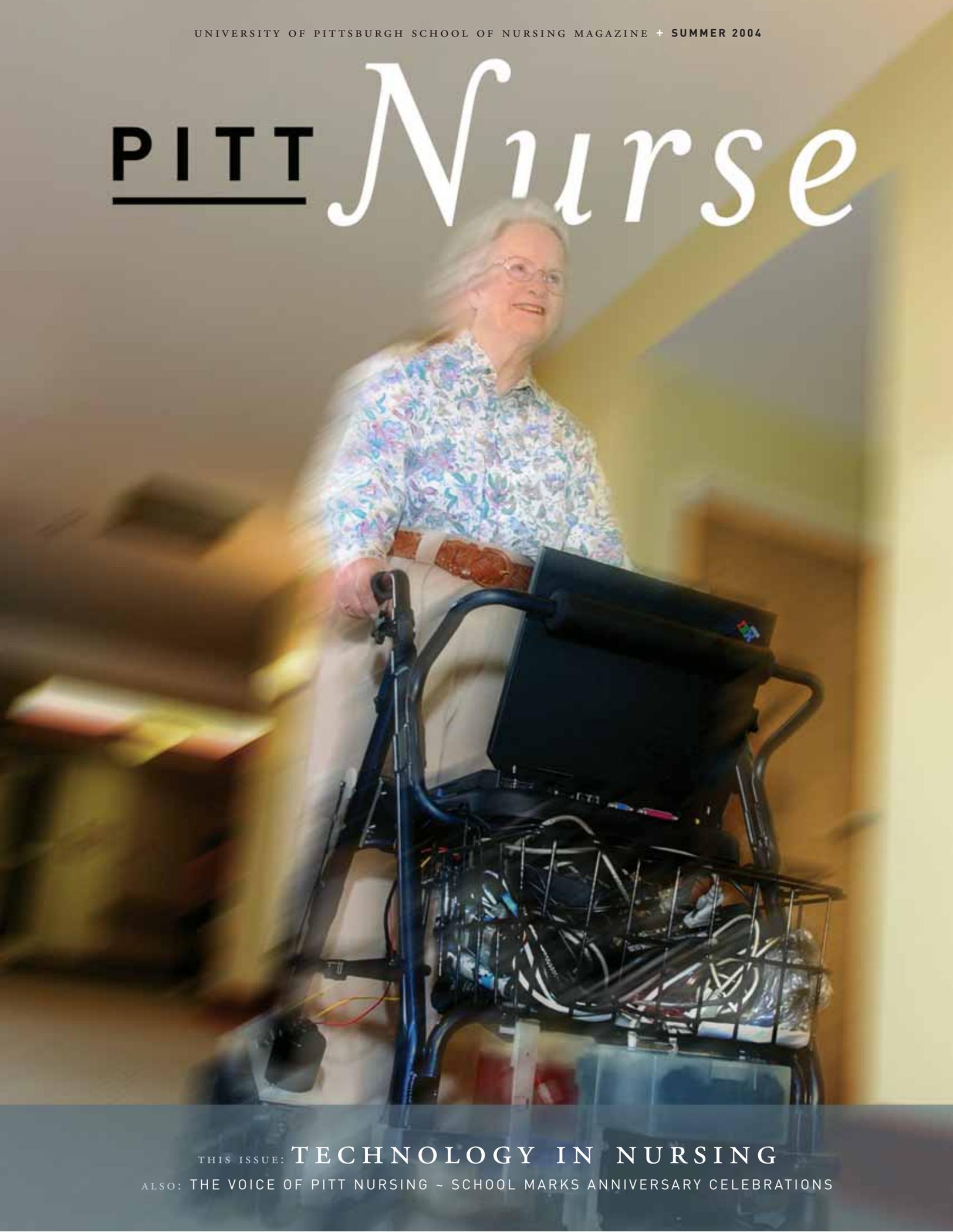


# PITT Nurse



THIS ISSUE: **TECHNOLOGY IN NURSING**  
ALSO: THE VOICE OF PITT NURSING ~ SCHOOL MARKS ANNIVERSARY CELEBRATIONS



ABOUT THE COVER → Mary Hanna, a resident of Longwood at Oakmont, takes the Intelligent Mobility Platform (IMP) for a test walk. Assistive technology can help sustain the independence of older adults. The IMP is modified from a standard walker and equipped with the ability to navigate, orient, and guide residents on predictable journeys.

## DEAN'S MESSAGE



# Inside PITT NURSE



PAGE 12



PAGE 19

### FEATURES

#### TECHNOLOGY

9

Throughout the history of professional nursing, technology has shaped the way care is provided to patients. Because patient care is always primary, nurses at the University of Pittsburgh School of Nursing are studying how technology impacts patient care.

#### ADVANCES

22

Nursing researchers at the University of Pittsburgh School of Nursing are developing a variety of technologies to improve patient care. At the same time, technologies such as distance learning, multimedia, and human simulation laboratories are improving the learning process for nursing students and educators.

DEAN'S MESSAGE	1
NURSE BEAT	2
FIRST PERSON	10
ALUMNI SNAPSHOT	26
DEVELOPMENT NEWS	28
ALUMNI NEWS + NOTES	29
CAMEOS OF CARING PREVIEW	38
REMEMBER WHEN	40
WHAT'S HAPPENING?	41

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

Technology has become an integral part of healthcare, communication, and decision making. Today's students must be familiar with relevant technology, as well as be prepared to adjust to the rapidly evolving technologies. Students in the School of Nursing receive instruction in healthcare informatics. They are exposed to the educational technology of robotic simulations to develop their clinical judgment. Interested students can take elective work to learn more about technology development and evaluation in interdisciplinary courses. This is expected to be a growing area within the School, just as it is within healthcare.

There is a developing emphasis on evidence based practice beginning in the education of the

undergraduate students and continuing through our graduate program offerings. The knowledge base for healthcare is growing so quickly that practitioners must remain current through research literature and must have the capability to apply that information wisely and systematically.

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

Sincerely,

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

## JANICE DORMAN APPOINTED ASSOCIATE DEAN

The School of Nursing is pleased to welcome Janice S. Dorman to the leadership team as associate dean for Scientific and International Affairs, effective September 1, 2004. Dorman, PhD, MS comes from the Graduate School of Public Health at the University of Pittsburgh where she served as associate dean of Research and associate professor of Epidemiology. Dr. Dorman has conducted extensive international research on the genetic epidemiology of diabetes and other autoimmune diseases, and their impact on women's health.

Dr. Dorman is principal investigator of three NIH-FUNDED R01 grants, including a sub-project for the World Health Organization (WHO) Multinational Project for Childhood Diabetes, known as the WHO DiaMond Project. She also serves as director of Molecular Epidemiology for the WHO Collaborating Center for Diabetes Registries, Research and Training. As director of the International Molecular Epidemiology Task Force, Dr. Dorman coordinates international training programs in molecular epidemiology.



## MARJORIE A. NEBEL SCHAFER MEMORIAL FUND ESTABLISHED

On September 30, 2003, a car accident tragically took the life of Marjorie A. Nebel Schaffer BSN '81, an RN who worked in Butler Memorial Hospital's maternity unit. As a lasting tribute to the life and work of this caring and devoted nurse, the family of Ms. Schaffer, along with the University of Pittsburgh School of Nursing, has established the "Marjorie A. Nebel Schaffer Memorial Fund." This fund will provide financial support for undergraduate students attending the University of Pittsburgh School of Nursing. Individuals who would like to contribute to this memorial fund can contact Mary Rodgers Schubert, MPM, RN, director of development, University of Pittsburgh School of Nursing, at (412) 624-7541 or [mschuber@pitt.edu](mailto:mschuber@pitt.edu).

## CNR = CRE

The Center for Nursing Research (CNR) has been renamed The Center for Research and Evaluation (CRE) to reflect the center's expanded responsibilities in assuming oversight of the data for evaluation projects at the School of Nursing.

Susan Sereika, PhD, associate professor, has been appointed director of the CRE and Gale Podobinski assigned as staff support.

Dr. Sereika manages the data collection for the School's Evaluation Committee and has served as interim director since June 1, 2003.

Susan also serves as a faculty statistician to the research faculty in the School of Nursing, assistant director for statistical support services in the Center for Nursing Research, director of the Biostatistics and Data Management Core in the Center for Research in Chronic Disorders, a federally funded core center grant from NINR, co-director of the Information Technology and Biostatistics Core in the General Clinical Research Center, and participates on committees focusing on issues related to information technology at the University of Pittsburgh and several professional organizations.

## 2004 Dean's Distinguished Teaching Awards

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



### Jason J. Dechant, MA

Instructor/Course Director

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



### Rosemary Hoffmann, RN, MSN

Clinical Instructor

Rose Hoffmann has been a member of the faculty of the School of Nursing since 1995. Primary teacher and clinical instructor for the undergraduate Advanced Clinical Problem Solving course in the school's Department of Acute and Tertiary Care since 1998, she is also the clinical instructor for the senior level management course. Hoffmann's dedication and her creativity has led to several innovations in teaching within the School of Nursing and increased the School's visibility nationally.

## NEW FACULTY

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

### FULL-TIME

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

**Deborah Crowley-Lisowski, MSN** ('88, Virginia Commonwealth University), instructor, Department of Health and Community Systems.

**Paula Sherwood, MSN** ('95, University of Iowa), research assistant professor, Department of Acute and Tertiary Care.

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

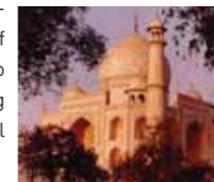
### PART-TIME

**Joy Laughlin, MSN** ('03, University of Pittsburgh), instructor, Department of Acute and Tertiary Care.

**Diane Litvinuk-Roach, MSN** ('02, University of Pittsburgh), instructor, Department of Health and Community Systems.

## OVERSEAS EXPERIENCE

**Mark Von Stein, MN, RN, CCRN**, instructor in the Department of Acute and Tertiary Care, led a group of undergraduate nursing students (and one alum) to India for a study abroad program. The group lived, studied, and shared clinical experiences with Indian students in underserved areas of the country. This was the first group of students to participate in this course as part of the school's initiative to address transcultural nursing issues and expand its global outreach and perspective.



## COMMUNITY EXPERIENCE

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



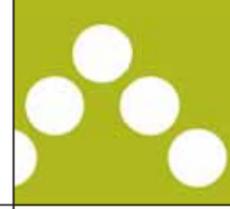
## OUT OF STATE EXPERIENCE

Three nursing students took their Transitions into Professional Nursing course far from the University of Pittsburgh's Oakland Campus.

**Sherri Baker, Danielle Hodge** and **Melissa Koske** had the unique opportunity to spend August through December 2003 in Florida due to the efforts of Pat Messmer, PhD, BSN '67, an alumna of the School of Nursing and a current nurse researcher at Miami Children's Hospital. The students received housing through Miami Hospital's Social Services and earned nine credits from the experience.

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

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



## FACULTY NEWS

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

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

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

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

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

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

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

**Judith A. Kaufmann, DrPH, CRNP**, instructor in the Department of Health Promotion and Development, successfully defended her doctoral dissertation, a methodological evaluation study, "Caring Habit of the Month Program: Cognitive, Affective and Behavioral Effects on an Anti-Violence Program in Middle School Children" on June 11, 2004.



Susan A. Albrecht, PhD, RN, FAAN



Mary Cothran, PhD, CRNP



Nancy Donovan, MN, RN



John O'Donnell, MSN, RN



Nancy Grove, PhD, RN



Marilyn Hravnak, PhD, RN, CRNP



Elizabeth Schlenk

**Kathy Magdic, MSN, RN, APRN, BC**, program coordinator, Acute Care Nurse Practitioner Program, Department of Acute and Tertiary Care, received a one-year extension for her Distinguished Clinical Scholar study on issues related to reimbursement for advanced practice nurses.

**Donna G. Nativio, PhD, RN, FAAN**, associate professor, Department of Health Promotion and Development, has been re-elected to a two-year term on the board of the Society of Primary Care Policy Fellows.

**John O'Donnell, MSN, RN**, director of the school's nurse anesthesia program and instructor, Department of Acute and Tertiary Care, has been named to the national board of directors of the Anesthesia Patient Safety Foundation, whose mission is to improve anesthesia safety across the United States. He is one of only two CRNAs in the country on the board. John has also been assigned to the Committee on Technology due to his work in the field of Human Simulation and his position on the steering committee of the Winter Institute for Simulation Education and Research (WISER).

**Thelma Patrick, PhD, RN, MS**, assistant professor, Department of Health Promotion and Development, had a paper accepted for the journal "Hypertension" titled "Homocysteine and Folic Acid Are Inversely Related in Black Women with Preeclampsia" published in the June 2004 issue. A press release by the American Heart Association, led to interviews with the Associated Press and CNN, and an article in the Wall Street Journal.

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

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

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

## STUDENT NEWS

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

**George W. Rodway, MSN, CRNP**, a student in the School's doctoral program, is the author of the manuscript "Prelude to Everest: Alexander M. Kellas and the 1920 High Altitude Scientific Expedition to Kamet," selected by The American Physiological Society (APS) as the recipient of the 2004 Orr E. Reynolds Award for best article submitted by an APS member. The Award was formally presented in Washington, DC in April. Rodway also chaired a symposium at the American Thoracic Society's 100th Annual Conference in Orlando in May: Intermittent Hypoxemia: Cardiovascular and Biomarker Response and received the "2003 Warren D. Bowman Award" in recognition for his outstanding contributions in services for wilderness medicine and to the Wilderness Medical Society.

**Kawkab Shishani**, a doctoral student from Jordan, received an \$11,500 grant from the Margaret McNamara Memorial Fund at the World Bank in Washington, D.C. This grant is awarded to women from developing countries who have demonstrated interest in issues affecting women and children, and who plan to return to their native countries when their studies are completed.

**Major Robin Walters**, a student in the Acute Care Clinical Nurse Specialist Program, has been deployed to Iraq.

## WE WANT TO HEAR FROM YOU!

Have a comment or suggestion for a future story? Send your letters to our "Reader's Mailbag." We will publish letters from our readers in each issue. Please send letters to: *Pitt Nurse*, Reader's Mailbag, University of Pittsburgh School of Nursing, Room 218, 3500 Victoria Street, Pittsburgh, PA 15261. You can also e-mail Joan Britten, *Pitt Nurse's* editor, at jeb69@pitt.edu. Letters are subject to editing for style and space limitations.



## THE INVISIBLE NIGHT STAFF

Thank you for offering a gentle helping hand  
 In the quiet, loneliness of the darkness.  
 For the extra blanket,  
 For the extra pillow,  
 And for noticing that I was restless  
 In the cool shadows of the night.  
 For offering your hand,  
 Your shoulder,  
 Your nonjudgmental ear, and  
 Your encouraging words  
 When the rest of the world was asleep.  
 Thank you for the extra minute you remained with me,  
 When I was feeling isolated and alone,  
 Agonizing over my illness,  
 And how it affects those I love and who love me.  
 Thank you for touching my heart with words of hope and motivation,  
 And for lifting my spirit with soothing reminders of how far I've  
 already come.  
 You may feel your efforts are not appreciated,  
 Because they are rarely noticed by anyone other than those of us.  
 Whose lives you touch.  
 But I notice you.  
 I appreciate you.  
 I thank God for you,  
 Here in the lonely quietness of the night.

— Beverly Wimbs, BSN, RN  
*(Beverly is a current student in the School of Nursing's Adult Nurse Practitioner Program)*

## STUDENT SCHOLARSHIPS AWARDED AT CONVOCATION 2003\*\*

Congratulations to the following School of Nursing undergraduate and graduate students who were honored with awards and scholarships, during the Convocation 2003 ceremony held on September 8 at the Victoria Building:

### UNDERGRADUATE AWARDS & SCHOLARSHIPS

#### ADDA ELDREDGE SCHOLARSHIP, SIGMA THETA TAU, ETA CHAPTER

Keiko Kobayashi '03  
Nicole Zangrilli '03

#### ADENA JOHNSON DAVIS SCHOLARSHIP IN NURSING

Juanita Coram '07  
Bethany Francis '05

#### AFRICAN-AMERICAN NURSING ALUMNI SCHOLARSHIP

Felicia Cobb Taylor '04

#### ALUMNI SENIOR STUDENT AWARD

Kirsten Montgomery '03

#### ANN M. J. REED MEMORIAL SCHOLARSHIP

Mandy Bell '05  
Karen Berna '05  
Andrea Fuhrman '05  
Jill Radtke '05

#### \*ANNE J. PIERCE ENDOWED FUND FOR STUDENT RESOURCES

Josephine See '07

#### ARMY ROTC PARTNERS IN NURSING EDUCATION SCHOLARSHIP

Chelsi Genday '06  
Elise LaCroix '07

#### \*ELAINE F. HAGERTY MEMORIAL NURSING STUDENT RESOURCES FUND

Kathleen Durkan '04

#### ELIZABETH LUCAS & WILBUR J. CHAFFEE MEMORIAL UNDERGRADUATE SCHOLAR'S AWARD

Taura Palfreyman '04

#### \*ELLEN B. RUDY SCHOLARSHIP FOR FUTURE NURSING LEADERS

Jaclyn Kosik '07

#### ENID GOLDBERG SENIOR AWARD FOR LEADERSHIP & PROFESSIONAL DEVELOPMENT

Jamie Neiley '03

#### \*FRANK & ANNA MINNO SCHOLARSHIP FUND IN MEMORY OF THEIR DAUGHTER LT. COL. JULIA MINNO

Elizabeth Guydo '04  
Johanna Stump '05

#### \*KATHRYN C. & JOHN W. CONWAY ENDOWED STUDENT NURSING AWARD

Elizabeth Guydo '04  
Johanna Stump '05

#### KEEPERS OF THE LIGHT

Kristin DiCola '03  
Karen Mercaldo Pasi '03  
Susan Reese '03

#### \*LADIES HOSPITAL AID SOCIETY ENDOWED FUND FOR STUDENT RESOURCES

Adrienne Clark '04

#### \*LT. ANN VISNOVSKY MINER-CLASS OF 1948 NURSING SCHOLARSHIP FUND

Chelsi Genday '06  
Elise LaCroix '07

#### \*PIRATES ALUMNI AFRICAN-AMERICAN NURSING STUDENT SCHOLARSHIP

Ikeba Bonas '05

#### \*REBECCA OLIVE MCKINNEY ENDOWED FUND FOR STUDENT RESOURCES

Johanna Stump '05

#### \*THE STELLA YAKSICH ENDOWED SCHOLARSHIP

Elizabeth Guydo '04

### GRADUATE AWARDS & SCHOLARSHIPS

#### \*BERYL B. HAUGHTON JACKSON ENDOWED FUND FOR GRADUATE STUDENTS TO STUDY WOMEN'S HEALTH

Sue Lehman-Trzynka (Doctoral)

#### \*BESSIE LI SZE SCHOLARSHIP

Kathleen Bonosky (Master's)

#### CORINNE M. BARNES AWARD, SIGMA THETA TAU, ETA CHAPTER

Beth Windsor (Master's)

#### \*CORINNE M. BARNES ENDOWED SCHOLARSHIP

Margaret Ferons (Doctoral)  
Yu-Yun Alice Hsu (Doctoral)

#### \*DORIS E. & DAVINA J. GOSNELL ENDOWED NURSING SCHOLARSHIP

Patricia Goorin (Master's)

#### \*DOROTHY DRAKE BROOKS ENDOWMENT

David Audet (Master's)

#### ELIZABETH LLOYD NOROIAN SCHOLARSHIP

Eric A. Wrenn (Master's)

#### ENID GOLDBERG AWARD, SIGMA THETA TAU, ETA CHAPTER

Frank Ricci (Master's)

#### \*JEANNE SWINDELL WOLFE ORR ENDOWED FUND FOR GRADUATE STUDENTS

Kathleen A. Feltes (Doctoral)

#### \*PATRICIA P. LYNCH SCHOLARSHIP

Amy Bettencourt (Master's)

#### \*ROSE E. CONSTANTINO ENDOWED SCHOLARSHIP

Roberta F.J. Kurland (Master's)

#### RUTH PERKINS KUEHN STUDENT AWARD, SIGMA THETA TAU, ETA CHAPTER

Kelly Meno (Master's)

George W. Rodway (Doctoral)

#### \*SZEMING SZE STUDENT AWARD

Keiko Kobayashi (Master's)

#### \*W. EDWARD AND JEANNETTE L. WOLFE MEMORIAL FUND

Susan Joseph (Master's)

\* Denotes endowed School of Nursing Scholarship. Scholarships in blue print are first-time awards.

\*\* Convocation 2004 awardees will appear in the next issue.

## RESEARCH STUDIES

**Sheila Alexander, PhD (c), RN, BSN**, post-doctorial student in the Department of Acute and Tertiary Care, has been awarded a grant from Sigma Theta Tau - Eta Chapter for her study "APOE Genotype and Cerebral Vasospasm and Outcomes after Subarachnoid Hemorrhage". Sheila was also awarded a grant from the American Nurses Foundation for the study "Biomarkers Predicting Cerebral Vasospasm Following Subarachnoid Hemorrhage" (11/1/03 - 10/31/04).

**Denise Charron-Prochownik, PhD, RN**, associate professor for the Department of Health Promotion and Development, and her project staff, are involved in two current research studies utilizing computer based technology for delivering diabetes specific healthcare information: *Genetic Information for Testing Diabetes (GIFT\_D)*, funded by the Department of Defense, and the *Reproductive Health Program for Teen Girls with Diabetes: An Intervention Study*, funded by the American Diabetes Association, using CD ROMs to deliver preconception counseling to adolescent females with Type 1 diabetes.

**Yvette Conley, PhD**, assistant professor for the Department of Health Promotion and Development, is a collaborator on Dr. Charron-Prochownik's *Genetic Information for Testing Diabetes* study to guide the development of the Health Care Profession modules.

**Jacqueline Dunbar-Jacob, PhD, RN, FAAN**, dean of the School of Nursing and director of the Center for Research in Chronic Disorders (CRCD), has been notified the grant for the CRCD has been renewed by the National Institutes of Health/National Institute of Nursing Research. Dr. Dunbar-Jacob has also been awarded a grant from the Pennsylvania Higher Education Foundation titled "Nursing Education Grant."

**Judith A. Erlen, PhD, RN, FAAN**, professor and doctoral program coordinator for the Department of Health Promotion and Development, has been awarded a grant from the Alzheimer's Association for her study "Toward Understanding the Process of Medication Taking Process in Persons with Alzheimer's Disease" (11/1/03 - 10/31/05).

**Nancy Grove, PhD, RN**, director and associate professor of the Nursing Program and coordinator of the School Nurse Certificate Program at UPJ, received a Nursing Education Grant from the Pennsylvania Higher Education Foundation for scholarships for students enrolled in the UPJ Nursing Program in the 2003-04 academic year.



Mary Beth Happ, PhD



Denise Charron-Prochownik, PhD, RN



Mary E. Kerr, PhD, RN, FAAN



Judith Matthews, PhD, MPH, RN



Yvette Conley, PhD



Judith A. Erlen, PhD, RN, FAAN



Nancy Grove, PhD, RN

**Mary Beth Happ, PhD, RN**, assistant professor for the Department of Acute and Tertiary Care, has been awarded a grant from the National Institutes of Health/National Institute of Nursing Research for her grant titled "Improving Communication with Nonspeaking ICU Patients" (9/1/03 - 6/30/08).

**Rosemary Hoffmann, RN, MSN**, has been awarded a grant from Sigma Theta Tau - Eta Chapter for her study "The Effects of Barriers on Health Related Quality of Life (HRQL) and Compliance in Adult Asthmatic Patients who are followed in an Urban Community Health Care Facility."

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

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

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

**Mary Ann Sevick, ScD, RN**, associate professor for the Department of Health and Community Systems, was awarded a grant for her research "Enhancing Adherence in Type 2 Diabetes" - through the National Institutes of Health/National Institute of Nursing Research (5/01/04 - 1/31/09).

**Janet Stewart, PhD, RN**, assistant professor for the Department of Health Promotion and Development has received a grant from the American Nurses Foundation for her study "Parents of Children with Cancer: Experiences with Treatment Decision Making" (11/1/03 - 11/1/04). Janet was also awarded a grant from the Central Research Development Fund for her grant entitled "Uncertainty in Children and Adolescents with Cancer" (7/1/04 - 6/30/06).

## PHEAA GRANT AWARDED

The University of Pittsburgh School of Nursing received a \$372,000 grant from the Pennsylvania Higher Education Foundation (PHEF) through the Foundation's Nursing Education Grants Program. The program distributed nearly \$5 million to help nursing students statewide with \$1,351,000 awarded to assist 27 area nursing schools, including The University of Pittsburgh School of Nursing, Duquesne University, Indiana University of Pennsylvania and Slippery Rock University of Pennsylvania. The School of Nursing received the largest single grant awarded by the foundation.

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

"The Foundation's support for tuition scholarships will clearly impact the numbers of applicants able to pursue a nursing education and permit expansion of nursing programs within the state," said Dr. Jacqueline Dunbar-Jacob, dean of the University of Pittsburgh School of Nursing. "The interest in nursing and the number of applicants are far greater than the scholarship dollars currently available for students. We, at the University of Pittsburgh, will be able to increase the number of students entering nursing with these dollars."

For additional information about the Foundation's initiatives or to inquire about donation opportunities, contact the Foundation office at (717) 720-3961 or visit [www.HigherEdFoundation.org](http://www.HigherEdFoundation.org).



Dr. Arthur Levine, sr. vice chancellor of Health Sciences and dean of the School of Medicine at the University of Pittsburgh, and Jacqueline Dunbar-Jacob, dean of the School of Nursing welcome Michael H. Herschok, president and CEO, Pennsylvania Higher Education Foundation, at a March 4, 2004 reception to announce the 27 area nursing schools receiving PHEAA grants.

## Dean Addresses Congress on Self-Management of Chronic Illness

Jacqueline Dunbar-Jacob, PhD, RN, FAAN, dean, University of Pittsburgh School of Nursing, addressed members of Congress and their staffs about the importance of self-management in chronic diseases during a congressional briefing on March 12, 2004.

The briefing was sponsored by The Decade of Behavior and The Coalition for the Advancement of Health Through Behavioral and Social Sciences Research (CAHT-BSSR) and the Consortium of Social Science Associations (COSSA).

According to COSSA, more than 45 percent of adults struggle with a chronic condition that affects their daily activities. From diabetes to asthma, heart disease, depression, obesity and AIDS, more than 90 million Americans live with one or more chronic illness. Coping with a complex chronic illness affects the individual as well as family members throughout the entire lifespan.

## VOLUNTEER EFFORT REWARDED

J. Roger Glunt, chairman of the School's Volunteer Advisory Committee for the Capital Campaign and honorary alum, was recognized with the 2004 Robert L. Payton Award for Voluntary Service during the CASE District II Accolades and Achievement Awards Dinner at the Philadelphia Marriott in February. This award is presented on behalf of CASE, the Council for Advancement & Support of Education, to an individual who demonstrates the advancement of the philanthropic tradition and the spirit of volunteerism, both in time and/or financial commitment.

Glunt, president of Pittsburgh-based Glunt Development Company, Inc. and Jayar Construction Company, Inc., was also recently recognized with the 2004 Hearthstone BUILDER Lifetime Public Service Awardee for his more than 30 years of service as an industry advocate and champion of local and philanthropic causes.



## ACCELERATED 2ND DEGREE BSN PROGRAM

The Accelerated 2nd Degree BSN Program is designed to enable students with a baccalaureate degree in another discipline to earn a baccalaureate degree in nursing. This is an intensive, fast-paced program which builds upon a student's previous education while providing the science and nursing content to enable students to earn a BSN degree within three terms of full-time study. Admission is highly competitive and based upon proven academic achievement and grades earned in pre-requisite courses. Successful completion of this program will earn the student eleven [11] credits toward the MSN requirement should the student decide to pursue a master's in nursing degree at the University of Pittsburgh School of Nursing. Dr. Eileen Chasens is the coordinator of the Accelerated 2nd Degree BSN program. Check the web for more information or to register for fall classes: [www.nursing.pitt.edu](http://www.nursing.pitt.edu)

## University of Pittsburgh School of Nursing Ranked Sixth By NIH

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

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

Pitt's Center for Research and Evaluation (CRE) supports basic and biobehavioral research in such areas as chronic disease, critical care, adolescent health, and administrative resources and outcomes. An active multidisciplinary mentorship of investigators facilitates programmatic research development within the CRE. The School of Nursing's Center for Research in Chronic Disorders (CRCD) is funded by a grant from the National Institute of Nursing Research and provides infrastructure and method support for systematic design and testing of evaluation outcomes related to persons with chronic diseases.

## FAST TRACK BACK: RE-ENTRY INTO PRACTICE

This program is designed for the Registered Nurse without recent clinical experience preparing for re-entry into nursing practice. This program provides clinical orientation in addition to classroom, online and other self-directed instruction. Twenty-five hours of classroom instruction will include didactic content and state-of-the-science simulation. The course also provides 80 hours of hands-on patient care in an acute care clinical setting. Clinical faculty may need to adjust the guidelines based on the re-entry Registered Nurse's progress and add experiences to meet individual learning needs identified by the re-entry nurse. Check the web for more information or to register for fall classes: [www.nursing.pitt.edu](http://www.nursing.pitt.edu)

## EDUCATIONAL TECHNOLOGIES FOR THE NURSE EDUCATOR

OCTOBER 22, 2004

Whether you teach in a hospital, college or university setting, you owe it to yourself to learn about the newest technologies in education, and how they can enhance your ability to reach your audience in a meaningful way. This "hands-on" half-day workshop will review the pros and cons of a variety of educational technologies including:

- EM Panels
- Digital Projectors
- Video Copy Stands
- Compressed Video

This workshop will help discern which technologies would be the most useful to incorporate into specific teaching environments as well as into the developing curriculum. Check the web for more information or to enroll: [www.nursing.pitt.edu](http://www.nursing.pitt.edu)

## TOWARD CULTURAL COMPETENCY IN HEALTHCARE

NOVEMBER 19, 2004

This conference is designed to assist in advancing knowledge about cultural care practices important in the nursing world. Nurses have added value in the healthcare arena when they facilitate quality care for diverse populations. Today's world is within easier reach as the information age provides greater opportunity for local to global exchange. During this seminar theoretical considerations and best practices will begin the process of self-transformation toward the goal of cultural competency. Check the web for more information or to enroll: [www.nursing.pitt.edu](http://www.nursing.pitt.edu)



Deborah A. Lewis, EDD, RN, Associate Professor and Coordinator Nursing Informatics

“Nurses interested in the field of nursing informatics come from a variety of backgrounds.”

## THE INTERSECTION OF INFORMATION TECHNOLOGY AND HEALTHCARE

BY REBECCA FUNK

**HEALTH INFORMATICS** is the study of how to manage and process information to make it useful for healthcare providers and healthcare consumers. Nursing informatics combines the knowledge of computer science, information science and nursing to support the process of nursing and healthcare. Nurses employed in nursing informatics clinical roles might work for healthcare organizations as decision-makers and system analysts. Other nursing informatics roles might include consultants or representatives for the large information system companies.

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

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

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

Deborah Lewis holds a master's degree in nursing and a doctorate in educational technology from West Virginia University, master's in public health from the University of Pittsburgh and post doctoral training in biomedical informatics at the University of Pittsburgh Center for Biomedical Informatics. In addition, she is a nationally certified family nurse practitioner and certified diabetes educator.

## 2ND GENERATION CLINICAL DOCUMENTATION IN NURSING INFORMATICS AT THE NIH

**MY INTEREST IN COMPUTER TECHNOLOGY** started nearly 25 years ago with my first nursing job in a very busy Intensive Care Unit (ICU). At that time hospital systems were mainframes that filled entire buildings. Everything was “hardcoded” onto the screens which made changes or modifications very difficult. Software vendors did not involve clinical staff in the design of these systems, and you never interacted with the programmers. Early systems were developed primarily for billing and financial purposes so nursing input was not considered important. Even when documents related to patient care were introduced, clinicians were expected to redesign their work process around how the computer system worked not the other way around.

For 15 years I worked in various ICU's and Emergency Departments surrounded by all types of technology such as IV pumps, electronic blood pressure devices, swan lines, EKG monitors, ventilators (just to name a few), but we didn't have computer technology to support patient care, documentation, or nursing practice. One hospital I worked in provided us with a medication due list and a very crude kardex which listed the medical orders. Most of us compared the medication due list with our medication administration cards to make sure the computer was correct! We would document on both the list and cards and give the list back to the clerk to enter because we did not have access to the computer system. Here was a group of highly skilled critical care

nurses working with sophisticated monitoring equipment, and we were not allowed to interact with the computer system.

That seems so long ago. Today, hospital information systems are much more robust. Microprocessors make computers smaller and more affordable, with the promise of expanded resources for patient care. Windows-type applications make the technology more user-friendly, graphically attractive, and add consistency in functionality. Relational databases provide new ways to organize, retrieve and manage data. Bedside computers, portable devices and wireless technology offer flexibility and mobility to make patient information available at the clinician's fingertips. And, this is just the beginning.

Much of the progress made in the design of these systems is the result of clinician input. Computer technology extends and improves the health care patients receive through data gathering and analysis support. A great deal of the newer technology has decision support capabilities that provide alerts and warnings for activities that may potentially harm a patient, as well as links to pertinent medical information that can assist in the care of patients. With the shortage of nurses, many hospitals are looking for ways to recruit and retain nursing staff. A well-designed information system can decrease the amount of time spent on paper work so nurses can devote more time to direct patient care.

Most hospitals use some type of medical information system for registration, order entry, billing and other financial related transactions. They may also interface with ancillary systems such as laboratory, radiology or perioperative services. At the NIH Clinical Center, we have all these types of applications as well, but what is unique about us is we have been entering our clinical documentation in our medical information system (MIS) for over 26 years, whereas many facilities are just beginning to automate this function. Clinicians struggle with the best approach to capture and report patient care data. Nurses often seek advice from experts, looking for effective strategies related to implementing a clinical information system. Questions include: how do we design a system to reflect workflow processes

(continued on page 23)



# NURSING & TECHNOLOGY

Technology has shaped the way in which care is provided to patients throughout the history of professional nursing.

Historically, the challenge of caring for ill family members at home prompted nurse innovations. Bedpans, bandages, a special spoon for dispensing medication, and furniture and clothing to accommodate ill patients were all developed to make home care easier. In the hands of nurses, everyday household items were often transformed into tools for patient care using nursing ingenuity.

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

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

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

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

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

## ASSISTIVE TECHNOLOGY FOR THE ELDERLY



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

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

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

With age, people are more likely to experience impairment in sensory and cognitive function, physical endurance and mobility, as well as depression. Because older adults commonly experience multiple chronic conditions that require complicated treatment regimens, it can become increasingly difficult for them to care for themselves.

In addition, improper use of medications, inadequate food and fluid intake, lack of exercise, and urinary incontinence can increase their risk of hospitalization and institutionalization. Daily life for some is characterized by social isolation, difficulty moving from one place to another and navigating in unfamiliar environments, and lapses in memory and judgment that affect their ability to self-manage their chronic conditions.

Most older adults wish to remain as independent as possible for as long as possible, regardless of whether they live in their own homes or reside in continuing care retirement communities. Intelligent assistive technologies that mitigate the ill effects of chronic disorders and prolong independence hold great promise for a burgeoning elderly population whose families may be widely dispersed and for whom in-home supportive services are

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

JUDY MATTHEWS

often unavailable, unaffordable, or undesirable. Though older adults may currently avail themselves of wearable emergency call buttons, automated beds and chairs, and telephone reminder services, more can be done.

Matthews is part of a multidisciplinary, multi-institutional collaboration that includes health sciences and technology researchers from the University of Pittsburgh, Carnegie Mellon University, the University of Michigan, and Stanford University. Together, they set out to produce robotic assistants capable of augmenting the in-home help and supervision provided by family members, friends and health care providers. “The development of intelligent assistive technology can’t occur in a vacuum,” she says. “Multidisciplinary teamwork is essential.”

Engineers, computer scientists, and roboticists know about recent technological advances and have the skills to develop assistive technology. Nurses and other health professionals who work with older adults see problems that technology might solve, and know how to conduct research with people. Together, there’s no limit to what they can accomplish.

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

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

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

According to the U.S. Department of Health and Human Services Administration on Aging, there were 35.6 million older adults—people 65 years or older—in 2002 (the latest year for which data are available). Older adults represented 12.3% of the U.S. population, or about one in every eight Americans. By 2030, when the “baby boom” generation reaches age 65, that percentage is expected to grow to 20% of the population. And, the 85+ population is projected to increase from 4.6 million in 2002 to 9.6 million in 2030.

About 30% (10.5 million) of all non-institutionalized older adults in 2002 lived alone. The proportion living alone increases with advanced age. Among women aged 75 and over, for example, almost half lived alone in 2000. In addition, approximately 5% of the elderly lived in various types of senior housing, many of which offer supportive services for their residents.

Most older adults have at least one chronic condition and many have multiple conditions. Among the most frequently occurring conditions among the elderly in 2000-2001 were: hypertension (49.2%), arthritic symptoms (36.1%), all types of heart disease (31.1%), any cancer (20.0%), sinusitis (15.1%), and diabetes (15.0%).

Dr. Matthews and her colleagues envision a robotic walker that embodies several functions tailored to an individual’s evolving needs, such as: issuing reminders to eat, drink fluids, and take medication; monitoring health status and adherence to the prescribed treatment regimen; enhancing communication with family, friends, and health care providers; providing physical assistance with walking and other activities of daily living; and promoting personal safety.

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

Falls and their complications result in one third of deaths from accidental injury among adults 65 years of age and older. As the population continues to age and adults hit milestones of 80 years and above, marked increases in mortality and morbidity are associated with even minor slips and falls. In addition to advancing age, a variety of medical, environmental, and physical factors contribute to over \$2.2 billion in fall-related medical expenditures each year, as well as premature placement in nursing homes and increased dependence on assisted living. Falls can occur as a result of diseases that affect strength, gait, and balance; overmedication; poor lighting; and navigating in unfamiliar surroundings.

Efforts to prevent or decrease falls include disease control and medication management; increased physical activity to enhance strength, gait and balance; and the use of assistive devices for improved stability and support while walking or moving around. Health care providers who work with older adults are learning to evaluate and detect risk factors for falls; how to intervene to prevent or reduce the risk of falls; and to anticipate the need for assistive devices such as canes and walkers, and teach people how to properly use them, before a fall occurs.

are meant to supplement what professional or family caregivers do, not replace them.”

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

Existing walkers can be hazardous when not used correctly, contributing to falls and injuries. And when not in use, their position relative to the user may be less than ideal. A walker designed to avoid obstacles, park itself, and return to the user by remote control could represent a novel solution to these problems.

Though the IMP is unpowered while the user is walking, it is capable of autonomous navigation. That is, the IMP “knows” where it is in relation to a two-dimensional map it creates of its environment, and it can guide the user with text instructions or graphics, such as a shifting arrow displayed on the touch-sensitive screen.

“At its best, technology exists to make life easier and better – but it only has value if people can and will use it,” Matthews says. She and her colleagues recognize that it is essential to involve potential users of robotic devices in the design and evaluation process. “We also value the perspective of people who see the evolving dependency in older adults day-to-day.”

To assure access to these two distinct groups of older adults and their caregivers, working relationships have been cultivated with several retirement communities. One of these communities is Longwood at Oakmont, with homes and apartments for independent living, an assisted living facility, and a health center, or skilled nursing facility. At Longwood, separate focus groups have been conducted with residents as well as administrators, professional staff, and support staff to learn their views about desirable functionalities for the robots being developed.

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

This is just the beginning of a long process that will be required to establish whether such robots can have a positive impact on people’s health and well-being. Matthews believes it will be 15 to 20 years before robots are adequately sophisticated and reliable for use in everyday life. “I believe the technology being developed will ultimately help improve older adults’ stamina, mobility, mood, independence, adherence to healthy behaviors, and quality of life, as well as the quality of life of their family members and caregivers,” she says. “But we are a very long way from having robots replace people or make autonomous decisions.”

# HIGH FIDELITY HUMAN SIMULATION: SIMMAN ON CAMPUS



**NURSES INVOLVED IN DAILY CLINICAL CARE** must rapidly assess and interview patients in a system that places increasing emphasis on speed, productivity, and efficiency. Cutting edge educational opportunities at the School of Nursing include a variety of courses to help students develop these critical event management skills and deliver efficient care without jeopardizing patient safety.

High fidelity human simulation devices and a realistic environment in the Human Simulation Lab at the School of Nursing allow graduate and undergraduate nursing students to develop Crisis Resource Management (CRM) skills in a safe, low risk setting which is as close as possible to reality. The lab contains the MPL/Lateral Sim-Man® Human Simulator, an Ohmeda® Anesthesia Gas Machine, anesthesia cart, emergency cart, malignant hyperthermia(MH) cart, Operating Room (OR) supplies, critical care supplies, gas supply, vacuum, OR lights, intercom, and alarm systems. It can set up as an OR, Intensive Care Unit (ICU) or Emergency Room (ER). The lab also has full audiovisual capability with three active cameras, audio and video mixers, monitor, DVD recorder, and VCR recorder.

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

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

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

Not all outcomes are so positive. Sometimes SimMan dies – because of, or in spite of, the students' efforts. Success is important but, "failure promotes intense learning," says John O'Donnell, CRNA, MSN, director of the Nurse Anesthesia Program. "The beauty of simulation training is that students get to perform in a secure, non-threatening environment so if they make a mistake, it's safe – to both the student and the patient."

At the end of the scenario, students undergo 'after-action' debriefing, and often receive a short lecture on the key points behind the event. "The debrief is arguably the most important component in the training," says O'Donnell. "Self debriefing is the most effective. The challenge is to make sure the student's esteem and confidence are not undermined as a result of the experience." A successful debrief requires skill, so training faculty how to debrief effectively is an important part of the simulation program at the School of Nursing.

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

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

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

## The hands-on experience our students get in simulation training helps accelerate learning and improve retention while ensuring patient safety.

ROSEMARY HOFFMANN

The theory is modeled on simulation work done in the military and industry and parallels Crew Resource Management that has been widely adopted in aviation.

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

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

Building on the success of the simulation education in the anesthesia program, other School of Nursing programs have integrated this approach into their curriculum including Critical Care Course (undergraduate senior year); Advanced Clinical Problem Solving (undergraduate senior year); Demonstrating the Nursing Process Through Simulation (freshman year); Pharmacology Simulation (Accelerated BSN Program); Re-entry to Practice (Fast Track Back Program); and Hypotension Simulation (ACNP students). Continuing education events for CRNAs, and a variety of community outreach projects are also a component of School of Nursing simulation efforts.

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

"High Fidelity Human Simulation training enhances clinical experience, it does not replace it," says Rosemary Hoffmann. "It's a great tool. The hands-on experience our students get in simulation training helps accelerate learning and improve retention while ensuring patient safety." "Patients in hospitals are more acutely ill today than they were ten years ago," Hoffmann adds, "because so many procedures are now done on an out patient basis. And, procedures

and technical medications are much more complex than even five years ago."

The goal is to enhance professional competence by giving students increased opportunities to practice decision making skills using High Fidelity Human Simulation. "Simulation helps us teach students critical thinking and decision making skills which are included in the Essentials of Baccalaureate Education," says Hoffmann. "Students must show competence in these areas in order to graduate. In the past, if students didn't get a particular opportunity or experience while they were on the unit during their clinical rotation, they just didn't get it," she says. Even if an opportunity did present during a student's rotation "if the staff on the unit did not let a student intervene, they couldn't get the experience they needed."

Simulation training assures that every student is exposed to as many situations as possible to fully develop the skill sets necessary to practice in authentic situations. Students have repeated opportunities to experience scenarios they might not encounter, but need to know, during their clinicals. And, they have multiple opportunities to practice without the pressure or the fears students usually experience on the unit. They can even experience a code situation. Further, if a student has a problem in a specific area, they can remediate through simulation training. "It's like dress rehearsal for real life on the unit," says Zewe. "As a result, our students are prepared for anything. They're confident and more prepared to handle emergency situations."

## BEYOND SIMMAN: TECHNOLOGY IN THE NURSE ANESTHESIA PROGRAM

"I THINK THE NURSE ANESTHESIA PROGRAM (NAP) may be the most technology-driven program in the school," says John O'Donnell, CRNA, MSN, director and instructor of the Nurse Anesthesia Program. "We have several initiatives: Human simulation, both at the School and WISER; Typhon on-line record keeping and evaluation system; and the Nurse Anesthetist Rural and Elderly Expansion Project (NAREEP) grant for distance education. We also run multiple web sites for the program and other events." Laura Palmer, MEd, CRNA, assistant director and instructor, Nurse Anesthesia Program is the NAP technology advisor and webmaster.

### HIGH FIDELITY HUMAN SIMULATION

The University of Pittsburgh School of Nursing Nurse Anesthesia Program simulation efforts have increased in quality and quantity over the last year. Full body high fidelity simulation experiences in student education for anesthetic induction and maintenance, Anesthesia Crisis Management Leadership/Team training, Anesthesia Crisis Resource Management principles, Difficult Airway, Double Lumen Endobronchial Tube Placement, Trauma Call, and remediation efforts are offered. All simulation courses are now tied with specific didactic courses. In addition to these full scale efforts, 'partial-task' training in the areas of intubation (adult, child, infant), central venous access, arterial access, intravenous access, spinal insertion, epidural insertion, and patient positioning are used. Current Nurse Anesthesia Program simulation efforts are highlighted at [www.pitt.edu/~napcrna/simulation.htm](http://www.pitt.edu/~napcrna/simulation.htm)

### ON-LINE CASE DATA ENTRY

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

### DISTANCE EDUCATION

Through a \$96,500 grant awarded in 2002 by the Office of Advancement of Telehealth (HHS), the Nurse Anesthesia Program is transmitting didactic presentations to students rotating to four clinical sites outside the Pittsburgh area. Currently, distance education material

is transmitted to Covenant Healthcare in Saginaw MI, Elk Regional Hospital in St. Mary's PA, Altoona Hospital in Altoona PA, and UPMC Lee Regional in Johnstown PA.

### WEB-ENHANCED EDUCATION

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

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

### 2003 CERTIFICATION EXAMINATION SCORES AGAIN SET A NURSE ANESTHESIA PROGRAM RECORD!

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

Twenty-eight students graduated from the Nurse Anesthesia Program on December 13, 2003. All twenty-eight 2003 graduates (100%) passed the National Certification Examination on the first attempt, taking the minimum ninety items. In addition, twenty of the 2003 graduates (71.4%) received the maximum score of 600 on the exam, and the average score was 585.4, the highest in program history.

Over the past three years, 42 out of 81 graduates (52%) received the maximum score of 600 and 100% passed the Certification Examination on the first attempt.

# HELPING HEMODIALYSIS PATIENTS OVERCOME THE ODDS

BY REBECCA FUNK



**WHEN KIDNEYS FAIL**, patients must undergo renal replacement therapy, either with peritoneal dialysis or hemodialysis. Mary Ann Sevick, ScD, RN, associate professor, Health & Community Systems, and Terry Starrett, BS, MA, RN, MSN, project director, are using personal digital assistants (or PDAs) to help hemodialysis patients deal with their complicated treatment regimen.

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

But perhaps one of the most complicated aspects of the hemodialysis regimen is the “renal diet.” Because the kidneys are not working properly, patients must limit their intake of sodium (to prevent fluid overload between dialysis sessions), potassium (to prevent serious heart arrhythmias), and phosphorus (to prevent bone problems and vascular calcifications). At the same time, many hemodialysis patients suffer from malnutrition. It is not uncommon for them to lose their appetite and so they struggle to eat enough calories, in particular, high quality protein. “Most dialysis patients don’t feel

well most of the time, and they don’t want to eat,” says Sevick. “As a result, their body begins to consume itself, breaking down fat and muscle, and the patient becomes increasingly weak over time.” Anybody who has tried knows how difficult it is to change lifelong eating patterns. And keeping track of just one nutrient, such as calories, carbohydrates, or saturated fat, can be difficult for the average person. Imagine trying to eat enough calories and protein, and at the same time limiting sodium, potassium and phosphorus! Further, imagine doing so on a schedule disrupted by time consuming dialysis treatments, and when you are not feeling particular well.

Sevick and Starrett teach hemodialysis patients how to balance their diet using current technology. “I was in that chair. I was on dialysis, I had kidney failure and I had a kidney transplant,” says Starrett, a passionate woman who is intent on making a difference with dialysis patients. “I know what these people are feeling by having been where they are.” Sevick and Starrett designed a computer-

based intervention to assist dialysis patients in monitoring their diet. The interactive programs, which can be viewed on a laptop computer during dialysis, educate patients about the importance of maintaining adequate calories and protein, and limiting sodium, potassium, and phosphorus. Sevick and Starrett also developed a computer program for the laptop that teaches patients how to use a PDA to monitor their diet using special dietary software called BalanceLog. Starrett says, “The laptop program walks them through the process of logging what they have eaten into the BalanceLog program. The patient follows along step-by-step using their own PDA to enter foods into BalanceLog while the laptop shows them how.”

Because hemodialysis patients often have memory problems, this program is especially helpful. “BalanceLog is a great way to help us determine what patients are eating without having to rely on their memory,” says Starrett. “We teach them to enter what they’ve eaten as soon as they finish a meal. When patients enter meals as directed (right after eating) we get a pretty accurate, real-time record of their diet. BalanceLog also allows us to generate reports by the week or month, so we can see dietary trends.”

Most patients find learning how to use the PDA and dietary software has been surprisingly easy. “They do occasionally have problems,” Starrett says. “Sometimes they may not be able to find the food in the PDA because they are misspelling it or the food may need to be added to the data base. The program allows people to enter recipes, such as a soup they make all the time. We work with the patient to determine the food content of



their own personal recipes and enter the nutritional content in the PDA.” Using a new technology can be overwhelming, but Starrett says, “The technical issues have been minimal. If people have a problem with their PDA, they just write their foods down. We enter their meals during their next visit to the dialysis unit and work with them to resolve the problem.”

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

**BREAKING ALL BOUNDARIES, SPACE NURSING**

STEPHANIE WENTWORTH

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

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

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

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

Nurses continue to research and participate in a range of space-related experiments today. Currently at NASA, nurses work in occupational health and clinical roles and have provided input hygiene studies for the Space Shuttle and Space Station Programs.

One of the goals Rhoades has for the SNS is to establish a collaboration between the nursing profession and space-related initiatives. Advancements made in nursing research can have significant impact on astronauts' healthcare. For example, Rhoades compares orbiting astronauts with bedrest patients. The astronauts and bedrest patients face similar environmental challenges. Consider a patient in an intensive care unit (ICU). The ICU patient constantly hears alarms, low-level communication devices, medical equipment and computers. After days, the patient may experience "ICU psychosis" or even "mix-ups" in their circadian rhythms, or "sundowners." Astronauts likewise may experience sleep problems. After all, they watch a sunrise every 90 minutes!

Patients on bedrest who lack gravity-loading on their bones and do not exercise their muscles may

experience bone demineralization, muscle atrophy, and cardiac de-conditioning. The same occurs to the body in a zero-gravity environment. Bedrest patients suffer from decreases in immune response due to stress. Zero-gravity and radiation exposure affect the astronauts in much the same way. It takes longer for their wounds to heal and longer for antibiotics to work. Rhoades adds, "Bacteria loves to flourish in Zero-G."

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

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

Scott Rhoades currently practices as a Nursing Coordinator and EMS/Pre-hospital Coordinator at Indiana Regional Medical Center, located in Indiana, Pennsylvania. His duties involve managing Float Pool Personnel, EMS/Medical Center Interface, EMS Education, Transfer and Transport Issues, and Flight Operations. Rhoades is the acting medical officer for the United States Air Force Auxiliary/PA Wing/ Group 1/ Squadron 714, where he is also involved in emergency services, air and ground search/rescue team and aerospace education. He is enrolled in the United States Air Force Institute for Advanced Distributed Learning (AFIADL).

[Seckman - continued from page 11]

without increasing workload; what information should be automated; what is the best classification system to use; how do we get clinician buy in; and, what about interdisciplinary documentation? We have discovered that designing a clinical documentation system is more than just automating paper forms!

In July 2004 we will replace our old medical information system with a new state-of-the-art Clinical Research Information System (CRIS). The NIH Clinical Center will be the first to implement a second generation clinical documentation system. Converting from a mainframe environment to a relational database presents unique challenges and opportunities for our clinicians to streamline workflows and improve patient care delivery. Nurses and other clinicians have worked collaboratively to critically explore inefficiencies in the previous system design. This was prompted by recent changes in the care delivery model and organizational process improvement initiatives. As a board certified informatics nurse and senior project officer for this project, I am proud to be part of introducing the 2nd generation of clinical documentation systems to the clinical and research community.

Charlotte Seckman, MSN '92, RN, BC, is a senior project officer/nurse consultant for the implementation of the Clinical Research Information System (CRIS), the CRIS training coordinator, and manager of the CRIS Support Center at NIH. The Department of Clinical Research Informatics is located in the Clinical Center, a 267 bed facility with 24 patient care units and 15 clinics, which serves as the hospital for the Institutes.

**BIOFEEDBACK & URINARY CONTINENCE**

SANDRA ENGBERG, PhD, RN, CRNP

Assistant Professor and Chair, Health Promotion and Development

Dr. Sandra Engberg wants to help older men and women, including homebound elders, maintain urinary continence.

Engberg is the principle investigator on an NINR (National Institute of Nursing Research) funded study examining the effectiveness of a relapse intervention in maintaining urinary continence in homebound older adults, as well as the cost-effectiveness of providing behavioral therapies for urinary incontinence in this population.

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

Kegel exercises to strengthen or retrain pelvic floor muscles and sphincter muscles can reduce or eliminate stress and urge leakage. Men and women of all ages can

learn and practice these exercises, which are taught by a health care professional. Although Kegel exercises do not require equipment to be effective, it is important to do them properly and frequently.

Dr. Engberg uses biofeedback to help individuals identify and selectively contract their pelvic floor muscles, thus gaining control over these muscles. "A split screen on the biofeedback instrument lets the person see when he/she is doing the exercises properly," she says. "Regular interventions encourage individuals to continue doing their Kegels and allow us to 'fine tune' the intervention to make sure they get the full benefit from the exercises."



**ELECTRONIC MEDICATION MONITORING**

CAROL STILLEY, PhD, RN  
Project Director, CRCD  
Associate Director, Cognitive Core, CRCD

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

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

MEMS cap technology dates back to the 1980’s – practically ancient by current standards. It has been modified over the years and is still considered “state-of-the-art” for measuring medication adherence.

The system uses simple pill bottles with computer chips embedded in the cap. The chip can record the date and time of day on every occasion the bottle is opened. Each opening is counted as one dose. “When the patient returns the cap, we download the data to a computer. A display that looks like a calendar shows when they took their medicine. It’s very objective and nonjudgmental,” says Stilley. Looking at the information with the patient, clinicians can talk about why they missed their doses and plan a more effective intervention. MEMS has been used by CRCD researchers to study medication adherence among patients with chronic diseases such as diabetes, HIV, asthma, high blood pressure, and tuberculosis. The CRCD is beginning pilot and feasibility testing of several newer electronic monitoring systems to study adherence to medication and other treatment regimens, such as exercise and diet.

The CRCD research helps clinicians identify patterns of medication adherence, investigates patient and contextual factors that predict adherence, and helps researchers evaluate the best ways to measure adherence. This program of study ultimately translates into more effective, economical interventions to maximize adherence with medication and other treatment regimens.



**FLEXIBLE TECHNOLOGY**

PETER J. DRAUS, EdD  
Director, Learning Resource Center

The Learning Resources Center (LRC) at the School of Nursing provides technology and educational support to the students, faculty and staff of the school. The department houses two computer labs, a quiet study area, videotape library and viewing area, and a clinical lab. In addition to providing distance education and technology support throughout the building, the LRC provides traditional instructional support for the classrooms.

Dr. Peter J. Draus works with University of Pittsburgh School of Nursing faculty to develop course material for use in technology rich environments using technologies such as CD-ROMs, DVDs, hand-held computers, Interactive Television (ITV), Desktop Video tapes, study guides, and database backed web-based instruction.

“We’re driven by solutions, not technology,” Draus said. “It’s not ‘one size fits all’ or ‘one technology fits all’ here. There are no limits to how much technology can be accessed for a class. We provide flexible technology to meet the educational needs of the material and the students – whatever it takes.”

Eight of the school’s eleven classrooms are equipped with the newest technology, including Smartboards and podium-based touch screens for the instructors, direct audio and video feed to the simulation lab and permanently mounted equipment for ITV distance education. This summer, two more labs were renovated and a wireless network added to a number of the classrooms. By fall, an on-line video server will feed live Internet audio and video into most of the classrooms.

The school’s distance education and technology solutions enable undergraduate and graduate students to obtain clinical experience in locations that range from St. Mary’s, Altoona, and Johnstown Pennsylvania to Saginaw Michigan. Three undergraduate students took their clinical sessions from Miami, Florida using ITV. Distance education is also a convenient option for continuing education and RN Options (RN to BSN and RN to MSN) students.



**HUMAN-TECHNOLOGY INTERACTIONS**

MARY BETH HAPP, PhD, RN  
Assistant Professor, Acute and Tertiary Care

Dr. Mary Beth Happ doesn’t use a single technology in her research. She is researching multiple technologies– specifically, human-technology interactions. “My research focuses broadly on human-technology interactions with patients who are receiving mechanical ventilation and are unable to speak,” Happ says.

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

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

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

Potential solutions to improve communication with non-speaking, critically ill patients may be high-tech or low-tech. The research team is looking at everything from electronic augmentative and alternative communication (AAC) devices to simple picture boards and written choice and non-verbal communication techniques. Improved communications may help seriously ill patients get off ventilators and get well faster. Most importantly, understanding patients’ communication will improve their experience of mechanical ventilation and critical illness.

**INTERACTIVE HEALTH TECHNOLOGY**

*Customized Hand Held Computer Applications for Lung Transplant Recipients*  
ANNETTE DE VITO DABBS PhD, RN  
Assistant Professor, Acute and Tertiary Care

Compared to other organ transplants, lung transplantation is often characterized by lower survival rates and a higher incidence of acute complications. To improve the detection and prevention of complications, lung transplant recipients must make a life-long commitment to take medication, self-monitor for complications, communicate changes to the transplant team, and return for regular follow-up evaluations.

“Interactive health technologies may empower transplant patients to perform self-care behaviors and promote healthier outcomes,” says Dabbs. Dr. Annette De Vito Dabbs and her research team of transplant clinicians and computer scientists are developing hand held computers to help lung transplant recipients organize and access health information, self-monitor, adhere to their medical regimen, and communicate with the transplant coordinator. “Other features of the prototype will relate to technical support, security, device utilization, and systems to support connectivity with the study site.” When the prototype is developed and tested in a small sample of lung recipients, Dabbs will conduct a pilot study to test how the device performs and how well it supports effective self-care behaviors in new lung transplant recipients.

“Our goal is to promote self-care, thus maximizing the contribution of recipients themselves in preventing and detecting post-transplant,” says Dabbs. “As a result, the use of health care resources usually associated with acute complications after lung transplantation should decrease. Patients will experience improved health, decreased health care expenses, and better quality of life.”

# CREATING TECHNOLOGY THAT ROCKS

BY REBECCA FUNK

**WE KNOW THAT PARENTAL INSTINCT** calls on mothers and fathers to rock their child. Even a pregnant mother, though she may not realize it, is rocking her child. When an infant is born prematurely, he is separated from the favorable condition provided by life in utero. What you may not know is that Mary Neal, PhD, MLitt '52, FAAN, studied the effects a specific motion pattern, such as rocking, could have on premature infants, as well as developed an apparatus to simulate this motion.

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

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

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



motion the infants would have experienced in utero may be related to mortality or development and neurological handicaps.

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

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

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



In her first study, there were 62 infants – 31 randomly assigned to a study group (the swingers) and 31 assigned to a control group (non-swingers). Neal placed the apparatus on top of the incubator and swung the infant through the hole normally used for weighing infants.

The swinging started to make a difference in the premature infant's activity. "The babies that did the swinging excelled in some areas," Neal says. "The swingers excelled in motor development and visual response. The Gramh Test, as modified by Rosenblith, was the tool used to measure the infants' development. Neal visited Rosenblith at Brown University to learn how to use the test. The findings showed the experimental infants (swingers) were statistically significant at the .001 level for motor development, general maturation, visual response and displacement of limbs for the arms only; and .01 level for auditory response and pull to sitting behavior. The swingers showed faster weight gain and were discharged from the hospital, on average, one week earlier than the control group (non-swingers)."

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

The infants were tested for pH levels, weight gain, body length increment and again by the Gramh Test. A medical follow-up by the pediatrician and the use of the Bayley Scales of Infant Development (BSID) to assess the mental, motor, and behavior rating scales) for infant development at 6, 12, and 18 months were also added.

There were only 20 infants in the study, so findings can only be considered possible trends. However, the self-swingers of Group B had the highest motor, general maturation, and visual scores. This suggests that further research is

needed on this particular group. All of the infants showed a lag by the Bayley test in both motor and mental development.

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

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

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

"The key to understanding new technology is to embrace previous technological advances," she says. Neal used current technology to help her create her apparatus, and she continues to look for ways to advance the nursing profession.

## School of Nursing Approaches Capital Campaign Goal

This issue of Pitt Nurse clearly demonstrates the growth and development of the University of Pittsburgh School of Nursing. This year's anniversary celebrations allowed us to reflect on the School's many accomplishments. It provided the opportunity to acknowledge the vision, leadership and academic excellence of all the deans and faculty members who are a part of the School's history. The School takes great pride in the accomplishments of its students and graduates, whose influence is felt in every aspect of nursing and within the healthcare industry.

The success the School enjoys would not be possible without the continued voluntary philanthropic support of alumni, faculty, staff, friends, corporations, foundations and organizations. As you know the University of Pittsburgh is in the midst of a Capital Campaign to raise \$1 billion. The School of Nursing's Campaign goal is \$8.5 million. The response to date has been great. The University of Pittsburgh is over \$705 million toward goal and the School of Nursing has raised over \$6.3 million. The Campaign will close in June of 2007. There is still work to be done.

The School of Nursing truly appreciates the generosity of all those who have made gifts to support scholarship, research and clinical practice. There are many ways to make gifts to the School. Checks and credit card donations are always welcome. Pledges, with payments scheduled over a prescribed time period, work well for many donors. Planned gifts have many different options including trusts, annuities, and bequests. These options allow the donor to select the plan that works best for them.

The School of Nursing has been the beneficiary of several significant planned gifts from some distinguished alumni and dear friends. The School gratefully acknowledges the gifts from the estates of Corinne Barnes, Ellen Chaffee, Deborah Lawhorn, Alice Pflaum and Frances George Steward. These women cared deeply about the School and the profession of nursing. Their gifts ensure a new generation of nurses will be well educated and prepared to take their place in the healthcare community.

If you wish to make a gift to the School of Nursing please contact: **Mary Rodgers Schubert, MPM, RN, director of development, at 412-624-7541, or by e-mail at [mschuber@pitt.edu](mailto:mschuber@pitt.edu)**

### PITT AND UPMC FORM NEW DEVELOPMENT FOUNDATION

Last fall, Pitt and UPMC joined forces to create a unified fundraising organization. The University of Pittsburgh and UPMC Medical and Health Sciences Foundation will raise philanthropic funds on behalf of the University of Pittsburgh's schools of the health sciences and the medical center. Through the new foundation, donors will be offered options to support research or clinical care in a particular disease or treatment area, (i.e., cancer, heart disease, diabetes, etc.) or for specific types of projects involving patient care, basic science, education, or capital development throughout the University and UPMC.

Clyde B. Jones III has been appointed the chief development officer to lead the new organization. Jones, a native of Washington, PA., served most recently as director of development for New York-Presbyterian Hospital and Weill Medical College of Cornell University. He is considered one of the leading fundraisers for academic medicine in the country, with 15 years of development experience, including annual campaigns, special events, major gifts, and corporate and foundation gifts.

"The University of Pittsburgh's schools of the health sciences, combined with the clinical programs at UPMC, present an exciting and unparalleled opportunity for development," says Jones. "Building support for the high quality clinical programs, medical research, and educational endeavors here is both a privilege and an exciting challenge."

Development activities at the School of Nursing will continue to be handled by Mary Rodgers Schubert, MPM, RN, director of development. If you would like more information about the new foundation, or about giving to the School of Nursing, please contact her at 412-624-7541 or [mschuber@pitt.edu](mailto:mschuber@pitt.edu)

**A NOTE FROM THE AUTHOR:** I would like to thank the University of Pittsburgh School of Nursing Alumni Society for selecting me as a 2004 Honorary Alumnus. It has been my privilege to become acquainted with the School's alumni. Their accomplishments and contributions to the profession of nursing and the healthcare industry are most impressive. I am grateful for this honor and look forward to meeting many more of the School's alumni and continuing to advance the School's philanthropic goals. — MARY RODGERS SCHUBERT, MPM, RN

# ALUMNI NEWS + NOTES

## Nursing Alumni Society President's Message



**THE SUMMER MONTHS HAVE GONE QUICKLY**, but I hope they have offered many opportunities for less structure and more fun, for relaxing and recharging.

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

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

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

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

Gloria Gotaskie, BSN '77, MSN '94  
President

*p.s. Mark your calendars for Saturday, May 21, 2005, and make plans to celebrate Alumni Day 2005 with us!*

### UPCOMING EVENTS

**CONVOCATION 2004**  
**September 13, 2004**  
Victoria Building  
1:00 p.m.

**ELLEN E. CHAFFEE MEMORIAL SERVICE**  
**September 20, 2004**  
Heinz Memorial Chapel  
2:30 p.m.  
Reception immediately following at the Pittsburgh Athletic Association, Oakland

**SCHOOL OF NURSING OPEN HOUSE**  
**October 9, 2004**  
Victoria Building  
10 a.m. – 1:00 p.m.

**CAMEOS OF CARING AWARDS GALA**  
**October 16, 2004**  
Spirit of Pittsburgh Ballroom,  
David L. Lawrence Convention Center  
6:00 p.m.

**HOMECOMING 2004**  
**October 21, 2004**  
*Pathway to Professions: A Career Networking Event*  
Connolly Ballroom;  
Alumni Hall  
7:00 – 9:30 p.m.

**October 23, 2004**  
Visit fellow nursing alumni in the Alumni Hospitality Tent at Heinz Field, 3 hours prior to kickoff of Pitt vs. Rutgers football game

**NURSING ALUMNI SOCIETY ANNUAL POINSETTIA SALE**  
**November 1 – 22, 2004**  
Order forms will be available online at [www.nursing.pitt.edu](http://www.nursing.pitt.edu)

**December 7, 2005**  
Plant pick-up at the Victoria Building

**CAREER FAIR**  
**January 10, 2005**  
Victoria Building  
10:00 a.m. – 1:00 p.m.

**NURSING HORIZONS CONFERENCE**  
**March 11, 2005**  
Victoria Building

**PINNING**  
**April 29, 2005**  
Soldiers & Sailors Memorial Hall  
7:00 p.m.

**COMMENCEMENT**  
**May 1, 2005**  
Petersen Events Center  
1:00 p.m.

**GRADUATE STUDENT DINNER**  
**May 1, 2005**  
4:00 p.m.

**ALUMNI DAY 2005**  
**May 21, 2005**  
Pittsburgh Hilton Hotel

**ANESTHESIA CONFERENCE**  
**June 4, 2005**

To RSVP for an event or for more information, please contact Jennifer Whitehurst at 412-624-5328 or via e-mail at [jmw100@pitt.edu](mailto:jmw100@pitt.edu)

## 1940's

**Adena Johnson Davis, BSN '47**, was recognized as an African American Alumni Council 2003 Distinguished Alumna at its annual Homecoming Dinner in October. Ms. Davis is the first African American graduate of the School of Nursing, where a scholarship was established in her name in 1999.

## 1950's

**Dorothy Kabat Kirby, MLit '53, BSNEd '49**, is now retired but served as a 1st Lt. in the Army Nurse Corps during World War II. As a public health nurse, she practiced in Pennsylvania, New York, Virginia and the District of Columbia. Dorothy, mother of five and grandmother of five, is also an award-winning artist.

## 1960's

**Judith Strellec Charlson, BSN '66**, was named the Pittsburgh Center for the Arts (PCA) Guild Council's 2004 Service to the Arts Awardee for her past efforts as president of Pittsburgh Society of Artists and as Guild Council Chair. The Award was formally presented in June at the PCA during an opening reception for new exhibitions.

## 1970's

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

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

**Jennifer Onaitis Legler, BSN '74**, is a health system specialist at the Department of Veterans Affairs Headquarters in Washington, DC. She assists with upper level management issues for three Veterans Integrated Service Networks, encompassing 15 medical centers in six states. Jennifer works in the office of the

Under Secretary for Health in the area of operations and management.

**Pearl Moore, MN'74, BSN'68, FAAN**, adjunct assistant professor at the School of Nursing, was named a Woman of Spirit by Carlow College in recognition of her contributions to the nursing profession and oncology patient care. Ms. Moore serves as chief executive officer of the Oncology Nursing Society (ONS), the ONS Foundation, the Oncology Nursing Certification Corporation and Oncology Education Services, Inc.

**Dr. Holly Ann Williams, BSN '76**, an anthropologist/nurse epidemiologist, recently was promoted to Captain in the U.S. Public Health Service. She has been awarded the USPHS Nursing Award: "Minni Gerode Award for nursing excellence, and the Hanzel Award for administrative activities for founding and managing the international alliance, "Partnership for Social Sciences in Malaria Control (PSSMC)."

**Dr. Lynette W. Jack, MN '78**, associate professor and director of Accelerated Health Programs at Waynesburg College's Southpointe Center, presented the keynote address at the Student Nurse's Association of Pennsylvania Convention in Pittsburgh on November 19-22 at the Pittsburgh Hilton Hotel.

**Vicki A. Lucas, MEd '79, BSN '77, RNC, PhD**, corporate vice president for Women's Services at MedStar Health in Baltimore and Washington DC, recently co-edited a landmark publication sponsored by the Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN), *Women's Health Nursing: Toward Evidenced-Based Practice*. She is an appointee to the Maryland Health Care Commission's Obstetrics Outcome Work Group.

**M. Patricia Burnside Quigley, PhD, MEd '79, BSN '75**, completed the PhD program at the University of Rhode Island in May 2002. She is currently an assistant professor of nursing at Rhode Island College and presented a poster on her dissertation research at a May 2003 conference for nurse educators in practice settings and schools of nursing in Kennebunkport, Maine. Her research focuses on female coping with cardiac rehabilitation after a cardiac event.

## 1980's

**Bridget Culhane, MN '80, BSN '73**, was appointed president of the Pittsburgh Society of Association Executives Board for fiscal year 2003-04. She is executive director of the Oncology Nursing Society.

**Margaret Czusak Slota, MN '80, BSN '75**, co-authored the article, "Perspective on Family-Centered, Flexible Visitation in the Intensive Care Unit Setting," published in the May 2003 issue of *Critical Care Medicine*.

**Tracy Grogan, BSN '82**, co-authored the article, "Physician-Patient Relationship in the Intensive Care Unit: Erosion of the Sacred Trust?" published in the May 2003 issue of *Critical Care Medicine*.

**Tammy Moschel Tokarczyk, BSN '82**, authored the article, "Cardiac Transplantation as a Treatment Option for the Heart Failure Patient," published in the January-March 2003 edition of *Critical Care Nursing Quarterly*.

**Shawn Pohlman, MSN '84**, earned a PhD in nursing from Saint Louis University in May 2003. She received an NRSA for her dissertation "When Worlds Collide: The Meanings of Work and Fathering Among Fathers of Premature Infants."

**Joan Plassio Garzarelli, MSN '85, BSN '76**, regional director for Community Health Systems (CHS), oversees quality and resource management in eight CHS hospitals in the Northeast. She was appointed to a three-year term on Pennsylvania's Patient Safety Authority, an independent state agency established under Act 13 of 2002, the Medical Care Availability and Reduction of Error Act (MCARE.) The Authority is charged with taking steps to reduce and eliminate medical errors by identifying problems and recommending solutions that promote patient safety in hospitals, ambulatory surgical facilities and birthing centers. Joan and her husband, Len, reside in Breinigsville, PA.

**Amy C. Barry, BSN '86**, director of the cancer clinic at the Sharon Regional Health System, co-authored a textbook entitled, *The Six Sigma Book for Healthcare*. The book, published in Chicago by Health Administration Press, presents methods for reducing error and

improving outcomes by using the Six Sigma standard.

**Jennifer Johnson-Chibundu, BSN '87**, Pitt's first UCEP (transfer into nursing graduate), earned an MBA in non-profit business management from Eastern University in 2003. Her future plans include complementing her nursing background with business skills to pursue a career in non-profit management of chronic disease management and prevention programs and services, both locally and globally. Jennifer's vision is to be a "minister of health."

**Lauren G. Nachtman, MSN '88, BSN '84**, a care manager in Collaborative Case Management at UPMC Presbyterian, retired in June 2003 after 22 years of service to UPMC.

**Victoria Soltis-Jarret, MSN '88**, recently earned a PhD and is now associate professor in the division of nursing in the School of Health Sciences at Winston-Salem State University (WSSU.) She will teach FNP's who are preparing for the NP exam in the area of psychiatric mental health nursing. Victoria has also been asked to direct a new initiative from the NINR, establishing a partnership between WSSU and North Carolina Central University and the University of North Carolina at Chapel Hill, to create new research in nursing that focuses on health disparities in minority populations.

**Marie Moreau, MSN '89, BSN '85**, completed a post-master's certificate in the family nurse practitioner program at Duquesne University and received certification from the ANCC in December 2003.

## 1990's

**Jane M. Lagrotteria, MSN '90**, wrote the article, "Biventricular Pacing for Congestive Heart Failure," published in the January-March 2003 edition of *Critical Care Nursing Quarterly*.

**Ronald Fittro, MSN'92, BSN '90**, has established a managed care consulting firm, with offices located in New York City and Orlando, Florida. His firm focuses on increasing hospital reimbursement from HMO's and employs both nursing professionals and accountants.

**Loren Jefferies-Pulliam, CRNA, MSN '92**, received a 2004 Pitt Alumni Association Volunteer of the Year Award during Commencement Weekend for her involvement

as the sponsor/mentor for the Chi Eta Phi Sorority, Inc., Kappa Beta Chapter, the undergraduate sorority for African American nursing students. Ms. Pulliam is also among select professionals who have been invited by the American Association of Nurse Anesthetists to participate in an international professional and cultural initiative, People to People Ambassador Programs, in China in October 2004.

**Nancy Coyne, MSN '94**, co-authored the article, "Understanding Primary Pulmonary Hypertension," published in the January-March 2003 edition of *Critical Care Nursing Quarterly*.

**Valerie Howard, MSN '95**, clinical assistant professor at Robert Morris University's School of Nursing & Allied Health, was a presenter at the National AACN Convention in San Antonio last November. Her presentation was: The Use of the Teaching Portfolio to Promote Excellence in Baccalaureate Education.

**Scott Rhoades, BSN '95**, is author of "Space Nursing: Expanding the Horizons" published in the 4th Quarter 2003 edition of *Reflections on Nursing Leadership*, a publication of Sigma Theta Tau International. He was the feature presenter in December at the American Association of Critical Care Nurses, Three Rivers Chapter, where he spoke on "Rising Above: Opportunities for Space Nursing."

**Robin M. Prendergast, BSN '96**, resides in Indianapolis, IN and works as an outcome specialist for the Cardiovascular Care Center at St. Francis Hospital.

**Kimberly J. Bollinger, MSN '97**, co-authored the article, "Care and Management of the Patient with Right Heart Failure Secondary to Diastolic Dysfunction," published in the January-March 2003 edition of *Critical Care Nursing Quarterly*.

**Cpt. Allan Long, BSN '98**, left Fort Irwin, California where he served as assistant head nurse of the Emergency Department at Weed Army Community Hospital. Accepted into the U.S. Army Graduate Program in Anesthesia Nursing, he is now at Fort Sam Houston, San Antonio, Texas. His wife, Allison Vermillion Long, BSN '98, left the Army in March after the birth of their first child, Leland Thomas Long, in January.

**Diane Schleyer Berkowitz, MSN '99**, co-authored the article, "Understanding Primary Pulmonary Hypertension," published in the January-March 2003 edition of *Critical Care Nursing Quarterly*.

**Dr. Elisabeth George, PhD '99, MSN '83**, is author of the article, "Predicting Heart Disease with C-Reactive Protein," published in the May issue of *Nursing 2003*.

## 2000's

**Mildred Alston Jones, PhD '00, MSN '90**, was invited by the American Heart Association (AHA) to participate in a live satellite broadcast and simultaneous webcast for the Best of Scientific Sessions 2003 in November at the Orlando County Convention Center. Her research, "Ethnic Differences in Adherence to Antihypertensive Medications: A Prospective Study" and "Differences in Subjective Norms, Illness Perception, Spirituality and Religiosity in African Americans and Whites with Hypertension" was also featured in the October 2003 supplement of *Circulation*, the Journal of the AHA.

**Michelle L. Luffey, BSN '00**, was appointed director of inpatient nursing at Alle-Kiski Medical Center.

**Karen A. Tarolli, MSN '00**, wrote the article, "Left Ventricular Systolic Dysfunction and Nonischemic Cardiomyopathy," published in the January-March 2003 edition of *Critical Care Nursing Quarterly*. She was also editor of this issue.

**Kristine Keefer Wolff, MSN '00, BSN '93**, was named SNAP's Honorary Member of the Year at their annual convention in November, 2003.

**Matthew J. Nypaver, MSN '03, BSN '95**, was the recipient of the 2003 Susan Nath Bywaters Award, an educational resource for qualified students in the School's Nursing Anesthesia Program.

**Ayman Hamdan-Mansour, PhD '04**, successfully defended his dissertation, "Alcohol Use Predictors in Rural Adolescents," in June 2004.

**Jennifer Lingler, PhD '04, MSN '98**, successfully defended her dissertation, "The Role of Vigilance in the Stress-Health Process Model as Applied to Dementia Care Dyads," in April 2004.

**Yu-Yun Alice Hsu, PhD '04**, successfully defended her dissertation, "The Effects of Type 1 DM, Perceived Pubertal Development, Negative Life Events, and Social Support as Moderators in the Predictive Model for Psychosocial Adjustment in Girls at Puberty in Taiwan," in June 2004.

**Tricia K. Roesch, MSN '04, BSN '99**, was the recipient of the 2004 Shirley Negley-Kobert Award from the Nurse Practitioner Association of Southwestern PA.

## ANESTHESIA AWARDS CLASS OF 2003

**"AGATHA HODGINS AWARD FOR ACADEMIC AND CLINICAL EXCELLENCE"**  
awarded December 2003

**Bonnie Keaveny**  
**Melissa McConnell**  
**Natalie Sigalovsky**

**"ABOVE AND BEYOND" SERVICE AWARD**  
awarded December 2003

**Michael Hackett**  
**Alison Kaestner**  
**Kelly Meno**  
**Alex Sigalovsky**

**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA) STUDENT RESEARCHER OF THE YEAR AWARD**  
awarded December 2003  
**Brent Suddeth**

**PENNSYLVANIA ASSOCIATION OF NURSE ANESTHETISTS (PANA) SCHOLARSHIPS**  
awarded October 2003

**Bonnie Keaveny**  
**Kelly Meno**  
**Kelley Mowry**

*Presented at the AANA Annual Meeting in Boston, August 2003*

**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA):**

**Kelly Meno**, Joyce E. Kelly Scholarship  
**Bonnie Keaveny**, Dean and Fred Hayden Memorial National Scholarship  
**Kelley Mowry**, Elizabeth Boyer Scholarship

## In Memoriam

**Mary Ruth Marshall, '43**

**Mary Alberta Lang Wildman, '43**  
July 17, 2003

**Marilyn Jandorf Citron, '45, '64**  
May 6, 2004

**Lilyanetta Blumenfeld Berger, '46**

**Mary Louise Brown, '48, '50**  
February 5, 2004

**W. Janet Hunt Cosgrove, '48**  
July 27, 2003

**Alice L. Pflaum, '49, '64**  
April 8, 2004

**Ellen E. Chaffee, '50**  
May 28, 2004

**Victoria V. May, '50, '54**  
November 15, 2003

**Ruth Sheriff Campbell, '54**  
May 22, 2003

**Mary Ann Kearney Kellogg, '65**  
December 20, 2003

**Mildred Galla Starzynski, '71, '78**  
January 23, 2004

**Marjorie Ann Nebel Schaffer, '81**  
September 30, 2003

**Beth Steele-Dexter, '82**

If you wish to express condolences to a classmate's family, the Alumni Office will be pleased to forward your message. Contact Joan Nock at [jno100@pitt.edu](mailto:jno100@pitt.edu) or 412-624-2404. Mail can be directed to Ms. Nock at: University of Pittsburgh School of Nursing; Office of Advancement and External Relations; 218 Victoria Building, Pittsburgh, PA 15261.

### Ellen E. Chaffee

Alumna and associate professor emerita, Ellen Chaffee, 83, passed away on Friday, May 28, 2004. She was a resident of the Sherwood Oaks Lifetime Care Community in Cranberry Township.

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

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

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

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

In recognition of Chaffee's passion for teaching and her expertise in anatomy and physiology, the University of Pittsburgh School of Nursing is committed to renovating the School's Anatomy and Physiology Lab as a permanent memorial tribute. Gifts can be directed to support this endeavor with checks made payable to the "University of Pittsburgh" with "Ellen Chaffee Memorial Tribute" written on the memo line.

*Please mail to:*

MARY RODGERS SCHUBERT  
DIRECTOR OF DEVELOPMENT  
UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING  
218 VICTORIA BUILDING  
3500 VICTORIA STREET  
PITTSBURGH, PA 15261

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

### Florence E. Elliott

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

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

After working as a practitioner at Huron Hospital, Ms. Elliott began a long career as an educator and administrator for several schools of nursing across the country, including the University of Pittsburgh School of Nursing. She served on an administrative committee with Dr. Virginia Braley and Dr. Florence Erickson following Dean Kuehn's retirement in 1961, functioning as part of a three-member dean leadership team. After Dr. Marguerite Schaefer became the School's second dean in 1966, Ms. Elliott was appointed associate dean for the undergraduate program.

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

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

### Frances George Steward

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

During her time at Pitt, Ms. Steward opened the first continuing education center for nurses in the country and directed a study aimed at distributing responsibilities between nurses and ward clerks to provide cost-effective quality care. She co-authored a book entitled, Patterns of Patient Care, with the School's first dean, Dean Kuehn. When research was introduced at the School of Nursing during the 1950's, Ms. Steward was director of the research staff and chaired its working committee.

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

**2004 DISTINGUISHED ALUMNI AWARDEES****DR. JUDITH ERLLEN, BSN '66**

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

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

**DR. LINDA FRANK, MSN '83**

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

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

**DR. MARY E. KERR, MSN '81**

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

With continuous research funding since 1990, Dr. Kerr is nationally and internationally renowned and has enhanced health care's knowledge base within the area of neuroscience. Recognizing the significance of research and its application to practice, she has built bridges to the practice arena. Dr. Kerr has gained the respect of physicians and colleagues at the School of Medicine and serves as associate director of the Clinical Core Brain Trauma Research Center at UPMC. She has published extensively and shares her expertise with students as a mentor and educator.



Judith A. Erlen, PhD, RN, FAAN



Alexander M. Minno, MD



Linda Frank, PhD, MSN, AACN



Mary Rodgers Schubert, MPM, RN



Mary E. Kerr, PhD, RN, FAAN

**2004 HONORARY ALUMNI AWARDEES****ALEXANDER M. MINNO, MD**

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

Dr. Minno serves on the School's Volunteer Advisory Committee and in 2000, he and his wife, Frances, endowed an undergraduate scholarship at the School: The Frank and Anna Minno Scholarship Fund in Memory of their Daughter Lt. Col. Julia Minno, BSN'49, MLitt'53. It is a tribute to his sister, Lt. Col. Julia Minno, who served in the U.S. Army Nurse Corps and had tours of duty in France, Japan, West Germany and Ethiopia over a 17-year military career.

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

**MARY RODGERS SCHUBERT, MPM, RN**

Mary Rodgers Schubert demonstrates her commitment to the School of Nursing and to the nursing profession in all that she does. As the School's director of development since 2000, she has worked diligently to strengthen alumni ties to the School. Ms. Schubert has been instrumental in raising over \$6.3 million over the past four years and has led the School to within 74% of its \$8.5 million Capital Campaign goal.

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

The School of Nursing is proud to bestow honorary alumni status on such a deserving individual.

**CALL FOR 2005 NOMINATIONS**

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

**2005 DISTINGUISHED ALUMNI AWARD**

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

When submitting 2005 Distinguished Alumni Award nominations, please indicate in which area nominee should be considered.

**2005 HONORARY ALUMNI AWARD**

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

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

All 2005 Distinguished and Honorary Alumni nominations should be submitted no later than January 15, 2005 to the University of Pittsburgh School of Nursing Alumni Office; 218 Victoria Building; 3500 Victoria Street; Pittsburgh, PA 15261.

For more information, please contact the Nursing Alumni Office at 412-624-2404.

**HOMEcoming 2004**

Join in the fun of University of Pittsburgh Homecoming 2004 activities October 21- 24!

School of Nursing alumni are encouraged to become an Alumni Volunteer for the second annual Pathway to Professions: A Career Networking Event on Thursday, October 21, from 7:00 – 9:30 p.m. in the Connolly Ballroom, Alumni Hall. Volunteers will meet informally with Pitt students and job-seeking alumni who are interested in learning about career fields and who would like to hear more about professional experiences and expertise. Alumni Volunteers are needed in all fields. For more information or to register as a volunteer, visit

[www.alumni.pitt.edu](http://www.alumni.pitt.edu)

Nursing alumni are also invited to visit the Alumni Hospitality Tent at Heinz Field prior to kickoff of the Pitt vs. Rutgers Homecoming Football Game on Saturday, October 23. The School will host a pre-game tent table. Please stop by to say 'hello!' For more information or to volunteer as a "Homecoming Alumni Host," contact Joan Nock at 412-624-2404 or [jno100@pitt.edu](mailto:jno100@pitt.edu).

**MENTORSHIP PROGRAM LAUNCH IS FIT TO A 'TEA!'**

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

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

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

Once alumni mentors were teamed with students, Niznik and graduate student assistant, Kelly Wukovich, planned an afternoon tea, where both mentor and mentee could meet. Learning that a School of Nursing alumna, Nicki Jo Perfetti '02, took her collection of antique teacups on the road, Niznik and Wukovich

invited her to join in the fun. The teacups added an authentic flair to the afternoon event that attracted nearly 100 guests. And, Perfetti volunteered to mentor a student.

Gloria Pelc Gotaskie, '77, '94, Nursing Alumni Society Executive Board President and close friend of the late Stephanie Motter Hughes '77, believes the Mentorship Program is a perfect fit for Hughes Memorial Fund donations. "Stephanie was the first to volunteer to take a new nurse under her wing. She loved to teach others. This program represents who she was...this is her legacy."

According to Niznik, a number of junior and senior nursing students have offered to mentor underclassmen. "Over 40 students responded to our call to mentor freshmen and sophomores. That sends a powerful message about Pitt nursing students and their commitment to one another and to the profession."

Mentor support can be offered via e-mail, phone calls, and/or face-to-face visits. If you would like to participate in the Mentorship Program, please contact Kathe Niznik at 412-624-8643 or via e-mail at [niznikk@pitt.edu](mailto:niznikk@pitt.edu).

**AFRICAN AMERICAN NURSING ALUMNI SCHOLARSHIP COMMITTEE**

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

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

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

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

Luevonue Lincoln, MN '78, PhD '82  
Chair



**NURSING ALUMNI SOCIETY EXECUTIVE COMMITTEE WELCOMES NEW MEMBER**

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

**ANNIVERSARY CELEBRATION WEEKEND MAY 14-15, 2004**

The School of Nursing marked the 65th anniversary of its founding, the 60th anniversary of its master's program, and the 50th anniversary of its doctoral program during a successful weekend-long celebration May 14-15, 2004, "The Voice of Pitt Nursing."

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

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

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

**PHOTO CAPTIONS** (left to right, top to bottom) →

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





UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING

# Cameos of Caring Awards Gala

SATURDAY, OCTOBER 16, 2004

FEATURING:

37 AWARDEES

5 ADVANCED PRACTICE AWARDEES

1 DONATE LIFE AWARDEES

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

SPIRIT OF PITTSBURGH BALLROOM  
DAVID L. LAWRENCE CONVENTION CENTER

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

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

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

### RSVP BY OCTOBER 6, 2004

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

I/We wish to reserve \_\_\_\_\_ tables of ten at \$1,000 each.

I/We wish to make \_\_\_\_\_ reservation(s) at \$100 each.

Enclosed is my check for \$\_\_\_\_\_. *Please make checks payable to:* University of Pittsburgh.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the official registration and financial information of the School of Nursing, University of Pittsburgh may be obtained from the Pennsylvania Department of State by calling toll free, 1.800.732.0999. Registration does not imply endorsement. Please be advised that IRS regulations require a donation to be limited to the excess of the total amount paid over the value of the benefit received. \$40 of the total cost per ticket is tax deductible.

I/We cannot attend, but wish to make a contribution. Enclosed in my check for \$ \_\_\_\_\_

I/We wish to be seated with \_\_\_\_\_

I/We have no seating preference. Please have the Gala Committee select seating.

I/We have special dietary needs. Please reserve \_\_\_\_\_ vegetarian dinners for \_\_\_\_\_

I/We have accessibility needs. Please call met at \_\_\_\_\_ to discuss

FOR MORE INFORMATION, CONTACT JENNIFER WHITEHURST AT 412.624.5328, [JMW100@PITT.EDU](mailto:JMW100@PITT.EDU)

REMEMBER WHEN

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



**IF SO, CONTACT JOAN NOCK AT 412-624-2404 OR [JNO100@PITT.EDU](mailto:jno100@pitt.edu). WE WILL PUBLISH YOUR ANSWER IN THE NEXT ISSUE OF PITT NURSE.**

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



**REMEMBER WHEN PHOTOGRAPH**

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

**NURSING ALUMNI SOCIETY  
EXECUTIVE COMMITTEE**

**2004-2005 OFFICERS**

**PRESIDENT**  
GLORIA PELC GOTASKIE '77, '94

**VICE PRESIDENT**  
JOAN P. BYERS '87

**SECRETARY**  
FRAN ESKRA '86

**BACCALAUREATE REPRESENTATIVES**  
PAM CUPEC '84  
BETH KILLMEYER '99

**EX-OFFICIO**  
JACQUELINE DUNBAR-JACOB

**IMMEDIATE PAST-PRESIDENT**  
JOAN GODICH '97

**PITT NURSE**

**ASSOCIATE DEAN, DEVELOPMENT,  
ALUMNI AFFAIRS AND STUDENT SERVICES**  
SUSAN A. ALBRECHT '75, '78, '81

**ASSOCIATE DIRECTOR OF ALUMNI RELATIONS**  
JOAN F. NOCK

**DIRECTOR OF DEVELOPMENT**  
MARY RODGERS SCHUBERT

**PUBLIC RELATIONS COORDINATOR**  
JOAN E. BRITTEN

**SPECIAL EVENTS COORDINATOR**  
JENNIFER M. WHITEHURST

**DESIGN**  
WALL-TO-WALL STUDIOS, INC.

**PRINCIPAL PHOTOGRAPHY**  
JOE KAPELEWSKI

**INTERNS**  
REBECCA FUNK  
STEPHANIE WENTWORTH



Joan E. Britten, public relations coordinator, Department of Advancement & External Relations.

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, access to, and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations. For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact: William A. Savage, Assistant to the Chancellor and Director of Affirmative Action (and Title IX and 504, ADA Coordinator), Office of Affirmative Action, 901 William Pitt Union, University of Pittsburgh, Pittsburgh, PA 15260, (412) 648-7860.

**What's Happening?**

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

NAME: \_\_\_\_\_

DEGREE AND YEAR OF GRADUATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ IS THIS A NEW HOME ADDRESS?  YES  NO

HOME TELEPHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ IS THIS A NEW BUSINESS ADDRESS?  YES  NO

BUSINESS TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

POSITION(S): \_\_\_\_\_

NEWS: \_\_\_\_\_

**COMPLETE AND RETURN TO:**

**PITT NURSE**  
Joan F. Nock  
Associate Director of Alumni Relations  
University of Pittsburgh  
School of Nursing  
218 Victoria Building  
3500 Victoria Street  
Pittsburgh, PA 15261  
E-mail: [jno100@pitt.edu](mailto:jno100@pitt.edu)



**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING**

3500 Victoria Street, Room 218  
Pittsburgh, Pennsylvania 15261

[www.nursing.pitt.edu](http://www.nursing.pitt.edu)

NONPROFIT ORG.  
U.S. POSTAGE  
**PAID**  
PITTSBURGH PA  
PERMIT NO. 511