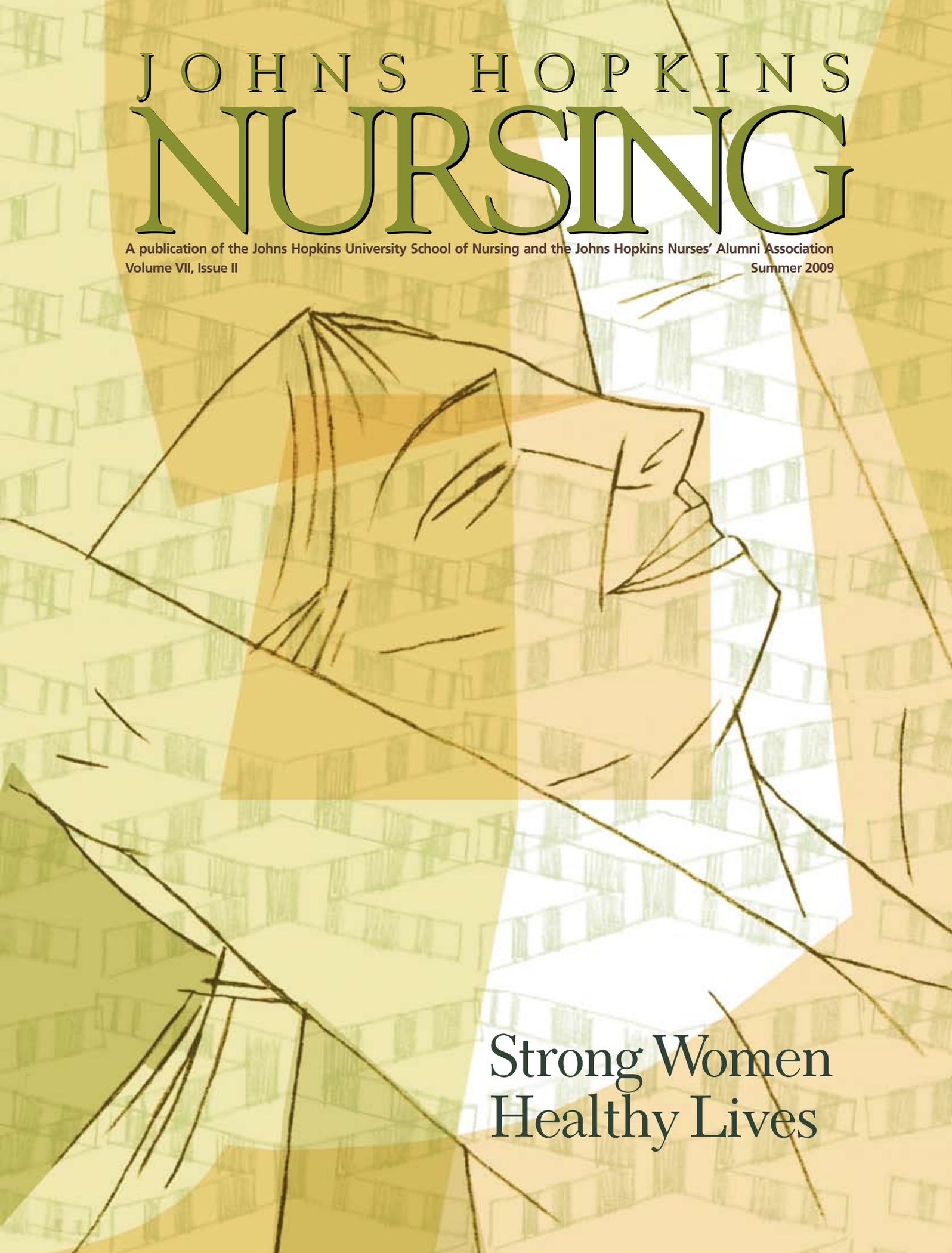


# JOHNS HOPKINS NURSING

A publication of the Johns Hopkins University School of Nursing and the Johns Hopkins Nurses' Alumni Association  
Volume VII, Issue II

Summer 2009



Strong Women  
Healthy Lives



*Nurses in The Johns Hopkins Hospital gynecology and obstetrics department provide a broad range of services, including prenatal testing, fetal assessment, routine and high-risk obstetric care, and diagnosis and treatment of all gynecologic disorders. The department is ranked #2 in the nation.  
Photo by John Dean*

## Departments

### **3 Hill's Side**

#### **5 On the Pulse**

Hopkins Nurses Go To Washington, Long After Cancer, The Truth About Nursing, and more.

### **14 Global Nursing**

Mali Midwives, Pigs for Peace, and Our Nurse in Uganda.

### **20 Bench to Bedside**

Halting the Hurt—Research to End Intimate Partner Violence.

### **22 Hopkins Nurse**

Nursing news from the Johns Hopkins Hospitals.

### **32 Live from 525**

When Annie Lee, MSN/MPH '09 arrived in Unalakleet, Alaska, the temperature was  $-30^{\circ}$  and falling.

A publication of the Johns Hopkins University School of Nursing,  
the Johns Hopkins Nurses' Alumni Association,  
and the nursing departments of the Johns Hopkins affiliated hospitals

## Features



### 34 Strong Women, Healthy Lives

Whatever the ailment, Hopkins nurses are empowering women, throughout their lifespan, to embrace healthier lifestyles.

*by Elizabeth Heubeck*



### 42 Meet the Men Who Dare to Care

Men are discovering that nursing, with its high pay, job flexibility, and opportunities for advancement, is a challenging and rewarding field.

*by David McKay Wilson*



### 46 Chill Out: Five Tips to Cool Down On-The-Job Stress

Learning how to manage stress isn't just part of a healthy lifestyle for nurses; it's an act of survival.

*by Mandy Young, MSN/MPH '09*

### 50 Vigilando

News from the Johns Hopkins Nurses' Alumni Association.

### 52 Defining Moments

# Contributors



A stint as a candy striper while in her teens convinced freelance writer **Elizabeth Heubeck** that she didn't have the stomach to work in a hospital, but it didn't squelch her fascination with health and wellness. A decade later she gained a newfound respect for nurses, particularly those tough yet tender nurses who cared so tirelessly for her terminally ill sister. Now, she takes pleasure in attempting to capture, in words, the dynamic and pioneering spirit of Hopkins nurses.



**Annie Lunsford** has been doing art since she started drawing at age two. A self-taught artist, she worked at advertising agencies for years. Today, she is a freelance illustrator based in Arlington, Virginia. She creates both traditional and digital illustrations, specializing in light-hearted whimsical styles.



**Whitney Sherman's** cover and inside pieces for this issue are among the many illustrations she has created dealing with social and medical issues. Her best known award-winning piece, the Breast Cancer Research Stamp, is the longest running stamp in the history of the U.S. Postal Service issues. The stamp has raised over \$68 million dollars for research and is the first U.S. Postal Service issue to be issued in a foreign country.



**David McKay Wilson**, a New York-based freelance journalist, attended Northeastern University's School of Nursing from 1975 to 1977 after working in an inner-city emergency room. After switching to major in journalism, he supported himself through college as an aide at the Washingtonian Center for Addictions in Boston, Massachusetts.



Two years ago, **Mandy Young**, MSN/MPH '09, watched her father pass away after struggling with chronic diseases all his life. His life inspired the mission statement for her health coaching business: "Helping people create health in their lives so they can dance at their children's wedding and cry at their grandchildren's graduation." Young's own lifestyle changes have resulted in losing 55 pounds in four months and keeping the weight off.

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**Editorial Mission**  
Johns Hopkins Nursing is a publication of the Johns Hopkins University School of Nursing, the Johns Hopkins Nurses' Alumni Association, and the nursing departments of the Johns Hopkins-affiliated hospitals. The magazine tracks Johns Hopkins nurses and tells the story of their endeavors in the areas of education, practice, scholarship, research, and national leadership.

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Cover illustration by Whitney Sherman

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WILL KIRK (BOTH)

Excellence. At Johns Hopkins it's more than just a word in our rhetoric; it's a standard we live by in our teaching, research, practice, and mentoring. Enhancing excellence is the first goal in the School of Nursing strategic plan, yet as we celebrate our many successes in achieving that goal, we also face many challenges.

Each spring, in one of my favorite events, we honor faculty and staff successes. This year, Laura Taylor, PhD, RN, and Shirley Van Zandt, MS, MPH, RN, were the recipients of the Johns Hopkins University Alumni Association Excellence in Teaching Awards. Given annually since 1992, these very special awards recognize faculty members who—according to their students—stand out as both a teacher and a mentor.

Laura, an assistant professor in the Department of Health Systems and Outcomes, received the Baccalaureate Excellence in Teaching Award. Known for her sense of humor and innovative use of technology, she creates “teachable moments” her students will not soon forget, including a video of herself dancing to simulate heart rhythms.

Shirley, an Instructor in the Department of Community and Public Health, was given the Graduate Excellence in Teaching Award. With a reputation for challenging students, she lives her philosophy that “people learn best when they are least threatened

and most confident.” She creates a safe learning environment through thoughtful questioning and unwavering respect for her students.

To recognize staff excellence, we've created a new SPOT award for “staff performing over the top.” Our first recipient was Public Safety Officer Eugene Mobley (photo above). Eugene is stationed at the front door and is the first face visitors see at the school. He is known for going out of his way to be helpful, even volunteering to help a visitor unload her car—in the pouring rain.

The achievements of these honorees and their colleagues exemplify our standard of excellence. But today, that standard is threatened by new and emerging challenges that force difficult decisions about how we will continue to be successful.



Shirley Van Zandt (left) and Laura Taylor

And we are not alone in facing these challenges. I hear daily from my fellow nursing school deans across the country and around the globe about their struggles to maintain their programs and survive the devastating impact of the national and international economic crises. Many are downsizing not only faculty and staff, but student enrollments as well.

Here at Hopkins, the troubled economy has driven us to take a hard look at how we do business and what it's going to take to maintain our excellence. We know we can't just make budget cuts here and there. Nor can we just hunker down and wait out the hard times. Instead, we are using this challenge to analyze, innovate, re-engineer, and redesign. We are doing more than simply surviving; we are increasing our efficiency, effectiveness, and productivity to achieve at even higher levels.

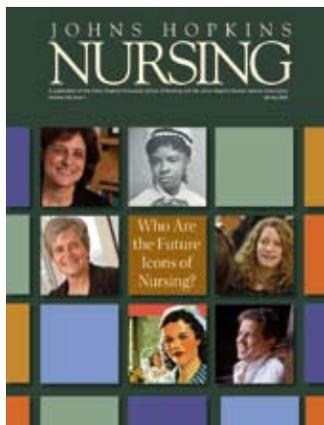
Over the past months, we have reorganized specific areas of staff support to enhance the skills and expertise our faculty require as they re-engineer their approaches to teaching excellence and scholarly productivity. And, we have created a new position of Assistant Dean for Information and Technology Integration and recently added two instructional designers to enhance and build our technology capacity in all we do.

So stay tuned: We have embarked on an innovative path that is redefining how we deliver nursing education and creating even more success. I look forward to sharing more news of our accomplishments with you in the coming months.

*Martha N. Hill*

Martha N. Hill, PhD, RN, FAAN, '64  
Dean  
Professor of Nursing, Medicine and  
Public Health

# Letters to the Editor



I enjoyed reading the article, “Nursing Icons: yesterday and Today,” in the Spring '09 issue of *Johns Hopkins Nursing*, but am afraid that I disagree with one of the “icons.” While Margaret Sanger’s accomplishments may seem noble and compassionate on the surface, her motives were far from pure; tarnishing her accomplishments and making them shameful, if not criminal.

It is common to praise Margaret Sanger for starting Planned Parenthood, but the foundation and motives for this institution are tainted as well. More than 75 percent of Planned Parenthoods were opened in poor neighborhoods with high Hispanic and African American populations. Was this an attempt to *help* the poor and underserved, or to *control* the “human weeds” as she liked to call them?

*Sincerely,*

*Janna Willhaus, MSN '00, CPNP, RN*

I just read “In the Online Hunt for Health Information, Nurses Can Guide the Way,” in the Bench to Bedside section of the Spring 2009 issue of *Johns Hopkins Nursing*. Yes, the internet is changing the way people gather information. When it comes to gathering correct medical information, patients or consumers do need assistance, especially from their doctor or health care provider. Nurses can help assist patients gather this information. It is very true.

It is unfortunate, however, you neglect to mention that medical librarians are trained to provide accurate sources of information to doctors, nurses, medical personnel and patients, as well. A hospital librarian can guide the way to health information, in addition to nurses.

*Susan Warthman, MLIS*

*Public Services Librarian*

*Rhode Island Hospital, A Lifespan Partner*

Wow! What a Magazine! Congratulations! I read it cover to cover as soon as it came.

The stories, the people, the talent from “Crossing the Street to Global Nursing to Nursing Icons” to “Hopkins Nurses Creating Knowledge for the World” and everything else makes this honorary alum so proud.

## Letters to Johns Hopkins Nursing

We welcome all letters regarding the magazine or issues relating to Hopkins Nurses. E-mail 250 words or less to [editor@son.jhmi.edu](mailto:editor@son.jhmi.edu) or send to:

Editor, *Johns Hopkins Nursing*  
525 N. Wolfe Street  
The House, Room 107  
Baltimore, MD 21205

Letters may be edited for length or clarity.

Thanks to all of you who are elevating the profession to such a high level and doing so much in providing excellence in care and prevention of illness and disease.

Thanks for sharing through the pages of this outstanding issue.

*Sincerely,*

*Doris Armstrong, MEd, RN*

*Director, JHH Department of Nursing Services, 1970-1976*

*Honorary Member, Johns Hopkins Nurses' Alumni Association*

To be perfectly honest, I cannot read all the magazines that Schools of Nursing send my way, but I did look at yours the other day and really enjoyed actually reading it. From your article with Karen Haller called “Crossing the Street” to the wonderful little stories about your faculty called “Nursing Icons: Yesterday and Today.”

And I always look for our extended RWJF family members and was not disappointed with Jackie Campbell, Cynda Rush-ton and Debbie Gross. You are so fortunate to have so many talented people and scholars. Congratulations!

*Susan Hassmiller, PhD, RN, FAAN*

*Senior Nursing Advisor*

*Robert Wood Johnson Foundation*

*Director, RWJF Initiative on the Future of Nursing, at the IOM*

## Correction:

On page 11 of our spring 2009 issue, we misidentified this student as Kelsey Oveson. Dancing with residents of Apostolic Towers at the Senior Prom (organized by the Geriatric Interest Group) is actually Katherine Woodward, accelerated '09.



## Hopkins Nurses Go To Washington

Nurse researchers from the Johns Hopkins University School of Nursing are briefing legislators, meeting with policy makers, and impacting decisions on Capitol Hill.

Associate Professor Nancy Glass, PhD, MPH, RN, brought her perspective as a nurse clinician, researcher, educator, and cross-discipline bridge builder to a “Science in the Service of the Nation” forum held recently at the National Press Club. The forum, sponsored by Research!America (R!A), focused on America’s global image, economy, and health. Glass, a R!A Global Ambassador and co-director of the Johns Hopkins Center for Global Health, participated in the America’s Global Image panel with other U.S. global health experts.

Dean Martha N. Hill, PhD, RN, FAAN joined Glass at the forum and also met with health care research leaders from throughout the nation at the Annual Meeting of Research!America. As Vice-Chair elect of R!A, Hill and her fellow officers and Board members use this alliance for discoveries in health to advocate for medical and health research funding and public awareness of the benefits of such research.

On the same day as the R!A forum, members of Congress had yet another opportunity to meet a Hopkins Nurse. Phyllis Sharps, PhD, RN, FAAN, Chair of the JHUSON Department of Community and Public Health, was an invited presenter at a Capitol Hill Democratic Women’s Working Group roundtable. Hosted by



Speaker Pelosi, the roundtable discussed accomplishments of the 111th Congress on behalf of women. Sharps and women economists, business leaders, and advocates shared observations and real-life anecdotes concerning the impact of today’s economy and how specific benefits in the Congressional recovery legislation will aid women and their families.

According to Dean Hill, “Hopkins Nurses are doing a new take on the *Mr. Smith Goes to Washington* story. Our research, global health advocacy and community public health nursing are being recognized as a model and allowing us to influence the health care decisions and policy-making both nationally and globally.”

—Lynn Schultz-Writsel

### On Capitol Hill

**Ellen-Marie Whelan, PhD, RN**, left her faculty position at the Johns Hopkins University School of Nursing in 2003 to pursue a Robert Wood Johnson Health Policy Fellowship, where she served as a legislative aide to Democratic Senate Leader Tom Daschle (D-SD). For the next four years she worked as staff director for the Subcommittee on Retirement and Aging to the U.S. Senate Committee on Health, Education, Labor and Pensions with Senator Barbara A Mikulski (D-MD). Today, she is a Senior Health Policy Analyst and Associate Director of Health Policy at the Center for American Progress.

**Deborah Trautman, PhD, RN**, has served as the Vice President of Patient Care Services for the Hopkins-affiliated Howard County General Hospital, Director of Nursing for Emergency Medicine at The Johns Hopkins Hospital, and held a Joint Appointment at the Johns Hopkins University School of Nursing. Her 2007-2008 Robert Wood Johnson Health Policy Fellowship led her to the office of Nancy Pelosi (D-CA), Speaker of the House of Representatives.

—Kelly Brooks-Staub

## What's the Violence-Depression Connection?

Health care workers, including nurses, are particularly vulnerable to bullying and verbal abuse, which can lead to devastating emotional trauma and depression.

According to recent nursing graduate Callie Vincent '09, however, this psychological workplace violence doesn't necessarily cause the depression. Instead, depression experienced by nurses may actually be a predictor of such violence.

"Health care professionals are one of the professions most affected by [workplace violence]," said Jacquelyn Campbell, PhD, RN, FAAN, Vincent's advisor for the study. "So we need to think about how we go about preventing that."

Vincent's research was funded by her Provost's Undergraduate Research Award, given twice a year to allow Johns Hopkins undergraduates a chance to develop research skills. She was among 51 recipients in 2008, joining the ranks of other past School of Nursing students who have also conducted research funded by this award.

Using data from an ongoing Safe At Work study, led by Campbell, Vincent analyzed questionnaires taken in summer 2007 from 1,623 nursing staff at The Johns Hopkins Hospital, Johns Hop-



WILL KIRK

*Callie Vincent '09 studied depression and workplace violence experienced by Hopkins nurses.*

---

Psychological workplace violence doesn't necessarily cause the depression. Instead, depression experienced by nurses may actually be a predictor of such violence.

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kins Bayview Medical Center, and Howard County General Hospital. The questionnaires examined the type of violence experienced and measured depression using the Center for Epidemiologic Studies Short Depression scale.

The results were surprising. Vincent initially expected

depression would be an outcome of the violence, but instead found it was a predictor for the violence.

Nursing staff who were depressed when they were first interviewed were nine times more likely to be depressed at a follow up survey. Of the 20 people who were depressed

at the time of the follow up questionnaire, 65 percent had reported depression in the first survey.

"So many of the people who experience workplace violence started out depressed," Vincent said. "They could be more at risk [for violence]."

The findings could mean that depressed staff may be more of a target for psychological violence, or that those who are depressed view certain situations more negatively, Vincent said.

Vincent's study also examined other variables that could contribute to depression, such as experiences with interpersonal violence or child abuse. These data are important to know when developing mental health services for nurses, Campbell said.

"She got a lot of interesting results, important results, that need to be looked at further and communicated with the field," she said.

The PURA program not only allowed Vincent to make a significant contribution to this area of research, but it

also gave Vincent a chance to experience the challenges and joys of research—which Campbell hopes will compel Vincent to pursue her doctoral degree.

With more research, these findings could lead to a greater focus on overall mental

health services, Vincent said.

"The point of intervention may not necessarily be at the final step of workplace violence occurring," she said. "We may need to focus on making sure employees have good mental health to begin with."

—Sara Michael

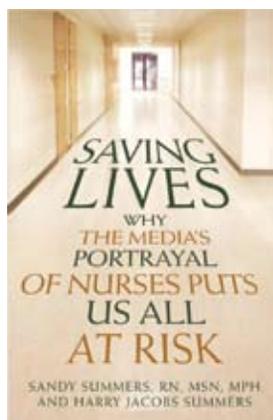
## Book Review: Saving Lives

*Saving Lives: Why the Media's Portrayal of Nurses Puts Us All at Risk* is a wake-up call for nurses: we should be more invested in our profession and challenge those who try to demean it. Written by Hopkins Nursing alumna Sandy Summers, MSN '02, and her husband Harry J. Summers, *Saving Lives* is an interesting and conscience-raising work which should be mandatory reading for all nursing students and nurses.

The authors point out the many nurses whose work, both as individual practitioners and as researchers, have made a difference in the care of patients. Yet this very real work is basically overlooked by the mainstream media. The image they provide of nursing is either as in the stereotype of angels of mercy or quite negative, as in the portrayal of Nurse Ratched in the film *One Flew Over the Cuckoo's Nest*. These ideas about our profession figure in the public perception of what nursing is and what it is not.

Take, for example, how poorly most television shows treat nurses when they depict them as little more than handmaidens of physicians. The *Saving Lives* authors persuasively argue that these shows, most notably *House*, denigrate the work of nurses and give the public a very jaded idea of what constitutes nursing care. Many television shows depict all health care as being performed by all-knowing physicians. Nurses, however, are noticeable in their absence. That is simply outrageous, especially given that RNs by far constitute the greatest number of health care providers.

Though the authors argue that negative media images hurt the nursing profession—and in turn worsen the nursing short-



age—research shows that this may not be the case. Gallup polls consistently identify nurses as the most respected of all professionals. And in 2007, Dr. Peter Buerhaus, PhD found that people who watched popular television shows were as likely as those who saw shows about nurses helping out in disasters to recommend nursing as a positive career choice.

But no matter how media affect popular opinion, it remains obvious that nurses need to be on the frontlines of health care reform and demand to be heard regarding standards. One way to do this is to become experts in dealing with the media and be quoted more frequently in the popular press. This would help ensure that the general public receives a better idea of what nurses do, the clinical expertise they possess, and the educational requirements of the profession.

The positive ideas suggested in *Saving Lives* can certainly be utilized by nursing leaders in dealing with the press. For example, nurses always need to be identified by their title as RN as well as by their educational credentials. Though *Saving Lives* identifies some ways to begin to have nurses and their thoughts more widely utilized by the media, the book really could give more of a step-by-step primer to promote the expertise of nurses.

The Summers duo has certainly given nurses and producers a lot to think about in terms of the way the media portrays nurses and how it affects the minds of the public. In the end, *Saving Lives* can only help nurses find their voice and bring more positive media coverage for ourselves.

—Rosemary Mortimer, MS Ed, MS, RN, CCBE

# 2009 Graduates Become Hopkins Nurses

Amidst the shouts, cheers, clapping, and even tears of joy, 105 undergraduate and 78 graduate students walked across the stage at the Lyric Opera House to receive their diplomas at the Johns Hopkins University School of Nursing 2009 commencement ceremony on May 21st. An additional 142 undergraduate students in the accelerated class graduated in a separate ceremony in July on the Homewood Campus.

Mary Woolley, president of Research!America and keynote speaker at the May ceremony, urged the graduates to be both a nurse and an advocate for nursing, saying that “the truth

doesn’t speak for itself,” and added that advocacy is the key to getting more research and funding to advance the science of nursing.

Faculty members Laura Taylor and Shirley Van Zandt were honored during the ceremony as they were named the 2009 recipients of the Johns Hopkins University Alumni Association Excellence in Teaching Awards.



Mary Woolley  
President, Research!America



PHOTOS BY ROB SMITH

The day before graduation was special as well, with 78 students inducted into Sigma Theta Tau, the International Honor Society of Nursing.

Find out more about the graduation festivities, including the names of students who received special awards and recognition and the first ever live webcast of an SON graduation ceremony at [www.nursing.jhu.edu/graduation](http://www.nursing.jhu.edu/graduation).

—Diana Schulin



## Fan or Follower?



Fan, friend, groupie, follower. Whatever you call your online buddies, social networking sites such as Facebook and Twitter offer a fun and easy way to reach out and connect. The Johns Hopkins University School of Nursing has launched its first social network media venues, and invites you to join these online communities.

### Facebook: Become a Fan

Visit [www.facebook.com](http://www.facebook.com) and search for “Johns Hopkins University School of Nursing.” Become a fan of the page to receive news feeds from the School’s website, highlights of articles from the *John Hopkins Nursing* magazine, and info on special events throughout the year.

Search instead for “*Johns Hopkins Nursing* magazine” to comment on the latest magazine, make suggestions for future issues, and receive updates on the publication.

### Follow Our Tweets

In another new social media venue, the School is sharing brief (up to 140 characters) online text-based messages with those who sign up as “followers.” Hopkins Nursing “Tweets” can be received by visiting [www.nursing.jhu.edu/newsevents/](http://www.nursing.jhu.edu/newsevents/) and clicking on the Twitter icon. Or go to [www.twitter.com](http://www.twitter.com) and search for “JHUNursing.”

With an estimated community of more than 200 million people on Facebook and 4-6 million active Twitter users, these new online tools offer a global forum to connect with friends and colleagues, prospective and current students, and alumni of the School.

—Kelly Brooks-Staub

e is the key  
to better communication

Stay connected!

Join the Johns Hopkins  
wired community by  
registering your  
current email address at

[www.jhu.edu/eisthekey](http://www.jhu.edu/eisthekey)

## All in the Family

"I have two women to look up to who influenced me to become a nurse," says Mary Plumb, accelerated '09. In her family, nursing is a legacy.

Plumb's mother, Susan Cooley King, is a nurse and new member of the Johns Hopkins University School of Nursing Advisory Council. And Plumb's grandmother, King's mother, is Louise Thomas Cooley, a Hopkins Nurse from the class of 1947.

"My mother, and now my daughter, are both Hopkins nurses," boasts King, who describes herself as 'just' a nurse. She is used to the teasing from Cooley, her mother, who tells her "You might be a nurse but you're not a *Hopkins Nurse!*"

—Kelly Brooks-Staub



Mary Plumb and mother Susan Cooley King (left).



Louise Thomas Cooley and husband Denton Cooley, heart transplant pioneer and 1944 graduate of the School of Medicine (above).

## A World of Thanks



In honor of his active involvement with the University's Knowledge for the World campaign, Walter (Wally) D. Pinkard, Jr. received a crystal globe from Ronald J. Daniels, new president of Johns Hopkins University. The gift was presented at the semi-annual meeting of the Johns Hopkins University School of Nursing Advisory Council, which Pinkard has chaired since 1998. The school achieved \$55.2 million for the campaign.

See inside back cover for full listing of Johns Hopkins University School of Nursing Advisory Council.

## Real Talk 4 Girls

East Baltimore middle school students held a discussion entitled "Video Vixen," in which they deconstructed images of women in film, music videos, and television and their affect on teenage girls. The session was part of Real Talk 4 Girls, a one-day conference sponsored by The Johns Hopkins University School of Nursing and the Baltimore Curriculum Project, where girls had the opportunity to talk about health and other issues that affect self-esteem, behavior, interpersonal relationships, and academic performance.

"It was an empowering event for these girls," says assistant professor Jodi Shaefer, PhD, RN. "We hope to help them achieve their highest potential by addressing the social and psychological challenges of adolescence."



# Long After Cancer

At one of the lowest points in her life—waking up from a colonoscopy to be told that she had stage III rectal cancer—Eden Stotsky '09 remembers that Johns Hopkins nurses were there for her.

“I had an amazing medical team,” says Stotsky, who was 26 at the time. “I still, to this day, remember the nurses who took care of me. I have become best friends with one of the nurses, and I’m still friendly with some of the others.”

In fact, this summer—at one of the *best* points in Stotsky’s life—those same Hopkins nurses were there. Stotsky got married June 13th, and her nurse-friends cried and danced and reveled in her happiness.

They had good reasons.

Stotsky, who was marrying the love of her life, was now going on 12 years cancer-free. And just a few weeks earlier, she had made another life change: She became a Hopkins nurse.

“Slowly but surely, over time, I realized that nursing is my calling,” she says. “Nothing is a better fit for me.”

Stotsky’s survivorship story is so awe-inspiring, her journey is the subject of a new documentary, produced by the Ulman Cancer Fund for Young Adults. The film, “*Long After Cancer: An Insider’s Look at a Survivor’s Story*,” is aimed at young people with cancer. It chronicles Stotsky’s



Eden Stotsky '09 (right) with childhood friend Traci Kodeck at Camp Sunrise, a pediatric oncology camp where they have volunteered together the past 10 years.

low points and courageous moments, her uncertainty and hopefulness. She talks about exhaustion and nausea, but in just about every shot, Stotsky is smiling.

“I watch it sometimes, and I don’t even believe it’s my story,” says Stotsky. “It brings happy tears to my eyes. I hope it’s encouraging to other young adults that there is life after cancer—and not just immediately after cancer, but long after cancer.”

Stotsky, who was a program coordinator for the Office of Faculty, Staff and Retiree Programs at the Johns Hopkins University when she was diagnosed in 1997, exuded a refreshing optimism about

her disease even from the very beginning.

She credits her medical team for modeling that kind of confidence.

“I never heard ‘You’re not going to survive this,’” Stotsky says. “I was told, ‘You’re so lucky. You really caught this in the eleventh hour. You’re very fortunate.’”

In 2002, Stotsky became a health educator/patient advocate for the Johns Hopkins Colon Cancer Center. In that job, she was able to do what was done for her—comfort and reassure patients.

As a recent nursing school graduate, her new job description still is being worked out, but Stotsky plans to maintain

her role at the center and also be a nurse in the division of surgical oncology.

“I had the personal experience, and now I have the professional experience. I’m hoping I can marry the two to provide the best care possible to cancer patients and their families, to help them navigate their own journey and make it as manageable as possible,” she says. “Before I went to nursing school, I was missing that clinical piece. Now I feel like it has all come together.” —Tanika Davis

Long After Cancer can be viewed on the Ulman Cancer Fund’s website at [www.ulmanfund.org](http://www.ulmanfund.org).

## Faculty, Student, and Staff News

### Acute and Chronic Care Faculty

**Rosemary Mortimer**, MEd, MSN, RN received the 2009 Leader of Leaders Award from the National Student Nurses' Association.

**Marie Nolan**, PhD, MPH, RN will be inducted as a fellow of the American Academy of Nursing this November.

**Linda Rose**, PhD, RN was named Director of the Society for Education and Research in Psychiatric Mental Health Nursing (SERPN), a division of the International Society of Psychiatric Nursing (ISPN).

**Jennifer Wenzel**, PhD, RN, CCM was awarded a \$729,000 Mentored Research Scholar Grant from the American Cancer Society to help rural African American elders obtain quality care for cancer.



Rosemary Mortimer

### Community Public Health Faculty

**Nancy Glass**, PhD, MPH, RN will be inducted as a fellow of the American Academy of Nursing this November. She also received the Urban Health Institute's Faculty Community Grant to help victims of domestic violence.

**Elizabeth (Betty) Jordan**, DNSc, RN, RNC and **Shirley Van Zandt**, MS, MPH, RN, CRNP received the top award in the Community Outreach category from the *Maryland Daily Record's* Health Care Heroes program for their leadership of the Birth Companions Program.

**Lori Edwards**, MPH, BSN, APRN, BC received an award for Outstanding Faculty Community Service from the Student Outreach Resource Center.

**Phyllis Sharps**, PhD, RN, CNE, FAAN was honored as an "Emerging Leader" at the Associated Black Charities' Annual Fundraising Gala. Sharps has been named to the Institute of Medicine committee to study "Qualifications of Professionals Providing Mental Health Counseling Services under TRICARE."

### Health Systems & Outcomes Faculty

**Patricia Abbott**, PhD, RN, BC, FAAN, FACMI and colleagues have launched *Knowledge Management & E-Learning: An International Journal (KM&EL)*, an international open source online journal.

**Cheryl Dennison**, PhD, RN, ANP received a \$451,000 research project grant (R21) from the National Institute of Nursing Research to evaluate a nurse-led heart failure care transition intervention for African Americans.

**Dean Martha Hill**, PhD, RN, FAAN was named one of Maryland's 2009 Top 100 Women by the *Daily Record*. This distinction is given to women who demonstrate leadership, community service, and mentoring.

**Kathi White**, PhD, RN, CNAA, BC along with JHH nurse **Sandra Dearholt**, and DNP student **Stephanie Poe**, received the 2009 Nursing Publication Award from the Johns Hopkins Department of Nursing for *Educational Strategies to Develop Evidence-Based Practice Mentors*.

### Staff

Research assistant **Brandon Johnson** has been accepted to the Master in Health Science program at the Johns Hopkins University Bloomberg School of Public Health.

**Mary O'Rourke**, director of admissions and student services, received a master of science in counseling from the Johns Hopkins University School of Education.

**Megan Solinger**, admissions officer, received a master of health science degree from the Johns Hopkins University Bloomberg School of Public Health.

The Marketing and Communications office has received two Hermes Creative Awards from the Association of Marketing and Communication Professionals: a platinum for *Johns*



Carm Dorsey, Patty Wilson, Phyllis Sharps, and Linda Whitner



Hopkins Nursing and an Honorable Mention for an advertisement for the Forensic Nursing certificate program. The office was also awarded bronze in the Magazine Advertising/Single category (Forensic Nursing ad) from the Admissions Marketing Report 24th Annual Admissions Advertising Awards.

## Students

MSN student **Kelly Caslin** received the 2009 Linda Arenth Award for Innovation in Service Excellence from the JHH Department of Nursing for *Frequent Vitals: Turning Press Ganey Data into Results*.

**Meghan Greeley** received a School of Nursing Student Award from the Student Outreach Resource Center.

MSN/MPH students **Sarah Hoffman** and **Kristen Jadelrab** were inducted into Delta Omega, the honorary society for graduate studies in public health.

**Ronald Langlotz**, MSN '09, received the 2009 Nursing Excellence Award from the JHH Department of Nursing for Implementation of Pediatric IV Response Team in Radiology.

**Kelsey Oveson** '09 received the 2009 Shirley Sohmer Award from the JHH Department of Nursing for her research in "Determination of Most Appropriate Diet in Leukemia Patients Receiving AcD-Ac Consolidation Chemotherapy."

**Callie Simkoff** '09 and **Kathy Whitlow** '09 received a Hopkins Alumni Association grant for their project "Eating Fine in '09," to meet with WIC clients to discuss nutritional health issues such as anemia and childhood obesity.

**Summer Venable**, MSN/MPH candidate, was awarded a \$5000 grant from the Hopkins Fogerty Global Framework Program to study women survivors of violence in DRC.

Nine students from the accelerated class of 2009 will do their Transitions Practicum internationally: **Lindsay DeCarlo**, **Mary Plumb**, **Lindsay Randall**, and **Katherine Woodward**, Tawam Hospital, United Arab Emirates; **Hugh Baxter** and **Jessica Plocher**, Beijing United Family Hospital and Clinic, China; and **Allison Burg**, **Elizabeth Crisostomo**, and **Lauren Hunt**, Tan Tock Seng, Singapore.

Approximately 30 students received special awards and recognition at the 2009 graduation ceremonies. Read more about their accomplishments at [www.nursing.jhu.edu/graduation/studentawards](http://www.nursing.jhu.edu/graduation/studentawards).



**A Hopkins Nursing Hero**—It was late on Tuesday evening, May 12th, when accelerated student **Jessica Hancock** '09 heard a loud crash. Arriving before the emergency crews, she assisted the car crash victims until help arrived. "It's not too big of a deal, anyone would have done this," Hancock said. Maryland's ABC affiliate Channel 2 called Hancock "a hero."

## Four Faculty Promoted

Faculty members (left to right) Hae-Ra Han, PhD, RN; Cheryl Dennison, PhD, RN, ANP; Patti Abbott PhD, RN, BC, FAAN, FACMI; and Jo Walrath, PhD, MS, RN have been promoted to associate professor.



**Faculty Publications Online**—Check out the latest list of journal articles, book chapters, and books written by Hopkins nursing faculty at [www.nursing.jhu.edu/academics/faculty/pubs/](http://www.nursing.jhu.edu/academics/faculty/pubs/).

# Coming Full Circle

Fifteen years after Peace Corps, Nicole Warren '98 remains committed to Mali's matrones

I was sworn in as a Peace Corps volunteer in May 1994, after three months of crash courses in local language and maternal and child health, and deposited rather unceremoniously in a village about eight miles off a paved road in southeast Mali, West Africa. By default, I began working with Sali, a matrone, or auxiliary midwife. She was the only female health care worker available in her community.

When I met her, Sali could not believe I had never seen a child born. Hadn't everyone? She laughed, shaking her head in amazement as she put my inexperience with birth in the same category as not being able to pound millet or carry water on my head. Despite our vast differences, Sali took it upon herself to

introduce me to working with childbearing women.

In Mali, matrones are formally trained health care workers, providing the majority of reproductive health services in a country where one in 15 women die from a childbearing related cause. Though they are uniquely situated to help reduce maternal mortality in their communities, matrones fall at the bottom of the medical hierarchy. Because of their rural location and relatively low status, most matrones are inadequately trained, poorly supervised, lack basic equipment, and receive little continuing education.

Despite these challenges, matrones are committed, determined health care workers who provide the best care

they can with little respite or support. It was Sali who introduced me to the realities these women face as wife, mother, farmer, and matrone. Sali's family and clients needed her attention at all hours. Clients came to her on the backs of bikes, mopeds, and donkey carts. She never turned them away. She couldn't have if she wanted to: They literally trailed her as she made the well-worn trip from her home to the village maternity throughout the day.

On market days when I helped her with prenatal consultations, Sali's multitasking was at its peak. I remember watching her assess one client's abdomen, explain how to take an antibiotic to another confused client, and breastfeed the youngest of her

eight children—all at once. When the last client was taken care of, Sali would sigh and complain that her busy morning prevented her from getting the best produce at the market.

I returned to the U.S. in 1996 and pursued training in nursing, midwifery, and public health, traveling to Mali as often as I could. In 2002, I became a nurse-midwife and began to appreciate the magnitude of the matrones' responsibilities through my own professional lens.

As I struggled to balance my own personal and professional responsibilities, I thought about the matrones, who were doing the same thing, only under much harsher conditions and with far fewer resources. In the midst of my busy clinic day, I could call up an electronic version of evidence-based guidelines to help guide my practice. A well-rested, competent colleague would reliably relieve me at the end of a 24-hour shift. If a client I had been laboring with suddenly developed a complication, I could call on a nearby expert to provide needed care. Matrones have no such resources.

I was fascinated by the matrones' experiences and admired the way they managed with so few resources—and so the matrones became the focus of my doctoral

ROBERT AKERS





*Nicole Warren '98 and the Mali Midwives who received continuing education in Koutiala, May 2009.*

research. I traveled to Mali in 2003-2004 to conduct my field work, interviewing matrones in the district of Koutiala, where I had served as a volunteer.

The matrones were natural collaborators, eager to tell their stories and proud of the contributions they make to their communities. They described the way they link traditional and biomedical models of care and provide access to higher levels of care when needed. Many expressed frustration that they could not do their job as well as they would like, struggling to meet their responsibilities with few supplies, little supervision, and little continuing education. In a place like Mali, where the health care system is severely under-

resourced, I knew that these front-line matrones would struggle to find that support.

Back at home, the matrones' stories stayed with me. They had told me about women bleeding to death because they did not have the drugs they need. They grew tired of delivering stillborns caused by malaria. Like so much of maternal and newborn mortality, most of these tragedies were preventable.

So, in 2006, I formed an organization called "Mali Midwives" to support continuing education for matrones.

With enormous support from other returned Peace Corps volunteers, U.S.-based nurse midwives, family, and friends, Mali Midwives raised enough funds by 2009 to sponsor a pilot project: a

continuing education event for matrones in Koutiala.

The medical director and the midwifery supervisor I had known in Koutiala in 2004 had both been replaced in the intervening years, so the first Mali Midwives event was organized with nothing more than a few phone conversations and a couple of awkward e-mails. The day before the event, three of the region's top clinical staff—two sage-femmes, the most highly trained midwives in Mali, and a physician specializing in reproductive health—sat down to adapt the training materials to fit the matrone's education, skill level, and preferred language (Bambara, not French).

The matrones were scheduled to arrive the next

morning. I woke up feeling anxious and hurried down to the medical center, trying to keep my expectations low. But as I turned the corner to the health center's courtyard, I was greeted by dozens of matrones chatting with old colleagues and friends. Sali flashed her broad smile at me from the back of the crowd. I had not seen her in four years.

Over the next six days, 82 matrones participated in the continuing education event, focusing on "essential newborn care." At the end of each session, matrones were initially hesitant to ask questions. The first few shy inquiries gave way to a barrage of questions well beyond the session materials. They did their best to take advantage of having three supervisors at their disposal.

One matrone asked, “If I hear heart tones at the first prenatal visit but not at the second, what should I do?” Another asked, “How many pills of iron should the woman take?” A third tried to clarify when and how much malaria prophylaxis should be given. These discussions had the others on the edge of their seats. The matrones had been waiting for an opportunity to ask these questions, to have an audience with more highly skilled colleagues, and to discuss common problems with peers. When the matrones were satisfied, the session broke up and matrones lingered, exchanging stories and ideas about caring for women and newborns.

This was by far the shortest trip I have ever taken to Mali—barely two weeks. But as I said goodbye to Sali and watched her start her journey back to the village where we



ROBERT AKERS

*Mali midwives, Koutiala, May 2009.*

had first met 15 years earlier, I felt like I had come full circle.

In September, Nicole Warren will again come full circle, returning to Hopkins (where she earned her baccalaureate nursing degree in 1998) as Assistant Professor

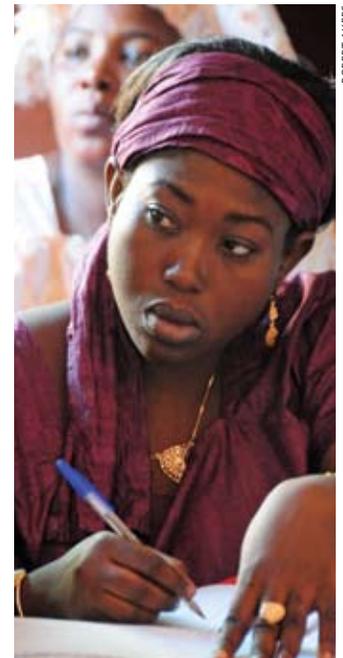
in the Department of Community Public Health. Warren is Director of Mali Midwives, a non-profit organization dedicated to helping auxiliary midwives in Mali get continuing education. To lend your support, visit

[www.malimatrones.org](http://www.malimatrones.org), become a fan of the Mali Midwives Facebook page, or contact Dr. Warren at [malimidwives@gmail.com](mailto:malimidwives@gmail.com).

—Nicole Warren '98, PhD, MPH, CNM



*Nicole Warren '98 visits her mentor, Sali, during her honeymoon to Mali in 1999.*



ROBERT AKERS

## Pigs for Peace

How can one person give the gift of hope, economic empowerment, and improved health to a woman who has suffered and survived warfare, rape, and displacement from her home, family, and community? The answer, according to Associate Professor Nancy E. Glass, PhD, MPH '96, RN '94, may be as simple as purchasing a pig.

In 1990-1991, Glass was a young Peace Corps volunteer, serving in the country of Zaire. Now, after nearly 20 years—including a decade of bloody civil war—she is finding new ways to help families in the Democratic Republic of the Congo (formerly Zaire) who suffer from malnutrition, disease, and a severely damaged economic and social infrastructure.

For rural women serving as head of their households, says Glass, the challenges posed by the country's gender roles and norms make health and economic stability seem near impossible to secure. In 2008, she helped launch Pigs for Peace through the nonprofit organization, Great Lakes Restoration, in an effort to help such women.

"In other countries, microfinance has done wonders for improving the lives of poor, rural women," notes Glass. "Empowering women economically leads to increased gender equity in the society, and that means improved health for women and

their children."

In the Congo, where annual income averages \$89 per year, potential borrowers may be daunted by traditional microfinance lending models, so lenders are turning to livestock rather than cash to provide economic opportunities. But why pigs in particular?

"Pigs are common farm animals in the Congo," says Glass. "They don't need much space to live and forage, and they'll eat just about anything. This, combined with the social prohibition against women making decisions about selling or killing a cow or goat, makes pigs the right solution for this kind of lending program."

Here's how it works: Make a \$50 donation, and

Pigs for Peace will loan a pig to a Congolese family and provide a pen, veterinary support, mating opportunities, and education about pig farming. Rather than repaying principal and interest monetarily, the family gives two piglets back to the organization—one from each of the first two litters. Other piglets can be kept as meat or sold for an average price of \$40 per animal.

"At first, Pigs for Peace sounds like simply economic outreach, but it's so much more," says Glass. "We provide education and support to the families regarding health, rape prevention, and gender equity. The women use the money from the pigs to plant new crops, raise chickens,



access clean water, purchase mosquito nets, start businesses, and send their children to school. I really believe a pig can save a family."

To learn more about Pigs for Peace, or to make a donation, visit [www.glrbtnp.org](http://www.glrbtnp.org), become a fan of the Pigs for Peace Facebook page, or contact Dr. Glass at 410-614-2849 or [nglass1@son.jhmi.edu](mailto:nglass1@son.jhmi.edu).

—Kelly Brooks-Staub



Nancy Glass with survivors in the Democratic Republic of the Congo.

## Our Nurse in Uganda

In Uganda, where life expectancy is only 52 years, the health problems are overwhelming. HIV/AIDS and malaria are the leading causes of death, the maternal mortality rate is among the highest in the world, and infectious diseases are a constant threat.

In an unprecedented international role for a nursing school, the Johns Hopkins University School of Nursing (JHUSON) is helping to lead a two-year needs assessment and strategic planning with Makerere University, the largest university in Uganda.

“The question we’re asking is ‘How can Makerere University—with its enormous 35,000 student population—better serve the Ugandan population in educating future health care providers?’” says assistant professor Sara Groves, DrPH, APRN, BC, who is coordinating the assessment, aimed at improving health outcomes in Uganda and East Africa. “We want to collect data that is beneficial to Makerere, to find the right resources to grow the university, and to create the best education possible.”

The multi-tiered program will determine methods to best serve Uganda in terms of the health care curricula, research, and administrative structure. Groves notes she is also facilitating the assessment of the health care delivery system in hospitals and clinics to ensure “the



*Nurse Midwife Day in Kayunga, where Sara Groves took Ugandan MSN/MPH students to conduct community health needs assessments.*

grant is implemented to teach students to deliver health care in the best possible way.”

As part of the grant, she is also working with four pilot projects to improve health care education and delivery: a community-based education program for health care students; an exploration of incentives for women to deliver their babies in hospitals or community centers to decrease maternal mortality; an attempt to improve the translation of health care research to impact public policy; and an experiment to translate successful models of HIV treatment in urban environments for use in rural community clinics.

The job includes coordination between faculty at Makerere and Hopkins, within the disciplines of nursing, medicine, and public health, to assess the health care

education and delivery in the country. The group will collect data through the end of the year and in 2010 will work to synthesize the information and write a strategic plan.

“It’s a well-organized effort, considering its scope,” says Groves. “Everyone is really involved. The program has been embraced throughout both Hopkins and Makerere.”

In addition to managing the health care and educational needs assessments, Groves is also teaching a Public Health Nursing course, which includes taking Makerere students to work at remote sites in rural Uganda.

For nursing students at Hopkins, the collaboration will provide international opportunities as well. This year, four MSN/MPH students will travel to Uganda to work on the community health needs assessment and

program evaluations.

“Our work in Makerere is just one example of what is possible for Hopkins Nursing internationally,” says Dean Martha N. Hill, PhD, RN, FAAN. “We’re collaborating in so many areas—curriculum development, teaching, mentoring, modeling, and data collection.”

A joint effort of nursing, medicine, and public health at both universities, the collaboration is funded by the Bill & Melinda Gates Foundation and being facilitated by the Johns Hopkins Center for Global Health.

Says Groves, “It’s been great fun to get students and faculty on two continents working together. In 10 years, I hope to see that the Hopkins-Makerere collaboration has made a significant impact on the health of Ugandans.”

—Kelly Brooks-Staub



## Sometimes, the most intriguing career path is off the beaten one.

You may have read that Johns Hopkins Medicine is becoming ever more global. Over the last ten years, we have engaged in dynamic knowledge-exchange partnerships with institutions abroad to help them raise the standard of health care in those regions.

Today, we manage five facilities abroad: three hospitals in the forward-thinking United Arab Emirates, one in the ever-changing isthmus of Panama and an oncology unit in Singapore. We also manage long-term affiliate relationships with hospitals in Turkey, Chile, Japan and Lebanon. And there are more to come.

We've found that with Hopkins-trained nursing directors on the ground, working with local partners to adapt best practices to the culture, we're able to push the boundaries of health care and clinical discovery in ways none of us ever dreamed possible.

Join us on the next frontier of nursing. **Work overseas at a Johns Hopkins Medicine affiliate hospital.**

To learn more about our global partnerships, visit [www.jhintl.org](http://www.jhintl.org)

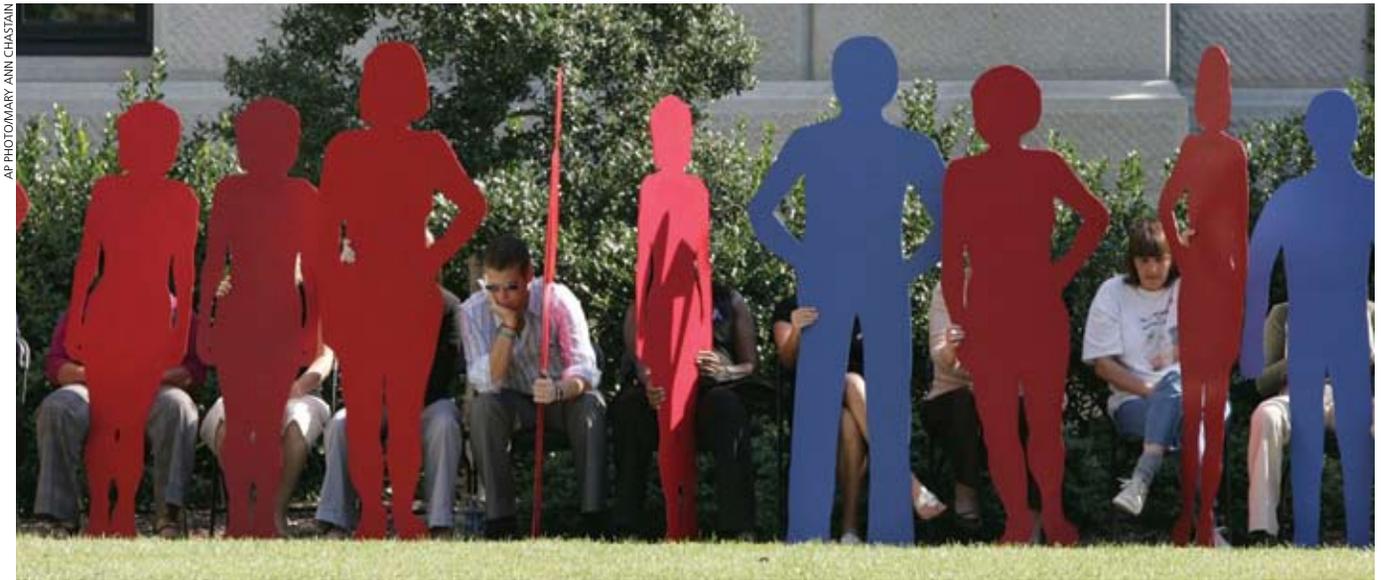
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## Halting the Hurt: Research to End Intimate Partner Violence



Family members and volunteers wait as they hold the victims silhouettes that represent those killed by domestic violence before the start of a memorial ceremony Monday, Oct. 6, 2008, at the Statehouse in Columbia, S.C.

**A**nya was 15 and pregnant when her mother threw her out. The 28-year-old father of her child took her in. Soon, his verbal abuse became physical and sexual abuse. Anya visited the ER regularly, but never pressed charges. Six years, a miscarriage, and two more children later, she finally summoned the courage to flee the relationship. That courage came in the form of an emergency department nurse, who, Anya says, saved her life.<sup>1</sup>

No one is immune from intimate partner violence (IPV). Annually, as many as eight million people are known IPV victims in the U.S.; the actual number is probably much higher. For decades, the silence about

IPV was deafening. Victims felt too much shame and fear to speak out. Health care professionals and first-responders didn't know how to ask about IPV. Today, the situation is changing. JHUSON leaders in IPV research have advanced new tools and knowledge to give IPV victims a voice and a renewed sense of safety and self-worth.

IPV researchers at home and abroad look to Chair and Professor Jacquelyn C. Campbell, PhD, RN, FAAN as a mentor and springboard for their own inquiry. Her passion and leadership in IPV research, education, and advocacy have not flagged for more than 25 years. She recently conducted a review

of international research examining the potential relationship between IPV and HIV/AIDS infection among women (International Journal of Injury Control and Safety Promotion, December 2008). The study yielded as many new questions as it did answers, such as why victimization of HIV-positive women differs between the U.S. and Africa and whether IPV may lower resistance to infections such as HIV.

Campbell is best known as the creator of the Danger Assessment, an instrument to assess the risk for lethal IPV violence. Since its 1981 introduction, the instrument's validity has been tested continuously across a broad range of communities, ages,

and ethnic groups. Its questions have been refined to reflect the most salient risk factors for lethal violence. This spring, Campbell and JHUSON Associate Professor Nancy E. Glass, PhD, MPH '96, RN '94, in one of many collaborations, reported on the significant predictive accuracy of the current version of the Danger Assessment in the *Journal of Interpersonal Violence* (April 2009). An adaptation is being used by Maryland first responders as a short IPV danger screen; a separate tool has been introduced for use with same-sex partners.

Glass, whose sense of social justice was honed as a Peace Corps volunteer, has sought to identify and

respond to the factors that keep some female IPV victims from seeking help and safety. She recently examined differences in the types of IPV experienced by Latinas and non-Latinas. Reporting in the *Journal of Community Psychology* (March 2009), she found that, in contrast to the diverse types of IPV found among other populations, among young rural Mexican immigrants, forced sex is the form of IPV most commonly reported, a finding that may have important implications for IPV prevention.

In other work in the Latina community, Glass describes the elements of a successful, culturally appropriate, IPV intervention for Latinas. [*Hispanic Journal of Behavioral Sciences*, March 2009]. Foremost is the ability to establish and nurture relationships with Latina-serving, local organizations that can open the door to Latina IPV victims. Glass notes, “Partnerships are at the heart of community-based participatory research. Our research and the IPV support services we left behind were possible and sustainable only because community organizations were active, engaged partners.”

Men are not the only perpetrators of intimate partner violence. According to JHUSON Associate Professor Joan E. Kub, PhD., APHN, BC and alumna Jessica R. Williams, PhD '08, MPH, RN, women in heterosexual relationships also commit IPV, and in greater number than

once believed. Their review of female-to-male IPV studies (*Trauma, Violence and Abuse*, October 2008) confirmed that female-perpetrated IPV is common among adolescents, college students, and adults. Emotional violence is most prevalent, followed by physical violence and sexual violence. While some IPV may arise in response to victimization by a male partner, date, or friend, more study is needed to delineate the range of factors implicated in female-initiated IPV.

Without intervention, IPV can pass from one generation

to the next, a growing concern since, each year, as many as 10 million children witness IPV. To help break the cycle, Professor Phyllis Sharps, PhD, RN, CNE, FAAN, is assessing the effectiveness of the Domestic Violence Enhanced Visitation Program (DOVE), a community-based, nurse-led IPV prevention initiative. While outcome findings are months away, Sharps is hopeful, since the program enables IPV victims to mobilize resources to escape, stay safe, and keep their babies safe.

According to Glass, the IPV research by JHUSON

faculty shows “nurses can make a difference in the lives of IPV victims. Community systems can be created; health care providers can learn the right questions to ask and the right resources for their patients. So many of the changes we’ve seen in IPV-related policy and programs, education, and health care have happened because a nurse cared and took action.”

*‘Anyia’s story is a fictional case example based on the lives of real women with whom JHUSON IPV researchers have worked and aided over the years.* —Teddi Fine

## Above All, Ask the Hard Questions

### How to ask

To identify and assist victims of intimate partner violence (IPV), nurses need to ask difficult questions. Creating a nonjudgmental, compassionate environment helps, as does a good sense of timing. Privacy—particularly from the domestic partner—is crucial to a safe environment in which a patient is best able to disclose difficult information.

### What to ask

- Do you feel safe in your current relationship?
- Within the last year, have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by your partner or ex-partner? If yes, by whom? Do you currently have contact with him?
- Has anyone ever forced you to have sex when you didn’t want to? If yes, who? Do you currently have contact with him?

### How to Help Victims of IPV

- Use the Danger Assessment ([www.dangerassessment.org](http://www.dangerassessment.org)) to assess level of physical risk—including homicide.
- Help the victim develop a safety plan. Provide information about hotlines and shelters.
- Carefully, completely, and objectively document the IPV in the woman’s own words, in clinical assessment, and in pictures.

### Helpful Information

IPV Danger Assessment Tool  
[www.dangerassessment.org](http://www.dangerassessment.org)

Maryland Network Against Domestic Violence  
[www.mnadv.org/links.html](http://www.mnadv.org/links.html)

National Domestic Violence Hotline  
1-800-799-SAFE (7233)  
1-800-787-3224 (TTY)  
[www.ndvh.org](http://www.ndvh.org)

National Sexual Assault Hotline  
1-800-656-4673  
[www.rainn.org/counseling.html](http://www.rainn.org/counseling.html)

The Domestic Abuse Helpline for Men (DAHM)  
1-877-643-1120, access code 0757  
[www.noexcuse4abuse.org](http://www.noexcuse4abuse.org)

Centers for Disease Control and Prevention  
[www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html](http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html)

## A Foot in the Door

In times of economic crisis and low vacancy rates, Hopkins is reaching out to new nurses

The recession won't last forever, nor will the hospital's nonexistent vacancy rate, says Karen Haller, PhD, RN, vice president for nursing and patient care services. Even in the current downturn jobs exist, Haller says, but nurses won't have their pick. Her mantra for one and all: "Get your foot in the door."

For new nursing graduates, the recession means that they are going to have to look harder, longer, and maybe cast their nets wider when hunting for a job, says Haller.

Throughout the hospital, important allies are finding ways to employ as many new nurses as possible. Nursing leadership, for example, revised a rule to allow grads with Certified Nursing Assistant (CNA) credentials to keep the clinical associate jobs they held as students while waiting for RN jobs to open up.

Karen Davis, MSN '94, nursing director for the Department of Medicine, took advantage of the rule change to hire several new grads in CNA positions so they'll be in line for part-time RN openings. "They're already here, and can transfer over time into RN positions," Davis says. "That way it's seamless."

The revised policy allowed Allison Murter, MSN '04, RN, nurse manager for the bone marrow transplant unit on Weinberg 5B, to offer a CNA job to Pete Meagher, an eager new nursing graduate. She reached him

The new Oncology Functional Unit Nurse Team, established by Suzanne Cowperthwaite, MSN '08, RN, is a flexible team willing to cover weekend shifts as well as for sick calls and medical leaves of absence on oncol-

strategy requires a "divide and multiply" approach. "Every time I get a resignation now, I take that position and cut it in half and make it into two part-time positions," says Joan Diamond, MSN, RN, a nurse manager in obstetrics. That way, "the nurses get their foot in the door and there are always opportunities for overtime," Diamond says. "I want to support as many new grads as I can."

Sherri Jones, MSN '09, RN, coordinator of nursing programs for the department of surgery, and nurse managers remained committed to new grads although all positions were filled throughout the department. "We decided, 'Let's continue to finish interviewing and ask grads if they'd like to be a part of a waitlist.'" Jones and her colleagues drafted a letter to the select few who made the waitlist promising to stay in touch.

The waitlist has been a good confidence builder, Jones says. "We built a lot of trust, and the interviewees felt wanted."

And sooner than Jones anticipated, the waitlist came in handy: "Come to find out, about four units have had openings."

—Stephanie Shapiro



IMAGE: ISTOCK/ILLUSTRATION SOURCE

in Boston where he was interviewing at another hospital. Pete said, "I'm coming back; I'll take it," Murter recalls.

Meagher has already passed the nursing board exams, but started work as a CNA on June 1. "He was holding out for this unit which was phenomenal and makes me very proud," Murter says. She has also hired another grad in a CNA position who is preparing for her boards.

ogy inpatient and outpatient units. The team frees up other nursing staff to precept novices, says the assistant director of nursing in the department of oncology.

"We love to hire nursing students we know and have been on our units," Cowperthwaite says. "You know what they're capable of, and they can have an easier transition into the role."

Another job creation

## Lifting the Haze

When Karin Taylor, a clinical nurse specialist in Child and Adolescent Psychiatric and Mental Health, came to work in the Department of Psychiatry in the mid-1980s, she remembers walking off the elevator and into “a haze of smoke.”

The patients smoked everywhere except in bed. The nurses, including Taylor, a clinical specialist on Meyer 3, also smoked.

Over the decades, the air has cleared on Meyer units as cigarette breaks were gradually restricted. And in February of this year, all of Meyer went smoke-free, courtesy of a campaign spearheaded by Taylor.

“We are doing the patients a horrible disservice by not educating them about the damage caused by tobacco,” says Taylor, who kicked the habit 20 years ago. “For too long in psychiatry, there was the thought, ‘Oh, gosh, these people have lost so much in their lives; we don’t want to take this away from them.’”

But permitting patients momentary relief has long-term disadvantages. Psychiatric patients die 25 years earlier than the general population as a result of medical complications, many of them related to smoking, Taylor says. While primarily a health measure, the ban

also eliminated the possibility of violent responses from patients denied daily cigarette breaks granted to others.

Before the smoking ban took effect, Taylor and colleagues led education efforts for staff and patients. Concerns expressed in focus groups that the tobacco prohibition would be unfair or incite violence were allayed. The department’s patient education committee and smoking task force also made sure that admission order sets would provide patients with adequate nicotine patches and gum. Nurses were also encouraged to provide plenty of hard candy, fruit, music, stress balls, and fresh air breaks to help patients cope with withdrawal.

With the imminent smoking ban in the Meyer 1 courtyard and pending legislation to ban smoking on sidewalks around hospitals in Baltimore City, the hospital can look to Psychiatry’s example, says Judith Rohde, ScD, RN, Director of Nursing for Neurosciences and Psychiatry.

—Stephanie Shapiro



## Stable Staffing in an Unstable Economy

BY KAREN HALLER, PhD, RN, FAAN  
VP OF NURSING AND PATIENT CARE SERVICES,  
JOHNS HOPKINS HOSPITAL

When this year’s graduating class first entered nursing school, confidence was high. The chronic global nursing shortage promised jobs, flexibility, competitive salaries, and benefits to newly minted RNs. Then the recession hit.

In my 21 years at The Johns Hopkins Hospital, I have never seen turnover as low as it has been this year: Less than seven percent in the first nine months of fiscal year 2009, compared to 12 percent the previous year. For the month of May alone, the turnover was less than one percent.

Though the numbers are stunning, they illustrate a familiar pattern: When the economy contracts, nurses stay put to offset household income losses. When the economy is flush, nurses are apt to work fewer hours, accept promotions, or relocate when a spouse takes a new job.

Faced with these new economic challenges, nursing leadership and nurse managers throughout the hospital are devising thrifty and creative ways to avert layoffs and employ as many new nurses as possible.

We have curtailed several premium-pay programs for a savings of \$6 million—that translates to 60 nurses who were able to keep their jobs this year. A similar program at the Johns Hopkins Bayview Medical Center saved \$3 million and 30 nursing jobs. Neither I nor the nursing directors will receive pay raises this year. The goal, of course, is to hit that balance between saving money right now and preserving what programs we need when the economy improves.

This period of recession and retrenchment offers us opportunities. We’re fully staffed, and can now re-direct the energy we’ve been pouring into recruitment these past years. We can shift our resources into stabilizing programs, making quality improvements, and developing new leadership among our ranks. It’s a welcome time of stable staffing.

# The Patient Comes First

## New programs empower clinical associates, improve collaboration with nurses

Over the years, Osler 8 nurse manager Sandra Garlic, BSN, grew weary of losing reliable clinical associates because they felt undervalued and overworked. “I’ve seen some excellent CAs come and go on my unit because of their frustrations and not having enough of a voice in decisions,” Garlic says.

As Johns Hopkins nurses increasingly manage computerized records and medication administration, clinical associates have taken on more responsibility at the bedside. It is the CAs who place and remove straight catheters, change dressings, draw blood, take vital signs, administer EKGs and glucometer finger sticks, and frequently are the first to note changes in a patient’s baseline status.

What’s more, experienced CAs stand ready to help new nurses. “I may not be an RN, but I’ve been in codes,” says Theresa Toppin, a CA in Weinberg. “I will be at your back when a code happens, even if you don’t know what’s going on or this is the first code you participate in. I’m strong enough to be behind you so that your patient won’t know that this is the first code you ever participated in.”

Despite the wealth of experience and support Toppin and other clinical associates contributed to a unit,

they were often left out of daily reports and their opinions were frequently ignored. Nor were CAs equipped to lobby on their own behalf.

Through a host of initiatives, nurse managers and their colleagues throughout Johns Hopkins have enlisted the clinical associates in a campaign to boost their confidence and stature in the workplace. It is a continuing effort that demands new protocols, as well as mutual respect, essential to teamwork. The solution is not “just putting tools in place that mandate what’s going to happen,” stresses Pat Sullivan, MS, RN ’77, a nurse manager on Meyer 3. “It’s changing the culture.”

When CAs from Osler 8, Meyer 8, and Nelson 7 gather for meetings of the SOARING program, the proceedings begin with *I Believe I Can Fly*, the group’s theme song. In 2002, Garlic established SOARING, based on the principles of Success, Ownership, Accountability, Respect/Responsibility, Independence, Integrity, and Growth. At these meetings, Garlic and hospital nurse educator Margo Preston Scott, MSN, RN, cover the basics of conflict resolution, communication strategies, prioritizing, how to avoid chronic absenteeism, and

other skills. Once SOARING launched, Scott took the lead, preparing lesson plans, giving presentations and inviting guest speakers. Increasingly, Garlic and Scott have given CAs the floor to make presentations as well. “Sandra and I want this to be their meeting and to feel good they’ve been at SOARING even if there’s tough stuff to talk about,” Scott says.

Garlic, who will receive her MSN from Johns Hopkins

ing an in-service training by Wilson and Rufus. Without SOARING, “We probably would have discussed the suction protocol among ourselves [and left it at that],” says Wilson, who is enrolled in an RN program at the Community College of Baltimore County.

Though skeptical at first, Phyllis Oseni, another CA on Osler 8, found that participation in SOARING paid off in very practical ways. “We did a skit one time about how your

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It is the CAs who place and remove straight catheters, change dressings, draw blood, take vital signs, administer EKGs and glucometer finger sticks, and frequently are the first to note changes in a patient’s baseline status.

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University School of Nursing in December, and Scott advocate on the behalf of CAs with nursing staff, while also urging them to solve problems on their own. Program participants recognize that “they’re the best advocates for themselves,” Garlic says. “Now, nurses respect their opinions, because they’ve learned what a CA can do and listen to them.”

Motivated by new-found confidence, Christine Wilson and April Rufus, both CAs on Osler 8, developed a protocol and visual aid for novices learning how to suction patients. After approval by Garlic, the protocol was introduced to the unit dur-

tone is if you ask somebody to help you,” Oseni says. “A week later, I really needed some help moving a patient, and another CA said she was busy. I thought about the skit, and I didn’t get mad, even though that person could have helped.”

Recently, a second SOARING program launched for CAs on CMSC 9, Nelson 8 and Osler 5. “I would love to see it go hospital-wide,” Garlic says.

Meanwhile, a systems analysis told Sullivan, Meyer 3 nurse manager, that poor communication between nurses and CAs assigned to observe high-risk patients



April Rufus, a clinical associate on Osler 8, helped develop a protocol and visual aid for novices learning how to suction patients.

jeopardized everyone's safety.

Clinical associates on Meyer 3 often spend most of their shift observing and interacting with patients at risk for suicide. And yet, Sul-

livan says, "They're not used to contributing in rounds, because they have felt like nobody's listening to them. Some of it is self-perception, not believing they're impor-

tant. We try to bring them in and support their efforts."

Sheila T. Johnson, a CA for 21 years, helped to revise a patient report sheet to ensure critical information is updated shift to shift based on behavioral observations made by CAs. Johnson contributed to the effort as a member of a multidisciplinary task force that included Sullivan, nurse clinicians Karin Taylor, PMHCNS-BC and Elizabeth Scala, IIE- PACE, as well as a PI team leader and attending physician.

Designated by her peers as one of the unit's "lead CAs," Johnson now works hand in hand with the charge nurse, participating in daily milieu rounds and reports. "To know you're being heard and something's being done about what you're saying makes you feel like you're really part of the team," she says.

**M**arian Richardson, MSN, RN, AOCN, a nurse manager in the Department of Radiation Oncology, has always valued the role played by the CAs throughout Weinberg and sought ways to build upon their enthusiasm.

When communication faltered between nurses and clinical associates in various Weinberg departments, experienced CA Roslyn Watson approached Richardson with

a plan to hold educational seminars for her peers.

"I just saw what was needed on the floors," Watson says. "Talking to Marian, I knew the nurses and CAs needed to be a team and that's my goal, to make all of us a team."

Richardson readily agreed to support Watson's efforts, which began with building morale among her peers. "The CAs play a vital role in the functioning of our clinics," Richardson says. "We wanted to recognize their contribution and provide educational meetings to enhance their skills."

In less than a year, Watson and a committee of other experienced clinical associates have established a monthly series of seminars where CAs learn communication and coping skills, participate in training programs and receive information about educational opportunities. Last October, Weinberg clinician associates also held the first "CA Week," complete with health screenings, massages, and guest speakers.

"Basically, our whole idea for this program is that the patient comes first," Watson says. "No matter how hard the job is, the patient comes first. And everyone's going to be a patient one day."

—Stephanie Shapiro

## Staying Motivated Beyond the First Step

The nurses who lead the First Step Day Program on Meyer 2 understand that treating a patient's addiction is only part of the journey toward recovery. The 12-year-old program also provides comprehensive health care and psychiatric treatment—a multi-pronged approach rarely found in other day hospital programs.

What sets First Step apart even further is the attention the staff—nurses, therapist,

and outreach workers—pays to the needs of patients as they complete the program and transition back into the community. By helping clients procure birth certificates, Medicare, food stamps, and other necessities, the nurses go beyond the call of duty to make sure that each patient is discharged with a social safety net.

The team of six has also built a strong relationship with the housing facilities

where First Step patients live, often advising dorm supervisors on medical concerns. “It’s not just a 12-hour a day program,” says Debbie Ekonomides, RN, who often takes those late-night calls from dorm supervisors seeking guidance. “We work around the clock.”

To be admitted to First Step, patients, referred by consultation services on all medical floors, must demonstrate motivation for recov-

ery. They typically remain in the program for up to 28 days, but First Step nurses follow up as patients graduate to the Program for Alcoholism and Other Drug Dependencies.

When alumni return for Monday meetings, still clean 18 months out, the First Step team’s 24/7 effort is rewarded. Those visits, says program coordinator Patti Burgee, RNC, CARN, “keep us motivated.”

—Stephanie Shapiro

## Gatorade, Free of Charge

When Renay Tyler, MSN '05, ACNP, CNSN, RN, and her husband John got out a map and drew a circle through all points within a two-hour radius of Towson, they were contemplating convenient locations for a weekend retreat.

“If we’re going to buy another property, it should be something that we can enjoy and afford,” said Tyler to her husband. She wasn’t exactly looking for a second job.

Within that circle, though, was a charming variety store on milepost 76.5 of the C&O Canal National Historical Park. The store, attached to an old cabin, was for sale. Both Renay, an assistant director of nursing for advanced practice in the Department of Surgery, and John, an administrator with the Veteran’s Administration, were plenty busy during the week. Still, the shop, for 40 years a popular stop for towpath travelers and boaters, beckoned.

In 2006, the Tylers bought Barron’s Store at Snyder’s Landing, near Sharpsburg, MD. The couple’s decision to keep the store open and fix the property pleased original proprietor



Renay Tyler

Lee Barron who was nearing 80 and ready to retire.

Now, on weekends from spring through fall, the Tylers continue the Barron’s tradition. “We sell cold drinks, granola bars, penny candy, and we have ice cream,” says Renay Tyler. Enrolled in the new doctor of nursing practice (DNP) program at the Johns Hopkins University School of Nursing, she does homework and works on performance appraisals during lulls in business.

And in some ways, Tyler’s weekend job is not unlike her weekday job. In both, “I’m engaged in meeting people and finding some common ground,

whether it’s a customer or a colleague,” she says. “It’s more than just selling a soda and more than just giving a performance appraisal.”

Occasionally, Tyler’s nursing skills come to the rescue. “We’ve had a few kids who spin out over their handlebars and cases of dehydration when it’s unseasonably warm,” Tyler says. Those patients get a Gatorade, free of charge.

—Stephanie Shapiro

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## Noted With Pride

**Mary Ellen Wilson** was awarded the “Maryland ACEP Emergency Nurse of the Year Award.”

**Margo Preston Scott**, MSN, RN, Nurse Educator (GRAD YEAR) was nominated for recognition as a “Trailblazer” by the Associated Black Charities. She was nominated by Morton M. Lapidus, Jr., School President of the itWORKS Learning Center, Inc.

**Jaimie Stafford**, RN, represented Johns Hopkins Nursing in the Hugh O’Brien Youth Leadership Program (HOBY), where she discussed the rewards of a nursing career with sophomore high-school students. The event was held at St. Mary’s College over Memorial Day Weekend.



## Nurses Week Awards

**Kelly Caslin**, BSN, RN and **Neysa Ernst**, BSN, RN of Osler 4 received The Linda Arenth Award for Innovation in Service Excellence for initiating “Frequent Vitals” at the weekly staff meetings to review their patient satisfaction scores and target areas for improvement.

**Aiko Kodaira**, RN, MS, OCN; **Mikaela Olsen**, RN, MS, OCN; **Judith Karp**, MD; **Rajashree Pakala**, RD; **Kathy Piercy**, RD; **Karen Mackey**, BSN, RN; **Kelsey Oveson**, BA; **Frances Chandler**, MSN, RN; and **Meghan Lopez**, MSNc, RN received the The Shirley Sohmer Research Award for their study, “The Determination of the Most Appropriate Diet in Leukemia Patients Receiving AcD-Ac Consolidation Chemotherapy” in which they evaluated the diet protocol that has been used for 20 years at the Kimmel Cancer Center at Johns Hopkins.

**Dawn Luzetsky**, MSN, RN; **Nancy Stanley**, RN; **Annette Perschke**, MSN, RN, CRRN; **E. Robert**

**Feroli**, PharmD, FASHP; and **Peter Doyle**, PhD also received the The Shirley Sohmer Research Award for “Examining and Reducing Distractions and Interruptions During Medication Administration: A Translation Study.”

The Nursing Publication Award was given to

**Sandi Dearholt**, MS, RN; **Kathleen White**, PhD, RN, NEA-BC; **Robin Newhouse**, PhD, RN, NEA-BC, CNOR; and **Linda Pugh**, PhD, RNC, FAAN; **Stephanie Poe**, MScN, RN for the publication, “Educational Strategies to Develop Evidence-Based Practice Mentors.”

The Pediatric IV Response Team of Radiology Nurses was given the Nursing Excellence Award. The team, consisting of **Ron Langlotz**, BSN, RN; **Kristina Hoerl**, BSN, RN; **Ron Wardrope**, RN; **Joan Ulatowski**, BSN, RN; **Melody Corbin**, Clinical Technician, helped with difficult pediatric IV insertions and mentored other staff to become experts. Their efforts led to a significant decrease in the number of pediatric outpatient cases that were canceled or rescheduled and an increase in patient satisfaction scores.

**Lori Van Gosen**, MSN, RN, a Pediatric NCIII on the Vascular Access Team, was awarded this year’s Evidence-Based Practice Fellowship.

## Journal Articles

**American Society for Peri-Anesthesia Nurses (ASPAN) Safety Tool Kit, 2009**

Dina A. Krenzischek, Pamela Windle, Maureen Iacono, Jennifer Allen, Tanya Spiering, Theresa Clifford, Becki Hoyle, Chris Price, Cindy Ladner

**Breast Cancer Research and Treatment**

“Promoter Hypermethylation in Sentinel Lymph Nodes as a Marker for Breast Cancer Recurrence”

Hetty Carraway, Shelun Wang, Amanda Blackford, Mingzho Guo, Penny Powers, Stacie Jeter, Nancy Davidson, Pedram Argani, Kyle Terrell, James Herman, Julie Lange [March 2009]

## Breast Care

“Invasive Lobular Carcinoma of the Male Breast: A Rare Histology in an Uncommon Disease”

Susanne Briest, Russell Vang, Kyle Terrell, Leisha Emens, Julie Lange [February 2009]

## Frontiers of Health Services Management

“Sealing the Cracks, Not Falling Through: Using Handoffs to Improve Patient Care”

Paine, L and Millman, A. [Spring 2009]

## Gastroenterology Nursing

“Confocal Laser Endomicroscopy: in Vivo Endoscopic Tissue Analysis”

Christine Smith, Jeanette Ogilvie, Laurie McClelland [September 2008]

## Issues in Mental Health Nursing

“Crisis Prevention Management: A Program to Reduce the Use of Seclusion and Restraint in an Inpatient Mental Health Setting”

Maureen Lewis, Karin Taylor, Joyce Parks [March 2009]

## Journal of Nursing Care Quality

“Evaluation of Quality Improvement Initiative in Pediatric

*Oncology: Implementation of Aggressive Hydration Protocol*  
Lisa Fratino, Denise Daniel, Kenneth Cohen, Allen Chen  
[April-June, 2009]

**Journal of PeriAnesthesia Nursing**

*"Pharmacotherapy for Acute Pain: Implications for Practice"*

Dina Krenzischek, Colleen Dunwoody, Rosemary Polomano, James Ruthwell  
[February 2008]

**Journal of PeriAnesthesia Nursing**

*"ASPAN's Delphi Study on National Research: Priorities for Perianesthesia Nurses in the United States"*

Myrna Mamaril, Jacqueline Ross, Ellen L Poole, Joni M Brady, Theresa Clifford  
[February 2009]

**OR Nurse**

*"The SGAP flap for the Post-mastectomy Patient"*

Frances Bayne, Courtney Edwards, Svetlana Filer  
[May 2009]

**Patient Safety**

*"A Novel Process for Introducing a New Intraoperative Program: A Multidisciplinary Paradigm for Mitigating Hazards and Improving Patient Safety"*

Jose Rodriguez-Paz, Lynette Mark, Kurt Herzer, James Michelson, Kelly Grogan,

Joseph Herman, David Hunt, Linda Wardlow, Elwood Armour, Peter Pronovost  
[January 2009]

**Book Publications**

***Chemotherapy and Bi-therapy Guidelines and Recommendations for Practice, 3rd Ed.***

Polovich, M, Whitford, JM, Olsen, M (Eds.).

Pittsburgh: Oncology Nursing Society [2009]

Hopkins Nursing Contributors: Joanne Finley, MiKaela Olsen, Brenda K. Shelton, Janice L. Skinner

***Critical Care Nursing, North American Edition***

***A Holistic Approach 9th Ed. "The Critically Ill Pregnant Patient"***

Cathy Maiolatesi  
[December 2008]

***Current Cancer Therapeutics, 5th Ed.***

Ettinger, DS, Donehower, RC, Olsen, M and RN Schwartz (Eds).

Hopkins Nursing Contributors: Joanne Finley, MiKaela Olsen, Janet R. Walczak [2009]

***PeriAnesthesia Nursing Core Curriculum***

Chapter 8  
Elsevier Health Sciences, 2009  
Dina A. Krenzischek

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## Teaming Up

### New OB Stat Team Responds to L&D Emergencies

A new, interdisciplinary OB Stat Team at Howard County General Hospital is engaging in intensive drills to help avert and respond to issues that may arise during pregnancy, childbirth, and puerperium.

“The biggest benefit of having such a team is the comfort level of the staff and physicians,” said Digna Wheatley, MHA, RN, Risk Manager at Howard County. Introduced in January 2009, the OB Stat Team went live after conducting a series of four drills over the course of three months. “By practicing the skills necessary for difficult situations early on, they can truly be ready in an emergency.”

The OB Stat Team provides early intervention and stabilization for obstetrical emergencies throughout the hospital. Subdivided into teams Alpha and Bravo, the Team responds quickly, arriving on location in five minutes or less when an emergency situation arises.

Team Alpha, paged for most OB emergencies, is comprised of a labor and delivery charge nurse, anesthesiologist, obstetrician, obstetrical technician, pharmacist, unit secretary, respiratory therapist, lab personnel, and security. A chaplain is also part of the team, acting as a



“The biggest benefit of having such a team is the comfort level of the staff and physicians. By practicing the skills necessary for difficult situations early on, they can truly be ready in an emergency.”

—Digna Wheatley, MHA, RN

liaison between the patient’s family and the team itself.

For life-threatening emergencies involving antepartum/postpartum hemorrhaging, the Bravo Team is called. The group includes members of the Alpha Team plus eight additional staff, including a second anesthesiologist, neonatologist, pathologist, and Gyn/Oncologist.

Since going live, the team has answered six calls, and each emergency is another learning experience. For example, when the team recently received a call that a woman was going into labor in the lobby, they raced down

the stairs to meet her—only to discover that the mother had been placed on an elevator going the opposite direction.

Such instances are documented by the primary staff nurse in both the medical record and OB Stat Team record. The charge nurse then completes a summary report to be reviewed in a later debriefing session.

“When reviewing the performance, we try to stay positive,” says Ellen Thompson, MS,BSN, RNC-OB, OB Clinical Education Program Manager. “We ask ‘What did we do well?’ and

‘How could we improve communication?’” By reassessing past situations and holding followup drills every six months, the team constantly strives for improvement and preparedness for the next obstacle ahead.

“Through the collaboration efforts of various disciplines, the team will have the resources necessary to overcome numerous obstacles,” said Judy Brown, MAS, RN, Senior Vice President of Outcomes Management at Howard County. “Every group has a role and we all move in concert.”

—David Biglari

## Staying Put Bayview Nurses Find Ways to Reduce Turnover

Maintaining a consistent nursing staff is essential to providing high quality patient care. But in recent years, Maryland hospital units suffered from high nursing turnover rates. At the Johns Hopkins Bayview Medical Center's Surgical Intensive Care Unit (SICU), the turnover rate reached 35 percent in 2005.

In January 2008, the Maryland Hospital Association (MHA) responded with the creation of the Nursing Retention Collaborative, an 18-month project spanning 26 hospitals, designed to help reduce voluntary turnover to five percent or less on an ongoing basis.

Carol Miller, RN, BSN, CCRN, patient care manager of the Bayview SICU, had just started her new position when she was asked to manage and organize her unit's participation in this new collaborative.

"It was a lot of work," Miller recalls, "and a lot of data collecting."

Miller distributed surveys to the nurses in SICU to help assess qualitative performance. Unlike previous surveys, which ranked satisfaction on a "1-5" scale, nurses were asked to write narratives describing the nursing environment on their unit—what worked, what didn't work,

what they liked, and what needed improvement.

It didn't take long for Miller to see a common thread in the survey responses: SICU nurses needed to improve their communication with one another.

"We started off putting an easel in the break room, where people could leave positive comments at the end of their shift," Miller said.

well, it was shared with other units in the hospital.

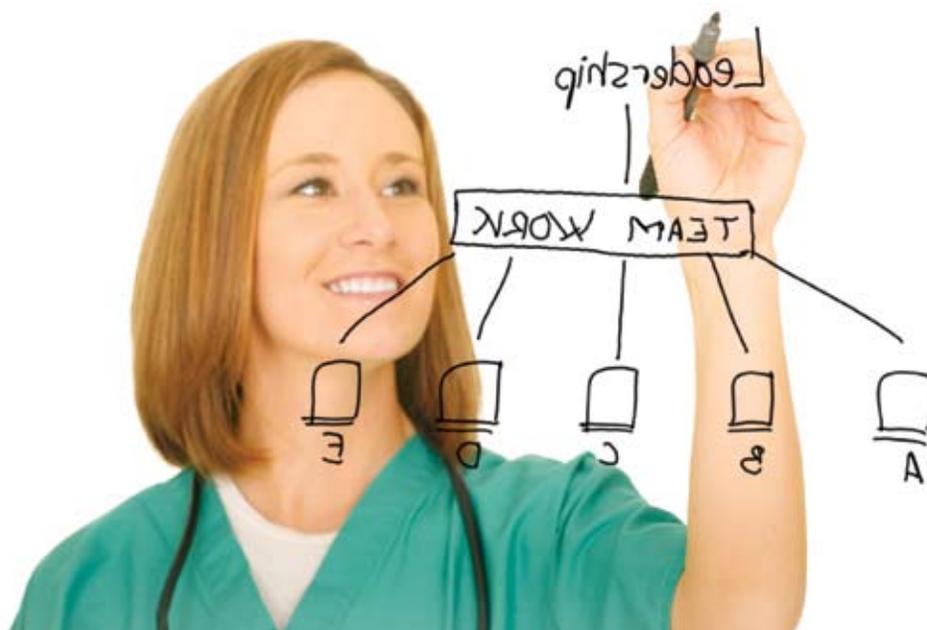
In light of the success of the checklist, a daily goal sheet was developed and filled out by the charge nurse as a way of measuring whether the unit was meeting its goals. It too was adopted by other units.

The room checklist and daily goal sheets were a good first step. But another reason staff turnover was high,

the wrong way."

Communication sessions, led by human resource representatives, offered insight into effective communication methods and conflict management.

"We learned about constructive feedback, and that it's okay to disagree, but more importantly, how to come to a resolution," Miller said. "It was well-received."



ISTOCKPHOTO.COM

"Unfortunately, people were writing comments about the messes people were leaving behind, and so on."

To better communicate about staff responsibilities, one of the charge nurses developed a room check sheet that covered the bare essentials of what needed to be done at the end of each shift. The checklist worked so

according to Advanced Clinical Nurse (ACN) for Education Lynda Hodges, RN, BSN, CCRN, was personality conflicts.

"There were a lot of assumptions being made due to a lack of communication," Hodges said. "Everyone seemed to be on the defensive because of a look, or something that was said and taken

The result? Fewer complaints about communication styles, high SICU scores on the Safety Attitude Questionnaire (SAQ), and zero catheter associated bloodstream infections for the past 16 months. To date, the SICU turnover rate has dropped from 27 percent in 2008 to 18.4 percent.

—Jonathan Eichberger



## Brutal Cold, Warm Care

Annie Lee, MSN/MPH '09

Growing up, Annie Lee, MSN/MPH '09 thought that 55 degrees was cold. But this winter, when she arrived in Unalakleet, Alaska for a clinical rotation as part of her MSN-FNP/MPH program, the temperature was -30 and falling.

"It's freezing cold," wrote Lee in an e-mail to her family. "Alaska is where I discovered that people keep

### Friday, January 16, 2009

My day today was pretty random and funny. It ranks up there with the time I took Kapwera lessons and made a complete idiot out of myself. Things I did today:

1. Saw a patient (since that is why I am in Alaska). That's right, a 9.5 hour day at the clinic and I saw one patient. I guess when the weather gets bad, no one goes outside...
2. Tried reindeer sausage (leaner than pork, but isn't everything?)
3. Was told stories about "the time I shot a bear" or "the time I had to medevac" by the 60+ year old women who work at the clinic.
4. Practiced excising moles and suturing on thawed out chicken (because no one came in with a laceration or volunteered to lacerate him or herself for the sake of my learning).
5. Practiced reading various x-rays.
6. Ate muktuck (whale blubber). I had the blubber of a Bowhead whale. Very "chewy" and rubbery. I can't say that I would eat it again. Definitely not lean.



their cars plugged in at night to keep the engine warm, leave the car running when they run into the store, and wear snow cleats to prevent falls." It is also the place where she reached patients by trudging through snow drifts in a fur parka, ogled the Northern Lights from a medevac flight, and mourned the death of a woman on a tiny island in the Bering Sea.

7. Went to a "restaurant," Peace on Earth. It looks like someone's garage with folding chairs and tables with plastic tablecloths on top. Not only is it a pizza place, it also sells instruments, sunglasses, and wetsuits, and is also a beauty salon (now offering piercings and acrylic nails).
8. Went to a Tae Kwon-Do exhibition by some Korean college students. Afterwards, the Koreans (all of whom were male) scrimmaged against the local high school girls' basketball team.

9. Responded to an on-call! Luckily, my preceptor and I stayed at the game because there was an injury—a girl came down and rolled her ankle with impressive swelling. After an initial assessment and splint at the school gym, my preceptor and I raced back to the clinic on his snowmobile to warm up the x-ray machine while the patient and health aides followed by the school van.

"I find myself forlorn," Lee wrote at the end of her trip. "I am coming to know and love people and places and then I leave. This makes me wonder if it is us, the ones who 'serve' the community, that benefit more than those being 'served.'"

View more photos and read the complete collection of Lee's correspondence from the Arctic Circle at [www.nursing.jhu.edu/lee](http://www.nursing.jhu.edu/lee).

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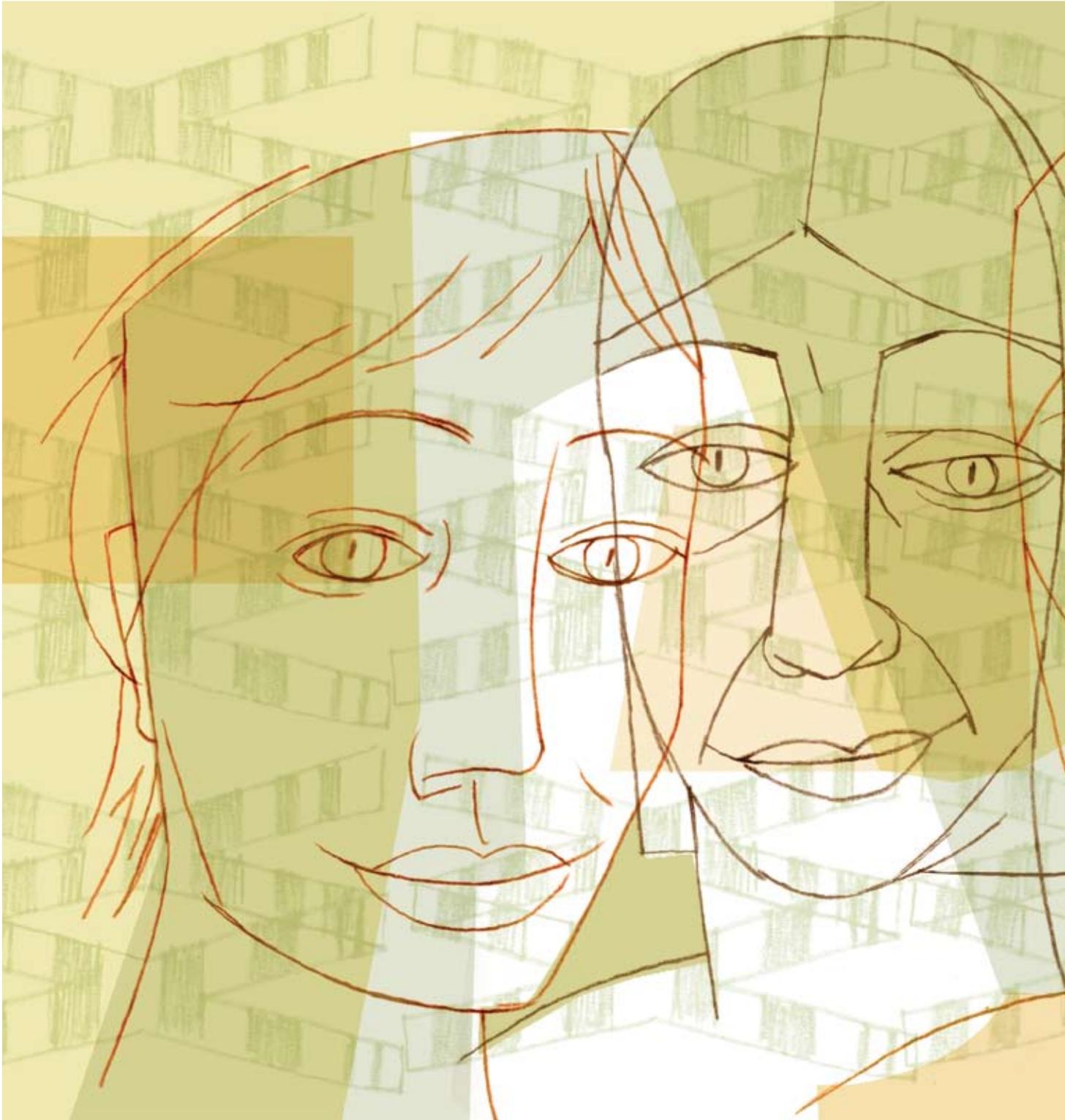


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# Strong Women,



# Healthy Lives



*Hopkins Nurses are empowering women, throughout their lifespan, to embrace healthier lifestyles*

**T**he birth of a baby. A diagnosis of breast cancer. The frailty that comes with old age. At the Johns Hopkins University School of Nursing (SON), students learn to perceive these and other health-related events as part of the dynamic, complex and ever-changing landscape that makes up a woman's life span. They also are taught to recognize that the way these life events affect a woman have as much to do with where she grows up as what her genetic makeup looks like.

By looking below the surface at the important yet oft-overlooked subtexts that color women's health, SON faculty members provide exemplary examples of how intuitive, targeted care leads to the best outcomes for every patient. They do so through the research they conduct, the evidence-based practice guidelines they construct, and the curriculum they design that speak to the health of all women at every phase of life. In turn, they empower the students they teach to practice nursing in a way that benefits the ethnically and socioeconomically diverse populations they serve.

By Elizabeth Heubeck  
Illustration by Whitney Sherman

## Stemming the Rising Tide of STDs

As a high school nurse steered the career path of Hayley Mark, PhD, MPH, RN, an assistant professor with the School of Nursing's Department of Community Public Health. Stunned by the high rates of STDs among the adolescents she worked with, Mark wanted to find a way to reverse it. Subsequently, she has dedicated much of her career to researching ways to improve the prevention, spread, and treatment of STDs among young adults.

"One in every four teenage women has at least one STD," such as human papillomavirus (HPV), chlamydia, herpes simplex virus, and trichomoniasis, says Mark. The rate of infection among African American young women is even higher, at 48 percent. While more intense screening would seem like a logical part of the solution, Mark has found it to be fraught with barriers.

For example, in a recent study, Mark and colleagues found that screening college students for herpes comes with its own particular set of challenges: the frequency of false-positive results; the expense—approximately \$100—of confirmation testing; and the psychological repercussions among students who test positive.

Though nurses may not be able to change the nature or cost of screening for herpes, they can tune into the psychological repercussions that often plague young women who test positive for herpes and other STDs. "Nurses are often in the best position to help patients cope with the psychosocial issues involved," says Mark.



### U.S. Women's Health, By The Numbers

#### Top Causes of Death:

- Heart disease
- Cancer
- Stroke

**151.9 million**

*Number of women in the United States*

**13%**

*Limit activities due to chronic health conditions*

**15%**

*Under age 65 don't have health insurance*

**18%**

*Currently smoke*

**33%**

*Have hypertension*

**62%**

*Are overweight*

**67%**

*Over age 40 had a mammogram within the past two years*

**78%**

*Over age 18 had a Pap smear within the past three years*



## Better Birthing With Doula Care

**A**fter she completed her clinical rotation in obstetrics, Suzette Lee '09 knew she wanted to be trained as a doula.

“Through my OB rotation, I became convinced that not all mothers-to-be are equipped to ask all the questions and request all the things they have the right to request,” Lee says.

Via a two-credit elective, SON students working toward their baccalaureate degrees can be trained as doulas—professionals who provide non-medical, emotional, informational, and physical support to women during low-risk childbirth experiences. Currently, about 15 percent of the program’s students opt to take the course. That’s a high percentage of nursing students choosing to learn age-old techniques that lie outside the realm of modern medicine.



Today, labor care in hospitals heavily emphasizes reducing pain, primarily via epidural anesthesia. This pharmacologic intervention isn’t without downsides. It necessitates an intravenous line; weakens women’s legs, making it difficult to get out of bed or effectively push during labor; and prolongs labor. By contrast, doulas use complementary comfort measures and support women’s choices during labor. But misperceptions have unjustly dampened the reputation of doulas.

“The hippie midwife/doula—that’s a myth. Those who are educated are very competent practitioners,” says assistant professor Elizabeth Jordan, DNSc, RNC, who runs the

### Why doulas matter

Women who use doulas during labor and delivery are:

- Less likely to use analgesia/anesthesia
- Less likely to have an operative vaginal birth or a cesarean section
- Less likely to report dissatisfaction with the childbirth experience
- More likely to have a spontaneous vaginal birth
- More likely to breastfeed

*Source: Hodnett ED, Gates S, Hofmeyr G J, Sakala C. Continuous support for women during childbirth. The Cochrane Database of Systematic Reviews 2003, Issue 3. Art. No.: CD003766.*

school’s Birth Companions Program with instructor Shirley Van Zandt, MS, RN, MPH, CRNP.

A free service, the Birth Companion Program pairs SON students who have received doula training with pregnant women in the Baltimore metropolitan area who lack a strong support system or access to prenatal care. The student-doulas provide clients with one prenatal and postpartum visit, and attend their labor and birth. The decade-old program, which currently serves approximately 75 women per year, has been collecting some compelling data on the women it serves.

“At a time when cesarean section rates are soaring, the rate for the women in the program is 5 percent lower than that in the community. Plus, the incidence of low birth rate and preterm infants is much lower than in the general population, despite the fact that we serve a vulnerable population,” Jordan says. Chances are it has something to do with the relationships mothers-to-be form with their doulas.

“It’s amazing how intimate you can get with clients so fast, and how much they trust their doulas,” Lee says.

## When Mom Suffers Mental Illness

**M**otherhood doesn't come with a manual. Even if it did, chances are it wouldn't address the societal stresses that impinge on the life-long job: financial strain, an inadequate social support system, and addiction, to name a few. So countless mothers muddle through the job, feeling somewhat powerless and dragging down their children with them.

"When a mother's mental health is impaired in any way, there are at least two people involved," says Deborah Gross, DNSc, RN, FAAN, Leonard and Helen Stulman Professor in Mental Health and Psychiatric Nursing.

So Gross set out to develop a parenting program that would have a positive impact on both moms and their children. She chose to focus on a population that had been overlooked in prior data-driven parenting programs: urban Latino and African American families in Chicago neighborhoods. In addition to the challenges that all parents face, a large percentage of this population confronts additional burdens, including economic stress; violence, either domestic or neighborhood-based; and sparse or nonexistent support systems.

Gross, in collaboration with an advisory group of African American and Latino parents, developed The Chicago Parent Program (CPP).

It emphasizes:

- Child-centered time
- The importance of family routines and traditions
- The value of praise and encouragement
- Rewards for reducing challenging behavior

- The importance of setting clear limits and following through
- The need to establish consequences
- The use of specific parenting strategies (e.g., ignore, distract, time out)

Gross's program has met with success. Participants

enrolled in the program for a year report using less corporal punishment, issuing fewer commands, and exhibiting more consistent discipline and warmth toward their children. Already, CPP has taken hold in Chicago, and Gross hopes to expand it into Baltimore soon.

But not all mothers who show signs of depression are enrolled in positive parenting classes, and it's up to nurses to reach them in other ways.

"We may not always focus on the parents when we help their kids. However, clinicians need to take a step back and see holistically what's going on with the mom, to be on the lookout for the possibility of mental health issues," says Shelly Eisbach, a post-doctoral fellow who looks to Gross as her mentor in mental health research. She also assists staff at an intensive outpatient treatment center at Johns Hopkins Bayview Medical Center.

Staffing shortages and time

constraints force providers to be creative when checking on moms' mental health status. An increasing number of pediatric providers are conducting quick mental health screenings of mothers who bring their children to the office for care. "You have to look for opportunities to check in with moms. If you're a nurse taking someone's blood pressure, that could be the perfect time to communicate," Eisbach suggests.





## Heart Health First

**W**e've all heard the refrain before: Girls are raised to take care of everybody but themselves. The negative consequences of this cultural norm—including cardiovascular disease, diabetes, and obesity—start to become apparent around the time women reach middle age.

Faculty members at the SON are working hard to change these cultural patterns, long embedded in communities, and to get women to take care of themselves first and foremost. For Deborah Jones, PhD, RN, and Hae-Ra Han, PhD, RN, it's as much a professional initiative as it is a personal crusade, as they conduct heart health research within their own minority communities.

Jones, a SON assistant professor, lost her grandmother to heart disease, and she believes her grandmother—like many other African American women—lacked an awareness of risk factors that disproportionately affect a high percentage of African American

women. She refers to them as the “deadly quartet”: obesity, hypertension, diabetes, and high triglyceride levels. And she's determined to see make these disparities disappear.

Jones believes that breaking down barriers to improved health among African American women will require motivation and modeling. “If you sit down and show women what's actually happening to them, it can motivate them to change. But don't tell them; motivate them,” Jones says.



“In the past, we tried to tell people what to do. It caused more resistance than assistance.”

The same may be true for Korean American women, who often consider their children's success a stronger motivation than their own health. It's just one example of how understanding a community's culture is essential to communicating about lifestyle modifications.

“Korean American women want their children to go to the Ivies [Ivy League colleges],” says SON associate professor Han. “So instead of spending time and money on themselves, they spend it on their children. Their health is not their priority.”

Compounding this problem, explains Han, is the fact that many Korean Americans are small business owners, for whom private health insurance is extremely expensive. Conversely, Korea offers universal health coverage to its citizens. These factors, coupled with language barriers and an American health system that differs greatly from the one they're accustomed to in Korea, prevent Korean American

women from regularly seeing a provider.

Han's research into hypertension prevention programs targeting Korean Americans reveals that using linguistically- and culturally-appropriate programs which emphasize lifestyle modifications can improve patients' health outcomes. “We say, ‘Mothers are the backbone of society. You've got to be healthy for your dependent family members,’” she says.

## Caring For Our Aging Population

Accompanying her great aunt to disappointing doctor appointments motivated Katherine Woodward '09 to enter the field of nursing. "Even with me there, she had a hard time speaking up for herself. And she forgot most of what she wanted to say. It's a problem that's too prevalent," Woodward says.



Woodward is one of the 10 percent of SON nursing students who belong to the Geriatric Interest Group (GIG), a student-centered special interest group that addresses issues of special significance to older patients. The GIG hosts expert gerontology guest speakers and performs service projects within the community.

"We're trying to prepare every nurse who graduates from the SON to care for the aging

population. We're committed to this," says SON assistant professor Elizabeth "Ibby" Tanner, PhD, MS, RN, who originally formed the GIG in response to student requests.

With a host of other experts, Tanner developed curriculum for a course required by all SON baccalaureate degree-seeking students, "Issues in Aging," which Woodward describes as "a great introduction to caring for older adults." Only 23 percent of baccalaureate nursing programs nationwide offer a stand-alone required course in geriatrics, though one in every five American adults will be 65 or older by the year 2030.

This past winter, student GIG members threw an intergenerational "senior prom" for residents of a senior housing complex in Baltimore city, enjoyed by older residents and students alike. "It's a misperception that all health care happens in a doctor's office. Social interaction is therapeutic in its own right," says Woodward, who attended the event.

The prom attendees offer proof. "One older person said to me, 'I never knew I could have so much fun,'" Woodward says.

## Stress Takes its Toll

Though she admits it isn't easy to pinpoint the link between stress and poor health, SON assistant professor Sarah L. Szanton, PhD, CRNP is determined to find the connection. Currently, she's zeroing in on the impact of stress at the cellular level on older adults' immune, cardiovascular, and endocrine systems.

"Oxidative stress may be the common soil for many things, from diabetes to cardiovascular disease. If we find more evidence of this, it could lead to findings on why some people age earlier," Szanton says.

Already, Szanton's research has identified links between older women's stress levels and their health. A study revealed that community-dwelling women ages 70 to 79 who reported financial strain were almost 60 percent more likely to die within five years than subjects who reported no financial strain.

Armed with the knowledge that stress can adversely affect women's health, Szanton believes it's up to nurses to detect and find simple ways to help manage it. "It's not your traditional nursing role. But it is a nurse's business to find out about these things," she says.

## Surviving Breast Cancer

More than half of breast cancers occur in women over 65, but not all older women diagnosed with breast cancer have the same mortality rates. Women of certain ethnicities have less favorable survivor rates. SON faculty members are committed to leveling these statistics so that that all women, regardless of their ethnicity, receive culturally competent care that leads to the best possible outcomes.

Fannie Gaston-Johansson, PhD, RN, FAAN is painfully aware that the mortality rate for African American women with breast cancer is 32 percent higher than for Caucasian women. Gaston-Johansson, the director of the SON Center on Health Disparities Research, is finding innovative ways to change that disparity. She has discovered that spirituality and faith—cultural beliefs of great significance to many women in the African American community—can have a positive impact on the physical and emotional well being of African American breast cancer patients during



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treatment. She now suggests that nurses integrate spiritual and faith-oriented coping strategies as part of comprehensive breast cancer treatment plans for women of diverse ethnic and racial backgrounds.

Similarly unsettling statistics are fueling the research of pre-doctoral SON fellow JingJing Shang, MSN. One is the rising incidence of breast cancer among Asian American women; the other is the disproportionately low rate of Korean American women who receive breast cancer screenings, which can reduce breast cancer mortality by 30 percent.

“In the Asian culture, it’s not acceptable to talk about ‘bad’ things, like cancer. Some Asians, especially the older generation, believe they’ll be discriminated against if people find out they have cancer. Others think it’s contagious,” says Shang. “Cultural beliefs play a big role.”

For all ethnic groups, however, the odds for surviving breast cancer have never been better than they are today. But for the clinicians who treat these survivors, a long-term treatment model still doesn’t exist. SON assistant professor Sharon Olsen, PhD, MS, RN, AOCN is working with Johns Hopkins Breast Center colleagues to change that.

“We’re focused on developing a plan of care that can be as standardized as possible, and communicated to community providers,” she says. Components of such a model would include evidence-based medical care, patient and primary care provider education, surveillance, screening and support mechanisms.”

Olsen believes nurses can play an integral role in this model. She envisions nurses working more closely with oncologists, and a greater number of primary care nurse practitioners working independently with breast cancer survivors, especially given the shortage of general practitioners. Ideally, Olsen believes nurses could play a much larger role in breast cancer care management from the beginning stages.

“There’s a whole trajectory of care that nurses can be responsible for, from diagnosis to long-term survivorship management. These are the pieces where nurses shine,” Olsen remarks.

## Learn More Online

### STD Control and Prevention:

- Centers for Disease Control and Prevention  
[www.cdc.gov/std/treatment/default.htm](http://www.cdc.gov/std/treatment/default.htm)
- American Social Health Association  
[www.ashastd.org](http://www.ashastd.org)

### Midwives and Doulas:

- American College of Nurse Midwives  
[www.acnm.org](http://www.acnm.org)
- DONA International  
[www.dona.org](http://www.dona.org)

### Mental Illness:

- National Alliance on Mental Health  
[www.nami.org](http://www.nami.org)
- US Dept of Health and Human Services – Substance Abuse and Mental Health Services Administration  
[mentalhealth.samhsa.gov](http://mentalhealth.samhsa.gov)
- American Psychiatric Nurses Association  
[www.apna.org](http://www.apna.org)

### Heart Health:

- American Heart Association  
[www.americanheart.org](http://www.americanheart.org)
- Center for Disease Control and Prevention  
[www.cdc.gov/DHDSP](http://www.cdc.gov/DHDSP)

### Aging and Geriatrics:

- The National Gerontological Nursing Association  
[www.ngna.org](http://www.ngna.org)
- The Johns Hopkins Center on Aging and Health  
[www.jhsph.edu/AgingandHealth](http://www.jhsph.edu/AgingandHealth)
- The Geriatric Nursing Project  
[www.aacn.nche.edu/Education/Hartford](http://www.aacn.nche.edu/Education/Hartford)

### Breast Cancer:

- American Society of Clinical Oncology  
[www.asco.org](http://www.asco.org)
- Institute of Medicine Cancer Survivorship  
[www.iom.edu](http://www.iom.edu)
- Oncology Nursing Society  
[www.ons.org](http://www.ons.org)
- Susan G. Komen for the Cure, Maryland  
[www.komenMD.org](http://www.komenMD.org)

# Meet the



# Men Who Dare to Care

By David McKay Wilson

**A**t a time when women are flocking to once male-dominated fields like law and medicine, men are slowly discovering the female-dominated field of nursing, with its relatively high pay, job flexibility, and manifold opportunities for advancement.

Students, alumni, and faculty at Johns Hopkins University School of Nursing say American concepts of masculinity, coupled with the power of language and a paucity of high-profile role models, keep men away at a time when demand for nurses remains strong. But those men who do make the leap say they are glad they did, finding a challenging career with the kind of hours that allows time for family and recreational pursuits.

In 2006, Josiah Mueller '09 found himself considering nursing after becoming dissatisfied with a career in

finance at Campbell Soup Company. Preparing the perfect spread-sheet just wasn't going to do it for him in the long run. Then a nurse who trained with him for triathlons suggested that he shadow her one day at her job.

"At first, it was – 'Me, a guy? Nurse? I'm not sure about that,'" recalls Mueller, 28, who lives in Baltimore with his wife, Erin. "But then I let my guard down and looked at it in an unbiased way. I really saw the positives. It's a technical skill that's highly marketable. I'd be able to go home at night and feel good about what I did. That's not something everybody can say."

In 2008-09, when Mueller enrolled in the traditional baccalaureate program, he was among 42 men attending the School of Nursing—six percent of its enrollment. He graduated this May, and in August will begin working as a clinical nurse in the pediatric emergency department at The Johns Hopkins Hospital. Nationwide, about six percent, or 168,000, of the nation's 2.9 million registered nurses are

men, according to the American Nurses Association. That's up from 147,000 in 2000, and just 45,000 in 1980.

In the wrenching downturn of the American economy, nursing employment remains fairly strong. Mueller will earn about \$60,000 in his first job out of school. Nurses with 10 years of experience can earn more than \$100,000, and nurses with advanced degrees, such as nurse anesthetists, can earn up to \$180,000.

At The Johns Hopkins Hospital, men comprise 10 percent of the nursing staff, and practice throughout the hospital—from intensive-care and acute-care to pediatrics and radiology. Men are featured in hospital recruitment literature and nursing administrators say they often recruit at the School of Nursing and from military installations in the region.

"We are pleased to be above the national average on our recruitment and retention of men," says Karen Haller, PhD, RN, FAAN, Vice President for nursing and patient care

services. “However, we are far from satisfied. Trying to run a profession—nursing—by only drawing on half the population is untenable. It’s one of the root causes of the cyclical nursing shortages.”

Among the recent recruits is Ronald Noecker ’07, who works in an oncology unit at the Sidney Kimmel Comprehensive Cancer Center. Noecker, 51, decided to pursue nursing while living in Guatemala, contemplating his future service to the world after spending 18 years as a priest. In 2003, he volunteered at a hospital where men comprised a significant part of the nursing staff and were respected members of the community. He found Hopkins’ nursing program online, was accepted, and began a professional journey that continues in Baltimore.

“It has been a deep experience at Hopkins,” says Noecker, the lone man on his nursing shift. “I have great respect for my colleagues. A lot of guys aren’t aware of what kinds of abilities are needed to be a critically thinking nurse—at any one time, you could be an engineer, a manager, a shrink.”

Men, such as associate professor Daniel Sheridan, PhD, RN, FAAN, are making breakthroughs into practice areas once reserved solely for women. Sheridan, who became a nurse after working as an operating room technician in the Air Force during the Vietnam War, is one of two men licensed in Maryland to conduct exams of women who have been involved in sexual assault.

Sheridan, who has a doctorate in nursing, says a man can perform such work with caring, empathy, and professionalism.

“I’ve never had a woman say she didn’t want me to do the exam,” says Sheridan.

Others have found jobs with unusual hours that provide breathtaking amounts of free time. Dennis Jones, MS, RN, CFRN, an instructor at SON, serves as a flight nurse on the STAT MedEvac helicopter service at The Johns Hopkins Hospital, where he works just ten 24-hour shifts every 42 days.

Many staff nurses, meanwhile, work 12-hour shifts. At The Johns Hopkins Hospital, that translates into 10 shifts

over 21 days. The work settings also provide flexibility for those looking for new opportunities.

“I tell men and women thinking of entering the field that it’s the kind of career where you can change what you do every year and never do the same thing twice,” Jones says. “There are so many options—emergency room, anesthesia, the recovery room, psychiatry, out-patient clinic, the hyperbaric chamber or on a hospital floor.”

Those options, though, have yet to provide a huge draw for American men, who have largely shied away from the field. One problem, men say, is the perception of the job as “women’s work” or serving as handmaiden to an all-powerful physician who gives them orders to carry out. That’s not the reality in many nursing settings, where nurses are on the frontlines in the fight against disease, evaluating patients, making independent decisions on their care, and working on a team with physicians.

There’s also modern culture’s depiction of nurses in television shows and movies. In the 2000 hit movie, *Meet the Parents*, actor Ben Stiller plays a nurse, whose chosen profession is ridiculed around the dinner table by his girlfriend’s father and family. He’s gay-baited, called “Florence Nightingale,” and questioned by his girlfriend’s father, played by Robert DeNiro, about the dearth of men in the field.

“The image that was projected was pretty negative,” says Assistant Professor Jason Farley, PhD ’08, MPH, CRNP, an adult nurse practitioner at Johns Hopkins HIV/AIDS service. “That’s what we are battling against.”

They also battle against the profession’s name: nurse. Men in nursing bristle at being called a “male nurse,” saying it’s like calling someone a “female doctor” or “female lawyer.”

“It’s an unnecessary distinction,” says SON Clinical Instructor Bernard Keenan ’86, MSN ’93, who works in The Johns Hopkins Hospital Department of Psychiatry. “It portrays men as outliers in the field.”

Keenan was one of three men in the graduating class of 1986 (the first class to graduate from the University-based School of Nursing) and the first to

serve as president of the Johns Hopkins Nurses’ Alumni Association.

He’s working to change the stereotypes of nursing, and points to a recent patient in the Emergency Department as an example. “He couldn’t quite conceive of a man working as a nurse,” says Keenan. “What made the situation even more confusing was that my colleague was a female physician, and we were dressed nearly identically. The patient kept calling me ‘Doc’ and referring to her as the nurse.”

Men entering the field must be prepared to deal with the recurring questions from patients and their families: Are you gay? When are going to become a doctor?

“I tell them I’m quite happy being a nurse,” says Keenan. “It’s interesting that the women’s movement exposed women to all the opportunities that were once just for men. But there hasn’t been much in the other direction, saying that it’s okay for men to stay at home with their children, or that men could be nurses.”

Men, meanwhile, are joining together to provide support and recruit other men into the field.

In 2008, Mueller organized the Hopkins Men in Nursing student group, which met monthly over the past year. Topics include how best to recruit men into the field, how to support men already there, and how to deal with issues that arise in classes such as obstetrics/gynecology and labor and delivery.

“A lot of the guys felt it was awkward in those classes,” he recalls. “I didn’t have the same experience.”

After joining The Johns Hopkins Hospital staff, Mueller plans to keep in touch with the men at SON. He’ll be back to meet with the group, to answer questions about what it’s like on the job, encourage the students to shadow him at work, and be available for support.

“There is femininity attached to the title, ‘nurse,’ but the more you learn about nursing, you realize that the job is less gendered than you may have thought,” he says. “My first job is working with children. They are very complex patients. It’s a challenge that I’m really ready to tackle.”



**B**y its nature, nursing is a stressful profession. After all, we care for people in moments of extreme vulnerability and crisis. Learning how to manage stress isn't just part of a healthy lifestyle for nurses; it is an act of survival.

In our rush to take care of our patients' needs, we are prone to neglect ourselves, which affects not only our own health but also our ability to care for patients. We need to establish habits and routines with our everyday, on-the-job choices that improve our overall wellness. Just as eating one salad doesn't suddenly make a junk food diet healthy, getting one massage doesn't create a stress-free life.

So here are a few tips for survival in the fast lane:

have become a regular "pause button" that allows me to stop, breathe, and reprioritize tasks. While finding the time for a 30 or 45 minute break is challenging, there are very few things that can't wait just a couple of minutes so you can take care of your own needs.

**2. Breathe.** There is a natural tendency to let stress build up and then blow it off all at once. But research shows that stress is best handled in the moment, by stopping to become conscious with your body and slow your heart rate down. If you have ever taken a yoga class, it is likely that your instructor led you through breathing and/or guided imagery exercise to consciously relax your muscles and remove tension. Yoga is a great tool for

**4. Don't Take It Personally.** It isn't about you. Really. None of us see the world as it is. We see the world the way we are. We are all operating from different viewpoints based on our experiences, values, cultural norms, etc. And these affect how we treat each other.

When I first became a nurse, if a patient or family member complained to me about something—anything—I would feel like they thought I was a bad nurse. I would get defensive. But their grievance isn't really about me. Now, I recognize that complaints are really requests in disguise. When patients or families are complaining, they are feeling pain or discomfort and are providing valuable information on how I can help them. When I feel my defenses come up, I take myself out of the equation by reminding myself, "It's just information." Then I am able to focus on what they are telling me instead of my feelings.

Perhaps the greater challenge is dealing with the criticism of fellow employees. While we all know, in theory, that feedback is valuable

# Chill Out: Five Tips to Cool Down On-the-Job **STRESS**

by Mandy Young, MSN/MPH '09

## **1. Take Five Minutes For Yourself.**

Much of my increased efficiency, and lower stress, has resulted from the way I manage my time during a shift. I used to run around trying to "get everything done" before taking a break for myself. This often meant that the entire shift went by without taking a break! I was hungry half the shift and would overeat when I finally got a chance to have a meal. Is it any wonder that I started to put on weight after becoming a nurse?

I now come to work with small prepared meals that can be eaten on-the-go in minutes while charting or double checking meds. I make a point to eat every two to three hours so my blood sugar never drops and my metabolism is burning high with plenty of energy. My mini-meal breaks only last three to five minutes, but they

developing the ability to consciously relax your body which can then be transferred to the work setting.

**3. Exercise.** The stress we face at work takes a toll on our bodies. Taking care of our bodies through regular exercise counteracts the effects of stress, so much so that you will notice and feel the difference when you are exercising regularly. I confess that I struggle with maintaining this habit of health as much as anyone else. It helps to find fun activities and change them up regularly so I don't become bored. I've also collected quite a list of fitness resources at a variety of price ranges in my community so that I can help my clients find a way to exercise that fits their interests and budgets.

information that can help us become better at our job, it doesn't change the fact that criticism is hard to take. But remember, the criticism is actually information on how an individual is experiencing the world around them—a mix of your behavior and how they are interpreting what you say and do.

The trick is taking yourself out of the equation so you can then weigh their critique based on its own merit rather than on how it makes you feel. One method is to write it down and then review content later when you can be objective about it. For example, I once belonged to a writers group where we would bring our compositions for feedback from everyone in the group. I always wrote everyone's comments down but only I could decide which feedback would help me write a



ANNIE LUNSFORD

better story, poem, or article. When someone critiques your work as a nurse, try to discern what comments will actually help you be a better nurse or co-worker and what comments are just best forgotten.

**5. Fun is a Necessity.** There is a reason why “the family that plays together stays together.” Recreation is about reconnecting and redefining relationships. Fun makes us human to each other. It opens opportunity to

build understanding and connect on a deeper level.

Having staff parties to build camaraderie is just a first step. Try swapping magazines with your patients or gossiping over the latest movie star scandal while you help them to the bathroom. My personal favorite is to sing a lullaby or favorite song to my patients. Since most are stuck in bed watching television all day, discussing a favorite television show or movie is always easy.

We each have our own unique story for why and how we choose to become nurses. If we aren’t careful, we can let the stress of the job drive us instead of the reasons why we came into this profession. Like many other aspects of health, stress management is a lifestyle. Picking one simple change and building on it is often the best way to approach making a lifestyle change.

*Check out more tips from Mandy, and other nurses like her, at [www.stressedoutnurses.com](http://www.stressedoutnurses.com).*

## Focused on Forensics

"When people first think about becoming a nurse, they usually imagine working with kids, delivering babies, or helping people with cancer," says graduate student **Jocelyn Anderson, RN**. "Most people don't grow up wanting to help rape victims."

But Anderson, who is earning a master's degree in forensic nursing, happens to be quite proud of not being like most people. "Having a unique perspective," she says, "can go a long way in helping move society forward."

An early interest in biology led Anderson to nursing school; a nursing school practicum in South Africa later led her to the field of forensics. She says that practicing nursing in that culture "really opened my eyes, as South Africa has one of the world's highest sexual assault rates."

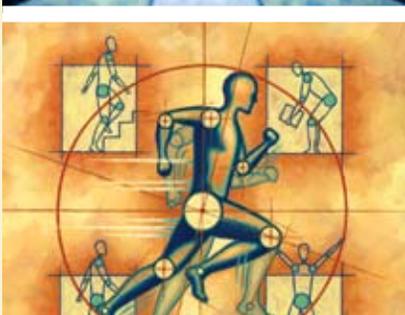
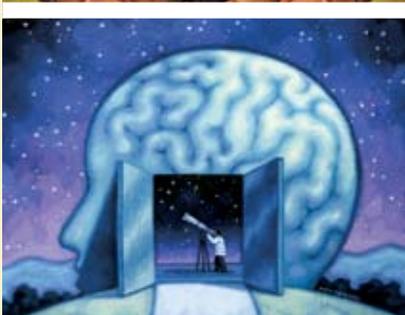
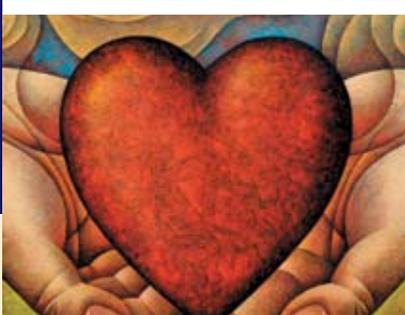
As a recipient of the Louise Cavagnaro Endowed Scholarship, Anderson is both attending school and working in the neurosciences unit at The Johns Hopkins Hospital. She enjoys the challenge of neuro nursing for now, but this self-proclaimed misfit has her eyes set on a different kind of career.

"Whether I end up working in a hospital emergency department, educating staff nurses on treating abuse victims, or completing death investigations in a medical examiner's office," she notes, "Johns Hopkins is preparing me to perpetuate change and forward momentum in the nursing profession."



### **Louise Cavagnaro Endowed Scholarship**

To honor her work as assistant vice president of The Johns Hopkins Hospital, Louise Cavagnaro's many friends marked her 1985 retirement by establishing this scholarship fund. An honorary member of the Johns Hopkins Nurses' Alumni Association, Cavagnaro also contributes to this fund, which often supports a member of the hospital staff seeking a nursing degree.



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F O R E V E R W A T C H F U L

NEWS FROM THE JOHNS HOPKINS NURSES' ALUMNI ASSOCIATION



Tina Cafeo, MSN '97, RN  
President, JHNAA

I want to thank all of you who returned the postcard we mailed earlier this year. We had a wonderful response both in an increase in dues and in information collected. Thank you for your support.

Like so many people, the Alumni Association has been affected by the

market decline, and we are doing our best to cut costs and work more efficiently. The largest expense for the Alumni Association is the cost of the *Vigilando* section of the *Johns Hopkins Nursing* magazine (\$30,000 per year). After much discussion, it seems that the only way to lower our magazine cost is to put the class news online ([www.nursing.jhu.edu](http://www.nursing.jhu.edu)) rather than pay \$1,000 per page in the magazine.

We do realize that many of you do not have access to a computer, and we are considering alternate ways to send out the information. For now, the *Vigilando* section of the magazine for the spring and summer issues will be two pages; eight pages will be published in the fall following Homecoming and the annual meeting. The Board realizes that the Class

News section is one of the first places alumni go to in the magazine, but we feel we must be fiscally responsible at this time. Please do not hesitate to send me your comments and suggestions on this matter (JHNAA@son.jhmi.edu or 410-955-4285).

On a more upbeat note, over 250 students (90 percent) participated in the two pinning ceremonies this year, and they very much appreciate the Alumni Association's efforts in maintaining this nursing tradition. At this event, the students are officially welcomed into the Alumni Association and learn the history of the Hopkins nursing pin.

The Alumni Association hosted several networking events for baccalaureate stu-

dents during the school year. We had our first networking event for Nurse Practitioner students. Several alumni came and shared experiences and advice. It was wonderful and well received. Our hope is to continue to extend networking events to other areas of practice for master's students. Thanks to those alumni who shared their experiences and expert advice.

Thank you again for your interest in the Alumni Association. Be involved—join us for Homecoming on September 25th and 26th. Join JHU InCircle or the JHUSON Alumni Facebook page; send us your e-mail address; let us know where you are working. We need your participation!

[JHNAA@son.jhmi.edu](mailto:JHNAA@son.jhmi.edu)



## ANNOUNCEMENTS

### Now Online: Class News and In Memoriam

Keep up with classmates by visiting [www.nursing.jhu.edu/alumni/classnews](http://www.nursing.jhu.edu/alumni/classnews).

### Homecoming – September 25 and 26, 2009

No matter when you graduated, join your Hopkins colleagues this fall.

- Attend a stimulating education program sponsored by the Institute for Johns Hopkins Nursing.
- Enjoy an evening of camaraderie at the JHNAA Homecoming party at the SON.
- Get an update on what's happening with the Alumni Association and the School at the Annual meeting.
- Join alumni for the annual luncheon.

Invitations will be in the mail by mid-July.

### Where are you working?

Keep Hopkins up to date with your life: update your profile on JHU InCircle (find it at [www.alumni.jhu.edu](http://www.alumni.jhu.edu) at the top right side). If you don't have time to log in, please send your info to [JHNAA@son.jhmi.edu](mailto:JHNAA@son.jhmi.edu), and we'll get your new address, phone, e-mail, or other information in the Hopkins system quickly.

### Every Hopkins nurse needs one!

*Our Shared Legacy* is a tribute to our nursing alumni. It gives a unique insight into why Hopkins nursing is known for its leadership and excellence.



To order, contact the JHU Press at 800-537-5487 or [www.press.jhu.edu](http://www.press.jhu.edu)

Alumni discount code : JAY

Cost: \$37.50

To preview the book, go to [www.son.jhmi.edu](http://www.son.jhmi.edu) and click on "Alumni News and Events."



## Church Notes

### Nursing: Mightier than the Pen?

“I had these grand dreams of being a big writer,” says David Hunter '08, whose previous career led to the publication of eight non-fiction books on topics ranging from smoking to pharmaceuticals to bipolar disorder.

When he decided it was time to switch careers, Hunter began to look into health care. He discovered that he enjoyed the flexible schedules for nurses in comparison to other medical professions. For Hunter, whose mother and grandmothers were also nurses, the choice was clear.

“When I first saw the Peace Corps program [at Johns Hopkins], I said, ‘Alright, that’s where I’m going.’” Hunter was so confident Hopkins was the place for him, he didn’t apply anywhere else. Following his graduation last year, Hunter maintained his appreciation and connection to Hopkins.

He found a great starting place for his career on Nelson 8, a surgical floor specializing in orthopedics and trauma at The Johns Hopkins Hospital, and maintained close ties to the school as a board member of the Johns Hopkins Nurses’ Alumni Association. Hunter was asked to fill a vacated elected director spot on the board.

“Being on the board has given me a much better appreciation of the activities and networking opportunities to which our dues contribute.” He adds, “One of my goals on the board is to use comfortable social media tools to bring in more recent graduates not far enough out of school to realize the impact that their contributions can make to students and the community.”

Hunter may soon pick up the pen yet again. “I definitely want to continue to write and maybe break out into fiction. Combining my writing background with nursing could open up a world of possibilities.”

Read more about David at [www.nursing.jhu.edu/hunter](http://www.nursing.jhu.edu/hunter).

—David Biglari



David Hunter '08

As with everything else in this changing economy, the space allotted within this wonderful magazine for “Church Notes” has been downsized. That’s okay, because we can still be kept up to date with the information I receive—just in a briefer format.

#### Homecoming 2009

Save the dates of September 25-26, 2009 for another fabulous Homecoming. Susan Riddleberger '73 and I serve on the committee, and we are working hard to make this another memorable weekend. Let’s break our 2008 record of 68 CHH alumni in attendance!

#### 50th Reunion: Class of 1959

The Class of 1959 will celebrate its 50th reunion at Homecoming in September. If you plan to attend (and you know you must!), contact your former Class President, Joann Hollinger Hersh '59 at 717-762-5234, [hersh@innernet.net](mailto:hersh@innernet.net), or 13200 Old Mill Road, Waynesboro, PA 17268.

#### 40th Reunion: Class of 1969

The class of 1969 is planning a dinner at Liberatore’s restaurant in Timonium on September 19. Contact Barbara Zelenka Spink '69 for more details at [bzspink@comcast.net](mailto:bzspink@comcast.net).

#### And the Girl in the CHH Cap is...

Within a day of the spring 2009 issue being delivered, I was contacted by three alums who reported that this mystery nurse in the CHH cap is none other than Katherine “Kitty” Blackwell Pyne '60.

#### Church Home & Hospital Unit to be Dedicated at Good Samaritan

A new unit, dedicated to Church Home & Hospital, will open in the O’Neil Building at Good Samaritan Hospital this fall under the management of Director Catherine Micklewright Rossetti '71. Former Church Home nurses are invited to attend the dedication. For details, contact Gennie Darby at 443-444-4887 or [geannine.darby@medstar.net](mailto:geannine.darby@medstar.net).

#### Tidbits

- **In Memoriam:** Catherine Clopper Quandt '42; Gloria Ferro '56
- Thank You to Pat Roberts '65 for the donation of her class picture to the Archives.
- The CHH Cap can be obtained from Kay’s Caps by requesting School #33. Orders can be placed by phone (516-791-8500) or by mail (Kay’s Caps, PO Box 818, Valley Stream, NY 11582).
- CHH Pins and Rings are available from Vince Fino, 9650 Belair Road, Perry Hall, MD 21236, 410-256-9555.
- Transcripts can be obtained from Aniese Gentry at Quinlan Storage (formerly Chart One Storage) in Jessup at 888-416-5353 (ext. 7550 or 3907).
- Send any address changes or notice of deceased members to: Deb Kennedy, 1990 Gulfstream Court, Forest Hill, MD 21050; 410-893-2421, [debkennedy29@hotmail.com](mailto:debkennedy29@hotmail.com).



ONE OF THE “common wards” in the early 1900s, The Johns Hopkins Hospital Women’s Ward G contained twelve beds on each side. Though ventilators under each bed provided fresh air and a multitude of windows allowed for plentiful sunlight, the ward afforded no running water and very little privacy.

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**Our Mission:** *To ensure the long-term growth and success of the Johns Hopkins University School of Nursing by providing advice and support on strategic initiatives, priority setting, fundraising, and relationship building.*

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Dean Martha N. Hill, JHU President Ronald J. Daniels, Wally D. Pinkard, Jr., and members of the Advisory Council, May 2009



Printed on paper containing 30% recycled fiber

“As political winds shift in the health care arena, more and more business-attuned nurses will be necessary.”

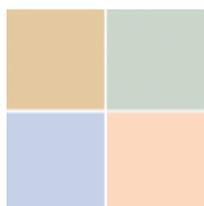
— Ron Langlotz, MSN ('09), BS ('99), RN  
Hopkins Business of Nursing ('06)

Ron Langlotz is a nurse, military man, father of three, and husband. He sees nursing from all sides and was a perfect candidate for the Hopkins Business of Nursing program, a partnership between the School of Nursing and the Carey Business School. Today, Langlotz uses his nursing skills and his business acumen as the nurse manager of the Johns Hopkins Hospital radiology department. “I know the bedside and the critical care aspect of patient care,” says Langlotz. “But health care is a business. You definitely need people who can take bedside care and business to the board room. Nurses are the ones who carry that ball. If we can't communicate in the board room, we're not going to get what our patients need.”

Learn more, visit [www.nursing.jhu.edu/BON](http://www.nursing.jhu.edu/BON).



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