APD Lamplighter
Celebrating Nurses at APD

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Thanks and Gratitude

Jean E. Ten Haken, MSN, RN, CENP
Chief Operating/Chief Nursing Officer

I want to thank you, our nurses at APD, for making a difference each day in the lives of our patients and for your commitment to our mission to improve the health and well-being of our community. This Nurse’s Week publication of Lamplighter highlights how APD nurses are making a difference across the organization. I am incredibly humbled by the daily good works of the entire nursing staff at APD and the tenacity and perseverance you all have demonstrated through and beyond the pandemic. Be proud of the work you do in serving others. It is an honor to serve you as your Chief Nursing Officer.

Paula Seaman, MSN, DA, RN, CENP
Associate Chief Nursing Officer

I am a third-generation nurse, and gained my earliest lessons about how nurses make a difference from observing my mom in practice. Her practice exemplified the principles of the Nightingale Pledge (what we know now as our Nursing Code of Ethics) with her commitment to advocating for the patient, her own practice, and the nursing profession. Throughout my career, I have had the privilege to see how nurses in every role and setting make a difference in the lives of their patients, families, and communities. The beauty of nursing is that there are infinite ways to make a difference in the lives of others.

I have been practicing in the Upper Valley for 15 years, and I have always heard positive things about APD, so when the occasion arose that matched the possibility of a role I thought I would enjoy — and one in which I hoped I could also contribute — I knew I needed to take the leap and apply. The culture of kindness at APD is unparalleled, and infused throughout the entire organization. In talking with nurses in all settings, it is apparent that nurses at APD live the values of kindness and respect as well as masterfully blend the art and science of the profession. This pride in practice leads to some of the very best outcomes, and I am incredibly proud to be a member of the nursing team here at APD.
What do you do when the labor market is tight? At Alice Peck Day Memorial Hospital, you promote from within.

The operating room (OR) manager position was open for seven months in 2022 and filled temporarily by an interim manager. With no external candidates, APD came up with a solution: Instead of having two managerial positions — one for the OR and one for Same Day/PACU — the job was combined: director of Perioperative Services.

“Jean Ten Haken and I had been thinking over the past few years that if there were ever an opportunity to have one clinical leader with large scope over both departments, it might be better than two leaders with smaller, more specific scopes,” said Gretchen Rutherford, Associate Vice President of Perioperative and Ancillary Services. “When the opportunity presented itself, we pursued this route. We wouldn’t have pursued it if we didn’t have the right person: Laura Hamilton. She was in the right place at the right time.”

The change generated more than one new job. Restructuring produced a trickle-down effect where staff were recognized for their skills and offered new roles. Three additional positions with greater responsibility – a program coordinator of Perioperative Services, a Central Sterile Reprocessing supervisor, and a Preadmission Testing supervisor – were filled with internal staff: Ashley Carpenter, LNA; Jeremy Bernier; and Rebecca Osgood, RN.

“The open position gave our team the opportunity to think creatively,” said Laura Hamilton, RN, director of Perioperative Services. “We tapped into the skills on our team and created positions with staff in mind. Current staff members were promoted to lead positions with a management role, growing talent internally instead of looking outside our organization.”

Two new coordinator positions, responsible for vendor coordination and the procurement of instruments in preparation for cases, enabled two more promotions: Heidi Webber, RN, from RN circulator to Operating Room Nurse Coordinator, and Lacey Fellows, CST, from scrub tech to Operating Room Scrub Tech Coordinator.

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**Grow with APD**

A restructure of Perioperative Services provides a creative solution to growing talent internally.
Restructuring was finalized in December 2022. In January 2023, management responsibilities were transitioned to Hamilton, who continues to rethink the process as everyone from the OR and Same Day/PACU settles into their new roles.

The team continues to adjust existing workflows and establish a new workplace culture for a department of 30-plus people. An offsite retreat in February 2023 made great strides to unite the group with a day of games, education, and food.

“This is what is working now. We may benefit from doing something different in the future. If the last few years have taught us anything, it’s the benefit of thinking creatively to meet facility, staff, and patient needs,” Hamilton said.

“We tapped into the skills on our team and created positions with staff in mind. We wanted to grow talent internally instead of looking outside our organization.”

“We utilized the skills we already have in house and the restructuring is a win-win.”

– Laura Hamilton
Kristie Foster is known for her kindness and great sense of humor.

In 2022, almost 9,000 patients visited APD's Emergency Department (ED). About 23% were seniors (age 64 and older).

But what happens after a senior visits the ED?

“APD's Multi-Specialty Clinic receives notification when a patient has been in our emergency department,” said Kristie Foster, BSN, RN, manager/clinical educator. “But when patients come from all over the Upper Valley, it may be impossible to find and notify each primary care provider. How do we provide that service for patients, especially those outside APD primary care?”

This thought was the spark for APD’s Call-Back Program, a much-needed program for area seniors. The main goal: to see how the patient is doing 24 to 48 hours after the ED visit. Did the patient understand what happened in the emergency department? Did they get the medication needed? Do they want help with anything else, such as a referral?

Reduce Readmission — and More
Not only does the Call-Back Program ensure APD meets the metrics needed for Level II Accreditation as a Geriatric Emergency Department, it helps prevent ED revisits and reduces hospital readmissions.

“Nurse-led outreach promotes an effective transition of care, confirming patients understand next steps and have the resources to follow through with care recommendations,” Foster said.

But something else happened.

“Patients were blown away that we cared to call,” Foster said. “We found referrals to primary care or specialty services can take months, and no one was helping patients in the meantime. Our call-back system was a life preserver to the person on the other end of the phone.”

Foster shares a patient story: an 80-year-old female treated for non-traumatic back pain in the emergency department was given over-the-
counter medication, a lidocaine patch, and a referral to the pain clinic. When Foster followed up, the patient’s pain was worse. “Her husband said, ‘I hope you have a magic wand — her primary care provider can’t see her for two weeks and it is months before the pain clinic appointment,’” Foster said.

Foster called APD’s Multi-Specialty Clinic and got her an appointment with a primary care provider later that day, and a pain clinic appointment the next week.

“When she heard the news, the patient started to cry with gratitude. She said, ‘I’m a retired nurse. I would have been so proud to work alongside you,’” Foster said.

Extremely Well Received
The Call-Back program has resulted in numerous referrals to APD’s primary care clinic. “Within the first month, 13 patients were referred to us because of our kindness and compassion,” Foster said. “We are treating patients the way they want to be treated.”

The program quickly gained the help of two more nurses.

“How a few months, Justin Harris, BSN, RN, manager/clinical educator, became involved in the Call-Back program and found it equally as rewarding. We began to share the work of the calls and the chart audits to ensure adherence to implemented geriatric initiatives,” Foster said. “Sean Beinhaur, RN, is the latest to join. He has taken on this work with the energy and compassion that is an essential part of the call-back process.”

APD is leading by example with this nurse-developed and nurse-run program: two Dartmouth Health system members are implementing similar programs.

Call-Back Champions: Sean Beinhaur, Kristie Foster, and Justin Harris
Work/life balance is growing increasingly elusive in a healthcare industry plagued by staff shortages and multiplying patient visits. At Alice Peck Day Memorial Hospital, where quality patient care and employee satisfaction go hand in hand, Rice Haunstrup, RN, is providing health and wellness coaching to employees.

You’ve probably heard of a life coach; the concept of a health and wellness coach is similar, but the focus is on health instead of career or relationships.

“I’m not a therapist or a nutritionist or a physical trainer,” said Haunstrup, a clinical nurse in Occupational and Environmental Medicine. “I’m a coach who can help you with any health behavior you want to change. We work together to narrow down a goal, figure out the steps to take to reach your goal, and guide you along your journey.”

Haunstrup, who already had an associate’s degree in nursing and a bachelor’s in sociology, graduated from the Duke Health & Well-Being.

“"I enjoy working with people. If I can help one person make a healthy behavior change, that is a success.”

— Rice Haunstrup
“Rice is always positive, and I appreciate her practical approach, working wellness into an already-full life/work schedule and within my limited resources.”

Program in May 2022 and started seeing APD employees in December. She initially meets with employees for an hour, and the topics range from fitness and physical activity, nutrition, quitting tobacco or vaping, sleep health, and stress management.

“I might start by asking why this goal is important,” Haunstrup said. “I’ll ask about previous changes — what worked, what didn’t work. We’ll talk about what it might look like if you don’t make these changes a year from now and what it might look like if you do.”

Haunstrup works with her APD clients to set small goals, then follows up with them to see their progress.

“Rice is always positive, and I appreciate her practical approach, working wellness into an already full life/work schedule and within my limited resources,” said Megan Rae, contract and project specialist at APD. “We set goals together and she is encouraging when I have success and helps find solutions when I have a problem.”

Even while working full time, Haunstrup continues to hone her coaching skills. She is currently enrolled in a master’s program in health promotion at the University of Maryland with a focus on workplace health.

What Our Patients Say

“I was chilled while waiting in APD’s main lobby for my neighbor to be released from her endoscopy. I realized my cold and windy dog walk just before heading to APD caught up with me and I was really feeling it. I had another two hours to wait.

A nurse passing through the lobby commented she liked the color of my jacket. I said thanks and mentioned it was needed, especially since I was chilled. Five minutes later, she is handing me a warm blanket, like you would offer a patient.

This unexpected gesture was so profound to me. To be a non-patient who was seen and heard and cared for filled me with gratitude and thanks. The warm blanket was such a relief to me but, more than that, the nurse’s attentiveness and kindness was exceptional. There is no substitute for someone who cares for all people as valued patients, worthy of care and a warm blanket.”

— Kristen Coates, Lebanon, NH
Always Learning
Alice Peck Day’s on-site educational opportunities and innovative training programs are leading the way for New Hampshire nurses.

Alice Peck Day Memorial Hospital is committed to the growth and development of their nursing staff. This includes on-site educational opportunities and innovative training programs, many of which are leading the way for New Hampshire nurses. Here are three examples of education and career development at APD.

LNA/LPN/RN: Dementia Care Training
Harvest Hill creates a warm, welcoming, and safe elder community which nurtures the mind, body, and spirit of residents.

This vision doesn’t waver when it comes to staff. Continuing medical education is just one of the ways Harvest Hill supports its team of 23 full-time and 12 per diem nurses. Leadership at Harvest Hill is always on the lookout for new and unique opportunities for staff.

An Alzheimer’s Association-sponsored dementia care training and certification refreshed the required annual dementia care training in 2022. With funds from the Florence Mooney Raser Harvest Hill Education Fund, 24 nurses were certified for their person-centric dementia care skills.

The Harvest Hill nursing staff is the front line in providing care as well as offering social interaction: a listening ear, a compassionate shoulder, and continuous support. The certification gave the nursing staff a new set of tools and techniques to provide care to residents with different levels of cognitive impairment.

“It helped our staff better understand where residents are in their cognitive decline and how best to approach them in different situations,” said a Harvest Hill RN. “It also let us see their world from their point of view. This has offered our staff more patience, understanding, and empathy, especially when dealing with residents who are in the more advanced stages of their cognitive decline.”

LPN: Managing Patient Care
If you’re interested in nursing — and the medical-surgical environment — APD’s Medical-Surgical team developed a Licensed Practical Nurse (LPN) Residency Program.
“I am really fortunate to have people all around me who are invested in my success. My colleagues have given me the support necessary to be successful.”

“During the program, LPNs build the skills and knowledge specific to Med-Surg,” said Amanda Fay, MSN, RN, WCCC, clinical educator in the Medical-Surgical department. “Students enjoy dedicated time with a preceptor, participate in an IV therapy program, and learn about pathophysiology, chronic disease, surgical pathways, and pharmacology.”

In fact, the program is designed to help LPNs function at the highest scope of their practice. “APD LPNs are not just dispensing medications or transporting patients. They are managing a plan of care,” Fay said.

“You learn how to think critically, manage a patient load, and help patients meet goals for discharge.”

The LPN Residency Program is the first nurse residency in the state of New Hampshire and New London Hospital recently adopted Alice Peck Day’s program structure.

“This residency is unique and focuses on safe, supportive, kind, and transformative onboarding,” Fay said.

**RN: Developing Perioperative Skills**

After working more than 25 years as a paramedic and the last few years as an emergency department nurse, Andy White, RN, CEN, NRP, was ready for a change.

APD had just the opportunity for him: Periop 101, a new 12-week training program based on protocols and guidelines from the Association of Operating Room Nurses (AORN). It is designed to give nurses without previous OR experience the skills to be a successful OR circulator.

“The Periop 101 Program was an excellent opportunity for me to explore the mystique of the OR that has intrigued me since my paramedic clinical more than 25 years ago,” Andy said. Added bonus: he would be able to develop his perioperative skills onsite at APD.

White was APD’s first Periop 101 participant. In January 2023, he completed all didactic and skills modules, passed the exam, and moved on to the final training phase: how to apply his knowledge and skills to the clinical environment.

“It’s been a whirlwind of learning,” White said. “Now that I have the foundation, the real learning begins.”

White knew changing specialties would be a challenge, but the supportive team environment at APD made all the difference. Everyone — from senior nursing leadership to nursing educators to scrub techs to surgeons — offered exceptional guidance.

“I am really fortunate to have people all around me who are invested in my success,” he said. “My colleagues have given me the support necessary to be successful and I have learned from every person in the perioperative team. Together, we provide a safe, supportive environment for our patients.”

Andy White
After two years of COVID-19, patients and families wanted to see their providers in person. How did APD nurses and their clinical teams make it work?

“It was a team effort that included screeners, schedulers, front desk, check out, and nurses,” said Shelley Friedman, MSN, MBA, RN, CNML, Clinical Manager, Primary Care, Women’s Care, Sleep Health, and Integrative Medicine. “We had up to 20 respiratory patients per day to be seen in person, and there’s a lot that goes into that.”

New Workflows
The teams constructed workflows so each employee was alerted when coming into contact with a patient with respiratory symptoms. These patients were brought quickly from the MSC waiting room to be seen in the respiratory hallway, and employees responsible for bringing them to their exam room knew in advance what type of personal protective equipment to wear.

The team effort included guidance from Infection Prevention (IP) and

“It was a team effort that included screeners, schedulers, front desk, check out, and nurses.”

— Shelley Friedman

Left to right: Lases Bingham, BSN, RN • Xiang Gomez • Catie Mylott, LPN • Lori Carrier, RN (in front) • Shelley Friedman, MSN, MBA, RN, CNML • Holly Beam, LPN • Barbara Stapleton • Kristine McFarland-Kiss, CMA • Vath Prak • Carol Barraby, RN
“Nurses became excellent advocates for their patients. When presented with new information, they didn’t hesitate to question whether it was correct.”

support from other departments. “Radiology staff brought portable X-ray machines, and phlebotomy staff came to do lab work in rooms where respiratory patients were being seen,” Friedman said. “These patients were able to receive their care in one room, so we could keep other rooms available, with patient flow moving at reasonable pace, efficiently and safely.” These measures kept everyone — patients, visitors, and staff — as safe as possible.

Nurses as Educators
Protocols during the height of the pandemic changed often and quickly, and nurses had to triage often, sometimes daily. “The language of COVID-19 — distinctions like quarantine versus isolation, for instance — was new to all of us,” said Lauren Senn, Practice Director, Multi-Specialty Clinic. “Our primary care triage nurse team did an amazing job of always staying up to date — watching the news, reaching out to providers, asking for guidance in light of each new development, and keeping one another informed to make sure we adhered to Infection Prevention guidelines.”

Primary Care nurses often had the most information of primary care team members. “Thanks to our providers, nurses felt confident and empowered to keep others up to date,” Friedman said. “They became excellent advocates for their patients. When presented with new information, they didn’t hesitate to question whether it was correct.”

“The nurses at the MSC will continue to be at the front line of patient care and actively involved in evaluating and monitoring our patients,” Friedman said. “I am so proud of our team’s ability to adapt and adjust to ever-changing needs in patient care. Our nurses, and every member of our team, played a role in supporting and advocating for the health of our community.”

What Our Patients Say

“My wife and I would like to give a big shout out to Katie Nordman, RN, who works with Dr. Sheila Bachelder. Katie is always on the front lines handling our medical needs and she has just the greatest attitude in her work. She’s bright, warm, friendly, folksy, detail oriented, and she always returns a call or an email. It’s a busy place and she’s got two young children, mind you, but she takes care of us with such simple joy. What a terrific and valuable member of your staff.”

— Bob and Pam Sherman, Lebanon, NH
During the first years of the COVID-19 pandemic, APD nurses went above and beyond to accommodate a patient who needed a COVID vaccine.

“It is a nurse’s job to get vaccines in arms,” said John (“JT”) Thibodeau, BSN, RN, Clinical Manager, Multi-Specialty Clinic Level 1 (MSC1). “We would go out to the community and give vaccines in patients’ homes or to our Medical-Surgical Unit and vaccinate inpatients, and we still do. We helped set up large COVID vaccine clinics off site at Kendal at Hanover and The Woodlands (at APD Lifecare) to make it safer, easier, and more convenient to get the vaccine.”

After the Respiratory Illness Clinic was closed and respiratory patients returned to the MSC, Occupational Health Services (OHS) assumed responsibility for COVID testing for employees, the Visiting Nurse Association, and local companies. Maureen Jenks, RN, administers vaccines for a half to a full day each week, but this can change as new vaccines or boosters are released.

“It’s all part of our effort to help vaccinate everyone that we can,” Thibodeau said. “It’s been a great resource we provide to the community.”

Working with IP and MSC leadership, OHS arrived at new protocols and processes around workflow responsibilities. “Whether it is employee testing guidance, helping us see patients, or helping get a patient tested or vaccinated, we work together to do what’s best for the patient or employee,” Thibodeau said.

Today, patients on MSC1 who screen for respiratory symptoms are shown to an exam room and given an antigen test to determine whether they are COVID-positive and can be seen that day.

“We want to try and continue to see our patients and help them,” Thibodeau said. “Some, like post-operative patients, need to be seen even if they have COVID-19. We’ve created a process to determine if they have COVID, whether we can see them, and whether they can continue to be treated.”
“When it comes to change, we say, ‘Let’s figure out a way to make it work.’ That’s just part of APD’s culture and our team.”

“It hasn’t always been easy, but that comes with the territory, and we’ve learned a lot through it,” Thibodeau said. “When it comes to change, instead of ‘No,’ we say, ‘How do we think we can do that? Let’s figure out a way to make it work.’ That’s just part of APD’s culture and our team.”

Thibodeau said his team’s success during the past year is due to their willingness to participate and be part of the changes. “Things don’t change as often now, but when they do, we can adapt to what’s needed. That speaks to our staff’s resilience and willingness to support our community. That’s really what APD has always been known for.”

“Whether it is employee testing guidance, helping us see patients, or helping get a patient tested or vaccinated, we work together to do what’s best for the patient or employee.”

— JT Thibodeau

Tabitha Ferranti, RN • JT Thibodeau, BSN, RN • Megan Gagnon, RN, COHC
For inpatient units in many hospitals, staff are expected to work a set schedule with little negotiation, and may be required to alternate between day and night shifts. But Sarah Johnston, MSN, RN, CCRN, CSC, Nurse Manager for the Faulkner Dickey Medical-Surgical Wing, takes a different approach.

How she approaches scheduling: “I start by getting a sense of my staff’s needs and preferences. Some people like to work three days (of 12-hour shifts) in a row. Some want particular days off because of their family member’s schedules. I keep track of these details and try to be mindful of them, because people have gone out of their way to tell me what works for them. And we guarantee people time off when they need it. Fortunately, my mind is a Rolodex!”

How this helps: “Because my staff aren’t worried about what’s going on at home, they’re more engaged and they enjoy work more. Fewer people call out sick because of conflicts.”

Why flexible scheduling is important: “It’s a differentiator for APD. Before I started as Medical-Surgical Nurse Manager, everyone had a set schedule that they knew in advance. But it’s more important to make sure work really works for my staff. It’s a way for me to pay back and allow balance for them.”

What about day and night shifts? “For the most part, our nurses are either on day or night shift, which is important for day/night sleep cycles and staff satisfaction. For those who don’t like working nights, trying to stay up all night long can be a struggle. Some even get physically sick. From a health perspective, this is not often considered. Other hospitals don’t offer consistent day or night shifts, especially if it’s a rotation. I don’t rotate nurses through nights unless they are open to it.”

The benefits of flexible scheduling: “Our employees have lives outside of work, and working a schedule that works with your life helps you stay successful, satisfied, engaged, and wanting to come back to work every day. It’s an important part of staff satisfaction.”

What has surprised her: “If I’m low-staffed and need help, my staff get creative! They’re willing to sacrifice and take a less desirable shift to make sure the team has what they need.”

“It’s important to make sure work really works for my staff. It’s a way for me to pay back and allow balance for them.”
"If I’m low-staffed and need help, my staff get creative! They’re willing to sacrifice and take a less desirable shift to make sure the team has what they need."

Sarah Johnston, Nurse Manager

What Our Patients Say

“I want to thank Andy Chase, RN, the wonderful nurse who saw me through a long night post-op. The life of a nurse is busy — he may not remember me — but I will never forget him and his care and kindness.” — Elizabeth Bradley, Hanover, NH
**New Graduates**
Tabitha Ferranti, RN  
Shyann Josler, LPN  
Catie Mylott, LPN

**New Certifications**
Emily Arnold, BSN, RN, CFCN (Certified Foot Care Nurse)  
Amanda Fay, MSN, RN, WCC (Wound Care Certification)  
Rice Haunstrup, BAS, ASN, RN (Duke Health trained health and well-being coach)  
Randy McSwain, BSN, RN, WCC (Wound Care Certification)  
Abigail Olivier, BSN, RN, MedSurg-BC (Medical-Surgical Nursing Board Certification)

**Honors**
Lilian Nyatome, RN (Avant Healthcare Professionals Daisy Award)  
Kristie Foster, BSN, RN (2023 Excellence in Nursing Award)

**Anniversaries**

**20 Years:**
John (JT) Thibodeau, BSN, RN

**10 Years:**
Holly Beam, LPN  
Susan Campbell, LPN

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**Anniversaries (continued)**

**5 Years:**
Emily Arnold, BSN, RN, CFCN  
Lases Bingham, BSN, RN  
Lisa Carpenter, RN  
Ursula Davis, RN  
Linda Girouard, RN  
Franklin Gould, RN  
Gabriela Guzman, RN  
Katrina Khakeo, RN  
Kathryn Lamb, RN  
Ruth Smolnik, RN  
Jean Ten Haken, MSN, RN, CENP  
Freya Young, RN

Amanda Fay, Clinical Educator: Medical-Surgical, Care Management, Pharmacy and Inpatient Rehab, was featured on the cover of CONNECTIONS, Dartmouth Health’s system-wide publication.
Five nurses received their certification through APD’s first ultrasound vascular access training program, which included online learning modules and in-person training.

Pictured left to right: Kristie Foster (trainer); Kristi Cook; Matthew Bryant, MS, CRNA (trainer); Abby Olivier; Lindsay Bergeron; Randy McSwain; and Justin Harris.

Welcomes

Teresa Dyke, LPN
Evelyn Lechner, RN
Brooke Madeja, LPN
Irma Melezovic, RN, BSN
Tiffany Munn, RN
Nicole Rourke, RN
Paula Seaman, MSN, DA, RN, CENP
Andrew White, RN, CEN, NRP
Tammey Valley, RN

Training

FEMA Emergency Preparedness Training:
Deb Daignault, NRP
Kristie Foster, BSN, RN
Justin Harris, BSN, RN
JT Thibodeau, BSN, RN

Point-of-care ultrasound training:
Lindsay Bergeron, BSN, RN, TNCC
Kristi Cook, RN, TNCC, ENPC
Justin Harris, BSN, RN
Randy McSwain, BSN, RN, WCC
Abby Olivier, BSN, RN, Med-Surg-BC

Periop 101:
Andrew White, RN, CEN, NRP