JOHNS HOPKINS
NURSING
Volume IX, Issue III
Winter 2011

The Power of Practice

In Good Hands—Today
Nursing student, Kate Menezes, Accelerated '12, (center) works with Carm Dorsey, MS, RN, clinical instructor and coordinator of the Isaiah Wellness Center at Apostolic Towers, to provide care to a resident.

To gain hands-on experience, Johns Hopkins University School of Nursing students learn in a variety of settings and locations, from Med/Surg units at The Johns Hopkins Hospitals to elder care at the Isaiah Wellness Center in east Baltimore and birth assistance at Al Corniche Hospital in Abu Dhabi. *[Photo by Will Kirk]*

Departments

JOHNS HOPKINS
NURSING

Volume IX, Issue III
Winter 2011

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

26 Practicing to Potential: Today's Nursing Practice

by Elizabeth Heubeck

On every front—from high-level policy discussions to day-to-day bedside practice—nurses are becoming a more vocal and instrumental component in improving the complex healthcare puzzle. Changing the way nurses practice involves engagement on multiple levels, beginning with how nursing students are taught.

32 The Practitioners

by Sara Michael

Practice what you preach—or teach—if you are at the Johns Hopkins University School of Nursing.

Many of the faculty, and even some doctoral students, at the School maintain an active nursing practice while balancing a dual career as an educator or completing a terminal degree. How does their passion for practice inform their teaching, and vice versa? What's the benefit of practicing and then sharing their knowledge and skills?

Contributors

Elizabeth Heubeck enjoys writing about real people doing really important work. That's why she always finds pleasure writing about nurses. She finds their can-do attitude, combined with compassion, downright uplifting. And she believes that nurses do have what it takes to be leaders in emerging practice trends—not just in nursing but in the broader healthcare context. Heubeck heartily agrees with a source she quotes in this issue's feature story ("Practicing to Potential: Today's Nursing Practice," page 26), who says: "We [nurses] are this trusted voice."

When writing the feature story, "The Practitioners" (page 32), **Sara Michael** was struck at how well practicing and teaching complement each other. "Building expertise in an area has such a greater impact when you're able to share it," she says. With a background as a daily newspaper reporter, Sara now works as the editor of an online medical trade publication.

Rebecca Proch is a freelance writer and regular contributor to *Johns Hopkins Nursing*. As a writer, her two specialties have been healthcare and the arts. The best thing about both, in her opinion, is that she gets to talk to passionate people who love what they do. Rebecca also manages technology and multimedia resource projects for the arts education programs at the Wolf Trap Foundation for the Performing Arts.

A recovering health-policy wonk turned freelance science and medical writer, **Teddi Fine** still harbors a childhood dream to be a simultaneous translator. But today, instead of studying Urdu or Kanji, she's opted to be a not-very-simultaneous translator of science, as seen in "Bench to Bedside" (page 20). When she's not poring over nursing research (as some read a good mystery novel) or crafting press releases about Hopkins nurses, she keeps her creative engine humming by designing and fabricating fanciful art jewelry. You can see examples of her jewelry at the American Craft Council's (ACC) show in Baltimore in February 2012, where she will be an exhibiting artist.

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 Mark Smith

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This Was the Year that Was: *A Scrapbook*

2011 has been marked by success, accomplishment, and transformative progress at the School of Nursing. Best of all, it's been a year of celebration.

We reached #1 in the U.S. News & World Report rankings of nursing graduate schools. The credit for the big climb from #4 in 2008 goes to our outstanding faculty, incredible students, and supportive staff.

We also rose in the same rankings from #2 to #1 in Community/Public Health programs and from #7 to #5 in Nursing Service Administration. And we're: #4 among nursing schools in NIH funding; ranked among the top four in all criteria for PhD programs by the National Research Council; and #6 in faculty scholarly productivity among nursing schools—many of which have double our number of faculty.

The work of our new and established Centers contributed to the year's many highlights. The new Center for Innovative Care in Aging has joined the centers of Global Nursing, Cardiovascular Health, and Interdisciplinary Salivary Research to promote innovation, capacity development, and advocacy for the advancement of nursing education, research, practice, and health policy worldwide.

Our 344 graduating Students are finding jobs—most in less than 90 days—or are continuing their nursing education full time (See story, page 11).

The entering baccalaureate class of 2013 enthusiastically signed up to participate in a nationwide Simulation Study (www.ncsbn.org) that will follow 1,000 students from 10 nursing schools.

The Robert Wood Johnson Foundation/Institute of Medicine report on The Future of Nursing is driving our initiatives to address the future challenges nurses face in a changing environment and economy.

The 50th Anniversary of the Peace Corps offered opportunities throughout the year to honor the 380 graduates of our Coverdell Peace Corps Fellows program.

Four faculty were promoted to professor: (below, from left to right) Laura Gitlin, PhD; Douglas Granger, PhD; Marie Nolan, PhD, RN; and Cynda Rushton, PhD, RN.

A $4.9 million grant from the Helen Fuld Health Trust establishes a patient safety and quality of care fellows program and supports one of our highest priorities: Student Financial Aid.

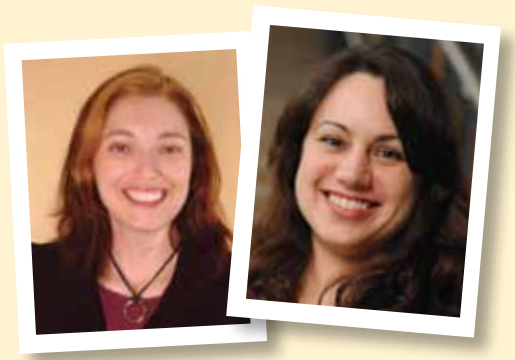
Five, new, full-time faculty joined our ranks: Nancy Hodgson PhD, RN; Shawna Mudd, DNP, CRNP; Ellen Ray, DNP, CNM; Andrea Parsons Schram, DNP, CRNP; and Martha Sylvia, PhD, MBA, RN.

In 2012 the School will move to all accelerated Bachelor's programs (See story, page 12). Our Academic Forecasting Task Force is exploring methods for pioneering new educational approaches that will allow future nurses more efficient avenues to enter the field—and to develop advance practice and research skills as soon as possible.

Our revised and revitalized Strategic Plan sets a deliberate and intentional emphasis on balancing multiple growth opportunities with space constraints, a difficult economy, and our other two top priorities: 1. A building addition 2. Diversified revenue streams

Jamie, me, and Provost Minor at the Journey to Excellence.

Jamie Kelley, our new associate dean for development and alumni relations, arrived just in time to celebrate our Journey to Excellence at a gala dinner. Jamie replaced Fiona Newton who moved to the University's development team.



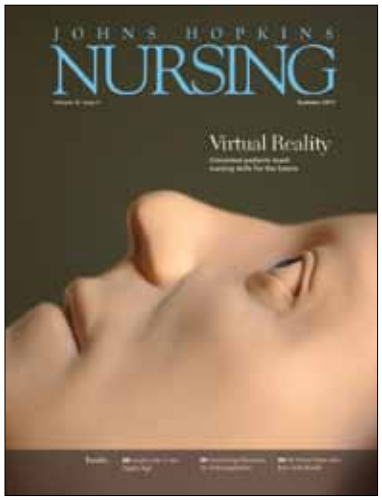
We said farewell this year to Kelly Brooks, our Johns Hopkins Nursing editor, who—after bringing this magazine to its top status in nursing media—has become an editor for a new health magazine, Be Well. This issue welcomes our new editor, Pamela McComas.

As the year draws to a close and we prepare for an equally successful 2012, the Johns Hopkins University School of Nursing and I send you our greetings of the season. Visit *www.nursing.jhu.edu/happyholidays* for a special message about our hopes for the new year.

Martha N. Hill

Nursing Assessment

Letters to the Editor



I just read Dean Hill's editorial in the latest issue of *Johns Hopkins Nursing* and it was very helpful for me to follow her thinking. I am currently in transition to the position of Dean at Texas Tech University Health Sciences Center. It is a very good nursing school and I am honored to be assuming this leadership role. Texas Tech has very prominent engineering programs and I do not believe that partnerships such as the ones Dean Hill described have been leveraged in the past.

Thank you for opening up my thinking to such possibilities!

Michael L. Evans, PhD, RN, NEA-BC, FAAN
Maxine Clark and Bob Fox Dean and Professor
Goldfarb School of Nursing
Barnes-Jewish College

I would like to offer a rebuttal to the letter to the editor written by James Fuller and published in the Summer 2011 issue. Mr. Fuller's argument that LGBT cultural competency training is "ill-advised" is a case of finely veiled homophobia or, at least, willful ignorance.

The LGBT community has worse overall health outcomes, higher rates of cancer, mental illness, and alcohol and tobacco use, not to mention stress due to systematic discrimination. Mr. Fuller brushes this off as a "societal hot topic item." A 2010 Lambda Legal study showed 56% of LGB and 70% of transgendered patients experienced some form of discrimination in the healthcare system. LGBT partners may not have access to employer health insurance or be recognized in hospital visitation policies, while transgender individuals can be barred by insurance exclusions. Do you know how the mechanics of gay sex translates to varying risks for STIs? Do you understand the implications of hormone therapy and gender reassignment surgery? The IOM, NIH, and Healthy People 2020 all agree that learning LGBT cultural competency is critical to our future. Just ask the thousands of patients who have taken their money to the Callen-Lorde Community Health Center in NYC, which operates on the promise that they understand LGBT needs.

I encourage everybody to visit the Human Rights Campaign's web site (www.hrc.org) to see the current research.

And, to Mr. Fuller's fear that LGBT education will "open the possibility of other specialized groups petitioning for the same special recognition," I say, "The more the merrier!" Our thirst for cultural competence in America should be limitless, especially for the minorities who suffer continued health disparities here.

Frank C. Mataska, Accel. '10, RN

Letters to *Johns Hopkins Nursing*
We welcome all letters regarding the magazine or issues relating to Hopkins Nurses. Email 200 words or less to editor@son.jhmi.edu or send to:

Editor, *Johns Hopkins Nursing*
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Letters will be edited for length or clarity.

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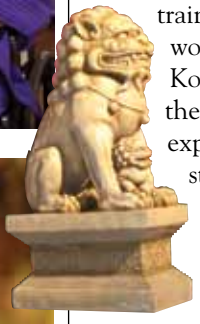
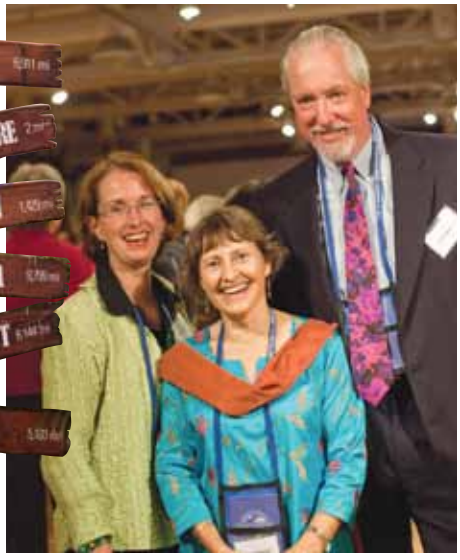
PHOTOS BY CHRIS HARTLOVE





Africa, Asia, Australia, Caribbean, Middle East, and Baltimore. All are stops on the Johns Hopkins University School of Nursing's journey to excellence.

To recognize the people, places, and possibilities that make the School of Nursing #1 in graduate programs and #1 in community public health nursing programs, Dean Martha Hill and The Isabel Hampton Robb Society hosted "A Journey to Excellence" celebration on September 22 at the American Visionary Arts Museum in Baltimore.

Guests toured vibrant displays showcasing the work students and faculty perform in Baltimore and around the world. From assisting at-risk residents, expectant mothers, and aging residents in Baltimore to finding solutions to community health needs in Africa and training healthcare workers along the Korea-China border, these local and global experiences enable students and faculty to share and grow their nursing knowledge as they work, learn, and collaborate.

At the conclusion of the night's journey, Dean Hill shared plans for the School's next adventure: a new School of Nursing building addition.

View more photos and learn more about the Journey to Excellence online at www.nursing.jhu.edu/journey. ■

New Associate Dean for Development and Alumni Relations

James Kelley is the School of Nursing's new associate dean for development and alumni relations, a role crucial to the continuing success of educating tomorrow's nursing leaders.

His early focus is to advance the School's three critical and strategic development priorities: increasing the level of financial aid to students, securing funding for the School of Nursing's new building addition, and supporting the work of the School's mission-driven centers and projects.

"I look forward to working with Jamie to build the partnerships—throughout the School, the University, and with our current and future friends and donors. These partnerships will ensure we realize the philanthropic support essential to meeting our development priorities," says School of Nursing dean Martha Hill, PhD, RN.

Kelley joined the School on September 19 after nearly five years of leading the Hopkins School of Medicine Department of Otolaryngology-Head and Neck Surgery as the director of development. During his tenure he successfully generated financial support for the Department, including significant philanthropic contributions to establish new endowed chairs and numerous mission-oriented gifts that addressed major areas of need.

Kelley is a graduate of The Peabody Institute of Johns Hopkins University and plays drums in many popular groups in the Baltimore area. He is an active volunteer and fund raiser in his South Baltimore community and was instrumental in creating not only a dog park in central Baltimore, but also in helping formulate policies that opened more park-like areas to city dogs.

Kelley can be reached at 410-614-0877 or jkelley4@jhu.edu. ■

"*I am most excited to match the priorities of the School's needs with the charitable giving interests of our philanthropic partners and to continue the excellence for which the School is known.*"

Grant Virtually Prepares Nurses for Reality

Second Life Provides Hands-on Experience Without the Worry

by Jon Eichberger

Virtual 3-D technology is the latest, state-of-the-science instruction method preparing Johns Hopkins nurses for leadership. The technology, called Second Life, provides simulation scenarios, enabling faculty and preceptors to practice real-life situations on virtual "patients" and "nursing students" without the anxiety of working with actual human beings.

A $664,000 grant from the Nurse Support Program II over the next three years allows the Johns Hopkins University School of Nursing, in collaboration with The Johns Hopkins Hospital (JHH), to develop and test six, online, self-paced core clinical faculty/preceptor modules. These modules, expected to be completed by June 2012, will examine preceptor foundations, communication, clinical reasoning, educator challenges, and the creation of a caring culture. Between June 2012 and June 2014 the modules will be implemented, tested, evaluated, and eventually incorporated into the orientation schedules of nursing schools and hospitals across the country.

School of Nursing assistant professor, Sarah "Jodi" Shaefer, PhD, RN, is the lead investigator, along with co-investigators Pamela Jeffries, PhD, RN, associate dean for academic affairs, and Leah Yoder, MSN, RN, JHH's assistant director for nursing education. "Simulation has been used to train and instruct several high-risk occupations, so it stands to reason that nurses would incorporate that technology to teach our teachers," says Shaefer. "It also affords faculty the opportunity to experience various learning situations."

Once the Second Life simulation is operational, faculty and preceptors will have avatars (virtual representations of themselves) and will be able to immerse themselves in a variety of learning scenarios.

"Right now, hands-on virtual instruction is still a novelty to most people. We want to change that dynamic by expanding its use and making exceptional technology a standard instruction tool," Shaefer notes. ■

New Class Participates in Landmark Simulation Study

One of Ten Schools Chosen

by Meredith Lidard

A patient having a heart attack, another going into labor, and a third with a skin rash is a typical day for students in the simulation lab at the Johns Hopkins University School of Nursing. Now, students in the Traditional 2013 class have the chance to care for high-maintenance patients as part of a landmark nationwide simulation study taking place at the School.

One hundred and three students from the 117-person class (88%) are taking part in the study, which explores the role of simulation in pre-licensure clinical nursing education. The School is one of ten schools chosen by the National Council of State Boards of Nursing to participate.

The study examines the use of simulated clinical experiences as a replacement for a portion of the time spent in traditional clinical education. Participation in the study lasts for two years, from Fall 2011 through graduation in May 2013. Students are divided into three groups: 50% simulation, 25% simulation, and less than/equal to 10% simulation, which is the percentage in the current traditional curriculum.

Simulation gives students the hands-on experience without the anxiety of working with actual human beings, and the environment matches their learning style, explains School of Nursing faculty member and project coordinator, Joyce Vazzano, MSN, RN, CRNP. "They're excited to care for multiple patients in one day and look forward to applying theory to practice," she says.

Vazzano adds that as part of the study, the debriefing method that takes place after each simulation experience has been redesigned to promote learning that draws on the effective, creative, and critical thinking processes. "We want to make the students' participation in this study an exciting and meaningful learning experience," she explains. ■

WILL KIRK

Want to learn more about simulation at the School of Nursing? Check out Harvey the Simulator's blog at **www.nursing.jhu.edu/harvey**.

School of Nursing Announces New Arrivals

Manikins Arrive in Time for Simulation Study

by Jon Eichberger

The School of Nursing happily welcomes SimNewB and Sim Man 3G to its simulation manikin family.

SimNewB is an interactive simulator "born" by Laerdal and the American Academy of Pediatrics. A seven-pound, twenty-one-inch female baby with realistic newborn traits, she enables students to simulate a wide variety of patient conditions, including life-threatening ones.

Sim Man 3G is also interactive, but wireless. He is equipped with breath sounds both anteriorly and posteriorly, and has pupil reactions and skin temperature changes.

SimNewB is partially supported by a $27,000 grant from the Woman's Board of Hopkins Hospital to the School of Nursing's Maternal Child Health Program. Sim Man 3G is supported through the Needs-Based Grad Education II grant.

Survey Says!

Nursing Grads Beat Employment Odds, Debunk Hiring Myths

by Lynn Schultz-Writsel

Numerous polls show recent college grads have been hit hard by the recession and are facing tough odds in finding well-paying employment. Others show the classes of 2010 and 2011 to be underemployed, with many not finding jobs in their preferred fields or geographic locations. That's the bad news; the good news is that nursing grads might be proving to be the exception to the polls.

A recent survey of nursing schools conducted by the American Association of Colleges of Nursing (AACN) tells a story of success for recent graduates. Among those receiving a nursing bachelor's degree, 88% have received job offers within four to six months; for those earning a master's, 92%.

At the Johns Hopkins University School of Nursing, informal surveys and questionnaires conducted among the 2010 Hopkins graduates show a similar percentage, with 89% of responding graduates from all classes (Bachelor's, Master's, PhD, and Doctor of Nursing Practice) indicating they have found employment since graduation. Of the 11% not currently employed, nearly 10% indicated they were pursuing an advanced degree and were continuing their nursing studies full time.

The School's online survey also showed that nearly two-thirds of the employed respondents found nursing positions within 90 days following graduation; an additional 24% within six months; and only a small number, 8%, indicated their search took longer.

Many of the myths surrounding employment for new nurses are being exploded by the AACN and School of Nursing data. Myths that may have dissuaded some prospective students from seeking a nursing education include misconceptions about extreme difficulty with the employment search, hiring freezes at hospitals, geographic areas oversupplied with nurses, and new nurses being hired to do lower-level healthcare.

Among those receiving a nursing bachelor's degree, 88% have received job offers within four to six months; for those earning a master's, 92%.

Among Hopkins grads only 11% reported the job search to be very difficult, while others (19%) reported no difficulty at all. The highest percentage of respondents (71%) described their job search as slightly to moderately difficult. The majority of survey respondents (58%) also found their first choice in a position and 66% in their preferred geographic location. Ninety-one percent were employed by hospitals.

Sandra Angell, MLA, RN, associate dean for student affairs, is finding similar, if not slightly better results among early responses from the classes of 2011. "The jobs are there, and they're good positions in excellent healthcare facilities. It might take a little longer, a bit more persistence, and occasionally a graduate might have to take their second choice in position or location," she observes.

When the 2010 graduates were asked to share job-search advice for future grads, they echoed Angell's observations, and added, "Network, use alums as resources, and most important, start early!" Many also attributed their success to their Hopkins experience, and one grad noted, "I've had people tell me that having Hopkins SON on my resume was a big bonus."

The School will be collecting similar data for 2011. Graduates are returning employment questionnaires and the employment search experiences survey will be launched in December. ■

Switching Gears

Hopkins Nursing Accelerates for Second Careers, More Choices

by Lynn Schultz-Writsel

College graduates and professionals seeking a career change and entry to the nursing profession will find a new and flexible accelerated option for earning a nursing degree at the Johns Hopkins University School of Nursing.

Beginning in 2012, a four-semester, 17-month, late-August-entry option joins the list of School of Nursing accelerated offerings leading to a bachelor of science (BS) with a major in nursing. The School will now offer only accelerated BS options for those who hold a bachelor's degree in another discipline. In addition to the 17-month August entry, those options include a June entry 13-month BS and a January-entry BS to master of science in nursing [Clinical Specialist] with paid residency. All accelerated options can lead to a master's degree.

The new 17-month BS is designed for students with a bachelor's degree in another discipline who are eager to begin their nursing career but want the flexibility of a course of study longer than the 13-month accelerated option. The four-semester program, which begins in late August, concludes in December of the following year and features a four-week inter-session. During this extended break from mid-December through January, students can explore career paths, seek experiential learning, investigate research opportunities, and take elective courses.

According to School of Nursing associate dean for student affairs Sandra Angell, MLA, RN, an all-accelerated format addresses the strong preferences of prospective Hopkins students. "We are finding that with each pool of applicants for our bachelor's program, those who hold a previous degree are in the clear majority—and their numbers continue to grow. They are former Peace Corps volunteers who have experienced the global need for nurses; computer and information science technologists who see a future in nursing and health informatics; and others from all professions and disciplines who recognize that nursing provides both career fulfillment and unlimited opportunities." She adds, "They are eager to launch their new careers as efficiently as possible and are more than capable of doing so through an accelerated program."

Dean Martha N. Hill, PhD, RN, explains that the School of Nursing's leadership decision to offer only accelerated BS formats also was influenced by *The Future of Nursing*, issued by the Institute of Medicine and the Robert Wood Johnson Foundation. "This report and the data on which it is based show that nurses who provide the highest quality and safest care have at least a bachelor's degree. Our experience clearly demonstrates that the Johns Hopkins nursing students who already have a bachelor's degree are mature, well-prepared, and ready to successfully complete an accelerated program and enter the nursing profession. We are able to recruit, prepare, and rapidly move these outstanding students into the healthcare workforce—while continuing the highest of educational standards."

Hill adds that in today's economy, nursing remains one of the best opportunities for those who are seeking a new career. Her advice to them is: "Come to Johns Hopkins, become a nurse, and go into the world to make a difference!" ■

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How We've Grown

Fall 1984
Traditional Bachelor's Program

Summer 1990
Accelerated Bachelor's Program

January 1992 & January 2005
January Accelerated Cohorts

January 2011
Accelerated Bachelor to Master of Science in Nursing with Clinical Residency Program

Fall 2012
All-Accelerated Bachelor's Program

Artists in Residence

Students Trade Books for Brushes

by Pamela McComas

A bold acrylic on canvas called "Oligodendrocyte Extension" hangs near an exquisitely shaded pencil-on-paper drawing of the posterior C2 vertebra. Across the room, collages and photos of people and places from Charm City to Myanmar preserve moments in time. Though the media are different, there is a common thread: the artists are Hopkins nursing students.

Nursing students lend or donate their art to display at the School of Nursing Student House. The art changes as students graduate and new students arrive, which provides students, faculty, staff, and visitors to the Student House with a rotating gallery to enjoy.

While the art showcases talent, it also illustrates the diversity of the students. Hannah Miner, Accel. '12, displays her art in the Student House and appreciates that the School celebrates students' diversity in this way. "I think it is important to recognize the many talents of our student body, especially considering we all come from such different backgrounds," she says.

For Gina Colaizzo, '12, who contributed the oligodendrocyte painting, displaying her art also creates connections. "I can't think of a better place to display artwork related to science," she explains. "I also love to see the works of my peers. It's a great way to find other people with common interests." ■

WILL KIRK

For nursing student, Gina Colaizzo, displaying her artwork at the School of Nursing Student House creates connections.

Nursing Leader Goes Global

Shivnan Joins JHI

by Jon Eichberger

Jane C. Shivnan, MScN, RN, is the new director of clinical quality and nursing at Johns Hopkins Medicine International (JHI), the international arm of Johns Hopkins Medicine. In her role she provides strategic oversight and leadership in JHI's clinical, consulting, and educational activities.

Shivnan brings more than 20 years of health care leadership experience to JHI, including service as executive director of the Institute for Johns Hopkins Nursing, a partnership between The Johns Hopkins University School of Nursing and the Johns Hopkins Hospital Department of Nursing.

"Her experience with the Institute and her accomplished leadership of its programs and international consultations will help her in facilitating opportunities among the School of Nursing, The Johns Hopkins Hospital Department of Nursing, Johns Hopkins Medicine and the University," notes School of Nursing dean Martha N. Hill, PhD, RN. "She will build on existing relationships and find new collaborations with our colleagues both here and abroad." ■

Outstanding Leadership

RWJF Recognizes Hopkins Faculty

by Jon Eichberger and Pamela McComas

The Johns Hopkins University School of Nursing is enriched with excellent nurse leaders. Two faculty members, Pamela Jeffries, PhD, RN, and Sarah Szanton, PhD, CRNP, are taking their leadership skills to the next level through two prestigious nurse leadership programs from the Robert Wood Johnson Foundation (RWJF).

Jeffries, the School's associate dean for academic affairs, is one of twenty-one nurse leaders selected for the RWJF Executive Nurse Fellows for 2011. She joins a select group of nurse leaders from across the country chosen to participate in the world-class, three-year leadership development program designed to enhance their effectiveness in improving the United States healthcare system.

"I've always admired the leadership skills of the people I know who have participated in the Executive Nurse Fellows program," Jeffries says. "I'll be working with phenomenal leaders, and ultimately this will strengthen the skills and ability I bring to my position as associate dean at Johns Hopkins University School of Nursing."

Executive Nurse Fellows hold senior leadership positions in health services, scientific and academic organizations, public health and community-based organizations or systems as well as national professional, governmental, and policy organizations. During the fellowships they continue in their current positions and each develops, plans, and implements a new initiative to improve health care delivery in her or his community.

Jeffries is nationally known for her research and work in developing simulations and online teaching and learning. She served as the project director for a national simulation study funded by the National League for Nursing (NLN) and the Laerdal Corporation. She was named to the same role for a second NLN and Laerdal grant to facilitate the development of web-based courses for faculty development in simulation and a national simulation innovation resource center.

Szanton, an assistant professor at the School, is one of just twelve nursing faculty from around the country selected for the RWJF Nurse Faculty Scholars Program. The program aims to increase the stature and academic standing of nursing faculty and draw more nurses to teaching careers by creating a cadre of national leaders in academic nursing through career development awards to outstanding junior nursing faculty.

"The opportunity to be mentored by a national team of ex-deans and other leaders in the field is truly exciting," says Szanton. "I have already learned about building my team from the orientation and I happily anticipate media training and other career development building blocks."

As part of the RWJF Nurse Faculty Scholars Program, Szanton receives a $325,000 grant for research, which she is using to continue her CAPABLE study—a community outreach project launched in 2010 that has already helped dozens of Baltimore City seniors age safely at home.

"Funding from RWJF will help us reach out to more senior citizens in our community and help them live a longer, safer life," Szanton says. ■

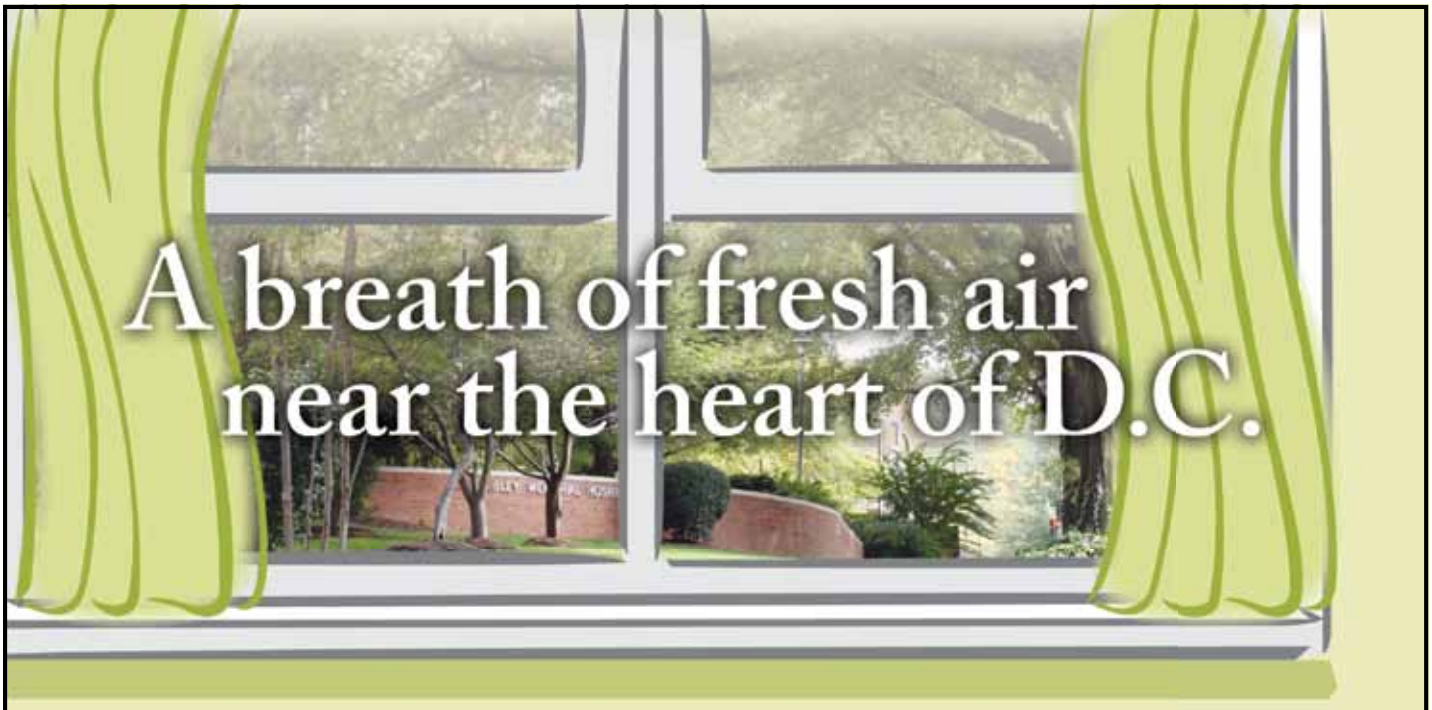
Read Sarah Szanton's post on the RWJF Human Capital blog: www.nursing.jhu.edu/szantonblog

CHRIS HARTLOVE

Sarah Szanton

WILL KIRK

Pamela Jeffries



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- **The Renaissance Dept. Long-Term Care and Rehab Facility**

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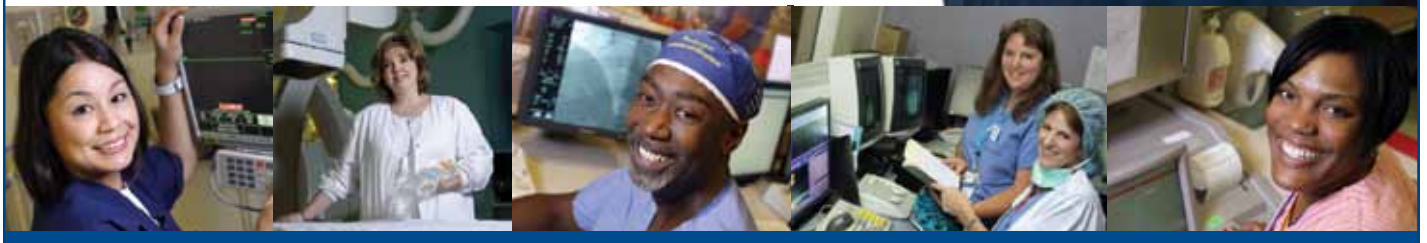

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Federal Grants Fund Faculty Research

Families and Healthcare Workers Benefit

by Meredith Lidard and Pamela McComas

Johns Hopkins University School of Nursing faculty members, Deborah Gross, DNSc, RN, professor and Stulman Endowed Chair in Mental Health and Psychiatric Nursing, and Patricia Abbott, PhD, RN, associate professor, are using their federally funded research to benefit families and healthcare workers.

Gross is determining if current parenting programs meet the unique needs of Baltimore families by comparing and measuring the impact of two programs: Gross's Chicago Parent Program and the Parent-Child Interaction Therapy (PCIT), the current standard in parenting interventions. The study is the first to show the comparison between the programs. "This study will help us identify the most cost-effective treatments for helping young children from low-income neighborhoods with serious behavior problems," Gross explains. The five-year study is supported by a $3.2 million grant from the National Institute of Nursing Research.

WILL KIRK

Deborah Gross's research aims to promote positive parent-child relationships and prevent behavior problems in children from low-income neighborhoods.

To help educate and re-tool segments of the U.S. workforce, Abbott and colleagues are creating a national health information technology (HIT) curriculum for the U.S. Department of Health and Human Services (DHHS). The open-source, online curriculum includes twenty courses, which create a foundational curriculum for HIT workforce scale-up as part of national efforts to adopt electronic health records. "As our health system digitally transforms, the need for a skilled health information technology workforce is critical," says Abbott. Since the courses launched, the materials have been downloaded more than 210,000 times within thirty-nine countries. A $1.8 million grant from the DHHS—Office of the National Coordinator for HIT supports Abbott's work. ■

For more information about HIT visit http://healthit.hhs.gov and click on HITECH Programs.

DAVID AARON TROY

Patricia Abbott is increasing access to health information technology courses for individuals around the world.

Dedicated to Quality and Safety

Helene Fuld Leadership Program Established

by Jon Eichberger

In the next five years, 200 Johns Hopkins University School of Nursing Fuld Fellows will be prepared to make a tangible difference in healthcare quality and safety, particularly among older patients.

The new program, the Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety, expands the impact of the earlier Fuld Leadership Fellows Program in Clinical Nursing and similar programs in which the School collaborates with The Johns Hopkins Hospital and the School of Medicine. The program also aligns with recent Medicare and Institute of Medicine (IOM) reports about adverse patient experiences and recommendations for improvement.

"The Fuld Leadership Program will transform the School's ability to prepare future nursing leaders with strong competencies in patient-care quality and safety," says School of Nursing dean Martha N. Hill, PhD, RN. "In addition, the program will help strengthen nursing education nationwide by offering an exemplary academic approach to building clinical competencies in quality and safety that can be replicated or adapted at other leading institutions."

School of Nursing associate professor Cheryl R. Dennison Himmelfarb, PhD, RN, will direct the Fuld Leadership Program and work closely with three program leaders and three faculty mentors to guide the students through their course of study. A grant from the Helene Fuld Health Trust will fund the Program and produce nurses who have a solid clinical foundation in quality improvement and patient safety that is firmly grounded in leadership development. ■

In the News

Text4baby, developed by faculty members **Elizabeth Jordan**, DNSc, RNC, and **Ellen Ray**, DNPc, is the cover story for the June/July 2011 issue of *Nursing for Women's Health*. Jordan and Ray discuss developing Text4baby—a free mobile information service of the National Healthy Mothers, Healthy Babies Coalition that sends important educational messages timed to the mother's stage of pregnancy or to the baby's age within its first year.

The September issue of *Urbanite* magazine calls faculty member **Deborah Gross**, DNSc, RN, "one of the pioneers in the field of educating parents to more effectively interact with their kids" for her work developing the Chicago Parent Program. The Chicago Parent Program helps minority parents engage with their children to improve their behavior.

Faculty member **Mary Terhaar**, DNSc, RN, comments on finding the right employment for doctorate of nursing practice (DNP) graduates in the October 2011 issue of *Hospitals & Health Networks* magazine. Terhaar says that while C-level executives recognize the skills of DNP graduates, executives are not yet sure how to leverage those skills.

Traditional 2013 students' participation in a landmark, nationwide simulation study is the focus of an October 24 article in *Nursing Spectrum*. Hopkins School of Nursing is one of ten schools chosen by the National Council of State Boards of Nursing to participate in the study, which explores the role of simulation in pre-licensure clinical nursing education.

When School of Nursing PhD graduate, Lieutenant Colonel **Kristal Melvin**, PhD, NP, U.S. Army Nurse Corps, kissed the fiddling frog in the School's courtyard this past June, she not only revived a tradition, she created a media buzz. Media that picked up the story include *News Blaze, Organized Wisdom*, *Nursing Spectrum*, Direct-UK.net, and Twitter. The story has also received an impressive 1,459 views by reporters since it was posted on Newswise, a public relations and newswire service, on August 1. ■

WILL KIRK

Kristal Melvin planted a kiss on the JHUSON courtyard frog sculpture and single-handedly revived the unusual tradition of hugging and kissing the frog upon completing the School's doctoral program.

Faculty, Student, and Staff News

Faculty—Acute & Chronic Care

Jeri Allen, ScD, RN, joined the National Heart, Lung, and Blood Institute Coordinating Committee for the National Program to Reduce Cardiovascular Risk.

Anne Belcher, PhD, RN, is the president-elect of the Oncology Nursing Society Foundation.

Faculty—Community–Public Health

Kathleen Becker, DNP, CRNP, was named a 2011 Hepatitis Hero by the Maryland Hepatitis Coalition for her longstanding commitment to providing high-quality care to patients at Health Care for the Homeless.

Jason Farley, PhD, CRNP, was selected to be a clinical consultant to the JHU AIDS Education and Training Center. He will provide clinical education and training of nurses, physicians, and other healthcare professionals; assist with clinical preceptorships for advance practice nurses, physicians, and/or pharmacists in the Hopkins-run Moore Clinic; and provide backup clinical support to the Hopkins-Wexford Correctional Tele-Medicine Contract.

Nancy Glass, PhD, RN, received the 2011 CUGH Early Career Award from the Consortium of Universities for Global Health.

Joan Kub, PhD, APHN, received the Community Service/Advocacy Award from the International Nurses Society on Addictions. The Council on Linkages Between Academia and Public Health Practice also selected her to represent several nursing and public health organizations on the newly formed Training Impact Task Force.

Jodi Shaefer, PhD, RN, had her paper, "Translating Infant Safe Sleep Evidence into Nursing Practice," nominated as one

of five papers by the *Journal of Obstetric, Gynecologic, and Neonatal Nursing* for its 2011 Writing Award.

Daniel Sheridan, PhD, RN, was awarded full adjunct status as an associate professor at Flinders University in Adelaide, Australia. He has been developing an online continuing education course in forensic medicine for practicing nurses, physicians, and paramedics at Flinders.

Elizabeth (Ibby) Tanner, PhD, RN, received the *MEDSURG Nursing* Nurse Competence in Aging Writer's Award for the article, "Implementing Staff Nurse Geriatric Education in the Acute Hospital Setting," co-written with colleagues from the School of Medicine. She also joins the Board of Directors for the National Gerontological Nursing Association for its 2011-2013 term.

Patty R. Wilson, MSN, RN, is one of five Johnson & Johnson Minority Nurse Faculty Scholars as part of the Campaign for Nursing's Future. Launched to address the faculty shortage and enhance diversity among nurse educators, this American Association of Colleges of Nursing (AACN)-administered program provides generous financial support, mentoring, and leadership development to graduate students from minority backgrounds with aspirations to teach in the nation's schools of nursing.

Faculty—Health Systems & Outcomes

Christine Goeschel, ScD, RN, and **Hae-Ra Han**, PhD, RN, were inducted as fellows in the American Academy of Nursing (FAAN) in October.

Kathleen White, PhD, RN, co-authored with Sharon Dudley-Brown, PhD, FNP, an assistant professor of gastroenterology at the School of Medicine, *Translation of Evidence into Nursing and Health Care Practice*, a first-of-its-kind text for doctorate of nursing practice students, published by Springer Publishing Co.

Students

PhD student **Rachel Klimmek** received the School's 2011 Graduate Teaching Assistant Award for "applying creative approaches to helping students learn the complex challenges of caring for older patients." The award recognizes a graduate teaching assistant who demonstrates exceptional performance in the classroom, innovation, and commitment to learning at the School.

Mary Paterno earned the School's 2011 PhD Student Published Paper Award, which recognizes the best published paper led by a doctoral student that was in a refereed journal between June 2010 and June 2011. The paper, "Evaluation of a Student-Nurse Doula Program: An Analysis of Doula Interventions and Their Impacts on Labor Analgesia and Cesarean Birth," was co-authored with faculty member **Shirley Van Zandt**, MS, MPH, RN, and doctoral student **Jeanne Murphy**. It appeared in the *Journal of Midwifery and Women's Health*.

Master's students **Emily D. Johnson** and **Anna Lamasa** each received $40,000 CareFirst BlueCross BlueShield Project RN scholarships.

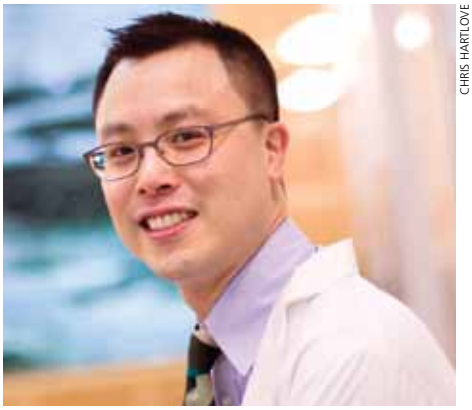
Emeline Mugisha, Master's student, received the Graduate-Community Small Grant Award from the Johns Hopkins Urban Health Institute. Her project aims to disrupt the spread of HIV among Baltimore City's young adults aged 18-24.

Barbara Badman, Traditional '13, won first place for her research poster, "Investigating the Genotypic Distribution of High-Risk Human Papillomavirus Among Women in Northern Tanzania in an Effort to Determine Efficacy," as part of the Johns Hopkins Vaccine Initiative.

Recent master's graduate **Anthony Pho** delivered the School of Nursing's August 2011 graduation ceremony commencement speech. An excerpt from his speech:

"We are more than just numbers and degrees.
We are military and Peace Corps.
We are parents and preceptors.
We are emergency medicine and primary care.
We are pediatrics and geriatrics.
We are midwives and public health.
And, indeed, we are health care leaders.
…This diversity is the Johns Hopkins School of Nursing. Students here hail from all over the U.S. and global locations. They don't just discuss problems. They organize and implement solutions. I am humbled when I think about the incredible individuals I've had the opportunity to sit next to and to learn from in this program."

Read Pho's entire speech online at http://magazine.nursing.jhu.edu.



CHRIS HARTLOVE

Anthony Pho

Team Efforts

Benita Walton-Moss, DNS, CRNP, and **Sharon O'Neill**, JD, MSN, CRNP, received the Spring 2011 Scholarship of Teaching and Learning award from the Office for Teaching Excellence. The title of their project is "Integrating Health Information Technologies into the Graduate Curriculum."

The **Office of Marketing and Communications** won two MarCom Awards: a platinum award for the Journey to Excellence invitation and a gold award for the School's redesigned website. The MarCom Awards are administered by the Association of Marketing and Communications Professionals. ■

Clear the Air for Kids with Asthma

Reducing Preventable Problems of Second-hand Smoke

by Teddi Fine

Smoking is more than an environmental pollutant: it is the foremost cause of lung cancer and a contributor to chronic pulmonary diseases. The second-hand effects of smoking extend to everyone who shares a smoker's environment, compromising health and aggravating pre-existing breathing problems like allergies and sinus difficulties or more serious illnesses like asthma and cystic fibrosis. The safety and public health effects of smoking explain why it has been banned by law in many public places, including municipal buildings, restaurants, workplaces, public parks, and other gathering places across the country.

…regular use of indoor air cleaners can greatly reduce household air pollution and lower rates of children's daytime asthma symptoms.

But people remain free to light up in their own home—the private spaces in which young children live, play, and sleep. As a result, as many as 30% of U.S. children are exposed to second-hand smoke where they live. Among inner-city children with asthma, that figure can rise to as high as 67%, increasing their risk for exacerbations, trips to the emergency room or doctor, and the need for anti-inflammatory asthma medications. The result can be lost days at school, lost family income, and higher healthcare costs.

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In lieu of smoking cessation at home, what, if anything, can be done to reduce these preventable problems for asthmatic children? In a six-month, randomized, controlled study of asthmatic children living with smokers, School of Nursing professor and School of Medicine faculty member Arlene Butz, ScD, CPNP, and others found that regular use of indoor air cleaners can greatly reduce household air pollution and lower rates of children's daytime asthma symptoms. ["A Randomized Trial of Air Cleaners and a Health Coach to Improve Indoor Air Quality for Inner-City Children with Asthma and Second-hand Smoke Exposure," *Archives of Pediatrics and Adolescent Medicine*, August 2011]

However, while improving overall air quality in homes, the air cleaners neither reduced air nicotine levels nor cotinine levels, a biomarker of second-hand smoke, in these children. "Air cleaners are a temporary tool on the road to smoking cessation, not a replacement for a smoke-free home," notes Butz. "As nurses, we recognize that while total home smoking bans are hard for inner-city families to sustain, such bans are good for the public health and for child and family health, too." ■

HIV/AIDS and Sexual Violence

Battling a Dual Epidemic in Africa

by Teddi Fine

As many as forty-two million people in Africa are living with HIV or AIDS. Half of them are women, an overwhelming number of whom are victims of sexual assault, whether as a result of war or an act by an intimate partner. In South Africa, a nation with the highest reported rate of sexual assault in the world, and other sub-Saharan nations, victims of rape or intimate partner violence (IPV) are at significant risk not only for event-related physical and emotional trauma, but also for HIV/AIDS. The implications can be lethal, unless anti-viral medications are made available and taken appropriately.

According to a review of ten years of research, doctoral candidate Jessica E. Draughon, MSN, RN, and associate professor Daniel J. Sheridan, PhD, RN, found that, despite guidelines advocating use of preventive anti-HIV medications, patients don't always comply. ["Non-occupational postexposure prophylaxis for human immunodeficiency virus in sub-Saharan Africa: A systematic review," *Journal of Forensic Nursing*, June 2011.] Their review suggested

"Nurses on the front lines of care are ideally positioned to support people through the full course of care."

a number of areas in which added research is warranted. For example, would patients be more likely to take medications regularly if instructed by a nurse rather than a physician? Should interaction between patient and clinician remain ongoing through the course of medication use? Could emotional issues, including post-traumatic stress disorder, interfere with adherence?

Nonetheless, their literature review did yield some important clues about helping patients stay on their medications. Draughon and Sheridan recommend that clinicians take more time to explain the importance of the medications and give patients the full course of medications up front. According to Draughon, "Nurses on the front lines of care are ideally positioned to support people through the full course of care." ■

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Shiftwork Danger Potential for Tiny Patients of Neonatal Nurse Practitioners

A Call for More Research

by Teddi Fine

Working tired can be a hazardous business. Research tells us that working shifts of any kind of seventeen hours or more can be as dangerous as working when drunk or drugged. To curb the potential for dangerous consequences of working while sleep deprived, pilots and commercial drivers are limited in the number of hours they can work, and medical residents in the consecutive hours they may be on call in the hospital. However, neonatal nurse practitioners (NNPs) are not subject to similar shift limits.

While a small proportion of all nurses, neonatal nurse practitioners often care for acutely ill infants who require minute-to-minute care and rapid, accurate decision making.

NNPs make up a small proportion of all nurses; however, they are on the front line of twenty-four-hour care for sick newborns. They also often care for acutely ill infants who require minute-to-minute care and rapid, accurate decision making. Writing in *Advances in Neonatal Care* (June 2011), doctoral candidate Donna LoSasso, MSN, RN, asks "Are We Really Doing What is Best for Our Tiny Patients?" in her article of the same title. She observes that while "good evidence about shift lengths is needed to make good recommendations," that evidence doesn't yet exist for NNPs.

Existing work-shift data for flight nurses has found that on-duty rest time can help reduce or even eliminate a nurse's sleep deficit—and the potential for diagnostic or treatment errors. Based on her exploration of these and other data for healthcare professionals and others, LoSasso observes that shift intensity and the acuity of patient needs may be as much a factor in maintaining patient safety and quality of care as is shift length itself. She urges more research, coupled with ongoing professional education about issues surrounding shiftwork. However, she cautions that "given the broad variation in the intensity of shiftwork based on facility size, staffing patterns, and patients served, it may be impractical to set specific shift standards for NNPs." ■

Chance Encounter

A Familiar Face in an Unexpected Place

by Pamela McComas

While a picture may be worth a thousand words, a picture of School of Nursing associate professor, Nancy Glass, PhD, MPH '96, BS '94, RN, is also worth income for women in Uganda.

This past June, Traditional '11 students, Jacqueline Brysacz, Emily Johnson, and Janet Lawson, who were participating in the School of Nursing's International Transitions Practicum program in Uganda, took a weekend trip to Queen Elizabeth Park located along the Uganda/Democratic Republic of the Congo border. In an email sent to Glass, Brysacz describes the experience, "…on our last morning there, a women's group came to our camp and gave a class on making paper beads and basket weaving. They had a stack of magazines that they use for cutting and making beads, and we noticed that *Peace Corps Worldview* was among the stack. Turns out they had worked with a Peace Corps volunteer to develop their women's group and they were really excited to know we had worked as Peace Corps volunteers with women. I opened up the magazine and saw that Hopkins has the first page of advertising. So, we talked with women about our program and said that we knew some of the people whose photos are on the cover. We saw your photos and told them that you are our teacher. The women laughed and said, 'Ah! We are making beads with your teacher's face!'"

Glass was tickled to receive the email. When asked about having her photo turned into jewelry she says, "I thought it was fun that the magazine was being used in innovative ways, including income generation for women. I give it to the Peace Corps volunteers who know how to use all the resources available to them to make something positive happen." ■

For more photos visit the online magazine at http://magazine.nursing.jhu.edu.

WILL KIRK

Future Nursing Careers Confirmed

Students Strengthen Skills and Learn Through International Experience

by Elizabeth Heubeck

There's no way Kirsten Blomberg could have been completely prepared for what she encountered when she flew to Uganda to gain hands-on experience at Mulago Hospital as a School of Nursing student. And that's precisely the idea.

Blomberg was shocked at the conditions and practices of the low-risk labor and delivery floor of the hospital where she was assigned to work. Patients are expected to supply necessary accoutrements for delivering their babies, such as sterile gloves and razor blades to cut the umbilical cord. Feeding tubes of various sizes taking the place of catheters, chronic understaffing, and a labor process that excludes pain medication also came as a surprise.

But the lack of resources did not deter her. "My interest is to work with underserved populations…my work at Mulago did nothing but confirm that I have chosen the right career," Blomberg says.

Blomberg crystallized her professional future during the Transitions Practicum, considered the capstone of the Johns Hopkins University School of Nursing program. The course affords students the opportunity to apply the skills, concepts, and theories they've learned in the classroom to real-world experience. For students like Blomberg who apply for and are admitted to the Practicum's international program, there's much more to master.

Nursing instructor Mary Donnelly-Strozzo, MS, MPH, APRN, coordinates the School's International Transitions Practicum, an option within the requisite three-credit transitions practicum course

whereby students complete 168 clinical hours at a hospital under the guidance of a preceptor. Since 2004, a total of 112 students have participated in the International Transitions Practicum and completed coursework in nine countries. For the upcoming spring 2012 semester, twenty of the 151 students enrolled in the Transitions Practicum have chosen the international option and will complete their coursework in China, South Africa, Australia, the United Arab Emirates (UAE), Chile, Singapore, and Uganda.

Students who embark on the International Transitions Practicum receive advance preparation and support along the way. Donnelly-Strozzo begins students' indoctrination to the program six months in advance of their departure. When students are abroad, she conducts a once-a-week meeting with them via Skype. Plus, each student is sent with at least one other classmate for social and professional support.

Since 2004, a total of 112 students have participated in the International Transitions Practicum and completed coursework in nine countries.

Not all international experiences present the same level of culture shock. Jamie Hatcher completed her practicum at Al Corniche Hospital, a major maternity hospital in Abu Dhabi, one of the larger cities of the UAE. The 200-bed hospital delivers approximately 8,000 infants annually. Managed by Johns Hopkins Medicine, the hospital is "well-equipped," according to Hatcher.

Hatcher describes her experience—though much different than Blomberg's—as equally fulfilling. The primary difference between Al Corniche Hospital and a hospital in the U.S. is the model of labor and delivery care, which is based on the UK model.

"There are no labor and delivery nurses—only midwives. The UK midwife scope of practice means that the midwife provides all the patient care and delivers the baby," Hatcher says. "I have had to define my role [as a nurse-in-training], within an acceptable scope of practice, then explain it over and over again to midwives."

But she relishes the rewards. "Working with a midwife one-on-one at Corniche and assisting in delivering at least one to two babies every shift was an amazing experience," Hatcher says. "I strengthened my nursing skills, but also learned so much more."

To read Jamie Hatcher's blog about her International Transitions Practicum experience go to www.nursing.jhu.edu/jamiehatcher. ■

Peace Corps's 50th Anniversary Marked by Director's Visit to JHU

Peace Corps Director Aaron Williams presented memorial gifts to commemorate the partnership between the Corps and Johns Hopkins University (JHU). On September 20, Williams discussed the future of international public health initiatives as part of the Peace Corps's 50th anniversary celebration and the 50th anniversary of the Bloomberg School of Public Health's (BSPH) Department of International Health. ■

LARRY CANNER

(left to right) Robert Black, chair, Department of International Health, BSPH; Lori Edwards, instructor, School of Nursing (SON) and program director, SON Paul D. Coverdell Fellows Program; Ronald Daniels, president, JHU; Aaron Williams, director, Peace Corps; Larry Moulton, professor, BSPH and coordinator of JHU's Peace Corps Master's International Program; Martha N. Hill, dean, SON; and Michael Klag, dean, BSPH

A Balance of Head and Heart

When Melanie Osborne stepped into her high school's science lab, she immediately felt at home. She has a head for science, and a special interest in the functioning of the human body. She also has a heart full of compassion, especially for the elderly.

Choosing a career that fulfills both her mind and soul was easy. "Becoming a nurse was always a goal for me. I'll have the opportunity to interact with patients and help them with their day-to-day activities. I'll also be able to aid them on a medical level," she explains.

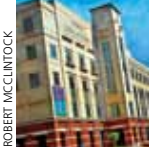
Thanks to the Joan D. Sutton Scholarship, Osborne, a student in the traditional class of 2011, is close to reaching her goal. "This scholarship enables me to do it," she says.

Upon graduation, Osborne will keep her scientific mind and compassionate heart equally busy. She aspires to work on an intensive care unit and provide care for the elderly. "These are the patients that I work the best with and advocate the best for," she says. "They also seem to enjoy my presence and my approach to nursing care. I always think about how I would want to be cared for as I age, and I use that as my model."

She also wants to further her studies and focus on gerontology. She says, "I enjoy the complex pathophysiology behind conditions in the elderly. I believe with more of the population entering their older years it is going to be critical to learn the unique way disease processes present in this population."

The Joan D. Sutton Scholarship was established in 1992 by the family and friends of Joan D. (Masek) Sutton, Nurs 1963, SPSBE 1963, to honor her memory and to recognize her leadership. She dedicated her career to improving the quality of life of those suffering from rheumatoid arthritis. She was also an active member of the Johns Hopkins Nurses' Alumni Association. The scholarship is awarded annually to support an undergraduate nursing student.

CHRISTOPHER MYERS


ROBERT MCCLINTOCK

Unexpected Inspiration

Hands-on Experience Providing Care Leads to a Nursing Career

by Emily Hoppe

As a sophomore at JHU, double majoring in English and Italian, I took a job helping care for Nathaniel, a six-year-old boy with special needs. I was a devoted humanities student, but also wanted to help people. I had a hunch that I wanted to be a nurse.

Every weekday morning, I arrived at Nathaniel's home at 6:30 a.m. to help him get ready for school—giving him water and medications through a tube in his tummy, helping him dress and eat, and waiting with him for the school bus. During our routine, I tried to give him space to be independent and be himself, and would report to his mom with delight new words or skills he mastered.

Becoming a part of Nathaniel's household was a joy. But, even with his sunny disposition, goofy smile, and wild laugh, Nathaniel's needs could be quite intense, and I marveled at how his family met these needs with grace and love. I learned that it really takes a team of people, such as friends, nurses, teachers, and neighbors, to help a family rise to the challenges a child with special needs can present. As I became a part of Nathaniel's world, I realized how difficult life must be for families and children without that network.

Mornings with Nathaniel became my favorite part of each day and inspired me to follow my gut. I enrolled in the Johns Hopkins University School of Nursing's traditional bachelor's program and after one semester was accepted into the Research Honors Program, which matches undergraduates with a faculty mentor to learn about nursing research and complete a research project. I was paired with Deborah Gross, DNSc, RN, professor and Stulman Endowed Chair in Mental Health and Psychiatric Nursing.

Working with her and Joyce Harrison, MD, director of The Johns Hopkins Hospital's Early Childhood/Preschool Clinic, I helped coordinate a pilot study to examine Dr. Gross's parent-training program, the Chicago Parent Program, as a treatment for families with children who have a diagnosed mental illness or behavior disorder.

Dr. Harrison and I facilitate the group, using videos and activities to teach parenting principles and tools to help parents manage their children's behavior while building a strong, positive relationship with their child. The parents also teach one another, problem-solving together and offering ideas and support.

I've been amazed to witness the changes in parents—the open smiles, changes of voice—as they become more adept at helping their children.

It's now my second year of nursing school, and sixth year working with Nathaniel and his family. The experience continues to be a touchstone for my perspective on nursing and child mental health.

I'm glad I found a path that helps families help their children. And, I've learned one of the pleasures of working in community health—that the difference we can make in the life of a child is also a difference we can make in the life of a family, a community, and a city. ■


JENNIFER BISHOP

Through her experience providing care for Nathaniel (right), Emily Hoppe (left) found her calling—to help families help their children.

PRACTICING t TODAY'S NURS

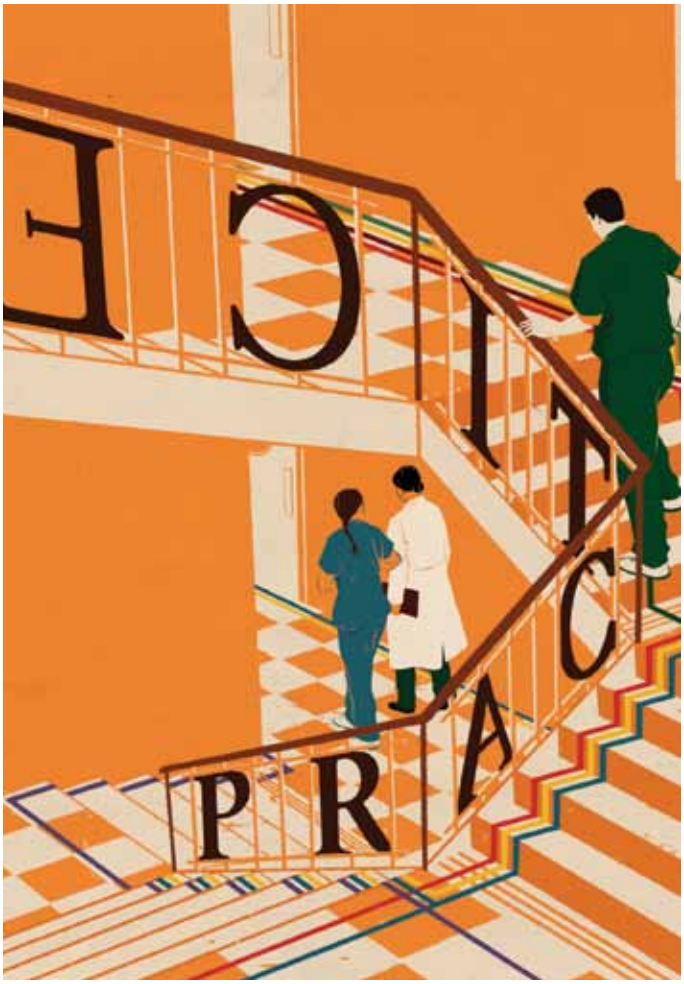
STORY BY ELIZABETH HEUBECK

POTENTIAL:
ING PRACTICE

ILLUSTRATIONS BY MARK SMITH

It's as if a quiet revolution is taking hold. On every front—from high-level policy discussions to day-to-day bedside practice—nurses are becoming a more vocal and instrumental component in improving the complex healthcare puzzle. For nurses, it means more leadership opportunities and greater professional satisfaction. For healthcare institutions, it means more widespread use of evidence-based practices and improved work flow. And for patients, it means improved access to safer, more family-centered care and better health outcomes. But it doesn't come easily.

Changing the way nurses practice involves engagement on multiple levels, beginning with how nursing students are taught. From technology that allows independent manipulation of simulated patients to in-depth research projects that require identifying a problem and making a solid case for its solution, Johns Hopkins University School of Nursing students are learning to become leaders in nursing practice. For examples of nurses already pioneering these important practice trends, they don't have to look far.



Influencing health policy

Consider Deborah Trautman, PhD, RN. There's no doubt that she is serious about getting nurses involved in shaping healthcare policy. For almost three years, as a Robert Wood Johnson Health Policy Fellow, Trautman worked on the health policy team of the Honorable Nancy Pelosi, Speaker of the House, United States House of Representatives. Now, as executive director of the Johns Hopkins Medicine Center for Health Policy and Healthcare Transformation, Trautman hopes to continue to build on the concept of nurses as an integral voice in shaping future health policy.

"This is about determining how we can extend collaborations between folks in medicine, nursing and public health to do more to inform policy makers," she says.

Nurses are a logical choice to contribute ideas that will shape health policy, Trautman believes.

"We are this trusted voice," she says. Case in point: the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation conducted a survey of opinion leaders, asking which professionals will be most influential in shaping health policy; survey respondents answered "nurses" 13 percent of the time.

And in the current political climate, roiled by partisanship that has stymied efforts at healthcare reform, Trautman sees nurses as a potential voice of reason. "If we can come together and present information in a non-partisan way, it would be pretty compelling," she says.

This shift will require nurses to make their voices heard beyond boundaries in which they typically operate. "I don't think everyone needs to knock on the door of the senator," Trautman says. "But nurses can begin by participating on advisory boards, coupling our content expertise with stories and data…I view it [involvement in healthcare policy] as an extension and an amplification of what nurses have been taught."

Taking on greater autonomy at the bedside

Oftentimes, handing over greater authority to nurses just makes more sense.

"Because of nurses' constant presence at the bedside, they're more likely to monitor patients," says Deborah Dang, PhD, RN, director of nursing practice, education, and research for The Johns Hopkins Hospital (JHH). This logical approach has led to an increase in nurses managing aspects of patient care that were previously handled by physicians.

One example is the nurse-managed heparin protocol, recently implemented at JHH. Heparin, an injectable blood thinner, had until two years ago been managed by

physicians throughout most units of the Hospital. When Peggy Kraus, PharmD, CACP, clinical pharmacy specialist in anticoagulation management, and Dana Moore, former assistant director of regulatory affairs for JHH, introduced the idea to the Hospital's Standards-of-Care Committee, which comprises nurses, the initial response was cool. "There was resistance, initially. They didn't know how they'd incorporate it into their workload," Kraus says.

> On every front—from high-level policy discussions to day-to-day bedside practice—nurses are becoming a more vocal and instrumental component in improving the complex healthcare puzzle.

But with adequate training consisting of a train-the-trainer approach, whereby a nurse is trained on the protocol and then trains other nurses, plus a 24/7 beeper contact that the nurses could rely on for support, the transition went more smoothly than anyone anticipated.

After some hesitation, the JHH nurses embraced their new responsibility. In return, they saw a decrease in patients' waiting time to receive therapy, an increase in patient safety, and the nurses reported feelings of greater empowerment. "The outcome was overwhelmingly positive," Kraus says.

Teaching nurses to be agents of change

The School of Nursing's doctorate of nursing practice (DNP) program acts on the advice of Dang and Trautman, cultivating future nurse leaders to implement healthcare innovations and influence policy.

Students who enter the DNP program come with several years' worth of nursing experience. Familiar with current nursing practice and eager to apply their problem-solving skills and analytical nature to improving it, DNP students look to the program for a framework in which to pursue their professional interests.

The framework is intensive and research-based, as evidenced by the program's capstone experience. Designed as a scientific project that draws from existing medical literature and observation, it dovetails with the curriculum and allows the students to shape a project based on their interests and practice. The capstone project is an opportunity to provide structure to an organic way of thinking that comes naturally for critically thinking nurses.

"I knew to think that way, but I didn't know how to use evidence to make a point and influence care," says Suzanne Rubin, DNP, MPH, CRNP-P, a 2011 graduate of the DNP program and a pediatric nurse practitioner specializing in newborn health at The Johns Hopkins Hospital. Through her rigorous capstone project, Rubin

Evidence Shows Advance Practice Nurse Care Comparable to Physician Care

by Teddi Fine

Writing in *Nursing Economics*, Johns Hopkins University School of Nursing associate professors Julie Stanik-Hutt, PhD, ANCP/GNP, CCNS, Kathleen M. White, PhD, RN, and colleagues present what Stanik-Hutt calls "the stuff of which new health policy is made." Their analysis of 18 years of U.S. studies (1990-2008) found care by advanced practice nurses to be of comparable quality, safety, and effectiveness to that of physicians. Stanik-Hutt likens the study to research comparing the relative capacity of two different medications to treat the same illness; here the study compares advanced practice nurse and physician effectiveness when treating people with the same illnesses. The study, conducted by a multidisciplinary team and funded, in part, by the Tri-Council for Nursing, specifically found care by nurse practitioners and nurse midwives is as good as, and in some ways better than, that of physicians. Clinical nurse specialists not only enhanced the quality of care for hospitalized patients, but also reduced unnecessary hospital days, stays, and readmissions.

According to Stanik-Hutt, the findings reflect the distinct but complementary prisms through which nurses and physicians view patients. Physicians treat and cure disease; advance practice nurses see patients, not pathology. Both provide effective interventions, but for different reasons. She says, "The study isn't about who is a better health provider. Rather, the study suggests the value of enabling both doctors and advanced practice nurses each to do what they do best in a collaborative but autonomous environment. When each profession works to its strengths, without the fetters of current regulatory restrictions, the unique contributions of both shine through. And that's what I call a win-win for patient care and for providers alike."

learned how to quantify her observations and, ultimately, influenced practice.

Her project aimed to reduce the negative outcomes for which late preterm infants (34-36 weeks gestation) are at risk, including hyperbilirubinemia, prolonged length of hospital stay, feeding difficulties and associated weight loss, feeding inadequacy and subsequent unplanned cessation, and increased readmission rate.

To address this range of potential adverse effects Rubin introduced a "late preterm, specialized-care order set" consisting of five specific, practical and research-proven interventions. They included, but weren't limited to: an increased use of isolette and skin-to-skin or kangaroo care, to reduce bilirubin clearance; early feeding and lactation support; and early monitoring and treatment with phototherapy for infants with hyperbilirubinemia.

Rubin's project, along with five others, was reviewed by the Perinatal Collaborative (which has since merged with a neonatal network to become the Perinatal-Neonatal Learning Network) and Maryland's Department of Health and Hygiene. Ultimately, it was chosen as a primary goal to institute in hospitals throughout Maryland.

"The best way to change care is by knowing how to present your measurements clinically, and to change practice at the bedside. To me, that's where it's at," Rubin says.

Although the project is now complete and Rubin has graduated and continues her work as a nurse practitioner, her zeal for identifying opportunities for improvements in nursing practice hasn't waned. She describes jotting down notes on the infants she cares for in the Hospital. "Then, when I get enough data, I look at the literature to see if my findings are comparable. Then, I get IRB [institutional review board] approval to start looking deeper," Rubin explains.

Driven to improve patient outcomes and armed with the tools to do so, it's likely that over her professional lifetime Rubin will support the implementation of many more healthcare innovations. "It becomes really enveloping. And it helps inspire us as change agents."

Choosing to remain in the trenches while influencing practice

DNP student Sue Kim-Saechao considered getting her PhD in nursing, yet ultimately chose a different route. Many DNP students, herself included, enjoy the in-the-trenches work that nursing practice offers and want to stay in that arena. But they want to be able to effect change in their practice environment. That made the DNP a perfect fit. "With a DNP we're active clinicians, using research to bring about change," she says.

It didn't take long for Kim-Saechao, a full-time nurse practitioner in UCLA Medical Center's division of Interventional Radiology, to choose the topic of her DNP capstone project. "As a nurse practitioner, you notice certain trends," she says.

Kim-Saechao observed that PICCs (peripherally inserted central catheters) where she works were being removed prior to completion of therapy in up to 20 percent of patients. "People sometimes forget that PICCs are central lines and with these lines comes a risk. Possibly due to increased vigilance for bloodstream infections or for other reasons, clinicians may request removing PICCs prematurely, despite clear CDC guidelines on the management of intravascular infections," Kim-Saechao says.

It's not surprising, then, that Kim-Saechao chose "Inappropriate PICC Removals: A Reason for Change" for her capstone project. The project, which is currently underway, allows Kim-Saechao to work with the Hospital's infection control team and nurse leadership to decrease inappropriate or unnecessary PICC removals.

It's an opportunity that Kim-Saechao welcomes. "Sometimes we notice a pattern but don't really track it. Without that, you can't make changes," she says.

Working with interdisciplinary teams for better outcomes

Gail Pietrzyk, a DNP student and director of perioperative services at Crittenton Medical Center in Michigan, isn't tracking patterns alone. For her capstone project, Pietrzyk is

> "The best way to change care is by knowing how to present your measurements clinically, and to change practice at the bedside. To me, that's where it's at."
>
> —*Suzanne Rubin, DNP '11*

studying the impact of individual variables within hospitals—leadership, demographics, education, and culture—and how they relate to a hospital's ability to implement quality initiatives.

"There are about 85,000 elective surgeries every day. And 50 percent of hospitals' adverse events are linked to surgery," Pietrzyk says. "These are big public health issues."

Working with the state of Michigan's Keystone Surgery Collaborative, Pietrzyk aims to identify how these variables promote or impede a hospital's ability to implement surgical safety and quality goals, and then disseminate her findings among anesthesiologists, nurses, and surgeons who work together.

"The potential to improve patient care and safety through improved performance in quality collaboratives is tremendous," Pietrzyk says.

Embracing patient- and family-centered care

"In today's world, it's no longer enough to be a good clinical nurse. Frankly, clinical skills are only one piece we look at when we hire nurses," says Sharon Hadsell, senior vice president of patient care services at Howard County General Hospital in Maryland.

Hadsell strongly believes that nurses need to be capable of interacting effectively with a number of players: physicians and other clinicians, colleagues, and—last but not least—patients and their families. "We're looking more now at the family's needs—not the provider's needs," she says.

Practical changes throughout the hospital, such as rearranging the patients' rooms to have a "family" side and a "provider" side so that nurses and families each have adequate space in which to work and visit, respectively, improves nurses' work flow and sets up family members and nurses as partners, rather than adversaries, explains Hadsell.

"All you have to do is think 'How would you like to have the room set up if it were your mom and dad?'" Hadsell says.

Providing tomorrow's nurses with practical preparation

Nurses are known for being practical thinkers. It makes sense, then, that nurse educators are applying practical measures to ensure that nursing graduates are better prepared than ever to enter the workforce.

Consider the School of Nursing's bachelor of science program, which offers as a clinical academic practice partnership (CAPP), an innovative clinical experience with one of four

local hospitals. During this clinical practice option, students are paired with a preceptor to acquire specific clinical experience.

"In traditional nursing programs, students will have one or two patients and are on the clinical unit for an abbreviated work day of four to six hours," Hadsell says. With CAPP nursing students care for between four and five patients for a regular, twelve-hour shift. "We're trying to more accurately mimic the environment in which students will work," Hadsell adds.

That doesn't mean nursing students are left to fend for themselves. "Preceptors have the role of facilitating students in their clinical education," says Pamela Jeffries, PhD, RN, associate dean of academic affairs at the School of Nursing. "Faculty serve as mentors to the clinical preceptors and as liaisons between clinical practice and nursing education." She calls it a 'win-win' situation, as students get a taste of real-world nursing experience and preceptors take on the role of helping the next generation of nurses.

The Practitioners

Practice what you preach—or teach—if you are at the Johns Hopkins University School of Nursing.

Profiles by Sara Michael

Many of the faculty, and even some doctoral students, at the School maintain an active nursing practice while balancing a dual career as an educator or completing a terminal degree. How does their passion for practice inform their teaching, and vice versa? What's the benefit of practicing and then sharing their knowledge and skills? *Johns Hopkins Nursing* magazine posed these questions to our in-house practitioners. Despite their diverse backgrounds and areas of specialty, some common answers were found.

The Consultant

Betty Jordan, DNSc, MSN, RNC

Assistant Professor, Department of Community-Public Health
Director, Baccalaureate Program
Co-Director, JHUSON Birth Companions Program

A national leader in maternal and newborn health, Elizabeth "Betty" Jordan defines clinical practice a bit differently. It doesn't always involve direct patient contact, she says, but can encompass working with organizations to address health system issues.

"Over the years, my practice has grown from inpatient care, taking care of high-risk pregnant women, and moved along a continuum to now looking at systems issues and how we can improve healthcare systems," she says.

Jordan works with the Baltimore City Health Department as a consultant for the Fetal and Infant Mortality Team, where she examines how maternal and newborn care is delivered and helps resolve barriers to prenatal care. Why aren't some women getting prenatal care? What education and resources are available and how are they provided? These are some of the issues Jordan addresses, bringing to bear her expertise in the field.

Jordan's work at the Health Department gives her fodder for teaching, which has always been one of her passions. For her undergraduate students, she can help shape how they will think about healthcare delivery in the future. With the graduate students, she can demonstrate system change by teaching program evaluation and exposing them to Health Department projects, she says.

"I feel I bring examples from my practice into the classroom, and they are examples I have lived," she says. "I can really speak to the importance of evaluation of practice and why it's challenging, but necessary, so that evidence is guiding our care delivery."

HOWARD KORN

WILL KIRK

The Natural

Shawna Mudd, DNP, PNP-BC, CPNP-AC

Faculty, Department of Acute and Chronic Care

Balancing her role as a faculty member in the Department of Acute and Chronic Care with her duties as a pediatric nurse practitioner isn't always easy, but it is, in a word, natural for Shawna Mudd.

"It's really a natural blend. It's like the circle that keeps going around," she says. What she teaches in the classroom, she practices. And her nursing career feeds the lesson plan, as she uses her experiences to guide content discussions in her classes.

Mudd has been a pediatric nurse practitioner at The Johns Hopkins Hospital's Pediatric Emergency Department for ten years. She focuses on improving pain management and asthma care for children. She's also served as a clinical preceptor for many years, so teaching part-time and transitioning to full-time this past summer was a logical progression for her career.

"It's a natural flow, especially in an institution where teaching is the culture," she says of her two roles.

Having a hand in academia—with engaged students asking tough questions—helps keep her practice current with the latest guidelines. If the literature supports improvements or changes in patient care, she can look towards incorporating that into her practice. "It keeps me up to date with practice," she says. And the students? "They keep me honest."

The Pioneer

Godfrey Katende, MSN, NP

Student, Doctor of Nursing Practice Program

Even from the start of his nursing career, Godfrey Katende set his sights on transforming the nursing practice in his home country of Uganda. Through his practice and his teaching, Katende is blazing paths in Uganda to improve access to healthcare. He is earning his doctor of nursing practice degree from the Johns Hopkins University School of Nursing and says he will stay in Uganda upon graduation. "They need me here," he says.

With the help of his mother, an experienced surgical nurse, he started two private practices in Uganda, an experience that exposed him to the need for improved primary care to prevent communicable diseases.

He also realized his desire to influence nursing practice through training and education and joined the faculty of Makerere University in 2004. He earned his master of science in nursing degree from the University of Alabama at Birmingham in 2008, then returned to Uganda renewed in his determination to influence practice through education. "I realized that it was important for the nursing curriculum in Uganda to focus on the outcomes rather than the process," Katende says, adding that he helped revise the curriculum at Makerere University and later in the entire country through his role on the National Council for Higher Education. "This extra role has allowed me to point out competency gaps for those institutions that have presented their curricula for accreditation." He continues to teach at Makerere University.

HOWARD KORN

The Clinician

Ellen Ray, DNP, CNM

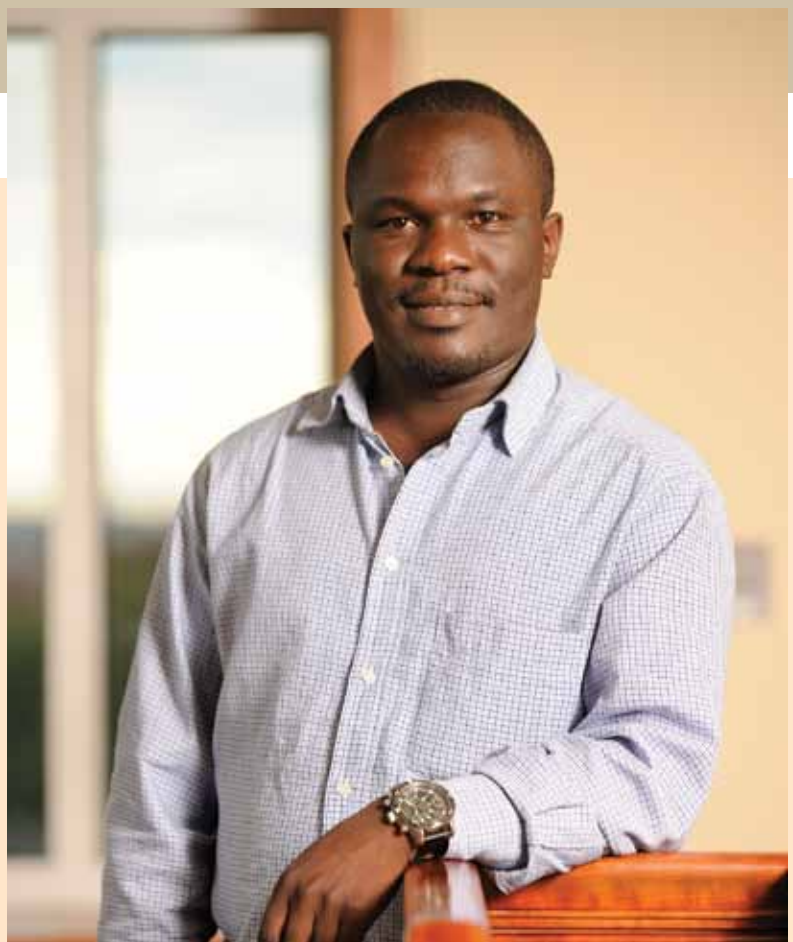
Instructor, Department of Community-Public Health

With twenty-five years of experience as a nurse midwife, Ellen Ray identifies more strongly as a nurse, secondary to her role as an educator. She's a clinician first, she says. "I wouldn't want to just do education and never have my hands on a pregnant belly again. That completes me."

But with such a wealth of knowledge, it seemed natural to share that in a classroom setting. She became a part-time clinical instructor in 2003, earned her doctor of nursing practice degree in May, and is now full-time faculty. Ray, who started the first midwife practice at Howard County General Hospital in 1986, has watched the field transform through technology and evidence-based practice changes, and she brings that experience into the classroom. It validates her as an instructor, she says.

Since adding educator to her resume, Ray has taken a more scholarly approach to her job in the Obstetrics Triage Unit at Franklin Square Hospital. It's easy to get lost in being a clinician, she says, forgetting to read the latest journals or keeping up with healthcare policy. Living partly in the academic world opened doors for her, enabling her to become a better clinician. "I do look at my work differently than ten years ago. I look at the bigger picture. I am not just so tunnel-visioned on a patient. I look at unit protocol, the community, health policy, and how it will affect my practice."

Still, as her teaching load becomes heavy this semester, her regular shifts at Franklin Square keep her grounded in her first passion. "It's a little like going to where my comfort is. That's really a very integral part of me."



WILL KIRK

At the same time, Katende's clinical practice has evolved to emphasize evidence-based practice, with a focus on cardiovascular health and hypertension. That's where his country needs him, he says, as these non-communicable diseases have a grave impact on the population. "I feel this is an area I need to explore in collaboration with my colleagues," he explains.

His practice also helps him maintain his connection to that population. Change can be effected through education, he adds, but "for one to be relevant and responsive to his or her community problems, one must also stay in touch with the practice area where translation is relevant."

WILL KIRK

The Builder

Kathleen Becker, DNP, CRNP

Assistant Professor, Department of Community-Public Health

For Kathleen Becker, the way to achieve success in a career divided between academics and clinical practice is to make sure both worlds complement each other.

As an assistant professor in the Department of Community-Public Health, Becker says she tries to teach courses that help build her own scholarship and professional strengths. And her role as an adult nurse practitioner for Health Care for the Homeless in Baltimore similarly informs the lessons she delivers in the classroom, as she can bring pearls of wisdom from her job back to her students.

"I try to make it kind of linear," says Becker, who has always supplemented her role as a nurse practitioner—first as a nurse manager, and later as faculty. "They build on each other. You can develop a level of expertise; you are researching it and writing about it and practicing it and teaching it."

For example, Becker has published a great deal on screening and treatment for substance abuse—a major part of her practice. Teaching courses on patient education, health promotion, and disease management, for example, helps Becker keep her knowledge fresh, a major benefit in clinical practice. "It's a great way to stay up to date and current with as much as you can."

The Problem Solver

Benita Walton-Moss, DNS, FNP-BC

Associate Professor, Department of Community-Public Health

As Benita Walton-Moss's research has evolved, so has her clinical practice. With a background in women's health and substance abuse, Walton-Moss is now primarily focused on cardiovascular health and hypertension, particularly among substance abusers.

And, that's not an easy population to dedicate your research and practice to, she says. Research tends to leave behind substance abusers, she explains, because they aren't always reliable research subjects. "But my thought is, because they have these problems, they really need to be included, and you just have to deal with keeping them in the trials," she says.

That can make her hectic research and practice schedule even more challenging. A family nurse practitioner since 1982, she most recently provided gynecological care for women both at the Johns Hopkins Program for Alcohol and Other Drug Dependencies and the Johns Hopkins Avon Foundation Breast Center.

Currently she is a research nurse at Howard County General Hospital (HCGH) where she addresses problems in clinical practice, using evidence-based practice. At HCGH, she is developing a pain scale for patients who can't self-report, relying on behaviors such as facial expressions and vocalizations. By making adaptations to an existing pain scale, Walton-Moss and colleagues are hoping to find a reliable and consistent way to measure pain in those patients.

In January Walton-Moss will start a new position at the Johns Hopkins East Baltimore Community Nursing Center. Yet, her research and her clinical practice wouldn't have quite the impact if she didn't teach, she says. Her role as an associate professor in the Department of Community-Public Health allows her to process her research differently, and to share her extensive knowledge with others. "It means very little unless you are able to teach that to the upcoming nurses," she says.

Walton-Moss admits she isn't the most outgoing person, and large crowds still make her nervous. But she's grown more comfortable in her teaching role and says it's all worth some nerves and a hectic schedule. "It's extremely fulfilling," she says. "I wish I had more time to do it better, but I can't imagine doing it any other way."

CHRIS HARTLOVE

The Translator

Julie Stanik-Hutt, PhD, ACNP/GNP, CCNS, FAAN

Associate Professor, Department of Acute and Chronic Care
Director, Master's Program

If Julie Stanik-Hutt were a full-time nurse practitioner (NP), she might not have traveled to Australia last year. But, with one hand in nursing practice and the other in academia, Stanik-Hutt attended an international meeting there, where she connected with other nurse practitioners in Australia and New Zealand, learning about their educational system. "If I was working as a full-time NP, I couldn't do these things, these terrific opportunities," she says.

Stanik-Hutt, an adult acute care nurse practitioner and a critical care clinical nurse specialist, loves the flexibility of teaching, which allows her to explore research and connect with her colleagues at an institution that values professional development.

Her faculty position also complements her desire to share her expertise and make difficult, complex concepts easier to understand—a skill she uses in the classroom and in practice. "I love explaining to students what's going on, and explaining to families what's happening in a language that's understandable," she says.

Although her roots run deep as an Intensive Care Unit nurse, Stanik-Hutt admits it can be difficult caring for such a complex and sick population, and teaching gives a bit of a respite. Similarly, the comforts of her role as a nurse practitioner can offer a breather from academia.

Stanik-Hutt's clinical practice at The Johns Hopkins Hospital has also been impacted by her time in administration as director of the master's program. She says she must always "walk the talk," such as making sure she connects with primary care providers when her patients are discharged. She adds, "I feel like I have to cross my Ts and dot my Is. If I expect my students to do it, I need to do it."

HOWARD KORN

Going Global with Nursing Practice

JHH Collaborates with Colleagues Around the World

by Rebecca Proch

In October, nurse managers from around the world participated in the Hopkins Nurse Manager Academy, where they worked with a cohort of colleagues to refine their skills and learn best practices.

Once every month since 2007, nursing staff from Tawam Hospital in Abu Dhabi gather for a ninety-minute videoconference. On the other side of the world, a presenter from The Johns Hopkins Hospital's (JHH) nursing leadership or staff addresses the group, teaching a continuing-education session on topics ranging from implementing The Joint Commission National Patient Safety Goals to managing patient handoffs.

"This is their primary mode for acquiring American Nurses Credentialing Center-approved (ANCC) contact hours for nurse education," notes Anela Kellogg, BS, RN, OCN, nurse educator at the Institute for Johns Hopkins Nursing (IJHN)—a partnership between JHH and the Johns Hopkins University School of Nursing. "In the past year, we've seen a real increase in participation. Lately, there are 200-300 participants."

This past November JHH nurse clinician, Emily Munchel, BSN, RN, CPN, led a session about the Johns Hopkins Nursing Evidence-Based Practice model and explained to the Tawam nurses how easy it is for a bedside nurse to use. "They were asking a lot of questions. For being as far away as we were, it still felt very interactive," she says.

The Tawam videoconference series is one of many initiatives that leverage the expertise of Hopkins nurses to connect with the global nursing community. Another is the IJHN Nurse Visitors Week, held semiannually at the School of Nursing. "We host nurses from all over the world and provide them opportunities to learn about Johns Hopkins nursing practice through presentations from hospital and academic leadership, as well as clinical observances on nursing units," says Jackie Mosberg, program coordinator at IJHN.

During the recent Nurse Visitors Week in October, twenty-four nurses arrived from Hong Kong, Korea, Japan, South Africa, and the United States. "We keep costs low, and that allows nurses who are funding their own travel or who are coming from hospitals with fewer resources to attend," says Jane Shivnan, MScN, RN, AOCN.

This time there was a focus on Magnet hospitals as a crossover from the ANCC National Magnet Conference the prior week—a strategic schedule decision to accommodate nurses attending that conference. Additionally, the Hong Kong group of nurse managers stayed to participate in Hopkins' Nurse Manager Academy. "More and more," says Shivnan, "we are seeing our visitors combine programs like that to take advantage of what we offer."

Seeking partnerships between Hopkins' departments, finding opportunities to bring together the clinical and the academic, and leveraging the practical expertise of unit nurses and nurse managers in continuing education are all longtime passions for Shivnan, who now has the opportunity to further broaden Hopkins' reach. The former IJHN executive director was recently named to a newly created position: executive director for clinical quality and nursing at Johns Hopkins Medicine International (JHI). In her new role she will retain responsibility for IJHN while focusing on international work and on reaching out to JHI's international affiliates.

One of the newest initiatives Shivnan has helped cultivate is bringing the Nurse Manager Academy to Japan. "Some countries, like Japan, have limited access to our expertise and programs because the language barrier is significant," she points out. The project came

about when one of her JHI colleagues met Kuniko Nishikawa, president and CEO of Firststar Healthcare—a Japanese consulting company—and in turn introduced Nishikawa to IJHN's leadership. Firststar translated the curriculum and provided guidance to customize it for Japanese nurses.

"It was a fabulous experience," says Lois Gould, MS, PMP, manager, Continuing Education, at IJHN. Gould worked intensively on the project, from preparing the curriculum to traveling to Japan to train the facilitators who would actually teach it, to observing the Academy in action. "It was ten nurse managers who didn't know each other, working on small group projects over three days. They are used to didactic learning, and we were asking them to do interactive learning. They really got into it—the energy and participation were great."

Included in the Academy were two Web-based sessions, each about an hour long, delivered live from Hopkins. Deborah Baker, DNP, CRNP, director of nursing in surgery at JHH, taught techniques for leadership and performance management, while Gina Szymanski, MS, RN, nurse manager at the Sidney Kimmel Comprehensive Cancer Center, presented strategies for high-performing teams. "The participants liked hearing from someone at Hopkins," says Gould, adding that the webinars were so well-received that when the Academy is presented in Japan again this winter, there are plans to add one or two more.

Shivnan hopes that the experience of bringing the Academy to Japan will pave the way to offer it in other countries. "My experience has been that the work of nurses around the world, though impacted by different things, is fundamentally the same," she says. "We are all problem-solvers—that's the nature of the job no matter what we're doing. Nurses worldwide are trying to solve problems to provide better care. It's a privilege to be able to be involved in that." ■

Turning Down the Volume

Alarm Management Initiative Increases Patient Safety and Relieves Alarm Fatigue

by Rebecca Proch

It may seem counterintuitive to say that fewer monitor alarms can actually improve patient safety, but that's exactly what happens—at least, when priorities and delays have been structured to ensure that urgent alarms can be heard amid the noise of a busy unit.

Maria Cvach, MSN, RN, CCRN, saw firsthand the effects of "alarm fatigue," when unit staff are so overwhelmed by incessant and similar-sounding alerts that it becomes difficult to pick out the most critical ones. Starting in 2006, she has been co-leading an evidence-based practice on alarm management in order to reduce unnecessary alarms and to discover and establish the best defaults for monitor alarms throughout The Johns Hopkins Hospital.

"Most cardiac monitor alarms are false-positive or clinically insignificant," explains Cvach, who is the assistant director of nursing, clinical standards, in the Department of Nursing. "They're caused by things like patient movement. Usually they'll self-correct or be silenced by the bedside nurse within about sixty seconds."

The Hospital is looking to introduce new alarm software in the future. At that time, Cvach and her team plan to add algorithms, prioritize alarms, and set delays for the four types of alarms: crisis, warning, advisory, and system warning. Crisis alarms will go immediately to the nurse's pager, while warnings and system warnings (the ones most likely to be false alarms) are put on a sixty-second delay before they're sent, and advisories are classified as low priority and not sent to the pager. This means that when an alarm hits a

WILL KIRK

Maria Cvach, Joy Rothwell, and Maddy Biggs work to reduce alarm fatigue and increase patient safety.

nurse's pager, he or she knows it requires immediate action.

This past October Cvach attended a medical-device alarm summit put together by the Association for the Advancement of Medical Instrumentation (AAMI) and presented her team's findings about the effects of daily electrode change on the reduction of nuisance alarms. Her team discovered that changing electrodes daily to prevent them from drying out reduced the number of warnings, advisories, and system warnings by almost 50%. Based on this quality-control project, the Cardiac Monitor Protocol was updated to include this practice.

On units that have adopted the new monitor defaults, the number of monitor alarms has been reduced by 25% to 75%. Through a combination of improved monitoring systems, evidence-based defaults, and best practices like daily electrode change, Cvach believes that Hopkins nurses will be able to rely on monitors to deliver truer and actionable alarms that will reduce alarm fatigue. ■

Celebrating Excellence and Learning Best Practices

Hopkins Nurses Volunteer at ANCC National Magnet Conference

by Jennifer Walker

The Johns Hopkins Hospital (JHH) was one of five Magnet hospitals in Maryland that co-hosted the American Nurses Credentialing Center (ANCC) National Magnet Conference, held at the Baltimore Convention Center from October 2-6, 2011. The event drew more than 7,500 nurses and nurse executives, the largest number in Magnet's history, to celebrate the Magnet hospital recognition program and talk about best practices in nursing. "A lot of nurses' work is very isolated, so it was wonderful to see thousands of nurses come together in the same area," comments Neysa Ernst, MSN '11, BS '06, RN, a nurse clinician on Osler 4, president of the Maryland Nurses Association, and a four-day volunteer at the conference.

More than 120 JHH Department of Nursing staff volunteered at the conference to work as greeters, guides, ushers, facilitators and more, for a total of 700 hours of service. They also attended some of the 120 education sessions offered, which covered topics ranging from new knowledge, innovations, and improvements in nursing to exemplary professional practice.

Ron Wardrope, BSN, RN, CRN, a nurse clinician in radiology, made a connection to his work at a session about employee engagement. "The panelists said you had to get your staff to buy in to provide the best care, not only for patients but also for yourself and your co-workers," he says. "It made me think of the PROPEL (Passion, Relationships, Optimism, Proactivity, Energy, Legacy) group that is active on many nursing units at The Johns Hopkins Hospital."

Ernst commends the support JHH provides to participate in professional activities and encourages other nurses to get involved in national conferences, such as Magnet. "When I volunteer at these events, I always find that I have a return on my investment, whether it's meeting new contacts or learning about a new piece of legislation," she says. "I really see nursing from a much larger perspective." ■

At the recent ANCC National Magnet Conference, Hopkins Nurses volunteered, networked with colleagues, and shared best practices.

Comfort, Educate, and Provide Care

Resilient ICU Nurse Practitioners Share Common Rewards for Intense Work

by Jennifer Walker

It was a normal case for the Neurocritical Intensive Care Unit: a man in his eighties arrived with a devastating bleed in his brain. Filissa Caserta, MSN '03, CRNP-AC, CNRN, senior nurse practitioner, had to explain the injury to his wife of sixty years and ask about his end-of-life wishes. "As sad as it was, by the end of that meeting the wife was smiling, the daughter was smiling, and they were even laughing as they shared memories," Caserta says.

Hopkins nurse practitioners who work in Intensive Care Units (ICU) across specialties say that comforting and educating patients' families is one of the most rewarding aspects of their work, which can be intense. A typical twelve- to fourteen-hour shift involves assessing and developing plans with multi-disciplinary teams for up to eight

critical care patients during rounds. Not only does the nurse practitioner develop the plan, he or she then carries out specific parts of the plan including performing invasive procedures such as inserting central and arterial lines, ordering treatments and medications, coordinating care with other medical specialists and consultants, and adjusting the plans when needed. He or she also must quickly assess the status of new patients who arrive.

"There can be multiple patients having multiple issues at once, and you really need to prioritize to help very quickly," says Tammy Slater, DNP '11, ACNP, lead nurse practitioner for the Cardiac Surgery Intensive Care Unit. "The nursing staff is also looking to you as the expert. You're making the assessments and you're making decisions. You may not always have the answers, but you need to find out how to get them."

"You have to be very level-headed and think on your feet when a patient is coding and crashing," says Cathy Barenski, MSN '03, BS '98, ACNP, lead nurse practitioner in the Weinberg Intensive Care Unit. But in the end, "you're working with patients and family members during one of the most difficult times they'll ever face. Being there to support them is a privilege." ■

On the Run

ED Nurse Laces Up to Help Homeless

by Jennifer Walker

Last January, Amy Hoffmann, BS '10, RN, a three-time participant in the Marine Corps Marathon, went out for her first 5:30 a.m. run with Back on My Feet (BoMF), a nonprofit organization that helps homeless populations increase confidence, improve strength, and move into self-sufficiency through running. This was one month before she started working as a nurse clinician in the Adult Emergency Department. Hoffmann says it works out well that these two important aspects of her life coincided; she gained a new perspective that she could take to her nursing practice.

At the hospital "we serve everyone, including people who are experiencing homelessness," she says. "Now when I get to know these patients, I'm thinking of ways we can break this cycle of homelessness. Back on My Feet made me feel empowered to say, 'I've seen success before.'"

Hoffmann has been particularly inspired by Steven, a BoMF teammate who lives at one of the five Baltimore shelters with BoMF teams. Steven is a broad man that others may not qualify as athletic, but he ran the Baltimore half marathon this past October. He also recently earned his GED and has plans to take college classes. In September Hoffmann attended his graduation from the shelter's twelve-month recovery program, where she listened to him encourage others who are also in recovery. "He's so dedicated to changing his life," she says. "His positive energy spills forth. It inspires me."

BoMF, which is currently active in nine cities, is always looking for members of all athletic abilities. "The first morning you can expect that you're going to hug strangers, that you're going to be welcomed with open arms, and that you're going to enjoy yourself," Hoffmann says. "You can't help but get excited to get out, even at those really early times, to get your blood flowing and have those conversations. There's just no feeling like it." ■

CHRISTOPHER MYERS

Amy Hoffmann (right) gains new perspectives for her nursing practice by running with her Back on My Feet teammates such as Steven (left).

Family Matters

Creating a Culture of Patient- and Family-Centered Care

by Rebecca Proch

During rounds in the Weinberg Intensive Care Unit (WICU), nurse clinician Rhonda Wyskiel, BSN, RN, noticed that visiting family members often sat in the corner in patients' rooms, reading or watching television. She thought they seemed anxious and uncertain about what to do while she provided care. "I started asking them to assist me, like turning the patient or applying lotion. Families responded to that."

Wyskiel saw an opportunity to more formally involve families in their loved ones' care. She began conversations with the unit's nurses, developing an engagement exercise that asked them to picture themselves in the hospital bed and list the top ten things they'd want their healthcare providers to do. "Overwhelmingly, I heard having the families at the bedside and engaged in their care," she says. Next, she talked to patients' families and asked if they were helping with any aspects of care, and what they'd be interested in doing. Most families, she found, were very interested in being engaged but were not currently helping the nurses.

WILL KIRK

Using the family involvement menu, WICU nurse Janelle Weber, RN, engages family members in their loved one's care.

The outcome of Wyskiel's project is a family involvement "menu," a laminated checklist placed in every room of the WICU, which describes ways family members can be involved. The bedside nurse reviews the list with them to answer any questions, and the family can mark anything they feel comfortable doing, such as walking with the patient, feeding them, or assisting with grooming. When a patient's family is engaged in this way, notes Wyskiel, they are often better able to notice any changes in condition and are therefore more likely to bring them to a nurse's or physician's attention.

"It gives us new insight into what's normal for that patient," she says. "We used to think about patient safety as separate from family-centered care, but now we see having the family present is tied to safety."

"When you include patients and their families at the center of care," says Deborah Baker, DNP '11, MSN '97, Accel. '92, CRNP, director of nursing in surgery, "it's clear that everything is interdependent—patient safety, patient comfort, patient- and family-centered decision making."

Baker, who has taken the lead on a gap analysis project to assess patient- and family-centered care in the Department of Surgery, and, specifically, the degree to which patients are included in discussions of their care plans, points out that there are many aspects to a truly patient-centered culture. Some are logistic: Is there sufficient signage? Are the bed chairs provided for visitors comfortable? "Based on patient-satisfaction surveys, we discovered that patients were often confused about who was in their room—was that a nurse, another healthcare provider, or support staff?" she says. "By simply standardizing staff apparel, we will be able to eliminate a lot of confusion."

For Margie Burnett, BSN, RN, CNRN, nurse clinician on Meyer 8 and clinical informatics lead in the Department of Neuroscience Nursing, one practical discovery made by the Family Engagement Committee she chaired was to ensure all patients received the same information upon admission. The solution was to develop a four-minute patient-orientation video shown to all new patients.

Burnett's inspiration for forming the

Committee, and its purpose, was to learn what prevented nursing staff from engaging with patients' families at the bedside. While time constraints were a factor—and the video was partly intended to help streamline the tasks involved in orienting new patients—another obstacle was anxiety. "Nurses worried about not having the answer to a family member's question," says Burnett. "They were concerned about handling complaints, wondering if they'd be prepared for everything they might encounter."

She feels it's critical to support nursing staff as they're encouraged to engage with patients' families, to foster those connections, and to evaluate work flow to make it easy for staff to balance technical work with the caring aspects of nursing. Wyskiel points out that she was able to implement the family involvement menu partly because she's in a unit that's been actively committed to patient- and family-centered care since it opened a decade ago.

Baker emphasizes the need to address the total culture of a unit in order to put patients at the center of care. "We spent a year just sharing these core concepts of patient- and family-centered care," she says. "We had to be using the same vernacular. What does it mean to say respect and dignity are important to patient care? Now, we're focused more on behaviors. What does it look like to be patient-centered in the course of your work?"

A retreat on the "Language of Caring," held in September, addressed an important aspect of patient-centered behaviors: communication style. Attended by nursing leaders and nurse "champions" who will be peer trainers for their units, the full-day intensive workshop led participants through discussion, role plays, and interactive learning to allow them to practice speaking "from their hearts and heads," says Joann Ioannou, DNP '09, MSN '05, MBA, RN, assistant director of medical nursing, who worked with Baker on the gap analysis survey. "They're learning to say things like, 'I'm sorry you're in pain right now. Tell me about the pain so we can discuss it with your physician.' It's not giving the patient different information, just phrasing it in a more empathic way."

"Our communication skills have to be as strong as our clinical expertise," says Baker. "This is evidence-based practice, a set of seven or eight tools that allow us to develop a culture of understanding."

Burnett sums up what's at the heart of that culture: "Every visitor is somehow important in a patient's life. We need to understand who they are to the patient, and we need to build trust and a rapport," she says. "It's those things that make the patient experience personal." ■

ABC'Skin Holds It All Together

Nurses Use Evidence-based Practice to Reduce Pressure Ulcers

by Susan Middaugh

Organizational culture related to pressure ulcer prevention has undergone a positive transformation at Johns Hopkins Bayview Medical Center. Under nursing administrative directives and the leadership, mentoring, and clinical expertise of Rachel Moseley, BSN, RN, and Cindy Walker, BSN, RN, both certified wound/ostomy care nurses, skin care has been uplifted to that of airway, breathing, and circulation.

In 2009, the National Database of Nursing Quality Indicators (NDNQI) statistics indicated that Hopkins Bayview's rate of hospital-acquired pressure ulcers was higher than the national average for similar-sized teaching hospitals. This news coincided with an expectation from Mary Ann Greene, DNP '09, RN, NEA-BC, director of nursing for nursing professional development, that all of her staff develop an evidence-based practice (EBP) project based on a literature review of research and best practice.

Working in parallel and motivated by a desire to have a positive impact on patients' lives, Moseley and Walker focused their projects in the area of nursing care that needed attention and was within their purview: pressure ulcers. "We wanted to improve our pressure ulcer rates and patient satisfaction," says Walker.

Pressure ulcers can range from superficial areas of redness to full thickness wounds that extend to the bone. These wounds can significantly affect a patient's quality of life. Patients most likely to be affected by pressure ulcers are often immobile, malnourished, incontinent, diabetic, or lacking in sensation. "Prolonged hospitalization puts these patients at risk and makes them vulnerable to multiple infections," says Greene.

Collaborating with the Surgical Advisory Board comprising of nursing leadership, Moseley found that the support surface protocol then in place created barriers for the nursing staff. A chart review showed a significant time lag between finding a patient at risk for developing pressure ulcers and placing that patient on the correct surface. At the time, Hopkins Bayview used many different types of mattresses, depending on the patient's condition. The protocol required the patient to be removed from their current mattress and have a new rental mattress placed. This change may be uncomfortable for the patient and time-consuming and labor-intensive for the staff. Through a literature review, Moseley found that no evidence supported the use of one specific type of mattress over another for the prevention of pressure ulcers.

Pressure ulcers can range from superficial areas of redness to full thickness wounds that extend to the bone. These wounds can significantly affect a patient's quality of life.

Replacing the hospital's mattresses seemed to be a solution. But Moseley dug deeper. Using a survey, she sought the expert opinion of her peers at Magnet hospitals along the eastern seaboard to determine the best-performing mattresses. She also researched cost. According to the American Journal of Surgery, the average hospital cost for eleven patients with stage IV pressure ulcers and related complications was $129,248 for hospital-acquired ulcers during a single admission. These figures helped Moseley make a business case for the procurement department to replace all 228 of the medical-surgical unit's mattresses in favor of one standard type of mattress that can accommodate most patients, including those with stage I and stage II pressure ulcers. She estimates that this change will save the hospital $300,000 over a five-year period. Hopkins Bayview will continue to rent special mattresses for those with stages III and IV pressure ulcers and for those with paraplegia or quadriplegia.

Walker, meanwhile, working with the Medical Advisory Workgroup, developed a skin care bundle that coordinated with the Braden Scale—a commonly used tool that assists in identifying patients at risk for pressure ulcers. The streamlined pressure-ulcer prevention protocols included specific prevention interventions if the patient was found to be at risk for developing pressure ulcers according to the Braden Scale score. The skin care bundle was based on EBP, involved multiple disciplines, and reformatted electronic documentation screens.

Less than a year after introducing the new skin-care bundle in January 2010, the prevalence of pressure ulcers among Hopkins Bayview patients has declined by an average of 6.49%. Moseley and Walker attribute this positive outcome to a number of initiatives, including comprehensive staff education and an awareness campaign that was rolled out to all nursing units. The campaign was built on the fundamental ABC (Airway, Breathing, Circulation) protocol that's been around for decades. To that the Skin/Wound Resource Team and its champions added an "S" for skin and distributed buttons imprinted with the slogan, "ABC'Skin Holds It All Together" as a visual reminder to follow the new protocol.

The Resource Team also offered in-service training to the Physical and Occupational Therapy, Respiratory Therapy, and Escort Service departments. "We wanted to get away from the idea that nursing was solely responsible for patients' skin care," says Moseley. As a result of the increased awareness, Respiratory Therapy ordered new gel masks and ear protectors

and Physical and Occupational Therapy received education on the various types of seat cushions and wheelchairs available. Hospital dietitians are also working to communicate nutritional deficits and educate patients and their caregivers about prevention. The Team has also had a ripple effect in creating awareness throughout the hospital. "Now, there's more communication between teams," says Walker.

Another positive outcome is the recognition their work has received. Moseley and Walker gave a presentation through a nationally broadcasted webinar, received poster awards related to evidence-based practice, and presented at the Maryland Nurses Association annual convention in Annapolis. In addition, their work is being highlighted in the revised edition of *Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines*.

Despite these accolades, the two wound/ostomy nurses are most proud of what Moseley describes as "weaving an awareness of patient safety and skin care throughout our culture." Feedback about the new mattresses has also been gratifying. As one patient told her, "This is the most comfortable hospital bed I've ever been in. Do you have it in queen size?" ■

CHRISTOPHER MYERS

When Mary Ann Greene (center) asked nurses to develop projects using evidence-based practice, wound/ostomy care nurses Cindy Walker (left) and Rachel Moseley (right), focused their projects on improving pressure ulcer rates and patient satisfaction.

Establishing a Continuity of Care for Older Adults

Sibley and Suburban Hospitals Collaborate on NICHE Program

by Susan Middaugh

A red straw in a clear plastic cup. Telephones with large numbers. A splash of color in bathrooms and hallways to help patients differentiate one surface from another and to prevent falls.

"Simple additions like these can improve the inpatient hospital experience of adults age 65 and older," says Denise Carlson, MBA, RN, who directs the adult medical unit at Suburban Hospital. On average, 70 percent of the patients in her unit are age 65 and older and 30-32 percent are 85 and older.

To provide better outcomes and patient-centered care for older adults, Suburban and Sibley hospitals are collaborating on a national multidisciplinary program called NICHE (Nurses Improving Care for Healthsystem Elders). NICHE was developed by the Hartford Institute at New York University College of Nursing and has since spread to 300 hospitals in 40 states and Canada.

The rationale for this partnership is that both hospitals in the Johns Hopkins system have similar demographics. They share a home health agency and the same goals. "Together we're looking to develop and apply a consistent standard of care for these patients," says Joan Vincent, MSN, MS, RN, senior vice president for patient care services and chief nursing officer for Sibley.

Both hospitals have achieved NICHE-designated status and assembled a leadership team committed to developing an expertise in geriatrics. Their long-term objectives are ambitious: to raise patient satisfaction and promote continuity of care between their hospitals and other community settings, and to reduce hospital-acquired conditions and complications that increase length of stay and inpatient costs.

There's a lot at stake and more work to be done. "It will be a challenge to establish a baseline and measure cognitive and physiological functions for this population," says Vincent. "Older adults have fewer physical and emotional reserves. They may be healthy when they enter the hospital, but it may only take one event for them to spiral downward."

Staff awareness, especially at the bedside, is critical, and Sibley and Suburban are emphasizing education. All nursing staff must be trained in the basics of providing care for older patients, and a cadre of older adult champions must be identified and created. Eventually, the goal is to have certified geriatric resource nurses as the go-to experts at each facility. But first someone has to evaluate what each nursing group needs in terms of course content and training. At Sibley that person is Edie Fowlkes, RN, who works in the Emergency Department. To answer those questions, Fowlkes, a member of the NICHE team, is taking NICHE training herself.

She can foresee situations where NICHE training could help. "The medication needs of an 85-year-old may be very different from a 55-year-old," explains Fowlkes. "As patient advocates, nurses may be in a position to speak to the prescribing physician and recommend some adjustments."

"This program has been a call to action for all of us," says Barbara Jacobs, MSN, RN, Suburban's senior director of nursing and chief nurse officer, describing one initiative in a pilot program at the hospital. Patients on the adult medical unit there, including those with dementia, are now more active. "We have them playing cards and using exercise balls," says Carlson. "One day, two of our male patients, ages 100 and 84, were singing in the hallway." Keeping patients occupied during the day offers a double bonus: it has reduced the number of falls on the unit as well as patients' social isolation.

To teach members of her staff what it's like to be older, Carlson uses role play, storytelling, and props, such as eyeglasses that simulate a detached retina and ear plugs. "When one of my younger nurses put on the cataract glasses, her posture and her whole demeanor changed," says Carlson. "She couldn't identify the food in front of her and had trouble distinguishing medications."

At Sibley, the NICHE training has also been a catalyst for change.

Multi-disciplinary teams from Sibley and Suburban Hospitals work together to bring improved and enhanced care for the older adult patient.

"We're building a new hospital and renovating the orthopedic floor in the current facility," says Dianne McCarthy, MS, director of Sibley's Center for Rehabilitation Medicine and an interdisciplinary member of its NICHE team. Plans for the new lobby had initially included a two-toned floor but the design posed a potential safety problem for older adults with impaired vision. As a result, the plan for the two-toned floor was discarded.

Both hospitals also recognize the positive impact that NICHE can have on recruitment and retention. "My nurses are taking greater pride in their work as a result of the NICHE training," Carlson says. McCarthy agrees. "My staff is very excited about getting more training and working with nursing. Becoming a specialist is attractive to the whole team of physical, occupational, and speech therapists," she adds.

Early next year, Sibley and Suburban plan to conduct a comprehensive survey called the Geriatric Institutional Assessment Profile. Susan Ohnmacht, MSN, MS, RN, Sibley's associate chief nursing officer and director of critical care, says the 152-question survey will measure nurses' attitudes, perceptions of the strengths and limitations of the hospital to provide care for older patients, and knowledge of institutional guidelines and best practices regarding issues such as pressure ulcers and sleep disturbances for older patients.

Based upon feedback from patients on Suburban's medical unit, NICHE promises to be a success. "Admission into the hospital can be the worst time in people's lives," says Carlson. "Now, all I ever hear from patients is, 'We feel like we're family.'" One male patient demonstrated that recently by sending the staff 100 roses. "The nurses are happy too," she adds. ■

Racing Against the Clock

Stroke Program Coordinator Makes Statewide Impacts

Time is of the essence when an individual experiences stroke or cardiac symptoms. The sooner the patient seeks treatment, the sooner appropriate care can be administered, thus helping prevent further damage and encouraging a positive recovery. Taking the lead to improve outcomes for stroke as well as cardiac patients is Howard County General Hospital's (HCGH) stroke program coordinator, Susan Groman, BS, RN.

As HCGH's stroke program coordinator—a program she helped create—Groman is instrumental in increasing the hospital staff's knowledge and the general public's knowledge about stroke and stroke risks. She schedules physicians to give educational presentations and participates in the Wellness Center's (HCGH's community education program) health promotion events such as blood pressure and carotid artery screenings. By working together, Groman and the Wellness Center brought the American Heart Association's (AHA) Stroke Ambassador Program to the county, which provides outreach and education to the public.

Her ongoing work with Howard County Fire and Rescue Services has enhanced an already outstanding collaborative relationship and helps ensure that the Emergency Medical Services (EMS) teams are properly trained and that the processes between the EMS crews and the Emergency Department (ED) are efficient and effective for stroke and heart attack patients. She revised an existing radio report form completed by ED staff when the EMS crew calls with information about a patient. Her revised form includes specific protocols about stroke and heart attack. Careful review of these forms allows Groman to provide feedback to the EMS crews and ED staff as well as track critical information and further improve procedures. In fact, the model Groman developed has been put forth by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) as a model for other Maryland hospitals.

WILL KIRK

Stroke program coordinator, Susan Groman, works to improve outcomes for stroke and cardiac patients.

Groman also joined with her colleagues throughout Maryland to establish the Maryland Stroke Coordinator Consortium, of which she is the current co-president. Consortium members share information about best practices and work to make sure stroke data is collected uniformly throughout Maryland for the AHA's Get With The Guidelines®–Stroke (GWTG) program. The GWTG program helps hospitals across the country improve outcomes in stroke patients by ensuring that stroke care provided is based on the latest scientific guidelines.

Under her guidance, HCGH has been recognized by the AHA with GWTG Bronze, Silver, and Gold Plus Performance Achievement Awards. It also received the Primary Stroke Center designation from the MIEMSS in March 2008. "Her efforts have ensured that HCGH meets or exceeds the standards for stroke treatment," says Debbie Fleischmann, MPA, RN, director of education and professional development at HCGH.

Groman's efforts, from educating the residents of the county about stroke warning signs and ensuring prompt treatment by EMS and ED staff to encouraging patient rehabilitation and running stroke survivor support groups, have also ensured that stroke and cardiac patients across the state have a much better shot at rapid treatment—and significant recovery. ■

CLOSTRIDIUM DIFFICILE INFECTION: WHAT NURSES NEED TO KNOW

The goal of this continuing education activity is to provide nurses and nurse practitioners with knowledge and skills to recognize and manage a Clostridium difficile infection (CDI). After reading this article, you will be able to:

- Identify risk factors, signs, and symptoms of a CDI
- Describe goals of care for a patient with CDI
- Describe evidence-based nursing and medical management of a CDI

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Clostridium difficile (*C. difficile*) is a well-recognized causative agent of healthcare-associated infectious diarrhea. The incidence and severity of CDIs are increasing,[1–6] as documented by outbreaks of particularly virulent and drug-resistant strains.[3, 4, 7] A CDI often leads to prolonged hospitalization and significant financial burden.[8, 9] In an effort to curb these disturbing trends and the enormous burden of disease, The Joint Commission identified the implementation of evidence-based practices to prevent multidrug-resistant organism infections as a 2011 National Patient Safety Goal (NPSG.07.03.01). Nurses are critical to the successful implementation of this goal, and to the proper management and care of patients diagnosed with CDIs.

What is *C. Difficile*?

C. difficile is an anaerobic gram-positive bacterium that produces spores resistant to heat, drying, and many antiseptic solutions. They are viable outside the gut for five months or longer.[6, 10] *C. difficile* is transmitted from person to person by the fecal-oral route. The virulence of the bacteria and spore resilience makes a CDI one of the most contagious diseases in healthcare facilities.

The Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) define the typical case presentation of a CDI as follows:

1. The presence of diarrhea, defined as passage of three or more unformed stools in 24 or fewer consecutive hours;
2. A stool test result positive for the presence of toxigenic *C. difficile* or its toxins, or colonoscopic and histopathologic findings demonstrating pseudomembranous colitis.[4]

A CDI usually occurs in the presence of ongoing or recent antibiotic therapy or chemotherapy. CDI symptoms typically present within one to two weeks of antibiotic or chemotherapy exposure, but may present as early as one day post exposure to as late as three months post exposure. A patient with a CDI experiences a proliferation of *C. difficile* in the large intestine, which produces toxins A and B, leading to gut inflammation, fluid and mucus secretion, and colitis. A patient with a severe CDI may also present with fever, abdominal discomfort, and leukocytosis. A CDI ranges in severity from mild diarrhea to fulminant colitis, toxic megacolon, and death. Management depends on symptom severity. It is important to note that some individuals are asymptomatic carriers of *C. difficile*, which does not warrant routine screening or treatment.[4, 6]

What Are the Signs and Symptoms of a CDI?

Patients who present with a new onset of diarrhea as described by the SHEA-

Table 1
RISK FACTORS

Treatment Factors

- recent antibiotic exposure—particularly clindamycin, cephalosporins and fluoroquinolones
- recent chemotherapy exposure
- proton pump inhibitor exposure
- prolonged tube feeding

Medical Factors

- neutropenia
- immunosuppression
- history of CDI
- GI comorbidity
- critically ill patients
- recent surgery

Environmental Factors

- recent exposure to healthcare facility (particularly prolonged exposures as in an inpatient or long-term care facility)
- recent co-habitation with a patient diagnosed with a CDI

Other Factors

- advanced age
- non-newborn hospitalized infants <1 year old

Table 2
CLOSTRIDIUM DIFFICILE INFECTION (CDI)

Treatment

- **STOP ALL ANTIMICROBIAL AGENTS WHENEVER POSSIBLE.**
- Oral therapy must be used whenever possible as the efficacy of IV Metronidazole is poorly established for CDI and *there is no efficacy of IV Vancomycin for CDI.*

Treatment depends on clinical severity

Infection severity	**Clinical manifestations**
Asymptomatic carriage*	*C. difficile* antigen or PCR positive without diarrhea, ileus, or colitis
Mild or moderate	*C. difficile* PCR positive with diarrhea but no manifestations of severe disease
Severe	*C. difficile* PCR positive with diarrhea and one more of the following **attributable to CDI**: • WBC ≥ 15,000 • Increase in serum creatine >50% from baseline
Severe Complicated	Criteria as above plus one or more of the following **attributable to CDI**: • Hypotension • Ileus • Toxic megacolon or pancolitis on CT • Perforation • Need for colectomy • ICU admission for severe disease
Infection Severity	**Treatment**
Asymptomatic carriage	Do NOT treat; treatment can promote relapsing disease
Mild or moderate	• Metronidazole 500 mg PO/NGT Q8H Unable to tolerate oral therapy • Metronidazole 500 mg IV Q8H (suboptimal; see note at start of CDI section)
Severe	• Vancomycin solution 125 mg PO/NGT Q6H
Severe Complicated	• Consult surgery for evaluation for colectomy and ID • Vancomycin solution 500 mg by NGT Q6H PLUS Metronidazole 500 IV Q8H Unable to tolerate oral therapy or complete ileus • Vancomycin 500 mg in 100 ml NS Q6H as retention enema via Foley catheter in rectum + Metronidazole 500 mg IV Q8H

* ≥50% of hospital patients colonized by *C. difficile* are asymptomatic carriers; this may reflect natural immunity.
Reproduced with permission from the Johns Hopkins Antibiotic Management Program.
Johns Hopkins Medicine. (2010). *Antibiotic guidelines: Treatment Recommendations for Adult Inpatients*. Retrieved from www.insidehopkinsmedicine.org/amp.

IDSA definition, or with a marked increase in unformed stool output from baseline, and have at least one of the risk factors associated with a CDI (see Table 1) should be tested for C. *difficile*. On rare occasions, C. *difficile* presents with an ileus, and the patient has no stool output. Nursing staff must perform focused gastrointestinal (GI) assessments on patients at risk for CDIs. Providing prompt medical team notification of symptoms consistent with a CDI allows for early identification of infection, quick initiation of treatment and supportive care, and precautionary isolation measures to reduce the risk of transmission.

How is a CDI Managed?

When caring for a patient with a confirmed CDI, nurses should employ the same protocols as they would when caring for a patient with any GI disease, contagious illness, and diarrhea. Patient assessments should be focused to identify any complications of the disease: the nurse should check to see that the abdomen is not newly firm or distended; stool output should be carefully monitored for any increase in frequency or sudden cessation; the character of the stool should be evaluated for the presence of blood; and the patient's nutritional status should be assessed

through electrolyte and metabolic panel monitoring. If the patient is incontinent or immobile, the nurse should make extra effort to maintain perianal skin integrity and hygiene by cleansing with soap and water and should avoid using topical agents on the patient that have the potential to seal in spores, such as pre-packaged cleansing wipes.

Although pharmacologic and medical treatment selection is determined by the provider, nurses should be well-informed of optimal, evidence-based treatment algorithms for C. *difficile* to effectively partner with providers. Table 2 shows The Johns Hopkins Hospital (JHH) 2010 CDI treatment algorithm,[11] which is grounded in IDSA-SHEA guidelines. CDI treatment is based on severity of the disease. Goals of pharmacotherapy are to ameliorate symptoms and prevent transmission by eliminating C. *difficile* in the gut.[12]

Some experts suggest that initial management of a patient diagnosed with a CDI is simply to discontinue the offending antibiotic combined with supportive measures. They also suggest that antibiotic intervention may not be necessary for a mild CDI.[6, 10] Pharmacologic management—typically metronidazole, vancomycin, or a combination of both—would be selected according to patient presentation and response. Generally, metronidazole is a first-line medication for a mild-moderate CDI, but if the patient suffers from a severe or complicated disease, the provider may bypass metronidazole and treat with vancomycin or a combination of the two.[6, 10-13] Oral pharmacological therapy is the preferred route of administration as evidence of efficacy of intravenous (IV) antibiotic treatment for a CDI is limited.[11, 12] Antimotility agents, including narcotics, should not be used.[12]

As many as 25% to 35% of patients will experience recurrent CDIs. Evidence of the best treatment for recurrent CDIs is limited. Many experts believe patients with recurrent CDIs will respond to another round of antibiotic therapy,[12,14] although this practice may ultimately lead to increased antibiotic resistance. Other clinical experts support fecal bacteriotherapy (stool transplant from a healthy donor into the GI tract of a patient) as an alternate to antibiotic therapy.[15] Until more evidence is available on the best treatment approach for recurrent CDIs, providers should select medical interventions based on patient history and presentation.

How Can *C. Difficile* Transmission Be Prevented?

Nurses play a critical role in preventing C. *difficile* transmission. Spores are transmitted from patient to patient via improperly sanitized hands and also through the use of contaminated shared equipment. Meticulous hand hygiene—using soap and water—and strict adherence to isolation protocols are therefore the foundation for effective C. *difficile* transmission prevention. Handwashing and strict isolation should be observed when caring for patients even after resolution of CDI symptoms, as they are still capable of shedding spores long after clinical symptoms subside. It is important for nurses to communicate with their institutional epidemiology staff to determine appropriate duration of isolation for the patient with a current or prior history of CDI on a case-by-case basis. Also, nurses must be careful to clean equipment that is shared between patients, and partner with housekeeping services to effectively clean areas of potential contamination. Typically, regular active cleansing ingredients in hospital disinfectants are quaternary ammonium compounds and do not kill spores. The Centers for Disease Control (CDC) currently recommends using hypochlorite-based germicides, such as bleach-based solutions, for cleaning C. *difficile*-contaminated environmental surfaces and equipment.

What Should Patients and Families Be Taught About *C. difficile*?

All patients infected or colonized with C. *difficile* must be educated about this bacterium, proper disease management, and transmission prevention. The nurse should use patient-centered communication—free of jargon and appropriate to the patient's health-literacy level. It is best to use multiple delivery methods to share information such as printed hand-outs, face-to-face discussion, and hands-on demonstration. The Joint Commission recommends using the "teach-back" and "show-back" methods to educate patients; that is, ask the patient to "teach back" the information provided or demonstrate understanding by "showing" a skill such as handwashing or proper donning of isolation equipment. The Joint Commission requires that multidrug-resistant-organism patient-education topics, education methods, and the assessment of efficacy of training be documented in the medical record.

Key Points

C. *difficile* is an increasingly common and virulent microorganism. CDI incidence is rising and starting to affect populations previously considered low-risk. Nurses need to integrate CDI knowledge and assessment skills into their practice to combat the international epidemic of multidrug-resistant organisms.

This 1-hour educational activity (which includes 0.5 of pharmacology hours) is provided by the Institute of Johns Hopkins Nursing. Contact hours will be awarded until December 19, 2013.

For a full list of references for this article, visit www.nursing.jhu.edu/ce.

Cathy Peters Jones '61, Pat Hargest Moore '62, Michele Benjamin.

Bonnie Meier Dahlke '61, Gail Woolston Nuetzel '61, Madelon Henderson Ceman '61, Constance Lehman Clark '61, Nancy Krouse Kraus '61, Anne McAlpine Cowan '61.

Alumni We

Samantha Schneider '13, Caitanya Min '13

Karen Ball '95, Leslie Wirth Kemp '95, Nancy McAleer '95.

Rose Ann Rufener Taylor '61 and Judy Jann '61.

(l to r): Emily Pavetto '13, Lisa Kowal, 17-month Accel. '06, Melissa Rheinfeld, '13.

Emogene Fisher Martin '46 and Elsie Peyton Jarvis '47.

JoAnn Coleman, DNP '10, Jamie Kelley, Dean Martha N. Hill '64.

ekend 2011

Jane Hilker Morison '56, Betty Stehly Cantrell '51, Karina Grant '13, Amie Scott '12, Emily McWilliams '13.

Bernie Keenan '86, MSN '93, Melinda Rose

Kay Kaufman, '61, Evelyn Boswell Krebs, '61, Elizabeth Hull, '61

Lois Grayshan Hoffer '62, Rene Rubenstein Shumate, Accel. '91

Alumni Update

Tina Cafeo, MSN '97, RN
President, JHNAA

The Alumni Association has had a good year. I'm pleased to report that more than 140 alumni have volunteered for our mentoring program and will assist students by listening and encouraging them in their development to become Hopkins nurses. We hope these friendships increase the students' confidence as they gain the unique leadership qualities of a Hopkins nurse.

The selection process to fill the director of alumni relations position is currently underway. James Kelley, the new associate dean for development and alumni relations, is committed to making sure the Alumni Association provides programming that keeps all alumni engaged and connected.

I also want to let you know that the University Alumni Association has formed a strategic planning group to consider new ideas for the future. This is the perfect opportunity to evaluate our own activities and consider how to engage future graduates.

In September, we held our annual Alumni Weekend. This year, in addition to reconnecting classmates and fellow graduates, we celebrated three milestones: the 20th anniversary of our Returned Peace Corps Volunteer Program, the School's #1 ranking among nursing school graduate programs by *U.S. News & World Report*, and the #1 ranking for our Community/Public Health master's programs.

On the following pages, you can read about the weekend's many activities. As you view photos from the events, I hope it brings to mind fond memories of your own classmates and nursing school days. If you did not attend this year, we would love to see you next year. We are considering hosting a nursing symposium during Alumni Weekend with a number of presentations from which to choose. We have also discussed hosting an alumni service outreach project that could include wrapping up the day with an alumni reception. These are just suggestions and we want to hear from you! We value your input so please let us know what activities you would like to see continued or added to Alumni Weekend. Send me your comments and ideas at jhnaa@son.jhmi.edu.

This is our alma mater, and I hope you will join me and the rest of the Board of the Alumni Association to make it as successful as possible. I challenge all alumni to bring a friend and attend next year's festivities. Please unite with us, choose to stay connected, and continue the legacy of Hopkins nursing.

Finance Committee Report

Paula Kent

Sept. 24, 2011

Although our interests are to support student activities and professional growth at the School of Nursing, we have tightened our budget this year and assumed a financially conservative position. This has helped us recover from some market losses during the past two to three years. We expect this to continue, and we will re-evaluate our ability to support student activities and scholarships each year. Our portfolio is reviewed each spring by the Alumni Board with our Chesapeake Advisor.

The Alumni Weekend activities for 2011 have been planned and carried out by many alumni on the Committee and the Board. Although many receipts are still outstanding for services provided, every effort has been made to be cost-effective. Some changes are anticipated for next year based on declining numbers.

The numbers for Alumni Weekend 2011 are as follows:

Education Program – 39
Cocktail Reception – 113
Saturday Morning Meeting and Presentation – 96
Luncheon – 139
Happy Hour in Fells Point – 23

Some increased expenditures have occurred again in this financial cycle. They include charges for the school pin which is used at several special events for graduating nurses. The commitment to continue this practice is considered valuable in maintaining a relationship with our student body and helps to communicate the overall purpose of the Alumni Association. Other increased charges include purchasing some additional pages in the *Johns Hopkins Nursing* magazine, as there have been many changes with the Alumni Association this past year.

The Alan Mason Chesney Medical Archives Annual Report

Phoebe Evans Letocha

September 24, 2011

The Alan Mason Chesney Medical Archives thanks you for your continued support of the Archives's ongoing work to process and catalogue the Johns Hopkins Nursing Historical Collection and the Church Home and Hospital Nursing Collection. The nursing collections continue to be used by researchers, including students, faculty,

and staff at the School of Nursing; members of the Alumni Association; and historians of medicine and nursing.

This year we have also seen use of the archival holdings by nurses from Phipps who are researching the history of psychiatric nursing at Hopkins as well as various nursing staff and former staff from Pediatrics and the Neonatal Intensive Care Unit from The Johns Hopkins Hospital who are researching their history in preparation for their move to the new Charlotte R. Bloomberg Children's Center building in April 2012.

New material has been added to both collections from a variety of sources. Betty B. Scher '50 continued to volunteer her time working on the index to the Johns Hopkins nurses alumni magazine. She has completed the index of all articles and alumni news notes from 1901-2003, which are now searchable by title, author, subject names, and keyword. The index can be browsed by volume. The index of the magazine is available in the online catalog and will soon be published as a finding aid on our website.

For more information visit www.medicalarchives.jhmi.edu.

CLASS*News*

'46 Class Reporter—**Laura Brautigam June**, *(760) 366-8181. LRJune@roadrunner.com.* H.R. 5483 is still stuck in committee. The resolution would put a medal honoring U.S. Cadet Nurse Corps in the Smithsonian and each cadet could purchase a small one. Contact your representative to urge passage.

Class of 1946

Emogene Fisher Martin attended her 65th reunion with **Elsie Payton Jarvis**, '47. Phone call from **Mona Staska Riley** of N. Hollywood, CA, and had a good letter from **Astrid Johnsen Reiley** of Lake Ronkonkoma, NY. Our class started with 100 members but now we have 36.

'50 Class Reporter—**Betty Borenstein Scher**, *(443) 449-5934, bbscher@comcast.net.* It was nice to see the 10 members of the Class of 1951 celebrate their 60th reunion. As for us, **Janey Shutts Pinkerton** is doing okay with hubby Pinky in their NC senior living facility. As **Janey** writes, they "miss living together, but enjoy seeing each other each day." She also keeps busy running around in her "power-chair!" Not any significant changes with **Ginger Groseclose David** and Don. They are in relatively good health, live in those beautiful woods in northern GA, and it is so nice having a daughter with her family living about 1.5 miles away—a very nice walk. **Cora Lawrence** wrote a note in the summer, hoping the weather was not too hot for us, but having no other big news to share. **Anna Clair Junkin** had some health problems fairly recently but has been recuperating nicely and will be ready to have lunch together in a few weeks. As for me, **Betty,** there is not much new. I still am in enviably good health for our age, do my volunteer work, and had a wonderful birthday weekend during which all four of the children and some close friends were together with me for crabs and a dinner date. Please drop me a line for the Class News for the next issue.

'51 Reporting—**Elizabeth Stehly Cantrell**, *cantrell_e@comcast.net.* Thank you to the efficient 2011 Alumni Weekend Committee for a fabulous Alumni Weekend. What a joy to become reacquainted with the other nine members of the class of 1951 who attended: **Betty Stehly Cantrell**, **Lois Pagoria Gallagher**, **Rose Ghysels**, **Teresina (Terry) Bifano Walton**, **Fran Signorelli Peeler**, **Rosie Mary Burroughs Schulte**, **Gerry Waybright Settle**, **Til Snelling Smith**, **Pris Gray Teeter**, **Bettie Lou Hering Webster**. The festivities began with the Journey to Excellence Leadership Dinner, a well-planned, lovely evening. The seminars we attended the following day were well presented, interesting, and informative. I found the subject material pertinent to my stage in life.

Class of 1951

The Alumni Cocktail Reception gave me an opportunity to chat with current students. They made me aware of how much the School of Nursing has grown and changed in the past 60 years. Saturday coffee with Dean Hill and JHNAA President, Tina Cafeo, was well attended by our local classmates of '51. The coffee was followed by the 119th Annual Meeting. The Alumni luncheon at the Turner Concourse was another highlight of the weekend. How fortunate to be present when the Alumni Association honored Melinda Rose. We have had a rewarding relationship with Melinda. Her efficiency, friendship, and love of her work have made her a real asset to the School. She will be missed. Our class dinner at the Hopkins Club brought back many fond memories. My wedding reception was held at the Hopkins Club. I threw my bridal bouquet from the lovely staircase in the front hall. Thank you for a most enjoyable weekend. We look forward to joining you for our 65th Reunion.

'56 **June Lincicome Critchfield** is having health problems but she is still enjoying swimming, playing bridge, and going to church in her home of Jackson, TN. **Loava Jean Barton Champness** retired after teaching violin and piano lessons and being her church organist for 33 years! **Joyce Higdon Littlefield** is grateful to be up and moving and enjoying her retirement after more than 45 years of working as a nurse. **Mary Drehs** deeply appreciates the education she received at Hopkins and credits this experience with allowing her to go on to open the Intensive Care Unit at the Reading Hospital Medical Center and serve as head nurse for six

In Memoriam

Margaret Terry Knowles '24
Margaret Duff Alexander '39
Anna Buchko Flatley '40
John Flatley, husband of **Anna Buchko Flatley '40**
Sara Neese '40
Zelpha I. S. Malo '41
Dorothy Ford Krieger '46
Elizabeth Putnam Mann '46
Ruth Pennebaker '46
Olive Willson Fink '47
Ruth Patricia Beechwood Bender '53
Mary Louise Brister Burns '54
M. Joan Hagigh '57
Art Gehlbach, husband of **Wendy Gehlbach '61**
Maureen Hilliard Feeser '63
Barbara Fout Eckhardt '68
Connie Taylor '92

years. **Alice Quintavell Talbert** spends most of her time living in South Ponte Vedra Beach, FL, and is very involved with its preservation. **Joan Lloyd Shorb** spends her days gardening, doing aerobics, reading, and spending time with her five children and 12 grandchildren. **Joan Weitz Gardner** sold her big house in Tallahassee and moved into a new and lovely townhouse. But, she still has too much "stuff!"

Class of 1956

'61 Class Reporter—**Wendy Gehlbach,** *(772) 229-0601, wendygehlbach@gmail.com*. On September 29, 1958, 53 young women from 19 states and one foreign country arrived at Hampton House to begin their journey. Three years and many memories, tears, laughs, and lessons learned later, 42 of us (plus five who had joined us from previous classes) graduated from Johns Hopkins School of Nursing on September 18, 1961. Flash forward 50 years: 19 somewhat older women (and 11 appropriately-aged guys) from nine states and one foreign country arrived in Baltimore to celebrate and remember those tears, laughs, and lessons learned. And the bonus? We've added more great memories: the Journey to Excellence Leadership Dinner on Thursday evening, cocktail party Friday evening—where **Dee Burrows** and **Bonnie Dahlke** returned for the first time in 50 years and everyone recognized them, the Saturday meeting where Melinda Rose was given honorary membership in the JHNAA and we were astounded by our class gift of $200,000+, and the luncheon after the Saturday meeting. **Donna Conley**, our reluctant class president, spoke on our behalf, and we received our beautiful medallions. That evening we dined at The Hopkins Club on crab cakes (What else?) and steak to top off an amazing weekend. We look forward to 2016!

Class of 1961

reception for all classes on Friday night held at the School of Nursing gave me a chance to meet **Cindy Rousso Paget**, whom I had not seen since graduation. (We went to different reunion years apparently.) We had delicious appetizers and then went on to Little Italy for dinner. **Cindy** is working part time in Toronto in occupational health and gets down to this area when visiting her son's family in Richmond. She and her husband have another son in Toronto. It was great to share memories and catch up and find that our paths had not been so different! On Saturday I went to the luncheon in Turner and got to participate in the photo shoot. **Mary Bickerstaff** who graduated in spring of '66, **Lois Scarborough** (who still works part time at Hopkins in Occupational Health and Safety), **Cindy**, and I were the only contingent there from 1966. During the lunch we watched the

'66 Reporting—**Anne Warrington Roy**, *anneed@juno.com*. Obviously, a lot of work goes into setting up the receptions, choosing the food, flowers, and generally the venue—and I was happy to be able to be a part of this year's doings. I want to ask now if there is any interest from the class of '66 in having a 50th class reunion. Let's get started now! I am open to at least initiating a list of interested parties for this potential event. Please feel free to contact me. Because of previous engagements, I was only able to attend a few things—the

Class of 1966

Deadline for the next issue of Vigilando: January 23, 2012.

slides on the video which included shots of the class, many of our clinical instructors, and areas of training. It brought home just how many class members were obviously missing. The luncheon was pleasant, delicious, and ended with some of the most incredible melt-in-your-mouth desserts in the world! The tribute to Melinda Rose demonstrated just how much she has done for the alumni over many years and was good to share. I came away with a renewed sense of just how much my time at JHH influenced and enriched my life, and I am grateful and proud to be a Hopkins nurse.

'71 Class Reporter–**Joan Monchak Lorenz,** *(813) 874-2187, joanmlorenz@yahoo.com.* Remember this from the songs for our Senior March: "We've waited oh so long so we could sing this song about our tale of woe and how we want to go. We're sick of wearing blue and starching white caps too and signing out for dates but soon we'll celebrate."? Those of us who gathered for our 40th reunion at the Admiral Fell Inn in Fells Point didn't hold back on celebrating. Did we go to the Friday educational program? No, we had too much to do and see. Here's a snapshot of our activities. **Marcia Wilson Bassity** flew in from Boulder, CO, and we had dinner with **Isabel Shay Milazzo** in Silver Spring before driving to Baltimore. There, we met up with **Jan May Jezyk** and **Janet Amendt Girard** and enjoyed what the new revitalized Fells Point has to offer: shopping at a multitude of specialty shops, some quick meals at the Market, a great meal and superb Sangria at Adela's Tapas Restaurant, rides on water taxis, and ice cream from Maggie Moo's ice cream treatery. **Pam Magnuson**, who flew in from Seattle, met us for the Saturday events at the East Baltimore campus, which included a luncheon at which Melinda Rose was named honorary alum–we will miss her in her retirement. And it was a great honor for me to receive the Heritage Award for doing what I love to do—networking with alums. Winding our way to Shuckers on Saturday night, we were joined by **Nancy Rees MacKenzie** and **Sally Keadle**, who came in from GA. Our lives are busy, and we have many obligations, which may have prevented some classmates from munching on crab cakes and other seafood delights at Shuckers with us. Those who were not there were missed. The seven of us who met at Shuckers agreed that some things don't change: friendships made during a pivotal part in our lives remain strong. We enjoyed each other's company, got caught up on each other's lives, reminisced about our days at The John, watched a PowerPoint which included photos fellow classmates sent, and looked through old yearbooks and a memorabilia notebook. We presented our class gift of $2100 to the School at the business meeting. The Class Reunion Memory Booklet prepared from your contributions will be mailed out soon. I hope to post the PowerPoint on the nursing alumni Facebook page.

Class of 1971

The following Johns Hopkins University Awards were presented at the annual Alumni luncheon:

Outstanding Recent Graduate Award

Rosa M. Gonzalez-Guarda, '05, MSN/MPH, focuses her attention on improving the health of minorities and other at-risk communities throughout the world. She has authored numerous articles and presented her work at a national summit.

Gonzalez-Guarda is currently an assistant professor at University of Miami. She has been selected to serve on the Institute of Medicine and Robert Wood Johnson Foundation Committee with University of Miami President Donna Shalala.

Outstanding Recent Graduate Award
Lara S. Ho, '07, PhD, currently works with the International Rescue Committee and heads the health team that provides support and capacity building to non-governmental organizations providing health services in a post-conflict environment on the Ivory Coast. She is the author and co-author of numerous articles and is a Returned Peace Corps Volunteer from Mongolia. Ho also serves as a board member for Friends of Mongolia in Washington, D.C.

Heritage Award

Joan Lorenz, '71, is the president of Clearly Stated, a company dedicated to writing and editing health-related materials for healthcare professionals and the general public. She has taught throughout her career and her papers on nursing leadership and patient care are well known and used in her field. In 2009, Lorenz received Nursing Spectrum's Regional Nursing Excellence Award in Teaching for her work as a clinical nurse educator at the Bay Pines VA Hospital in Florida and as adjunct nursing faculty at the University of Tampa.

The Outstanding Recent Graduate Award is given to recent graduates of Johns Hopkins (within the last 10 years) for outstanding achievement or service in his or her professional or volunteer life.

The Heritage Award honors alumni and friends of Johns Hopkins who have contributed outstanding service over an extended period to the progress of the University or the activities of the Hopkins Alumni Association.

Class of 1986

'86 **Marijoy (Figueroa) Keenan** works as a case manager in the home health department at Oak Crest Village in Baltimore. She volunteers with the Boy Scouts and enjoys spending time with her husband and four children. **Lauren McKee Heard** was appointed a Federal Administrative Law Judge in 2008 and currently works at the Department of Health and Human Services in the Office of Medicare Hearings and Appeals in Miami, FL.

'91 Accelerated **Rebecca Fishel Mooney** works at an internal medicine practice in Harford County and is homeschooling her three children. **Dara Ann Lawrence** works for Patient First Inc. in MD and loves to be outside and active in her free time. **Rene Rubinstein Shumate** works at The Johns Hopkins Hospital and lives in MD with her husband and two children. **Alvina Long Valentin** lives in Chapel Hill and works for the women's health branch of the NC Division of Public Health. Previously, she was doing public health work in Guatemala from 1997-2003.

'96 Accelerated **Vanessa M. Dunlap** was a school nurse for six years and now works at Kaiser as a pediatric nurse who gives advice and makes appointments for patient families over the phone. She says she sort of misses Baltimore, believe it or not!

'01 **Tonia L. Moore-Davis** is working at Vanderbilt University, School of Nursing in Nashville, TN, and is finishing her PhD from the University of Colorado-Denver. When she has some free time, she loves to quilt and ride motorcycles.

'01 Accelerated Seventeen members participated in an online reunion as emails came from one another giving updates on each person's current employment, family life, and educational achievements. Everyone involved enjoyed it.

For more details and photos, go to www.nursing.jhu.edu/alumni/news.

Class of 2001, Traditional and Accelerated

Melinda Rose Named Honorary Member of JHNAA

After more than 21 years of dedicated service, Melinda Rose retired as the director of the Johns Hopkins Nursing Alumni Association this past September. To recognize her many years of service and dedication to alumni and students, JHNAA members voted to name Melinda Rose an honorary alumna at the Alumni Meeting on September 24 and presented her with the Maltese Cross pin of Marion Watts, Class of 1899.

Rose is the second honorary alumna to receive Watts's pin. Watts, who was known for her public health work and for establishing the Santa Barbara (CA) Visiting Nurse Association, became the assistant to Elizabeth Gordon Fox, American Red Cross public health nursing director, in 1919. After Watts's death in 1940, the pin was given to School of Nursing friend and donor, Louise Cavagnaro, when she became an honorary JHNAA member in 1998. Rose had a fond relationship with "Cavi" until Cavagnaro's death in June 2010. Rose was honored that the pin had belonged to two exemplary JHNAA members.

Melinda Rose Fund

In honor of Rose's accomplishments, **Mildred West Rogers** '67, generously provided a philanthropic contribution to establish the "Melinda Rose Fund" at the School of Nursing to connect current students with alumni—something Rose championed throughout her career.

To support the Melinda Rose Fund: Make your check payable to *JHU School of Nursing* and write "Melinda Rose Fund" in the memo line. *Mail to:* The JHU School of Nursing, Development Office, SON House, 525 N. Wolfe St., Baltimore, MD 21205.

Mildred West Rogers (left) and Melinda Rose

Alumni Weekend 2011 Brings 34 CHH Alums Together

The rain didn't keep away 34 Church Home alumnae from enjoying another wonderful Alumni Weekend. Included in the festivities were three members of the class of 1961 who reminisced about more than 50 years of nursing. Our Golden Honorees were **Evelyn Boswell Krebs**, **Kay Kaufman**, and **Elizabeth Hull**. They were given special golden gift bags and handmade gold bead bracelets. A poem, "It All Begun in '61" was enjoyed by all.

It was a "cousin" celebration for **Yetive Hull Habicht, CHH '66** as she celebrated her 45th and was also there to congratulate her cousin, **Elizabeth Hull**. The class of 1966 had four alums enjoy the day, two members of the class of 1971 celebrated their 40th, and nine members of the class of 1976 celebrated their 35th!

The class of 1976 also presented checks totaling $650 for the Scholarship fund to honor the memory of their classmate, **Howard "Bud" Gaguski, CHH '76**.

Church Home alumni at the annual luncheon.

Farewell to Melinda Rose

It was not easy to bid farewell to our friend, Melinda Rose, who recently retired as the director of the Johns Hopkins Nursing Alumni Association. Melinda consistently went above and beyond to assist CHH alumni since our merger. On behalf of the alumni, Susan Riddleberger and I presented her with a Brighton bracelet and gift bag. The ID-style bracelet had the words "Thank You" engraved in six different languages. A poem was also written for the occasion and read to Melinda.

Keepsakes

CHH Cap: Kay's Caps (516-791-8500 or PO Box 818, Valley Stream, NY 11582). Request School #33.
CHH Pins and Rings: Vince Fino (410-256-9555 or 9650 Belair Road, Perry Hall, MD 21236).
CHH Cap Charm: Tilghman Jewelers (410-268-7855). Comes in silver or gold.
Transcripts: Quinlan Storage (888-416-5353, ext. 7550 or 3907). Contact Aniese Gentry.

In Memoriam
Charlotte Brown Sottile '36
Wilda Walker Mahoney '46
Deborah Ann Miller '68

Class of 1966 Celebrates 45th

A total of nine classmates from the class of 1966 celebrated their 45th at the home of **Pat Goff Mulkey, CHH '66** on September 24. The class—21 in all—has an active email group and there is frequent exchange of news and updates.

Archive News

Two alumnae were kind enough to bring items to Alumni Weekend to donate to the Church Home collection housed at the Alan Mason Chesney Medical Archives. Thank you to **Jane Marks, CHH '76** for donating medical and nursing books and to **Doris Murphy Lytle, CHH '45** for donating a framed counted-cross-stitch picture of The Johns Hopkins Hospital.

We also appreciate the recent donation of a framed picture of Helen Fowler, RN, a beloved longtime Church Home School of Nursing faculty member. This was donated by **Deborah Fretz Witten, CHH '74**.

I am also happy to report that after many requests for help with the archives, **Carolyn Crutchfield, CHH '67** and **Gretchen Ward, CHH '67** stepped up and took time to visit with Phoebe Letocha to learn more about how they can become involved in preserving our valuable and precious memorabilia and archives from Church Home. Thank you **Carolyn** and **Gretchen**!

Send your news and address changes to: Deb Kennedy, 1990 Gulfstream Court, Forest Hill, MD 21050; 410-893-2421, debkennedy29@hotmail.com.

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In Good Hands—Yesterday
A Johns Hopkins Nursing student (far right) works with a Johns Hopkins Hospital nurse to provide care.

In 1963, a Hopkins nursing student's weekly schedule was approximately 40 hours, including classes and supervised practice in the wards of the Hospital, in the outpatient departments, in the operating rooms, and in the public health field, with correlated instruction in each of the services. Students generally practiced during the day; night and weekend assignments were limited.

The photo appeared in a student recruitment brochure published in the 1960s. The nurse's distinctive cap and the Maltese Cross pin at her collar show she was a graduate of the Johns Hopkins School of Nursing.

PHOTO COURTESY OF THE ALAN MASON CHESNEY MEDICAL ARCHIVES OF THE JOHNS HOPKINS MEDICAL INSTITUTIONS

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