In celebration of the 25th anniversary of the Johns Hopkins University School of Nursing and the 120th anniversary of nursing education at Hopkins, the editors of Johns Hopkins Nursing challenged nurse artists to create their vision of the nursing uniform of the future. Pictured here is Robo-Nurse (RN), an “animated, strong, smart, swift, and an ultra-efficient ‘Wonder-Woman,’” according to illustrator Eric Tomakin, a staff nurse in the Johns Hopkins Department of Surgery. In his vision of nursing’s future, “Robo-Nurse (RN) will be every little girl’s (and boy’s) dream profession. Recruitment will be a breeze. They will come in droves. Their destination is assured, and their destiny is defined!”

Check out the OB nurse of the future on the inside back cover.
Features

20  Nursing School 2.0
Baby boomer nurses are moving toward retirement and seeking to share their knowledge with today’s young, tech-savvy nursing students and recent graduates—the late-arriving Gen Xers and so-called ‘Millenials.’ But bridging this “generation gap” will require some serious educational reengineering.

by Mat Edelson

32  They Must be Hopkins Nurses
For more than a year, you’ve been sending us stories in celebration of nursing education at Johns Hopkins. Now, we share with you some of the most touching, humorous, and courageous moments; stories of nurses who show a true Hopkins spirit.

36  Survey Says…
A survey of 1,476 alumni reveals that Hopkins nursing graduates are more highly educated, more highly compensated, and more satisfied in their careers than other U.S. nurses. Survey says… Hopkins nurses live up to their reputation of excellence.

by Kelly Brooks-Staub
**Contributors**

**Mat Edelson** is an award-winning journalist and former director of the Johns Hopkins Health Newsfeed, a nationally-syndicated consumer health radio program. He's the co-author of two top-selling Amazon.com books including the recently released *The Cancer-Fighting Kitchen* (Celestial Arts, 2009). “It’s an exciting time, a period of a great educational research, changes, and improvements where all learning styles are being addressed, but those faculty who don’t adapt, from a career viewpoint, are going to find themselves on the outside looking in,” Edelson says of some of his conclusions after researching and writing “Nursing School 2.0” (p. 20).

**David Fullarton** is a Scottish-born, San Francisco-based illustrator and artist. He has spent most of his somewhat-checkered career attempting to create a piece of artwork that doesn’t have words written on it and wouldn’t be considered “humorous”. So far he has failed dismally. Like many other people, he maintains a website that is his name with “.com” at the end.

The vibrant and widely-collected work of Baltimore-based photo/digital artist **Robert McClintock** is at once attention-grabbing and immediately recognizable. His adopted home, the eclectic city of Baltimore, has been his visual inspiration for the past eleven years. His popular collection of over 300 images titled “Baltimore Seen” spotlights representative landmarks, monuments, neighborhoods, and the well-loved restaurants and bars of greater Baltimore and may be viewed in his studio and gallery in the historic Baltimore waterfront neighborhood of Fell’s Point. McClintock’s colorful, hybrid illustrations—such as the one pictured on the cover of this magazine—combine photography and free hand digital painting to create truly visionary images.

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The fall/winter 2009 *Johns Hopkins Nursing* is printed on Opus Recycled (cover) and Sterling Matte (inside pages) paper.

Environmental impact estimates were made using the Environmental Defense Paper Calculator at www.papercalculator.org.
Welcome to our celebration of 25 years as a division of Johns Hopkins University and 120 years of nursing education at Hopkins. Throughout this issue, we look back at our history and ahead to our next quarter century. You’ll find remembrances through the decades from and about our students, alumni, faculty, and hospital colleagues (“They Must Be Hopkins Nurses,” p. 32); a report from our alumni survey on where Hopkins nurses are and what they are doing (“Survey Says…,” p. 36); and photos capturing the experiences of this year’s Homecoming (p. 54).

Looking toward the future, we explore the generational differences and similarities in yesterday’s and today’s educators and students and how both learn from one another in a rapidly changing, increasingly technology driven environment (“Nursing: The Next Generation,” p. 20). You’ll also see a sidebar in that article about other trends, including the Who Will Care? grant that has created a clinical redesign model, the Clinical/Academic Practice Partnership (CAPP). And, for some light-hearted amusement, be sure to check out what the nurse of the future will be wearing (inside front and back covers).

As we commemorate the past and prepare for the future, these major trends of technology integration in teaching and academic-service partnerships are occupying much of my time and attention and that of our faculty and staff. And, an ever-present trend we cover in each issue of this magazine (Global Nursing, p.16), that permeates all aspects of our work, is global health.

We are not alone. Across the country and around the world, global health has become the hot topic. At Hopkins it is the second most popular undergraduate major in the Krieger School of Arts and Sciences. Among the School of Nursing students, their interest in helping underserved communities and people everywhere grows each year. In response, more and more of our curriculum is taking on a global and community health component, and we now are working with the Carey Business School to link its new Global MBA with our MSN programs.

When we “go global,” we work in communities and institutions both here and abroad to discover, learn, teach, and build collaborations and capacities. When we “go global,” we work in communities and institutions both here and abroad to discover, learn, teach, and build collaborations and capacities.

Global health is the broader umbrella term for what Hopkins and all of America’s research intensive universities can bring—today and tomorrow—to the health of countries, communities, and individuals. By combining the best practices of nursing, medicine, public health, engineering, business, and anthropology, and focusing on both domestic and international collaborations, our approaches become more holistic, integrative, and successful.

As we wrap-up our anniversary celebrations and look toward the next decade, I see global health as not just a hot topic, but the focus for our next quarter century. 2010 is the International Year of the Nurse, serving as the launch year of the UN Decade for a Healthy World (2011 to 2020). Brought about in part through the work of the grassroots, nurse-inspired Nightingale Initiative, these events offer a world forum for those who will be key to the delivery of tomorrow’s global health: nurses.

I call on all of you reading this column to join me in exploring those opportunities and in determining our strategies for the next decade and beyond. Let me know your thoughts and ideas at globalnursing@son.jhmi.edu.

Martha N. Hill, PhD, RN, FAAN, ’64
Dean
Professor of Nursing, Medicine and Public Health
When the Birth Companions were Born

I was part of the original group that formed Birth Companions in 1996–1997 at JHUSON and I was thrilled to read that the group is alive and well. The original group was extremely motivated to provide basic doula care to women in Baltimore, so we arranged to have doula training at our own expense. I then developed a close relationship with a pregnant Baltimore teen, which included weekly home visits, prepared childbirth classes, and being her support person during her delivery. It was an incredibly enriching experience and helped me embark on my now 12 years of labor and delivery nursing.

I think it is wonderful that the nursing program has embraced this ideal to the level of providing a two-credit elective course. It makes me proud, once again, to be a JHU alum.

Megan McLean McIntyre, Accelerated ’97, RNC

Global Connections, India to Uganda

I felt the article [“Our Nurse in Uganda,” p. 18] is inspiring.

I am working as principal of a college of nursing in India. Before this posting, I was working as Nursing Superintendent at Sassoon General Hospital and B. J. Medical College in Pune [India], where I had the opportunity to work in collaboration with a team from the Johns Hopkins Center for Global Clinical Health Education. We had organized a need-based training program, “Nursing Training Curriculum: HIV Practice and Reducing Stigma,” for nurses working at the hospital. It was a very enriching, interesting, and encouraging event in my life. I feel it was because of involvement of the Hopkins team, including Hopkins nurse Lisa Scotti.

This article communicates a somewhat similar result in the case of Uganda. Nurses can play vital role in many crucial situations and to bring about many social economical changes in the society.

If, in my life, I get the opportunity to work in any collaborative activity run by JHU, I will try my best to be part of such activity for developing countries.

I wish success in all the activities of JHU and nurses of Uganda.

Mangala A Joshi
Principal, Sinhgad College of Nursing
Pune, India

Staff Award is SPOT-On

I just received the summer edition of Johns Hopkins Nursing and was delighted to see [Dean Martha Hill] pictured with Eugene Mobley. While I did not know his name until today, I recognized him because every time I visit, he goes the extra mile in terms of greeting me, storing my luggage, and asking if I need assistance. He always makes my visit more enjoyable.

Please pass along my sincerest congratulations for receiving the first SPOT Award! And good for you for recognizing this outstanding staff member.

Gail H Cassell
Vice President of Scientific Affairs,
Eli Lilly and Company
Member, Johns Hopkins University School of Nursing National Advisory Council

More “Men Who Dare to Care”

I enjoyed reading several pieces in the summer 2009 issue of Johns Hopkins Nursing (v. VII, no. II), especially the article about men in nursing, “Meet the men who dare to care,” p. 42-45. Then, as I turned back through the issue I noticed the full-page ad on p. 33, “Johns Hopkins Nursing: Many faces. Countless opportunities.” Only one small headshot at the bottom was of a man.
I could not help but think that it may have been nice to see a smiling man and a smiling woman as the main images on that page. Perhaps future Johns Hopkins Nursing full-page ads can include men in clinical nursing roles, working to break the image of nursing as women’s work, and supporting the recruitment of “men who dare to care.”

Thomas Hill
Librarian, Self Regional Healthcare Medical Library

The editors of Johns Hopkins Nursing are committed to representing the diversity within the nursing profession, and we encourage our advertisers to do the same.

Where are the Class Notes?
I really enjoy reading our alumni publication, however, I was incredibly disappointed that one of the usual components, updates on fellow alumni by year, was not included in our most recent issue.

Since I’m a busy mother of two young children and work part-time, I relish the opportunity to see what my fellow classmates and other alumni are doing. Not including this particular component has really been particularly bothersome.

Please don’t relegate this component to the “chopping block.” I’m confident that I’m not the only alumna who feels similarly.

Cynthia Henry Thurlow ’98, MSN ’00

Like so many other organizations today, the Johns Hopkins Nurses’ Alumni Association has been affected by the economy’s decline and is doing its best to cut costs and work more efficiently.

After much discussion, JHNAA decided to lower the cost of producing the alumni section by putting the class news online instead. An exception is this fall issue, which reports on Homecoming 2009 and includes some class news.

You can always read your class notes online at www.son.jhmi.edu/alumni/classnews or request a hard copy from the alumni office at JHNAA@son.jhmi.edu or 410-955-4285.

Letters to Johns Hopkins Nursing
We welcome all letters regarding the magazine or issues relating to Hopkins Nurses. Email 250 words or less to editor@son.jhmi.edu or send to:

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

Letters may be edited for length or clarity.

Greater Baltimore Medical Center (GBMC) congratulates the Johns Hopkins School of Nursing for its outstanding contributions to the profession. We respect all that you do and we celebrate your success.

To current and future nurses who have been and will be part of this remarkable journey, your hard work is appreciated and we wish you the very best in a memorable nursing career.

To learn more about career opportunities at Greater Baltimore Medical Center, visit us on the web at www.gbmc.org/career.
Pass It On
This new nurse and her former preceptor are mentoring nursing students—together.
By Ron Snyder

Melissa Kieffer hasn’t forgotten what it feels like to be a new nurse—and she hopes she never does.

“A good preceptor teaches you how to survive,” Kieffer, 27, said. “Only a nurse that has been through it all before can show you how to deal with all of the emotions that come along with the job.”

Kavi Wagner ’07 is one of many nurses who learned from preceptor Kieffer. “Learning how to do patient assessments from a textbook and doing them in real life are completely different,” Wagner said. “Melissa did an excellent job of explaining how much more there is to the job.”

That was two years ago. Today, Wagner and Kieffer work together in the solid tumor unit at The Johns Hopkins Hospital—and together, they mentor student nurses and those new to the hospital. One of those students was Amber Rollins, who graduated with the accelerated class in July of this year.

“Being a new nurse can be daunting,” said Rollins. “Kavi made everything seem really easy and took the time to explain not only what we were doing, but why we were doing it. She just made me feel really at ease.”

Read more about this preceptor duo and the students they mentor at www.nursing.jhu.edu/preceptors.

Team Up for a Home Run
When nurses and physicians are on the same team, an entire community wins.
By Debra Wood, RN

“Nursing students, for the most part, don’t know much about medical education, and medical students don’t know much about nursing education, and the goals of each,” says assistant professor Ibby Tanner, PhD, RN. “We need to teach those concepts.”

Tanner is co-director of a new five-year pilot program, funded by the late Worth B. Daniels, Jr, MD (see sidebar), and his wife, Jane W., of Baltimore, that will educate nurses and physicians together as they care for older adults with complex health situations in the Baltimore community.

“The Daniels family has understood for decades that care of patients in the community is a great challenge and a wonderful experience,” says Dean Martha N. Hill, PhD, RN, FAAN. “Worth Daniels loved caring for older people, and said we can best serve them when we see their needs in the context of their lives.”

Hopkins nursing students and Department of Medicine residents
from The Johns Hopkins Hospital and Bayview Medical Center will spend time together at clinics and in home settings to assess patients and collaborate in planning and delivering their care. The exact mechanics of the program remain in planning stages, Tanner says.

"It’s imperative that physicians and nurses, as well as other professionals, learn how to function as a team in delivering optimal, safe care," says Tanner. "By teaching them how to work in teams from the beginning, it will enhance their ability to collaborate and work together, particularly in caring for community-dwelling older adults."

Injection of Humanity

Elective rotation allows medical students to observe nurses

By Debra Wood, RN

Tired of feeling like your physician coworkers just don’t understand you? Some physicians are sick of it, too.

Sujay Pathak, a third-year Johns Hopkins University medical student, sometimes fears that physicians and nurses "lose sight of our sense of shared mission in healthcare. Everybody cares, but we often get entrenched in our respective silos and miss the bigger picture."

Determined to enhance interdisciplinary collaboration and collegiality, Pathak developed an elective hospital rotation during which fellow medical students shadowed other members of the healthcare team.

“One of the more powerful things participants saw was that there are dimensions to patient care that doctors do not have the time or, sometimes, the inclination to approach,” Pathak says. “From the nursing perspective, living a whole day with a patient is different than coming in for five minutes during morning rounds and then dealing mostly with their chart.”

The program, which took place in April, allowed the four medical students to walk in the shoes of the nurses, social workers, therapists, and other members of the healthcare team and witness the challenges they face. Pathak collected pre- and post-rotation data about medical students’ attitudes toward each discipline.

“There was a big perception shift,” Pathak says. “There’s an injection of humanity into the situation, so you understand what the people who carry out physician orders go through, and what they see that we don’t, and how that perspective is valuable.”

The rotation offered a more complete understanding of the function of the parts that make up the mechanism of hospital care. Pathak plans to offer the rotation twice annually and hopes to secure support for it becoming a permanent part of the curriculum.

"Most of the students who come to Hopkins are interested in being change-makers," Pathak said. “My motivation was to create a rotation that would broaden the perspectives of our students and by extension the community of physicians at large.”

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<tr>
<th>Hopkins Nursing Mourns the Loss of Worth Daniels, MD</th>
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<td>By Debra Wood, RN</td>
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<td>Longtime Johns Hopkins University School of Nursing supporter Worth B. Daniels Jr., MD, died July 9, 2009, at age 84.</td>
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<td>Daniels graduated from the Johns Hopkins University School of Medicine in 1948. He practiced internal and palliative medicine in Baltimore beginning in 1954.</td>
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<td>A staunch nursing advocate, Daniels often advised peers to listen to nurses. Daniels served for years on the Johns Hopkins University School of Nursing National Advisory Council. He was founding chairman of the Committee of 100, formed in 1991 to raise funds from physicians to support nursing scholarships.</td>
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<td>Hopkins presented Daniels the University's Distinguished Alumnus Award in 2000. The School of Nursing created the Worth B. Daniels Jr. award in 2005 for exemplary and sustained service to the school and named Daniels the first recipient.</td>
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What Every Nurse Should Know About H1N1

Hopkins nurse researcher, assistant professor, and infection control epidemiologist Jason Farley, PhD, MPH, CRNP is working to give nurse colleagues the research-based tools they need to identify, prevent, and destroy drug-resistant infections.

“No one knows about infection control better than nurses,” Farley notes. “It’s where our profession’s evidence-based roots began; nurses will continue to be on the front lines of infection prevention and public education tomorrow.”

In the midst of a global pandemic of novel influenza A (commonly called H1N1 or swine flu)—in which an estimated 3,900 people died between April and October 17 this year—Farley shares his knowledge with Johns Hopkins Nursing to help nurses like you stay safe while providing excellent patient care.

About H1N1

Transmission
H1N1 is transmitted like other influenza viruses, by droplet transmission, such as when an infected person coughs or sneezes near a susceptible person. It can also be transmitted when contaminated hands touch mucous membranes like the nose or eyes.

Symptoms
Fever, chills, headache, upper respiratory tract symptoms, muscle and joint aches, fatigue, vomiting, or diarrhea. Most cases to date have experienced a fever plus cough and/or sore throat.

Infectious period
One day before to 7 days following illness onset. Children may be infectious for up to 10 days.

Medical Care
Patients with severe illness and those at high risk for complications should contact their healthcare provider.

Infection Control
Hand washing or use of alcohol-based gels (such as Purell) is the single best way to prevent infection.

Use tissues and dispose of them in the nearest waste receptacle after use. Wash your hands with soap and water or an antiseptic handwash. Provide patients with tissues and no-touch waste receptacles. Provide patients with antiseptic handwash or supplies for hand washing.

Help Prevent Transmission

1. Post Visual Alerts. Post signs in your workplace instructing patients and visitors to report any symptoms of a respiratory infection. Encourage them to practice respiratory hygiene and cough etiquette.

2. Practice Respiratory Hygiene and Cough Etiquette. Cover the nose and mouth when coughing or sneezing.

3. Mask and Separate Patients with Respiratory Symptoms. Offer procedure masks or surgical masks to patients who are coughing, and encourage them to sit at least three feet away from others in common waiting areas.

4. Protect Yourself. Wear a surgical or procedure mask when examining a patient with symptoms of a respiratory infection, particularly if fever is present.

If Patients Have H1N1

Confirmed, probable, or suspected cases

Isolate the Patient
Place patient in individual room with the door kept closed. When transporting
patients, use isolation precautions, such as a surgical mask.

Limit healthcare personnel in the room to those performing direct patient care.

Limit visitors to those necessary for the patient’s emotional well-being and care.

Use isolation precautions
Healthcare providers and visitors should don gloves, gowns, eye protection, and a fit-tested disposable N95 respirator (or equivalent) upon room entry.

Wash hands with soap and water or alcohol-based hand sanitizer immediately after removing gloves and after any contact with respiratory secretions.

Use such precautions for seven days from symptom onset or until the resolution of symptoms, whichever is longer.

Monitor healthcare personnel
Check daily for signs and symptoms of febrile respiratory illness.

Healthcare personnel who develop these symptoms should cease patient care activities for seven days—or until symptoms have resolved, whichever is longer—and notify their supervisor and infection control personnel.

Know the contingency plan
Become familiar with your facility contingency response and/or pandemic response plans, including managing increasing patient volume and potential staffing limitations.

Monitor www.cdc.gov/swineflu and state and local health department websites for the latest information.

Sources:
www.cdc.gov/h1n1flu/identifyingpatients.htm
www.cdc.gov/h1n1flu/guidelines_infection_control.htm

As Ready as Can Be

What is the School of Nursing doing to prepare for H1N1?

School-wide vaccination. All students were offered seasonal flu vaccine and are among the first in line—as healthcare providers—to receive the H1N1 vaccination.

N95 mask fittings. Students and faculty members have been fit-tested for a respirator mask. They now know their size, and have been given one free mask as well.

Prevention education. A new JHU campaign is using flyers, emails, and websites to teach students, faculty, and staff to prevent the spread of the flu. Hopkins students and employees are encouraged to stay home if they are sick, and our faculty are committed to helping students make up clinical hours they miss due to illness.

What if? What if the school is closed due to H1N1? Phone trees, email, and an emergency text alert system are in place to relay messages quickly. Faculty members are prepared to use the internet to continue the didactic portions of their courses, holding class and giving assignments even when all the students and teachers are at home. Staff members are making sure their personal computers are up-to-date with the latest software to enable them to work from home.

Swine Flu Combat Kit

When H1N1 strikes, you don’t want to leave home—even for the necessary medical supplies. Prepare for the flu, and stock your home now with these essential items.

Thermometer. If you have flu-like symptoms and a fever (100° or more), stay home.

Over-the-counter flu remedies. They won’t cure you, but they can help you feel a lot better.

Acetaminophen (Tylenol) or ibuprofen (Advil). You’ll want it.

Lots of fluids. Drink plenty of water, sports drinks, and soups.

Hand sanitizer and hand soap. Kill the germs.

Tissues. Try some with anti-viral ingredients, such as citric acid.

Surgical masks. Make protecting yourself, or your family members, a fashion statement.

A good book. Entertainment is vital! Alternately, update your Netflix movie queue.
Nursing Celebrates 25 Years

By Jonathan Eichberger

The School of Nursing welcomed 119 new students with an August garden party in celebration of 25 years as a division of Johns Hopkins University. “This anniversary year offers us an opportunity to stop, reflect, and think about our future,” noted Dean Martha N. Hill, a member of the class of ’64 and one of the first faculty members at the School of Nursing.

The celebration concluded with the unveiling of a school portrait—which also appears on the cover this magazine—by Baltimore artist Robert McClintock. You can order copies of the portrait by visiting http://robertmcclintock.com/galleries/hopkins-nursing.html.

“This anniversary year offers us an opportunity to stop, reflect, and think about our future.”

—Dean Martha N. Hill

ANA President Urges “Create that Vision”

By Jonathan Eichberger

“This school has a history of creating nurse leaders,” noted Rebecca Patton, MSN, RN, CNOR, President of the American Nurses Association, when she visited Hopkins in September. “Create that vision,” she told the students. “It’s the hardest thing you have to do. Once you have the vision, taking the steps to get there is easy.”

Rebecca Patton, ANA President

Hopkins Nursing is Growing

By Jonathan Eichberger

This new 90-seat, multi-tiered classroom (below) is just one of the recent improvements to facilities at the Johns Hopkins University School of Nursing. The school has also expanded its simulation laboratory (right) and purchased two nearby buildings for more offices, additional garden space, a large kitchen for students, and multiple student lounges.
Institute of Excellence Inducts Two Faculty

In honor of their work on healthcare disparities, professors Fannie Gaston-Johansson, PhD, RN, FAAN and Phyllis Sharps, PhD, RN, FAAN have been inducted into the National Black Nurses Association Institute of Excellence.

“These faculty members have worked tirelessly to improve the health status of all people, especially those who are underserved, and to strengthen the profession of nursing,” says Dean Martha N. Hill, PhD, RN, FAAN.

Gaston-Johansson, the first African-American woman to be a tenured full professor at Hopkins, is an internationally renowned nurse educator, researcher, and clinical practitioner. In 2007, she was named the inaugural chair of the Department of Acute and Chronic Care.

Sharps, also an inaugural Chair of a Department—Community Public Health—serves as the director of three health and wellness centers operated by the School and provides care in a Baltimore shelter for homeless battered women and their children.

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TEST YOUR NURSING KNOWLEDGE

Completely useless (but entertaining) Hopkins trivia

1. In 1893, the quarterly publication, Johns Hopkins Nurses Alumnae Magazine, was founded with a subscription price of $0.50 per year. Today’s subscription price for Johns Hopkins Nursing is _____ than the 1893 price.
   A. Higher
   B. Lower

2. In 1899, as the hospital celebrated its 10th anniversary, staff nurses earned ___ per month.
   A. $5
   B. $15
   C. $30
   D. $90

3. Isabel Hampton Robb, the first superintendent of nursing at Hopkins, died in 1910 when she was struck by:
   A. A streetcar in Cleveland, OH
   B. Lightning in New York, NY
   C. Tuberculosis in Baltimore, MD

4. The first turtle derby—an unconventional fundraiser in which fans cheer box turtles to the finish line—was held in 1931, with turtles that were descendents of those kept by Benjamin Frisby. Frisby worked at the hospital from 1889 to 1933 as a:
   A. Doctor
   B. Cook
   C. Doorman
   D. Parking attendant

5. Prior to 1941, preclinical students were known as:
   A. Auditioners
   B. Apprentices
   C. Novices
   D. Probationers

6. Johns Hopkins has been educating nurses since 1889. Which of the following were not Hopkins nursing education programs?
   A. The Johns Hopkins Hospital Training School for Nurses
   B. The Johns Hopkins Hospital School of Nursing
   C. The Johns Hopkins University School of Health Services Nursing Education
   D. The Johns Hopkins University School of Nursing

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Answers: 1. B. Lower. Johns Hopkins Nursing is free to subscribers. 2. C. $30 per month. 3. A. Being struck by a streetcar in Cleveland, OH. 4. C. Doorman 5. D. Probationers 6. Trick question! All four of those programs have existed during the course of Hopkins nursing education.
In my time leading Johns Hopkins, I want to see us rededicate ourselves to serving the communities of which we are part,” said Ron Daniels, newly installed 14th president of Johns Hopkins University, to 100 guests at the 2009 School of Nursing Leadership Dinner.

Daniels addressed attendees—generous supporters of student scholarships, building funds, international opportunities, and community clinics—at Baltimore’s Radisson Lord Baltimore hotel in September.

“Johns Hopkins is not only ‘at Baltimore’ or ‘in Baltimore,’ but, we are truly and proudly ‘of Baltimore,’” he noted. “Nowhere is that more literally true than in our School of Nursing with its three community clinics that shape our students’ educational experience and provide critically important resources to some of the most underserved populations in the city.”
Financial Aid on the Rise

“Hopkins nursing is now able to offer more scholarships than ever before,” according to Sandra Angell, Associate Dean for Admissions and Student Affairs. “With new funding for three new scholarships, we can offer more financial assistance in spite of today’s economic challenges.”

Post-9/11 GI Bill Yellow Ribbon Scholarship
Veterans who have served on active military duty since September 11, 2001 can receive $458.13 per credit hour and $2,380 per semester when they enter the baccalaureate, master’s, or doctoral programs.

Robert Wood Johnson Foundation New Careers in Nursing Scholarship
Six new scholarships—of $10,000 each—will go to students from disadvantaged backgrounds or underrepresented groups in nursing who enter the accelerated baccalaureate program next June.

Nursing Workforce Diversity Scholarships
Students from disadvantaged backgrounds will receive financial support, intensive advising and academic support, leadership opportunities, and mentorship with funding from the Health Resources and Services Administration (HRSA).

For more information, contact the Office of Admissions and Student Services at 410-955-7548 or jhuson@son.jhmi.edu.

Hopkins Nursing Plays on iTunes

You can learn about the critical health topics that span the issues of today’s nursing profession with an easy and free iTunes download. The first three available podcasts are:

- Global Health, Nancy Glass, PhD, MPH, RN, associate professor and associate director of the Johns Hopkins Center for Global Health
- Drug Resistant Infections, Jason E. Farley, PhD, MPH, CRNP, assistant professor
- Health Disparities in Older Adults, Sarah Szanton, PhD, RN, assistant professor

Upcoming topics include men in nursing and using technology to improve health outcomes.

Visit www.iTunes.com and search for “Johns Hopkins University School of Nursing” or go to www.nursing.jhu.edu/podcasts.

NIH Extends $1 Million Grant for Pediatric Palliative Care

By Hillel Kuttler

Associate professor Cynda Rushton, PhD, RN, FAAN, still remembers Darryl Westlund*, a patient with a rare form of muscular dystrophy whom she treated until his death at age 13. He “taught me a lot” about considering a pediatric patient’s wishes, said Rushton, including in which arm to insert his IV tube.

That experience led to Rushton’s study of advance-care planning for boys with Duchenne muscular dystrophy (DMD) and sickle cell disease (SCD). This fall, she was awarded a $1 million, two-year grant from the National Institutes of Health National Institute for Nursing Research (NINR) for her new initiative to build empathy and understanding among medical professionals who treat pediatric palliative care patients. The study was one of only four percent that NIH funded among 20,000 Challenge Grant applications filed nationally.

With the grant, Rushton and co-investigator Gail Geller, ScD, MHS, a professor in the School of Medicine, will develop new training videotapes, and expand existing ones, that are geared toward improving palliative care. The effort, to be jointly run with the university’s Berman Institute of Bioethics, is meant to sensitize the entire health care team that treats pediatric DMD and SCD patients to the children’s needs, thus leading to better, more compassionate care.

Rushton hopes her research can make caregivers “more compassionate and respectful, with a better understanding of what their [patients’] lives are like.”
For 80 years, cardiovascular disease has been the leading cause of death in the United States. Health disparities continue to put some people, such as black and Hispanic adults, at greater risk of disability and death from these illnesses. Both the human and economic costs—estimated at over $150 billion a year in the U.S.—are substantial.

Statistics, however, don’t tell the whole story. Faces and memories do: the face of a grandmother who lost a battle against heart disease or the memories of family members who died of heart attacks before their time.

These very human visions are the motivation behind Hopkins nursing faculty who have dedicated their careers to cardiovascular nursing research, resulting in what Dean Martha N. Hill, PhD, RN, FAAN, calls “arguably the strongest group of NIH-funded cardiovascular nurse researchers” of any nursing school in the nation.

Heart health has a new focal point at the Johns Hopkins University School of Nursing: the Research Center for Cardiovascular Health in Vulnerable Populations. Thanks to a four-year, $1.9 million grant from the National Institutes of Health (NIH), under the direction of professor Miyong Kim, PhD, RN, FAAN, the Center is bringing together community engagement, scientific investigation, education, and policy initiatives to help reduce cardiovascular health disparities.

“A key component to the success of this center is its collaboration with both academic and community entities,” she observed. “The Center will be a catalyst for advancing cardiovascular health promotion intervention and translational science.” The aim is to support research to develop, test, and disseminate new interventions to improve cardiovascular health in underserved and understudied populations. In addition, the Center will provide state-of-the-art technology-assisted interventions, integrated training and career development activities, and targeted health policy initiatives.

Joining Kim as Center co-directors are faculty members Jerilyn Allen, ScD, RN, FAAN; Deborah Gross, DNSc, RN, FAAN; Cheryl Dennison, PhD, RN, ANP; Hae-Ra Han, PhD, RN; and Dean Hill, who describes the Center as...
“a dream come true.” She welcomes the Center as an opportunity to bring in a broad array of other faculty involved in health disparities, such as Sarah Szanton, PhD, CRNP, whose research focuses on older adults, to help “test new interventions to manage cardiovascular and other chronic diseases with the goal of minimizing patient burden and improving quality of life.”

The Center also will give a home to ongoing research initiatives in cardiovascular care, including local and international inquiry by faculty researchers such as Han, Dennison, and Deborah E. Jones, PhD, RN. For example, Han and Jones, focusing respectively on Korean Americans and African American communities, have found through their research into these diverse populations that when cardiovascular disease is an issue, both populations experience the same four health problems implicated in heart disease: obesity, diabetes, high blood pressure, and high triglyceride levels. They agree that with appropriate, culturally competent outreach, people can learn how to reduce those problems through diet, exercise, medication, and stress reduction. Jones and Han have found, however, that often, the greatest challenge is gaining the trust of the community, readying it to be open to learn about getting heart healthy. It’s a challenge that nurses are ideally positioned to meet.

Associate professor Cheryl R. Dennison, PhD, RN, ANP, and colleagues echo the important role nurses can play in reducing cardiovascular risk.

In “Strategies for implementing and sustaining therapeutic lifestyle changes as part of hypertension management in Africa Americans” [Postgraduate Medicine, May 2009], she examines why fewer than 1/3 of African Americans with hypertension make lifestyle changes known to help control it and suggests ways health care providers can help patients be more receptive to adopting a heart-healthy lifestyle. “By working one-on-one and building individualized plans for patients, nurses can help patients overcome barriers to heart-healthy living,” suggests Dennison.

Dean Hill believes the Center has the capacity to help give community-based cardiovascular nursing a boost, by “sharing new knowledge about cardiovascular disease prevention and treatment to nurses engaged in clinical care with at-risk groups—whether around the corner or around the world—to the benefit of millions.”

Often, the greatest challenge is gaining the trust of the community, readying it to be open to learn about getting heart healthy. It’s a challenge that nurses are ideally positioned to meet.
**Shared Magnetism**

by Debra Wood, RN

When a medical center halfway around the globe reached out to The Johns Hopkins Hospital for assistance pursuing Magnet status, the Baltimore nursing team responded. “Sharing our practices, successes, and innovations with nurses from the American University of Beirut Medical Center (AUBMC) is an example of the mentoring we have done to support others who are pursuing Magnet recognition,” said Patricia Dawson, MSN, RN, coordinator for Magnet and quality outcomes in central nursing administration at The Johns Hopkins Hospital.

Gladys Mouro, PhD(H), MSN, RN, the assistant hospital director for patient care services at AUBMC, spearheaded the Magnet effort at the Beirut facility as a means to raise the quality bar at her institution. Many nurses from the Beirut hospital, including Mouro, traveled to Baltimore to discover ways to improve their outcomes and involve their staff in making decisions about standards of practice, quality, and professional development.

“The decision to apply for Magnet status in 2003 marked the culmination of a long process to rebuild nursing services at the hospital after the 15-year Lebanese civil war,” Mouro said. Experiencing a Magnet environment at Hopkins made her “more persistent to achieve this dream.”

AUBMC is the first health care institution in the Middle East to receive the designation.

**PhD Thai**

by Rachel Klimmek ’07 and Kelly Brooks-Staub

Trading the urban landscape and blue crabs of Baltimore for the lush green of rice paddies in rainy season and the sweet-sour-spicy tang of Pad Thai and Kao Soi, PhD student Rachel Klimmek ’07 traveled to Chiang Mai, Thailand this summer for a cross-cultural exchange on doctoral nursing education.

“The whole trip was an unforgettable experience,” said Klimmek, who met with 11 doctoral students and faculty from the Chiang Mai University (CMU) School of Nursing to exchange knowledge about PhD programs in each other’s countries.

Klimmek was also able to visit several of the hospitals where CMU doctoral students were working and conducting their own research. “There was overwhelming evidence of the tremendous role that holistic care for patients, as well as self, play in Thai health care and nursing practice,” said Klimmek, noting that all four hospitals she visited had massage facilities for patients and staff.

A CMU doctoral student, who was also a senior nurse administrator at one of the hospitals, explained that patients have massages built into their treatment plans. The student herself gets a back and shoulder massage at the facility in her hospital at least twice a week, and, according to Klimmek, there was consensus among the Thai doctoral nursing students that massage and other types of self-care are considered crucial to primary preventive care. Nurses also used these massages to manage their own job stress and help prevent burnout.

“If there’s one thing I learned in Thailand, it’s the importance of international and cross-cultural exchanges, for the creation and dissemination of nursing knowledge.” —Rachel Klimmek
Low-Resource Countries, High-Tech Instruction

By Debra Wood, RN

Cervical cancer mortality rates are seven times greater in Latin America and the Caribbean than in North America, posing a serious health risk for the economically disadvantaged women in that region. Kitty Poon, MSN ’09, RN, ANP-BC, is changing the odds for women in Spanish-speaking countries.

Many low-resource countries lack laboratory capabilities to perform Pap smears, which are credited with decreasing invasive cervical cancer rates in the United States. So Poon has produced a free education module, targeted at midwives and other providers, to teach them about an alternate cervical cancer screening method: visual inspection with acetic acid (VIA). It offers the advantage of immediate results, requires no laboratory studies, and has been shown to reduce mortality rates.

“I became a nurse because I wanted to do work that would impact not only the academic world, but the world beyond that,” Poon said. “As a nurse, I always hope to make a difference in the lives of others.”

Global Partnership Nourishes Research

By Kelly Brooks-Staub

International collaboration between developing and developed countries is very important for doctoral nursing education,” said Xiaokun Liang, PhD, RN. And she should know: In 2008, she was among the first group of graduates to receive a PhD in nursing from a Chinese University, thanks to a doctoral program partnership between the Johns Hopkins University and Peking Union Medical College.

Conducting her dissertation research in 2007 and 2008, Liang tested a nutritional screening tool to compare the nutritional status of hospitalized patients in the U.S. and China.

“I had no prior example of how to conduct a multidisciplinary study in different countries,” said Liang, who faced the challenges of studying 1,900 medical-surgical patients in teaching hospitals on two continents, obtaining IRB approval from two institutions in two countries, conducting patient surveys and interviews in two languages, and consulting with an expert from a third country on a nutritional screening method.

Funded by The China Medical Board, Inc. of New York, the program provides students with a primary mentor at PUMC and a co-mentor at Hopkins to help them navigate the challenges of scholarship and research in each country.

“This collaborative doctoral nursing education program has taught me valuable skills—how to work within an international interdisciplinary research team; how to conduct clinical research in multiple country sites; how to work with human subjects; and how to write and publish a scientific paper,” said Liang. “I’m now confident in doing research that will move nursing and healthcare forward.”

Read more about the joint doctoral program and Liang’s research at www.nursing.jhu.edu/Liang.
LIVE from 525
A FORUM FOR STUDENT EXPRESSION

Subjective Data:

Name: Whitney
Occupation: Johns Hopkins nursing student, traditional class of 2010
Address: Baltimore
Sex: Female

Source and Reliability: Whitney, the pt., is reliable.

Chief Complaint: “My brain hurts.”

Racial: Caucasian and very pasty. Pt. denies being able to go outside for any sun exposure.

Dependants: None. Pt. states, "Thank goodness. I wouldn’t have time to even feed them."

Contact Person: God. He’s the only one that can help!

Diagnosis: nursing schoolinflammatitis

Patient Assessment

History of Present Illness (HPI):
Pt. first began noticing brain pain at the beginning of September in 2009 when school started. Beginning in September of 2009, pt. noted sleeplessness, increased anxiety, irritability, and a decrease in concentration. Pt. eats well balanced meals, gets regular exercise 5-6 days/week, and recently tried a yoga class in an effort to relax and relieve stress.

Personal Habits:
Tobacco: None
Alcohol: 1-2/week with friends (pt. is above 21 and does not drink and drive!)
Caffeine: Continuous IV infusion
Illegal Drugs: None
Diet and Nutrition: A variety of Whole Food specials and School of Nursing Me Latte items. Pt. states, “I don’t have time to cook.”

Past Medical History (PMH):
General State of Health: “I could be a Navy Seal I’m so healthy.”
Major Childhood Illnesses: None

Current Health Status:
Allergies: Tests (hives), Homework (hives), and especially Research (anaphylactic shock)
Immunizations: up-to-date
Exercise and Leisure: bike/run/walk/swim 5-6/week
Current Medications: None

Primary Care Provider:
Dr. George Clooney and Dr. Pierce Brosnan

Family History:
We are all a little special.

Whitney: Doc, just tell me what’s wrong already. I have work to do. Let’s skip the objective/review of systems (ROS) part.

I thought Electronic Medical Records (EMR) were supposed to be faster and more efficient.

Doc: Well, Whit it seems you have nursing schoolinflammatitis related to course work. Brain pain is a classic sign for schoolinflammatitis. I see it all the time. Very common. I recommend that you take the weekend off from studying and give me a call next week.

Whitney: Are you going to charge $1,000 for that diagnosis? If you are, you better give the fabulous nurses a raise!
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Baby boomer nurses are moving towards retirement and seeking to share their knowledge with today’s young, tech-savvy nursing students and recent graduates—the late-arriving Gen Xers and so-called ‘Millennials.’ But bridging this “generation gap” will require some serious educational reengineering.
Baby boomer nurses are moving toward retirement and seeking to share their knowledge with today’s young, tech-savvy nursing students and recent graduates—the late-arriving Gen Xers and so-called ‘Millennials.’ But bridging this “generation lap” will require some serious educational reengineering.
t’s 2:46 in the afternoon, and on the 8th floor of the Outpatient Center, Mr. Collins’ day is about to get a whole lot worse. “I can’t breathe,” he rasps to an anxious young nurse standing over his bed. “My chest hurts!” Within seconds his condition deteriorates, not because of his medical situation, but rather his programmer. In the next room, unseen by the students flooding into Mr. Collins’ room, is nurse educator Susan Sartorius-Mergenthaler, RN. With a flick of the wrist and a few taps of her index finger, she’s sent Mr. Collins’ vital signs into a crash.

Whether Mr. Collins will burn is now in the students’ hands. As they flock around the life-like dummy, this is their moment of truth, of finding out whether they can recall in a crisis what was learned at leisure. It is not a time for argument, but action, when immediately accepting the responsibility for a role could be the difference that brings Mr. Collins back from the dead.

With the monitor over his head now showing Mr. Collins is in full arrest, Sartorius-Mergenthaler, on the blind side of one-way glass, watches as the students, on their own, galvanize into a functional team. “Good, good,” she murmurs, as one student climbs a tiny footstool and begins chest compressions, coordinating her movements with another on an oxygen bag. In a corner of the room, a third scribes each action, checking off each step to prevent errors as the needles fly, the drugs are shot into IV tubes, and the defib unit at the foot of the bed is brought up to full charge.

“I need a little goop!” pleads one nurse, calling for the conductant as she slaps on the pads that will send some 200 joules of electricity surging into Mr. Collins body. Within three minutes the room hits full crescendo, and the one word that every new nurse is familiar with fills the room.

“Clear!” yells a student, and, somewhat amazingly, everyone remembers to do just that as she hits the red detonator button on the defib.

It’s not enough. Sartorius-Mergenthaler, a baby-boomer who never had an opportunity to learn through simulations when she was in nursing school, wants these first-year nurses to think through this emergency. Manipulating the computer program, she makes sure the charge doesn’t put Mr. Collins’ electronic heart back into sinus rhythm. But there’s no panic in the room, just a quick regrouping, another ‘Clear!’ another surge…and a momentary wait that seems to go on forever as the defib unit ‘analyzes’ the shock. A few agonizing seconds later, the digital voice announces the result.

“No additional shocks needed,” it says. Smiles light the room as five bodies that are definitely not dummies suddenly remember to breathe. It’s 2:51. Mr. Collins is alive, and if not exactly healthy, certainly no longer in crisis. The young nurses present have learned their lessons well.

Then again, their teachers are finally speaking a language they truly understand.
The Generation Lap

Back in the hippied ’60s, speaking truth to power was summed up with the catch phrase “Never trust anyone over 30.” Now that same boomer generation is scrambling to figure out how to teach anyone under 30. In what some former flower children turned faculty consider karmic irony, those who as a generation loudly questioned authority suddenly find themselves on the receiving end of an educational upheaval unlike anything they’ve faced during their careers. It’s being driven by their offspring—late-arriving Gen Xers and so-called ‘Millennials’—young, tech-savvy nursing students and recent graduates whose upbringing, expectations, and uninhibited expression of thought are markedly different than previous generations.

Conversations with more than 20 senior nursing faculty from the School of Nursing, The Johns Hopkins Hospital (JHH), and the Institute for Johns Hopkins Nursing (the school’s continuing education arm), as well as interviews with recent grads and current traditional and accelerated program students, reveal the depths of the generational divide.

The gulf is one of both style and substance, which can only be exacerbated—or healed—by educational choices in approach and access. On one side are the emerging students. They seek the teacher-as-mentor, an educator capable of adapting complex learning material to the individual’s preferred learning style, delivering curricula in the high-tech, high-engagement manner that’s defined their lives.

“I’m on the cusp of Gen X and Gen Y,” says 29-year-old Meghan Greeley, who graduated with the accelerated class of 2008 and is pursuing a master’s in nursing and public health. “We’re reactionary. With technology, it’s enabled us to do so much that expectations have changed. We want to know right now.” (See “Just-in-time” learning sidebar)

On the other side are these very educators, so used to being the gatekeepers of information, suddenly realizing that the walls to which those gates are attached are quickly being scaled and circumvented. The information-dense, classroom-accessible Internet is turning education from a monologue into a conversation, and teachers are questioning their past classroom methods.

“I’ve won ‘teacher of the year’ several times,” Lori Edwards, MPH, APRN, BC, a veteran educator who teaches Public Health Nursing and elective courses in the school. “But there’s a disconnect now. It’s hard to know what the right teaching strategies are,” says Edwards. “I’ve wondered ‘am I good at this anymore?’ I hope and believe that I am, and I’m very committed to figuring this out.”

Edwards is in the majority. For all the occasional frustration expressed by a vocal minority of students, there’s a belief among faculty that harnessing the next generation’s energy and assets can produce a phenomenal pool of visionary leaders who embrace new ideas far more quickly than the current status quo.

“Younger students are into multi-tasking. We have all these student activities here. The Millennials will sign up for every extracurricular activity they can,” says assistant
professor Betty Jordan, DNSc, RNC, co-director of the school’s Birth Companions Program. “They’re very positive. They’re aware of community service; they’ve participated in it from grade school. They really want to change nursing, based on evidence. And they’re not real tolerant when we say, ‘well, this is evidence but we’re not quite there yet in practice.’ They’re challenging us, saying ‘Why not? Why not?’”

According to Diana G. Oblinger, PhD, a former Executive Director for Higher Education at Microsoft whose lectures include “Educating the Net Generation,” Millennials are noted for being, in her words, “digital, connected, experiential, immediate, and social.” Leah Yoder, MSN, RN, who gives talks on generational differences to SON faculty, says this often frenetic framework centers on one constant truth.

“This is a generation of natural problem solvers,” says Yoder. “They buy a game, stick it in whichever box, and begin to play without even reading the instructions. It’s called ‘Failing Forward.’ If something doesn’t work when they’re playing, they start over, make different choices, and start over again. That’s how they look at life.”

Generational differences are nothing new—every teenager thinks they’re more knowledgeable than their parents—but most researchers and educators agree that the Millennials are the first generation that can back up that claim. Weaned in a world of home computers, Google, and video games, their education and socialization has been tech-dominated, to the point that researchers hypothesize that their brains syntactically differ from their parents, possibly affecting everything from learning styles to coping skills.

Instead of a generation gap, the term ‘Generation Lap’ was coined to convey the impatience many students express to teachers who can’t keep up with—let alone understand—the devices and applications that young learners depend upon to empower those blazing mental download speeds.

There’s a belief among faculty that harnessing the next generation’s energy and assets can produce a phenomenal pool of visionary leaders who embrace new ideas far more quickly than the current status quo.

And Millennials consider voicing their knowledge and opinions to be practically a birthright.

“We were ‘told’ that we should give positive reinforcement to our children. So their opinion has been doted on and encouraged by parents. And they’re used to being told “You’re smart, you’re great, you’re fabulous,” says Diane Aschenbrenner, Course Coordinator for Principles and Applications of Nursing Interventions. “As a result, they’re very challenging in the classroom and they feel that, whatever their opinion, they have a right to express it. They don’t use the chain of command, nor defer to experience. It’s very egalitarian to them.”

“In the U.S., you see yourself much more as a peer with your teacher,” notes 28 year-old Abby Crisman, a graduate of the accelerated class of 2009, who studied for several years in India, where faculty are still revered. Today, she is enrolled in Hopkins’ MSN/MPH program. “Now, I think many students approach it as it’s the professor’s job to earn their respect. The professors don’t necessarily start out with it.”

So why are these unruly students being coddled in what’s supposed to be a professional school setting? One reason is competition for qualified candidates. Between the recession and
For years, nursing schools held onto the notion that they could teach their graduates everything they needed to know about nursing. These days, they admit that’s just not possible.

“Years ago, there was a manageable amount of information to be taught, and an expert could keep on top of what was current in their field. Not anymore,” says Debra Case, MS, RN, the assistant director for nursing education and clinical information systems at The Johns Hopkins Hospital.

With bedside technology and protocols changing constantly, today’s gold standards of care are rendered irrelevant within a startlingly short period of time, says Case. “We can’t prep nurses ahead of time on what they need to know in a year or two or three because there’s so much information out there.”

The result has been a movement to “just-in-time” information—relying on quick nuggets of vital knowledge from vetted sources accessible instantly via computer.

On the hospital side, this has meant numerous computers on the nursing units, and moving all protocols and technical manuals onto one website (longer protocols are in the process of having short summary statements added). At the school, moving towards the Just-in-time model frees faculty to teach more conceptually, sort of a forest-versus-the-trees approach.

“I think we have to teach the big picture, to focus on large topics like shock and oxygenation,” says Pam Jeffries, DNS, RN, FAAN, ANEF, associate dean of academic affairs. “In medication administration I can’t teach about 150 different antibiotics, but I can teach about general drug classes, side effects, and the nursing implications of giving an antibiotic.”

For younger students, Just-in-time learning is an extension of how they’ve experienced the world, accessing everything from movie times to breaking news at the instant they need the information. Now, the bullet points of PowerPoint presentations are giving way to summary podcasts that, in a just a few minutes, allow students to zero in on what matters in places where they’re most amenable to the material.

“It’s just another way for me to learn,” says 28 year-old Abby Crisman, a graduate of the accelerated class of 2009 and current MSN/MPH student. “The teachers often address questions on tests, what you need to focus on, in a podcast. Also, so much time is normally lost commuting everyday that to be able to sit on the shuttle and put a podcast on your iPod is wonderful.”

It sounds like a world Sgt. Joe Friday—“Just the facts, Ma’am”—would appreciate.
Students Sound Off

“In the U.S., you see yourself in the classroom as a peer, even when you’re a student. I think students now approach it as though it’s the professor’s job to earn their respect. They don’t necessarily start out with it.”
—Abby Crisman, accelerated ’09, 28, Currently in Family Nurse Practitioner/MPH program. Crisman studied for four years in India.

“I want to understand the application. Otherwise it’s ‘that’s great, but is that going to help me in the real world?’”
—Nicole Carepa, 21, Traditional Class of 2011, on her learning preference

“It’s helpful to go be able to go back to podcasts. We were talking about the skin and the teacher didn’t finish talking about certain skin cancers, so she put up a podcast afterwards. That’s something I didn’t have at Gettysburg.”
—Ghiselaine Cedeno, 21, Traditional Class of 2011

“The textbooks I’ve had in nursing school have been phenomenal, especially the CDs that come with some of them. They provide test questions and little games to play, which I really enjoy, because it’s an interactive thing. So I’m doing a crossword puzzle or a matching game, and it sounds silly because it’s toddler-ish, but it’s really how I learn. If I have a matching card that has a drug on it and I have to pick an adverse effect on another card, then I’m going to learn it as opposed to reading something over and over in a dry paragraph.”
—Allyson Dibert, 21, Traditional Class of 2010

“This was the most draining thing for us, the generational gap, the differences and the clashes between the needs of the younger generation and those of us who’ve been out in the world awhile. We’d have different learning needs and different psyches.”
—Anonymous

“Millennials can learn a lot online and lot independently. They use machines and computers with a lot of ease. I think they have a need to learn fast, high-paced, and do multiple things at once. It’s kind of daunting to the older generations in class. They’re like ‘yeah, we got it, let’s move on’ and we’re like ‘well, we don’t get it.’”
—Theresa Medicus ’08, 29, now working at The Johns Hopkins Hospital

“Now, the way students work is much more about group interaction, and coming up with comprehensive ways to do things that share ideas, whereas before it was about ‘I have the most education and so therefore I will teach you.’”
—Suzanna Sherer, 35, accelerated ’10 and Returned Peace Corps Scholar, on changes in the classroom between faculty and students since receiving her undergraduate degree in California in 2004.

Students aren’t the only ones applying pressure to upgrade curricula. Hospitals—and Johns Hopkins is no
exception—have long complained that nursing schools simply aren’t doing their job. One study found 97 percent of nursing school administrators claimed their graduates were well prepared to enter the workforce, yet only 11 percent of hospital administrators agreed. They especially cited huge retention issues as shell-shocked grads often fled their jobs within a year, taken aback by the grueling, tech-intensive nature of the work.

“We’re still doing clinical education like I was taught 30 years ago. That needs to change,” says Dean for Academic Affairs Pam Jeffries, DNS, RN, FAAN, ANEF, an innovative educator hired from Indiana University to infuse technology into the classroom.

But where to begin?

The ‘wish-list’ of the next generation of students and future employers is long, complicated, expensive, and resource-intensive. More flexible schedules. Online Courses. 24/7 email access to faculty. Simulation labs. Podcasts. One-on-one clinical mentoring. Chat rooms. DVDs. Discussion groups. Interactive classes. Teaching to multiple learning styles.

Boring lectures? Blasphemy. Staid textbooks? That is so 20th Century. “Here we are now, Entertain us!” sang Nirvana, foreshadowing the next generation’s expectation of their educational experience.

Unrealistic? Perhaps. But the future of nursing may depend upon how well Hopkins and other nursing schools make the unrealistic real and viable.

Between telemetry, technology, testing, ever-changing protocols and the mounting use of computerized bells and whistles, new nurses will need access to more information than they possibly can memorize.

“Sage on the Stage” or “Guide on the Side”?

On Nelson 8, Nicole Canepa, 23 years old and a member of the traditional class of 2011, is one of the lucky ones. The California native was among a dozen Hopkins nursing students randomly chosen for a pilot program known as CAPP—the Clinical Academic Practice Partnership (see sidebar). While the rest of her classmates are going through ‘traditional’ clinical education—i.e., one faculty mentor on the floor teaching upwards of eight students—Canepa is receiving personal tutelage from preceptor Karen Blymire, RN, BSN, ONC.

Actually, this “new school” concept is about as “old school” as it gets, harkening back to the apprentice/journeyman model of medieval times.

Her blue eyes wide with a combination of excitement, awe, and stage fright, Canepa is shadowing Blymire’s every move. For Blymire is not only Canepa’s preceptor, but also a busy nurse juggling a normal caseload. On this day, that includes a woman recovering from spine surgery, a man who tore up his knee playing football, and an elderly diabetic. Clutching an orange injection pen that resembles one of Canepa’s overused highlighters, Blymire leads her charge into the diabetic’s room, where she dispenses a quick trick-of-the-trade.

“Hold it against her arm for 10 seconds,” says Blymire, placing the injector against the woman’s fleshy right tricep.
Pam Jeffries makes sure students are getting clinical mentorship, simulation technologies, and online learning worthy of the Hopkins name.

From Indonesia to Indiana, Pamela Jeffries, DNS, RN, has spent her nursing career pushing the forefronts of education. “With this generation, you have to keep them engaged, interactive, with real-time, real-world interactions. Everything has to have a purpose,” says Jeffries, the school’s new associate dean of academic affairs.

Last December, she arrived in Baltimore with a wealth of experience incorporating technology into the educational experience. Good thing, because she’s now in charge of meeting the technological demands of the computer-savvy Millennials.

“Sitting in a classroom, you can only learn so much. You learn so much more in a setting like the hospital. I get to look at nursing through Karen’s eyes a bit and see what goes on during her shift. I want to work in a hospital, so why sugarcoat it now? I’m stoked to see what you do from start to finish on a shift.”

CAPP is part of a greater educational experiment taking place in both the School of Nursing and the various Hopkins clinical facilities. The challenges educating Millennials are fairly obvious, but the solutions? They’re not nearly as clear. Precious little data has been collected as to what teaching strategies are most effective, and yet the world of 21st century nursing is taking shape. Between telemetry, technology, testing, ever-changing protocols and the mounting use of computerized bells and whistles, new nurses will need access to more information than they possibly can memorize.

In its 53-page final report last year, the Office for Teaching Excellence Task Force defined numerous recommendations in instruction, leadership, and organizational development squarely aimed at strategies addressing students’ preferred learning styles. This includes orienting staff and students to generational differences from the moment they arrive on campus.

But while the report goes out of its way to note that the student body is clearly multi-generational, including baby boomers embarking on second careers, much of the energy coming out of the school’s administration is focused on high-tech oriented, individualized applications more familiar to the growing number of incoming Gen Xers and Millennials.

On a programming level, that sense of personal interaction as Canepa looks on. An audible ‘click’ sounds as Blymire depresses the head of the injector. “Count it out…2 seconds…3…4…5…that way there’s no leakage.”

Over the next 8 weeks, Canepa and Blymire will go from spending four hours once a week on the floor to a full 12-hour shift during the course’s final session. CAPP is exactly the kind of educational experience Canepa was looking for when she came to Hopkins.

“A practice/academic education gap” that’s well noted in the literature. The Clinical Academic Practice Partnership (CAPP) could well change how the school’s baccalaureate students experience preceptorships.

“Traditional clinical education has been one teacher with eight students. We’re still doing clinical education like I was taught in the 70s, thirty years ago,” says Jeffries, who designed CAPP to drop that student-teacher ratio to 1:1. Students receive training from a nurse preceptor on an active unit, in either Bayview Medical Center or Nelson 8 at Hopkins. “Students are getting socialized to nursing quicker having one-on-one with a preceptor at this level.”

They’re also better prepared going into that environment, as Jeffries shifts the curriculum to take advantage of simulation technology. This allows students to practice with lifelike computerized hi-fidelity manikins, sensors that attach to a student’s stethoscope and produce a myriad of body sounds, and video programs that test knowledge and skills. Jeffries is working with Diane Aschenbrenner to expand the school’s Sim Center, which, when finished this fall, will include two simulation rooms, a control center for faculty, a debriefing area, and the ability to stream video to other classrooms.

“Say I’m going to teach a class on care of a thoracotomy. I can sit and just talk for thirty minutes,” says Jeffries. “Or, instead, I can pull four students and have them do a simulation on a manikin that I can feed in live to the classroom and immerse the class in taking care of a ‘patient’ and they have to provide chest tube care and pain management. So the whole classroom watches this streamed simulation live for fifteen minutes, and then we debrief the whole class on what went right and wrong.”

Jeffries is also creating classrooms...
without walls by expanding the use of online education. She’s secured two grants to put the Clinical Nurse Specialist and Health System Management programs online, efforts that mobilize learning to accommodate a student’s schedule. “Our learners need this kind of versatility where you can get an education 24/7. I’ve taught online courses at the master’s, PhD, and undergrad levels. Where you see a lot of activity is on the evenings or weekends. If they have families, it’s after they put their kids to bed and they can work on coursework, or on weekends is when they catch up because they’re not working their 40 hour job then and these students do what they can to obtain their education.”

If Jeffries has her say, it’ll be a 21st Century education they’re getting.

As SPRING’s name suggests, a large portion of their curriculum, which consists of full days of training interspersed at three-month intervals throughout a new grad’s first year, deals with psycho-social issues. This includes courses in assertiveness training for better managing workplace stress. There’s a sense among educators that Millennials spent so much time in their daily lives socially interacting online that they need training to overcome an empathy gap that could negatively affect patient outcomes.

“One of our concerns teaching nursing is that you have to know how to communicate face-to-face and be aware of body language, things that you miss when you do social networking via technology,” says Yoder. “We’ve noticed in our interns that they sometimes don’t have those soft skills in communication and negotiation.”

Not surprisingly, given the Millennials’ bent and the general direction of nursing, technology in a myriad of forms is involved in nearly every new teaching effort. Real-time...
Digital Muses

When Hopkins nursing faculty find themselves flummoxed by the digital divide, they turn to the team of Emily Jones and Theron Feist, who are quickly establishing themselves as the school’s gurus in educational technology. The duo, the first hires last year as part of the school’s revamp of the technology infrastructure and offerings, bring divergent yet complementary backgrounds to a task that is nothing short of monumental.

Jones, whose title is Instructional Designer, is the school’s one-stop shop for faculty seeking the best ways to incorporate technology into all aspects of teaching. A gifted digital storyteller, Jones sees her job as helping faculty choose both high and low-tech approaches for their classrooms. “I try to instill confidence that faculty can use technology with little or no problems. Sometimes I’ve just told them about creative ways for getting active engagement, like slipping in a discussion session in the middle of a lecture, or having them write questions for guest lectures, as a way of keeping students alert and engaged.”

Instructional Technology Manager Theron Feist has spent his career developing and managing software and IT networks to increase community outreach in places as diverse as Fairbanks, Alaska and New York City. Feist sees his role as “letting faculty and administrators know what the possibilities are for using technology,” and keeping current on “the things that are ‘hot’ with the younger generation. A lot of faculty here spend so much time on their specialty that it’s not reasonable to expect them to keep up with every aspect of technology.”

The team has hit the ground running.

Emily Jones and Theron Feist...bring divergent yet complementary backgrounds to a task that is nothing short of monumental.

Jones spent the past summer integrating Blackboard software into every course at the school, which she believes offers excellent opportunities for creating effective online communication. Blackboard, with its built-in ‘discussion board,’ is a great place to keep students up to speed.

Feist’s focus has been putting together a long-term strategic technology plan and expanding the school’s IT network and classroom hardware. Notably, he’s retrofitting teaching space to create so-called ‘smart classrooms’ that he says “capture full courses on video using a system that’s called Media Site. We also capture guest speakers and interviews.”

The duo has just become a power trio, as newly-minted Assistant Dean for Information Technology and Integration, Michael Vaughn, MS, came on board in early November. It’s the latest move in what Jones says is a technological revolution that will better prepare students for the nursing challenges they’ll face as professionals, as well as making life easier for both students and teachers while they’re here. She’s already getting positive feedback: The use of online office hours, where students communicate with teachers in real time through the use of instant messaging, is a real winner. “I did it when I taught. Students didn’t have to haul themselves out of their dorm rooms and across campus.”

Besides, everyone knows you take criticism better when you’re still in your socks and jammies.

Simulations involving both manikins and computer monitors (known as ‘micro-sim’) have proven incredibly popular for teaching both skills and teamwork. Already used in the SPRING program at Hopkins Hospital (featuring the aforementioned “Mr. Collins”), the school’s Sim program was so well-received that it’s currently undergoing a renovation. When finished, it will contain two state-of-the-art simulation/mock hospital rooms, two debriefing centers, and a central control room for running simulations using human patient-simulator manikins.

“We’re going to videotape students during simulations so they can review them,” says instructor Diane Aschenbrenner, MS, APRN, BC, RN. “That way, it offers them the experience that we can show them steps they’ve missed, even when they say at first ‘Oh, I didn’t do that!’ For example, I can point out ‘here’s where you touched what was supposed to be a sterile field with your sleeve.’”

Simulations also allow students to delve into the very same software they’ll use at the bedside professionally. Research nurse Laura Taylor, PhD, RN, created simulations across all clinical classes that incorporate the same Eclipsys Point of Care electronic patient records software purchased by Hopkins Hospital. Now, students can take a mock history from a faculty member representing an 85-year-old patient with congestive heart failure, then attach their stethoscopes to a simulation manikin programmed to reproduce impaired breathing sounds.

“Then the students must integrate documentation on the Eclypsis electronic health record as part of their workflow. That’s what nurses do,” says Taylor. “Nurses can’t go home, have a slice of pizza and document their patient care while watching ‘House.’ The students have to document their work before they leave clinical and it is reviewed by clinical faculty.”

Theoretically, technology can reach students regardless of their particular learning styles. Kinesthetic learners—those attracted to the hands-on approach—are drawn to simulations. “The stumps are a great learning tool,” says student Allyson Dibert, “because a book would only say ‘wheezing goes with asthma,’ and you can’t really describe a breath sound.”

Meanwhile, visually-oriented learners want lectures supported with films, DVDs, anything that moves on the screen. For assistant professor Jodi Shaefer, PhD, RN, that meant a cameo from her daughter/actress, who she filmed in a scene from an ‘80s sitcom. “I turned around and there was a cameo from her daughter/actress, who she filmed in a scene from ‘Mr. Belvedere’—because a book would only say ‘wheezing goes with asthma.’”

The duo has been hard at work continuously since arriving on campus. “The team has hit the ground running,” says Jones. “The SPRING program at Hopkins Hospital (featuring the aforementioned ‘Mr. Collins’), the school’s Sim program was so well-received that it’s currently undergoing a renovation.”

Feist says there are currently three smart classrooms in operation, and “as more courses and classes go online, we have to continue to step up what we do in retrofits to increase capacity.”

Meanwhile, everyone knows you take criticism better when you’re still in your socks and jammies.
The Millennials have presented boomers with a challenge many thought they’d never face in their educational careers; the sudden, startling discovery that business-as-usual was no longer effective or desired.

“For me, the needs of Gen Xers and Millennials are definitely a pressure for how we present ourselves to the world as well as how we design education. We now have the ability with new courses to have online discussion forums. I want to build a true community with more social networking for learners with a common interest.”

What this all amounts to is one great educational shakeout. The Millennials have presented boomers with a challenge many thought they’d never face in their educational careers; the sudden, startling discovery that business-as-usual was no longer effective or desired. In their penultimate teaching years, the message is as clear as evolution: Adapt or risk becoming obsolete.

For some, the change will be too great, the need for constant student access too intrusive, the attempt to turn the classroom into entertaining theater too exhausting to attempt. But for those like Leah Yoder, this is a time of great opportunity. She and her ilk see themselves as being on the forefront of the new classroom, an interactive wonderland without walls or limits.

“We can be stubborn and teach the way we’ve always taught,” says Yoder, “but I challenge them to step out of the box. As a generation we hold a tremendous amount of expertise that needs to be passed on to this new generation. We can make this tremendous contribution to nursing by changing the way we teach and train.”

And ensure that the lessons of the past are not lost on those who will benefit from them the most.
or more than a year, you’ve been sending us stories for our “They Must Be Hopkins Nurses” celebration. Now, we share with you some of the most touching, humorous, and courageous moments; stories of nurses showing a true Hopkins spirit.

You can read more stories online at www.nursing.jhu.edu/hopkinsnurses, a website commemorating the 25th anniversary of the establishment of the Johns Hopkins University School of Nursing as a division of the University and the 120th anniversary of nursing education at Johns Hopkins.

Happy Birthday, Hopkins Nursing!

Illustrations by John Kachik
During the war [WWII] a helicopter arrived on a remote island in the Pacific carrying a doctor who was needed urgently for emergency surgery. The doctor was led to a small hut which staff had readied for the operation. Once scrubbed, he approached the makeshift operating table and surveyed his patient. Ready to begin, he reached for an instrument, but the nurse shook her head and handed him a different implement. “Oh...don’t tell me,” he sighed, “a Hopkins nurse!”

—Excerpted from Hopkins Nursing: 1889 -1989

Finally, a Hopkins Nurse
Eileen Leahy ’78

In October of 1978, after graduating with a B.S. in Nursing from the School of Health Services at Hopkins in May, Eileen Leahy reported to University of Virginia Hospital for her first day of work as a nurse. She was nervous and acutely aware of the fact that she was the only “newbie” on her floor.

I was just doing something simple, maybe making a bed, when a big-shot physician and his entourage of medical students unexpectedly burst into the room. As he walked by, the Maltese cross—which was then the trademark badge worn by Hopkins graduates—on my uniform caught his eye. Bringing the entire entourage to a halt, he addressed me directly and said, “Thank God we finally have a Hopkins nurse.”

I grew up in Baltimore, and I didn’t know that Hopkins was such a renowned place, but from that day forward, I never forgot it.
A Special Angel
Meggin Griffin Crawford, accelerated '98

I am a Hematology-Oncology Nurse Practitioner at Baylor College of Medicine in Houston, where I have been based at the local Harris County public hospital on and off for the past five years (mostly on!). As most county hospitals do, we service those who are underinsured and uninsured, and as one can probably imagine, the system is completely overwhelmed.

About a year and a half ago, I met a patient named Maria (not her real name). She was 26 years old and had the misfortune of having been recently diagnosed with metastatic colon cancer, which is very rare in someone that young. When I first got to know Maria, she was very quiet and shy. She didn’t have much to say and didn’t share much. As I slowly got to know her through our clinic appointments and seeing her in the chemotherapy area, she began to mention her five-year-old son.

Her son, it turned out, had been taken by her estranged husband on a weekend visit, and her husband had never returned her son back to her. Maria tried, unsuccessfully, to get her son back on her own, but she was afraid to pursue it through the local authorities as she was an undocumented citizen and her husband was not. Maria did not want to be deported to Mexico; not without her son. She asked me, and several other providers, to please write a letter to her husband explaining the poor prognosis she had, and to please let her have her son back, or at least see him. We did this, but had no success. Maria’s husband just ignored her pleas.

One evening, I was particularly perturbed by this situation. I had a function to go to with the Pink Ribbons Project (www.pinkribbons.org), a local Houston group which uses the arts to promote breast cancer awareness and education, mainly for underserved women. To be honest, I wasn’t feeling up to going, but as a member of the Board of Directors, I went anyway.
Celebrating A Milestone: Two Weeks in Ghana
Maureen Moore Dodd ‘69

To celebrate the milestone of my 60th birthday in 2008, I decided to participate as a medical volunteer abroad. After considering several volunteer options, I signed up with a Ghana-based organization, Disaster Volunteers of Ghana (DIVOG), for two weeks in November 2008.

Ghana is touted as one of the friendliest countries in Africa, serving as a good introduction to the African continent. Everyone was friendly, and I usually felt quite safe, even when traveling alone. However, culture shock was hard to avoid. Being on my own, living and eating just as the Ghanaians, was sometimes difficult. It took me a while to become accustomed to the new sights, sounds, smells, and experiences.

During my two weeks there, I ate all local food, including lye soup, bonku, fufu, and other local specialties. I drank water that was sold in large, flimsy, plastic sachets. You bite off one end and drink from the reservoir of “pure water.” Even though I drank water all day long, I only urinated once in the morning and once at night. But, I didn’t get sick once during my visit.

As a medical volunteer, I was assigned to a Municipal Hospital in the Volta Region. I worked with the hospital staff on a women’s ward and had an opportunity to observe surgeries in their theater. The staff spoke English, but, everyone used Ewe, the local language, in their routine interactions. Some patients spoke no English and my Ewe skills were non-existent, so nonverbal communications became important.

The Municipal Hospital did not have what Americans generally expect to see in hospitals. Basics like towels and linens were scarce. Patients sometimes slept on torn plastic mattresses without sheets. When there was no running water, we used water from buckets to wash our hands. There were no crash carts, and hidden somewhere in a closet under some loose linens, I found an ambu bag.

During my short experience working in Ghana, I realized the importance of having a template for nurses to develop plans for patient care. In looking through the patient charts, I saw that there were no nursing assessment or care plan forms to help focus nurses’ attention on basic patient needs. However, the nursing staff was friendly and open to allowing me to participate in patient care, and I will soon be sending them nursing resources to use in their facility.

Read more about Maureen’s two weeks in Ghana at www.nursing.jhu.edu/dodd.

They Never Once Complained
Shari J. Lynn, MSN, RN, Transitions Practicum Coordinator/Instructor
Sunday, October 11, 2009

For the last six weeks (and one more to go) I have been taking my students to Nelson 4 for their Adult Health clinical rotation. Last Friday we were getting ready to leave the unit at our usual time, 2:45 p.m., when there was a code on the floor. I took the students to the code and had them stand outside the patient’s room as an observational learning experience.

Before long they became an integral part of the team. Not only did they run to other units, even as far as the ED, to obtain needed supplies, but they took it upon themselves as a group to check on the other approximately 29 patients on the unit while the nurses were busy with the code, and they brought chairs for the distraught family members of the patient who were standing out in the hallway.

They never once complained that we did not actually leave the unit until 5:00 p.m. Even the Nelson 4 staff praised them for their assistance. I am very proud of them and feel that their dedication should be commended.

At the event, I ran into Susan Rafte, the founder and executive director of the Pink Ribbons Project. Susan is an amazing woman, and she began our pivotal conversation with the simple question, “How’s it going at the hospital?” I shared with her, because I knew she would truly listen, the story of Maria which had been weighing on my mind so heavily.

After listening to the story, Susan said, “I know someone who might be able to help; a lawyer who works with my husband.” So began the legal process of getting Maria’s son back with the assistance of a wonderful and very caring lawyer, Ileana Blanco. Ileana took Maria’s case pro bono without batting an eye. She filed suit, and, in return, Maria’s husband hired a lawyer. A court date was set for February 2008. The day before the court proceedings, Maria’s husband bowed out of the race.

They settled out of court, allowing Maria to have custody of her son every other weekend, on holidays, and for part of summer break. Maria had wanted her son full time, but given her health, it made sense that Maria’s son share time with his father, who would in all likelihood end up being his primary caregiver.

Maria was able to spend several months with her son before passing away in August 2008. She and her family wrote me a thank you note, calling me “A special angel in her life.” I am pleased and privileged to have been able to help her.

Read more about Maria’s story at www.nursing.jhu.edu/dodd.
SURVEY SAYS…

by Kelly Brooks-Staub

Hopkins nurses are known for being thinkers, innovators, and leaders in the field. So in 2007, we mailed a questionnaire to the school’s 5,000+ alumni to find out whether they live up to their reputation.

We received a lot of responses—1,476 in all—and learned a lot about Hopkins nurses. Survey says… the rumors are true. Take a look at the numbers and see for yourself.

Hopkins Nurses Earn More Money

Salary by highest nursing or educational preparation

Thousands

<table>
<thead>
<tr>
<th>Degree</th>
<th>Hopkins</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>Average</td>
<td>84.6</td>
<td>83.3</td>
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<td>Diploma Baccalaureate</td>
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<tr>
<td>Doctorate</td>
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<td>62.7</td>
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Salary data converted to 2007 dollars using the Consumer Price Index

Hopkins Nurses Enter the Profession to Help People

Male and female respondents cited similar reasons for becoming a nurse, though men are more likely to be drawn by the profession’s salary (48.0% vs. 25.4%) and job security (42.0% vs. 30.3%).

Response by percentage

- Help People: 87%
- Like Science: 73.3%
- Career Options: 63.6%
- Schedule: 42.6%
- Job Security: 31.1%
- Salary: 26.8%
- Family member was a nurse: 19.3%
- A nurse helped during illness: 16.1%
- Knew another nurse: 11.8%

Hopkins Nurses Are More Educated

Highest nursing degree

- Unknown
- Doctoral
- Master’s
- Baccalaureate
- Associate
- Diploma

Hopkins Alumni Are Likely to Be Leaders, Educators, and Advanced Practice Nurses

- Nurse practitioner: 16.0%
- Nurse clinician: 6.7%
- Clinical nurse specialist: 3.1%
- Instructor or professor: 3.8%
- Dean or director: 0.4%

U.S. data are from the 2004 National Sample Survey of Registered Nurses (NSSRN), conducted by the U.S. Department of Health and Human Services. Graphic by stanfordkaystudio.com
Survey respondents represent a diverse group of Hopkins nurses

Race
- African American: 2.0%
- Asian: 3.4%
- Native: 1.0%
- Caucasian: 95.1%

Average Age
- Women: 54.0 years
- Men: 43.5 years
- Total: 53.6 years

Sex
- Women: 95%
- Men: 5%

Hopkins Nurses Are More Satisfied With Their Careers
- Extremely or moderately satisfied: 90.7%
- Neither satisfied nor dissatisfied: 5.5%
- Extremely or moderately dissatisfied: 3.3%

Hopkins Nurses Spend More Time In Administration, Research, and Teaching
- Supervision: 6.3%
- Teaching: 4.5%
- Consultation: 8.8%
- Research: 13.4%
- Administration: 52.3%
- Direct patient care: 60%

Hopkins Nurses Work In Every U.S. State
- Most work in Maryland (35.3%) or California (10.3%), with the majority (84.8%) working in a Metropolitan Statistical Area.
From Inpatient to Prom Princess

Nurses make a teenager’s prom dream come true

By Stephanie A. Kearns, RN

The Pediatric Oncology Unit, CMSC-8, had just rolled out the new Sunrise Provider Order Entry (POE) system. Talk about stressful times! The nurses had plenty on their minds. Were the orders correct? Did the lab labels print accurately? Were they getting this right?

But amidst the POE rollout, there was something much more important happening on the floor that day: Someone had to get to the senior prom.

You only have one senior prom in your life. For 18-year-old Vanessa (not her real name), prom was this Saturday—and she wasn’t prepared. How could she be? She had been sick in the hospital for days.

Vanessa was brought to the hospital for diabetes insipidus, which had been caused by the steroids she had been given to reduce a recurrent germ cell tumor. The diabetes was out of control and she needed to get on insulin and be taught how to take care of herself with this new development.

This story probably sounds like a thousand others you have heard. Well, maybe not a thousand stories, but you know—someone needs to go to a prom, they don’t have a dress, someone else supplies it, and “Voila!” they are off to the dance, just like Cinderella herself.

But that is not how this story went, exactly.

Vanessa really wanted to go to her senior prom. Her nurse, Christine Woo, RN, and the resident on duty, Katie Sussman, had a lot to do to get her safely ready for discharge in time for the prom.

Then there was Julia Sussan, RN, in February 2006 as a bridesmaid in the wedding of her dear friend, Catherine. Catherine had cystic fibrosis, and had undergone a double lung transplant here at Hopkins in March 2006. She died later that month.

Julie, along with some of Catherine’s other friends and family, started a foundation called Catherine’s Fund 4 Cystic Fibrosis (CF4CF). In fact, the evening I met Julie, she was wearing her CF4CF tee-shirt under her scrubs. The foundation has raised more than $24,000 since it was started.

Julie had recently been working on cleaning out her closet and had even thought about donating all of those dresses to a charity. All of them, of course, except the green one.

Well, you know how young prom princesses are when they make up their mind on a color. Vanessa didn’t even want to hear about the other dresses once she heard about the green one.

Julie knew that she would never wear the dress again. So she sucked it up, called Tom, and talked him into putting down the paint brush, finding the dress, and carefully bringing it in for the soon-to-be prom princess.

Everyone else went into high gear. Makeup and nail polish were located, a sash was fashioned out of a few pillowcases, decorated with the moniker “Prom Princess.” Even the POE nurses jumped in and helped. All the orders were written, the teaching was done, and off she went to the prom. And, like Cinderella, she was late.

Pediatric oncology nurses see a lot of tragedy. Their stories don’t always have a happy ending. But without a doubt, that night certainly did, as one young lady was transformed from a patient into a princess!

On prom night, Stephanie Kearns, RN—the writer of this story—was working on The Pediatric Oncology Unit to support the rollout of the new POE clinical
Super-users to the rescue
Nurse specialists help get diabetes under control
by Lester Davis

With more than 2,000 nurses and nearly 1,000 beds, the task of improving care for diabetic inpatients at The Johns Hopkins Hospital could seem downright daunting. But with a cadre of Super-users—nurse experts in diabetes management and patient care—on each unit, the situation (and blood sugar levels) are under control.

“The disease can negatively affect a patient’s recovery,” noted nurse practitioner Joanne Dintzis, MSN, CRNP, CDE. “If hospitals don’t improve blood sugar levels of inpatients, they can suffer from wound infections and slower healing after surgery.” And insulin, which is often used to treat the disease, is considered a top-five high-risk drug that, if delivered incorrectly, can lead to death.

Dintzis serves as a clinical facilitator, charged by a taskforce of hospital leaders to improve diabetes care.

In 2006, improving care for diabetic inpatients gained steam after the American Diabetes Association and the American Association of Clinical Endocrinologists released a joint statement calling for improved care of diabetic patients in American hospitals. That year, the Hopkins taskforce developed a series of workshops to educate nurses about the dangers facing diabetic inpatients whose blood sugar is insufficiently monitored. But the workshops were reaching a tiny fraction of the nurses. “It was a good turnout,” said Dintzis, “but we still had an awful lot of nurses we were not reaching.” That’s when the taskforce conceived the idea of Super-users.

Each of the hospital’s more than 40 care units has now committed at least one nurse to help educate other nurses about properly managing diabetes. Currently Hopkins has 90 Super-users, and the program is widely successful.

“We help the Super-users understand the hospital policies associated with diabetes care, and then they can be our liaisons with the staff on their units,” Dintzis said. “We’re really focused on keeping the patient safe and avoiding harm because it is a dangerous disease.”

Researchers Walk the Fine Lyne
With grants from the Dorothy Evans Lyne Fund, Hopkins nurses—from the hospital and the school—are partnering on research to improve patient care
by Lester Davis

Valid and Reliable? Nurses Assess the Johns Hopkins Fall Risk Tool.
You may think that nurses at The Johns Hopkins Hospital are a bit zealous in their devotion to studying and preventing inpatient falls. Then again, if you know that falls are the sixth leading cause of injury and death among inpatients, you might admire their spirit of inquiry and determination.

Hopkins nurses first developed a tool to assess and prevent patient falls back in 2003, said Patricia Dawson, MSN, RN, who helps coordinate the fall risk program. Today, it is used in all adult inpatient units at Johns Hopkins and has been embraced by more than 50 other hospitals in the U.S. and around the globe.

Because the tool has been adopted by so many clinicians, the Hopkins nurses decided to make sure the tool was measuring what it was designed to measure—fall risk. This required a rigorous study, so the nurses applied for a grant from the Dorothy Evans Lyne (DEL) Fund to test its reliability and validity. Like all research funded by DEL, the fall risk study is being conducted jointly between a team of nurses from the hospital and Johns Hopkins University School of Nursing.

Members include Stephanie Poe, MSN, RN, assistant director of nursing of clinical quality and informatics; Patty Dawson, MSN, RN, coordinator for Magnet and quality; Maria Cvach, MSN, CRNP, CDE. “If hospitals don’t improve blood sugar levels of inpatients, they can suffer from wound infections and slower healing after surgery.” And insulin, which is often used to treat the disease, is considered a top-five high-risk drug that, if delivered incorrectly, can lead to death.

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In 2006, improving care for diabetic inpatients gained steam after the
RN, assistant director of nursing clinical standards; Margie Burnett, BSN, RN, NCII; Linda Costa, PhD, RN, nurse researcher; and Elizabeth Hill, PhD, RN, Assistant Professor at the school of nursing.

“The school of nursing has really reached out to the hospital to help them with real life issues that the nurses are faced with on a daily basis,” said Cvach, assistant director of nursing and clinical standards for Central Nursing Administration. “They’re not just teaching the students to do research. The school of nursing is interested in solving some real life issues that we face at the hospital.”

In the summer and fall of 2009, nurses at Hopkins have been gathering information on more than 1,600 inpatients. Within two hours of admission, adult inpatients are assessed by a nurse, who looks at factors such as age, type of medication, and use of cumbersome hospital equipment (like an IV pole) that might increase the risk of a patient fall. Each patient in the study receives at least four assessments, which are then compiled by a researcher.

It’s too early to glean any information from the data that have been collected so far, says Cvach, but when the study is completed next summer, nurses may have a proven tool to help these at-risk patients.

Teach-back to Reduce Readmission
With little follow-up or guidance after hospital discharge, it’s no wonder that the 30-day readmission rate for U.S. heart failure patients hovers around 25 percent.

To keep heart failure patients out of the hospital, nurses at The Johns Hopkins Hospital knew that patients must be given the right information—in a way they could understand and remember it.

As part of a DEL-funded pilot, nurses launched the so-called “teach-back” method to improve care transitions.

Teach-back starts in the hospital, when a nurse explains disease management, such as signs and symptoms, nutrition, medications and appointments. The patient repeats the information (“teaching back”) to the nurse, which gives them a chance to clear up any confusion.

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Team members from The Johns Hopkins Hospital were JoAnn Ioannou, MSN, MBA, RN, assistant director of medical nursing; Stacey Rotman, MSN, RN, heart failure care coordinator; Kelly Caslin, RN, nurse manager; and Karen Davis, MSN, RN, director of medical nursing. The principal investigator, Cheryl Dennison, PhD, ANP, and Jerilyn Allen, ScD, RN, joined the team from the School of Nursing, and Stuart Russell, MD, associate professor at the School of Medicine was also on board.

Teach-back starts in the hospital, when a nurse explains disease management, such as signs and symptoms, nutrition, medications and appointments. The patient repeats the information (“teaching back”) to the nurse, which gives them a chance to clear up any confusion.

Within five days of discharge, a nurse calls the patient at home to check in and assess the retention of the lesson. Two weeks later in the clinic, the patient will again go over the disease information.

The Dorothy Evans Lyne Fund
The DEL fund supports pilot studies conducted by teams of nurses from The Johns Hopkins Hospital and Johns Hopkins University School of Nursing. Each study is designed to improve patient care and outcomes, provide evidence to validate clinical practice, or examine the effectiveness of clinical care delivery systems.

The fund was established in 2001 by June R. Elliott, a grateful Hopkins patient, in honor of her long-time friend and Hopkins nursing alumna, Dorothy Evans Lyne ’59.
Emma Barth, RN, spent two years touring dozens of houses in the search for her dream home. She'd still not had success when producers from HGTV's House Hunters approached her real estate agent about appearing on the reality show.

“We thought it would be a fun experience,” said Barth, a nurse clinician at The Johns Hopkins Hospital.

Newly married and renting in Baltimore's Charles Village neighborhood, Barth cast her house-hunting net on the Canton area. Shooting for the program began in late May, and Barth and her real estate agent visited up to a dozen houses in a single day.

Almost immediately, Barth realized she had agreed to more than she bargained for. “It was a painstaking process,” she said, adding that the show's producers had her focus on the more peripheral aspects of each house she visited, like paint color or the molding around stairs.

Being on the show, said Barth, “was a total eye-opener to the ways of reality television. I don't think I would do it over again now that I know what the process is like.”

After several days of shooting—and missed time at work—Barth found the perfect two-bedroom, 1,300 square-foot row house in Canton. The house, says Barth, fits her checklist of must-haves: open design, new appliances, and spacious backyard. She and her husband moved in June 1, 2009.

The segment is scheduled to air around March 2010. If you miss the show on TV, you can watch it online at www.hgtv.com/house-hunters/show/index.html.

The show “was a total eye-opener to the ways of reality television.”
—Emma Barth, RN

Job satisfaction is a key factor in attracting and retaining the best nurses,” according to Patty Dawson, MSN, RN, coordinator for Magnet and Quality for The Johns Hopkins Hospital. That’s why this June, more than 70 percent of the hospital’s nurses participated in two surveys to gauge their satisfaction and engagement in the workplace.

Among the 7,300 hospital employees who took the Gallup Q12 employee engagement survey were 1,700 bedside nurses. A more engaged nursing staff can mean improved efficiency, patient satisfaction, and safety, so with nurses comprising approximately 23 percent of Hopkins’ workforce, their participation in the survey was important.

“Our employees are our most valuable asset, and we want to have a way to capture their feedback,” said Carol Woodward, a Johns Hopkins human resources consultant who helps coordinate the Q12 survey every two years. The results for nurses showed improvement over the 2007 “Grand Mean” score as well as scores in 10 of the 12 individual questions on the survey, Woodward said.
The RN Job Satisfaction survey, administered through the National Database for Nursing Quality Indicators and coordinated at Hopkins by Dawson, measures nurses’ satisfaction with their level of input in decision-making, time to complete tasks, overall job enjoyment, and perceptions about quality of care. Results from 2005, 2007, and 2009 have revealed consistent improvement in all four areas—and Hopkins remains above the national average.

Managers are sharing the survey data with nurses on their units this fall. Together, they will work to assess the unit’s strengths and plan for continued improvements to make Hopkins an even better place to be a nurse.

Thinking Strategy

By Karen Haller, PhD, RN, FAAN
VP of Nursing and Patient Care Services
Johns Hopkins Hospital

Every two years, The Johns Hopkins Hospital nursing community engages in some formal strategic thinking. We pause from the hectic daily pace, take stock of the current healthcare environment, and determine where we need to head. Good strategic thinking is provocative and creative. It leads us into a future which cannot be fully understood or predicted.

This year’s planning has resulted in a set of agreed-upon priorities to focus our work and help us create greater value in four areas: healthy work environment, excellence and discovery in care, leadership and integrity, and respect and collegiality. These priorities are reflected in the poster, shown here and displayed on the units.

Nurses on every unit are asked to select one project in each of the four priority areas—set a goal for each, make a plan, determine a measure of success, and push toward improvement over the next two years. This approach allows units to select projects that will benefit their unique cultures or special patient populations. My hope is that we will engage the wisdom of all the nurses on the front lines, and turn the hospital into a veritable learning lab.

Notable Nurses

Karen Haller received the 2009 President’s Award from the American Nurses Credentialing Center (ANCC) for her leadership, contributions to excellence, and service to the Magnet Program and the American Nurses Association. She was presented the award by Debbie Hatmaker, President of ANCC, and Jeanne Floyd, chief executive of ANCC, at the 2009 National Magnet Conference held in Louisville, KY. Haller received a standing ovation from an audience of over 5,000.
New Pavilion Improves Patient Safety
Nurses offer ideas on room design for hospital’s new inpatient addition
By Susan Middaugh

Interior design requires a different skill set from providing bedside care. Nurses aren’t trained to read blueprints or to work with architects and electricians. And yet, the nursing staff at the Johns Hopkins Medicine-affiliated Howard County General Hospital (HCGH) played an important role in planning the hospital’s new 90-bed inpatient pavilion, which opened August 3.

The collaboration made sense for several reasons. Patient safety and improved quality of care were the driving forces behind the new addition. Nurses are in daily contact with the clinical needs and wishes of patients and their families. They know what works in a hospital setting and how small changes, such as the placement of a chair, or significant ones, like having private rooms, could work better for patients and staff.

Doree Turnage, RN, PCCN, clinical program manager for the new 3 Pavilion, participated in a committee of nurses that met regularly to offer ideas and feedback on room design to Beth Plavner, HCGH’s special projects administrator who was in charge of overall planning for the new four-story pavilion. “Safety was a first concern,” said Turnage, whose unit cares for a wide variety of illnesses from stable ventilator patients to those in need of pulmonary, renal, and surgical care. Many of these patients are elderly.

One outcome of these planning meetings: bathrooms in the new pavilion feature elevated commodes with side railings for ease of use. To decrease the risk of falls, safety railings were installed at strategic locations to assist patients in getting to the bathroom safely.

The nurses also wanted to make sure there was adequate clearance for their carts and equipment to navigate the hallways and patients’ rooms. “Beth constructed a mockup room so that the staff could offer their concerns and opinions,” said Turnage. “We also wanted enough space to accommodate family members who are visiting or spending the night. Having a family member present is very reassuring to an elderly patient. As a result, each inpatient room has a sleep sofa, a desk large enough for a laptop, shelving for personal items, and a closet.

The new addition contains three new 30-bed inpatient units, all with private rooms. Private rooms reflect a trend in hospital design since the introduction of HIPAA, the federal privacy law, Turnage explained. This trend also helps reduce patient infection because it lowers the risk of cross-contamination that could occur from having a roommate.

Reducing medication errors was also a priority for the hospital. One solution the nurses came up with was to keep each patient’s medications in an alcove outside his or her room. Each alcove in the new pavilion contains a place for the nurse to sit at a computer to take notes and monitor the patient’s heart rhythms on a telemetry screen. This arrangement is “nurse friendly,” said Jacqueline O’Neale, RN, a staff nurse on 2 Pavilion, who participated in a feedback session on the prototype room design. O’Neale and her colleagues suggested that each alcove house a locked drawer for each patient’s medications and a cabinet above the desk be set aside for storing supplies such as tissues, bedpans and urinals.

“All the nurses like the new room design and the alcoves,” said O’Neale. “We can sit at the desk and do our work. We don’t have to be at the nurses’ station.”

“The patients like it too,” said Turnage. “Each room has calming colors, a large window, and artwork hanging above each bed. The rooms are light-filled, clean, and quiet, which is more restful for the patients and consequently less stressful for the staff.” One patient recently commented that she had donated to the hospital and it was very nice to see her donation go to such good use, Turnage said.

This patient room in the new Howard County General Hospital Pavilion was designed with nurses' input and insight.
Beat the Clock
CICU nurses cross-train for quicker angioplasties
By Susan Middaugh

Two years ago, the nurses in the Cardiac Intensive Care Unit (CICU) at Johns Hopkins Bayview Medical Center wanted to improve the chances of survival for patients experiencing chest pain and in need of angioplasty. In doing so, they had to “beat the clock” and extend themselves in unfamiliar ways.

The clock starts when acute myocardial infarction (MI) patients enter the emergency department for diagnosis and referral and ends in the cath lab. The state standard for door to balloon inflation time is 120 minutes. Bayview was taking slightly longer than that, but aspired to a more ambitious goal. “We wanted to go by the American Heart Association’s 90-minute standard because that was better for patients,” said Tim McFeely, RN, patient care manager of the CICU.

Closing that gap required ingenuity on the part of the CICU nurses and more than a little juggling. In addition to providing patient care on their unit, these nurses are responsible for codes, a hypothermia protocol for patients following arrest, and serving on a rapid response team. Then they added one more task. Eighteen CICU nurses out of a staff of 35 volunteered to be part of a “bridge” team to be cross-trained in the cath lab.

Here’s how the new procedure works. When a patient with acute MI comes into the emergency department, the CICU nurse goes downstairs to the ER to transport the patient to the cath lab. While waiting for other members of the team to arrive, this nurse stabilizes and preps the patient according to the lab’s protocols, remains present throughout the procedure, and then transports the patient to the CICU.

The bridge team began as a pilot in June of 2007. Since then, approximately 110 men and women have gone through this regimen, said McFeely, noting that “almost immediately we saw a huge improvement” in both the patients’ health and the nurses’ response time. In July 2009, the median door to balloon time at Bayview had been reduced to 70 minutes. “These patients used to be very sick,” said McFeely, “now they’re usually in the CICU for just one day.”

The bridge team has been a win-win for patients and nurses alike, says Heather Wilkerson, RN, CCRN, an advanced clinical nurse educator for the CICU. Wilkerson and cardiac cath lab nurse Jeff Burkins, RN, trained their colleagues in the new procedure. “The nurses love it,” she said. “It makes them feel empowered, like they’re doing something worthwhile for the patient. In the past many of our acute MI patients died or suffered a poor quality of life after discharge and were frequently readmitted to the hospital. Now many of our acute MI patients walk out of here with their families. They may need to make lifestyle changes, but their outcomes are much improved.”

The nurses have benefited in other ways, says Wilkerson. “They’ve enhanced their skill set by developing a certain level of competency in two different entities of the hospital.”

Janet McIntyre, MSN, RN, CPHQ, senior director of quality and patient safety at Bayview, was so impressed with the CICU nursing team’s efforts to “go well beyond the call of duty” that she nominated them for a regional award from Advance for Nurses magazine. The CICU nurses earned best in initiative and second overall for the best nursing team.
Overseas Delivery

Thanks to these Bayview nurses, an Air Force dad was able to coach his wife through labor—from Afghanistan.

By Susan Middaugh

Obstetrics nurses at Johns Hopkins Bayview Medical Center pride themselves on creating a personalized care plan for their maternity patients that combines compassion and expertise with sophisticated technology. But earlier this year Christy McPheeters, RN, received an unusual request from her supervisor. Joe Burns wanted to be with his wife, Amy (not their real names), during the birth of their first child, but he was stationed in Afghanistan with the U.S. Air Force. Could the maternity unit reach out to him electronically?

McPheeters was recruited for this special assignment because her husband also serves in the Air Force and frequently gets called overseas. “We try to accommodate all of our patients,” McPheeters said, “but this was the first time we had ever done a telecast delivery.” She describes the experience as new and exciting for her and an example of how accommodating the nursing staff is to its maternity patients.

The Freedom Calls Foundation, a nonprofit in Morristown, N.J., that offers free phone and video conferencing to U.S. troops, helped with the logistics. They arranged for Joe to be in a hotel conference center in Afghanistan where he could be connected to his wife in real time. The hospital supplied the television, a web cam that rotated 360 degrees, a speaker, remote control, and a microphone for Amy.

McPheeters admits that the presence of a TV camera in the labor and delivery room was an adjustment for her. Otherwise, her role was the same—being supportive of the patient, helping Amy push when appropriate and taking care of the new baby. Although the expectant father was physically thousands of miles away, his voice and persona were felt during his wife’s labor because of the video transmission and telephone hookup. The Air Force dad “was very personable and comfortable with the situation,” McPheeters said, which also helped her and Amy. “The couple were able to see and talk to each other” during what could have been an especially stressful event. The only complication was that the induction took longer than Freedom Calls had allotted. As a result, the new dad was no longer available by telecast, but he was able to be on the phone for the birth and able to take still photos of his new baby after the delivery. “The parents were very happy and grateful to have more than eight hours to spend together,” McPheeters said.

About six weeks later, the couple and their newborn returned to Bayview to express their thanks to McPheeters in person. Since then, the maternity unit has received a second request for the same service from an expectant mother who wants her husband, who is stationed overseas, to participate in the birth of their child—remotely. “We try to meet the needs of all of our patients,” said McPheeters. “But it’s nice to know that these options are available to military families.”

“This was the first time we had ever done a telecast delivery.”
—Christy McPheeters, RN
Emergency Accommodation
New procedures reduce emergency department closures by 50 percent
By Susan Middaugh

When the State of Maryland approved Suburban Hospital’s cardiac surgery program a few years ago, the hospital knew it had to be open to as many ambulance patients as possible. The problem was, Suburban’s emergency department (ED) was frequently overwhelmed and often had to close its doors to all but the most severe trauma cases.

Two years ago those closures started to decline when the nursing staff initiated a patient-centered change in procedure that requires the cooperation of nearly the entire hospital. One of the motivators was a need to be more community-minded.

Diverting ambulances away from the hospital meant “we weren’t there for the

Diverting ambulances away from the hospital meant “we weren’t there for the public.”

—Cindy Notobartolo, RN

public,” said Cindy Notobartolo, RN, corporate director of Suburban’s emergency/trauma, safety, and security services. “Their doctor and medical records might be here, but they had to go further away to another hospital.” The nurses at Suburban thought they could do better.

The new procedure, called Code C, consists of a comprehensive plan to improve the flow of patients from the ED—which can accommodate approximately 50 patients—to inpatient beds. Of all Suburban’s admissions, 75 percent come through the ED.

“We looked at best practices and principles espoused by the Institute for Healthcare Improvement,” said Mary Welsh, RN, TNCC, CCRN, PHN, who also serves as a relief charge nurse. An RN for the past 24 years, Welsh has worked in Suburban’s ED for the past six. The goal of Code C, she explained, is to prevent a closure by paging a team that includes representatives from nursing, the ICU, and CCU as well as Admitting, Housekeeping, and Transport Services. Everyone gathers in the ED to discuss next steps. Through an exchange of information and subsequent deployment of staff to different parts of the hospital, a closing may be averted. For example, the cardio-thoracic unit might be able to accept a patient from the ED on a temporary basis. Another patient’s admission might be sped up because Housekeeping dispatches a staff member to clean a recently unoccupied room.

Because of Code C “we now have a shorter prep time for moving patients from the ED to another floor,” Welsh said, “and we’re closing the ED less often.” During the last fiscal year, which ended June 30, for example, Suburban had reduced the number of ED closures by 50 percent, said Notobartolo.

The new system is better for patients, said Welsh. “They don’t have to go to a hospital where the doctor doesn’t know them and is further away for their families to visit.”

Notobartolo agreed. “Our patient satisfaction scores are up and a recent poll of area physicians in Washingtonian magazine indicated that Suburban Hospital was one of the best hospitals to go to,” she said.

Welcome to the Family
Johns Hopkins Nursing welcomes the newest members of the family—the 604 nurses of the Suburban Hospital Healthcare System. This summer, the 238-bed, Bethesda-based Suburban Hospital joined Bayview and Howard as a wholly-owned subsidiary of the Johns Hopkins Health System.
Because we put healing and careers in motion.

We keep your work-life balance in harmony.

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The qualified RN should have a BSN, a minimum of three years of clinical experience, one year of quality related experience (may be demonstrated via management/non-quality position title), strong communication skills, and proficient computer skills in Word and Excel. This position does not necessarily require Performance Improvement/Quality experience, and in fact, is well-suited to RN Directors, Managers, and Educators.

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We also have opportunities for RNs with critical care experience and ACLS/PALS certification (available at Kernan) in our Progressive Care Unit (PCU). Our 23-bed unit with five ICU/IMCU beds employs an innovative care delivery model that meets the needs of patients at all levels of recovery. Pain Management techniques include PCS, PCEA, and Peripheral Nerve Block. We also provide cardiac monitoring.

Kernan Orthopedics and Rehabilitation is a community teaching hospital, a member of the University of Maryland Medical System located in the Baltimore metropolitan area. Kernan Hospital values certification, offering a certification bonus in a position-related area, and support to obtain certification, free parking, financial support to attend external conferences, tuition reimbursement, and a comprehensive benefits package. To learn more, and to apply, fax resumes to 410-448-6854, or email Michelle Jones at mmjones@kernan.umm.edu, or call 410-448-6660 for more information. EOE.

www.kernan.jobs
Students

MSN student **Brooke Bucci** attended a White House healthcare reform press event in September. She joined about 150 nurses representing professional societies such as the, MNA, ANA, SEIU, and AWHONN.

DNP students **Lynn Marie Bullock** and **Lisa Paris**, along with faculty member Mary Terhaar, won first prize at the National Nursing Staff Development Conference for their poster “Revolution in New Graduate Orientation.”

MSN/MPH student **Kara Franz** received a student grant from the Association of Professionals in Infection Control (APIC) to perform a baseline assessment of the administrative, environmental, and personal infection control infrastructure among multi-drug resistant tuberculosis (M(X)DR-TB) Clinics in South Africa. In June, Franz, along with faculty mentor Jason Farley and PhD student **Carrie Tudor**, collected data at 10 such hospitals throughout South Africa.

Family Nurse Practitioner students **Meghan Greeley** and **Monica Nandwani** received Johnson & Johnson sponsored scholarships to attend the Retail Clinician Education Congress.

**Kathryn Ruble** has completed her PhD studies and joined the Hopkins medical faculty as an instructor in oncology. She plans to continue her research in late-effects of therapy in cancer survivors and issues related to cancer survivorship.

**Have you Bb-ed today?**

**Seth Taylor** ’10 received a MidAtlantic Cardiovascular Foundation Scholarship.

Staff

The Blackboard Team—**George Anagnostou**, **Matt Chin**, **Theron Feist**, **Frank Hoey**, **Emily Jones**, and **Devin Wilson**—have successfully conducted 19 training sessions, trained 58 of 66 faculty (88%) and 34 administrative staff, and migrated 230 (100%) courses to the new platform.

Vaughn to lead technology initiatives

As the inaugural assistant dean for information and technology integration, Michael Vaughn, MS, came on board in November to lead the school’s strategic, operational, and innovative technological initiatives, such as real-time simulations involving manikins and online courses.

Vaughn brings 12 years of experience leading the integration of technology into health education, research, and practice. He comes to Johns Hopkins from Indiana University, where he pioneered the introduction of many cutting-edge technologies, including the first school-wide implementation of a course management system in 1997, implementation of a fully distance-accessible option for the PhD program utilizing sophisticated web conferencing technologies, and the construction of a state-of-the-art clinical simulation facility. He was also instrumental in establishing the IU School of Nursing Lifelong Learning department as a global provider of online continuing education offerings, reaching over 1,500 individuals annually.

“It is a tremendous opportunity for me to become part of the Johns Hopkins tradition with a school whose star is rising,” Vaughn said about his new position. “I am excited to work with faculty, students and practice providers to take full advantage of technology to improve healthcare and healthcare education.”
Meet the New Faculty Leaders

Congratulations to our new directors and chairpersons for the baccalaureate, master's, and doctoral programs:

Cheryl Dennison, PhD, RN, ANP, PhD Admissions and Progressions Committee Chair
Linda Gerson, PhD, RN, APRN, Baccalaureate Admissions and Progressions Committee Chair
Susan Immelt, PhD, RN, Baccalaureate Curriculum Revision Committee Chair
Sarah “Jodi” Shaefer, PhD, RN, Baccalaureate Curriculum Chair
Daniel Sheridan, PhD, RN, FAAN, DNP Curriculum Chair
Julie Stanik-Hutt, PhD, ACNP, CCNS, MSN Program Director
Jo Walrath, PhD, MS, RN, Baccalaureate Program Director

Welcome Back

Alumnae Nicole Warren '98, PhD, MPH, CNM, and Sharon Kozachik, PhD ’06, RN who returned to their scholarly roots this fall as faculty members at Hopkins. Kozachik has joined the Department of Acute and Chronic Care, and Warren is faculty in the Department of Community Public Health.

Faculty, department of community health

Joan Kub, PhD, APHN, BC was elected as a Northern Member at Large for the Association of Community Health Nursing Educators (ACHNE) for 2009-2011. She was also selected as a fellow of the AACN Leadership for Academic Nursing Program.

Faculty, department of health systems and outcomes

Patti Abbott, PhD, RN, BC, FAAN, FACMI, and Laura Taylor, PhD, RN, presented “Combining Science and Wisdom: Bringing Evidence-Based Practice into Nursing Education,” at the 10th International Congress on Nursing Informatics in Helsinki, Finland.

Sarah Szanton, PhD, CRNP, received a 2009-2011 John A. Hartford Foundation Claire M. Fagin Fellowship in geriatric nursing research to study how chronic stress affects the health of older adults.

Faculty, department of acute and chronic care

Anne Belcher, PhD, RN, AOCN, CNE, FAAN, presented “Religious and Spiritual Perspectives Among Clients in a Mental Health Day Care Setting” and “Spiritual Care: Scope of the Issue” at the 2nd Annual Meeting of The Society for Spirituality, Theology and Health at Duke University.

Faculty member Sharon Kozachik, PhD, RN, has received the 2009 Oncology Nursing Society (ONS) Foundation Research Grant for “Sleep, HPA Axis Activity, and Paclitaxel-Induced Neuropathic Pain.”

Rosemary Mortimer, MEd, MSN, RN, attended a White House healthcare reform press event in September. She joined about 150 nurses representing professional societies such as the, MNA, ANA, SEIU, and AWHONN.

Sharon Olsen, PhD, RN, AOCN, received her PhD—and the Janet Rexrode Southby Prize in Nursing Research—from the Catholic University of America in Washington, DC.

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Johns Hopkins nurses are appearing in news media worldwide. Johns Hopkins Nursing brings you this new section, "Hopkins Nurses in the News," to share their stories.

**Baltimore Sun**

In “Coping with the ‘he-cession’” (July 17, 2009), Nicholas Martin, accelerated ’10, (right), commented on men seeking more jobs traditionally held by women, including nursing. Martin had originally considered pursuing a master’s in business administration, but chose a second degree in nursing instead. “I didn’t want to be behind a desk, or anything like that,” he said. “I wanted to be on my feet. I really enjoy the interaction with people—whether it’s education or healthcare.”

In her op-ed, “Dangerous Times” (June 14, 2009), Jacquelyn Campbell, PhD, RN, FAAN, addressed the rise in domestic violence in the midst of the economic downturn, and how services to help the victims are also dwindling.

Tricia Angulo-Bartlett discussed the role that nurse practitioners will play in primary care if the “congressional health care reform delivers what it promises—insurance to an estimated 47 million Americans, who would be added to an already strained system” in the article, “Nurse Practitioners Pick up the Slack in Providing Primary Care” (August 9, 2009).

**International Doula**

Jessica Sabo ’07 described her experiences of assisting African women during the child-bearing process in her article “A Student Doula’s Experience in a South African Maternity Ward” (Vol. 17, Issue 2).

**Peace Corps Fellows USA**

“I build the socialization aspect of the Fellows program by collaborating with the students,” said Lori Edwards, MPH, BSN, APRN, BC, in the article “Putting the FUN in Fellows/USA” (spring 2009).

In Other News

Research!America picked up the blogs written by Nancy Glass, PhD, MPH, RN during her travels throughout Africa researching rape “from the perspective of perpetrators, [which] is an important way to build programs for prevention.” Follow Dr. Glass’s blogs at www.nursing.jhu.edu/blogs/blogs/nancyglass.

In the article “Nurses: Pain Affects Everything Else,” appearing in the September 14 United Press International newswire feed, Gayle Page, DNSc, RN, FAAN, and Sharon Kozachik, PhD, RN, note that pain is an “‘exquisite stressor’ affecting mood, sleep, the abilities to heal, and to fend off infection.”

The Miami County Republic (June 24, 2009) reported the progress of Mary McQuilkin ’09 and 27 other cyclists pedaling 4,000 miles across the country as part of the “4K for Hopkins” fundraising effort for cancer research. On the evening of June 22, McQuilkin and other cyclists stopped for the night in Paola, Kan. after covering 112 miles in a single day. The journey started in Baltimore on May 31 and finished in San Francisco on August 1.
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To find out more, please contact Kathryn A. Shelton
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410-516-7954 or 800-548-1268
kshelton1@jhu.edu
www.jhu.plannedgifts.org

Seek advice from a tax professional before entering into a gift annuity agreement. Hopkins gift annuities not available in all States.
Since I was a child, I’ve wanted to do something that would help make life better for the people around me; to help society in a meaningful way. When I started working as a certified nurse assistant in a local nursing home, I took notice of the care and personal interaction a nurse provides to a patient. I realized that the nursing profession is meant for only those who really have a heart for helping people. Nurses are diligent, dedicated, patient, and compassionate toward individuals in need.

And I knew that becoming a nurse was my true desire.

Today, I am enrolled in the BS-to-MSN program, where I continue my work with older adults through the school’s Community Outreach program. Once I complete my degrees, what I really want to do is work with adults in underserved populations.

I will strive to be an exemplary contributing member of my community as a professional nurse, because, really, it feels good to help the people who need it most.

—Cyasha Brown, Accelerated ’10

The Ruth Jeffcoat Nelson Scholarship was established through a bequest from the estate of Ruth Nelson ’37 and her husband Russell Nelson, a Hopkins 1937 medicine graduate and president of the Johns Hopkins Hospital for two decades.
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HOMECOMING

Photos by Joe Kemp and Rob Smith
View more photos online at www.nursing.jhu.edu/homecoming09.
2009

1. Phoebe Evans Letocha, archivist, and Violet Hembrow-Gay ’59
2. Christiane Garcia ’10, Neysa Ernst ’06, Rosemary Mortimer, faculty
3. Jane Smith Arevalo ’60 and Danielle Miller ’11
4. Anna Peterson ’11 and Nancy Kairia ’10
6. Pat Corbly Puchalik ’69 and Sandra Stine Angell ’69
7. Mary Rex Warfield ’59
8. Gertrude “Trudy” Jones Hodges ’59 and Gerry Pignato Peterson ’64
9. Mary Brister Burns ’54, Janet Cummings Snyder ’54, Yvonne Metoxen Brockman ’54
10. Eric Ipsen, accelerated ’10, Mary “Mimi” Lambert ’59, and Mary Sue Clark Spahr ’59
11. JoAnn Coleman, postmaster’s ’95 and Sue Verrillo, MSN ’03
12. Johns Hopkins alums singing their school song
13. Diane Aschenbrenner, faculty; Karen Ball ’95; Nancy McAleer ’95
14. Barbara Pickel Daniel ’59 and June Persson ’59
I want to thank all of you who attended Homecoming this year. The educational program was very informative and well-attended as were the cocktail party and luncheon. At the Homecoming luncheon, Mary Warfield gave a wonderful talk about the class of 1959’s experiences in nursing at Johns Hopkins (www.nursing.jhu.edu/warfield). It was captivating, interesting, and moving. We need to find a way to film and broadcast these verbal accounts of the Hopkins experience over the years. All students and alumni would enjoy and embrace this history of Hopkins nursing through historic times.

The Nurses’ Alumni Association annual business meeting minutes and reports are usually shared in this section. The board decided to post the annual report online (www.nursing.jhu.edu/alumninimates) to allow space for some class news in this issue of the magazine.

The primary area of focus for JHNAA’s next year is engagement. We will continue networking events for the students as well as sponsoring the pinning ceremonies. The membership committee will focus on community service as well as developing regional subcommittees which will reach out to Hopkins Nurses in their area. Also, a board director will focus on Facebook networking. We are reaching out to alumni in other areas to join committees through conference calls. If you are interested, please let us know (no matter where you live). Homecoming committee will be looking at creative ways to enhance this experience. Please do not hesitate to send me your comments and suggestions (JHNAA@son.jhmi.edu or 410-955-4285).

Join your fellow alumni and please consider paying your alumni dues!

I would like to end my comments by thanking Lois Hoffer, JoAnn Coleman, and Sue Culp for all their support. They will be missed on the Board. JHNAA@son.jhmi.edu
Our patients come from all over the country. And so do our nurses. They come to be part of the most professional, diverse and reputable nursing teams. They come to work beside the unequaled talent of Johns Hopkins physicians, nurses and staff. And they come for the benefits and unlimited opportunities for personal and professional growth.

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For additional information or to apply online, visit www.workingathopkins.org
sent on the name of a prescription for arthritis in my right finger. How thoughtful! Sally Carton Mitchener of NC from the Class of 6/46 wrote since she thought her class no longer had a representative. Sally keeps in touch with several JHH grads, and still plays duplicate bridge.

Classmates: Remember class news is online @ www.nursing.jhu.edu/alumni/classnews

'49 Kathleen Connolly Anello is retired, living in a senior residence and trying to keep up with everything. She enjoys walking, reading, politics, public affairs, music, drama, cards, and all her friends. One achievement Ruth Preston White recalls is being the recipient of a US Public Health Grant for research while working at the University of Vermont as an Assistant Professor in Community Medicine in ’63. The study was patient oriented. She remembers the warm and friendly classmates, who were in awe of Miss Wolf and her support of the students.

'50 Class Reporter—Betty Borenstein Scher, 1190 W. Northern Parkway, #225, Baltimore, MD 21210, (443) 449-5934, bbsher@comcast.net. Not too much news this time. First of all, Homecoming was nice, but a bit lonely as far as seeing classmates and alums in classes near ours. Class of 1949 “celebrated” their 60th, but no one was there to represent them. Next year will be our 60th, and I am really hoping some of us can manage to get back for some kind of celebration. I know some of us can still travel alone and others can travel with an “assist.” A reunion letter soon will be coming to each of you. As to news, Anna Clair Junkin and I got together for lunch and really had a great time. I am happy to report that Anna hasn’t looked this good for at least a year with problems of aging and osteoporosis, but she had some surgery and is doing great! Back in July, she and I had lunch with (Ella) Ruth Whitmore, but I think Ruth returned to IN to get away from Baltimore’s miserable summers. For this lunch, I called and left a message, but so far no response — she must still be in IN. Janey Shuts Pinkerton and I keep in touch via e-mail, and she seems to have received a clean bill of health. Plus, she writes she and Pinky are “…plugging right along…attend community, church, and social affairs…play bridge, knit for ‘great grands,’ read my Kindle, and do house work and cook. Pink likes to read, and we watch sports on TV.” Jo McDavid Hubbard and I talk by phone occasionally and all seems to be doing okay at her “ole Kentucky home” with her and Stan. However, she is not certain she will be coming to our 60th because she really cannot travel alone anymore. (We can work on that one!!) From Ginger Groseclose David, via the e-mail correspondence I enjoy on a regular basis with her husband Don, comes the “news” that Ginger “continues to do well, though her sight continues to diminish…we both love every day in these mountains (Georgia)…older daughter and her husband have started construction of their new home on a hillside only a mile and a half from us.” That will be great, I know! Also had one of my unique phone conversations with Lolita Beidelman, talking of multiple topics. Lolita has not made any more plans about moving to New Zealand and living on a niece’s large sheep ranch there. I called Marion Bee but had to leave a message…so far, no response, so I only can trust all is well there with her flowers and pets. As for me, Betty Borenstein Scher, I continue my activities. My special love is my continued work at the Medical Archives cataloging each issue of the Alumni magazine. To anyone reading these notes, please realize that none of us can hold the proverbial candle to those earlier graduates. I have “met” so many of them through the magazine pages, outstanding women whose names have never entered nursing history books and are not even recognized by people of today. The family is fine, so I will not bore you with repetitions of that news. Those of you not in these notes, remember the holiday season is approaching so send me your news. Thanks.

'54 Yvonne Metoxen Brockman is currently retired and enjoys travel, family and art classes. She volunteers and is a board member for a pet therapy group, PALS FOR LIFE, and of American Technion Society. Remembers the old fashioned, bedside nursing and the back rubs. Endrea Gail Brunner was recently widowed. Her son and grandkids live nearby. She is retired from Baptist Medical Center in Little Rock. Her interests include her animals, bridge, books, choir and the Women’s Club. Her JH memories include the first time ‘in charge’ at night on OB. Mary Louise Brister Burns worked in hospital administration before working for her husband’s dentist office. Now retired, she enjoys needlework, reading, and traveling with her husband. They travel quite a bit and their favorite places include the safaris of Africa and Antarctica. Class memories: the tunnel under Broadway, morning nourishment with cookies, milk and coffee, Miss Courtney, Miss Patterson, and so many of the other instructors who had patience to teach and prepare us for a career in nursing. Helen Peters Finney is still working at Linens and Lingerie—going on 26 years. She lives in Baltimore, and enjoys working out at Curves. Class memories include night duty on Oiler 2, walking through the long tunnel at night (spooky!), and wonderful, last friends. Emily Storey Foster is retired and spends her time rug hooking, playing Mahjong, and singing in the choir. She received her BS from JHU and her MEd from Boston University. She is widowed and currently lives in MA. Maxine Garvin Fritz is currently retired and lives in Keymar, MD. She received her MS from University

Class of 1959
She Had a Dream

Fifty years ago, she was the school’s first African American graduate. Today, she is one of our most distinguished alumni.

In 1956, Gertrude Theresa Jones Hodges ’59—known as “Trudy” to her friends—ignored the advice of her high school guidance counselor. Johns Hopkins and the citizens of Baltimore are grateful that she did.

Defying the guidance counselor, who questioned whether the nursing profession was even open to blacks, Hodges sent a letter inquiring if The Johns Hopkins Hospital School of Nursing accepted “colored” students. She followed her dream, and in 1959 became the first African American graduate of the nursing school.

Hodges went on to earn her master’s degree, then began to teach nurses—at Hopkins, at St. Agnes, and finally at the two-year institution known today as Baltimore City Community College. It was there that she spent decades inspiring students, many of whom were from disadvantaged backgrounds, to work hard and achieve academic degrees in nursing. For her relentless pursuit of excellence in health care education, Hodges has been honored with a JHU Distinguished Alumna Award.

Learn more at http://alumni.jhu.edu/distinguishedalumni, or read Hodges’ Homecoming speech at www.nursing.jhu.edu/Hodges.

Memories: “The Villains of Virus Villa,” named in the first year when everyone on the floor had “the virus;” Miss Courtney supervising her first shot; a patient’s husband who waited for her outside the gate to give her a small bouquet of flowers for her caring for his wife who died. Mary Dee Darby Shearer still volunteers as a nurse. She enjoys reading, music, and crafts. Mary remembers friends and cooking at Hopkins. Janet Cummings Snyder enjoys spending time with her grandchildren, gardening, reading, knitting, crewel work, and her granddogs. There are plans to move to a retirement community with her husband in the near future. From JHH, she remembers the 6th floor group, trips to the house on the Severn River, and friendships that have lasted a lifetime. Hopkins was a wonderful experience for her as a young girl from a small NH town. It opened the world for her.

Janice Tice Wing, retired since ’96, has a great career in OR nursing and a nurse educator. She enjoys gardening and being a mother and
grandmother. She remembers having many great times with classmates at Hopkins.

'59 Congratulations on celebrating your 50th Reunion from JH. Thirty-one members of the class returned to Hopkins and had a great time renewing friendships. Mary Rex Warfield gave a wonderful presentation of the life of a Class of ’59 student. Special congratulations to Trudy Jones Hodges on receiving the JHU Distinguished Alumna Award. A grand time was had by all.

'61 Class Reporter—Wendy Gehlbach, 1141 Nettles Blvd., Jensen Beach, FL 34957, (772) 229-0601, wendygehlbach@gmail.com. Judy, Rose and I, along with our husbands, attended the 5th annual JHH Crab Fest. We ate non-stop for 3½ hours! We will be getting together for lunch with Flo Smith Milliot ’56 and Barb Shepard Feigenbaum in November. I am back in FL now after spending several weeks visiting old friends. We had a wonderful overnight stay at Jim and Mary Ann Quink Slowick’s. Jim fixed a delicious dinner for us. We were also lucky enough to have brunch with Roger and Julia Gooden Bolton. I tried unsuccessfully to connect with Billie Hawks Blosser while in Erie, PA. Don’t forget that we have our very own Facebook page.

'63 M. Louise Fitzpatrick, EdD, RN, FAAN, Dean and Professor of Nursing at Villanova University College of Nursing, spoke at the 24th Quadrennial Congress of International Council of Nurses in Durban, South Africa, sharing her expertise on global partnerships. At Villanova, she has worked to globalize the College of Nursing community through study abroad and health promotion experiences in countries such as England, Ireland, Japan, Peru, South Africa, and Nicaragua.

'64 Sixteen members of the class celebrated their 45th class reunion at Hopkins. Eileen Sweetland Leinweber put together a wonderful reunion booklet on a CD. It brings everyone up to date on the accomplishments of the class. The reunion dinner was at Martha Norton Hill’s home. Thanks to Gerry Pignato Peterson, Nancy Schartner McKelvey, Helene Botta Williams, Jeanne Hadden Shulman who also helped organize the festivities.

'67 Diane Coalla Brabetz, RN, CPNP, PHN has lived in northern CA since 1984. She sends this update. “Since 1998, I have owned my own businesses —At Home Nursing, At Home Nursing Services & At Home Nursing Registry. We provide Personal Care Attendants for frail elders at home, provide licensed professionals for medically fragile pediatric clients, provide school nurses and supplemental staff to all kinds of facilities. She has been married since 1968. In addition to keeping busy with their nursing agency, they own a second home on the beach in Mexico where they go to recharge their batteries.

'69 Members of the Class of 1969 came together for the reunion weekend in September 2009. There was a good showing for this our 40th reunion, and we had a wonderful time. Through the diligent efforts of Jeanne Brinkley, the Class of ’69 made a substantial donation to the Alumni Association. I think that it was our largest ever and will help defray the cost for nursing students attending Hopkins today. It is so much more expensive now than it was for us during our three years at Hopkins! Thanks to Jane Williams Ball, who created a wonderful memory book for our class. Those who attended the reunion reminisced about our adventures at Hopkins in the late 1960s and were ever-mindful of members of our class who were not able to make the trip to Baltimore. There were tours of the hospital and a group even explored the halls of Hampton House. We rallied for Sandy Stine Angell who was awarded the Heritage Award during the luncheon on Saturday. Our class dinner at the Hopkins Club included a handful of amiable spouses who joined in the fun. We talked about creating a blog, and we agreed to return for our 50th anniversary, for sure, when we will receive a special medallion and lots of goodies! Congratulations everyone!

'79 Reported by Jane Houck: There are 14 of us on the list from the School of Nursing, and I heard back from 11 (including myself in that count). Carolyn Dearborn appears to have gotten lost long ago and has not resurfaced. I tried to locate her on the nursing board list and found nothing. Anne York Hosking also seems to have disappeared. Barbara Hergenrother is still in Bel Air, MD, I think. I found a picture of her on the internet in a community chorus. I have left a message on her phone but have not yet heard back from her. Mary Watson is still in FL and still working. She does coding for coronary angiograms and other tests, has back problems and appreciates this job. Her mother died, and she doesn’t get back to Baltimore often. She will not attend, sends greetings. Nancy Dandy Patz is still in Grand Junction, CO. She and David, who is a sleep specialist, have a sleep lab, and she is the manager. She gets back to Baltimore fairly frequently to see her Mom and Dad who still live in the area. I had a great email from her about her family, daughter in grad school and son in med school. Of course it was funny regarding aging!! Sue King Plante and husband, Dave,
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An Angell Among Us

Student, alumna, nurse, nurse manager, admissions counselor, assistant dean—Sandra Stine Angell ’69, today the Associate Dean for Admissions and Student Affairs at the Johns Hopkins University School of Nursing, has undoubtedly given a lifetime of outstanding service to Johns Hopkins.

“Sandy is totally committed to each and every student having nothing but a quality experience at Johns Hopkins,” a colleague recently praised. “She is driven by what is best for the students. Frankly, the students are truly fortunate to have someone like her in their corner. And because of her commitment to the highest level of quality, and personal service to students, the entire staff in Student Affairs follows her example.”

For all her contributions to the university and alumni association, Angell has received a 2009 JHU Alumni Heritage Award.

Learn more at http://alumni.jhu.edu/heritage2009, or send a note of congratulations to sangell@son.jhmi.edu.

CALL FOR AWARD NOMINATIONS……..

Johns Hopkins Nursing alumni, friends, faculty and colleagues are encouraged to nominate alumna to be recognized by the Johns Hopkins University. The JHU Alumni Association presents the following awards each year. Please submit nominees to the Nurses’ Alumni Office at 525 North Wolfe Street, Baltimore, MD 21205 or e-mail them to JHNAA@son.jhmi.edu.

Heritage Award Honors alumni and friends of JH who have contributed outstanding service over an extended period to the progress of the university or the activities of the Alumni Association.

Distinguished Alumni Award Honors alumni who have typified the JH tradition of excellence and brought credit to the university by their personal accomplishment, professional achievement, or humanitarian service.

Knowledge for the World Award Honors alumni who exemplify the JH tradition of excellence and have brought credit to the university and their profession in the international arena through their professional achievements or humanitarian service.

Outstanding Recent Graduate Award Honors recent graduates of JH (within 10 years of graduation) for outstanding achievement or service in their professional or volunteer life. Support of JH may be a consideration, but not a requirement.

Woodrow Wilson Award for Distinguished Government Service Honors alumni who have brought credit to the university by their current or recently concluded distinguished public service as elected or appointed officials.

News from our most recent classes (1991-2009) is available online at nursing.jhu.edu/alumni/classnews. For a print copy, contact the Alumni Office at JHNAA@son.jhmi.edu or 410-955-4285.

She is married to Robert. Michele Cootauco McComas received her MSN in Pediatric Primary Care and is working as a CRNP at Kennedy Krieger Institute and Mount Washington Pediatric Hospital in Baltimore. She enjoys reading, spending time with her family and is the Girl Scout cookie Mom. Mary Wilder Chu received her MSN from Boston College and worked as a PNP until her first child was born (now has three). She lives in Atlanta, GA and is active in her children’s schools and in volunteer-ism. Jennifer Combs received her MSN-ARNP in 2004 from SUNY — StonyBrook. She has been employed for the last 16 years in the area of NICU and works as an ARNP in the area of fetal-infant mortality research. She lives in FL and is married to Walter Torrico. They are very involved in the March of Dimes, and they enjoy traveling and spending time with family.

Robin Keaton Brady lives in TX and is working as a Labor and Delivery nurse at Hillcrest Baptist Medical Center. She sent a picture—her daughters are beautiful, and she looks EXACTLY the same. Anne Quast Efron received her MSN/MPH from JHUSON in 1999 and is working as a research coordinator at the Center for Tuberculosis Research at Hopkins. She is married to Dave and enjoys doing pottery, gardening and SCUBA diving.
Thirty-six alumnae from 1942-1976 attended Homecoming this year.
Eleven members of the class of 1959 were there to celebrate their 50th! All of the “Golden Girls” enjoyed their gold Mardi Gras beads and gold gift bags, which included a poem and a “Golden Glitter” scratch-off, donated by the Maryland Lottery. I heard of one $5 winner and would love to know if anyone else was even luckier!

Margie Beggs Turner, CHH ‘59 made a Homecoming Memory Book for each of her fellow classmates and donated a copy to the Archives. It was quite a labor of love and very special tribute to 50 years of memories. Thank you, Margie.

A raffle generated $275 to help offset Homecoming costs. Thanks to all who donated and congratulations to the winners.

Class of 1969 Celebrates 40th & Launches Facebook Page
Barbara Zelenka Spink, CHH ‘69 reported that 16 members of her class enjoyed dinner at Liberatore’s in September. She has posted pictures from her reunion as well as Homecoming on a new FaceBook page. Go to “Church Home & Hospital School of Nursing” on Facebook to see the pictures and reconnect with some alumnae.

Good Samaritan Opens Church Home & Hospital Unit
On October 28, 2009, CHH alumnae gathered at Good Samaritan Hospital to share in the ribbon-cutting ceremony of the newest unit, dedicated to Church Home & Hospital nurses and staff.

The manager of the new unit, Cathy Mickelwright Rossetti, CHH ’70, was on hand to greet visitors and assist with tours.

Thanks for the Archive Donation
Mildred Rogers, JHH ’67, who worked at Church Home for many years, donated a copy of her book, Poe Died Here. She collaborated with writer Fred Wehr on the project.

Linda Knoche Clarke, CHH ‘64, donated a memory book she made for the 45th reunion this past summer. The workmanship is nothing short of a professional publication!

Thank you, Mildred and Linda, for these valuable additions to the CHH collection.

Tidbits
- The CHH cap can be obtained from Kay’s Caps by requesting School #33. Orders can be placed by phone (516-791-8500) or by mail (Kay’s Caps, PO Box 818, Valley Stream, NY 11582).
- CHH pins and rings are available from Vince Fino, 9650 Belair Road, Perry Hall, MD 21236, 410-256-9555.
- Transcripts can be obtained from Aniese Gentry at Quinlan Storage (formerly Chart One Storage) in Jessup at 888-416-5353 (ext. 7550 or 3907).
- Send any address changes or notice of deceased members to: Deb Kennedy, 1990 Gulfstream Court, Forest Hill, MD 21050; 410-893-2421, debkennedy29@hotmail.com.
January 4-6, 2010
Diagnosis, Care, and Management of Persons with HIV/AIDS
This three-day course provides nurses and other health care professionals with evidence-based clinical management strategies and prevention techniques for HIV and HIV/AIDS.

January 11-12, 2010
Nursing in Global Humanitarian Relief
This one week course is an introduction to the nurse’s role in global humanitarian relief. It is designed to give an overview of the skills needed to participate in providing health services to large populations in humanitarian emergencies.
Starting her new job as a Labor & Delivery nurse inspired **Margaret Fink** to envision this “OB Nurse of the Future.” “Sitting down with a blank piece of paper and a nice new Sharpie® pen is one of my favorite ways to relax,” says Fink, who completed the accelerated nursing program in July. “I can’t wait to see what new experiences will inspire me next.”