

JOHNS HOPKINS NURSING

Volume X, Issue III

Fall/Winter 2012

1. Remove *scope-of-practice* barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
5. Double the number of nurses with a doctorate by 2020.
7. Prepare and enable nurses to lead change to advance health.

Nursing's Blueprint for the Future Vol. III



6. Ensure that nurses engage in lifelong learning.



8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

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Workforce Data



Whether in boardrooms or at the bedside, nurses and physicians at Johns Hopkins view interprofessional collaboration as the key to great healthcare. From left: Redonda Miller, MD, MBA, Vice President for Medical Affairs for The Johns Hopkins Hospital; Karen Haller, PhD, RN, Vice President of Nursing and Patient Care Services at The Johns Hopkins Hospital; Martha N. Hill, PhD, RN, Dean of the Johns Hopkins University School of Nursing; and Paul Rothman, CEO of Johns Hopkins Medicine and Dean of the Johns Hopkins University School of Medicine now conduct hospital rounds together each quarter. For more see p. 36. [Photo by Will Kirk]

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

Features

26 Lifelong Learning

by *Mat Edelson*



These days, every nurse is a lifelong learner. Technology is moving too fast to think otherwise, with in-service meetings to discuss new devices, drugs, and procedures as common as deliveries of fresh scrubs. But what happens when everyone involved in nursing education—from accrediting bodies to continuing ed programs on down—unites to create an atmosphere where nurses are motivated to go beyond in-service seminars and mandatory orientation to a place of personal and professional gain?

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by *Kelly Brooks*



With a nursing shortage that could reach one million RN vacancies by 2020, the future of patient care relies heavily on successful workforce planning. And for that, researchers need good, hard data. But this year, the federal government gave the axe to the National Sample Survey of Registered Nurses, the primary source of nursing workforce data since 1977. Where will healthcare workforce data come from now, and how will it impact the future of nursing?

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In “Lifelong Learning” (page 26) medical writer **Mat Edelson** explores what happens when schools, hospitals, continuing education providers—and, most important, nurses—work together to keep skills sharp. Edelson’s most recent book, *The Cancer-Fighting Kitchen*, won the “People’s Choice” award as the best American cookbook by the International Association of Culinary Professionals.



Mike Austin’s conceptual, graphic style has appeared in many national and international publications. His clients include *The New York Times*, *The Wall Street Journal*, Harper Collins, United Airlines, *Harvard Business Review*, and many more. He lives on the Big Island of Hawaii. When not drawing he can be found surfing at his favorite secret surf break.



As editor of the School of Nursing’s daily newsletter, **Danielle Burcham** promotes the accomplishments and cutting-edge work of students, faculty, and staff. “I like being among the first to hear about the wonderful work that happens at the School of Nursing,” she says. Danielle began her career in communications in 2010 as the Publishing and Marketing Assistant for Oak Knoll Books and Press.



A writer since the age of 13, **Jake Russell** made his mark reporting on the Redskins and other Washington, DC sports teams before embarking on healthcare writing as a temporary Media Communicator at the Johns Hopkins University School of Nursing. He has been published in *What’s Up? Annapolis* magazine and has written for *TheHogs.net* for the past nine years.

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

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Ann Marler Accelerated '12 (left) receives guidance and instruction from two hospital nurses during her clinical training.

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JOHNS HOPKINS



Dean Hill to Step Down in 2013



Martha N. Hill, Dean, Johns Hopkins University School of Nursing

Editor's Note: On Monday, September 10, 2012, at a Johns Hopkins University School of Nursing Town Hall Meeting, Dean Martha N. Hill announced her plans to return to her faculty role as a tenured professor. Johns Hopkins University President Ron J. Daniels joined her in making the announcement. Following are the e-mails distributed by them to colleagues throughout Johns Hopkins and the nursing and higher education communities. You can also watch Hill's farewell address at www.nursing.jhu.edu/deanretires

Dear School of Nursing Colleagues:

Early this spring, I made the decision to step down as your dean at the end of the 2012–2013 academic year.

As I approached my 12th year leading this amazing institution, I realized I could achieve what many leaders hope will be a highlight of their career: Taking an organization to a place of preeminence, then leaving on a high note with that organization in excellent shape.

When I met with President Daniels recently to discuss my decision, I shared that realization with him and assured him the Johns Hopkins University School of Nursing is in good shape. Ron did not agree with me. His response was, “No Martha, it is not in good shape. It is in fantastic shape!”

It has been an extraordinary opportunity to work with all of you to achieve that “fantastic” status and to lead this school.

Since its beginning, Johns Hopkins has held a prominent place in nursing education, known throughout the world for its scholarship, practice, service, and teaching. It was the great dream of all Johns Hopkins Hospital School of Nursing alumni to continue that position of prominence within the University. With their help, the University School of Nursing was launched 28 years ago. Since then, we introduced a full curriculum, built a building, and achieved today's success: An excellent faculty and administrative team, incredible students, high rankings, and a balanced budget.

When President Brody asked me to accept the deanship, he outlined his expectations. Being an energetic optimist, I embraced them as opportunities and am pleased—and relieved—that they have been fulfilled. We have created new and lasting relationships. We attract the brightest and the best among faculty, students, and staff. We share the number one U.S. *News & World Report* ranking

among graduate schools of nursing and their top ranking for community and public health programs. The National Research Council lists our PhD programs among the best. Our size has doubled, then tripled. Our research and sponsored projects have increased by 441 percent, despite challenges in government funding and in the economy.

These achievements provide the base for the promising road ahead. This is the era of healthcare reform and nursing is positioned as never before for leadership and influence. The new focus of the Johns Hopkins Health System on primary care provides even greater opportunities for faculty, even as we continue to address our mission and fulfill our mandate for excellence in scholarship, practice, service, and teaching.

President Daniels is deeply committed to finding the best leader for our continuing success. He has joined me in making this announcement today to assure you that his goal is to achieve a smooth transition by working with all of us.

As we begin this search and transition, I ask each of you to help: Everyone is now a recruiter. I hope to hear your comments and ideas and will forward your suggestions on to President Daniels.

In closing, I too want to assure you that I will remain committed to the School. On stepping down, and following a sabbatical of approximately six months, I will return to a faculty role as a tenured professor. I look forward to becoming more fully engaged in the School's outstanding scholarship, practice, service, and teaching.

And, as always, my closing to you remains: Onward!

Martha N. Hill
Dean, Johns Hopkins University
School of Nursing

Dear Faculty, Staff, and Students:

Fewer than 30 years ago, this University did not have a nursing school. Today, by any measure—undergraduate, master's, and doctoral education programs; research; and service to our communities locally and around the world—the Johns Hopkins University School of Nursing is one of the best anywhere.

The School's astonishing leap to national and international prominence is due in part to our ability to build upon the remarkable tradition, history and excellence of nursing education at Johns Hopkins, including the hospital-based nursing training program that began in 1889.

But it is also attributable to the extraordinary contributions of dedicated faculty and staff, beginning with its leaders. And no one has contributed more throughout the School's history than its current dean, and one of its original faculty members, Martha Hill.

It is with deeply mixed emotions that I share that Dean Hill plans to conclude her service as dean at the end of this academic year, remaining a member of the faculty and returning to her research. While I am delighted for her that she will embark on this new chapter, I will truly miss her leadership of the School and her counsel on University-wide matters.

Martha Hill embodies the very best of Johns Hopkins. She earned her nursing diploma from The Johns Hopkins Hospital School of Nursing and her bachelor's and doctoral degrees from the University. She was one of the first four faculty members to join founding dean Carol Gray when the School of Nursing was established as a standalone division of the university. She later became director of its Center for Nursing Research.

She helped to advance broader university goals through joint appointments in the schools of Medicine and Public Health and service on important univer-

sity bodies. In all her endeavors, from championing urban health initiatives to increasing the School's commitment to global health, Martha has been a passionate and effective advocate for nurturing the excellence of individual faculty, students and staff. She also has passionately and effectively advocated for fostering interdisciplinary connections across our departments and divisions that ensure our ability to better educate our students, care for our patients, and effect change in our communities.

Her internationally recognized scholarly work has brought considerable prestige to Johns Hopkins and made her a transformative leader in her field. She is known worldwide for devising and proving strategies to overcome healthcare disparities and improve hypertension care and control among urban, underserved African-Americans. She was the first non-physician to serve as president of the American Heart Association. She serves on the Council of the Institute of Medicine of the National Academy of Sciences. She also is a fellow of the American Academy of Nursing and vice chair of the board of Research!America.

Martha became dean of nursing in 2002 after a year of service in an interim capacity. Since then, the School's advances have been nothing short of remarkable. She has overseen growth in the size and stature of the faculty and the student body. She has led a growth in research funding of more than 440 percent. She has revised an already robust undergraduate curriculum and built superb graduate programs, recruited outstanding faculty, initiated important new research efforts, and greatly reinforced the school's finances.

We will honor Martha's work in part by finding a successor capable of building on the foundation she has established and leading the school to even greater levels of excellence. Details of a search will be announced soon.



Ronald J. Daniels, President,
Johns Hopkins University

There will be ample opportunity before next summer to more formally celebrate Martha's tremendous success. For now, let me join her many colleagues in expressing gratitude for her great friendship and for everything she has done—and will continue to do—to ensure the success of Johns Hopkins Nursing and our entire University.

Sincerely,

Ronald J. Daniels
President, Johns Hopkins University

Nursing Assessment

Letters to the Editor



Another outstanding issue of *Johns Hopkins Nursing*! I always read your magazine before *The Atlantic Monthly* and *The Economist*—so much of interest in each issue.

I especially appreciated the “Purposeful Hourly Rounding Benefits Patients” article [“Asking the Right Questions,” Summer 2012, page 50] and will plan to share it with international organizations when we are conducting Joint Commission International (JCI) accreditation surveys. Many international organizations struggle with reducing the risk of patient harm resulting from falls, and Sibley Memorial has implemented a successful program. Thank you for sharing their program.

Kind regards,
Robbie Heath, MSN, MBA
Nurse Surveyor

I just received about four copies of *Johns Hopkins Nursing*, where you highlight Nursing’s Blueprint for the Future, Vol. II. I just love what you did, and would like... several more copies of Vol. I and Vol. II so we can put them on a table for the Deans to pick up and see.
Sue Hassmiller, PhD, RN, FAAN
Director, Future of Nursing: Campaign for Action

Letters to Johns Hopkins Nursing

We welcome all letters regarding the magazine or issues relating to Hopkins Nurses. Email 200 words or less to son-editor@jhu.edu or send to:

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

Letters will be edited for length or clarity.

Editor’s Note:

This issue wraps up our three-part series “Nursing’s Blueprint for the Future.” In 2012, every issue of *Johns Hopkins Nursing* explored how nursing is implementing recommendations made in the Institute of Medicine’s report, *The Future of Nursing: Leading Change, Advancing Health*. Enjoy this, the final installment, in which we explain the intricacies of collecting nursing workforce data nationwide and the challenges of establishing a culture of learning throughout a nurse’s career.

IOM Future of Nursing Recommendations



Recommendation 1:
Remove scope-of-practice barriers.



Recommendation 2:
Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.



Recommendation 3: Implement nurse residency programs.



Recommendation 4:
Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.



Recommendation 5:
Double the number of nurses with a doctorate by 2020.



Recommendation 6:
Ensure that nurses engage in lifelong learning.



Recommendation 7:
Prepare and enable nurses to lead change to advance health.



Recommendation 8:
Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

Look for these icons throughout the magazine to see how *Johns Hopkins Nursing* is addressing the recommendations.



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Hello, Goodbye

Celebration and Advice for New Nurses



“I will not tell a lie. Nursing school is one of the hardest things I have ever done!,” wrote Lesley Dokes '12. Believe it or not, she's not actually trying to scare new students away. Instead, she uses her blog for the School of Nursing to give incoming students tips on how to survive an accelerated nursing program.

As new students begin their courses, they're greeted not only with advice from bloggers, but also with a “Welcome Back Garden Party” where they join returning students for music, good food, and hula hoops.

While new students trickled in through the summer, the School said goodbye to others: the traditional baccalaureate class and graduate students (260 graduates in May), the accelerated baccalaureate class (115 grads in July), and even more graduate students (16 grads in August).

Kimberly Chalco, who graduated with the accelerated class in July, offered advice on her blog as well: “What helps you learn it all is the environment Hopkins provides: the professors are great, the students are all amazing, and it creates this very supportive environment. This is the most difficult thing I have ever done in my life, but it's also one of the best.”

Check out more blogs and videos:



A Note to Prospective Students



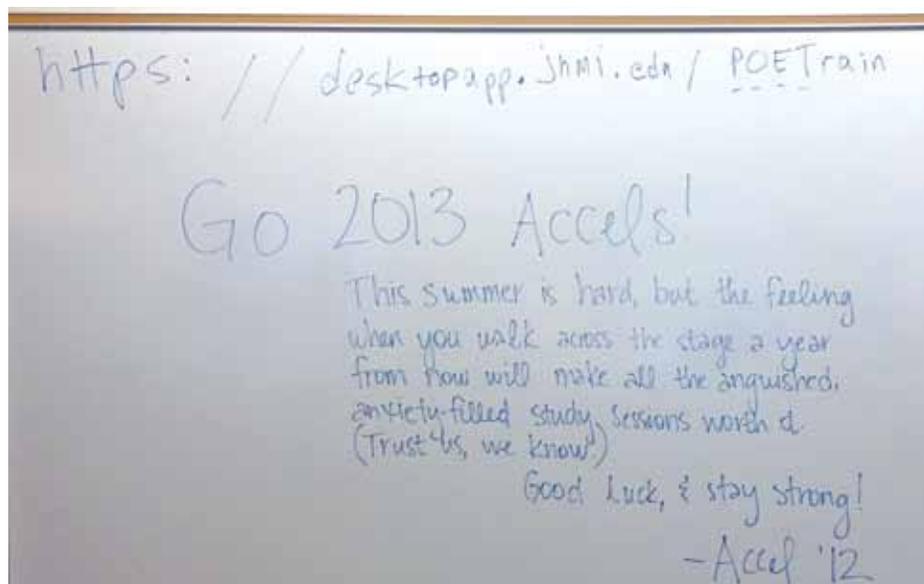
One Year Later



I Love You, Baltimore



Graduation Videos





Seven Tips on How to Survive an Accelerated Nursing Program



By Lesley Dokes, '12

1. Encourage and affirm yourself.

Place words of affirmations on your mirror, send reminders to your cell phone, affirm then reaffirm that you are at Johns Hopkins for a reason and you are supposed to be here.

2. Encourage and affirm others.

When you encourage others you, by default, encourage yourself. When you open up, share, encourage and affirm, you'll find you are not alone in anything you are experiencing in nursing school.

3. Surround yourself with good people. Whether they are friends, family, or other nursing students, you will need a good core group of people who have your best interest at heart.

4. Do something that expresses you. When you are able to express yourself, you can release certain energies that may keep you from focusing clearly in your studies. Everyone needs an outlet.

5. Be self-aware. You will feel a wide range of emotions while going through this program. Be aware of yourself and how your emotions affect your study habits, how you treat yourself and other people.

6. Listen to positive music. I wake up to music every morning. Buzzing alarms make me grumpy, so I fill my iPod with upbeat stuff to start my days off right.

7. Keep the end goal in mind.
Be good to yourself!



Dangerous Relationship?

There's an App For That

by Sarah Achenbach



Young love. Teenage romance. First kiss. It's the stuff of movies, pop songs, and memories. For most young women, it's a magical time, but for one in three women, ages 16–26, these relationships turn violent. Each year, nearly 1,600 women are killed by their abusers in the U.S., and young women are increasingly part of this tragic statistic.

On September 20, the One Love Foundation launched the One Love app, a revolutionary new tool that allows young victims of relationship violence to assess the threat and offers digital and decision-making resources to turn to for help. Available on iTunes and the Droid marketplace, the app is free and anonymous—and it's backed by more than a quarter of a century of research by Jacquelyn Campbell, PhD, RN, FAAN, Johns Hopkins School of

Nursing Anna D. Wolf Chair, and professor of community-public health.

"If a young woman is concerned about whether her relationship is healthy or potentially abusive, she can download the app and go through the questions," explains Campbell, who worked in collaboration with the One Love Founda-

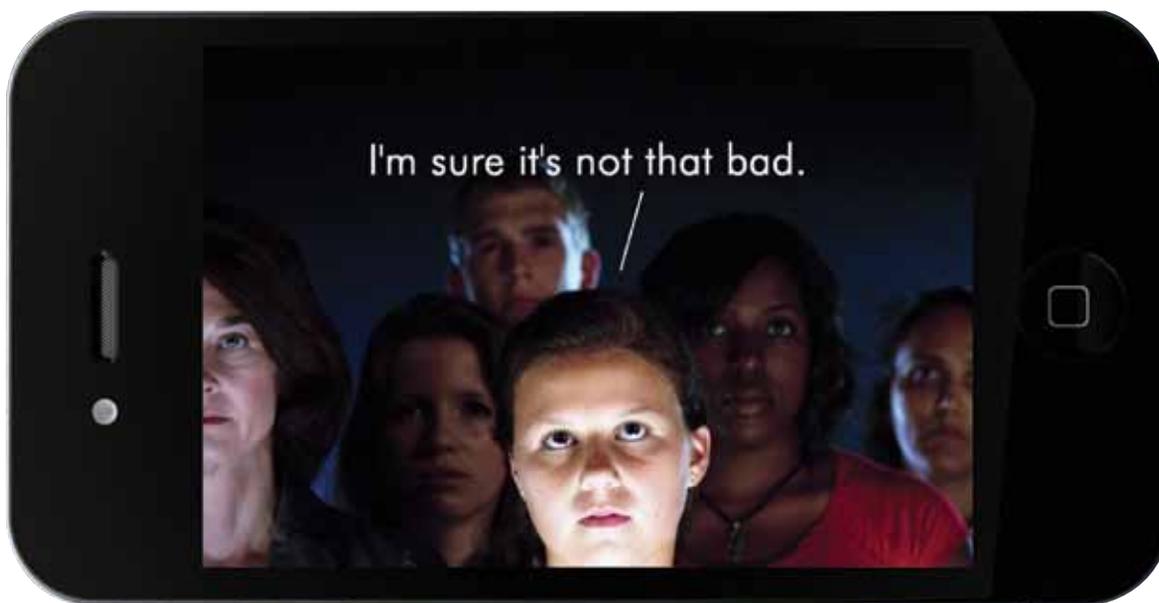
Each year, nearly 1,600 women are killed by their abusers in the U.S., and young women are increasingly part of this tragic statistic.

tion to develop the app and was named to the Foundation's National Advisory Counsel in August.

The app helps a young woman assess her level of danger and make decisions and offers links to resources, such as the Teen Dating Violence Hotline. It's based on Campbell's Danger Assessment Tool, which she created in 1986 and has since verified for accuracy and usability with several major research studies.

Even the app's functionality has a young woman's safety in mind: Once a person uses the app, it automatically disables and removes itself from the user's smart phone, a handy and potentially life-saving feature should the abuser be a highly controlling person who monitors his partner's phone. "Our goal was to make something readily available without it in any way inadvertently putting a young woman in a more vulnerable position," Campbell explains.

Though geared toward the victim, family and friends also may use the One Love App with the victim to help her understand how dangerous it is to remain in the relationship and guide her to the appropriate resources, says Campbell. "Family and friends should not feel like they can solve this for her," she notes. "There are wonderful resources available to help. My hope is that young women around the country who have questions about their relationship or a friend's will use the app if they are worried about the relationship." Upcoming plans include a One Love app for family and friends and a calendar feature. ■



By encouraging women and their friends and family to use the One Love App, this video aims to prevent future relationship violence.

Scan here to watch the OneLove video!



Download the free and anonymous One Love Mobile App by scanning here.



For iPhone



For Android

Barrier-Free Health Center Now in ‘Heart’ of East Baltimore

Wald Center Gets a Move and a Makeover

by Jennifer Walker

 The Johns Hopkins University School of Nursing (JHUSON) Wald Community Nursing Center is now “in the heart of the East Baltimore community that the School of Nursing has been reaching out to and working with over a number of years,” says Phyllis Sharps, PhD, RN, FAAN, director of the East Baltimore Community Nursing Centers. “In this central location, we can more easily provide gap services and assist families to get to a regular medical home.”

The Wald Center has provided barrier-free health services to the East Baltimore community since 1994 and serves about 300 adults and children every year. As part of the East Baltimore Community Nursing Centers—which includes sites at the House of Ruth Maryland and Isaiah Wellness Center—the Wald Center offers community-based health services, such as immunizations, physicals, blood tests, health screenings, and education workshops. Staff also assists patients with filling out insurance forms and finding primary care providers.

The new location at 901 East Broadway “is more visible to the Johns Hopkins community. It’s like a safety net,” adds Patty Wilson, MSN, RN, assistant director of the East Baltimore Community Nursing Centers. “Those who are uninsured come to us—and now it’s much easier to do so.”

The community nursing centers are also service learning sites for JHUSON students. With the move, the Wald Center—which has five offices, two exam



Nurse practitioner graduate student Shaina Farfel and physician Dmitry Kiyatkin are among the many nursing students, nurses, and physicians who volunteer at the Wald Community Nursing Center, providing barrier-free health services to the East Baltimore community.

rooms, and conference space—is now housed closer to the campus and transit lines, making it convenient for undergraduate and graduate students to work and volunteer there.

On October 17th, the Wald Center’s re-opening event, “The Grand Performance of Wald on Broadway,” included a health fair complete with blood pressure screenings, health vendors, live music and activities such as face painting for children. Dean Martha Hill, PhD, RN, Sharps, and representatives from the Baltimore City health commissioner’s office and the mayor’s office led the ribbon-cutting ceremony.

“We’ve had a long-term presence in the East Baltimore community and we want people to know that we’re still here,” Sharps said. “We hope that people will continue to see the School of Nursing as a good neighbor making valuable

contributions to the community, as well as providing our students with real-life and important service-learning opportunities.” ■

Hopkins Nursing Named ‘Military Friendly’

 The Johns Hopkins University School of Nursing (JHUSON) has been named to the coveted Military Friendly Schools list by Victory Media, a media entity used by military personnel transitioning into civilian life.

The 2013 Military Friendly Schools list honors the top 15 percent of colleges, universities and trade schools that are doing the most to embrace America’s

military service members, veterans, and spouses as students and ensure their success on campus.

“The Johns Hopkins University School of Nursing has a long and rich history of educating those who have served in the military,” said Nancy Griffin, JHUSON Associate Dean for Enrollment Management & Student Affairs. “We are honored... to have veterans and active servicemen and women as our graduates.”

“Inclusion on the 2013 list of Military Friendly Schools shows JHUSON’s commitment to providing a supportive environment for military students,” said Sean Collins, Director for G.I. Jobs and Vice President at Victory Media. “As interest in education grows we’re thrilled to provide the military community with transparent, world-class resources to assist in their search for schools.”

The Military Friendly Schools media and website feature the list, interactive

tools, and search functionality to help military students find the best school to suit their unique needs and preferences. The 1,739 colleges, universities and trade schools on this year’s list exhibit leading practices in the recruitment and retention of students with military experience.

 To learn more, visit www.militaryfriendlyschools.com. ■

Sim Family Finds New Home

New Lab Simulates Public Health Scenario

 The “Sim Family” is growing—and their home at the Johns Hopkins University School of Nursing is expanding with them.

“Right now we have to move the simulation manikins around a lot,” explains

instructor Diane Aschenbrenner, MS, RN, Coordinator of the Simulation and Practice Labs. “This [addition] gives them a little more space to ‘live’ and also just meets our expanding need.”

The new SimMom and SimJunior got a “home addition” that includes two patient simulation rooms, two debriefing rooms, and an instructor control booth. All were designed with student feedback in mind, including “colors and lights to help make the space exciting and brighten the interior space,” says Aschenbrenner.

The best part? The simulation rooms can be transformed from a hospital setting to a clinic setting with a couple of beds or a home visit setting with a living-room backdrop.

“We’ve been running [the simulation labs] nonstop since they opened,” says Aschenbrenner. “Those rooms were booked before they were built!” ■



This new simulation lab can be transformed from a hospital setting to a clinic or home visit setting, says Simulation Coordinator Diane Aschenbrenner.

An Evening With The Stars

Gala and Awards Ceremony a Shining Success

Held under the stars in the School's courtyard and throughout its award-winning Pinkard Building, "An Evening With The Stars" gala celebration showcased the outstanding accomplishments of the nurses and nursing students who make up Johns Hopkins Nursing.

The event, Saturday, September 29, included demonstrations of nursing learning experiences such as live nursing simulations in a mock patient room, poster sessions highlighting community health nursing programs, and a "walk a mile" simulation that introduced patients to the experience of aging. The evening concluded with a ceremony for the four nursing superstars who won the inaugural Johns Hopkins Nursing Shining Star Awards. ■



Professor Phyllis Sharps and her husband, Milton Sharps, celebrate the evening.



Emily Navar '13, Sarah Duncan Settlemyer '62, and Kathleen Simmons '13 are wearing special glasses to simulate aging eyes as part of the "walk a mile" simulation.



Florence Damiba, Alain Damiba, Dean Martha Hill, Julia Bluestone, Leslie Mancuso, and Ty Carter chat and tour the School.



Caroline Bailon '13 and Lindsey D'Tanna '13 chat with faculty member Marti Andrews.



Simulation Coordinator Jessica Ockimey, Paul Rothman, Dean of the School of Medicine and CEO of Johns Hopkins Medicine, and Brynley Dean '13 enjoy the party.



Ronald Daniels, President of Johns Hopkins University; his wife, Joanne Rosen; and Martha N. Hill '64, Dean of the School of Nursing, receive a demonstration in the Sim Lab from student Kelli DePriest '13.

PHOTOGRAPHY BY CHRIS HARTLOVE

Four Hopkins Nurses Named Shining Stars

Meet The Inaugural Shining Star Award Winners

These four nursing superstars were nominated by their peers at the Johns Hopkins-affiliated hospitals and School of Nursing, chosen as finalists by each institution's leadership, and finally selected as winners by a committee of Hopkins nurse leaders.

The inaugural Johns Hopkins Nursing Shining Stars represent a diversity of specialties and skills, experience and strengths—and all serve as shining examples of Johns Hopkins Nursing in word, deed, and attitude. ■

 Watch the award ceremony online at www.nursing.jhu.edu/stars



Deborah Michell **Shining Hospital Star**

Deborah Michell, RN, a nurse clinician in the Medical Nursing Department at The Johns Hopkins Hospital, coordinates care for complex HIV/AIDS patients on the Polk Unit. “She is always willing to go above and beyond with an upbeat ‘can do and will do’ attitude. She has endless compassion for HIV patients and underserved populations,” said her nominator. She also hasn’t missed a day of work in more than eight years! She’s active in her community, too, and this year she raised more than \$13,000 for Moveable Feast, an organization that provides meals to underprivileged HIV patients.



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Shining Student Star

The baccalaureate student finalist is tireless in her work promoting women’s health. She is an advocate for women experiencing domestic violence—her name remains unpublished here because she is a survivor herself—and leads the School’s Birth Companions Program, working to assign student-peer birth companions to assist pregnant moms before, during, and after birth. She’s the bridge between her fellow students, the faculty, and the local Baltimore women the program serves. Her nominator described her as a leader for her peer birth companions and “a true patient advocate, empowering patients to make their own decisions about labor and birth.”



Sherry Belcher
Shining Hospital Star

Sherry Belcher, MSN, RN, a clinical leader in the emergency center at All Children's Hospital, "inspires others to strive for nursing excellence by truly leading by example." Under her leadership, door-to-antibiotic time for hematology/oncology patients with a fever has decreased from 150 minutes to 85 minutes. She serves on the Patient Care Practice Council, chairs the department Downtime and Disaster Committees, serves as her department's safety officer, and, according to her coworkers, "her drive and enthusiasm are infectious." All Children's Hospital, located in St. Petersburg, FL, joined the Johns Hopkins Health System in 2011.

Kathryn Kushto-Reese
Shining Faculty Star

Kathryn Kushto-Reese, MSN, RN, "really knows her stuff and helps you learn without making you feel stupid," said one of her students. Kushto-Reese coordinates two baccalaureate nursing courses and works to develop and implement the School of Nursing's Simulation program. She's known for her dedicated mentorship of new faculty members and "her ability to teach her students in a manner that inspires is a true gift in academia." She is a clinical instructor in the Department of Acute and Chronic Care.



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Shining Star Runners-Up

Kathleen Becker, DNP, MSN, RN
Assistant Professor, Department of
Community-Public Health

Rebecca Coppola, RN
Graduate Student Organization
Leader
MSN/MPH Program

Lori Keim, RN
Nursing Informatics Associate
Sibley Memorial Hospital

Kathy Lee-Wisdom, RN
Wound Care Nurse
Howard County General Hospital

Chona Umali, RN
Oncology Staff Nurse
Suburban Hospital

Faculty, Student, and Staff News

Faculty, Department of Acute & Chronic Care

Anne Belcher, PhD, RN, AOCN, CNE, FAAN, was the May Guest Expert on the National Cancer Institute's AccrualNet webpage. She also was the nursing program's keynote speaker at Stevenson University on Aug. 19 and served on a National League for Nursing think tank July 16–17, focusing on the NLN Education and Competencies Model published in 2010.

Nancy Hodgson, PhD, RN, presented Treatment of Behavioral Symptoms of Advanced Stage Dementia: Protocol Development for an Exploratory Controlled Trial at the Hospice Palliative Nurses Association 2012 Clinical Practice Forum, Sept. 14–15, Pittsburgh, PA.

Pamela Jeffries, PhD, RN, ANEF, FAAN, spoke on the issues, outcomes, challenges, and future directions of clinical simulation at the Baccalaureate Education Conference, Nov. 16, San Antonio, TX.

Casey Shillam, PhD, RN, gave a presentation at the Forum of State Nursing Workforce Centers Annual Conference, June 27–29 in Indianapolis, IN to help

other states develop the infrastructure and sustainability plan needed to implement the recommendations of the IOM report.

Julie Stanik-Hutt, PhD, ACNP, CCNS, FAAN, delivered the keynote address “Breaking Boundaries in Nursing Practice: A Challenging Proposal” at the 8th International Seminar on Nursing at the University of the Andes School of Nursing in Santiago, Chile, May 17–18.

Jennifer Wenzel, PhD, RN, CCM, received the 2012 Oncology Nursing Society (ONS) Excellence in Writing Award for Qualitative Nursing Research at the ONS Annual Congress, May 2, New Orleans, LA.

Faculty, Department of Community-Public Health

Kelly Bower, MSN, MPH, RN, defended her dissertation “Race, Place, and Obesity Among Women in the United States: The impact of neighborhood racial composition and neighborhood food store availability on racial disparities in obesity.”

Laura Gitlin, PhD, was given an American Occupational Therapy Association Service Commendation for her work as a representative with the American Medical Association-Physician Consortium for Performance Improvement Dementia Measure Development Work Group 2011-2012.

Betty Jordan, DNSc, MSN, RNC, FAAN, attended the Mobile Health Summit in Cape Town, South Africa, May 29–June 1.

Joan Kub, PhD, APHN, BC, was elected President Elect for the Association of Community Health Nursing Educators.

Christine Savage, PhD, RN, CARN, FAAN, presented “A Model of Compassion Fatigue and Health Related Quality of Life in Nurses Working in an Acute Care Setting” at the 2012 State of the Science Congress on Nursing Research.

Christine Savage, PhD, RN, CARN, FAAN, presented her poster “Discharge rates for alcohol related diagnoses at a large urban hospital” at the Research Society on Alcoholism in San Francisco, CA from June 23–27.

Sarah Szanton, PhD, CRNP, was appointed to the rank of Associate Professor on September 17. Earlier that week she presented “CAPABLE: A person-environment intervention to improve function and health-related quality of life in disabled, older adults” at the 2012 State of the Science Congress on Nursing Research, Sept. 13–15, Washington, DC.

Patty Wilson, MSN, RN, received the Johnson & Johnson/American Association of Colleges of Nursing Minority Nurse Faculty Scholars Award to further her research on helping African-American survivors of intimate partner violence.

Students

Jennifer Breads, MSN/MPH, co-presented a poster, “Disaster Health Services Enhanced Service Delivery Model,” with American Red Cross Chief Nurse Dr. Sharon Stanley at the 2012 Integrated Medical, Public Health, Preparedness and Response Training Summit in Nashville, TN.

At the International Society of Nurses in Cancer Care conference in Prague, Sept. 9–13, MSN/MPH student **Allison Burg** presented on cancer care in Ethiopia.

PhD Candidate **Jessica Draughon** received a \$7,500 grant from the American

Jacquelyn Campbell Named Violence Prevention Visionary and Joins One Love Advisory Council

Professor **Jacquelyn Campbell**, PhD, RN, FAAN, is one of 20 leaders recognized as visionaries in the field of injury and violence prevention by the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control as part of the 20 for 20 Project, a yearlong celebration of the Center's 20th anniversary.

She has also been named to the advisory council for the One Love Foundation, the nonprofit organization created in 2010 to honor the memory of Yeardeley Reynolds Love by combating relationship violence and promoting the healthy development and good character of young adults.



Nurses Foundation to further her study of sexual assault post-exposure prophylaxis for HIV and a \$6,000 grant from the Emergency Nurses Foundation and Sigma Theta Tau International.

While volunteering for the Pediatric and School Health Interest Group, graduate students **Mary Jo Holuba**, **Lisa Garrett**, and **Claire Scheumann** demonstrated isolation techniques to middle school students from the Dr. Rayner Browne Academy this May.

Ayla Landry, MSN/MPH, presented her poster “A Model to Enhance Global Nursing Practice,” based on her independent study in Nicaragua, at the Association of Community Health Nursing Educators conference in June.

Graduate student **Kelsey Merl**, and alumna **Sally Hess**, accel. '91, received a Student-Community Small Grant Award of \$5,000 from the Urban Health Institute for their work on preventing dating violence with the aid of a smartphone app.

Group

Faculty members **Joan Kub**, PhD, APHN, BC, and **Sara Groves**, DrPH, APRN, BC, along with **Nicole Johnson** from Elev8 Baltimore received an Urban Health Institute grant of \$10,000 for their work on anti-bullying.

Faculty **Patti Abbott**, PhD, RN, FACMI, FAAN, and Assistant Dean for Information and Technology **Michael Vaughn** taught about Electronic Health Records Systems and facilitated hands-on experiences for students at the NIH Biomedical Informatics Training Session in Cape Cod this summer.

The Office of Teaching Excellence presented awards to **Diane Aschenbrenner**, MS, RN, and **Laura Taylor**, PhD, RN, for “A class to die for: Integrating simulation and technologies into pathophysiology,” **Shawna Mudd**, CPNP-AC, PNP-BC, and **Andrea Schram** for “Tell me more about your cough: Using simulation to evaluate NP student clinical competencies in primary



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Hopkins Nursing Welcomes Nadine Marks

This summer, the School welcomed a new Director of Admissions and Student Services: Nadine Marks. She brings new recruitment methods from her previous position at American University to Hopkins and looks forward to “employing some different strategies that maybe haven’t been used before.”

What has she enjoyed most about her first few months on the job? “Getting to know my staff and to work side-by-side with them and to know this job inside and out.” ■

care,” and **Chris Keenan**, **Maggie Neal**, **Sandy Swoboda**, and **Pamela Jeffries**, PhD, RN, ANEF, FAAN, for “Uncovering assumptions—Clinical faculty’s discoveries of nursing students’ knowledge, skills, and attitudes following an integrated simulation program.”

Patti Abbott, PhD, RN, FACMI, FAAN, **Bryan Hanson**, RN, and **Sharon Kozachik**, PhD, RN, were interviewed for the American Nurse Project—a compilation of interviews from nurses across the country. Fourteen nurses from The Johns Hopkins Hospital were also interviewed.

Six faculty members, including **Pamela Jeffries**, PhD, RN, ANEF, FAAN, **Marie Nolan**, PhD, MPH, RN, FAAN, **Miyong Kim**, PhD, RN, FAAN, **Deborah Gross**, DNSc, RN, FAAN, **Jerilyn Allen**, ScD,

RN, FAAN, and **Patricia Mary Davidson**, PhD, MEd, RN, were inducted into the International Nurse Researcher Hall of Fame, at the Sigma Theta Tau International’s 23rd International Nursing Research Congress on August 2 in Brisbane, Australia.

Julie Stanik-Hutt, PhD, ACNP, CCNS, FAAN, co-presented papers with Sharon Dudley on Executing Style Education to Prepare Doctors of Nursing Practice at the 7th biennial conference of the International Nurse Practitioner and Advanced Practice Nursing Network in London, August 20. ■



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Nancy Glass Receives \$2.69 Million for Congolese Youth Microfinance Program



Through funding from the National Institute of Child Health and Human Development, Associate Professor Nancy Glass, PhD, MPH, RN, FAAN, and colleagues will launch Rabbits for Resilience, an animal husbandry microfinance program for youth in the Democratic Republic of Congo who have suffered severe trauma growing up in a conflict zone.

The five-year, \$2.69 million grant will support the initiative aimed at giving adolescents ages 10 to 14 an opportunity to learn new skills and engage in the community. Through raising and selling the rabbits, the youth can help parents and family members in their households, economically and socially.

Jerilyn Allen Receives NIH Honors

Jerilyn Allen, ScD, RN, FAAN, is the 2012 recipient of one of the highest honors of the NIH's Friends of the National Institute of Nursing Research (FNINR), the Ada Sue Hinshaw Award, which honors the sustained work of a nurse researcher whose science has been widely disseminated across disciplines.

Allen, a professor and associate dean for research, was recognized for her career-spanning, cross-disciplinary research, scholarship, and mentorship in cardiovascular health, disease management and prevention, and the promotion of evidence-based practice. She accepted the award at the FNINR NightInGala on September 12, 2012 in Washington, DC.



Terhaar and Taylor Receive Funding to Ease Nursing Crisis



Through funding from the Maryland Department of Health's Nursing Support Program (NSP-II) associate professor Mary Terhaar, DNSc, CNS, RN, and assistant professor Laura A. Taylor, PhD, RN, are implementing two innovative programs to help ease the crisis in quality nursing care.

Funded at \$588,000 over two years, Terhaar's Stimulating Practice Innovation (SPIN) program prepares recent doctor of nursing practice (DNP) graduates to play a key role in the practical implementation of health reform in Maryland.

With a grant of \$199,000, Taylor's GUIDE program (Guiding Individuals for Doctoral Education) is a "boot camp" to help increase the numbers of advance practice nurses able to step up to a doctoral program and, ultimately, a career in nursing education or research.

Jason Farley Selected as a 2012 Robert Wood Johnson Foundation 'Nurse Faculty Scholar'

Assistant Professor Jason E. Farley, PhD, MPH, CRNP, is one of just 12 outstanding nursing educators to win a competitive grant from the Robert Wood Johnson Foundation (RWJF)



Nurse Faculty Scholars program this year.

Farley, nurse practitioner in the Johns Hopkins AIDS Service, and clinical core co-director of The Johns Hopkins Center for AIDS Research, will receive a three-year, \$350,000 award to promote his academic career and support his research.

Cynda Hylton Rushton Named Inaugural Bunting Professor

Following a nationwide search, Cynda Hylton Rushton, PhD, RN, FAAN, has been named the inaugural Anne and George L. Bunting Professor in Clinical Ethics.



The Professorship, established by the Johns Hopkins School of Nursing and the Johns Hopkins Berman Institute of Bioethics, allows Rushton to work collaboratively with faculty and students to identify, analyze, and attempt to resolve the ethical dilemmas that arise in caring for patients and their families.

In the News

From Maine to California and with stops along the way in Massachusetts, Pennsylvania, North Carolina, Texas, Arizona, and Washington, doctoral students and recent doctoral graduates are putting their research and Capstone projects “on the map.” Through radio “tours” and press releases running on a journalists’

newswire, PhD and doctor of nursing practice (DNP) students and grads are gaining valuable media exposure and experience.

Beginning last July, this new initiative led by the PhD and DNP program directors, **Hae-Ran Han**, RN, PhD, and **Mary Terhaar**, DNSc, RN, in collaboration with the School of Nursing Office of Marketing and Communications, matched the PhD research and DNP Capstone projects to special topics outlined in upcoming thematic wires. Themes ranged from back-to-school topics to infectious diseases and included child health, obesity, and diabetes. Press releases about their efforts were then distributed to 30,000 journalists throughout the world through *Newswise*, a top-rated newswire visited

daily by journalists seeking research news, expert sources, and feature ideas.

Adding to the outreach, two popular releases receiving a total of nearly 5,000 views from journalists were picked for radio tours. DNP student **Billinda Tebbenhoff** and PhD student **Janna Stephens** went “on tour” via their telephones, conducting 11 radio interviews that aired 437 times on 149 stations across the U.S. and reached more than six million listeners. Their topics? Health-oriented apps for smartphones. In “Need to Reduce Stress? There’s an App for That,” Tebbenhoff outlined the use of virtual reality to reduce stress in college students. Stephens’ research focused on the use of smartphones and websites to combat the epidemic of childhood obesity in “Technology Can Trim Childhood Obesity.” ■



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AT [NURSING.JHU.EDU/PRESSCLIPS](https://nursing.jhu.edu/pressclips).

Have a Seat, Support a Nurse

Nurses’ Art Chair Auction to Benefit Students

As patient advocates, Johns Hopkins Nurses know how to take a stand—but on November 12, 2012, they took a seat instead.

At the A Seated Legacy kickoff event, students, alumni, faculty, and staff from the Johns Hopkins University School of Nursing received art supplies and a chair inscribed with the Maltese Cross, the symbol of the School’s alumni association. In 10 weeks, they will transform the everyday furniture into a work of art to be displayed at the School and later auctioned to support the Melinda Rose Fund.

“The Melinda Rose fund creates opportunities for alumni and students to come together,” explains Lindsay Dorrance, Director of Alumni Relations. Launched by alumna Mildred Rogers ’67, the fund is named for Melinda Rose, the School’s past Director of Alumni Relations who retired in 2011.

To learn more about the springtime auction, contact Chris Boyle, Assistant Director for Student Leadership and Career Development at cboyle5@jhu.edu or 410-614-5488. ■





Down in the Mouth

Saliva Expert Eases Stress on Zoo Animals

by Sara Michael

 What would compel someone to reach inside the gaping mouth of a 500-pound sea lion? To collect spit, of course.

For Douglas Granger, PhD, no mouth is off limits, and the salivary bioscience researcher has extended his interests beyond human spit to that of the animal kingdom. Through collaboration with the Pittsburgh Zoo, Granger and colleagues are sampling sea lion saliva for biological clues that could help shape future animal interventions.

Sampling saliva is a minimally invasive way to evaluate how individuals—in this case, animals—are influenced

by environmental change and how that might relate to their health and behavior. “Advancing our understanding of these relationships may allow us to better serve the needs of endangered species in captivity,” says Granger, director of the Johns Hopkins School of Nursing Center for Interdisciplinary Salivary Bioscience Research.

Sampling saliva is a minimally invasive way to evaluate how individuals—in this case, animals—are influenced by environmental change and how that might relate to their health and behavior.

A leading expert in the discovery, measurement, and application of analytes in saliva, Granger is more accustomed to working with human subjects. His research has delved into the specifics

of spit for determining health risks, such as heart disease, and biological responses to stress.

But perhaps when it comes to spit, humans and animals are very much alike. Can sea lion, giraffe and orangutan spit have the same biological elements detected in human saliva that unlock information about stress and anxiety? What else can researchers measure from animal spit? Could this research also pave the way to explore the neuroscience of human-animal interactions?

Take Granger’s first subject, Hawk the 500-pound sea lion who was facing an unsettling environment change. The female sea lions were scheduled to be moved, a relocation which could affect Hawk’s behavior—and, by extension, his biology. Could Hawk’s spit spell out signals of stress? With the help of animal trainers well versed in coaxing

a large animal to open wide for a spit swab, Granger collected saliva samples for analysis.

The unlikely partnership between the Zoo personnel and salivary researchers began when someone from the Pittsburgh Zoo attended one of Granger’s “spit camps,” a workshop held at the Center for Interdisciplinary Salivary Bioscience Research for researchers interested in learning more about collecting and analyzing saliva samples. Saliva sampling can give zookeepers and curators a noninvasive tool to measure animals’ biological processes underlying health and behavior, Granger says. ■

 Learn more at www.nursing.jhu.edu/salivarybioscience



After its recent move, how stressed out is this 500-pound sea lion? Saliva sampling can help zookeepers find out.

Defeating Depression

Trends Among African Americans

by Teddi Fine

 While African Americans are less likely than whites to have a depressive disorder, when they do, it tends to be chronic and more severe, and less likely to be diagnosed and treated. The effects can be damaging for individuals and families.

In the July 2012 online issue of the *Journal of Obstetric, Gynecological and Neonatal Nursing*, postdoctoral fellow

Half of women, but only a third of men, believed depression to be a normal part of aging, and more men identified depression as a sign of personal weakness.

Jeanne L. Alhusen, PhD, CRNP, RN; professor Deborah Gross, DNSc, RN; professor Phyllis Sharps, PhD, RN, CNE; and others explored the impact of social support and depression on African-American mothers-to-be. They found that during pregnancy, insufficient social support (e.g., an unengaged partner) can heighten feelings of depression. The two factors can then interfere with bonding during pregnancy and other healthy behaviors.

Alhusen says, “We found that depression compromises a woman’s ability to emotionally attach to her unborn child.” Sharps adds, “The findings highlight the need for health providers to assess pregnant women for depression and to intervene, particularly in women at increased risk for adverse birth outcomes.”

Professor Laura N. Gitlin, PhD, and colleagues sought to clarify how beliefs about depression act as barriers to care among older African Americans, also a



significantly undertreated population. Writing in the May 2012 online issue of *American Journal of Geriatric Psychiatry*, they report that most of the study’s 153 participants recognized depressive symptoms. Gender and the presence of symptoms, however, influenced differences in attitudes and beliefs. Half of women, but only a third of men, believed depression to be a normal part of aging, and more men identified depression as a sign of personal weakness. More women than men found solace in faith and prayer. Moreover, most were fearful that

others might learn of their depression, suggesting that stigma is strong and may deter seeking care.

Gitlin says, “Studies like this help us better tailor mental health services to this growing population for whom depression remains poorly detected and undertreated. Our findings are building a roadmap to improved community education about depression, reduced stigma, and appropriate treatment programs.” ■



KEEP UP WITH THE LATEST FACULTY RESEARCH AT NURSING.JHU.EDU/RESEARCH.



This insecticide-treated mosquito net is one of 300 nets obtained by student Rachel Looney for the pediatric wards at Mulago Hospital in Uganda. These nets can prevent 50 percent of malaria cases in high-risk areas.

Net Results

Nursing Student Prevents Malaria in Uganda

by Rebecca Proch

Rachel Looney didn't set out to be an activist. As a nursing student completing her final two-month clinical rotation at the International Transition Placement program at Mulago Hospital in Uganda, she just wanted to help solve a persistent problem in her pediatric ward. Too often, children on the brink of release were stricken with malaria after being bitten by mosquitoes in the hospital. After seeing one little boy who was well enough for discharge rapidly decline and nearly die, she decided to get insecticide-treated nets (ITNs) for the ward. Using ITNs can prevent as many as 50 percent of malaria cases in high-risk areas, according to the World Health Organization. It's a relatively simple and inexpensive response to a deadly disease that claims over half a million lives every year, 90 percent of

them in Africa. Children under five are especially at risk.

Looney, now a Master's student at Johns Hopkins University School of Nursing, first applied to the Ugandan Ministry of Health for 50 nets, enough for her ward. After a four-hour wait to be seen and a promise that her request would be reviewed, she wasn't feeling optimistic the nets would be provided. A Ugandan friend put her in touch with an ITN distributor, and she negotiated a price of \$4 per net, intending to pay for them herself.

When her fellow students asked to chip in, she began to take up a collection. The Ugandan Ministry of Health came through with the 50 requested nets, but word had spread to friends and family, and soon there was enough money to buy nets for all Mulago's pediatric wards, not just Looney's—300 nets in total.

With the help of her friend Sean Buckland, a medical student from England, Looney made arrangements to keep up funding for the nets after she returned

home: Every time a student from ITP books an excursion with the local company, Nalubale Rafting, \$10 goes towards the purchase of new nets for Mulago. This allows the nets to be replaced as needed, and any extras are given to families of patients.

Looney is thrilled that her project continues to thrive without her. "People wanted to help, but a lot didn't know how to," she says. "This is something simple but effective that they can do to make a difference." ■

Nurses Do A World of Good

Hopkins Leads International Forum For Global Nursing

by Sara Michael

 Around the world, nurses and nursing organizations are full of good intentions to provide healthcare to international communities. Unfortunately, their efforts aren't always relevant or sustainable, and it's one of the many challenges global nursing leaders face as they work to build more meaningful initiatives.

In an effort to solve shared challenges and make the most of their resources, leaders from the Johns Hopkins University School of Nursing's Center for Global Nursing hosted a symposium at the 2012 convention of the prestigious Sigma Theta Tau International.

"Our purpose was to convene nurse leaders to look at our common interests, share experiences, and make recommendations to Sigma Theta Tau on how to grow these partnerships," says Phyllis Sharps, PhD, RN, FAAN, director of the Center for Global Nursing and associate dean for Community and Global Programs, who helped lead the presentation. The recommendations will be incorpo-

rated into a manuscript on advancing global nursing leadership initiatives to be published in the society's journal.

The Hopkins team has decades of global nursing experience teaching, researching, and practicing in China, Thailand, Australia, and countries in Africa and Europe. That expertise made them a natural choice to lead a discussion on creating and facilitating "meaningful and effective global collaboration" that has valuable impacts in the communities in need, says Mary Terhaar, DNSc, RN, director of the Doctor of Nursing Practice program who also led the symposium.

One of the first challenges, and a start-

ing point for the conversation, was defining global nursing, as it can vary among groups with international health care missions. Establishing a standard view would pave the way for leaders to support effective partnerships and tackle some of their shared obstacles.

For example, Sharps notes, how can organizations create a truly collaborative partnership when one country has more resources than its partner country? Similarly, how can you ensure that international health programs are based on the real needs of the community, rather than the interests of the travelers? The goals should be relevant and sustainable, Ter-

haar says, adding, "It doesn't help to pop in and do something and leave without having it endure."

Also participating were Hopkins nursing Professor Marie Nolan, PhD, RN, FAAN, and Patricia Davidson, PhD, RN, from the University of Technology School of Nursing in Sydney, Australia. Leading the symposium for such a prestigious organization was "an honor," says Martha Sylvia, PhD, MSN, MBA, RN, adding that the effort will advance global nursing at Hopkins and worldwide. ■



LEARN ABOUT HOPKINS NURSES AROUND THE GLOBE AT [NURSING.JHU.EDU/GLOBAL](https://nursing.jhu.edu/global).



MARSHALL CLARKE

Hopkins Sets An "International Record"

This summer, Hopkins set a record for the number of students visiting as part of the School of Nursing's formal international collaborations. From South Africa were North West University students Lufuno Makhado and Leepile Sehularo and University of Fort Hare Students Nonyaniso Nkutu and Thankdekile Shabalala. From China's Peking Union Medical College, doctoral students Wu Liping and Jing Li. And from Lebanon, American University of Beirut students Rachele Bejjani, Madice Merheb, Mahmoud Ghouzail, Nour Abi-Zahr, and Dana Kassem.

A Foundation for Better Health

When Morgan Mirth was a child, her father was permanently disabled in a car accident. She watched as he navigated the often-complicated healthcare system with its “disjointed and impersonal care,” says Mirth. His disabilities, particularly his brain damage, “sparked my interest in the brain and a belief in the importance of comprehensive, family-centered healthcare.”

With a deep-rooted devotion to helping underserved people, the Bethlehem, Pa. native spent time as a tutor and worked as a Health Education Volunteer with the Peace Corps in a rural village in Mauritania, West Africa. While assigned to a health post, she focused predominantly on malaria prevention, malnutrition, maternal & child health and sanitation.

“I have a lot of experience working with children, and going abroad solidified that,” says Mirth. “Starting [with children] early on, it allows you to put them on a better track and set the foundation for better health.”

Mirth, currently an accelerated baccalaureate student, came to Hopkins for its Pediatrics Nurse Practitioner Program—and for another opportunity to work abroad. Her Hopkins education is made possible by the Alexander Wilson Schweizer Scholarship, which supports students preparing for careers serving vulnerable populations.

“As someone who has been interested in helping those who are in need and underprivileged, I think that this is a great opportunity for me,” Mirth says.

The Alexander Wilson Schweizer Scholarship is an endowed fund established in 1999 by Mr. and Mrs. Thomas Schweizer, Jr. in memory of their youngest son, Alec. The Schweizer Scholarship supports students who are preparing for careers serving vulnerable populations.



Am I Cut Out for This Nursing Thing?

by Caitanya Min, '13



December 2011: Raw Wounds

I recently made a visit to see an alumnus nurse who invited me to help her with a wound dressing. I initially looked at the wound and felt nothing. But let's just say that that wound was ... Wow.

Before I knew it, nausea overwhelmed me, my stomach turned queasy, and I felt lightheaded, with objects in my vision becoming hazy. I was hot and couldn't stop breaking out in a cold sweat. I wanted desperately to make the sick feeling go away, but it just escalated, so I excused myself to go to the toilet.

Thank God it was a single person bathroom! Suffice it to say, vomiting helped a ton with the nausea. But not without thorough embarrassment on my part, thank you very much.

I asked myself: Should I be rethinking this nursing thing? If I can't even handle the sight of huge wounds that look like raw ground meat, what hope is there for me??

September 2012: Trach Terror

After last winter's wound cleaning incident, I was able to laugh at myself. But today during clinicals, it wasn't so funny anymore.

I was watching a patient get his tracheotomy tube removed. I'm not sure when or why the tides turned, but suddenly, that feeling of queasiness in the stomach, the cold/hot tingling in my body, and the sparkly objects in my vision crept up on me. My head was throbbing, and I felt like I could have thrown up again.

This time around, I admit I feel some shame over this experience, especially since I've been through it before.

I did some searching online and apparently plenty of nursing students—and medical students—have become faint while watching something that did not agree with them. Does this make me feel better? I guess so. However, my ego is screaming, “You wimp! It's not like his brains were spilling out all over the place!” If only my body could listen and understand this “logic.”

A Prayer to The Nursing Gods

Please, nursing gods, deliver me stamina and a stronger will! Help me to toughen my skin so that the sight (and smell) of pendulous body parts and open and weeping wounds will no longer move my stomach to want to send forth projectile emesis! I believe I can get through this, for sure! It is doable. I'm not the first nursing student to go through this, and I won't be the last. If you have any special tips for me, I'd welcome your comments on my blog at www.nursing.jhu.edu/Caitanya. Thanks, and wish me luck!



CHRISTOPHER MYERS

Nursing student Caitanya Min is learning to cope with the “blood and guts” of her new profession. Do you have advice for her? Leave a comment on her blog at www.nursing.jhu.edu/Caitanya.



Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education

Lifelong learning



and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan. Faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet the current and future health needs of the population. The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should require that all nursing students demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across settings and the lifespan. Academic administrators should require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research. All health care organizations and schools of nursing should foster a culture of lifelong learning

By Mat Edelson | Illustration by Mike Austin | Photography by Marshall Clarke



Taking continuing education or recertification courses online allows nurses like Sue Verrillo to learn when they want, where they want, and at their own pace.

For a nurse intent on lifelong learning, any space will do: a quiet cafeteria corner, a nook off the ICU during a break, or, in Sue Verrillo's case, her grown son's old bedroom. Years ago, a little boy in t-shirts and shin-length basketball shorts spent many an hour laboring over homework in this room; now, that bunk bed is long gone (along with the humongous Transformers poster), but the studying goes on, this time on mom's part.

Just off her day shift in The Johns Hopkins Hospital's physical rehab unit, Verrillo, MSN, RN, sipped a hot cup of ever-present tea as she settled into what, for her, was the modern equivalent of night school: sweats, wooly socks, and

a computer. On the screen of her Dell popped up her latest lesson, an hour-long module in Evidence-Based Practice. It's part of a 10-hour online course developed by Johns Hopkins nursing staff and faculty that gives Verrillo much more than a certificate to hang on the wall.

Education had been her gateway to a world that, quite frankly, her blue-collar Baltimore family initially thought was far beyond her reach. No one in her clan had graduated from college. As for being a nurse, that was her mother Alice's dream, crushed when Alice's mom (Verrillo's Grandma Nellie) died while Alice was but a teenager. Yet Sue had resurrected her mom's most fervent desire, nurtured it, parlayed a bachelor's



into a coveted Nurse Clinical III position, but didn't stop there. She accomplished a master's degree and was now taking the next step: increasing her professional value by becoming an expert in an emerging field. Education had given Sue Verrillo an identity; what she thirsted for now was the knowledge and the opportunity to make a difference.

On the screen the lesson played and a nurse learned; she wouldn't have to wait long for the payoff.

Expert Nurses, Perpetual Students

Last year, the Institute of Medicine made quite clear its position on the value of nursing education, in any form. In its

report, *The Future of Nursing*, issued jointly with The Robert Wood Johnson Foundation, it listed eight recommendations for moving the field forward.

Recommendation 6 left little to the imagination: *Ensure that Nurses Engage in Lifelong Learning*.

The IOM's blue-ribbon panel suggested that everyone involved in nursing education, from accrediting bodies to continuing ed programs on down, unite to create an atmosphere where lifelong learning helps "gain the competencies needed to provide care for diverse populations across the lifespan."

In a sense, all nurses are lifelong learners. Technology is moving too fast to think otherwise, with in-service meetings to discuss new devices, drugs, and procedures as common as deliveries of fresh scrubs. "If a new piece of equipment comes into your area today you have to learn it, you have no choice," says Karen Ritchey, MSN, RN, CNOR, an OR Nurse Manager at The Johns Hopkins Hospital. "If you don't, there could be patient harm, and there's ramifications for that."

So for the sake of argument, let's classify lifelong learners as the Sue Verrillos of the world, individuals motivated to go beyond in-service seminars and mandatory orientation to a place of personal and professional gain.

Who and what drives these modern lifelong learners? Often it's the end-user, the patients and their families. No longer quiescent, they now demand answers from the nurses who provide their care. Saying 'I don't know,' well, "It doesn't fly," sniffs Michele Galioto, MSN, RN, director of education for the Oncology Nursing Society. "The consumer's expectation and their knowledge forces [nurses] to go beyond just competency in order to be able to have an open, informed consent, educational discussion with them. It's not unusual for any patient... to come in knowing full well that 'this is what's wrong with me, this is what my physiology is doing, and, from what I understand, these are my treatment options.' Folks challenge their physicians and nurses."

So do the institutions nurses belong to. Hospitals seeking Magnet status often push—and not always in a subtle manner—for their nurses to go back for at least a bachelor's degree, and the pressure has only increased since *The Future of Nursing* recommended that 80 percent of all nurses have a bachelor's degree by 2020. Similarly, achieving certification is an expectation on many units, notably at academic medical centers. Education and certification costs are even covered by the institution...sometimes. Sue Verrillo is one of the lucky ones; she might never have gotten a master's if Hopkins hadn't picked up most of the tab. "About 50 percent of employers pay for certification," notes Cyndi Miller Murphy, MSN, RN, CAE, Executive Director of the Oncology Nursing Certification Corporation. "But only 38 percent pay for recertification (required every four years), which makes no sense for those who intend to support lifelong learning."

Especially when you consider the last driver behind lifelong learning: retention. It's no secret that nurses burn out at a high rate and high cost to institutions. Encouraging education to promote inter-institutional job shifts—especially in an aging

nursing workforce—could be an extremely reasonable insurance policy. “Lifelong learning is an important strategy in re-tooling a workforce and keeping people excited about work, keeping them vital. When you lose vitality in a work force, you have high turnover,” says Cedar-Sinai’s Linda Burnes Bolton, DrPH, RN, FAAN, who was Vice-Chair of the IOM’s report. “It’s ‘pay me now’ or ‘pay me later.’ The average cost of turnover three years ago in an acute care hospital was \$66,000 (per nurse). The average cost they allot for continuing education is \$5,000. There’s no comparison.”

But catering to lifelong learners also means ensuring the money is well spent, which isn’t necessarily a given: in a 2009 IOM report, continuing education (CE) in health professions including nursing was severely criticized. Notably, the IOM found that “there are major flaws in the way CE is conducted, financed, regulated, and evaluated.” In other words, simply taking a course was no guarantee of increasing competency.

CE’s Evidence-Based Future

The IOM’s reports are sending shivers up and down CE’s spine. The body that credentials organizations providing nursing CE programs is doing its part to beef up standards by using evidence-based criteria. Kathy Chappell, MSN, RN, Director of the American Nurses Credentialing Center’s Accreditation Program, states, “We’re asking organizations to demonstrate the link between continuing nursing education they offer and improvement in the professional practice of nursing and patient care as opposed to [just] evaluating how satisfied the learners are at the end of the activity,” says Chappell. “I am less concerned about whether nurses like a CE program; I want to know it’s made a difference in how they practice.”

As a mandate that sounds good, but in reality the lifelong learner interested in quality CE will, in the near term, have to rely more on a program’s reputation than any outcomes research. That’s because such research is just maturing and it can be difficult to conduct scientifically. It’s far easier to measure a change in prescribing practices—which was studied and quantified in physicians attending medical CE courses—than to answer the more subjective question of whether a well-studied nurse individually gives superior care.

On a large scale that may be true—a research link between achieving a bachelor’s degree in nursing and providing patient care has been established, and data on Advanced Practice Registered Nurses strongly suggests they provide superior care perhaps on par with physicians—but whether someone getting shorter forms of CE becomes a better nurse has yet to be concretely established. Hopkins’ Pamela Jeffries, PhD, RN, ANEF, FAAN, who is launching a new Professional Programs unit devoted to increasing educational opportunities for nurses and other health professionals intent on improving their academic and career potential, says measuring the effectiveness of their programs will be a priority. “We have to have a solid evaluation strategy and plan in place, in addition to tracking outcomes and the impact of educational programs,” says



Using knowledge from her Evidence-Based Practice course, Sue Verrillo worked with

Jeffries, who serves as the School of Nursing Dean for Academic Affairs.

The sense among CE professionals is that those education/performance links will eventually be made, especially as two other IOM CE suggestions take hold. They include building strong inter-professional educational programs that pair nurses with other providers, and creating stronger bonds between CE and healthcare organizations.

An example of the latter is Michigan State University’s Online RN Refresher Program, aimed at nurses long separated from the field. That program’s strength, says Katie Kessler, MSN, RN, Director of Professional Partnerships, is MSU’s joining forces with hospitals in the learner’s community, no matter how distant. “It’s interesting to me that nurses, even if they had been a nurse for 20 years, when they inquire about getting back into nursing they all feel confident they can do the theory part, and almost none are very confident about the clinical part,” says Kessler. “I think one of the successes



colleagues at the Wilmer Eye Institute to discover and correct a mysterious ailment that had caused vision damage in cataract patients.

of our model is we help them arrange a clinical practicum in their home community with an RN preceptor in a hospital or an agency. That has been the thing that really gives them the confidence to move forward.” Kessler adds that because of rapid changes in healthcare technology, many nursing agencies recommend that nurses take refresher courses even if they’ve been out of the field for just five years.

Charged Up With CE

For Sue Verrillo, her Evidence-Based Practice course led to the kind of team-oriented result that can charge up a lifelong learner for years. Working with colleagues at the Wilmer Eye Institute at Johns Hopkins, she used her newfound knowledge like a detective, tracking down a mysterious ailment that was causing severe vision damage in select cataract patients. A painstaking analysis found the culprit: detergent enzymes that were binding with sticky eye proteins in the tiny nooks of instruments, and which survived the sterilization process.

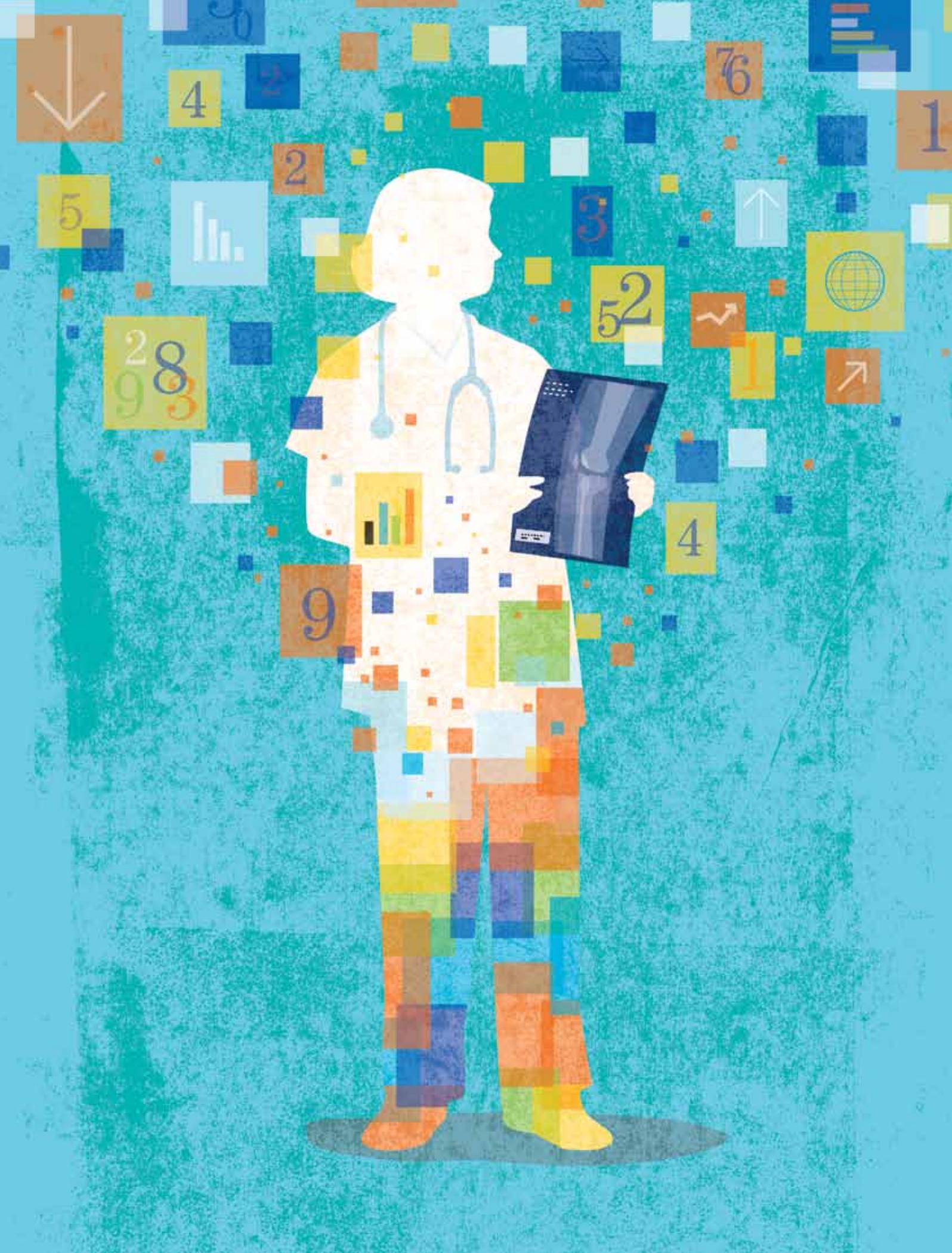
Verrillo watched as researchers and physicians brought her theory to life, verified it, and wiped out the problem.

“It was amazing. I let the Wilmer team run with it, they went to a national conference and presented it there,” says Verrillo. “It was like being a coach and seeing your team win the championship. I was like, ‘They did it!’ That just fueled my soul!!”

And now, with a promotion to nurse manager and a few more courses under her belt, Verrillo is doing what many lifelong learners do: encouraging others to follow her lead. She has an endowed fund that pays for those who take—and pass—a course she teaches for a certification exam. “I’m known in the hospital for accommodating nurses who want to go back to school. I encourage my nurses to challenge themselves and to learn at least one or two new things a year.”

Because one never knows where the spark for lifelong learning will come from.

 Be a lifelong learner and visit <http://vimeo.com/jhunursing> and www.nursing.jhu.edu/continuinged.



Fill in the Blanks

National data are key to putting
nurses where they're needed



by Kelly Brooks
with contribution by Chuck Green
Illustration by Mike Austin

With a nursing shortage that could reach one million RN vacancies by 2020, the future of patient care relies heavily on successful workforce planning.

“To know what you’re trying to build [for a nursing workforce], you have to understand what kind of ingredients go into it and have the right equipment and supplies. Otherwise, you’ll fall short of your goal,” says Jennie Chin Hansen, CEO of the American Society of Geriatrics and a member of the Institute of Medicine Committee on the Future of Nursing. In other words, you need good, hard data.

Specific recommendations for better data collection and an improved information infrastructure were released in the 2010 report *The Future of Nursing: Leading Change, Advancing Health*. The report committee, convened by the IOM under the auspices of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, aimed to ensure that the country’s current and future care needs would be met by a strong, vibrant interprofessional healthcare workforce.

This year, however, the federal government discontinued its best-known source of nursing workforce data: the National Sample Survey of Registered Nurses (NSSRN), conducted every four years by the Health Resources and Services Administration (HRSA). For the first time in 35 years, nursing researchers, leaders, and policymakers won’t have a nationally collected statistical picture of the nursing workforce.

And the NSSRN isn’t the only victim of tight government budgets. The National Health Care Workforce Commission, established by The Patient Protection and Affordable Care Act in 2010 to advise policymakers, has yet to be funded. Under the leadership of nursing workforce expert Peter Buerhaus, PhD, RN, the group has the potential to improve data collection and labor market forecasting not only for nursing, but the entire interprofessional healthcare workforce. Without funding, however, the commission remains in limbo.

“We have a double whammy we’re dealing with here,” says Susan B. Hassmiller, PhD, RN, FAAN, Director of the Future of Nursing: Campaign for Action.

The “double whammy” comes at a critical time. The current shortage of nurses combined with an aging population, higher rates of chronic illness, and the potential influx of 30 million new patients under President Obama’s Affordable Healthcare Act could spell disaster.

But Kathleen White, PhD, RN, NEA-BC, FAAN, associate professor at the Johns Hopkins University School of Nursing, has spent the last two years on assignment with HRSA, contributing to the development of a new strategy for gathering and analyzing nursing workforce data. By collecting state-level data when nurses renew their licenses, and augmenting that with a new national survey of nurse practitioners and the Census Bureau’s American Community Survey, she says, “we’ll now have a more coordinated strategy that will provide real-time, ongoing data collection and better meet our needs.”

So Long, Sample Survey

“When I got here in late 2010, we were still trying to get out the 2008 [NSSRN] survey results. It was lengthy, it was cumbersome, and it wasn’t getting data out in a timely manner,” says Edward Salsberg, Director of HRSA’s National Center for Health Workforce Analysis.

“[The NSSRN] was a major undertaking, and by the time it was published, the data were already old,” agrees White. Not only that, the fact that NSSRN data were comprised of samplings meant it didn’t necessarily yield a complete picture—especially in small states where the sample size wasn’t large enough, she says.

But while most nurses and researchers agree that NSSRN data was less than timely, not all believe that retiring the survey was the wisest course of action. The 16-page survey, completed by 30,000 nurses nationwide, provided a treasure trove of information on education, employment, earnings, home life, non-nursing activities, and other details that help researchers understand the fundamental function of nursing labor markets.

It’s because of the NSSRN, says healthcare workforce expert Joanne Spetz, PhD, FAAN, that “we know more about the nursing workforce than any other health professional workforce.” An economist from the University of California San Francisco, Spetz was also a consultant to the Institute of Medicine Committee on the Future of Nursing. Losing the NSSRN, she says, means “losing a richness of information.”

HRSA’s primary reason to collect data, however, is to understand and anticipate changes in the supply of and demand for working nurses and other healthcare professionals. Salsberg points out that there are other—perhaps better, more cost-effective—sources of data to do just that. “We think there are quality alternatives [to the NSSRN],” he says.

The Big Picture, State by State

Ideally, a new data collection system will survey nurses as they renew their licenses. Updated annually, a national dataset would be rich with information gathered from all working nurses, not just a sample of them. The benefits: more timely data, and enough nurses surveyed to analyze the workforce in every geographic region in the U.S.

Collecting workforce data that reflects the specialty or geographic area in which healthcare professionals are providing services “will show us where we have supply and demand imbalances so that we can aim recruitment of those professionals where they’re most needed,” says White. It would be an improvement over current data, with which “we might not know where there’s an excess of a certain specialty in order to recruit the right professionals to an area.”

To more specifically target where nurses are needed, the data collection methodology will result in a more informed policy on workforce development, “meaning you can target scholarships to areas of need, or provide information that schools and universities can use to more specifically shape their programs” to meet workplace needs, says White. “That way, we can be more innovative and respond to changes in the healthcare environment.”

Support Your State Nursing Workforce Center

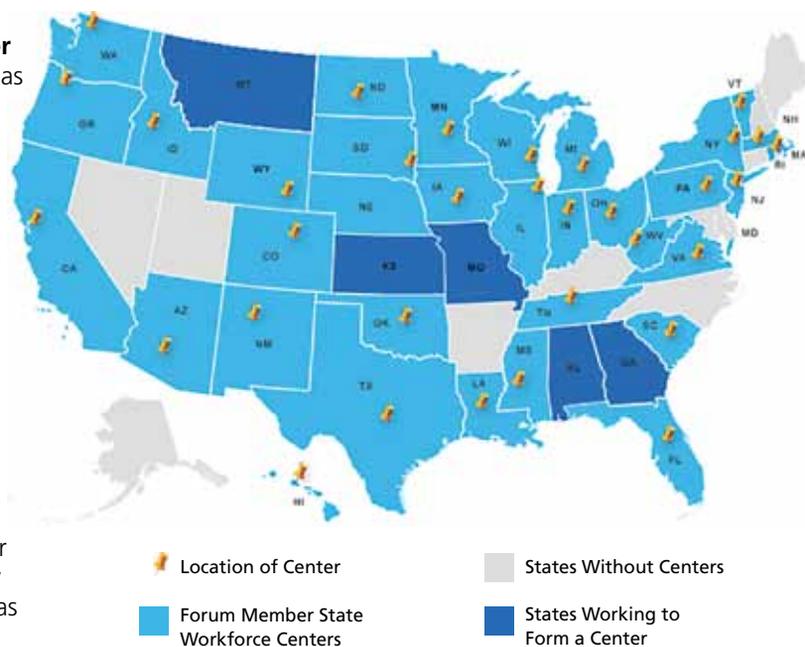
Check out this map to learn whether your state has a Center. Visit www.nursingworkforcecenters.org to find a link to its website and find out what it is doing to collect the National Nursing Workforce Minimum Datasets.

Support Your State Board of Nursing

For states that don't have a Nursing Workforce Center, the Board of Nursing is responsible for coordinating data collection. Find yours at www.ncsbn.org, and ask what it is doing to collect the National Nursing Workforce Minimum Datasets.

Take A Survey

If you get a survey, respond to it! You may be surveyed when you renew your nursing license, or you may receive the one-time sample survey early next year. Remember, the data are only as good as the answers you provide.



The success of the new data plan depends on collaboration from each state's Nursing Workforce Center or Board of Nursing. The idea is for each state to survey its nurses when they renew their license, asking a specific set of 18 questions established under the National Nursing Workforce Minimum Datasets. State data can then be combined to give a picture of the national nursing workforce.

"It's a little confusing because there were three totally separate efforts to build a national nursing Minimum Dataset," says Salsberg. In 2010, while HRSA was working on developing a set of questions to be asked across all healthcare professions, the Forum of State Nursing Workforce Centers (the Forum) and the National Council of State Boards of Nursing (NCSBN) were working on their own plans as well. "In the past six months, all three of these efforts have started to come together," and today the Forum's National Nursing Workforce Minimum Datasets, adopted in 2009, have become the basis for the national standard.

Established with a grant from the Robert Wood Johnson Foundation, the Forum and its 34 State Nursing Workforce Centers were created for the purpose of collecting workforce data. In the remaining states, data collection will fall to the Boards of Nursing.

"Some states do have exceptional Nursing Workforce Centers," says Hassmiller. "But will that handful of states be enough to get us what we need to know at the national level? No."

Right now, only about 30 or 35 states are collecting data when their nurses are relicensed, and each state is asking only 12 or 14 of the recommended 18 questions, says Spetz. She hopes that more states will emulate California, where data collection "costs no more than \$1.10 per nurse every two years, and we have some of the best data in the country."

"Our ultimate goal is to have a national picture on a con-

tinuous basis of what the nursing supply looks like," says Kathy Apple, MS, RN, FAAN, CEO of NSCBN. The organization is helping state boards add the Minimum Dataset questions to online licensure renewals and will combine the state-level data to build a national picture. "We're not even close to having all the state boards on. We have to work with all the nuances of state government, and that's not a simple process. It's one of those things that take a long time."

Stopgap Strategies

In the meantime, NCSBN and the Forum are working together to bridge the data gap.

"Knowing that our big initiative [using Minimum Datasets to create a national database] is going to take us a while, we asked, 'Is there something we can do now to get at the national picture?'" says Apple. The result is a one-time national sample survey of nurses, which will be conducted, analyzed, and reported in early 2013 by NCSBN and the Forum.

Meanwhile, says HRSA's Salsberg, we can rely on data from the American Community Survey, given annually to a one percent sample of Americans. Each year, about 30,000 nurses are included—approximately the same number surveyed every four years with the NSSRN—which can help give a basic overview of the nursing labor supply. Additionally, HRSA launched a national sample survey of nurse practitioners in 2011. With 13,000 respondents, this survey will provide a detailed picture of the advanced practice nursing labor supply.

"We're totally committed to improving data collection for RNs," says Salsberg, who also points to HRSA's efforts to develop an update set of models that states can use to predict the supply and demand of their nursing workforce. "This is a multi-year effort, but our combined effort will lead to a national dataset for nursing. That is a top priority."



Coordinated Care

Nurses Play Key Role in Multidisciplinary Rounds

by Sara Michael

 When The Johns Hopkins Hospital's Weinberg Intensive Care Unit opened in 2000, a survey given to members of the care team after daily rounds revealed a problem: not everyone was clear on the plan of care.

The nursing leadership decided to prevent these misunderstandings by adding more structure to the rounds. They instituted a daily goal sheet, which is filled out and reiterated—it's one way the WICU has worked to ensure that each

member of the diverse, multidisciplinary care team is on the same page.

"It really brought us to a place where everyone understands what is going on," says WICU nurse manager Donna Prow, BSN, RN.

While other floors have adopted a similar approach, each unit at The Johns Hopkins Hospital tackles daily rounds in its unique way, depending on the unit culture. Across the hospital, the multidisciplinary approach to daily rounds may differ by unit—some are nurse-led, some include families—but the goals are the same: enhance communication among disciplines and ultimately improve patient care.

"It takes so many different people to

take care of a patient," says Karen Davis, PhD, RN, director of nursing for the Department of Medicine.

Recognizing the need to bring together the different disciplines, The Johns Hopkins Hospital leadership have instituted their own form of interdepartmental rounds. The quarterly rounds, which started in August, include Karen Haller, PhD, RN, vice president for nursing and patient care services; School of Nursing Dean Martha Hill, PhD, RN, FAAN; Redonda Miller, MD, MBA, vice president for medical affairs; and Paul Rothman, MD, CEO of Johns Hopkins Medicine and dean of the School of Medicine.

These rounds allow hospital leader-

WILL KIRK/HOMEWOODPHOTO.JHU.EDU



Leaders from Nursing and Medicine are making rounds together at The Johns Hopkins Hospital. The quarterly rounds include Paul Rothman, CEO of Johns Hopkins Medicine and dean of the School of Medicine; Martha N. Hill, PhD, RN, FAAN, dean of the Johns Hopkins University School of Nursing; Karen Haller, PhD, RN, FAAN, vice president for nursing and patient care services; and Redonda Miller, MD, MBA, vice president for medical affairs.



ship to visit a few units, talk with staff, and communicate with each other about achievements and needs. Unit staff have a chance to share their stories and concerns. When the group visited Prow's unit recently, for example, she was able to explain a growing staffing trend there: nurses leaving to attend school to become certified registered nurse anesthetists. For Davis's units, she had a chance to show how the older facilities might be affecting patient satisfaction.

When leaders from Nursing and Medicine conduct rounds, it sets the example for how we want to work together," says Rothman. "Our idea is that teamwork is essential for the success of The Johns Hopkins Hospital."

Indeed, that teamwork is at the heart of the multidisciplinary rounds taking place daily on the unit level. In some units, including the WICU, which follows a family-centered care model, patients

and families are part of the care team, alongside the nurses, residents, intensivists, pharmacists, therapists, and others. Having families present helps avoid any misunderstanding in the plan of care and builds family trust of the team, says Prow.

The Pediatrics Department has included families on daily rounds since 2007, allowing them to provide input and ask questions. The parents leave with a better understanding of the plan and the goals for hospitalization, which can mean less frustration and fewer questions at the end of the day, says Tricia Willis, BSN, RN, NCIII. "The family is considered part of the medical team," she explains.

Pediatrics and WICU are also among the units that involve the bedside nurse in rounds. In July, the Department of Medicine changed its approach to include nurses. In the past, the bedside nurse was busy taking care of patients during rounds, Davis says, but involving them

has become a critical component for care coordination. Rounds there take place at 8:45 a.m., and the multidisciplinary team—nursing, social work, physical therapy, pharmacy, and patient navigator, to name a few—focuses on removing barriers to discharge. The process is concise and organized.

"It's a chance for everyone to contribute their piece of the patient care picture, so we are uncovering all the potential problems," she says.

In the Neuroscience Critical Care Unit, rounds are nurse-led, meaning the nurse presents the patient to the team. This process evolved because historically the nurse would do the initial neurological exam on a patient, often before the physicians went to the rooms. Neuro patients can change quickly or present differently, depending on when an exam takes place, explains Gail Biba, BSN, RN, nurse manager for the unit.

"We get to talk about the details of the neuro exam and what we observed together, so there is no miscommunication about the patient's condition," she says.

This unit also uses a fill-in-the-blanks paper report that provides clinical context and helps cut out inconsistencies, Biba says. "That's an essential element" to the daily rounds, she adds.

Leading rounds isn't quite second nature for all nurses. Knowing what information to present can be challenging, and it can be an intimidating gig. In the Neuroscience Critical Care Unit, training for leading rounds starts during orientation, where nurses work with their preceptor before taking on the responsibility, Biba says. They then quickly gain confidence and accountability as their colleagues see the nurses' critical leadership role.

The multidisciplinary rounds can also help build and maintain strong relationships in the unit across the disciplines, Biba says. "It's one team. Everyone discusses the patients and establishes a plan of care together." ■

Second Act

Performing Is Still a Hopkins Nurse's First Love

by Rebecca Proch

 Sometimes, Kevin Witcher sings to his patients. It's not something you'd expect to hear amidst the intercoms and equipment noises in Hopkins' Adult Emergency Department, but Witcher, an RN, considers it part of his caregiving skill set. "I see a lot of geriatric patients, and sometimes they pass while they're here," he says. "I've sung for their families to offer comfort, and family members

have told me that it was a really special moment for them."

It's been a decade since Witcher's former life as a full-time music and dance man, but his thriving career spanned 12 years and had him singing and dancing all over the country. The years of travel, however, came with a cost. "When I retired from performing, it was because I wanted to settle down, put down roots, build some relationships," he says, adding, "That's hard when you're on the road."

It was time for a major change. Inspired by friends and family in the nursing profession, he decided to go to nursing school, and found a new love.

Performing still called to him, though, so in addition to some part-time choreography and show choir coaching, he took up a side career as a lead singer for a party band. During the week, he nurses. On weekends, he belts Motown and top 40 hits—power ballads are his favorite, he says—at weddings, bar mitzvahs, and corporate events. "When I first went into nursing, people thought it seemed like such a drastic change, but it's not actually that different. You have to be 'on' all the time, and you make people feel good. There's a lot of crossover," he says. "And holding on to my performance opportunities while nursing keeps me grounded and happy." ■



On the weekends, you'll find emergency department nurse Kevin Witcher (center, holding microphone) singing Motown and top 40 hits at weddings, bar mitzvahs, and corporate parties.

The Patient's Perspective

Patients and Caregiver Expertise Improve Hopkins Care

by Rebecca Proch

“Cancer is messy.” Richard Dean, PhD, professor of electrical engineering at Morgan State University, speaks with a voice of too much experience. He lost his wife Janet in 2010 after a year-long battle with ovarian cancer, and now cares for his daughter, who was diagnosed with the same disease.

Because of cancer’s unpredictable nature, Dean often had to take Janet to the ED at odd hours. “The staff was always great,” he recalls, “but you have an immune-compromised patient in a waiting room with 30 people who have the flu.”

He often talked about his family’s experiences with Janet’s nurse in Weinberg 4B, Amy Brown, RN, and wished aloud for an urgent care center for oncology. Brown later remembered those conversations and put him in touch with Sharon Krumm, PhD, RN, administrator and director of nursing in the Department of Oncology, who was working on a plan for just such a facility.

They talked, and Dean offered his expertise in queuing theory to help analyze the data and run simulations that would enable Krumm and her team to anticipate patient traffic and staffing needs. “It helped us plan the center in a meaningful way,” she says. “We were so fortunate he was willing to share his knowledge with us.” Dean’s stories as the caregiver of a Hopkins patient also confirmed for her both the need for and the urgency of her plans.

Dean knew he’d been part of something special the day he toured the newly opened center and saw a nurse “beaming...I could see how pleased he



After his wife and daughter were treated at Hopkins for ovarian cancer, Dr. Richard Dean (right) shared his expertise in queuing theory with oncology nursing director Sharon Krumm (left) to plan a new oncology urgent care center.

was to be able to be in a place to make a difference,” he says. “When you see nurses who are happy, you know things are going well, and you know the patients will be happy, too.”

After such a successful collaboration, Dean has no plans to stop now. He remains active on the Patient and Family Advisory Council and is currently analyzing data to improve workflow in the phlebotomy center.

“Patients see parts of the process that professionals don’t. I think the nurses especially understand that,” says Dean, who calls his combination of professional expertise and personal experience a “perfect storm” that he’s glad to offer. “When you blend it together and get the voice of the patient in the mix, you can do better medicine.” ■

A Zest for Learning

Nurse Educators Are Advocates for Knowledge

by Mat Edelson



Part cheerleader, part taskmaster, nurse educators are often the driving force propelling lifelong learning in the hospital setting. Most caught the learning bug early on in their careers, then shifted into the nurse educator role as that became formalized throughout hospitals. That role is as varied as education itself: orienting new nurses and nursing students; coordinating in-services regarding new products and standards; testing staff to see whether their skills meet required competency levels...all fall under the nurse educator’s official purview.

But peel back their formal authority and, to a person, nurse educators are enthusiastic advocates for all things learning. They see education like a Swiss Army knife, capable of giving the user just the right tool to solve the problem, be it a conundrum at the bedside, a desire for promotion, a pathway for policy change, or a foundation for scientifically investigating clinical concerns. It's the nurse educator's job to match the learner with educational need, giving the seed the right environment in which to flourish.

"One thing I've found is we have individuals who are self-directed and internally motivated. Many will take what is offered [educationally] and run with it; they have a zest for learning," says Barbara Fitzsimmons, MS, RN, CNRN, nurse educator for the Neurology CCU and Neuro inpatient units. Fitzsimmons helps stretch her nurses by offering semiannual neuroscience certification exam reviews. Any neuro nurse with two years of service is encouraged to attend, with Hopkins picking up the costs. Fitzsimmons says that credentials such as certification are important benchmarks for establishing a lifelong learning culture for nurses within a hospital.

"Nurses are very proud of their credentials. The more initials after your name, you show what you've accomplished. It demonstrates to colleagues and patients and their families how much they value education, and are achieving excellence in their field."

These visible accomplishments, worn, if not on a sleeve, then a nametag, act as a silent but constant reminder to others that 'if I did it, you can, too.' In this, nurse educators see themselves and other nurses with advanced degrees as role models for nurses working their way up the clinical ladder.

Oncology Nurse Educator Barb Van de Castle, MSN, OCN, APRN, BC, says her bedside nurses regularly interact with her and clinical nurse specialists, and quickly see the benefits when they



KEITH WELLS

Thanks to nurses Niki Giddings and Kristi Bode, hundreds of scrubs—some sporting wild patterns and colors—were collected at Hopkins for healthcare workers in developing countries.

decide to return to school. "Right now we have a couple of our regular staff in grad school. And though they're not clinical nurse specialists yet, they become what's called a 'Resource Nurse' on that unit," she says. "So they see how they can begin to move up that clinical ladder and get appreciation for what they've learned and continue to grow."

Which is all a lifelong learner needs to flourish. ■

Save Your Scrubs

Nurses Collect 810 Pounds of Scrubs for Developing Nations

When Kristi Bode, RN, and Niki Giddings, RN, launched a drive last spring to collect scrubs for medical workers in developing countries, they never imagined that more than 1,000 tops and bottoms would pour in from across the East Baltimore campus.

"Literally bags and bags and bags of

scrubs came in," says Bode. She and Giddings, who work together on the neurosciences critical care unit, put out a request to nursing units for clinical attire with no holes, tears, stains, or embroidered names. What they received, along with hundreds of suitable tops and bottoms, included a sampling of vintage items, such as skirts, dresses, aprons, caps, and a fair amount of scrubs with garish colors and puffy sleeves, Bode says. "It was hilarious."

The ongoing scrubs drive, launched in February, is part of the Save Your Scrubs campaign run by Global Links, a Pittsburgh-based medical relief agency that collects and distributes equipment and supplies to developing nations around the world. Since 2008, Johns Hopkins has contributed thousands of gently used items to the relief agency, including wheelchairs, crutches, IV poles, exam tables, medical supplies, and mattresses.

Of all the medical institutions participating in the drive, The Johns Hopkins

Hospital has so far delivered the biggest haul, says Hayley Brugos, medical outreach manager at Global Links. “We weighed the scrubs and they totaled 810 pounds!”

Now that their mountainous collection has arrived at Global Links, Bode and Giddings are taking a break from the drive. Then, says Bode, “We’d like to start back up in six months or so, so that that our new employees or people who didn’t get around to it the first time can donate their old scrubs.” ■

2012 Nursing Award Winners

These outstanding nurses were recognized at the 2012 Nursing Award Ceremony on May 23 in Turner Concourse.

Evidence Based Practice Fellowship

Kim Bissett, MSN, MBA, RN

Linda Arenth Service Excellence Award

Nursing Unit: Nelson 3

The Nursing Excellence Award

Gina Knorr, RN, CCRN; Samantha Young, MSN, RN, CCNS, CCRN; Sharon Schromsky, RN; Patricia Kell, RN; Mandalyn Schwarz, RN; Betsy Fisher, MA, RN, CWOCN, Oncology, for “The Pressure is on...Nurse Managed Initiative to Identify and Reduce Pressure Ulcers in the ICU.”

Nursing Publication Award

Beth Diehl-Svrjcek, DNP, NNP-BC, CCRN, LNCC; Webra Price-Douglas, PhD, CRNP, IBCLC; and JoAnne Flagg, DNP, CPNP, IBCLC, Pediatrics, for their

publication, “Neonatal Glucose Testing via Prompted Intervention During the Pretransport Phase of Care,” in *Advanced Neonatal Care*, October 2011.

Shirley Somer Award

Betsy Zink, MS, RN; Alex Papangelou, MD; Anthony Frattalone, MD, Neurosciences, for their study, “A Prospective Evaluation of Automated Pupillometry Compared to Conventional Pupillary Assessment in Detection of Clinical Brain Herniation in the ICU.”

Marian Richardson, MSN, RN; Nicole Mills, RN; Amanda Choflet, RN; Lisa Katulis, MPH, MBA, RN, won for their study, “Reducing Severity of Late Toxicities and Improving Functional Well-Being in Head and Neck Cancer Patients Receiving Radiation Therapy.” ■

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A Team That Plays to Win-Win

Patient Education Reduces Readmissions

by Rebecca Proch

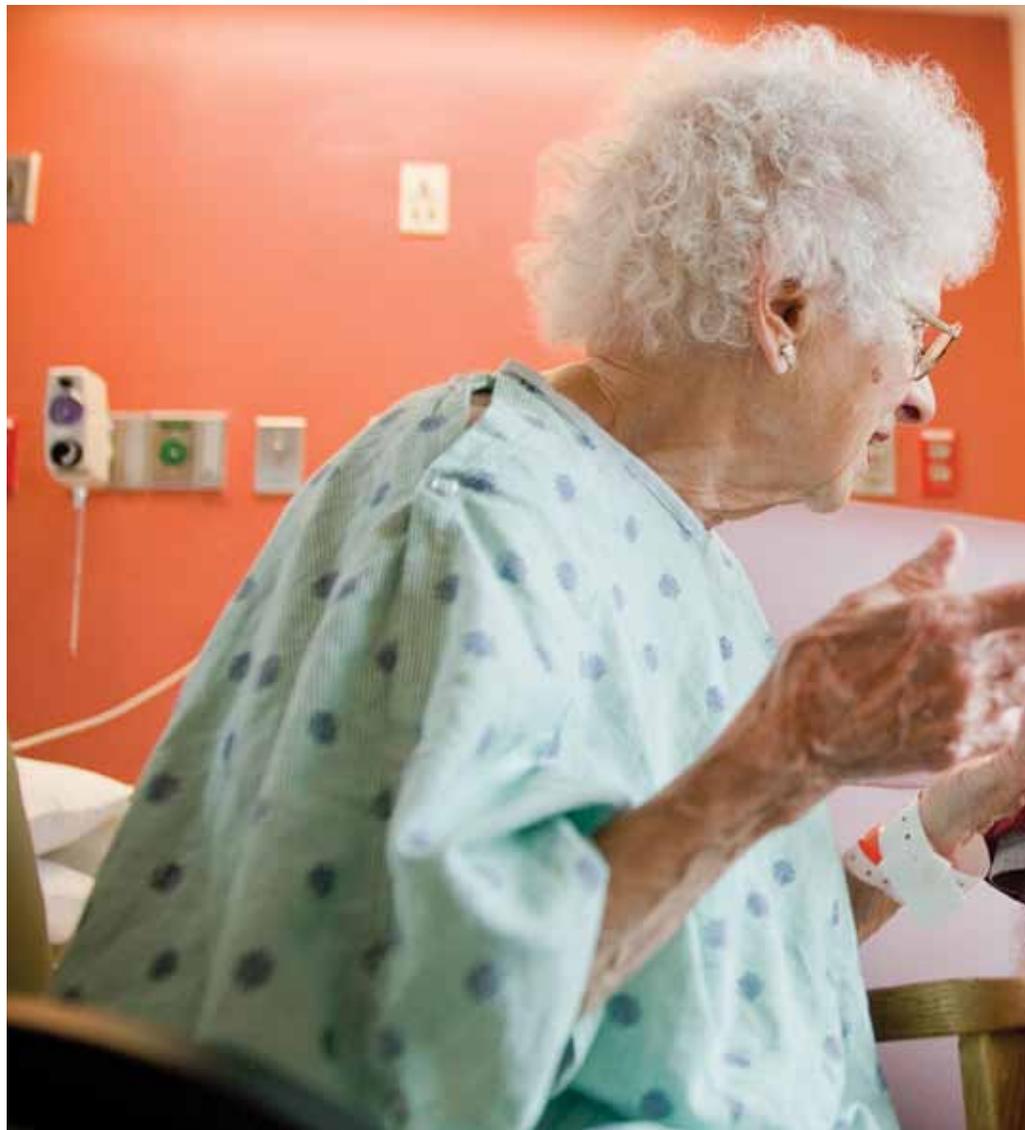
 Evan Metcalf bought himself a blood pressure/oxygen monitor and a scale because of his nurses in the Johns Hopkins Bayview Medical Center's Progressive Care Unit (PCU). His six-week period of home care, prescribed following a week at Hopkins Bayview for treatment of chronic obstructive pulmonary disease (COPD), had come to an end—but he'd learned from his nurses that his self-managed care needed to continue.

"I want to keep track of those things for myself, too," he says. "When I can see that my numbers are off, I can call my doctor and he can give me adjustments so I don't have to go right back to the hospital."

For patients like Metcalf (whose name has been changed here to protect his privacy) readmissions for conditions such as chronic heart failure, pneumonia, or COPD, readmissions are often both likely and preventable. The transitions among hospital, home, and outpatient care are crossroad moments, where many factors such as communication among providers, family support, and especially patient education can have a tremendous impact on the likelihood of readmission.

To improve patient-centered care and decrease unnecessary re-hospitalizations, Johns Hopkins Health Systems launched a Transitions of Care (TOC) initiative in April 2011 that described seven strategies to reduce admissions. Each hospital was tasked with choosing a pilot unit to test and incorporate individual strategies before implementing them system-wide. At Johns Hopkins Bayview, the PCU nursing staff took on the patient and family education strategy.

"Change is hard," acknowledges Elaine Gittings, MS, RN, the unit's



For patients like Margaret Rukstelis, the chances of being readmitted are greatly reduced, thanks to Alan Skiles

Patient Care Manager. "You might be asking a nurse who's been doing patient education for 20 years to try a whole new method."

As part of the testing, the PCU team identified risks—including those in the home and social issues such as living alone—that could bring patients back. For Metcalf, it meant that his nurse reviewed his physical surroundings at home, recommending where bars should be installed and ensuring that Metcalf could use them to assist himself safely. The testing also

includes a scale to help determine which patients would benefit from having a home care transition expert call or visit the patient within the days after discharge to ensure they understood and followed physician instructions.

Gittings brought the nursing staff together to explain the seven strategies and the unit's role in the test studies. She emphasized that this was a chance to help them with the patient education that they were already doing—an extension of their work, not an addition to it.



and other PCU nurses' commitment to patient education.

"We brought it up in every staff meeting so we could talk about it. We chipped away at it a piece at a time," she says.

The unit formed a Patient Education Committee, composed of unit nurses and techs who volunteered to join. Under the leadership of its elected chairperson, Alan Skiles, RN, the Committee tackled their challenge from two angles.

First, committee members examined the workflow and addressed some of the stumbling blocks pointed out by the nursing staff. They made the meditech

documentation system more user-friendly for the nurses and simpler to reach the links they most often needed. Next, they standardized the steps for patient education to ensure consistency from shift to shift. Sometimes the most efficient changes were as simple as pre-assembling patient teaching packets and storing them in easy-to-locate filing cabinets in every hallway through which nurses normally travel.

Metcalf remembers Skiles going over those handouts with him and his wife.

MARSHALL CLARKE

"Those pamphlets were great!" he says. "My wife uses them all the time to help with tracking my fluids and everything else. [Skiles] was such a help, too, explaining everything in them."

Second, the Committee introduced the evidence-based practice of "teach back" for patient education. In a teach back situation, nurses ask a series of key questions to assess whether the patients understand what they've been taught about self-managing their care at home. Instead of a yes-no question such as "Do you understand that you can only have this much sodium each day?" the nurse will say, "Tell me how much you need to limit your sodium and why this is important." Unit staff developed a training video so nurses could learn the teach back method via some entertaining role-play that brought it to life and injected a little humor into the training.

Since the PCU nurses began this initiative, readmissions have declined and patient satisfaction scores, which had a baseline below 85, have consistently trended over 90. Six months after the Committee was formed, satisfaction scores for Instructions and Care at Home had risen 12.4 points.

The common denominator in every successful change made, Skiles believes, is strong teamwork. "Nurses who flow through the PCU remark on what a great team we have. It's a real strength that everyone makes suggestions and keeps communicating, and it helps that we take the time to appreciate each other's work. That's really sustained us."

"They treated me like a king when I was in the hospital," says Metcalf of his PCU nurses. "They took the time to get to know me and to make sure I understood everything." But he's especially grateful for the transitional care that's allowed him to be comfortable at home since then. "My home nurse monitors everything and calls to see how I'm doing. It's a really good system." ■



Bridging the Gap

A Clinical Nurse Leader Streamlines Communication for Patients and Staff

by Jennifer Walker

 At All Children's Hospital, surgical neuroscience patients are often moved among the ICU, OR, radiology, and other units for care—a necessary course of action that once came with two disadvantages. Children and their families weren't always able to build relationships with their changing rotation of caregivers, and physicians and nurses across units had a hard time communicating with each other.

"There wasn't anyone overseeing the entire patient over a consistent period of time," says Kentlee Battick, MSN, RN, CCRN, CNL, All Children's first and only Clinical Nurse Leader (CNL), who now bridges this gap. She follows neuroscience patients from admittance until

discharge, offering continuous education and support to children and their families and streamlining staff communication across departments.

The Clinical Nurse Leader position, launched in April at All Children's, is the first new role for nurses that has been introduced in the last 35 years, according to the American Association of Colleges of Nursing. CNLs are popular in Veterans Affairs (VA) hospitals, Battick says, but CNLs who work in pediatrics are rare.

At All Children's, Battick, who carries between two and 15 young patients on her caseload, typically begins and ends her days by going on rounds with staff across units. Physicians and nurses can rely on her for quick updates about all neuroscience patients, and patients and families count on her to answer questions and assist with bedside procedures.

According to Melissa Macogay, BSN, RN, CCRN, director of the Pediatric ICU and the Surgical Neuroscience Unit,

"We're also hearing back from our families that there is a benefit to having a point person who can give them an idea of what to expect in the next 24 or 48 hours."

Carolyn Carey, MD, MBA, Medical Director of the All Children's Neuroscience Institute and Clinical Practice Director of Pediatric Neurosurgery and Associate Director of Trauma at All Children's Hospital, says that one of her challenges as a physician was finding enough time to talk to staff and patients throughout the day.

"We do try to make rounds, but then we have to get to the OR, or we have clinic," she says. "It was hard to communicate with the nurses on other floors or the physicians in other units. Kentlee has really solidified that connection for us."

Carey thinks that more departments could benefit from having CNLs who can improve communication among staff in various specialties. "It's a great direction for nursing to go in," she says. ■



Clinical Nurse Leader Kentlee Battick follows neuroscience patients from admittance until discharge, offering support to children and their families while streamlining care and communication across hospital departments.

Best Fed Beginnings

Howard County Nurses Promote Breastfeeding

by Jennifer Walker

 First-time mom Lauren Boteler was committed to breastfeeding but nervous about the logistics. “Making sure her head was supported and she was comfortable and I was comfortable... it was pretty nerve-racking,” she says, but Boteler and her newborn daughter, Jemma, soon found the help they needed from Howard County General Hospital’s lactation consultants.

Ten nurses are part of a new initiative, launched in July, that will help more new moms like Boteler successfully breastfeed long-term. Howard County General is one of two Maryland hospitals and 90 hospitals nationwide selected to be part of Best Fed Beginnings—a collaborative program created by the National Initiative for Children’s Healthcare Quality (NICHQ)—and aims to obtain NICHQ’s “Baby-Friendly” designation by September 2014.

“This is just such a special time for new moms,” says Doris Cybert Wilcher, BSN, RN, IBCLC, the Initiative’s team leader. “When they come to the hospital planning to breastfeed, we want to give them the tools they need to get off to a good start.”

Although 90 percent of new mothers begin breastfeeding at Howard County General, only 40 percent of them nurse exclusively for their entire hospital stay. “Our work is directed at the little steps that make exclusive breastfeeding work for mothers and the staff who are caring for them,” Cybert Wilcher says.

HCGH will work toward promoting prenatal breastfeeding education for all women, encouraging earlier and prolonged skin-to-skin contact between mother and baby, and advocating for decreasing pacifier and formula supplementation. Floor nurses on the maternal/



With the help of nurse lactation consultant Doris Cybert Wilcher, first-time mom Lauren Boteler is learning to breastfeed her newborn daughter.

child and labor/delivery units will also receive special training to provide more support for breastfeeding mothers.

As the initiative gets underway, Cybert Wilcher will use I-Lab, the initiative’s online community, to share and learn about best practices at the 89 other participating hospitals. “We hope to grow the best maternal/child practice in Mary-

land by sharing our experience with other hospitals,” she says.

And what do the new moms have to say? After an hour with the lactation consultants, learning comfortable positions for nursing and holding Jemma, Boteler says, “I don’t think I could have done that on my own,” and she feels confident to continue breastfeeding at home. ■



After the birth of her fifth child, Anita Devi (left) chose intrauterine contraception with the help and encouragement of nurse-midwife Rati Rani. Rani is among hundreds of nurse-midwives at the forefront of India's postpartum family planning effort.

Family Planning For A Brighter Future

Nurse-Midwives Champion Postpartum Family Planning in Rural India

by Atul Mittal and Indrani Kashyap

 The mother of four children, a pregnant Anita Devi arrived at the primary health center near her village for one of her antenatal visits. Nurse-midwife Rati Rani made the 35-year-old mother comfortable and, as part of the visit, talked with Mrs. Devi about her family and the risks of having children too close together. This child would be Mrs. Devi's fifth in nine years of marriage; three of her children were born within a year of each other.

"My mother-in-law was against any form of contraception," Mrs. Devi explained when asked about her previous births. "Though my second child was a son, she said that I should try for more sons. But

my next children were girls. I was tired and felt I had nothing left in my body."

Rani had heard such explanations before. In Bihar province, families have on average 3.7 children, and only 32.4 percent of women use any family planning method.

Rani and hundreds of other nurse-midwives across India are at the forefront of a targeted effort by the government of India to save lives by reinvigorating postpartum family planning (PPFP) services. With the support and technical expertise of Jhpiego and partners, India's nurse-midwives are educating and counseling women about their family planning options during antenatal visits and introducing them to the intrauterine contraceptive device (IUCD). This long-acting method lasts for 10 years and can be inserted within 48 hours after giving birth. As part of its lifesaving work in India, Jhpiego is helping to reinvigorate vital family planning services in 16 states and assist the Indian Nursing Council in strengthening the education of nursing and midwifery students.

Mrs. Devi and her husband chose to

have an IUCD inserted after she gave birth to her fifth child, a girl. "Every time I feel doubtful, I come to Rani," she said. "She explains it all beautifully to me and now I am confident that I have done the right thing."

Rani, 35, says the government initiative is having an impact in the 42 villages served by the Teghra Primary Health Center. Since January of this year, 241 women have been provided postpartum IUCD services, 186 of them by Rani.

She has seen firsthand the challenges women and their families face when burdened with too many children, often struggling to provide them with food and clothing. "The mother suffers in silence," says Rani, who was trained by Jhpiego under the PPFP initiative supported by the Bill and Melinda Gates Foundation. "Only if we have smaller families will we be able to have healthier families where the children will get better nutrition and opportunities to educate themselves. Only then can we ultimately have a better and healthier society." ■

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Capital Care

Regional Oncology Collaboration With a Nurse's Touch

 "I've never been risk-averse," says Sheila Evans, MS, RN, AOCN, the recently appointed oncology program administrator for Johns Hopkins Medicine for the national capital area. It's her relish for ever-greater challenges that led her to take on this newly created role overseeing all oncology programs in the national capital area, which includes Sibley Memorial Hospital and Suburban Hospital.

"Together, we can take oncology care

in the DC region to the next level," says Evans. "It's a natural partnership, like a marriage—two distinct individuals that make something greater."

Evans jumped into her new role by collaborating with hospital leadership on an innovative redesign of the Sibley Infusion Center. Evaluating the Center from the patients' perspective, the team created a light-filled, spacious environment where every aspect was designed to improve patients' comfort, privacy, and safety. Catherine Bishop, DNP, NP, oncology nurse practitioner, found that Evans' leadership made the transition to the new location smooth for nurses and patients alike. "She's able to anticipate

"Together, we can take oncology care in the DC region to the next level. It's a natural partnership, like a marriage—two distinct individuals that make something greater."

—Sheila Evans, MS, RN, AOCN

potential issues and resolve them, and she empowers us as nurses to take that kind of initiative as well."

Bishop, who reports directly to Evans, also sees the advantages of having someone with an oncology nursing background in the program administrator role. She notes that because Evans spent most of her nursing career in oncology in a variety of settings, including 10 years previously at Sibley, she is "extremely supportive of the nursing staff" and "deeply understands both the nurses' and the patients' perspectives."

Evans believes her experience has prepared her well for her new role: helping the oncology programs at Sibley and Suburban to strengthen and enrich their partnership with the Sidney Kimmel Comprehensive Cancer Center to set the stage for Hopkins signature oncology in the area. She anticipates new developments in palliative care, survivorship, and clinical research; she notes that as more JHM oncology physician investigators come to the capital region, more opportunities are opening up for Sibley and Suburban patients to participate in clinical trials.

Although these plans are still in their earliest stages, Evans is aware that they're already being followed with great interest. "The pressure is on to be successful. These respected community oncology programs at Sibley and Suburban provide a wonderful foundation upon which to build the innovation and excellence of Sidney Kimmel oncology programs." ■



STEPHEN VOSS

Sheila Evans is Johns Hopkins' new oncology program administrator in the Washington, DC region.



KEITH WELER

With ultrasound-guided technology, critical care resource nurse Zandro Tejada is able to successfully insert IVs on patients with hard-to-see veins.

Nurses Told to ‘Stick It’

Ultrasound-guided Technology Eases IV Insertion

by Jennifer Walker

 Suburban Hospital nursing staff face a persistent challenge: Many of their older patients have small veins, making it difficult to insert an IV on the first stick.

“It creates trauma in the patient, emotionally and physically,” says critical care resource nurse Zandro Tejada, BSN, RN, MPH, ATCN, CCRN. After several unsuccessful attempts, patients also may need a central line, which carries an increased risk of infection.

How can nurses ensure they get the IV

right the first time? The answer may lie in new ultrasound-guided technology.

“The very good thing about this [technology] is that we know where to stick the patient,” says Tejada, who has performed five ultrasound-guided IV insertions on patients with extremely hard-to-see veins. “We know the location and we just do it once and we get it.”

In a 2011 study by the Emergency Nurses Association of America, patients who had once endured an average of 6.4 sticks to insert an IV needed only an average of 1.3 attempts when staff used an ultrasound machine. Nurses used the technology with a 97 percent success rate.

Suburban’s nurses “have been amazed that they can see veins they normally can’t see,” says Barbara Jacobs, MSN, RN-BC, CCRN, CENP, the hospital’s Chief Nursing Officer.

Here’s how it works: Nurses place

probes on patients’ arms, then look on a laptop-sized screen to clearly see veins that would be nearly invisible on the skin, leaving little room for error when they insert IVs. The ultrasound screens also help nurses discern veins from arteries, which will pulsate on the monitor, reducing the chances that patients will bleed internally from a rare accidental artery stick and contract hematoma, Tejada adds.

Supported by a grant from PNC Charitable Trust, Suburban resource and emergency room nurses and technicians learned how to use the technology in a half-day training led by physicians from George Washington University. Using the technology works to benefit patients in two ways, says Jacobs: “to decrease the discomfort of repeated IV sticks for our patients and to decrease the number of central lines [our patients need].” ■



The Class of '62 gathers at Bond Street Social cocktail party



Karen Hamasaki DeMaio '62 greets a classmate

PHOTOGRAPHY BY HOMEWOODPHOTO.JHU.EDU AND ROB SMITH

2012 Alumni Weekend



Maxine Brand Brinkman '62 and Suzanne Butler Gaintner '62 take photos during Hampton House Tunnel tour



Nursing students mingle with alumni at Bond Street Social



Dean Martha Hill '64 visits with Anita Cabello Shauck, CH '42



Alumni of all class years attend Saturday's alumni luncheon



Alumni, students, and guests at the cocktail reception



Ann Lallman Jessop '62 receives her medallion from Dean Martha Hill '64



Alumni tour the new Johns Hopkins Hospital buildings



Cathy Smith Shindle '62 and Amelia Poole Sudderth '62 reminisce over old photos



Judith Bush Carlson '62 and Ginger Romberg Riggins '62 at Saturday's luncheon



Alumni Update

**Paula S. Kent, MSN '05
President, JHNAA**

This is my first letter as the Johns Hopkins Nurses' Alumni Association President, and I am looking forward to seeing what we can accomplish together over the next few years. I look forward to meeting many of you at upcoming Johns Hopkins Nursing events!

I am happy to report that Alumni Weekend 2012 was a great success! Our average event attendance increased by 35 percent from



last year, and we were pleased to see so many familiar faces. The biggest hits of the weekend were the Thursday night cocktail party in Fells Point, the tours of the new hospital, and the annual alumni luncheon. I hope you will join us next year—please save the date for September 26th–28th.

The past year has been a time of change for the Nurses' Alumni Association, and I am confident that we are moving in the right direction. We need to constantly evolve and grow to make sure that we are in line with the changing landscape of the school, our alumni, and the students. To ensure that the school,

the JHNAA, and the alumni at large are serving one another in the most productive and mutually beneficial way possible, we plan to convene a task force with a group of alumni, students, and staff members at the SON and JHU to examine the JHNAA's goals, by-laws, finance, and governance.

We want to come up with a structure and mission statement for the JHNAA that is relevant for 2012 and beyond, but it is also vitally important that we retain the JHNAA's great and accomplished history. As our loyal and dedicated alumni, we want your feedback, ideas, and involvement. The Alumni Association has achieved so much, and we want its great work to continue.

Finance Committee Report Susan Kulik September 29, 2012

The Alumni Association remains financially sound despite the economic and social problems we face today. Our 2011 stocks began and ended the year at the same point which we see as a win considering last August's poor performance. The income allocation in our portfolio did better than the stock portion as the bond market performed well in 2011.

The Alumni Association continues to sponsor the Pinning Ceremony for graduating classes, and we continue to support alumni programs such as alumni weekend and student activities. The JHU Alumni Association awarded us \$19,588.00 to cover for dues as the Alumni Association no longer requires dues paying memberships. As of August, the alumni association budget was on target.

The Alan Mason Chesney Medical Archives Annual Report Phoebe Evans Letocha September 29, 2012

New material has been added to the Johns Hopkins and Church Home nursing collections at the Archives this year from a variety of sources, including institutional records from Martha Hill and the Dean's Office, as well as individual items from Johns Hopkins Nursing and Church Home alumni.

Betty B. Scher, class of 1950, continued volunteering at the Archives this year on an index to the Johns Hopkins Nurses Alumnae Magazine. Betty has completed the index of all the articles and alumni news notes from 1901 to 2003 which are now searchable in the online catalog by title, author, subject names, and keyword.

The Medical Archives has continued to add new nursing content to its website. The site includes pages dedicated to the

Church Home and Johns Hopkins Nursing Collections with descriptions of institutional records and personal paper collections.

The flipbooks with the class photos of Johns Hopkins nursing graduates are going digital. The Medical Archives is adding the Johns Hopkins Hospital School of Nursing class photos to the Archives' online catalog and our Flickr site.

Outreach activities this year included a presentation at the Third Annual Johns Hopkins and Church Home Alumni Spring Tea in May. Nursing artifacts, such as dolls and uniforms, are also included in the exhibit in the new Brody Learning Commons and the Sheridan Libraries on the Homewood campus.

In closing, let us thank all of the other members of the Alumni Association Archives Advisory Committee for their work this year: Lindsay Dorrance, Sue Culp, Lois Hoffer, Betty Scher, Phyllis Naumann, Deb Kennedy, and archivists Nancy McCall, Marjorie Kehoe, and Tim Wisniewski.

'47 To my classmates of 1947: **Sylvia Larsen Chisolm, Corinne Reinert Perkins,** and **Elsie Peyton Jarvis** carried the torch and the honor of representing all of our classmates. We were presented with the meaning of Johns Hopkins University School of Nursing education today, molding old and new technologies in the future of the nursing program at Hopkins. New students arrive with one or more degrees. The new programs prepare them to succeed in nursing practice and education worldwide especially in developing countries. The new values are reflected in colorful children's art in the Charlotte Bloomberg Children's Center and in the seasonal gardens of the admissions areas of the Sheik Zayed and Children's Center buildings. We were privileged to tour these new areas as well as the old hospital buildings and the old tunnel from Hampton House (same scary feeling!). Let's keep the good spirit and wish the students "full speed" ahead. Thanks, classmates, for the wonderful news and information received by telephone and email. Our sincerest thanks, **Elsie Peyton Jarvis.**



Class of 1947

'50 Class Reporter—**Betty Borenstein Scher, (443)-449-5934, bbscher@comcast.net.** Not much news at the time, but I am sure I can remedy that for next issue. Biggest news is sad news. Although we finally located our "lost" classmate, **Mildred (Bunny) Barnard,** the good news came with the sadder news that she had recently died up in NY while a resident of a

Deadline for the next issue of Vigilando: Jan. 18, 2013.



Class of 1952

nursing home. We also got the sad news that **Mary Agnes (Aggie) Hull Stewart** had passed away recently in a nursing home. She had been living on the farm of one of her sons, getting fabulous care and attention from her family, but finally got to a point where she needed constant care. We shall miss both of them, to say the least. **Anna Clair Junkin** suffered a mild, minor stroke a few months ago, but is recuperating "slowly, but surely." Her only real complaint is tiring so quickly, which is why she missed Alumni Weekend this year. **Ella Ruth Stiliz Whitmore** also missed Alumni Weekend this year because of a non-physical "emergency" back home in IN; she had to cancel at the last minute. However, she will be visiting Baltimore shortly and so **Anna** and I will be seeing her then. So I, **Betty Borenstein Scher,** was our lone participant this year. And I confess that I really had fun seeing members of classes near ours. Let's cross our fingers about next year. Don David reports that his wife, **Ginger Groseclose David,** is still doing well for a "senior" but having some sciatic trouble again and probably will get another epidural, which has given her great relief in the past. Well, that's all, hope to do better next issue!

'52 Reported by **Libby Derr:** After giving much time and thought to planning for our 60-year reunion, **Bette Blome Winyall** was ill and unable to attend the Homecoming events. Just five of us had registered. **Jan Bankert Wagner,** her husband Don, and **Wilma Kays Shapiro** enjoyed Friday evening dinner at Mo's Seafood Factory, reminiscing and reviewing **Bette's** scrapbook and questionnaires from classmates. On Saturday, **Wilma** and **Libby Derr** enjoyed hearing Dean Hill's report on the school, gathering with alumni from other classes and hearing reports



Class of 1957

at the annual meeting. Only **Libby** was able to attend the alumni luncheon, which she enjoyed, sharing a table with other jubilarians and seeing the 50-year graduates honored.

'57 Reported by **Carolyn Pope Boitnott:** Eight members—**Kathleen Aldrich-Ames Kauffroath, Betty Bordeaux Srsic, Peg O'Connor Oliverio, Carolyn Pope Boitnott, Betty Jo Chicken Sestak, Joanne Sides Watson, Marge Heinbockel Groppe, Betty Wade Maalouf**—of the class of 1957 were back to celebrate their 55-year reunion. As always, the best part of getting together is remembering events and people from our days in school. Everyone was impressed by the new hospital buildings but also glad to see a few things had not changed: The Dome, Hurd Hall, and the Phipps building. We also enjoyed talking to current nursing students and feeling that our school was in good hands.

'58 **Barbara Thomas Yinger** received the Excellence in Service to Hood College Award for 2012 on June 9 at Hood College in Frederick, MD, from President Ron Volpe. This award is given annually at the Alumni Luncheon to recognize extraordinary contributions made by an alum to Hood College.

'59 Reported by **Betty Borenstein Scher '50:** From a letter to another alumna comes this news from **Isabel Josepher Rosenbaum:** "I now live in Los Angeles, having made the move from NY in 1969, after my husband, Charles, came home from Vietnam. He was an internist and oncologist and was there for a year. He was in practice here for more than 35 years, has retired from full-time practice, but is an attending physician at Olive



Class of 1962

View Hospital in the Hematology/Oncology Clinic...Our two children live in CA. Our daughter...lives nearby with our 10-year-old granddaughter; and our son ...lives in northern CA with our 8-year-old twin grandsons. Life is full and lovely. I worked in NY before moving here, at various places, but usually on medical wards...In CA, I worked at the LA County Museum of Natural History as coordinator of their volunteer program for 15 years. Quite a stretch from nursing, but it was very exciting."

'62 Reported by **Sue Klein Wright**: The reunion started Thursday afternoon in the hotel lobby and went strong through dinner Saturday evening. To say we had a good time is an incredible understatement. Forty-eight members of the class of 1962 celebrated their jubilee and 53 years of friendship, support and personal growth.

'67 Reported by **Sheila Teague Bowman**: Twenty-eight members—**Anna Alt-White, Katey Ayers, Diane Coalla Brabetz, Anne Bienvenu Broussard, Carol Bailey Burhenn,**

Janet Finney Clemens, Margaret (Peggy) Swenker Ditzel, Sandra Freund Ekis, Shirley Wade Gardner, Barbara Walsh Glynn, Barbara (Bobby) Roosen Gormley, Melinda Venable Hamilton, Joan Gooding Huffman, Michael Woods Jackson, Elizabeth (Betsy) Toole Stottlar Lincoln, Roberta (Cherie) Turk Prill, Catana Sue Green Reber, Shirley Reischman, Georgeann Small Roeder, Mildred Rogers, Brenda Joyce Rahm Schwaab, Connie Brown Siskowski, Carol Reynolds Smail, Ingrid Swenson, Robin Arnold Vahle, Bonnie Angevine Warnken, Elaine Cherer Weems— of the class of 1967 were back to celebrate their 45-year reunion. "It is hard to believe it has been 48 years since we entered Hampton House to begin our amazing journey, and yet, we renewed friendships like it was yesterday." Those who heard Dean Hill's 'state of the school' address were thrilled with the status of "our school." Those who attended the JHNAA events enjoyed touring the new building, the school and meeting the enthusiastic and energetic students of today. Everyone said they will treasure the



Class of 1967



Class of 1972



In Memoriam | Johns Hopkins

- Thelma Replogle Isakson '31**
- Helen Gosling Whitta '31**
- Julia Farrior Drake '37**
- Elizabeth Donovan Mamrack '42**
- Jeanne Norquist Sturrock '44**
- Lillian Michalski Anthony '45**
- Betty Corey Owen '45**
- Lily Pinneo '45**
- Amal Kurban, husband of Helena Lu-Affat Kurban '47
- Alberta Campbell Richmond '47**
- Opal Gardner Mitchell '49**
- Mildred E. Barnard '50**
- Mary Agnes Hull Stewart '50**
- Roberta Boykin, daughter of Carolyn Croker Boykin '53
- Dorothy Mae Lot Goodwin '54**
- Rebecca Carroll Johnson '57**
- Norman Jessop, husband of Ann Lallman Jessop '62
- William Prince, husband of Janet Good Prince '62
- Leah Koppelman Bonovich '68**
- Bruce Wilson, father of Barbara Schweizer '86

memory book and video prepared by the reunion committee since both chronicle their lives from 1964 till the present and highlight the impact of the JHNSON.



Beverly Herman, Class of 1977

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Accelerated Class of 1992

'92 Jonathan Lyon came from GA to attend the Saturday morning annual meeting.

'92 Accelerated Reported by **Deb Baker**: A small group attended the Alumni Weekend events. I enjoyed catching up with **Lisa Wolf** and **Anne Biles** at the cocktail party. **Lisa** and I both continue to work at Johns Hopkins Hospital after pursuing advanced degrees and **Anne** is loving her work in the Emergency Department at Holy Cross Hospital in Silver Spring, MD. **Tina Czopek** and **Karyn Ritchie Brundage** attended the Dean's Coffee and the reunion luncheon. **Tina** is working at Inova Fairfax in Informatics and **Karyn** is a pediatric NP in Hematology Oncology in Seattle. We are looking forward to seeing more of our classmates at future reunions

'00 Class Reporter—**Sarah Gauger**, (919) 321-8849, sgauger@me.com. **Helen Yee Borte** continues to work on Weinberg 5B and won the Clinical Excellence Award this year. Her husband Robert graduated from University of MD Nursing School, so now there are

two nurses in the family. They are expecting their second child, a boy, in December. **Jeff McFarlane** and his wife are happy to announce the birth of their first baby, Lilianna Faith in September. He is now a certified Otorhinolaryngology nurse (CORLN). **Marian Grant** was elected to the board of the national Hospice and Palliative Nurses Association (2013-2016). **Jen Ellison Marger** is taking a break from nursing to focus on being a stay-at-home mom to her son Jacob. I, **Sarah Gauger**, took a fabulous fall vacation hiking in the mountains of Peru...I highly recommend it!

'06 Neysa Ernst is currently president of The Maryland Nurses Association.

'07 Accelerated Hani Katz is now married and her new last name is Gutierrez. She is currently working in CA as a Peds NP in Pediatric GI. She and her husband are expecting an addition to their family.

'07 PhD Jessica Gill has been named the NIH Lasker Clinical Research Scholar.

'12 DNP This summer, **Donna LoSasso**, assistant professor at Baylor University Louise Herrington School of Nursing, was elected a national council member for the National Association of Neonatal Nurse Practitioners. She started her two-year position in October.

Church Notes

Deb Kennedy, CHH '73 reports that it was another enjoyable reunion for the Church Home & Hospital Alumni who attended Alumni Weekend. Twenty-six Church Home alumni attended the lovely luncheon including ten "Golden Girls" from the Class of 1962 and



Class of 2002

three "Platinum" honorees from the Class of 1942! As tradition, the special 50th anniversary honorees and the Platinum honorees were given gift bags. Special thanks to **Joan Bachtell**, '62 for all her work in getting so many of their classmates together for their reunion and congratulations to all of the honorees on their milestones.

It's hard to believe that it has been nearly nine years since Church Home & Hospital Alumni merged with Hopkins and started a scholarship to help others obtain the nursing education they so desperately want. The scholarship can only be as powerful as we make it through our generosity and commitment. Twice we have given \$100,000, and in 2014 I want us to add another lump sum. To date, we have pledged a little more than \$17,000. Please consider adding to this effort and giving whatever you can. If you want to talk about giving and how easily this can be done, please contact Deb at 410-893-2421 or debkennedy29@hotmail.com.

 **For more details and photos, go to www.nursing.jhu.edu/alumninews.**



Church Home Class of 1962



Church Home and Hospital alumnae

Volunteer for Vision Join Fellow Alums for 'Trip of a Lifetime'

By Lindsay Dorrance

"I think my life just changed," Annina Griggs '86 said to herself. She had just completed her first service trip to Guatemala with Vision Health International (VHI)—and she has gone back 11 times since, serving as an OR Coordinator and translator in Peru, Guatemala, Costa Rica, Nicaragua, and Mexico.

Next year, from June 23-30, 2013, Johns Hopkins School of Nursing alumni are invited to join Griggs on a VHI service trip to Piura, Peru.

"I am amazed by how you take a group of people who have never worked together, but within an hour, we are doing surgery like a well-oiled machine in a place where few people know the language, the conditions aren't ideal, and everyone just makes it work," says Griggs. "What I love about the trip is that I really connect with all the people there."

You can join nurses, physicians,

technicians, and other volunteers to bring professional vision healthcare services—free of charge—to the medically underserved Peruvian populations. This trip will focus on surgical ophthalmology, primarily strabismus surgery. "It can take an entire family to care for a blind person, so surgery doesn't just change the life of one individual, it changes a whole family," says Griggs.

Hopkins nursing alums, especially those with Spanish language skills or a specialty in ophthalmology, are encouraged to apply. Family members and guests will be able to accompany alums based on availability. VHI participants pay their airfare and a portion of in-country expenses for meals and lodging.

"I think of this trip as a working vacation; a trip of a lifetime," says Griggs. "People have said 'I never thought I would work this hard, but I would not trade it for anything.' I know I would not. I keep going back!"

Want to join us in Peru? Contact Lindsay Dorrance, Director of Alumni Relations, at 410-955-4285 or ldorran1@jhu.edu for an application.



Regional Connections

There's a Hopkins Nurse Near You

After graduating from nursing school, Kristen Chin, Accel. '11 moved to Los Angeles and started looking for a job. She reached out to the Johns Hopkins Nurses' Alumni Association to find out about other alumni in her area, and soon met Rebecca Amrany '07 and other Hopkins nurses in LA.

"I found much more than just answers to my questions," says Chin. "I gained greater confidence in my qualifications as a Hopkins nurse, clearer direction for my career and most importantly, inspiration."

Chin and Amrany decided that Los Angeles needed a community for Hopkins nurses to share their unique experiences, network, and support each other by building lifelong connections.

According to Amrany, "Building a network is important in this economy—but more importantly, I made a supportive friend who understands what it is like to live in Los Angeles and work as an RN."

Chin and Amrany want to create regular opportunities for Hopkins nurses to meet and connect—either in person or through the online community they are hoping to create. Eventually, they would like to link with other JHU alumni in the Los Angeles Chapter.

LA alumni can check out the group's website at www.jhusonalumni.com. To get involved, please contact Kristen at kchin6@jhu.edu or Rebecca at ramrany1@jhu.edu.

To start a JHUSON regional group in your area, contact Lindsay Dorrance, Director of Alumni Relations, at ldorran1@jhu.edu



Where in the World is the Hopkins Nursing Pin?

In May, we tracked the adventures and accomplishments of Hopkins Nurses by inviting alumni, students, and faculty to photograph themselves around the globe—along with the Hopkins Nursing Pin.

It's not too late to send in your photo! You can download a printable copy of the pin and view more photos from other nurses at www.nursing.jhu.edu/alumni.



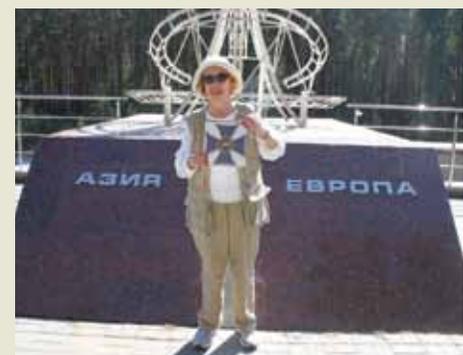
Kathy Hopkins '62 on the way up to Half Dome in Yosemite National Park.



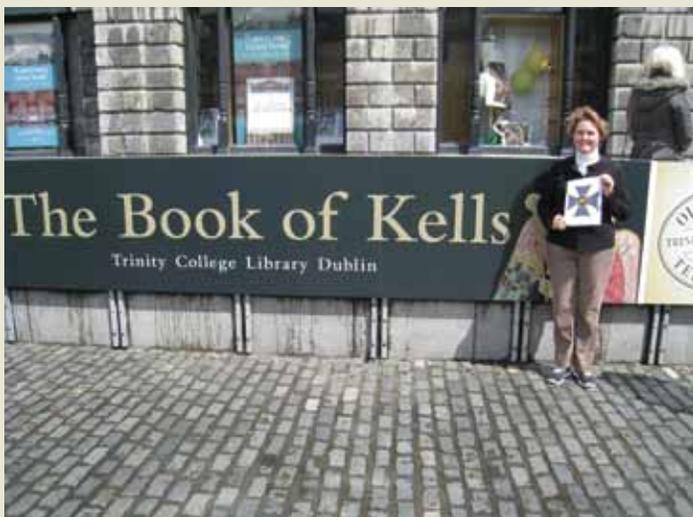
Terrie Kolodziej Accel. '05 in Baghdad, Iraq.



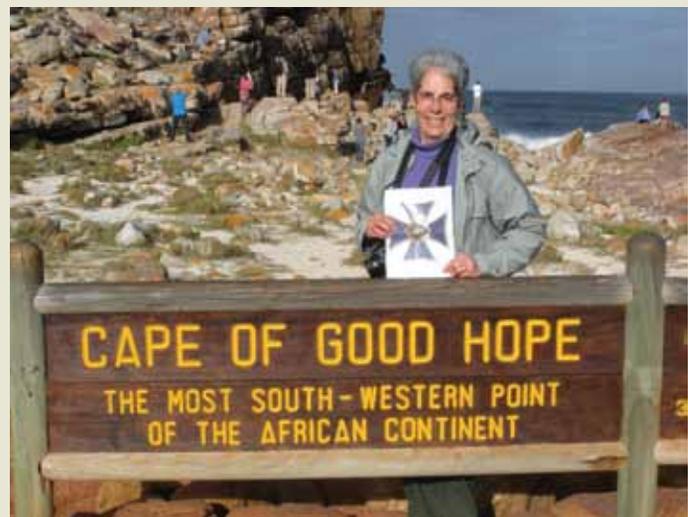
Roland Champagne '08 in front of a Paris metro stop.



Marinell Hargrove Bostian '52 in the Ural Mountains, Russia.



Lisette Bunting Perry MSN '94 in Dublin, Ireland.



Georgeann Roeder '67 at the Cape of Good Hope in South Africa.

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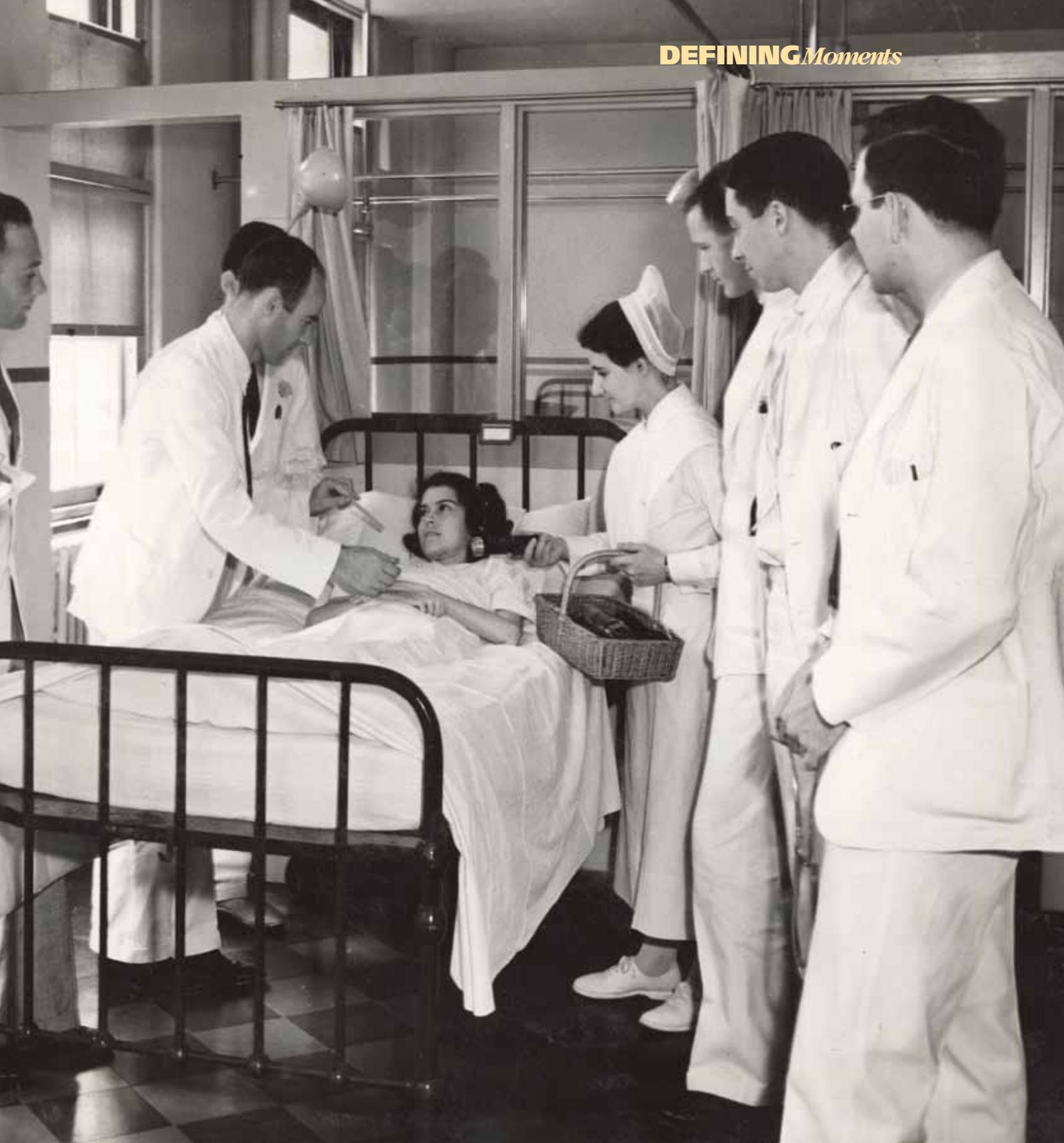
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Making rounds, the ceremony that lies at the heart of hospital care, was not always an interprofessional endeavor. In the early days of The Johns Hopkins Hospital, nurses would prepare by bathing patients, moving privacy screens, and hanging charts, but the rounds were conducted by the Chief Physician, followed by an entourage of residents, interns, and medical students. The head nurse waited in the ward to assist, as shown in this photograph, likely taken in Halsted in 1938 or 1939. Times have changed, however, with interprofessional rounds now a hallmark of excellent care. For more see p. 36.

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