted personnel as well as the different health issues that each conflict from World War II forward has brought to light.



“It’s really a great opportunity to do what you find interesting.”

Jennifer Legler

In every project, she feels that she’s making a difference.

“It’s kind of nice to work on a national level on programs that may be in existence 50 years from now,” she says. Of reviewing congressional testimony, she adds: “I never thought I’d be doing that when I was in school.”

But her Pitt education did prepare her for the rigor demanded by the VA.

“We were guided to really make an in-depth analysis, whether it was the disease our patient had or how to manage a shift or a unit,” Legler recalls. “There wasn’t a lot of leeway for slacking off; you really had to know what you were doing, be proud of it, and stand behind it.”

She recalls some of the more poignant moments on the job, such as the day she greeted a flight that carried all the living Medal of Honor recipients to Washington. In describing the experience, she gets emotional.

“If I never meet another celebrity, it’s OK,” she says. “I met these guys.”

Applied Research

Lauren Broyles (PhD ’08) echoes Legler and Erskine when she speaks of the career opportunities the VA offers. A research health scientist with VAPHS, she was looking for a specific combination when she completed her doctoral program: a very applied form of research coupled with the opportunity to work with vulnerable populations.

She found both in the VA’s Center for Health Equity Research and Promotion, which focuses on health disparities. Veterans often are vulnerable because of comorbidities such as mental illness, substance abuse, and other stigmatized conditions.

“A fair number of veterans are homeless because of some of those medical and behavioral health issues,” Broyles says. And all of these—substance abuse, homelessness, and mental health—are national priority areas for the VA.

Adam Gordon, a VA physician and member of the research center, served on Broyles’ dissertation committee. He was one of the first to suggest the VA to her as a source of postdoctoral training and fellowships.

“It was a really great fit,” she says. “I wanted something that was going to impact clinical practice more quickly and more directly.”

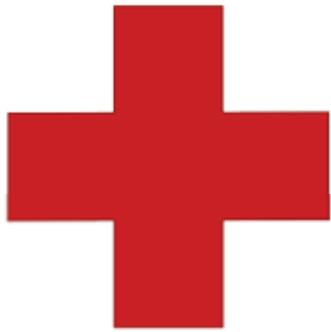
Because the VA is a closed health care system—one that serves as both provider and payer—Broyles knows that her research is relevant, important, and timely to them. “Everything the VA funds is congruent with its mission,” she explains. “It gives me a sense of purpose and accountability for my research, because I know it’s going to be used.”

The system also shapes the way Broyles writes grants: With a priority on research that translates to frontline clinical care, “You really have to make a clear justification and establish a significant link to the work you propose,” she says.

Recently, Broyles learned that she was awarded funding for a three-arm randomized, controlled trial of a nurse-delivered intervention for reducing alcohol use in hospitalized patients who are hazardous drinkers. She has completed three years of preliminary research in this area and is now ready to determine the impact of the intervention on patients’ drinking levels and alcohol-related problems. Her ultimate goal is to translate what she learns into VA policy and practice, allowing VA nurses to be pioneers in addressing hazardous drinking in the hospital.

For a nurse whose interests lie in research, Broyles highly recommends a career working with veterans, particularly in the target priority areas listed in the VA’s Quality Enhancement Research Initiative. Among others, these include substance use disorders, spinal cord injuries, traumatic brain injury, mental health, HIV/hepatitis C, and cardiovascular disease. Seeing that research result in better patient outcomes is a major benefit of the VA system, she says.

“You can have the most wonderful intervention in the world, but the challenge is to get providers and health care systems to put it into practice,” she says. The field of implementation science is something in which the VA is a world leader. Adds Broyles, “I feel needed, and I feel relevant and confident that I can make a difference in the next five to 10 years.”



Red Cross Nurses Prevent and Relieve Suffering

For more than two decades, University of Pittsburgh School of Nursing professor Barbara Spier and her gerontology students were regular visitors at the Douglas Plaza Apartments, where they performed health screenings for the elderly tenants of the U.S. Department of Housing and Urban Development-subsidized high-rise near Pittsburgh.

While driving to the grocery store in February 2006, Spier (BSN '68), PhD, heard a radio report about a fire at Douglas Plaza. Without a moment's hesitation, she turned her car around and sped toward the burning building.

"I wasn't sure if I was doing the right thing," Spier recalls, "but I felt this pressing urge to go and help."

Spier worked late into the cold winter night to care for many of the 160 displaced occupants and to help track down their medications and valuables. Amid the chaos of the tragic fire that killed one person and injured 17 others, a rescue worker overheard a resident asking Spier for medical assistance.

"Isn't that above and beyond what a Red Cross volunteer should be doing?" the firefighter asked, assuming Spier worked for the emergency response organization.

"I'm not a Red Cross volunteer," she replied to his surprise.

The next morning, Spier signed up for training to join the Disaster Action Team of the Southwestern Pennsylvania chapter of the American Red Cross.

Since then, she has volunteered two to three weeks of her time each year for disaster deployment across the United States, serving ice storm victims in New York, flood survivors along the Texas/Louisiana border, and hurricane and tornado victims in the South. She also is on call for 12 hours each week—including Christmas Eve—to respond to fires and other disasters near her Pittsburgh-area home.

Spier is just one of the many Pitt nursing faculty members, students, and alumni who are making an impact in their local communities and nationwide by lending their time and talents to the American Red Cross, founded in 1881 by nursing icon Clara Barton.

Barbara Spier



“As a nurse, I can usually remain very calm during a disaster; you are used to helping people cope with very difficult things,” says the 70-year-old Spier, who taught at Pitt for 31 years before retiring in 2003. “I can establish a rapport with the victims very easily, and I’m very comfortable talking to them and assessing their needs.”

Disaster relief nursing combines these traditional skills of a nurse with training specific to crisis scenarios, such as managing shock and panic and shelter mobilization. It can be demanding and dangerous work that certainly isn’t for everyone. Volunteers may face harsh conditions without running water or electricity, food shortages, or worse. Workdays are long and stressful and can take an emotional toll.

For nurses up to the challenge, disaster relief is a life-changing experience with many rewards, according to Cheryl Schmidt (PhD ’99), associate professor and associate dean for service at the University of Arkansas for Medical Sciences College of Nursing.

As a child, Schmidt watched her mother don a white nurse’s uniform, cap, and Red Cross pin to volunteer at blood drives. She followed that lead by helping with blood drives as a student nurse and later teaching first aid and CPR.

In June 1999, Schmidt answered the urgent call for nurses in Little Rock, Ark., after the deadly crash of American Airlines Flight 1420. As a retired U.S. Army Nurse Corps lieutenant colonel, Schmidt knew how to care for patients in the field. She monitored rescue workers for heat-related injuries and performed first aid at the crash site. She later provided counseling to flight survivors and their families as they viewed the burned, twisted remains of the plane.

Cheryl Schmidt in her disaster vest, with some of her nursing students who collected supplies for over 300 Red Cross comfort kits for disaster victims.”

Schmidt has since responded to dozens of tornadoes, winter storms, and other emergencies as a Red Cross volunteer nurse. More importantly, perhaps, she has dedicated her career to training thousands more nurses in disaster response.

In 2005, when some 70,000 Hurricane Katrina evacuees arrived in Arkansas, Schmidt taught scores of nurses and physicians how to work in Red Cross shelters. She then developed an accelerated curriculum to teach disaster services to her senior-level community health nursing students. The American Red Cross recently initiated a nationwide nurse training program based on her model.

“My fantasy is that when another hurricane happens, I can visit a local radio station and say, ‘This is Dr. Cheryl Schmidt. If you learned how to volunteer with the American Red Cross, come on down! We need you!’ ” she says.

This past June, Schmidt was honored for her work as one of four nurses in the United States selected by the International Committee of the Red Cross to receive the Florence Nightingale Medal. It’s the highest international honor in the profession and is bestowed in recognition of exceptional courage and devotion to the sick, wounded, and disabled.

The award also is shared by Pitt nursing alumnus Phyllis Janocha (BSN ’51), who received the Florence Nightingale Medal in 2002.

In 1975, Janocha was recruited with a group of fellow school nurses to help the Red Cross develop a disaster response plan for Allegheny County. Two years later, she put the skills she



learned into action after being called out to a devastating flood in Johnstown, Pa. “I got hooked on disaster nursing,” she recalls. “To be able to help people who had lost everything is the most satisfying thing I have ever done.”

From that time on, Janocha kept her bag packed at all times, responding to more than 50 national disasters and countless other local disasters in more than 30 years as a Red Cross volunteer. She stood in the aftermath of San Francisco’s Loma Prieta earthquake in 1989 and Hurricanes Andrew in 1992 and Wilma in 2005. In addition, she became a renowned expert in what many disaster workers consider the most stressful of tragedies: plane crashes.

As part of a Red Cross Aviation Incident Response Team, Janocha assisted with USAir Flight 427, which crashed outside Pittsburgh in 1994, killing 132 people, and TWA Flight 800, which exploded after leaving New York’s John F. Kennedy International Airport, killing all 230 passengers in 1996. She also directed the health

“To be able to help people who had lost everything is the most satisfying thing I have ever done.”

Phyllis Janocha

service response to the United Airlines Flight 93 crash in Shanksville, Pa., during the 9/11 terrorist attacks.

“Mental health is a much-needed service at these tragedies—for the victims and their families, but also for the volunteers,” she says.

At age 83, Janocha doesn’t head out to crash sites anymore, but she is still pitching in behind the scenes at the Red Cross to support other volunteers. Spier, too, vows “to keep doing the best I can for as long as I can,” motivated by the spirit of resilience of those she helps.

She recounts the story of a firefighter who retrieved a bag of holiday gifts and the family Bible for a woman whose house burned to the ground one recent Christmas Eve.

“She was so grateful, and instead of dwelling on what was lost, she was overjoyed by what she had,” Spier says. “You don’t forget things like that.”

A Brief History of the American Red Cross

Every day on the news we hear about another disaster. And every report seems to end with the reassurance that the Red Cross is on the scene, providing relief to the victims. Since its founding by Clara Barton in 1881, the American Red Cross has been the nation’s premier emergency response organization. As part of a worldwide movement that offers neutral humanitarian care to victims of war, the American Red Cross also provides aid to victims of devastating disasters.

Important milestones in the history of the Red Cross:

- 1859** Henry Dunant organizes volunteers to help wounded soldiers after the Battle of Solferino.
- 1861** Clara Barton begins her relief work with Union soldiers in the Civil War. Barton subsequently worked on the battlefields of the Franco-Prussian War (1870–71) and the Spanish-American War (1898).
- 1863** Dunant establishes the International Committee of the Red Cross.
- 1864** The first Geneva Convention is adopted to protect sick and wounded soldiers on the battlefield; the Red Cross emblem—a reverse of the Swiss flag—is established.
- 1869** Barton learns about the Red Cross while on vacation in Switzerland.
- 1881** Barton and friends establish the American Red Cross.
- 1909** The American Red Cross begins a first aid program.

In addition, the American Red Cross offers compassionate services in five other areas: community services that help the needy; support and comfort for military members and their families; collecting, processing, and distributing lifesaving blood and blood products; educational programs that promote health and safety; and international relief and development programs.

- 1914** The Red Cross water safety program begins.
- 1917** President Woodrow Wilson calls on youths to join the newly formed Junior Red Cross.
- 1941** The Red Cross begins a national blood donor service to collect blood for the U.S. military.
- 1950** The Red Cross expands its blood program for the military during the Korean War.
- 1968** At total of 480 Red Cross staff members serve with the military during the Vietnam War.
- 1974** CPR (cardiopulmonary resuscitation) training is introduced as a Red Cross program.
- 1987** The Red Cross opens a new blood research laboratory.
- 1991** Elizabeth Dole becomes the first female president of the American Red Cross since Barton.

Holly Williams evaluates health information at a refugee camp in Ethiopia.



PUBLIC HEALTH NURSING:

THE POTENTIAL FOR

Change



“IN THE ARENA OF PUBLIC HEALTH, I EXPERIENCED A WHOLE NEW LEVEL OF RESPECT AND INDEPENDENCE FOR NURSES.”

Holly Williams

As a young bedside nurse, Holly Williams felt frustrated with the disrespect for nurses at her hospital and the endless red tape of the American health care system. On a whim, she dialed the International Rescue Committee, a non-governmental organization that responds to the world’s worst humanitarian crises.

“I needed to test my wings and see how else I could contribute, so I told them I would volunteer overseas for a year—and there was dead silence on the phone,” she recalls. “It seemed like a good idea at the time, but I later learned that most people signed up for three months at most at that time.”

Three weeks later, Williams (BSN ’76) found herself in a refugee camp on the Thailand/Cambodia border, where some 55,000 sick and starving people had fled the killing fields of the Khmer Rouge regime.

Behind the barbed wire that surrounded the camp, in a bamboo pediatric clinic, Williams found her calling. “In the arena of public health, I experienced a whole new level of respect and independence for nurses,” she says.

While most nurses care for individual patients, public health nurses also advocate for the health of whole communities. They monitor health trends and the spread of disease, educate people about health issues, implement disease prevention programs, and improve access to care for vulnerable and at-risk populations.



“WHEN I REALIZED THERE IS A WHOLE BRANCH OF NURSING THAT LOOKS AT WHAT IT TAKES TO CARE FOR ENTIRE POPULATIONS OF PEOPLE, I BEGAN TO SEE THE FULL RANGE AND BREADTH OF WHAT THIS PROFESSION CAN AND SHOULD BE.”

Alison Colbert

It’s work that combines personal adventure and community service, taking Williams and many other University of Pittsburgh School of Nursing alumni across the country—and around the globe—to bring health and hope to people most in need.

After her refugee camp experience, Williams went on to earn a PhD in medical and cultural anthropology at the University of Florida. She was accepted into the Epidemic Intelligence Service program at the Centers for Disease Control and Prevention (CDC) in Atlanta, Ga., and assigned to CDC’s Malaria Branch. At the same time, she was commissioned into the U.S. Public Health Service, in which

she now holds the rank of captain. In 2005, she switched to the CDC International Emergency and Refugee Health branch, where she continues to do operational research and work with displaced populations.

Her career has taken her across Africa and Southeast Asia—and closer to home in the aftermath of disasters such as Hurricane Katrina and the 2010 Haiti earthquake. Nurses are uniquely equipped to respond to complex humanitarian crises like these, and the demand for nurses in public health service is high, according to Williams.

“Nurses just excel at the ability to multitask and see the broader picture,” she says. “We know how to listen, how to teach, how to negotiate, and how to be good logisticians. We’ve had to do those things our entire career.”

That’s just as true in Pittsburgh as it is in Phuket, Thailand, says Diane Johnson (BSN ’97), who has dedicated most of her professional life as a psychiatric nurse serving the homeless in Western Pennsylvania.

Johnson supervised the Neighborhood Living Project, launched in 1999 by Western Psychiatric Institute and Clinic. Leading a multidisciplinary team of doctors, nurses, case managers, peer specialists, and drug and alcohol specialists, Johnson helped to provide clinical and housing services to area homeless affected by mental illness and substance abuse. She and her colleagues received an American Psychiatric Association Achievement Award and other national honors for their efforts. More recently, Johnson worked as a project coordinator for the federally funded Allegheny ONTRACK Initiative at Health Care for the Homeless in Pittsburgh to better integrate medical and behavioral health services for individuals who are homeless in Allegheny County.

“I continue to learn a lot more from the clients I serve than they ever learned from me,” she says. “They are very resilient, strong, amazing human beings who manage to cope even in the face of a lot of adversity.”

Last year, Johnson was named the associate and clinical director for POWER—or Pennsylvania Organization for Women in Early Recovery—based in Pittsburgh’s East End, which provides gender-responsive and trauma-informed treatment and support for women struggling with the disease of addiction through residential and outpatient programs. “Many of the women we serve have seen quite a bit of trauma in their lives, which has a strong correlation with the disease of addiction, and the disease itself often leads to more traumatic events, including homelessness, incarcerations, and loss of families.

“We need a lot more nurses in this field of public health,” says Johnson, who also is a trainer in dialectical behavioral therapy. “Our training develops our critical thinking skills, which can be applied at the bedside and at the community level. I think we have a better understanding than many others of not just the social issues facing our clients but also the clinical picture in terms of medications and disease processes.”

Alison Colbert (PhD ’07) agrees.

“I’ve come to believe that you could put a nurse almost anywhere and people will benefit,” says Colbert, an assistant professor in Duquesne University’s School of Nursing. “It’s about more than just being there, though. It’s about nurse-led change.”

In 2010, Colbert won a three-year, \$350,000 Nurse Faculty Scholar award from the Robert Wood Johnson Foundation to develop interventions to improve the health of incarcerated women as they reenter society. This prestigious award is presented to junior faculty members who show promise as future leaders in academic nursing.

She explains that women in jail have high rates of infectious disease, substance abuse, and mental illness. They often are able to care for their health behind bars with some professional support—whether that means dealing with an addiction or getting back on their medications for a chronic illness—but struggle on their own after release. Colbert is designing an intensive nurse case management program to

“WE NEED A LOT MORE NURSES IN THIS FIELD OF PUBLIC HEALTH. OUR TRAINING DEVELOPS OUR CRITICAL THINKING SKILLS, WHICH CAN BE APPLIED AT THE BEDSIDE AND AT THE COMMUNITY LEVEL. I THINK WE HAVE A BETTER UNDERSTANDING THAN MANY OTHERS OF NOT JUST THE SOCIAL ISSUES FACING OUR CLIENTS BUT ALSO THE CLINICAL PICTURE IN TERMS OF MEDICATIONS AND DISEASE PROCESSES.”

Diane Johnson

help women stay (or become) engaged with their own health and health care when they return to their communities.

“Leaving jail is a very tumultuous—and potentially dangerous—time for many women,” she says. “I hope to help them maximize their chances for success in the outside world.”

Colbert began her career in public health doing communications for a specialty hospital for people with HIV/AIDS in Texas and then earned her master’s degree in nursing as a community health specialist at the University of Texas at Austin. She later worked with HIV/AIDS patients as the director of nursing at a Los Angeles, Calif., clinic.

“When I realized there is a whole branch of nursing that looks at what it takes to care for entire populations of people, I began to see the full range and breadth of what this profession can and should be,” she says. “It’s for people who are creative and innovative and want to try new things. It’s for people who don’t take no for an answer and who see the potential for making real change.”

A Brief History of Nursing in the Military

Nurses have been tending to wounded warriors on and off the battlefield for as long as there have been wars. Some of the greatest advances in the profession and science of nursing have occurred during periods of war, when the demands for nursing skills are most extreme. Following is a very brief overview of the history of military nursing.

1755

Rabia Choraya, head nurse or matron in the Moroccan army, travels with General Edward Braddock's army during the French and Indian War.

1798

The U.S. Public Health Service Commissioned Corps, one of the seven uniformed services of the United States, has its beginnings with the creation of the Marine Hospital Fund, which was reorganized in 1871 as the Marine Hospital Service.

1854

Florence Nightingale and 38 volunteer nurses are sent to Turkey to care for injured soldiers in the Crimean War.

1861

Dorothea Lynde Dix, a well-known humanitarian working on behalf of the mentally ill, is appointed superintendent of women nurses for the Union Army.

1861

Sally Louisa Tompkins opens the Robertson Hospital for Confederate troops after the Battle of First Manassas in the Civil War.

1862

Walt Whitman travels to Washington, D.C., searching for his brother, who had been wounded in the Battle of Fredericksburg. Whitman spent the next three years nursing wounded soldiers and chronicling "the struggle" from the perspective of the hospital bedside.



1862

Louisa May Alcott travels to Washington, D.C., to work as a nurse in a Union hospital. Alcott wrote about her experiences for a Boston, Mass., newspaper. Published in book form in 1869, *Hospital Sketches* provides a poignant window into the suffering of Civil War soldiers and their loved ones as well as insight into their care.

1862

The Reserve Officer Training Corps (ROTC) program originates at Norwich University in Vermont under the terms of the Morrill Act of 1862, which established the land-grant colleges. One of the federal government's requirements was that these schools include military tactics as part of the curriculum.

1863

Nightingale establishes the Nightingale Training School.

1871

John M. Woodworth is named the first surgeon general of the United States.

1877

Visiting nursing begins when the women's branch of the New York City Mission sends its first trained nurses into the homes of the indigent.

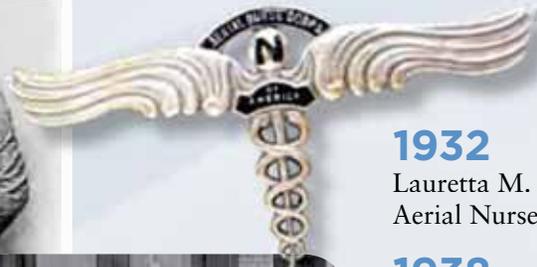
1881

Clara Barton founds the American Red Cross and becomes its first president.



1893

Lillian Wald and Mary Brewer start community nursing, the forerunner of public health nursing.



1901

The U.S. Army Nurse Corps is formally established. Only college graduates are accepted.



1908

The U.S. Navy Nurse Corps is established.

1909

The American Red Cross Nursing Service is established.



1909

The University of Minnesota awards the first bachelor's degree in nursing, setting a new standard in the training of nurses.



1915

Edith Cavell, superintendent of a nurse training school in Brussels, Belgium, nurses both German and Allied soldiers before being executed by a German firing squad for harboring British and French soldiers and helping them to escape Belgium.



1932

Lauretta M. Schimmoler establishes the Aerial Nurse Corps of America.

1938

The Nurses Memorial in Arlington National Cemetery is erected to honor nurses who served in the armed forces during World War I. More than 600 nurses are buried at Arlington.

1942

The Naval Flight Nursing School is organized at Bowman Field in Kentucky.

1943

The Cadet Nurse Corps is established to recruit students for military or civilian nursing roles. As military demands depleted the civilian supply of nurses, it became difficult to maintain high standards for nursing services on the home front. Preserving the strength and health of civilian shipbuilders and those who manufactured the nation's war materiel was crucial to the war effort. Subsidizing nursing education in order to train more nurses was the obvious solution to this potential health problem.

1945

President Harry S. Truman submits a recommendation for a comprehensive modern national health program to Congress.

1918

The U.S. Army School of Nursing is established.



1925

Mary Breckinridge founds the Frontier Nursing Service and travels 700 miles on horseback surveying the needs of rural Kentuckians.



1948

The National Health Service is launched.

1949

A total of 1,199 Army nurses are transferred to the new Department of the Air Force.

1950

Mobile Army Surgical Hospital (MASH) units are organized to bring medical care closer to the front lines during the Korean War.

Pitt–Bradford Nursing Professor Helps Open Cameroon Clinic



University of Pittsburgh at Bradford nursing professor Tammy Haley (MSN '02) is finishing her dissertation for a PhD in nursing and her thesis for a master's in public health—more than enough to keep her busy over the summer.

Still, when the opportunity arose to spend a month using her nursing skills at a new health clinic in the western African nation of Cameroon, she was eager to go.

Tammy Haley surrounded by children from the Ekona district of Cameroon

As a nurse practitioner with a focus on rural medicine, the mission was a natural fit, she said. “The idea of being able to provide health care, the area of my specialty, made it a unique opportunity.”

Haley, coordinator of Pitt-Bradford’s Bachelor of Science in Nursing program, returned in mid-July from the medical mission. She traveled as part of a five-member group that included UPB nursing student Amy Silvis and Christina Siewe, the wife of Youmasu Siewe, director of the Center for Rural Health Practice at UPB.

The group also included Silvis’ younger sister, Rachel Avey, who recently graduated from high school, and Patricia Rouse, a nurse from Arkansas, where the Siewes resided prior to coming to Bradford in 2009. “It was an interesting mix of people. We all brought different skills to the table,” Haley said.

Siewe, a nurse, founded the Good Samaritan Health Center with her sister through efforts that began about five years ago, Haley said. Information on the clinic is available at www.goodsamaritancameroon.org.

The two-story cement clinic building stands on the site of the sisters’ childhood home in the Ekona district of Cameroon.

That connection, Haley said, “made it personal.”

Haley learned about the clinic last fall through fundraising efforts by Holly Spittler, UPB associate dean of student affairs and director of career services. Spittler attends Bradford’s First Presbyterian Church, which took on the project as part of its mission work after the Siewes became active in the congregation.

Haley, a nurse practitioner, asked whether volunteers were needed. “There were some nurses going but because there were some donations of medications going as well, they needed someone who could prescribe medications. I filled that bill,” she said.

Making the commitment to the monthlong trip meant Haley needed to brush up on her family medicine skills. While her

background is as a family nurse practitioner, her current clinical practice is in family planning and women’s health. “My practice is very different than this practice. The point was to provide them better health care, so to go unprepared would have been a real disservice.”

She found a mentor in another member of the congregation, physician Anita Herbert. “She gave me the tools and knowledge and really made sure as soon as I committed to this that I was as prepared as I could be.” Haley spent three months brushing up on routine problems that might be seen in a family medicine practice and preparing for treating less-familiar tropical illnesses such as malaria and typhoid.

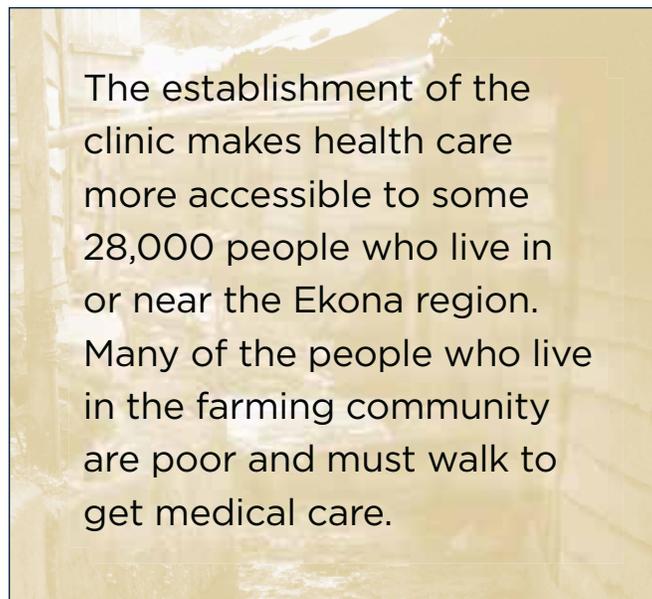
In Cameroon, along with providing patient care, the volunteers helped put documentation and record-keeping systems in place for the new clinic, she said. “It was a really tall task.”

A nurse had been providing care, but the clinic had been functioning only in a skeletal capacity until recently, when it obtained nongovernmental organization status. That made it an officially recognized entity, Haley said. “This was a huge expansion in services for them.” Although additional

Cameroonian staff had been hired, they didn’t start working at the clinic until after the U.S. group came, Haley said. Now the clinic has nurses and a midwife on staff as well as a physician who sees patients there one day a week. In addition to outpatient services, it can house eight patients in four hospital rooms.

The establishment of the clinic makes health care more accessible to some 28,000 people who live in or near the Ekona region. While a government hospital is nearby, “This is closer and more acceptable,” she said, noting that many of the people who live in the farming community are poor and must walk to get medical care. On clinic days, Haley and the staff saw about 40 patients a day, diagnosing problems ranging from high blood pressure to HIV.

“I diagnosed more HIV there than I have in my practice here, ever,” she said. Although the clinic could provide pre- and post-HIV testing counseling, it was not equipped to treat the disease, so patients were referred to the government-run



medical facilities. “It seemed to me that most people who had a diagnosis did get treatment,” she said.

However, most of the illnesses and disorders the team treated were largely a result of poor hygiene and sanitation, Haley said. “It was something that could be addressed in a meaningful way.”

Haley said she had traveled to Africa twice before, albeit not as a health care volunteer. “One of the big things for me that was different in this village than in other villages: Animals run free in the streets.” Pigs, goats, chicken, and cattle roam in town, she said, noting that a flock of chickens wandered into the clinic lobby one day.

“When you’re thinking of the impact of biologic agents on health and you have pigs roaming the street and chickens roaming the street ... to me that would be something that public health education efforts could remedy or make a difference with,” she said.

Cameroon is officially bilingual—residents speak French or English. Although Haley was in an English-speaking part of Cameroon, “Their English is not our English,” she said, adding that a translator often was needed, especially for communicating crucial instructions, such as how to use prescribed medications or the importance of boiling drinking water.

“It was really important that a local person provided clinical instructions,” Haley said, adding that a local nurse explained what she was saying to patients. “They had a hard time understanding me sometimes,” Haley said.

She found many cultural differences in the course of providing care for patients in Cameroon. There is no health insurance system, so care is pay as you go. “If you don’t have money up front for care, you don’t get care,” Haley said.

In addition, in Cameroon there are no hospital meals or hospital gowns. Patients rely on their families to bring them food, clothes, and other necessary items, Haley said. Another difference: “Patients’ medical records were kept by the patient. And they transported their own medical books with them to the provider,” said Haley.

“You write directly in their medical book. Any tests are written directly in the medical book. Then that medical book is given to the lab and the lab writes the results. Then if you give medicines, you write the medicines ... and if they needed to go to the pharmacy, they simply took their medical book to the pharmacy and had their medicines filled,” she said.

If prescription refills were necessary, patients would need to return to their provider each month to have them written into the book. Some aspects of the system were convenient. “Some patients brought 10 years’ worth of records,” Haley said.

That made it quick and easy to review what treatments already had been tried. But patients who wanted to withhold information easily could “forget” their book, she said.

Although Haley said she would like to return to the clinic, it’s likely that future service there would be in a different capacity. “The need potentially for me to go as a health care provider might not be as great as it was initially,” since the clinic now has a medical staff in place.

However, she sees a potential role as a trainer, given that many of the supplies that were shipped to the clinic from America were unfamiliar.

“Really basic stuff like tape that we use in the hospital,” she said, was completely foreign to the Cameroonian staff, who were accustomed to cutting adhesive sheets called plasters into strips. They didn’t realize that the rolls of tape sitting unused on their shelves could be used in the same way, she said.

“It’s hard to expect somebody to utilize all these really great things that we can bring and provide if they don’t have any idea what to do with them,” Haley said.

Reflecting on her trip, Haley said, “I think it’s going to be a really great teaching tool.” Although she has taught concepts of cultural sensitivity and awareness previously, actually facing such dramatic cultural differences provided a new perspective, she said.

“It was good hands-on experience.”

By Kimberly K. Barlow, published in the *University Times*, September 1, 2011
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A Voice *for Nursing*

Theresa Brown (BSN '07), PhD, made a midlife career change that confounds many people. She left a comfortable position as an English professor at Tufts University to pursue a career in nursing.

It was not that she did not enjoy teaching writing, but after her son was born, she realized that she wanted a job where she could take care of people rather than grade or judge them. When Brown became pregnant with twins, she was impressed by the midwives who helped her through her pregnancy. With the encouragement of friends and family, she entered nursing school. Six years later, when her twins were eight, Brown earned her nursing license, and she has never looked back.

It was an enormous transition from English professor to nurse. “I was accustomed to meditative talk with colleagues over coffee and the security I got from books,” she says. “Whatever my failings as a teacher, I was comfortable knowing that no one’s life was on the line.” But Brown left the comfortable life of academia for nursing to find work that felt more meaningful.

As a nurse, Brown has seen it all: the struggles with treatment, the confrontation with death, and the successes that gladden the hearts of nurses and other health care providers. “It’s messy and stressful, and I wouldn’t exchange it for a dream classroom full of well-read, hardworking, intellectually curious college students—not in a million years, not ever,” she says. “Where else can I go to sample daily the richness of life in all its profound chaos?”

Brown managed to combine her talents for nursing and writing in columns for the *New York Times* Well blog that describe her

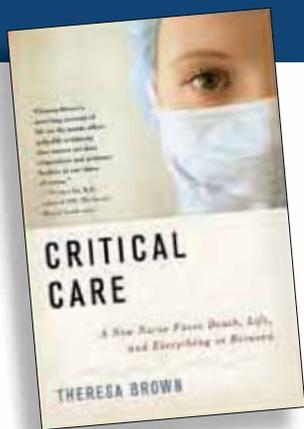


“We need the public to hear the voices of more nurses, for more nurses to tell the truth about what we do, to talk about everything nurses do and why it matters, about the reality and the ideal in nursing.”

Theresa Brown

“The only reason any of this matters is because of the patient. We need empowered professionals on the medical and nursing side to get the best patient care possible.”

Theresa Brown



experiences as a nurse. She also wrote a book, *Critical Care: A New Nurse Faces Death, Life, and Everything in Between*. Along the way, Brown has evolved into an advocate for issues related to nursing, patients’ rights, and health care reform.

“When my first article was printed, I was amazed at the response,” she says. “Nurses told me how grateful

they were to have someone give them a voice.”

Brown believes that there needs to be a stronger cultural narrative for nursing. “We need the public to hear the voices of more nurses, for more nurses to tell the truth about what we do, to talk about everything nurses do and why it matters, about the reality and the ideal in nursing.”

People ask Brown if she is a writer or a nurse. “I think of myself as a hybrid: a bedside nurse who puts my literature background to use by writing about nursing,” she says. “One informs the other.”

Brown ended up resigning from her first nursing job because she and her employer could not agree on guidelines for her writing. After working so hard to realize her dream and become a nurse, it was not easy to leave clinical nursing to keep being a writer, but so many other nurses expressed to her that her writing made a difference to them that Brown did not think she could, or should, give it up.

“Nurses tell me, ‘Keep on doing what you’re doing,’ ” she says. After her article on doctor bullying, a nurse told Brown that she cut the article out and gave it to a doctor where she worked. Another nurse told Brown that she shared her article on having a bad day with her husband and family so they would understand what she does. “It amazes me that my writing has given such a voice to nursing.”

Brown’s mission is to educate the public about what nurses do, to raise the profile of nursing, and to be an advocate for nursing. “The only reason any of this matters is because of the patient,” she says. “We need empowered professionals on the medical and nursing side to get the best patient care possible.”

In 2009, President Barack Obama invited her to the White House, where she was joined by about 150 other nurses to support the Affordable Care Act. In a speech about health care reform, Obama quoted from one of Brown’s blog posts that described a patient who spent much of his dying months worrying about how to pay for his leukemia treatments. “It was a proud moment for me and for nursing—the president of the United States quoting a floor nurse,” she says. “As a nurse and a writer, it’s not always clear how much of a larger effect my work has. It was gratifying to see that by combining both jobs, I could contribute to the national conversation about health care.”

Through her academic training, Brown grew to love ideas and believed that smart thinking could make the world a better place. She still believes that and remains committed to clinical nursing. “That idealism may hold some truth—at least I hope it does—but in my own life I took a more practical route. At work now, I worry about what to do if a potassium level is dangerously high, if a patient cannot breathe, if a third round of chemotherapy has failed to make a dent in someone’s disease,” she says. “At universities, there is always time for thinking, talking, and writing—all things I enjoy and believe are important. But only in the rush of hospital nursing did I find the work environment I craved—to fight for and care for real people rather than struggle with ideas and words. Still, in working with those people, I found my way back to words and to a seemingly endless supply of heartbreaking, inspiring, and important stories to tell.”

Cameos of Caring® Program and Awards Gala

Since 1999, the Cameos of Caring message has become a prominent voice on behalf of the nursing profession, reaching well beyond local boundaries. The Cameos of Caring awards program continues to fulfill its mission: to bring recognition to the individuals who define the profession and to promote nursing as a viable and rewarding career choice.

In 2011, 64 nurses from 45 area health care facilities, eight schools of nursing, and two international facilities were honored at the 13th annual Cameos of Caring Awards Gala. Since 1999, the University of Pittsburgh School of Nursing has honored 600 nurses with prestigious Cameos of Caring awards. Their personal stories have tugged at our hearts and inspired us. Among the 2011 honorees were 11 graduates and one current graduate student of the University of Pittsburgh School of Nursing:

Tracy Brnusak (BSN '05)

Michelle Cain (BSN '90)

Jeannine DiNella (MSN '04)

Nadine Cozzo Englert (MSN '01)

Gloria Gotaskie (BSN '77, MSN '94)

Kathleen Graham (BSN '79)

Edward Hetherington (BSN '10)

Kathy Magdic (MSN '92, MSN '95, DNP '10)

Angela Panos, graduate student

Vivian Petticord (MSN '09)

Eileen Roach (MSN '03)

Shirley Powe Smith (BSN '59, MNEd '79)

Proceeds from the Cameos of Caring Program and Awards Gala benefit the Cameos of Caring Endowed Nursing Scholarship Fund. In 2011, 25 Cameos of Caring scholarships were awarded. Since the fund was established in 2000, 146 scholarships have been awarded to provide financial support for nurses seeking to enhance their education.

Visit www.nursing.pitt.edu/cameos for more information about the Cameos of Caring awards program.



Above: Sandra Engberg, associate dean for clinical education, presents a Cameos of Caring Endowed Nursing Scholarship to Meghan Vucetic, a nursing anesthesia student.



Left: Michelle Cain (BSN '90), an awardee from Western Psychiatric Institute and Clinic, is escorted by Camellia Herisko (MSN '94, MSN '97), director of nursing.

Special thanks to the event sponsors:

- Center for Organ Recovery & Education (CORE)
- Cura Hospitality
- Jewish Healthcare Foundation
- STAT Staffing Medical Services, Inc.
- University of Pittsburgh Medical Center

Sisters on a Mission:

A First-person Account by Kelsey Buchanan



On August 3, 2011, my sister, Lindsey, and I left for Belize in Central America, ready for an adventure but not sure what we would find when we landed. It was the summer before my junior year, and Lindsey would be starting her freshman year at the University of Pittsburgh School of Nursing in the fall. Months ago, this had seemed like a great idea. We had always talked about going overseas on some sort of mission trip, but now that it was actually happening, neither of us felt as prepared for the trip as we had hoped.

Personally, I don't exactly know what I was expecting to find in Belize. I think somehow in my mind I had conjured up this pretty little image of me squatting by a mud hut, adorable children clustered around me, as I provided quality health care while educating their parents about proper hygiene and a balanced diet.

Reality check. A sand fly dive-bombs my forehead, and I wipe away the sweat streaming down my face. I haven't stopped sweating since our plane landed here in Belize. A family of four sits in front of me. The mother pulls up her shirt and begins unashamedly breast-feeding her 18-month-old daughter while her toddler son tugs on her skirt. The oldest daughter sits politely next to her mom, looking around the clinic. The family speaks only Spanish, so I have to work through a translator to get the family history. I go through diagnoses in my mind—what: itching; when: mostly at night; how long: the past two weeks ... oh my gosh ... I think they have scabies. Oh this is bad, really bad. Infection control would be having a fit right now if we were in the United States. We're sharing equipment amongst everyone, and I haven't been washing my hands between patients because there's no running water. And now I probably have microscopic bugs burrowing into my epidermis. Perfect.

It didn't take too long for me to adjust to this new way of living, however. I quickly became accustomed to the perpetual heat and made friends with the little gecko who liked to hang out on the wall next to my bed. The first week of our trip flew past. Our clinics were set up so that the first day in a new village, we went from house to house checking to see if anyone was sick or wanted to see the doctor. The language barrier was frustrating. We had a crash course in medical and basic conversational Spanish before we went out into the field, but even after mastering some key phrases, I still needed a translator to help me understand the Belizeans' responses. It was a happy moment when my "Habla inglés?" was met



Left, from left to right: Lindsey and Kelsey Buchanan pausing for a much-needed break. Above, top to bottom: The pig foraging in the front yard posed a sanitation issue; just one of many vibrant flowers we saw in Belize; three sweet Belizeans that were treated for parasites; a breathtaking view from the top of Mayan ruins at Xunantunich

with a “Sí, sí.” In the villages, we handed out tickets to anyone who needed to see the doctor, telling them where the clinic was and what day and time they were scheduled for. Following the house visits, we had two days of clinic, where we treated about 25 people a day.

During one of our clinic days, we cared for a family that was literally starving to death. The mother weighed less than 80 pounds and had recently delivered her seventh child. The father was a pastor and depended on the donations of villagers to feed his family because he was not paid for his services. In addition, the five school-age children were not attending school because the family could not afford the enrollment fees. Over the next couple of days, our team gathered food and school supplies for the children as well as paid their school fees. It was a humbling and emotional experience to take the food and supplies to this family’s house and watch as the mother was left speechless, the glitter of unshed tears in her eyes. For a couple hundred dollars, we made it possible for this family to eat and for five children to receive an education. This was monumental, as education equals jobs and opportunities that would otherwise be unattainable. Without an education, without being taught the values of motivation, innovation, and inspiration, many of these children resort to drug abuse, alcoholism, and other damaging lifestyle choices, never knowing that there’s something better to do with their lives. Imagine never knowing that there’s an entire world outside your village where your life has value and you can be a powerful influence on your community!

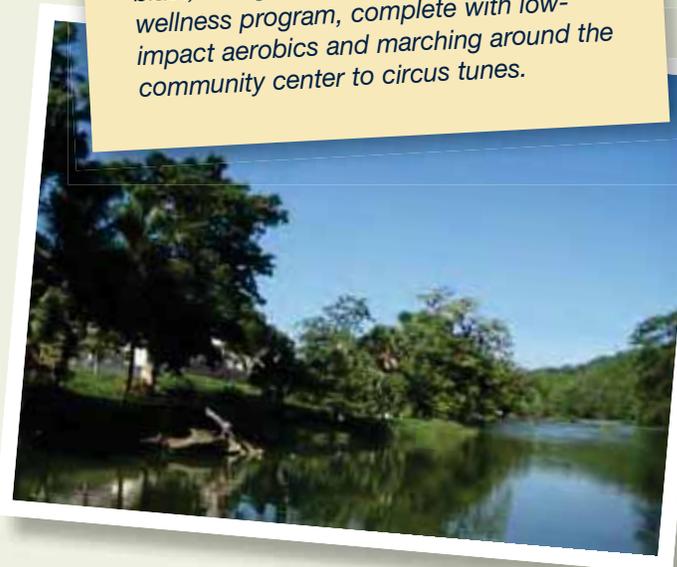
Belize left a lasting impression on me, and I hope to go back someday soon. Our team treated more than 100 patients in three different villages and gave away medications, school supplies, and toiletries to villagers who could never have afforded even a tube of triple antibiotic ointment. And while I go home, back to the comforts of my life here in the United States—where my choices are latte or cappuccino, and do you want fries with that?—our team leader, Rose, and the other dedicated health care workers we met in Belize are still working tirelessly to promote health and wellness in their villages. I never could have imagined the demands placed on a community health nurse in that environment, and now I have so much respect for all that those women and men do to try to improve the health of their communities. It’s an inspiration for me to do my part in educating those around me and in telling my story so that I, too, can have an impact in my own way. Belize taught me that no act you do is too small to have an impact on someone, and if you’re passionate and willing to put forth effort in what you do, it could very well be enough to change a life.

August 4, 8:41 p.m.

The whir of the three fans in our room provides a gentle background sound as I lie on my bunk and begin to write. The past two days have been a blur. ... We landed in Belize City on Wednesday around noon (Belizean time) and spent the rest of the day getting settled in the guesthouse where we will be staying for most of the trip. We also divided three garbage bags’ worth of medications into separate piles for the three different clinic sites we will be serving. Driving from the airport to Cotton Tree Village, we caught our first glimpses of true third-world poverty. Houses lined the western highway, most no more than wooden shacks. Some were on stilts; others looked like they might blow away in the first strong wind that came their way. Clothes were strung along clotheslines, flapping back and forth in the breeze like invisible children dancing to music only they can hear.

August 10, 10:15 p.m.

Earlier today, Rose, our team leader and surrogate mom for the trip, asked us if we wanted to go dancing tonight. Of course we said yes and all piled into the van, expecting to hit the Belmopan nightlife. So it was a bit of a surprise when we pulled up to the community center. Rose had neglected to mention that we’d be dancing with senior citizens! We had a blast, though, participating in a senior wellness program, complete with low-impact aerobics and marching around the community center to circus tunes.



A view of the Mopan River



Nancy Glunt Hoffman Memorial Fund

Pitt alumnus and dedicated volunteer J. Roger Glunt has been working tirelessly to raise funds to honor his sister, School of Nursing alumnus Nancy Glunt Hoffman (BSN '62), whose life was cut short by cancer. As a tribute to his sister, Glunt plans to establish a chair in oncology nursing at the University of Pittsburgh School of Nursing.

The School of Nursing is among the first schools in the country to offer a graduate program in oncology nursing and enjoys strong collaborative relationships with several of the nation's leading institutions in oncology and clinical care and research, including the University of Pittsburgh Medical Center and University of Pittsburgh Cancer Institute. A chair in oncology nursing is essential to continuing the lifesaving work of early detection and improved treatment. With a focus on developing highly visible academic research and clinical programs, the individual named to the chair will make significant contributions to oncology nursing practice.

In spring 2011, an anonymous donor offered to match all gifts raised for the Nancy Glunt Hoffman Memorial Fund, up to \$150,000, through July 31. Glunt worked with the development staff at the school and coordinated several fundraising events, including an oncology chair fundraising dinner at the home of Margaret (Peg) (MSN '86, PhD '01) and Michael Rosenzweig and the Sixth Annual Nancy Glunt Hoffman Memorial Golf Outing, hosted by Mike Bryson at the Allegheny Country Club. In addition, the school received gifts from lifetime donors to the fund, Hoffman's classmates, and School of Nursing faculty and staff members.

Through these fundraising efforts, the school raised \$178,023 by July 31. The anonymous donor presented Glunt with a \$150,000 check that was added to the Nancy Glunt Hoffman Memorial Fund. The balance in this fund is now more than \$1 million and has moved the school closer to the \$1.5 million necessary to endow a chair in oncology nursing at the University of Pittsburgh.

As a tribute to his sister, Roger Glunt plans to establish a chair in oncology nursing at the University of Pittsburgh School of Nursing.

Lila Decker Endowed Nursing Scholarship

The School of Nursing is pleased to announce the creation of the Lila Decker Endowed Nursing Scholarship to honor Lila Decker, a senior patient services coordinator in the Office of the President at the University of Pittsburgh Medical Center (UPMC). The scholarship will support a student in the undergraduate program who is interested in direct patient care.

Decker has provided expert, compassionate care for UPMC patients and their families for more than 20 years.

She has worked tirelessly to facilitate medical services, often on a one-on-one basis, easing the pain of patients and the anxieties of families in the most trying of times.

As a tribute to Decker and her work, a committee of colleagues and friends, led by cochairs Suzy Broadhurst and Cliff Rowe, mounted a campaign in spring 2011 to raise the \$250,000 necessary to endow the scholarship. The campaign plan consisted of two fundraising phases, and word of this

effort wasn't shared with Decker until June 1, when \$200,000 had been raised. She was extremely surprised and humbled at the news.

Through the generosity of many, the \$250,000 fundraising goal was reached in January 2012. Decker will have the opportunity to meet and personally congratulate the scholarship's inaugural recipient at the School of Nursing's Scholarship Luncheon in September 2012.

Active Grants (as of December 1, 2011)

\$5,000 or more

Michael Beach

New Careers in Nursing Scholarship Program
Agency: Robert Wood Johnson Foundation



Mandy J. Bell

Genomics of Endoglin Pathway in Preeclampsia (GEPP)
(with Conley)
Agency: National Institutes of Health (NIH)/National Institute

of Nursing Research (NINR)
Grant Code: F31 NR011379

Catherine Bender

Predictors of Adherence to Hormonal Therapy in Breast Cancer
Agency: Oncology Nursing Society (ONS) Foundation

Interdisciplinary Training of Nurse Scientists in Cancer Survivorship Research
Agency: NIH/NINR
Grant Code: T32 NR011972

Cumulative Interferon Dose in Patients with Melanoma Receiving Pretreatment with the Antidepressant Mirtazapine versus Placebo
Agency: Schering Corporation



Betty Braxter

Doulas as Change Agents: My Doula and Me Project
Agency: University of Pittsburgh Central Research Development Fund (CRDF)

Lora Burke

Advancing Real-time Data Collection: Adaptive Sampling and Innovative Technology
Agency: NIH/National Heart, Lung, and Blood Institute (NHLBI)
Grant Code: R01 HL107370

Grace Campbell

Post-stroke Cognition as a Fall Predictor during Inpatient Rehabilitation *(with Matthews)*
Agency: NIH/NINR
Grant Code: F31 NR011561

Denise Charron-Prochownik

Longitudinal Effects of Receiving Preconception Counseling in Early Adolescence
Agency: American Diabetes Association Research Foundation

Reproductive Health Intervention for Teen Girls with Diabetes Mellitus (DM)
Agency: NIH/National Institute of Child Health and Human Development
Grant Code: R01 HD044097

Eileen Chasens

Obstructive Sleep Apnea (OSA), Sleepiness, and Activity in Diabetes Management
Agency: NIH/NHLBI
Grant Code: R21 HL089522



Maya Clark

Experience of Managing End-stage Renal Disease (ESRD) Dietary Modifications *(with Hoffman)*
Agency: NIH/NINR
Grant Code: F31 NR013410

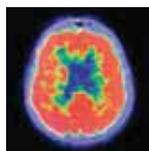
Susan Cohen

Acupuncture for the Treatment of Insomnia *(with Glick)*
Agency: NIH/National Center for Complementary and Alternative Medicine (NCCAM)
Grant Code: R21 AT004429

Yvette Conley

Genetics of Age-related Maculopathy *(with Gorin)*
Agency: NIH/National Eye Institute
Grant Code: R01 EY009859

Targeted Research and Academic Training of Nurses in Genomics
Agency: NIH/NINR
Grant Code: T32 NR009759



Genomic Variability and Symptomology after Traumatic Brain Injury
Agency: NIH/NINR
Grant Code: R01 NR013342

Rose Constantino

Comparing Online with Face-to-Face HELPP Intervention in Women Experiencing Intimate Partner Violence
Agency: American Nurses Foundation

Elizabeth Crago

The Role of Estradiol in the Delayed Cerebral Ischemia after Aneurysmal Subarachnoid Hemorrhage *(with Sherwood)*
Agency: Neuroscience Nursing Foundation

Annette DeVito Dabbs

Brief Nursing Intervention to Prevent Poor Psychosocial Outcomes in Living Donors *(with Dew)*
Agency: NIH/National Institute of Neurological Disorders and Stroke
Grant Code: R21 NS011149

Phase III Trial of Pocket PATH: A Computerized Intervention to Promote Self-care
Agency: NIH/NINR
Grant Code: R01 NR010711

Marilyn Davies

Providing Health Information to Households with Preschoolers at Risk of Obesity
Agency: CRDF

Heidi Donovan

Web-based Ovarian Cancer Symptom Control: Nurse-guided vs. Self-directed
Agency: NIH/NINR
Grant Code: R01 NR010735



Willa Doswell

Protecting Daughters against Cancer (PDAC) in a Multi-ethnic Sample of Mothers and Their Preteen and Adolescent Girls
Agency: ONS Foundation

Linda Dudjak

Nurses' Contributions to Value-based Care
Agency: University of Pittsburgh Health Policy Institute (HPI)

Active Grants (continued)

Jacqueline Dunbar-Jacob

University of Pittsburgh Clinical and Translational Science Institute

(with Reis)

Agency: NIH/National Center for Research Resources

Grant Code: UL1 RR024153

Adherence and HRQOL: Translation of Interventions

Agency: NIH/NINR

Grant Code: P01 NR010949



Sandra Engberg

Efficacy of Acupuncture in Treating Urinary Incontinence

Agency: NIH/NCCAM

Grant Code: R01 AT002175

University of Basel Scientific Leadership

Agency: University of Basel

Mechanisms of Action of Hydroxychloroquine in Reducing Risk of Type 2 Diabetes (with Toledo)

Agency: NIH/National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Grant Code: R21 DK082878

Judith Erlen

Clinical Oncology Program Biostatistical Center (with Constantino)

Agency: NIH/National Cancer Institute (NCI)

Grant Code: U10 CA069974

Multisite Collaborative Study for Adherence, Virologic, and Clinical Outcomes (with Liu)

Agency: NIH/National Institute of Mental Health

Grant Code: R01 MH078773

Sandra Founds

Biomarker Assay Development for Translation of Discovery-based Placental mRNA Candidates to Serum Protein Concentrations in Early Pregnancy to Predict Preeclampsia

Agency: Preeclampsia Foundation

Mary Beth Happ

Patient Participation in Treatment Decisions

Before and After a Program to Facilitate Patient Communication in the ICU

Agency: Greenwall Foundation



Leslie Hoffman

Long-term Oxygen Treatment Trial

(with Sciarba)

Agency: NIH/NHLBI

Grant Code: HHSN268200736193C

Self-regulated Exercise in Cystic Fibrosis:

A Randomized Trial (with Orenstein)

Agency: NIH/NINR

Grant Code: R01 NR009285

Rosemary Hoffmann

Role of Nursing in Care Coordination in the Patient-centered Medical Home (PCMH)

Agency: HPI

Kathleen Hopkins

Management of Pain following Lung Cancer Surgery (with Hoffman)

Agency: ONS Foundation

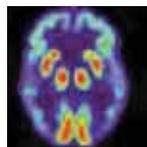
Julius Kitutu

Scholarships for Disadvantaged Students

Agency: Health Resources and Services Administration (HRSA)

Advanced Education Nursing Traineeship

Agency: HRSA



Jennifer Lingler

Alzheimer Disease Research Center (with DeKosky)

Agency: NIH/NIA

Grant Code: P50 AG005133

Development of a Protocol for Disclosing Amyloid Imaging Results in Mild Cognitive Impairment

Agency: University of Pittsburgh Medical Center

Faith Luyster

Enhancing Motivation for Continuous Positive Airway Pressure (CPAP) Therapy Adherence in Obstructive Sleep Apnea

Agency: NIH/NHLBI

Grant Code: K23 HL105887

Judith Matthews

Cyber-Physical Systems (CPS): Medium Collaborative Research Monitoring Human Performance with Wearable Accelerometers (with Redfern)

Agency: National Science Foundation

Ann Mitchell

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training for Emergency

Department Registered Nurses

Agency: HRSA

Marci Nilsen

Interaction Behaviors' Effect on Nursing Care Quality of Older Adults in the ICU (with Happ)

Agency: NIH/NINR

Grant Code: F31 NR012856

John O'Donnell

Emerging Learning and Integrated Technologies Education (ELITE)

Agency: HRSA

Nurse Anesthetist Traineeship

Agency: HRSA

Kathryn Puskar

Addiction Training for Nurses Using Screening, Brief Intervention, and Referral to Treatment (ATN-SBIRT)

Agency: HRSA

Nurse Education Practice and Retention

Agency: HRSA

Jill Radtke

Breast-feeding the Late Preterm Infant: A Grounded Theory Study (with Cohen)

Agency: NIH/NINR

Grant Code: F31 NR011562



Margaret Rosenzweig

The ACTS Intervention to Reduce Breast Cancer Treatment Disparity

Agency: American Cancer Society (ACS)

Elizabeth Schlenk

Health Promotion and Disease Prevention Research Center—Research Core (with Newman)

Agency: Centers for Disease Control and Prevention

Agency: Centers for Disease Control and Prevention

Promoting Physical Activity in Older Adults with Comorbidity

Agency: NIH/NINR

Grant Code: R01 NR010904

Jennifer Seaman

Quality of Care for Older Adults at End of Life in ICU *(with Happ)*
Agency: John A. Hartford Foundation

Susan Sereika

Biobehavioral Studies of Cardiovascular Disease *(with Manuck)*
Agency: NIH/NHLBI
Grant Code: P01 HLO40962

Pathophysiology of Parathyroid Hormone-related Protein 1-36 in Humans *(with Stewart)*
Agency: NIH/NIDDK
Grant Code: R01 DK051081



Paula Sherwood

Mind-body Interactions in Neuro-oncology Family Caregivers
Agency: NIH/NCI
Grant Code: R01 CA118711

Determining Genetic and Biomarker Predictors of Delayed Cerebral Ischemia (DCI) and Long-term Outcomes after a Subarachnoid Hemorrhage (SAH)
Agency: NIH/NINR
Grant Code: R01 NR004339

Chantel Snyder

Genomics of the VEGF Pathway in Neonatal Respiratory Distress Syndrome *(with Conley)*
Agency: NIH/NINR
Grant Code: F31 NR012606

Karen Wickersham

Medication Taking for Non-small Cell Lung Cancer (NSCLC) Patients Receiving Oral Targeted Therapy
Agency: ACS

A Study of Medication Taking for NSCLC Patients Receiving Oral Targeted Therapy *(with Erlen)*
Agency: NIH/NINR
Grant Code: F31 NR011261

Research Collaborators

For more than 50 years, researchers at the University of Pittsburgh School of Nursing have helped redefine the science and practice of nursing through multidisciplinary and multi-institutional translational research. Research collaborators include the following:

University of Pittsburgh Collaborators

- Aging Institute of UPMC
- Alzheimer Disease Research Center
- Clinical and Translational Science Institute
- Kenneth P. Dietrich School of Arts and Sciences
 - Department of Psychology
- Graduate School of Public Health
- School of Education
- School of Health and Rehabilitation Sciences
- School of Information Sciences
- School of Medicine
 - Department of Critical Care Medicine
 - Department of Medicine
 - Department of Neurology
 - Department of Obstetrics Gynecology, and Reproductive Sciences
 - Department of Pediatrics
 - Department of Psychiatry
 - Department of Radiology
- School of Pharmacy
- School of Social Work
- Swanson School of Engineering
- University Center for Social and Urban Research
- University of Pittsburgh Diabetes Institute
- Western Psychiatric Institute and Clinic

Outside Collaborators

- Birmingham City University
- Carnegie Mellon University
- Children’s Hospital of Pittsburgh of UPMC
- Duquesne University
- Duke University
- Emory University
- Health Research, Inc.
- Magee-Womens Hospital of UPMC
- Michigan State University at Irvine
- Mount Sinai Medical Center
- Saint Francis University
- Saint Mary’s Hospital
- Thomas Jefferson University
- University of Basel
- University of California at Irvine
- University of California at Los Angeles
- University of Hawai’i at Mānoa
- University of Michigan
- University of North Carolina at Chapel Hill
- University of Pennsylvania
- University of Pittsburgh Medical Center (UPMC)
- University of Washington
- University of Wisconsin–Madison
- Washington University in St. Louis
- Wake Forest University
- Wayne State University
- Western Psychiatric Institute of Pittsburgh
- West Virginia University
- Yale University

ALUMNI NEWS + NOTES

1960s

Nancy Grove (BSNEd '68), PhD, University of Pittsburgh at Johnstown nursing program professor emeritus, chairs the scholarship committee of the auxiliary of Conemaugh Memorial Medical Center. She also created a heart pacing group as a means of offering expert education to those in her community dealing with heart-related issues and their families.

Carol Ann Landis (BSN '67), DNSc, FAAN, professor, biobehavioral nursing and health systems, University of Washington, received the 2011 Pathfinder Distinguished Research Award from the Friends of the National Institute of Nursing Research. This award recognizes a nurse researcher whose long-standing commitment to nursing research has made a difference in the lives of people with health care needs. Landis researches sleep and health consequences of disturbed sleep.

Mary Salvatore Leo (MNEd '67) retired in 2005 at age 88 from UPMC Braddock after a 50-year career there.

1970s

Leota (Lea) T. Acord (MN '74), PhD, professor, College of Nursing, Marquette University, represented the University of Pittsburgh at the inauguration of Marquette's new president, Scott R. Pilarz, last September.

Susan Bakewell-Sachs (BSN '79), PhD, has been appointed interim provost at the College of New Jersey (TCNJ), supervising its liberal learning, study abroad, and honors programs. She most recently served as the Carol Kuser Loser Dean of TCNJ's School of Nursing, Health, and Exercise Science.

Maryann F. Fralic (MSN '73), DrPH, FAAN, received the American Organization of Nurse Executives (AONE) 2012 Lifetime Achievement Award.

This award honors an AONE member who is recognized by the broader nursing community as a significant leader in the nursing profession and has served AONE in an important leadership capacity—demonstrating the qualities of leadership and service to the nursing profession by his or her professional and personal example. Fralic was honored at an award presentation during the AONE 45th Annual Meeting and Exposition in Boston, Mass., on March 22, 2012.

Denise Custer Myers (BSN '73), director of risk management at Monongalia Health System in Morgantown, W.Va., recently received two honors. From the American Society for Healthcare Risk Management (ASHRM) of the American Hospital Association, she was awarded fellow designation due to successfully meeting prescribed requirements of the Professional Recognition Program in education, experience, personal development, and professional competence, as established by the Board of Directors of ASHRM. From the West Virginia Center for Nursing, Myers was a recipient of the 2011 Excellence in Specialty Nursing award, an award honoring nurses from nurses who believe that the recipients contribute in meaningful ways to enhancing the quality of health care in West Virginia and of the clients they serve.



Maryann F. Fralic

Sherry Zisk (BSN '73, MNEd '79) was recently appointed chief nursing officer at Weirton Medical Center. Prior to this appointment, Zisk was a transitional leader at the University of Virginia Children's Hospital in Charlottesville, Va., and had a longtime association with the Western Pennsylvania Hospital, serving as vice president and chief nursing officer and director and assistant director of nursing services.

1980s

Beverly S. Karas-Irwin (BSN '83), a student in the School of Nursing's Doctor of Nursing Practice (DNP) program, delivered a podium presentation titled "The Effectiveness of *Zingiber officinale* (Ginger) on Acute Postoperative Nausea and Vomiting" at the 23rd annual Greater Pittsburgh Nursing Research Conference in October 2011. Additional group members included DNP student **Pamela Hash**, MSN; nursing specialty role graduate student **Amber Jobe** (BSN '05); acute care nurse practitioner program student **Anita Lachell** (BSN '09); and nurse anesthesia student **Lorreen Mattson**.

Cynthia Miller Murphy (MSN '84), executive director of the Oncology Nursing Certification Corporation (ONCC), received the 2011 Credentialing Industry Leadership Award from the Institute for Credentialing Excellence (ICE). This award recognizes an individual



Cynthia Miller Murphy

who has demonstrated innovative leadership in the field of credentialing and/or licensure by developing, implementing and researching programs or practices. Under Murphy's leadership, ONCC has experienced substantial growth over the past two decades and currently administers seven certification programs. Highly regarded as an expert in the credentialing industry, Murphy has served as a commissioner on the National Commission for Certifying Agencies and as president of the ICE Board of Directors.

Kirsti Hetager Stark (BSN '74, MSN '85) is the graduate advisor in the University of Pittsburgh School of Nursing's student services office.

Nora Baker Warshawsky (BSN '82) completed a PhD program at the University of North Carolina at Chapel Hill in 2011. An assistant professor at the University of Kentucky College of Nursing, she teaches in the DNP program and is the population and health systems track coordinator.

1990s

Peter Albert (MSN '93), a suicide prevention coordinator at VA Butler Healthcare, presented a poster on a tool developed for tracking the follow-up of veterans at high risk of suicide at the VA National Mental Health Conference in Baltimore, Md., in August 2011.

Mary Patricia Mellors Lewis (PhD '99), BSN, was promoted to associate dean at the SUNY Delhi School of Nursing in Delhi, N.Y. Nursing was the first depart-

ment to receive school designation at SUNY Delhi.

Liana K. Novick Martinez (MSN '98) holds a post-master's certificate from the University of Washington. She is currently an emergency and acute care clinical nurse specialist at the Lovelace Health System in Albuquerque, N.M. Her career accomplishments include being honored with a Bronze medal for saving the life of an officer in the Hawai'i Police Department and being named "Florence Nightingale to the Homeless." Martinez was a lead paramedic instructor and served as a Hurricane Katrina volunteer.

Diana Openbrier (MN '78, PhD '90) works in a family practice as a nurse practitioner and certified diabetes educator in Jacksonville, Fla. She presented a poster and slide presentation at the American Academy of Nurse Practitioners 2011 annual meeting. Openbrier's research focuses on novel approaches to motivating patients with diabetes to meet clinical guidelines using a computerized data management system.

2000S

Karen Hiscock Bell (BSN '05) is a cardiac nurse in the post-cardiac intervention/progressive critical care unit at Chester County Hospital in West Chester, Pa. She has been involved in the hospital's wound care council, falls prevention task force, unit council, and nursing informatics council. Bell is a member of the American Association of Critical-Care Nurses and is certified in CPR, BLS, and ACLS.

Lauren Matukaitis Broyles (PhD '08) was recognized by the International Nurses Society on Addictions with its 2011 Research Award. Broyles,

a research health scientist in the U.S. Department of Veterans Affairs Center for Health Equity Research and Promotion at the VA Pittsburgh Healthcare System; core faculty member at the VISN 4 Mental Illness Research, Educational and Clinical Center; and assistant professor of medicine at the University of Pittsburgh School of Medicine, has made significant contributions to the field of addictions in general as well as to advancing the addictions nursing profession.

Katie Ness Kandrysawtz (BSN '05) earned a master's degree from Millersville University in May 2011 and is working as a certified registered nurse practitioner at Springdale Pediatric Medicine in York, Pa.

Lisa Pietrusza (BSN '09) is a psychiatric staff nurse at Excelsa Health Latrobe Hospital and holds a certificate in clinical aromatherapy.

Ellen Reynolds (MSN '00), a pediatric nurse practitioner in the Benedum Pediatric Trauma Program at Children's Hospital of Pittsburgh of UPMC, received the Association of Camp Nurses Article of the Year award for her article, "Coping with Concussion at Camp: New Concepts in Management." She also has been appointed to the National Association of Pediatric Nurse Practitioners Position Statement Committee.

Heidi L. Stogard (MSN '08), previously a pediatric nurse practitioner at Pediatric Alliances, is currently a subinvestigator on the TODAY study. She is internationally board certified as a lactation consultant and spent 10 days in Nairobi, Kenya, in January, providing pediatric care to that underserved population.

In Memoriam

Lois M. Bushko
(BSN '51, BAS '79)
January 13, 2004

Kelly McCann Butschle
(BSN '98)
August 17, 2011

Emma Bantley Soloweigh Custer
(BSN '44)
April 28, 2008

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

Shirley Boatman Jennewine
(BSN '66)
November 8, 2011

T. Jean Mazero
(BSNEd '46)
November 25, 2008

Ruth Mrozek
(BSN '64, MN '70)
December 5, 2011

Ellen J. Wright Norton
(BAS '79)
August 11, 2011

Doris Sherman Petrosky
(BSNEd '50)
November 21, 2011

Ellenor Williams Vajda
(BSN '44, MLIT '49)
December 2, 2011

Edna Mae Wilson
(BSN '52)
August 25, 2011

Tara Rinier Work, (BSN '08), earned a Master's of Science in Nursing degree at Waynesburg University and is a nurse educator on the adolescent medicine and admission team at Children's Hospital of Pittsburgh of UPMC. She is also a certified pediatric nurse.

2010S

Chloe-Chlothilde E. Chapman (BSN '11) is a registered nurse in the trauma and burn unit at the University of Alabama Hospital in Birmingham, a Level I trauma center.

Lora K. Ott (MSN '95, PhD '11), assistant professor in the College of Health and Human Services Nursing and Allied Health Professions at Indiana University of Pennsylvania, is

the recipient of the 2011 Linda Strangio Editor's Award for her article, "Intrahospital Transport to the Radiology Department: Risk for Adverse Events, Nursing Surveillance, Utilization of a MET, and Practice Implications," which appeared in the June 2011 issue of the *Journal of Radiology Nursing*. The award was formally presented at the Association for Radiologic & Imaging Nursing's Annual Convention, in San Francisco, Calif., in March 2012 and honors the memory of the late Linda Strangio, past editor of *Images* (former name of the *Journal of Radiology Nursing*) and a certified critical care and radiology nurse.

Nursing Alumni Celebrate Class Reunions and Homecoming 2011

The School of Nursing hosted its annual 50+ Reunion Luncheon and Homecoming Tea on Friday, October 14, 2011, as part of the University's Homecoming 2011 weekend.

- Alumni from grad classes ending in 1 and 6 marked milestone reunions.
- Alumni celebrating 50 reunion years and more were treated to a complimentary, by-invitation-only luncheon.
- Honored luncheon guests were alumni from the Classes of 1946, 1951, 1956, and 1961. They were given a special welcome from Associate Dean for Sandra Engberg and were "pinned" anew by Engberg and Professor Judith Erlen, PhD program director and health and community systems department chair.
- The alumni program included the following:
 - School update presentation by Engberg
 - Recognition of 2011 Distinguished Alumni awardees Lora E. Burke (PhD '97) and Nancy L. Rothman (BSN '63)
 - Recognition of the 2011 Outstanding Young Alumni awardee Brent A. Dunworth (BSN '96, MSN '99)
 - Recognition of the 2011 Honorary Alumni awardee Yvette P. Conley, MS, PhD
- Class reunion photos, a self-guided tour of the school, and a homecoming tea rounded out the afternoon's festivities.
- Nursing alumni then joined all University of Pittsburgh alumni at the University's Welcome Back Reception in the Cathedral of Learning.
- The nursing alumni who traveled the farthest distance were Jacqueline Marsh Smith (BSN '61), traveling 2,541 miles from Kent, Wash., and Ruth Ann Brawdy (BSN '61), traveling 2,529 miles from Lakeside, Calif.
- The best-represented class was the Class of 1961, marking a 50-year reunion with 28 returning classmates.



Thanks to our alumni who made our 2011 alumni event a success!

Mark your calendars for the School of Nursing's 2012 Alumni Program and Homecoming Tea in October (date to be announced).

Above, left: Nursing Alumni Society President Juliana Shayne (BSN '73) presents Yvette Conley with the 2011 Honorary Alumni Award. Right, top to bottom: Class of 1961 was proud to pose with their Pitt nurse caps, Class of 1981, Class of 1956, and Class of 1951



2011 Legacy Laureate Honored

Ruby L. Wilson (BSNEd '54), EdD, FAAN, was named a 2011 University of Pittsburgh Legacy Laureate and returned to campus to attend a special recognition event hosted by Chancellor Mark A. Nordenberg on Thursday, October 13, as Homecoming 2011 began. Her visit also included a stop at the School of Nursing, where she addressed faculty, staff, and students at an afternoon reception.

Assistant to the chancellor for health affairs at Duke University and dean emerita of the Duke School of Nursing, Wilson has served in a number of pioneering leadership positions nationally and internationally throughout her professional career. She collaborated with her Duke colleagues to initiate the first master's degree program in clinical nursing, which became a

national model for graduate nursing specialization. As a member of the Institute of Medicine, Wilson served on the 1983 National Nursing Study, which resulted in the formation of the National Institute of Nursing Research. In 2008, she received the Lifetime Achievement Award from the Duke School of Nursing, and in 2009, she was named a Living Legend by the American Academy of Nursing. The University of Pittsburgh School of Nursing honored Wilson with its 2010 Distinguished Alumni Award.

Nursing Alumni Society Recognized by the Pitt Alumni Association

The Nursing Alumni Society (NAS) was the recipient of two Pitt Alumni Association recognitions last fall. NAS maintained Gold Banner status within the alumni association's Banner Program and received a \$500 scholarship contribution. Additionally, the alumni association selected NAS to receive a \$1,000 grant that supported the school's second annual 50+ Reunion Luncheon during Homecoming 2011.



UNIVERSITY OF
PITTSBURGH

225
YEARS
OF BUILDING
BETTER LIVES
1787-2012

University Marks 225th Anniversary in 2012 as the School of Nursing Launches Plans for Its 75th Anniversary in 2014

Founded in 1787 as the Pittsburgh Academy, the University of Pittsburgh has been on a transformational journey from regional university to international research university. It has risen to prominence and today ranks among the nation's top public research universities. The University's rich history has shaped its future of promise and has contributed to Pitt building better lives for 225 years.

The 225th anniversary officially kicked off in February 2012 at Honors Convocation, when Chancellor Mark A. Nordenberg addressed faculty, students, staff, and friends, and will come to a close during homecoming weekend in the fall. A Web site showcasing 225 stories and a complete list of 225th anniversary activities can be found at www.225.pitt.edu. Make plans to return to campus and be a part of this celebration.

The School of Nursing's 75th anniversary planning will continue as we move toward 2014. An enthusiastic planning committee is in place with alumni representation across a variety of decades. The anniversary celebration will have something for everybody. Visit www.nursing.pitt.edu often to stay informed as plans evolve.

As alumni, you are part of the school's history and an even bigger part of its success!



Call for 2012 Distinguished and Honorary Alumni Award Nominations

Our alumni represent the University of Pittsburgh locally, nationally, and internationally through their work as nursing professionals. The School of Nursing annually selects one or more distinguished alumni and honorary alumni awardees to be recognized during its annual alumni program.

Nomination packets* for the 2012 Distinguished and Honorary Alumni awards will be accepted through May 1, 2012. Distinguished and Honorary Alumni Award nominations should be submitted to the University of Pittsburgh, School of Nursing, Alumni Office, 218 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261.

Distinguished Alumni Award

Nominees for the Distinguished Alumni Award must be University of Pittsburgh School of Nursing graduates and are considered on the basis of leadership; achievement; and contribution in areas such as: academia, administration, clinical practice, research, and service (professional and community).

(Distinguished Alumni Award nomination packets should indicate in which area nominees should be considered.)

Honorary Alumni Award

This award recognizes an individual who is not a graduate of the University of Pittsburgh School of Nursing but who has demonstrated extraordinary service to and support for the school's mission.

**Nomination packets for both the Distinguished Alumni Award and the Honorary Alumni Award should include any materials (such as curriculum vitae or résumé) and information that supports the nomination (e.g., letters of support or pertinent materials that enhance CV items).*

For more information, please contact Assistant Director of Alumni Relations Joan Nock in the Nursing Alumni Office at 412-624-2404 or jno100@pitt.edu.

Call for 2012 Outstanding Young Alumni Award Nominations

Our young alumni are impacting nursing practice as they build professional careers as nurse administrators, nurse educators, nurse practitioners, and nurse researchers. Each represents the future of the profession.

Nomination packets for this award will be accepted through May 1, 2012. Please submit packets to University of Pittsburgh, School of Nursing, Alumni Office, 218 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261.

Recipient Selection Criteria:

- Must be 40 years of age or younger and hold a degree from the University of Pittsburgh School of Nursing, with the degree granted within the past 10 years
- Must have attained a high level of professional accomplishment
- Must have high standards of personal integrity and character

Additional Selection Criteria:

- Candidates currently enrolled in a degree-granting program of study, regardless of institution, may be considered for this award provided a first degree from the University of Pittsburgh School of Nursing was granted within the past 10 years.
- Candidates may include community service and other accomplishments achieved while pursuing their degree in addition to activities since receiving their degree.
- Nomination packets should include a maximum of three letters of support.
- Nomination packets should include a current résumé or curriculum vitae.
- Additional supporting materials (e.g., special honors, award recognition, press clippings, etc.) also may be included.

Selection Procedure:

- The Nursing Alumni Society Executive Board and School of Nursing dean will review nomination packets.

For more information, please contact Assistant Director of Alumni Relations Joan Nock in the Nursing Alumni Office at 412-624-2404 or jno100@pitt.edu.

Call for Applications: Ruth Perkins Kuehn Research Award

The purpose of the Ruth Perkins Kuehn Research Award is to encourage the research career development of University of Pittsburgh School of Nursing alumni and faculty. It is anticipated that a research grant for a maximum of \$20,000 will be given to fund clinical research in fiscal year 2013. A clear application providing support

for the practice of nursing must be evident. Please visit www.nursing.pitt.edu/department/cre/research_funding.jsp for further details after April 15, 2012.

The application deadline is 4 p.m. eastern daylight time, Friday, July 6, 2012.

Continuing Nursing Education

The University of Pittsburgh School of Nursing's Office of Continuing Nursing Education (CNE) provides a variety of on-campus and online educational activities to promote life-long learning for professional nurses focusing on the areas of advanced practice, education, leadership, and reentry into

practice. A current calendar of scheduled educational activities is available on the School of Nursing Web site, www.nursing.pitt.edu; click on the link for continuing education. For specific information or with questions, call 412-624-3156 or e-mail conted@pitt.edu.

SPEAKERS BUREAU

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

ALUMNI LEARNING NEEDS ASSESSMENT

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

ON-CAMPUS ACTIVITIES

PHARMACOLOGY AND CLINICAL PRACTICE UPDATE SERIES

April 14, May 5, and June 2, 2012

This series continues to be well attended and is now available via video-conference at all of the University of Pittsburgh regional campuses. The series provides the latest pharmacology updates along with corresponding clinical practice implications. A complete listing of topics can be found on the CNE Web site.

Program Fee: \$60 per session (discounts are available when registering for two or more sessions)

Continuing Nursing Education Contact Hours: 3 per session

NURSING NOW CONFERENCE: LEADING CARE IN AN AGE OF COMPLEXITY

June 4 and 5, 2012, University Club

The conference presents nurses with the opportunity to acquire new knowledge and insight for successfully navigating today's complex health care environment in the areas of leadership, clinical practice, and information technology. For more information and registration, visit www.nursingnowconference.com.

Program Fee: \$349; \$50 discount for Pitt and UPMC employees and first author poster presenters

Continuing Nursing Education Contact Hours: 11

SAVE THE DATE

ELITE SIMULATION WORKSHOP

May 23 and 24, 2012, Pittsburgh Airport Marriott

The Emerging Learning and Integrated Technologies Education (ELITE) Faculty Development Program at the University of Pittsburgh School of Nursing will host a two-day simulation workshop in partnership with the fifth annual WISER Symposium on Nursing Simulation.

NEW ONLINE PROGRAMS

ADDICTION TRAINING FOR NURSES (SBIRT)

How can nurses identify and help patients who use, misuse, and are dependent on drugs and alcohol?

This online learning activity is intended to educate professional nurses in the knowledge and clinical application of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for the identification of a patient's alcohol and other drug use. Participants will have the opportunity to evaluate their progress in learning about the evidence-based practice model through video lectures, case studies, and a quiz.

Program Fee: \$30

Continuing Nursing Education Contact Hours: 1.5

MOVING THE CLASSROOM INTO THE 21ST CENTURY

This online learning activity is intended to assist nurse educators with applying instructional design, learning strategies/activities, and instructional technologies to maximize both teaching and learning. The modules provide direction for the integration of technology tools to enhance both student learning and the professional practice of nurse educators. Practice activities are provided to help the participants gain the knowledge and skills presented in the content.

Program Fee: \$80

Continuing Nursing Education Contact Hours: 4

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

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

Faculty Awards and Honors



Michael Beach

Michael Beach (MSN '01, MSN '02, DNP '09), assistant professor, acute/tertiary care, was selected by the Mobile Acute Care Strike Team Concepts of Operations for a new facet of Disaster Medical Assistance Team through the U.S. Department of Health and Human Services.



Rose Constantino

Rose Constantino (MN '71, PhD '79), JD, FAAN, associate professor, health and community systems, received the 2011 Most Distinguished Alumni Award from Adventist University of the Philippines.



Marilyn Hravnak

Willa Doswell, PhD, FAAN, associate professor, health promotion and development, was selected by Genetic Alliance, a world health advocacy organization, to be part of its Consumer Task Force on Newborn Screening in raising awareness about newborn screening and mother parenting skill during the first months of life.

Marilyn Hravnak (MSN '83, PhD '00), BSN, FAAN, professor, acute/tertiary care, was the lead author of an abstract that won the Society of Critical Care Medicine (SCCM) neurology specialty award. The abstract, "Monoamine Relationship to Blood Load following Aneurysmal Subarachnoid Hemorrhage," was presented at the SCCM Critical Care Congress. Elizabeth Crago, MSN, research associate, acute/tertiary care, was a contributing author.

Irene Kane (MN '80), PhD, assistant professor, health and community systems, was elected chair of the University Senate Benefits and Welfare Committee.

Elizabeth LaRue, MLS, PhD, assistant professor, health and community systems, was selected to serve on the Pennsylvania eHealth Collaborative Advisory Committee for the improvement of health care delivery and health care outcomes in Pennsylvania. The committee provides leadership and

Mary Beth Happ, BSN, MSN, PhD, FAAN, professor, acute/tertiary care, received the 2011 Distinguished Alumna Award from the Frances Payne Bolton School of Nursing at Case Western Reserve University. Happ also has been appointed to the UPMC Health System Chair in Nursing Science. Appointment to a named chair is one of the highest honors that any university can bestow upon a member of its faculty.

strategic direction for public, private, federally funded, and state-funded investments in health information technology initiatives, including health information exchange capabilities and other related initiatives.

Jennifer Lingler (MSN '98, PhD '04), assistant professor, health and community systems, was elected to serve on the steering committee for the Education Cores of the Alzheimer Disease Research Center and Alzheimer Disease Centers.

Kathy Magdic (MSN '92, MSN '95, DNP '10), assistant professor, acute/tertiary care, and coordinator of the acute care nurse practitioner (ACNP) area of concentration, was elected chair of the ACNP Content Expert Panel of the American Nurses Credentialing Center.

Ann M. Mitchell, PhD, FAAN, vice chair for administration and associate professor, health and community systems, received the 2011 Education Award from the International Nurses Society on Addictions in recognition of her outstanding contribution to education in addictions nursing.

Michael Neft, BSN, MSN, DNP, assistant professor, acute/tertiary care, was selected to continue to serve as chair of the American Association of Nurse Anesthetists Practice Committee.

John O'Donnell (MSN '91), BSN, DrPH, director, nurse anesthesia program and associate professor, acute/tertiary care, was elected treasurer of the Pennsylvania Association of Nurse Anesthetists.

Paula Sherwood, BSN, MSN, PhD, associate professor, acute/tertiary care, was selected as a fellow of the American Academy of Nursing (AAN). She will be inducted at the AAN convention in October.

Janet Stewart, BSN, MSN, PhD, assistant professor, health promotion and development, was presented with the 2011 Research Article Award from the journal *Research in Nursing & Health* for her article, "Test of a Conceptual Model of Uncertainty in Children and Adolescents with Cancer."

Grants

after December 1, 2011

Susan Albrecht (BSN '75, MN '78), PhD, FAAN, associate dean for external relations and associate professor, health and community systems, received a grant from the Health Resources and Services Administration for "Nursing Faculty Loan Program."



Ann M. Mitchell



John M. O'Donnell



Paula Sherwood



Susan Albrecht



Two Faculty Members Honored

Alice M. Blazeck and **Jason (Jake) Dechant** were among five University faculty members to receive the 2012 Chancellor's Distinguished Teaching Award from Chancellor Mark A. Nordenberg. Each awardee received a \$2,000 cash prize, a grant of \$3,000 for the support of his or her teaching activities, and recognition at the University of Pittsburgh's 36th annual Honors Convocation.

Blazeck, (BSN '75), MSN, DNSc, assistant professor in the Department of Acute/Tertiary Care, was honored for her innovative teaching methods. "You have influenced positively the development of nursing students and helped prepare them to become admirable clinicians," said the chancellor. "As is evident from your excellent student evaluations, your commitment to teaching and creating engaging learning situations in your classroom is well appreciated by your students." Blazeck was previously recognized by the School of Nursing with two Distinguished Clinical Scholar Awards and the 2011 Dean's Distinguished Teaching Award.

Dechant, BA, MA, instructor and course director in the Department of Health Promotion and Development, was recognized by Nordenberg for his impact on the nursing school's teaching mission. "You have revised the anatomy and physiology curriculum, introducing an innovative two-semester model that integrates technology with more traditional educational methods," the chancellor noted. "As is evident from your excellent student evaluations, you have that rare ability to engage each student in a class and to adapt your teaching style to optimize student learning in the classroom." Dechant received the School of Nursing Dean's Distinguished Teaching Award in 2004.

Sue Wesmiller (BSN '77, MSN '83, PhD '10), postdoctoral scholar, acute/tertiary care, received a grant from the Oncology Nursing Society Foundation for "Variability of Genes of the Serotonin Pathway and Postoperative Nausea and Vomiting in Women with Breast Cancer."

Degrees

Brenda Cassidy (MSN '86, MSN '97, DNP '11), instructor, health promotion and development, successfully defended her Doctor of Nursing Practice (DNP) capstone project titled "A Quality Improvement Initiative to Increase HPV Vaccine Uptake and Dose Completion Rates Using an Evidence-based Educational and Reminder Strategy with Parents of Preteen Girls."

Dawn Chambers, BSN, MSN, DNP, instructor, acute/tertiary care, earned her DNP degree at Carlow University. Her capstone project was titled "Staff Compliance of a Multidisciplinary Rounding Protocol in the Medical Surgical Intensive Care Unit."

Geraldine Maurer, BSN, DNP, clinical instructor, health promotion and development, earned her DNP at Waynesburg University. Her capstone project was titled "Assessing the Beliefs, Knowledge, and Attitudes of Nurses towards Evidence-based Practice at a University Hospital in an Urban Setting: Assessment and Education Action Plan."

Tonya Rutherford-Hemming, BSN, MSN, EdD, instructor, health and community systems, earned her EdD at Northern Illinois University after successfully defending her dissertation, titled "Learning in Simulated Environments: Impact on Learning Transfer and Clinical Skill Acquisition in Nurse Practitioner Students."

Danielle Wymard-Tomlinson (BSN '77, MSN '81, PhD '10), DNP, instructor, acute/tertiary care, earned her DNP at Carlow University. Her capstone was titled "The Effects of an Educational Program on Self-reported Moral Distress in Critical Care Nurses."

Transitions

New to the School of Nursing are the following:

Karen Harrison, MSN, part-time instructor, acute/tertiary care

Faith S. Luyster, MA, PhD, full-time research assistant professor, nontenure stream, health and community systems

Julia Paronish (MSN '11), part-time instructor, acute/tertiary care

Donette Svidron (MSN '10), part-time instructor, health and community systems

Debra Thompson, (BSN '77, MSN '81, PhD '10), part-time assistant professor, acute/tertiary care



Debra Thompson

2011 Nightingale Awardees

The following University of Pittsburgh School of Nursing faculty members and student were honored at the 2011 Nightingale Awards of Pennsylvania:

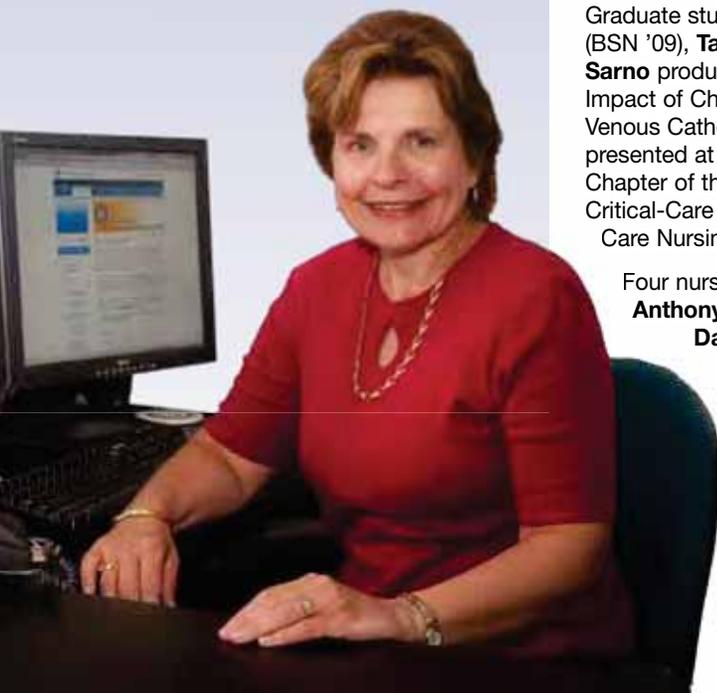
Michael Beach (MSN '01, MSN '02, DNP '09), assistant professor, acute/tertiary care, finalist for Advanced Practice RN

Alice Blazek (BSN '75), MSN, DNSc, assistant professor and vice chair for administration, acute/tertiary care, winner for Nursing Education

Annette DeVito Dabbs (PhD '03), FAAN, associate professor and vice chair for research, acute/tertiary care, winner for Nursing Research

Elizabeth Crago, MSN, postdoctoral student, acute/tertiary care, scholarship winner

Mary Rodgers Schubert, MPM, director of continuing education at the School of Nursing, recently became president of the Nightingale Awards of Pennsylvania. She also has served as development committee chair and executive committee chair within that organization.



Faculty Members and Alumni Inducted into the American Academy of Nursing

The following University of Pittsburgh alumni and faculty members were inducted as fellows of the American Academy of Nursing:

Margaret-Ann Carno (PhD '02)

Susan Gaskins, MPH

Janice Penrod (BSN '76)

L. Kathleen Sekula (MSN '86, PhD '98)

Paula Sherwood, BSN, MSN, PhD

Linda Siminerio, MS, PhD

Student Awards and Honors

Graduate students **Amanda Federovich**, **Katrina Hribik**, **Emily Miller**, **Jess Monocello**, and **Lindsay Walker** (BSN '03) created a poster that was accepted by the 23rd Annual Greater Pittsburgh Nursing Research Conference, which was sponsored by the VA Pittsburgh Healthcare System. The title of the poster was "Decreasing Vasospasm by Maintaining a Normal Body Temperature in Subarachnoid Hemorrhage Patients." Their project mentor was **Kathryn R. Puskar** (MN '71), MPH, DrPH, FAAN, professor, health and community systems, and coordinator, psychiatric mental health concentration.

Graduate students **Shera Stack** and **Adelle Lotinsky** (BSN '10) presented their poster, "Sepsis: The Nurse's Role in Reducing Cost and Mortality," at the 2011 Student Nurses' Association of Pennsylvania annual summit in October.

Graduate students **Mary Celis**, **Kelly Kerris** (BSN '09), **Tammy Novotne**, and **Jessica Sarno** produced a poster, "Economic Impact of Chlorhexidine Sponge for Central Venous Catheters," which Celis and Kerris presented at the Southeastern Pennsylvania Chapter of the American Association of Critical-Care Nurses' TRENDS in Critical Care Nursing conference in October.

Four nurse anesthesia students—**Anthony Chao**, **Lance Fusselman**, **David Hefferan**, and **Chrissy Wright**—worked together on a poster, "Anesthesia Providers Contribute to Operating Room Contamination," which was accepted for presentation at the Pennsylvania Association of Nurse

Anesthetists (PANA) Fall Symposium. Their faculty mentors are Puskar and **John O'Donnell** (MSN '91), BSN, DrPH, associate professor, acute/tertiary care, and director, nurse anesthesia program. Fusselman and Wright presented at the symposium in October.

Graduate students Chao and **Kimberly Anderson** published the results of their staff-driven quality improvement project, the Use of a Computerized Report Tool to Aid in Charge Nurse Change of Shift Communication, in the November 2011 issue of *Nursing2011 Critical Care*. Their mentor is **Irene Kane** (MN '80), PhD, assistant professor, health and community systems.

Undergraduate student **Jarae Payne** received an Evelyn Paige Parker Scholarship from the Association of Pittsburgh Black Nurses, a chapter of the National Black Nurses Association, Inc.

Malinda Miller, a graduate student in the nurse anesthesia program, was selected as the student representative to PANA. In addition, **Shannon Barr** (BSN '09) was named a delegate to PANA representing the University of Pittsburgh. Both positions are selected by the PANA Board of Directors.

Undergraduate student **Jin Ah Lee** had a poster abstract, "Race and Gender Differences in Subjective Reporting of Pain and Mean Maximum Pain Scores," selected as the BSN poster to represent the school at the Eastern Nursing Research Society 2012 conference.

Upcoming Events

22 Nursing Students Participate in Fourth Annual Pitt Make A Difference Day

Twenty-two nursing students were among more than 4,000 University of Pittsburgh students who rolled up their sleeves to participate in the fourth annual Pitt Make A Difference Day (PMADD) on October 22, 2011, in Oakland and surrounding communities.

Pitt students were dispersed to nearly 70 different sites and worked with local partnering groups—including Habitat for Humanity, Tree Pittsburgh, L.I.V.I.N.G Ministry, and the Pittsburgh AIDS Task Force—to assist with such service tasks as cleaning up local neighborhoods, planting trees and gardens, painting, and assisting at food banks.

Modeled after the national Make A Difference Day, PMADD provides an opportunity for Pitt students to enhance their roles as leaders in community-wide volunteerism and service, foster collaboration across student organizations, unify the Pittsburgh campus, and inspire Pitt pride.



Nightingale Lamp

The lamp Florence Nightingale carried on her rounds among the injured British soldiers during the Crimean War as she delivered care and collected data to support changes in hospital care became the symbol of her efforts to improve the practice of nursing. Through the years, this lamp has become the symbol of the nursing profession's commitment to the task of ensuring continuous progress and improvement of nursing practice.

The tradition of the "passing of the light" was established at the University of Pittsburgh School of Nursing to symbolize the passing of this commitment from one generation of nurses to the next. This lovely ceramic Nightingale lamp is a symbol of modern nursing and a reminder of the School of Nursing's tradition of passing the light.

Spring Graduation Ceremony

Saturday, April 28, 2012

6 p.m.
Soldiers & Sailors Memorial
Hall & Museum
4141 Fifth Avenue
Pittsburgh, PA 15213

Reception immediately following in the commons room, Cathedral of Learning

Homecoming Weekend 2012

Date to be announced

Alumni Program and Homecoming

2 p.m.
First-floor Lobby, Victoria Building

Classes ending in 2 and 7 will be recognized as milestone reunion classes.

Nancy Glunt Hoffman Memorial Golf Outing

Monday, July 23, 2012

11 a.m. Registration

12:30 p.m. Shotgun Start

5 p.m. Reception, Auction, and Dinner

Allegheny Country Club
RD 6, Country Club Road
Sewickley, PA 15143

Cameos of Caring® Awards Gala

Saturday, November 3, 2012

6 p.m. Reception and Auction

7 p.m. Dinner and Awards Presentation

David L. Lawrence Convention Center
Spirit of Pittsburgh Ballroom
1000 Fort Duquesne Boulevard
Pittsburgh, PA 15222

Summer Graduation Ceremony

Friday, August 10, 2012

University of Pittsburgh
School of Nursing
Room 125, Victoria Building



Enjoy this lovely ceramic Nightingale Lamp, symbolic of modern nursing and a reminder of the University of Pittsburgh School of Nursing's tradition of passing the light, for only \$25.

I would like to order _____ lamp(s) at \$25 each.

Total enclosed: \$ _____

Name: _____

Address: _____

E-mail: _____

Please make checks payable to **University of Pittsburgh**.

Mail or drop off check and order form to:
University of Pittsburgh
School of Nursing
Joan Nock
218 Victoria Building
3500 Victoria Street
Pittsburgh, PA 15261

Thank you for your support of the Nursing Alumni Society and School of Nursing students! All proceeds benefit School of Nursing students.

Can you identify the year and the faces below?



If so, contact Joan Nock at 412-624-2404 or jno100@pitt.edu. We will publish your answer in the next issue of *Pitt Nurse*.

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



Remember When? Photo from Summer 2011 Issue

The photo that appeared in the summer 2011 issue has been identified as having been taken at the Pinning Ceremony on April 22, 1979, and shows classmates from the Class of 1979. The alumni pictured are (left to right) Karen Bobetich, Karen Bovard Gowin, Geneva Brand Blankenhorn, and Patricia Brennan Zenner. Phone calls and e-mails came in from Bobetich; Zenner; Zerelda Brand Del Fiugo (BSN '61), Blankenhorn's sister; Janna Skurla Sherrill (BSN '79); Robert DeLillo (BSN '79); and Joy Seder (BSN '81).

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What's Happening?

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

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

Degree(s) and Year(s) of Graduation

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Complete and return to: University of Pittsburgh
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Pitt Nurse
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