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Dean Martha Hill will step down later this year. How has the School changed during her tenure?

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For nursing student Leann Wilbur, Hurricane Sandy hit home

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Hopkins gets down to monkey business, Sibley nurse provides the birthday gift of a lifetime, and other news from the Johns Hopkins Hospitals

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Spring Break: Antigua, Guatemala. Seven Hopkins nursing students and five Johns Hopkins Hospital nurses conducted health screenings and provided health education in three local communities. Thanks to alumnus and Guatemalan resident Ron Noecker ’07 (standing), the students had a rich experience providing much-needed health services, learning from hospital-nurse mentors, and living among the local Guatemalans. In Paco Trez Cruzes, where this photo was taken, the team spent two days conducting health screenings for the community’s 100 families.
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**Features**

**24 A World of Difference**
*by Michael Anft*

After years of global research and clinical work, our nursing faculty were left pondering: How can a worldwide approach to nursing improve health? What common obstacles do global nurses face? And how can we work together to overcome them?

Last summer, Hopkins nurses explored those questions by leading a talk among nurses from several countries at the annual research conference of Sigma Theta Tau, the international nursing honors society. Held in Brisbane, Australia, the global-nursing symposium highlighted some pressing issues for those nurses who take the sometimes-risky, often-uncomfortable leap to work across borders.

**28 Global Heroes**

Where inequality threatens, you will find them. When injustice looms, they’ll be there. Wherever people are in need of health care, you will find... A Hopkins Nurse!

Meet five global nursing heroes who are improving healthcare education, research, and patient care around the globe.

**52 Vigilando**

Bing & Bons: A 50-year friendship, where in the world is the Hopkins nursing pin?, and other news from the Johns Hopkins Nurses’ Alumni Association

**34 Happy Birthday, Johns Hopkins Nursing!**

Celebrate the magazine’s 10th birthday with a look back at our covers—the good, the bad, and sometimes the heroic. Which is your favorite? Vote now!
Formerly a longtime senior science writer for Johns Hopkins Magazine, Michael Anft has contributed since 2006 to Johns Hopkins Nursing, where his writing has explored the passions educators have for expanding and intensifying the art and craft of nursing. He also writes regularly for AARP: The Magazine, The Chronicle of Philanthropy, and PressBox, among other publications.

Jennifer L.W. Fink is a Registered Nurse who has been writing professionally for more than 10 years. As a med-surg and transplant nurse, she worked hard to develop a rapport with her patients, to teach them according to their needs and to provide them with information and options. Today, she uses those same skills in her writing career. She is very interested in professional issues in nursing.

Illustrator Jem Robinson consistently visualizes tricky political editorials, dramatic narratives, and human behavior in a colorful style that’s all her own. She studied illustration at Loughborough University School of the Arts in the U.K., graduated in 2005, and has since worked for clients including The Independent, the Daily Mail, Royal College of Nurses, Random House and New Statesman.

Steve St. Angelo, the son of an emergency room nurse, is a former editor for U.S. News & World Report, The Baltimore Sun, and Newsday, and today serves as the School’s Editorial Strategist and incoming magazine Editor. When not telling the stories of the nursing students and researchers, he is very likely running an old printing press at Typecast, a letterpress shop he owns with wife Mary Mashburn.

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

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Letter From the Editor:
Happy Birthday, Johns Hopkins Nursing
In 2003, *Johns Hopkins Nursing* was born of a marriage between the Johns Hopkins Nurses Alumni Association, which had published an alumni publication since 1901, and the Johns Hopkins University School of Nursing. Nursing departments from the Johns Hopkins-affiliated hospitals joined the magazine in 2009, the same year that the publication was chosen as the top nursing print media by Sigma Theta Tau, the international honor society for nursing. Now celebrating its 10th birthday, the magazine reaches 32,000 readers like you: alumni, students, prospective students, faculty, hospital nurses, and other nurse leaders and educators around the world.

We wouldn’t have made it this far without our dedicated editorial and design team. In the early years, Sue DePasquale, Consulting Editor; Kathryn Vitarelli, Art Director, and in-house staff Kate Pipkin and Ming Tai. And since my editorial debut in 2007, Pam Li, Art Director; Pamela McComas, Editor (2011-2012); Design Consultant Mfonobong Umana; and incoming Editor Steve St. Angelo, Editorial Strategist; and of course, our fearless leader, Lynn Schultz-Writsel, Director of Marketing and Communications.

We’re kicking off our birthday celebration by asking you: After 10 years of magazines, which cover is your favorite? Check out page 34 and let us know!
Kelly Brooks
Interim Editor

Letters To the Editor:
Thank You
On page 36 of the [fall 2012] issue is an article entitled “Coordinated Care” that reminded me of an incident when I was a senior student [in 1945]. As I look back on those early days, I realize that my classmates and I were snobs, so when my head nurse, a graduate, as I remember her, of a little hospital in Arkansas, asked me to make rounds with her, I thought to myself, “There’s nothing I can learn from her.” But I recall being nearly overcome with shame as I observed her first interaction with a patient. She walked into his cubicle, smiled warmly, put her hand on his arm, looked him in the eye and said, “Has anything happened to you that you have not understood?” And she waited for him to respond.

Oh my goodness! I had seen JHH graduates as head nurses who made rounds by stopping at the entrance to the cubicle or room with an “Everything okay?” and moving on. I know they don’t do that anymore, but do you know, I spent most of my professional life as a professor of nursing, and I have told that story to literally hundreds of nursing majors? I like to think they took it to heart and passed it on to their students.

I am now 90 years old. I retired at the age of 87 but was invited to co-teach a class for master’s degree nursing students at Millikin University [in Decatur, IL] last spring on Principles of Teaching and Learning. I told them the same story.

Thank you for the work you do in depicting so well the many facets of Hopkins nurses and nursing.
Lynn Bertholf Westcot ’45
Bloomington, IL

No Thanks
I am a staff nurse [at The Johns Hopkins Hospital] on Weinberg 5B. With all due respect, my usual reaction to your magazine is one of irritation. I think it has very little relevance to what most nurses actually do. I would like to see more articles about what really happens on our units and less about who just got another degree or more funding for another esoteric research project. I must commend you on how professionally the magazine is produced, but for now it remains at the bottom of my reading list.
Karen Katz
Baltimore, MD

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.
A DOZEN YEARS OF SUCCESS

July 2001
Martha N. Hill appointed Interim Dean.

July 2002
Following a nationwide search, Martha Hill appointed Dean.

May 2003
Johns Hopkins Nursing magazine launched.

Dec 2004
Church Home & Hospital School of Nursing Alumni Association joins Johns Hopkins Nurses’ Alumni Association.

Feb 2005
Center for Collaborative Intervention Research launched.

Nov 2005
Center for Global Nursing established.

Aug 2004
Johns Hopkins University and Peking Union Medical College create first doctoral-level (PhD) nursing program in China.

Apr 2006
Students complete the School’s 150-square-foot “Faces of Nursing” mural.

Jan 2005
One-time January entry accelerated program conducted in response to nursing shortage.

Student House
Opened in 2010, gives students additional study rooms, lounges, and a kitchen and is home to the Student Affairs offices.

Anne M. Pinkard Building
Finished in 1998, the first Hopkins building dedicated solely to nursing education and research.

Campus Growth 2001–present
SON House
Added to campus in 2009, the SON House allows more room for staff offices, lounges, and a kitchen.

Room to Grow
Land purchased by SON in 2010 for future growth.

Courtyard
Expanded to create a unified campus, this East Baltimore oasis is a lush garden with a fountain, cherry trees, and picnic tables.

*Highlighted Events*
- **Feb 2007**
  Faculty organized into academic departments.
- **Mar 2007**
  Graduate programs move from #6 to #4 in U.S. News & World Report rankings
- **Jan 2008**
  First class of the Doctorate of Nursing Practice (DNP) program arrives.
- **Apr 2008**
  Faculty ranks among top 10 U.S. nursing schools for scholarly productivity.
- **May 2010**
  Student House opens with a kitchen, study rooms, a breastfeeding room, and a lounge.
- **Nov 2011**
  Graduate programs ranked #1 by U.S. News & World Report.
- **Mar 2011**
  Graduate programs ranked #1 by U.S. News & World Report.
- **Nov 2011**
  Center for Innovative Care in Aging established.
- **Nov 2012**
  Hopkins Nursing places #1 among nursing schools in NIH funding.
- **Sep 2012**
  Shining Star Awards launched for Hopkins Hospital nurses, faculty, and students.
- **Aug 2012**
  Baccalaureate programs become all accelerated.
- **Nov 2012**
  The Johns Hopkins Center for Sleep-Related Symptom Science is launched.
The Vocabulary of Change:
Leadership, Transition, Excitement, Celebration

When Dean Hill first approached me to discuss what she thought might be the right timing for a transition of the deanship of our school, I was immediately stressed by the concept of losing such a phenomenal leader. But as Martha shared her thinking with me, I was so impressed with her approach to positioning the school for a transition in leadership. Never once was the conversation about Martha; it was always about the Nursing School and its promising future.

All of our institutions would be well served by having leaders with Martha’s vision, selflessness, and stature. She defines leadership and this school will continue to be enriched by having Martha return to the Johns Hopkins University School of Nursing faculty.

Now we’re thinking transition. That’s largely due to Martha’s perpetual optimism and famous “Onward” philosophy and—for me—the opportunity to serve on the University search committee for the next dean. Yet there’s another key factor driving our new outlook. Many of us have reached an eye-opening realization: Once again, Martha, the ultimate agent of change, is providing the catalyst for another milestone in the School’s history.

In stepping down from an amazing platform of accomplishment—a platform built through her constantly upward trajectory of positive and successful change—she is creating an enviable launching pad for another decade of enduring Hopkins excellence. As she has done throughout her career, Martha is creatively employing change to kick start the transition to tomorrow’s Johns Hopkins University School of Nursing and the excitement that brings to us all.

As guest editor for this issue, I’m pleased to have the opportunity to celebrate Martha’s leadership with you. Although her “Onward” philosophy usually prevents her from looking in the rear view mirror at the school’s many accomplishments during her tenure, the following pages and fold-out do just that. They are only a small representation of where she has taken the School and only a few planks in the platform that she has built. Take a minute and join me in looking back at this incredible climb.

On a sad note, Martha faced another life transition this year. Just last month her husband and true life partner Dr. Gary Hill died. Martha and Gary were an iconic Hopkins couple; both alums, both professors, both outstanding researchers, both leaders in their fields. Although he lived and conducted research in Paris much of each year, Gary was always here for us as a genuine member of the School’s community. He will be missed.

Walter “Wally” D. Pinkard, Jr.

Editor’s Note: At the request of Dean Martha N. Hill, Wally Pinkard is this issue’s Guest Editor. Mr. Pinkard is a Johns Hopkins University Trustee Emeritus and former Vice-Chairman of the Board. Throughout Dean Hill’s term as dean, he has served as the Chair of the School of Nursing National Advisory Board.

Martha Hill Tribute Page
Got a great story or a favorite candid photo of Dean Martha N. Hill? Please share them. Visit www.nursing.jhu.edu/onwardhill. Or send stories and pictures through Twitter or Instagram using the hashtag #onwardhill. Or just send them via email to son-editor@jhu.edu.
Our faculty appeared in nearly 2,900 U.S. radio broadcasts in 2011. In 2001, they were in only 2.

Operating budget in the black since 2005.

This issue of *Johns Hopkins Nursing* was distributed to 32,000 readers, more than double the circulation of the 2003 inaugural issue.
- Student enrollment rose 48.5% between 2001-2012.

- The PhD program grew from 15 to 34 students between 2001 and 2012.

- In 2012, 32 students were in the DNP program, which launched in 2008.

- Student ethnic minority representation increased from 21% in 2001 to 25% in 2012.

- New Grad Employment
  Graduated between Aug 2011 and Dec 2012
  (Based on preliminary data as of March 1, 2013)

  - 96.5% Currently Employed
  - 77% Obtained First Choice Position
  - 45% Received Two or More Job Offers

- Student Gender Diversity

- Global Collaborations
  - 34 educational and research partnerships
  - 21 different countries

- Website Visitors
Touchdown!
Students Take the Ball and Run With It

The Hopkins nurse has never been one to stand on the sidelines. So it is especially fitting that two students of the Johns Hopkins University School of Nursing were among the many great stories to spring from a banner year for 2013 NFL champion Baltimore Ravens. From the grit and valor of an Iraq war veteran to the savvy and determination of a scholarship contest competitor, the best attributes of Hopkins nurse leaders were on full display.

Emily Thompson Schelberg never imagined any reward beyond the respect of her fellow Marines. Yet there she stood at M&T Bank Stadium, her smile visible halfway to Iraq on the Jumbotron, her emotions spinning among comrades overseas, a husband fresh from a fourth tour of duty with the Marines now standing just a few feet away, and the job at hand. She was representing the Pat Tillman Foundation as its NFL-Tillman Military Scholar before a full house of Ravens fans, Hopkins alumni, and fellow vets.

Military training, even for a Marine sergeant, only goes so far. “For the few moments I was standing on the field, I was really trying to make time slow down,” says Thompson Schelberg, now a student pursuing a master of science in nursing (MSN) degree. “It was a very surreal and humbling experience.”

East Baltimore is a long way from Al Anbar province in Iraq, where Thompson Schelberg served as a turret gunner aboard a 7-ton truck ferrying supplies, troops, and detainees. Along that dangerous pathway, Thompson Schelberg also found her life’s calling in the humanitarian aid missions she witnessed. Slowly, she says, the caring and skill of the servicemen and servicewomen in the war-ravaged communities as well as a fascination with the medicine they were performing led her to realize that her own story should do an about-face.

Meanwhile, Jennie Flanagan (Accel. ’13) was just as determined that her story shouldn’t take any such turn. She had entered the Dr. Pepper Tuition Giveaway for a shot at a $100,000 scholarship, and won the initial round with a terrific video. She wasn’t about to let a little thing like not knowing how to throw a football stop her from competing further.

A bucket of can-do attitude and one very lucky break later, Flanagan stood next to Ravens quarterback Tyrod Taylor, who offered tips on footwork and other fundamentals. The bad news? Despite her newfound pigskin proficiency, Flanagan didn’t make the finals. The good news? Dr. Pepper tripled her base winnings just for showing up at the competition to $7,500. “It was a pretty spectacular weekend,” she says.
Grant Boosts Care for Aging

Four non-Hopkins junior faculty will benefit from a summer gerontological research residency and mentorship program at the Johns Hopkins University School of Nursing (JHUSON), thanks to a $50,000 Hartford Grant.

“It’s a really wonderful opportunity for faculty who don’t have access to the resources we have at Johns Hopkins. This will really help gerontological nursing faculty launch their careers.”

— Sarah Szanton

The grant, which was recently awarded to the JHUSON Center for Innovative Care and Aging by the National Hartford Centers of Gerontological Nursing Excellence at the Gerontological Society of America (GSA), will support two non-Hopkins junior faculty in 2013 and two in 2014.

“It’s a really wonderful opportunity for faculty who don’t have access to the resources we have at Johns Hopkins. This will really help gerontological nursing faculty launch their careers,” said Sarah Szanton, PhD, CRNP, principal investigator of the GSA grant.

During the first two weeks of the residency, the participants will shadow an experienced faculty member specializing in geriatrics research. The junior faculty will then take part in the Summer Research Institute, a program run by the Center for Innovative Care and Aging to develop behavioral interventions for older adults. The scholars will then participate in a three-month mentorship while preparing grant submissions for the National Institutes of Health.

Nurturing Nursing’s Diversity

Survey Seeks Key to African-American Nurses’ Success

When it comes to nursing education, African Americans tend to aim for more advanced degrees, yet their percentage among all U.S. nurses is far lower than it is in the general U.S. population. Phyllis Sharps, PhD, RN, FAAN, intends to find out what is behind that disconnect as a key step toward correcting it.

Sharps, associate dean for Community and Global Programs, director of the Center for Global Nursing, and the principal investigator for a $20,000 grant from the National Black Nurses Association (NBNA), will use the funding to conduct a national survey to identify the drivers and barriers to success among African-American nursing students and nurses. Through research funded by the new grant, “Enhancing the Diversity of the Nursing Profession: Assessing the Mentoring Needs of African American Nursing Students,” Sharps hopes to determine what mentoring needs are essential to keeping African-American nursing students on track in their education and their career paths.

While African-Americans are underrepresented in the profession (5.5 percent of U.S. nurses vs. 13.1 percent of the U.S. population), the 2008 National Sample Survey of Registered Nurses (NSSRN) shows that African Americans as well as other minority groups in nursing are more likely to pursue baccalaureate and higher degrees—52.5 percent pursue degrees beyond the associate level, while only 48.4 percent of their white counterparts seek equal degrees.

“African Americans tend to aim for more advanced degrees, yet their percentage among all U.S. nurses is far lower than it is in the general U.S. population.”

— Reverend Dr. Deidre Walton, NBNA President

“As nurses, we all know what we needed while attending nursing school,” says Reverend Dr. Deidre Walton, NBNA President. “We need to have a better understanding of what this generation of nursing students needs in this new technological and innovative world of nursing.”

— Reverend Dr. Deidre Walton, NBNA President
Hopalong Health

A Jump in Kids’ Health from Rabbits in Congo

For children in the Democratic Republic of Congo, rabbits are more than furry pets; they are a symbol of improved health and social outcomes for local youth.

Rabbits for Resilience, an animal husbandry microfinance program for youth who have suffered severe trauma growing up in a conflict zone, will be launched by associate professor Nancy Glass, PhD, MPH, RN, FAAN, and colleagues with funding from the National Institute of Child Health and Human Development. 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.

“This is a really important age group,” says Glass. “We rarely talk about these young adolescents or view them as valuable members of the community rather than future criminals and rebels.”

Through raising and selling the rabbits, the youth can help parents and family members in their households—economically and socially. The money they earn could be used to buy school supplies or join a sports team, says Glass, associate director of the Johns Hopkins Center for Global Health.

Twenty-four villages will participate, in three groups: those with the adult microfinance program only, ones with both adult and youth programs, and those with only the youth program. Researchers want to determine how each program improves well-being both of children and adults.

“We are really trying to work on economic security, which will improve nutrition and education for kids, and long-term health for women and men who have experienced so much trauma in their lives,” says Glass.

The initiative grew out of a previous program Glass and her colleagues started called Pigs for Peace, an animal husbandry microfinance initiative to help families in

A Seated Legacy

Last November, nine teams of Hopkins nursing students, alumni, faculty, and staff received art supplies and a surplus wooden chair bearing the Maltese Cross, symbol of the School’s alumni association. Two months later, this is what they’d created.

Currently on display at the School, the chairs will soon be auctioned to support the Melinda Rose Fund, which provides opportunities for alumni and students to come together.
conflict areas rebuild economically and improve their health.

To learn more about Rabbits for Resilience, visit the Johns Hopkins Center for Global Health, www.hopkinsglobalhealth.org.

New Aid for PhDs

Responding to economic uncertainty and threats to federal research funding, the School of Nursing is offering new graduate assistantships for PhD students.

While the School continues to expect and support doctoral students’ efforts to seek funding from external sources, the PhD program will fill gaps by providing funding through the first year of study and offering graduate assistantships for students in their second year and beyond. With a 20-hour-a-week research or teaching requirement, the assistantships will help PhD students avoid seeking employment off-campus, a scenario that can add years to their studies.

The majority of students have obtained grants from the National Institutes of Health and others to cover tuition and costs in their third year of study and beyond, an enviable record. Yet other mechanisms are essential to supporting students who are unable—or, as in the case of international students—ineligible to obtain this type of support.

In addition to the Graduate Assistant program (full tuition and $22,032 for 12 months), other nursing PhD fellowships are available. For a list, visit http://nursing.jhu.edu/phd/.

Perfect Score

100% Pass Rate for New AG-ACNPs

When a new adult/gerontology acute care nurse practitioner exam was pilot-tested among students at 10 U.S. nursing schools, the Hopkins nurses—every single one who took the exam—passed with flying colors. This makes them the first certified AG-ACNPs in Maryland and among the first 82 in the United States.

“I am so proud of them,” says associate professor Julie Stanik-Hutt, PhD, ACNP, CCNS, FAAN, who revealed the exam results to students at their graduation ceremony in December. “That was followed by screaming, jumping around, hugging, and lots and lots of applause,” she says.
A Little Luck Never Hurts
Nursing’s first JHU Distinguished Professor

In a speech to celebrate her selection as a Johns Hopkins University Distinguished Professor, the first such honoree ever from the School of Nursing, Fannie Gaston-Johansson, PhD, RN, FAAN, thanked the dean, the University president, her colleagues, collaborators, students, and family. The brilliant international researcher then thanked dumb luck.

“I was living in Sweden, studying for my PhD, and learning to speak Swedish,” she said. “My dissertation topic was ‘The Pain Experience,’ so I interviewed patients, but I kept using the wrong word when I spoke with them about pain. Some told me that they were not experiencing pain, but ‘ache’ or ‘hurt.’ It was a distinction the transplanted North Carolinian couldn’t yet fathom.

Her response was to create the Painometer, a plastic wand with tabs, diagrams, and sliding markers that helps patients wordlessly translate what kind of pain they’re feeling—and where. It would change pain research forever, but it was only the beginning of her influence on nursing. And the Distinguished Professorship is most certainly not the end.

Before her speech, Gaston-Johansson took a moment to reflect. “To be acknowledged, singled out as University Distinguished Professor at Johns Hopkins, that really means something,” she said.

“Dr. Gaston-Johansson has always led by example,” said Jacquelyn Campbell, PhD, RN, FAAN. “She could have spent these last few years resting on her considerable laurels, being content to leave her significant mark in addressing pain in patient care, in nursing science, in global healthcare, in interdisciplinary research education, and in increasing the diversity of our students, faculty, and staff. But she continues to lead us.”

In her talk, Gaston-Johansson proposed that “luck lies behind many successful strategies in life, rather than thinking through strategies, planning, or one’s talent.” Collaboration is there too, she said, remembering three Nobel-Prize laureates invited to the University of Gothenburg in Sweden while she was dean of nursing there. Theirs was a story of “outstanding collaborative networks and colleagues” and missed opportunities by those who refused to participate. “One of the laureates even commented that his mentor said to him that the work he was doing was going nowhere and would lead to nothing, and therefore his name did not need to be on the paper. This was a big mistake, big mistake.”

To read Fannie Gaston-Johansson’s speech, go to nursing.jhu.edu/fgj

Hopkins Launches Sleep Center

More than one-quarter of U.S. adults suffer from sleep disturbances that contribute to life-threatening illnesses such as cardiovascular disease, diabetes, and dementia as well as depression, chronic pain, and fatigue. Often such sleeplessness is a consequence of obesity, lifestyle, and work. The Johns Hopkins Center for Sleep-Related Symptom Science is being established to help define and break these cycles of sleeplessness and suffering.

The Center, the brainchild of Johns Hopkins University School of Nursing researcher Gayle Page, DNSc, RN, and Michael Smith, PhD, of the Hopkins School of Medicine, is the result of a $1.9-million National Institutes of Health (NIH) Center of Excellence Grant. Its mission is to build upon the University’s existing strengths, encourage interdisciplinary partnerships, and expand the scope of sleep measurement research already underway. “It was the twinkle in both our eyes,” says Page of the Center.

In all, eight Hopkins research projects will be launched or enhanced through the NIH grant.

The three new projects:
• Sharon Kozachik, PhD, RN, will look at interventions for cancer patients whose chemotherapy cycles lead to painful side effects and sleeplessness.
• Nancy Hodgson, PhD, RN, will study the use of reflexology to ease increased suffering caused by poor sleep in people with Alzheimer’s disease or dementia.
• Patrick Finan, PhD, will look at “positive affect” as a mechanism to measure the association of sleep deprivation and pain sensitivity.

To read Fannie Gaston-Johansson’s speech, go to nursing.jhu.edu/fgj

WILL WINTER/MEDICAL TIMES
December to Remember

For the 61 students who graduated on December 14, 2012 at the School of Nursing, the ceremony was a momentous occasion regardless of its small size. Conferred that evening were 8 BS, 40 MSN, 8 MSN/MPH, 1 Forensic Nursing Certificate, 2 DNP, and 2 PhD degrees.
The American Nurse Project

Assistant professor Sharon Kozachik, PhD, RN, autographed copies of The American Nurse at a book signing at The Johns Hopkins Hospital on December 6. Kozachik, along with faculty member Bryan Hansen and 17 other Hopkins Hospital nurses, was among the 105 U.S. nurses interviewed and filmed as part of the American Nurse Project.

At the American Nurse book signing were (1) Hershaw Davis Jr.*, MSN, RN; (2) Sharon Kozachik; (3) Naomi Cross*, RN and staff member Vanessa Singh; (4) Amy Brown*, RN; (5) Debbie King, RN; and (6) author Carolyn Jones. *Featured in The American Nurse Project
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Seek advice from a tax professional before entering into a gift annuity agreement.

Johns Hopkins gift annuities are not available in all states.

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Johns Hopkins gift annuities are not available in all states.
Faculty, Student, and Staff News

Faculty, Department of Community-Public Health

Kelly Bower, MSN, MPH, RN, completed her doctoral work at the Johns Hopkins Bloomberg School of Public Health in the Department of Health Behavior and Society. 

Jason Farley, PhD, MPH, CRNP, participated on the panel “Insights from Newly Minted Professionals” at the Institute of Medicine’s 2012 Annual Meeting in Washington, DC on October 15.

Christine Savage, PhD, RN, CARN, FAAN, has been promoted to professor on the research/education track. She also discussed better living for elders at the Center for Health Policy and Healthcare Transformation Lecture at The Johns Hopkins Hospital on November 20.

Faculty, Acute & Chronic Care

Anne Belcher, PhD, RN, AOCN, ANEF, FAAN, was on a panel “Interprofessionalism in Practice and Education” at the Second Annual Rehabilitation Therapy Services Clinical Showcase on November 1. She also presented “Spirituality and Psychosocial Oncology Care” at the Down to Earth: Bringing spirituality to oncology care workshop in Lutherville, Maryland, and “Humor: A gift to nursing,” at the University of Maryland School of Nursing in November.

Casey Shillam, PhD, RN, has been appointed to assistant professor. 

Sharon Kozachik, PhD, RN, presented “Restricted Sleep Increases Paclitaxel-Induced Mechanical Sensitivity in Sprague Dawley Rats” at the Oncology Nursing Society, Advancing Care Through Science conference, November 16-18 in Phoenix, Arizona.

Kathleen White, PhD, RN, CEA-BC, FAAN, won the American Journal of Nursing (AJN) Book of the Year Award in the “Professional Development and Issues” category for her Essential Guide to Nursing Practice: Applying ANA’s Scope and Standards in Practice and Education.

Students

DNP Student Maria Cvach, who serves as assistant director of nursing, clinical standards at The Johns Hopkins Hospital, chaired the comprehensive alarm management initiative that won the 7th Annual Health Devices Achievement Award. The award recognized the team’s exemplary effort in reducing hazardous situations related to alarm systems. International DNP student Godfrey Katende received an award for “Best Upcoming Researcher Poster Presentation” at the Joint Annual Scientific Health Conference in Kampala, Uganda, September 26-28.

Hill One of State’s Most Influential

Dean Martha N. Hill, PhD, RN, FAAN, has been chosen by the Daily Record for its 2013 list of 50 Influential Marylanders, which honors individuals who have made truly significant contributions in their fields and continue to be regarded as leaders in the State of Maryland.

Savage Appointed Full Professor

Christine Savage, chair of the Community Public-Health Department, has been appointed as full professor. Savage, who has specialized in addiction and substance abuse in the context of public health, uprooted from a dream home in Kentucky one year ago to make her new home at Hopkins.

Staff

Center for Global Nursing program manager Rachel Breman presented on the Sandwich PhD Program at a Global Nursing Caucus in Boston on October 20. Robert Kearns was appointed to new Instructional Design Manager in December. Kearns has been with the SON for three years and has an extensive background in e-learning, relationship management, and higher education.

Michael Vaughn, Assistant Dean for Information and Technology Integration, conducted a small group of brass players from the Baltimore Symphony Youth Orchestra (BSYO) Concert Orchestra (middle school-level) at the Meyerhoff in late December. The group performed carols during intermission of the BSO Holiday Pops Celebration concert.

Group

Traditional 2013 student Samantha Schneider, graduate students Teresa Pfaff and Theresa Medicus, PhD student Joce-lyn Anderson, and Accelerated 2013 students Parmeeth Atwal, Ruth Grossinger, and Falisha Khan represented JHUSON at the mHealth Summit, December 3-5 in Washington, DC.

Students Johannah Butler, Katrina Reiser, and Maria Brown, MSN/MPH, and faculty Beth Sloand, PhD, RN, PNP-
Shillam Receives Faculty Fellowship

Assistant professor Casey Shillam, PhD, RN, has received a $20,000 New Nursing Faculty Fellowship grant from the Maryland Higher Education Commission. The Fellowship was established to recognize the skill and willingness of new faculty like Shillam, who joined Johns Hopkins last spring, to begin bridging the nursing gap.

Jeffries Leads International Simulation Organization

Pamela Jeffries, PhD, RN, associate dean for academic affairs, has been named president-elect of the Society for Simulation in Healthcare. She will become president in 2014, just the second nurse to hold this position.

An Evening With the Stars

Mark your calendar for the second-annual Evening with the Stars gala, September 28 at 6:30 p.m. at the School. In conjunction with Alumni Weekend, four Shining Star Award winners—a student, a member of the Hopkins Nursing faculty, and two nurses from Johns Hopkins-affiliated hospitals—will be celebrated, as will the School itself. Faculty and students will highlight the nursing education provided by JHU-SON through mock simulations and other demonstrations. And the event will include a strolling dinner, with food and drink stations set up throughout the Pinkard Building.

Shining Stars are nominated by their peers, chosen as finalists by each institution’s leadership, and finally selected as winners by a committee of Hopkins nurse leaders.

For more information, to meet the 2012 winners, or to nominate your peers for this year’s awards, visit www.nursing.jhu.edu/stars.

SAVE THE DATE

AN EVENING WITH THE STARS

September 28, 2013
6:30 p.m.
Johns Hopkins University
School of Nursing

BC, and Phyllis Mason, MS, RN, CANP, joined a 14-member interprofessional healthcare team for a week-long medical mission to rural southwest Haiti in late October. They provided primary care consultations for 150–200 patients each day.

Faculty, staff, and students raised $6,998 for the American Heart Association Heart Walk in October, exceeding their goal of $5,000. Team leaders included Tam Nguyen and Yvonne Commodore-Mensah from the P30 Center, Andrea Parsons Schram, DNP, CRNP, Nancy Goldstein, DNP, MS, APN-BC, RNC, student accounts coordinator Patrice Hamilton, and a group of graduate students.

Faculty members Laura Gitlin, PhD, Nancy Hodgson, PhD, RN, Casey Shillam, PhD, RN, Sarah Szanton, PhD, CRNP, and Accelerated 2012 student Gabrielle Santangelo presented novel ways of intervening to improve the quality of life for older adults living independently or with their families at the Gerontological Society of America 2012 annual conference, November 14–17 in San Diego, California.

Accelerated 2013 students Catherine Shoffner, Clifton Thornton, Matthew Medeiros, Eric Metcalf, Sarah Jones, and Lisa Marie Gerolamo assisted Phyllis Mason, MS, RN, CANP, in administering flu shots for clients at the Johns Hopkins Broadway Center on November 13.

Joan Kub, PhD, MA, PHCNS, BC, and Sara Groves, DrPH, APRN, BC, presented “Creating Nursing Leaders in Uganda “and “Predictors of depressive symptoms among urban low income African American mothers of children with asthma,” at the 139th meeting of the American Public Health Association (APHA) on November 2–6 in San Francisco.

Two New Fellows

Elizabeth Jordan, DNSc, MSN, RNC, FAAN, and Christine Savage, PhD, RN, CARN, FAAN were named fellows of the American Academy of Nursing and inducted at the Academy’s 39th Annual Meeting Conference in Washington, DC, on October 13, 2012.
Have Passport, Will Research

Our global research is helping to build new programs, knowledge, hope, and health for people around the world.

The Americas

A team of Hopkins nurses, including faculty members Elizabeth Sloand, PhD, RN, PNP-BC, and Joan Kub, PhD, APHN, BC; doctoral candidates Grace Ho, RN, BSN, and Rachel Klimmek, RN, BSN, OCN, and recent MSN/MPH graduate Anthony Pho, explored nurses’ experiences caring for Haitian children after the 2010 Haiti earthquake.1

HIV-positive African-American and African-Caribbean women of childbearing age share many of the same issues and concerns for which counseling and education would be beneficial, according to Professor Phyllis Sharps, PhD, RN, CNE, and colleagues.2

Professor Laura Gitlin, PhD, and a colleague present a case study of the healthcare and service challenges and gaps Chile faces when confronted with a population of seniors and exponential economic and technological growth.3

Assistant professors Nicole Warren, PhD, MPH, CNM, Jason Farley, PhD, MPH, CRNP, and others surveyed nearly 600 nursing faculty across the Americas and identified core global health competencies essential for undergraduate nursing students to have and for nursing programs to teach.4

Sources:
3 "The Republic of Chile: An upper middle-income country at the crossroads of economic development and aging," The Gerontologist, June 2012.
7 "An infection control audit in 10 primary health-care facilities in the Western Cape Province of South Africa," International Journal of Infection Control, July 2012.
Asia

Between working and caring for family members, middle-aged Korean women often consider their own health last. When they are diagnosed with diabetes, their physical and emotional health are at increased risk, according to assistant professor Jennifer A. Wenzel, PhD, RN, CCM, and postdoctoral nursing fellow Hyunjeong Park, PhD, RN, ANP.6

Middle East

In Jordan, where many women don’t take folic-acid supplements during pregnancy, the rate of infants born with spinal and brain birth defects is higher than average. According to professor Christine Savage, PhD, RN, CARN, and a colleague, intervention should target women of childbearing age least likely to know about or use folic acid: those with limited prenatal care, prior pregnancies, and lower education.5

Africa

Reducing drug-resistant tuberculosis transmission may be as simple as opening outside windows and closing interior doors in primary health clinics, according to assistant professor Jason Farley, PhD, MPH, CRNP, recent graduate Carrie Tudor, PhD, MPH, RN, and others. Their work in South Africa suggested methods for treatment centers to curb transmission of the disease.7

A mobile health program has successfully improved access to care and reduced post-traumatic stress for sexual violence survivors in Democratic Republic of Congo, says associate professor Nancy Glass, PhD, MPH, RN. Now the challenge is to overcome the fear of disclosure that stops teen violence victims from getting help.8

Assistant professor Nicole Warren, PhD, MPH, CNM, and colleagues uncover the challenges facing community-based midwives—matrones—in rural Mali who fight maternal mortality by bridging traditional village medicine and the broader health care community. The findings may help guide policy and programs to more effectively recruit, train, and support these midwives.9
Six Steps to Reduce Dementia’s Troubling Symptoms

by Teddi Fine

Many of dementia’s behavioral symptoms, such as confusion, repetitive questioning, combativeness, wandering, hallucinations, and loss of inhibition, can be managed well without medications, according to Johns Hopkins University School of Nursing (JHUSON) professor Laura Gitlin, PhD. The key is integrating behavioral management strategies into early, ongoing treatment.

Gitlin and her coauthors outline a six-step approach to help clinicians identify and effectively manage most dementia symptoms in “Nonpharmacologic management of behavioral symptoms in dementia” (Journal of the American Medical Association, November 21, 2012).

“This six-step process should be a routine part of regular healthcare for individuals with dementia,” observes Gitlin, who directs the JHUSON Center for Innovative Care in Aging. “It should be undertaken in any clinical setting involved in caring for someone with dementia, including primary care and memory clinics, as well as in hospitals, assisted-living, and nursing facilities.”

Behavior changes are among the most visible, disruptive, and distressing symptoms of Alzheimer’s disease and other dementias.

MANAGING WITHOUT MEDS

1 Screen for behavioral symptoms early
2 Identify symptoms
3 Delineate the triggers and risk factors for the symptoms
4 Choose the proper interventions
5 Evaluate the intervention to make sure that it’s working
6 Follow the patient’s progress over time
THE SUN IS HERE YEAR ROUND. YOU SHOULD BE TOO.

CARONDELET HEALTH NETWORK IS SEEKING CRITICAL CARE RN’S IN VARIOUS SPECIALTIES. FULL-TIME, PART-TIME AND SEASONAL OPPORTUNITIES AVAILABLE.

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EQUAL OPPORTUNITY EMPLOYER
A Nursing Career Is Born

Lindsey DiTanna's favorite childhood Christmas presents were microscopes and science kits. Her grandfather even built her a desk for experiments, sink included. Rather than baby dolls, she was fascinated with how real babies worked. Eventually it grew into a passion too big for her workbench.

But first she had to explore another gift: a natural singing ability. Inspired by musical theater, 1940s jazz, and opera, she released a 2007 album entitled Follow Me, using the stage name Lindsey Taylor, but soon afterward developed nodules on her vocal cords. She is still able to sing, but not for very long. Music's loss meant a science career was reborn.

At age 15, DiTanna spent a day shadowing nurses and physicians at Hanover General Hospital in Pennsylvania, where her aunt worked as an RN. “They had me standing on a stool because I was short then,” DiTanna said. “I was trying to look over and see everything.”

She’s taller now, but the Hopkins nursing student is no less hooked, and was recently awarded the Kay Emery McClaine Scholarship, which will help her pursue her goal of becoming a nurse-midwife and one day opening a birth center.

“I want to take time to understand where the patients are in their understanding of what’s going on,” she said. “I think my desire is to offer patients the full scope of care as a midwife.”

Kay Emery McClaine Scholarship

In 1961, Kay Emery McClaine ’64 left her small hometown in Maine to attend Hopkins on a full scholarship. In 1997, she and her husband, James, established the Kay Emery McClaine Scholarship to give back to the School of Nursing and reach out to the next generation of Hopkins nurses.
Hurricane Sandy Hits Home

Student Helps Storm Victims in Her Hometown

by Leann Wilbur

In the wake of Hurricane Sandy, all I could focus on was the safety of my family and friends back home in Toms River, NJ.

When television images of the destruction in NJ started pouring in, I watched as a family I knew was rescued from the flood on a plow truck. Every beach, every destroyed boardwalk, and every damaged town they showed was familiar to me. The ocean had engulfed the barrier island closest to my home, ruined the bridges, and flipped over houses or pushed them into the streets. My first reaction was disbelief, the feeling you get when someone passes away, and I was desperate to know if my friends and family were safe.

I knew that the only way I’d be able to focus on my studies here in Baltimore was if I did something to help. I couldn’t physically help in my hometown, so I figured the next best thing was to reach out to the Hopkins community to donate items to those who lost so much. So with the help of our Student Government Association (SGA), I started a collection drive.

Student Affairs staff helped distribute and post fliers, and professors displayed the information before classes. Mini-drives were held across campus, at The Johns Hopkins Hospital, and even by some local businesses. There were two weeks to collect donations before I drove home for Thanksgiving weekend, when I planned to take the supplies to local shelters and donation centers. Little did I know how much everyone would contribute!

Each day I would empty the bins and sort the items, storing them in the Student House at the School of Nursing. The community donated everything from pet items to non-perishable food to shoes and bedding. Adam’s Church even sorted and labeled men’s and woman’s toiletry bags for individuals that contained deodorant, toothbrushes, shaving cream/razor, toothpaste, and a fresh pair of socks.

I was amazed. At the end of the two weeks, we had collected enough to make two trips to New Jersey with a large cargo van filled to the max.

The best part was going home to donate the items and seeing the number of people who volunteered their time and energy to sort the items, deliver them to families in need, and even help with the physical work of gutting houses and helping those in the community. As I delivered the items, people kept asking me, “Where are these coming from?” I told them about our collection drives, and their first response was always “Did you drive all of this straight from Maryland?!” They were so thankful and were impressed to hear that Johns Hopkins was involved. Their surprised and grateful faces made each trip worth it, tenfold.

Read more at www.nursing.jhu.edu/sandy
In the Wide World of Global Nursing, Johns Hopkins Leads the Conversation

By Michael Anft
Illustrations by Jemma Robinson

While Mary Terhaar is training Russian doctors how to treat vulnerable infants and women, Marie Nolan is working to increase the number of doctorally prepared nurses in China, and Phyllis Sharps is studying intimate partner violence around the world.

Their work, along with that of other faculty members at the Johns Hopkins University School of Nursing, left them pondering: How can a worldwide approach to nursing improve health? What common obstacles do global nurses face? And how can we work together to overcome them?
Last summer, Hopkins faculty explored those questions by leading a talk among nurses from several countries at the annual research conference of Sigma Theta Tau, the international nursing honors society. Held in Brisbane, Australia, the global nursing symposium highlighted some pressing issues for those nurses who take the sometimes-risky, often-uncomfortable leap to work across borders—and at a time when the profession is trying to get a handle on the idea.

Even though nurses have been practicing and researching overseas for decades, “people are just now starting to grapple with global nursing,” says Sharps, PhD, RN, FAAN, a professor and associate dean for Community and Global Programs. Sharps, also director of the School’s Center for Global Nursing, spoke at the symposium.

Several themes discussed in Brisbane are held in common by nurses everywhere, she says. Expanding research opportunities abroad and encouraging nurses to develop more cross-cultural collaborations and partnerships are becoming defining traits of global nursing. Making sure that more and more students outside the West have the opportunity to obtain advanced degrees in nursing is another. So is developing partnerships with overseas nurses who run healthcare programs in their home countries.

“There’s a particular passion that comes from knowing you’re improving the health of people who really need it,” says Terhaar, DNSC, RN, associate professor for the School of Nursing’s Doctor of Nursing Practice Program. Saving the lives of babies and new mothers, instituting new public health programs that stave off disease, and reaching more patients in developing countries are all goals that global nurses pursue, she adds. “You match those efforts with knowledge and well-built relationships, and you can really advance nursing care around the globe.”

But for global nursing to have that impact, the profession needs to overcome some long-held limitations.

common challenges

“It’s stunning how maldistributed nurses are, especially in regards to need,” says Terhaar. With nearly 90 percent of disease sufferers living outside of the United States and Canada, where one in three nurses lives, matching providers with healthcare needs is paramount.

Unfortunately for patients in developing countries, nurses there have been drawn by more lucrative work in the developed West. “You can’t be doing much good for global health if you’re stealing another country’s nurses,” Terhaar says.

“Everyone seems to agree that understanding health inequalities around the world is central to what we have to do,” adds Sharps. Even at home, “We’re all taking care of an influx of immigrant patients, and it’s important for us to understand what their needs are, as well as what they represent in the global context of healthcare.”

Besides the geographic and professional positioning of nurses, global nursing is also challenged by that most basic problem: a lack of money. Support for global nursing programs and research overall is slim at best and non-existent at worst, Terhaar adds.

Differences in languages and levels of technological readiness often become barriers as well. And partnerships must be constructed equitably, so that nurses from advanced Western nations don’t dominate programs when they travel to developing countries.

“Cultural humility is something that we discussed at length at the conference,” says Nolan, PhD, MPH, RN, chair of the Department of Acute and Chronic Care at the School of Nursing. Besides being sensitive to the needs of the people they serve, global nurses overall need to be better-educated, Nolan adds. As president of the International Network for Doctoral Education in Nursing, an independent group that works to advance the quality of doctoral nursing education around the world, Nolan sees the relatively low numbers of doctoral-level

“There’s a particular passion that comes from knowing you’re improving the health of people who really need it.”

—MARY TERHAAR
nurses in developing nations as a sign that the profession needs to work to increase the knowledge of its faculty. If that happens, the money and research are more likely to come.

Nolan does see positive signs of change: For example, in China, a country with only six doctorally prepared nurses just a few years ago, a partnership between Johns Hopkins and Peking Union Medical College now confers PhD degrees on an average of three nurses each year.

Large gains have also been made in other countries where global nursing is becoming more valued, including Japan and South Africa, she adds. And a push by some American nursing schools to encourage nursing leaders abroad to run for elected office, and possibly thereby raise the profile of the profession, is also gaining steam.

And yet, for all the energy going into upping the status of nurses worldwide, the funding milieu for international endeavors remains chancy. Although some international aid agencies finance nursing programs abroad, there is no global source of funding comparable to what the National Institutes of Health (NIH) does in terms of making grants to nursing researchers in the United States. As a result, too few opportunities exist for nurses—both in the U.S. and elsewhere—who want to treat people and conduct research outside their home countries.

what’s next?

Most of the top 20 research nursing schools in the U.S. teach some aspect of global nursing, with interest growing during the last decade as stateside educators have come to realize that nurses in developing countries provide on-the-ground solutions to significant health problems. That interest runs both ways: At Hopkins, a regular influx of former Peace Corps volunteers, intrigued by the possibilities of global nursing as a result of their overseas service, enter the School of Nursing’s baccalaureate program each year.

Undergraduate students have opportunities to conduct clinicals at international sites, and global research training is available through the Minority Health International Research Training program, which takes rare NIH dollars and uses them to send 10 to 20 students from Hopkins and three other schools overseas to do research.

“Global nursing’s major focus should be on health disparities and the disadvantaged populations in each country that suffer because of them,” says Fannie Gaston-Johansson, PhD, RN, FAAN, the director of the program and a JHU distinguished professor of acute and chronic care.

That emphasis on gaining global experience extends to Hopkins educators, who say that they have much more support than most when it comes to plying their trade globally.

For example, Julie Stanik-Hutt, PhD, CCNS, ACNP, GNP, associate professor of acute and chronic care, has served as a consultant to a university in Chile as it attempts to develop a program to train clinical nursing specialists. Global nursing, she says, “is a symbiotic relationship. We see ways that other countries do things, while sharing what we know about best practices.”

According to Sharps, performing studies both at home and abroad will increase the value of research. One study she has conducted in Baltimore involving the abusive partners of pregnant women would be greatly aided by performing similar studies in other countries, such as China, as she plans to do. “If we can find similarities in the research, or have an intervention that works in one place, maybe we could then translate that to other parts of the world,” she says.

She adds that Hopkins faculty members put together the all-inclusive chat session in Brisbane to see if Sigma Theta Tau could lead nurses in an effort to make the nursing profession more fully global.

“It was a good start,” says Sharps, but there’s more work yet to do. The conversation continues as she and the Hopkins team head to Prague for a return engagement at the 2013 conference in July.

“[Even at home,] we’re all taking care of an influx of immigrant patients, and it’s important for us to understand what their needs are, as well as what they represent in the global context of healthcare.”

—PHYLIS SHARPS
Global Heroes

Where inequality threatens, you will find them. When injustice looms, they’ll be there. Wherever people are in need of health care, you will find... A Hopkins Nurse!

Meet five global nursing heroes who are improving health care education, research, and patient care around the globe.

Meet more heroes at www.nursing.jhu.edu/globalhero.
PAM JEFFRIES

Profession: Professor and Associate Dean, Academic Affairs

Countries: Ireland, Switzerland, Chile, Lebanon, England, South Korea, New Zealand, Australia, Italy, Canada, Finland, Singapore, Norway, Qatar, and Denmark

Tackling: Health care education using experiential activities, including clinical simulations and interprofessional collaboration

Why? Worldwide, health care educators are embracing simulation technology to teach critical thinking and problem-solving skills.


Quote: “Worldwide, no matter where you are, healthcare educators want the best for their students. A little sharing of best practices can help revolutionize the way nursing education is conducted globally.

YVONNE COMMODORE-MENSAH

Profession: PhD student
Country: United States of America
Tackling: Cardiovascular health disparities among African immigrants in the U.S.

Why? Research shows that blacks are more likely to have heart disease, but published studies don’t differentiate between recent African immigrants and African-Americans who have been born and raised in the U.S.

Latest Accomplishment: Collected data, including blood pressure, body mass index, lipid profile, and other health indices from nearly 50 West African immigrants in the Washington, DC metro area

Quote: “We know now that the black population in the U.S. looks very different than it did 20 or 30 years ago.”

Profile: Commodore-Mensah, an African immigrant from Ghana, originally came to the U.S. to study business. A Johnson & Johnson ad inspired her to become a nurse.
JASON FARLEY

Profession: Assistant Professor
Countries: South Africa, Myanmar (Burma)
Tackling: Tuberculosis (TB)

Why? TB is the leading cause of death in South Africa. In Myanmar, TB is a leading cause of death among patients with HIV.

Latest Accomplishment: Using data he collected in Myanmar, Farley is developing training programs to help Myanmar’s health care workers improve TB surveillance, detection, and reporting.

Quote: “TB is a curable infection, yet it remains a leading cause of death among persons living with HIV. We must consider system-level approaches to diagnose, treat, and cure this infection, and nurse-led models of care are an excellent cost-effective strategy.”

Profile: Farley also holds an adjunct faculty appointment at Stellenbosch University in Cape Town, South Africa.
MIYONG KIM

**Profession:** Director, Center for Cardiovascular Health in Vulnerable Populations

**Countries:** South Korea, Northern rural China, urban China

**Tackling:** Chronic health problems among Koreans living in the U.S., South Korea, and Northern China


**Latest accomplishment:** Trained more than 500 rural village doctors in Northern China to treat chronic diseases and other public health problems.

**Quote:** “The Korean Americans and Korean Chinese share similar issues in managing their chronic illness. I understand and empathize with their struggles.”

**Profile:** As a first-generation immigrant from Korea, Kim focuses on research that links community building strategies and health outcomes to help deliver high-quality, equitable care to diverse patient populations.
THE M-HEALTH MAVEN

BETTY JORDAN

**Profession:** Associate Professor and Director, Baccalaureate Program

**Countries:** Russia, Bangladesh, South Africa

**Tackling:** Prenatal education

**Why?** Worldwide, many women lack access to basic health information that can help them have safer pregnancies, births, and babies.

**Latest Accomplishment:** Developing content and consulting on program evaluation for Text4baby, a mobile phone-based prenatal education initiative that recently expanded to Russia. In Bangladesh, she works to improve care for rural women and newborns.

**Quote:** “What attracted me to mobile technologies was the challenge of getting quality education to many women in low-resource settings.”

**Profile:** Jordan also helps moms and babies by working with the Birth Companions Program and co-directs the Global mHealth Initiative at Johns Hopkins.
Happy Birthday, Johns Hopkins Nursing!
For a decade, *Johns Hopkins Nursing* has sought creative ways to greet readers of every new issue. Which did you like best? We’ll use the most popular in a special anniversary project.

www.nursing.jhu.edu/covervote
Safe and Silent

Alarm Committee Wins National Award

by Jennifer L.W. Fink

Long before anyone had heard the term “alarm fatigue,” Maria Cvach, MSN, RN, CCRN, was studying the problem of incessant alarms at The Johns Hopkins Hospital. So many alarms were going off that it was difficult for nurses to know which alarms truly required attention and which represented a simple glitch—and Cvach and others worried that important alarms might get missed.

That concern blossomed into a multi-disciplinary Alarm Committee that has spent the past six years working to improve patient safety by tweaking alarm settings to provide meaningful information to nurses on a need-to-know basis. Their innovative work has not only created quieter units; according to the ECRI Institute, it’s created a blueprint that other hospitals can use to improve patient safety.

The Institute awarded their 2012 ECRI Health Devices Achievement Award to the JHH Alarm Committee for developing alarm improvements that are easy for other hospitals to implement. Cvach, currently a DNP student at the Johns Hopkins University School of Nursing, says that “it’s relatively simple to safely tweak alarm settings, rather than just guessing. It’s just a matter of getting data and using them to change practice.”

Cvach and her team relied heavily on data while designing alarm reduction programs. “It took us two years to figure out how to sort and categorize the types of alarms,” she says. “Then we ran a one-year pilot study with four different interventions and studied the effect of that. When we learned what worked, we started bringing in the rest of the hospital.”

The Alarm Committee quickly realized that tweaking the default settings on physiologic alarms would result in fewer, but actionable, alarms. They also realized that each hospital unit had its own unique needs and challenges, so individual units were allowed to make decisions about what kinds of changes to institute.

The PICU, for instance, deals with patients from birth to age 21. “So we customized our defaults based on age ranges,” says Judy Ascenzi, MSN, RN. “We then further tweak the settings based on their patients’ conditions, but starting with age-appropriate settings helps save time.

The PICU also divided their unit into zones. “Our geographical footprint is huge, so it would make no sense for the nurse for bed 1 to get alarms about the patient in bed 41,” Ascenzi says. “Instead, we assign nurses to a care zone. The monitor in that zone only shows alarms for patients in that zone.”

As a result, the PICU today is a quieter place than it once was. Nurses can concentrate on their work, confident that they’ll receive important alarms. Patients and families can rest, confident that nurses will come when needed. And that, after all, is the goal of the Alarm Committee.

“Families lose trust in staff when they don’t come and check alarms, and noise is a huge factor in terms of healing,” Cvach says. “Less noise is better for the patient and better for the family.”
Monkey Business
A Chat with a Hopeful Hopkins Hero
by Rebecca Proch

There are monkeys living in the atrium lobby of the Sidney Kimmel Comprehensive Care Center, dreaming of the children who will soon adopt them. Sock monkeys, to be exact! These colorful little playmates were created by the nurses of Weinberg 5A and 4B HEME on their annual wellness retreat in September. We interviewed one of them as he anticipates travelling to a new home.

Can you tell us a little bit about yourself?
My name is Clark Kent, and my mom is a nurse named Jessica Might. Look, she dressed me up like a superhero with a cape and everything! I definitely have special powers, like super-cuddling and keeping monsters out from under the bed.

What’s sock monkey life like?
Well, I remember the day we all got made. We were outside in the fall, and it was so pretty and peaceful. All the nurses who made us were smiling and helping each other. I heard that decorating us helped them relax and have fun, which made us monkeys happy. The nurses loved us, but they were real excited that we were going to be given as gifts to children in Baltimore shelters. While we’re waiting for our new children, all fifty of us are snuggled together in this big glass case in the atrium.

Do you get bored there?
Oh no! It’s very sunny here, and people come to look at us all the time. There’s a piano in the atrium, so sometimes we get to hear music. We’re very cozy, and we talk about monkey things—bananas and jumping on the bed and how fun it will be to meet our new families.

Who do you hope adopts you?
Someone who’ll be my best friend and take me on adventures! I can’t wait to share my surprise—my tag says “To the next Superman” and I bet that boy or girl doesn’t even know yet that they’re a superhero, too. But every time we’re together, I’ll be sure to remind them that they have greatness inside.

Many thanks to Gina Szymanski, RN, and Diane Lewicki, RN, for organizing the sock monkey activity and helping with monkey-to-English translation!
hospital experience, which newly certified nursing assistants (CNAs) or geriatric nursing assistants (GNAs) wouldn’t have. We’d have RNs taking on those positions just to fill the needs of the unit.”

Working with local community colleges that offer the prerequisite Patient Care Technician II or Nursing Support Technician II courses, SOARING staff recruited students ready to enter the workforce. Candidates were interviewed by participating departments at Hopkins, and those offered a position were invited to participate in the SOARING internship. At the completion of the internship, they are released to work on their units of hire.

The fully paid, year-long program begins with twelve weeks of intensive courses. Instructors work with participants in small groups of four to six people teaching not only on-the-job technical skills, but also professional ethics, the history and organization of Hopkins, and related subjects. After three months of courses, the UAPs go to work in their units, partnered with an assigned nurse champion.

For the remaining nine months, they develop projects to improve workflow in their units, and attend a monthly SOARING day of speakers and instructors to continue their education and professional development. They also have a strong network in their instructors and their unit colleagues to draw on for mentorship and guidance. The final SOARING day is a graduation day, with time for reflections, poster presentations about their future plans, and words of encouragement and inspiration from the staff. With the initial success of the program, SOARING has expanded to provide comparable professional development training for the entirety of Hopkins’ existing clinical technician staff.

The Personal Touch
What really makes SOARING special, though, is its holistic scope. “It’s much more than a job,” says Harris, the 12 East UAP who just graduated with the first cohort. “The whole time, it’s been about life in general. We’ve made bucket lists, we talk about time management, we deal with things that everyone struggles with. It’s enhanced my life personally in so many ways.” Harris, who had a 30-year career as an electrician before entering the healthcare field, even plays tennis with his nurse champion Sam Cunius, RN, who says she and Harris bonded right off the bat.

“We want to help them build a career path, not just get a job,” says Scott, who calls the program a ‘passion’ for her. “SOARING stands for Success, Ownership, Accountability, Respect/Responsibility, Independence, Integration, and Growth, and these are the core values we teach in our program. We help UAPs work on those things so they can practice at the highest professional level and build confidence.”

From Connection to Competence
Cunius jumped at the chance to become a nurse champion in the SOARING pilot
units. “I was hired as a UAP and moved into an RN role from there,” she says, “so I’m really able to relate to both sides of the technician-nurse relationship, and I could see how this program would strengthen that partnership.”

Other units have been impressed by the deeply connected culture in 12 East over the past nine months. “Everyone had questions about it at first,” says Cunius, “but now they’re excited about getting new techs. And the program makes it easier for the UAPs to ask questions or ask for help, which is sometimes hard for technicians to feel comfortable doing. They take a lot of ownership, and that really helps us work as a team to provide the best front-line care for our patients.”

Harris loves his job and says he never misses a day if he can help it. “It makes you think, how can you in your lifetime work on something that improves someone else’s life?” he muses. “This is really my calling. I came to it late, but so what? I feel like I’m part of a family here, part of an organism that’s bigger than me, and I love what I do.”

A Room of Their Own
Psych Nurses Find a Place to Rejuvenate
by Elizabeth Heubeck

Everyone needs a little time to get away. Psychiatric nurses, with their stressful patient caseloads, may need it more than most. Until recently, they had nowhere to go. Now, they have the relaxation room.

Pushing through an industrial-looking, unassuming door located just off a stretch of psychiatry unit hallway, nurses are greeted with dim lighting and soft paint colors in the main room, tastefully decorated and outfitted with two leather reclining couches and a matching pair of leather reclining chairs. A family-sized dining room rounds out the space. An adjacent kitchenette holds a café-style table for four, and an alcove with desktop computer and Internet access creates a work station.

With the room’s lights low, feet up high, and the rest of you sunk into the supple leather of one of the sofas, it’s easy to lose yourself in quiet thoughts.
as you listen to the quiet trickle of the table-top fountain, says nurse manager Mary Cooper, MS, RN. Cooper, along with assistant nurse manager Kim Bissett, MSN '10, MBA, RN, spent countless hours redesigning the former storage space and shopping for details to make it home-like. “In ten minutes, people are renewed,” Cooper says.

Completed in October 2012 specifically for nursing staff, the space exemplifies an ongoing Hopkins-wide wellness initiative focused on resiliency, reducing stress factors that affect nurses’ work and health. With Cooper and Bissett’s vision plus $30,000 in funding from various sources, including an internal improvement fund for nurses, the idea for the relaxation room took shape.

“It was designed for the nurses to feel special,” Cooper says.

Practice Model Updated
Revised Model Defines Hopkins Nursing Practice
by Jennifer Walker

When international nurses, such as those from the Hong Kong Health Authority, visit The Johns Hopkins Hospital (JHH), they ask to understand what Hopkins nurses do. But until last year, JHH nurses could only give them a 30-year-old answer.

Penned in 1981, the Hospital’s professional practice model (PPM)—which outlines how nurses govern themselves and make decisions about their units operations—needed to be modernized.

Compared to 30 years ago, “today’s Hopkins nurses are leading efforts to improve patient care, rather than participating in efforts,” says Stephanie Wilmer, MSN ’04, RN, Coordinator for Magnet and Nursing Quality. “We’re at the table where decisions are being made; we’re leading quality and safety initiatives. But until last spring, we never made [these facets of our work] a part of our practice model.”

Revised with input from 80 Magnet Ambassador nurses and released in spring 2012, the five-part professional practice model and accompanying graphic help nurses describe their work. They emphasize that nurses care for patients both professionally and personally; choose many paths to advance their careers; and participate on interprofessional committees, projects, and task forces to drive change in patient care.

Last year, the revised model was presented to 120 nurse leaders, many of whom used it to explain their work to foreign visitors.

This year, Wilmer is encouraging nurses to use the PPM to guide and evaluate their units’ strategic planning process.

Magnet Ambassador Tracy Haley, RN, RN-BC, says that the PPM also holds nurses personally accountable to professional standards. “It’s important for us to set goals and then work to achieve them,” she explains.

Still, Wilmer stresses that the updated PPM has not redefined the Hopkins nursing practice. “Nurses are already doing this every day,” she says. “But we haven’t always given ourselves credit for what we do. The new professional practice model brings [everything we do] together.”
Safety First
Patient Safety Nurses Improve Care
by Jennifer Walker

In 2009 a nurse in The Johns Hopkins Hospital psychiatric emergency department was physically assaulted by a patient. Incidents like this are not uncommon in the ED, says Michelle Patch, MSN, RN, ACNS-BC. As the Safety Officer and Patient Safety Nurse for the Department of Emergency Medicine, Patch’s job is to investigate what causes unsafe situations, then work closely with staff to improve future outcomes.

In the 2009 case, the nurse did not know her patient had a violent history. The solution? Patch coordinated a multidisciplinary team to create a behavioral-alert flagging system. Using an electronic note, staff now alert care teams about patients with a history of violent behavior and offer recommendations for safer interactions. The ED’s behavioral-alert system was used as a template to create a similar system hospital-wide.

“We’re helping staff to proactively address escalating behaviors [and] provide the best care for our patients.”
—Michelle Patch, MSN, RN, ACNS-BC

On the OB/NICU unit, for example, a recent patient had a cesarean birth, started bleeding, and needed an emergent hysterectomy. It’s a high-risk event that doesn’t happen often, says Susan Will, MS, RNC, an Obstetrical Patient Safety Nurse, but in these high-stress situations, one danger is that staff communication can break down.

Afterwards, Will facilitated a debriefing session with the care team, who reinforced the need to appoint a communication facilitator in all acute situations. Rather than providing care, this staff member focuses on streamlining communication and making sure staff are on the same page.

Will says her role is to provide staff with the tools they need to collaboratively improve patient care. “Communication is critical to patient safety,” she says. “It’s a team effort.”

Micro-Preemie Simulator
25-week Neonate

The simulator’s extraordinary realism, with the preemie’s pose and lack of muscle tone, makes it invaluable for simulation training of health care professionals at every level in the care and handling techniques for babies requiring multiplemedical interventions.

Age and Size Specifications
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Depth: 2”
Hand-to-hand width: 9½”
Toc to toc width: 6”

Shoulder-to-shoulder width: 4”
Head circumference: 9½”
Stomach circumference: 8½”
Weight: Less than 2 lbs

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No Other Option
Nurses Commit to New, Life-Saving Medical Advance
by Elizabeth Heubeck

Six-year-old Kelly Whitten has endured far more medical procedures than someone her age should. At three years of age, she was diagnosed with autosomal recessive polycystic kidney disease, an inherited renal disease. For Kelly, that meant she would need both a kidney and a liver transplant. The transplants, which she received this past summer, were successful. But in October she developed an infection that quickly turned septic.

“It was touch and go, initially. Her kidney and liver both stopped working,” recounts her father, Stuart Whitten. Kelly’s family, determined to do whatever it took to restore her health, found the perfect partner in All Children’s Hospital, a St. Petersburg, Florida-based member of Johns Hopkins Medicine committed to bringing the most advanced treatments to the youngest patients.

All Children’s is one of only two children’s hospitals in the country that support the sophisticated care technology, Molecular Adsorbent Recirculating System (MARS). In use in the U.S. only since 2009, MARS uses albumin dialysis to treat patients with drug overdose, poisoning, or acute liver failure. MARS offers a solution to those patients who need removal of highly protein-bound substances that cannot be removed by conventional dialysis. In patients with acute liver failure, treatment with MARS has shown improvement in liver function, blood pressure, hepatic encephalopathy, and kidney function.

Hospitals have been slow to adopt MARS, however, due to the significant commitment it requires from hospital staff, both in training and care time. Training consists of a day-long class and quarterly refresher courses. Setting up the MARS circuit takes approximately two hours. Administering the six- to eight-hour treatment, which can span three or more consecutive days, requires at least two dedicated nurses. At All Children’s, a willing and skilled nursing staff helped drive the decision to bring the care option to the Hospital.

“It’s really important to have a commitment from a large group of nurses that could support the operation,” explains Melissa Macogay, BSN, RN, CCRN, director of Pediatric Intensive Care at All Children’s.

An openness to train for and use MARS on children with few other options turned out to be a career-altering experience for All Children’s nurse Kim Tochterman, RN, who administered MARS for Kelly Whitten. “The whole experience was really rewarding. A lot of people put in a ton of work. [MARS] was running from 7:00am to 7:00pm,” says Tochterman. Prior to treatment, she says, Kelly was intubated and sedated, so “to see her getting better, sitting up, playing with toys again…it was incredible.”

Reflecting on this most recent of his young daughter’s hospital treatments, Whitten says: “It preserved her new liver. For Kelly, there were no other treatment options.”
Supply and Demand

Patient Flow Initiative Coordinates Patient Discharge

by Sara Michael

Finding available patient beds at Johns Hopkins Bayview Medical Center was once a minute-by-minute effort, as patient care coordinators and charge nurses juggled nursing units’ and patients’ needs. When a bed wasn’t available, patients waited, sometimes a long time, and there wasn’t an effective process to prevent the backup.

Today, nurses are ensuring that beds are available for waiting patients through a new coordinated patient-discharge process called Real Time Demand Capacity.

“It’s a daily process that allows the nursing units and the hospital at large to identify what the demand for beds is likely to be in the next 24 hours and how we can accommodate that demand,” says Carol Sylvester, project lead and senior director of care management.

Johns Hopkins Bayview implemented Real Time Demand Capacity in December 2011, after visiting the University of Pittsburgh Medical Center Mercy Hospital. Mercy started the process in 2007 to improve patient flow. At Bayview, the process was launched with “lightning speed,” Sylvester says—within a couple months of visiting Pittsburgh and involving stakeholders from across the entire hospital.

The nursing units—charge units and bedside nurses—are the ones who control patient flow on the unit, says Sylvester. In conjunction with physicians, nurse case managers, social workers, and others, nurses can reasonably and with accuracy predict which patients can be discharged and when, as well as what patients will need before being released. They can then predict their bed capacity and match that to the demand for new post op and emergency department patients.

An interprofessional team communicates each morning their patient needs and plans for the day. “Everything is put out on the table in a predictable form,” says Andy Magalee, director of nursing for staffing and resource management. “Everybody hears the same story at the same time.”

“It allows the nursing units at one time to collaborate and share and problem-solve,” Sylvester says. “It’s a transparent process for planning the day for patient beds.”

If one unit predicted that five patients would be sent home, but none did, they can then look closer at what happened and find solutions, says Zeina Khouri-Stevens, director of nursing for surgery and neurosciences who worked with Sylvester on implementing the process and helps run the morning meetings.

Successfully expediting patient discharge and matching bed demand with availability has long vexed hospitals, and Johns Hopkins Bayview has tried other approaches in the past. Those failed,
Sylvester says, because they were unit-specific attempts that lacked full buy-in from every level of staff, as well as leadership support. The new program is also data-driven with the charge nurses reporting back on the previous day’s outcomes.

The Real Time Demand Capacity initiative has led to other process improvements around the hospital based on the data collected. For example, nurses reported that it had been taking hours to get discharge medicines filled by the outpatient pharmacy, which prevented patients from going home. A pilot program to improve that process started in January, Sylvester says.

Another problem discovered was a dearth of curtains, which have to be laundered and replaced for each patient. Often a clean curtain wasn’t available, which meant a bed was free, but a patient couldn’t be placed. Solutions? Purchase new curtains and re-examine the process for cleaning curtains Sylvester says.

The initiative has also empowered front-line nurses to communicate their needs for efficient patient discharge, says Khouri-Stevens. “There’s on-the-spot communication and an answer,” she says. “They could plan their patients’ days and their own days.”

Perhaps the biggest benefit Real Time Demand Capacity has brought to the hospital: relationship-building. The meetings have erased tensions between units vying for beds, as each can better see from the other’s perspective. Each nursing discipline can visualize and understand the others’ needs, says John Preto, director of nursing for medicine. Other clinical and support units are part of the same communication and working toward the daily capacity goals.

“That trust and camaraderie that has come out of this meeting has removed a lot of the perceived barriers or perceived lack of attention” to departments’ needs, Preto says.

Sylvester agrees: “There’s a lot more collegiality among charge nurses. The team-building was phenomenal. So much hinges on that 9 o’clock meeting.”
Coordinating Care to Help the Elderly
Nurses Decrease Readmissions, Empower Patients

by Jennifer L.W. Fink

In 2011, Nilda Crespo de Ortiz was admitted to Howard County General Hospital 14 times. In 2012, she experienced only three hospitalizations, despite her advanced age and multiple illnesses. The difference? A roundtable discussion of her needs and extensive follow-up coordinated by Francie Black, RN, CRNP, and Katherine Dysland, RN.

Black is a geriatric nurse practitioner with the Acute Care for Elders (ACE) program at Howard County General Hospital. The program provides high-quality, developmentally and physically appropriate care to elderly patients so that they are able to return home after hospitalization. Black works with patients and staff every day to encourage physical movement and tackle obstacles that block patients’ safe return home. She often collaborates with Dysland, a patient transition guide who works for the Howard County Office on Aging.

“We both look at readmissions data every day,” Black says. “We look for patients who return over and over again and target those patients to see what’s causing them to come back. We approach it in a proactive way; we focus on what we can do to help them return home safely and educate them on how they can take care of themselves and avoid readmission.”

Crespo de Ortiz, who was admitted more than once a month in 2011, definitely caught their eye. Together, Black and Dysland discussed ways to help her, as she navigated end-stage renal disease, and her son, who was also dealing with an ill father.

“Ultimately, we decided to hold a team meeting, to get everyone around the table to brainstorm how we could help this particular patient and family,” Black says. The team included Black and Dysland, Crespo de Ortiz and her son, her primary care provider, the hospitalist, social workers, a dietician, physical therapists, a pharmacist, a cardiologist, and an interpreter.

Together the group talked through issues that affected her care. They realized that Crespo de Ortiz, who was on a fluid restriction, was sneaking drinks of water, which threw off her fluid balance. “It took the cardiologist to say, ‘hey, we’re restricting her so much, we’re not giving her a reason to live.’ We ended up drawing down her fluid levels more during her weekly dialysis treatments, so she could drink more and eat the things she enjoyed,” Dysland says.

“Kathy also did a wonderful job of pulling together a whole notebook for the son, with a list of his mother’s medications, some educational info, a follow-up contact list and community resource information,” Black says. “She also helped the son get a Medicaid application and helped him get resources to build a ramp at the patient’s home.”

Through their cooperative efforts, Crespo de Ortiz was able to spend most of 2012 in the comfort of her own home. “The philosophy of our County is to help our elders age in place,” Dysland says. “I love our ability to tailor the care plan to the individual patient and family.”

Katherine Dysland (left) and Francie Black work together to help elderly patients safely transition from Howard County General Hospital to home, with an eye to avoiding readmission.
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When Help is Far Away

Nurse-Midwives with Emergency Training Save Lives in Tanzania

by Maryjane Lacoste

For a pregnant woman with labor complications, Tanzania’s Wampembe Health Center is on the edge of nowhere. The nearest health center that can handle an obstetric emergency is a six-hour boat ride away, and getting to the district hospital takes four hours by car on 60 miles of rutted, stony dirt road. If a woman’s family doesn’t own any means of transport, she’ll have to take the lorry to town—it travels twice a week and it takes longer than four hours to get there.

With advanced facilities located so far away, strengthening emergency obstetric and newborn care in remote health facilities is vital to reducing maternal and newborn deaths. Ashura Baraka, 25, knows this first-hand.

During a field visit to the Wampembe Health Center in late fall, I saw Baraka resting comfortably, her newborn daughter in her arms. She had given birth to baby Upendo, her fourth child, the night before. The delivery was seemingly uneventful; the new mother received a shot of oxytocin, a normal practice to prevent postpartum hemorrhage, the leading cause of maternal deaths worldwide. But soon after, Baraka began to bleed.

Nurse-midwife Adelina Kizzila discovered the mother had a retained placenta, and she shouted for help. Flora Mwananjela, the facility nurse-midwife in charge, came to Kizzila’s aid. She guided her step by step to manually remove the placenta, give the mother an additional oxytocin injection, and manage the bleeding.

Both healthcare providers had been trained in basic emergency obstetric and newborn care—a lifesaving service for maternal and newborn complications—through the Mothers and Infants, Safe, Healthy and Alive (MAISHA) Program, funded by the U.S. Agency for International Development and implemented by Jhpiego.

Nurse-midwife Mwananjela told me of the importance of the teamwork that she and Kizzila learned in their training. They learned to communicate during emergencies and help each other manage problems—which is exactly what they did that day in Wampembe. As a result, baby Upendo was healthy and going home with her mother.

Wampembe Health Center is one of 26 health facilities where Jhpiego is working with the Tanzanian Ministry of Health and Social Welfare to reduce maternal and newborn deaths. At Wampembe and three other health facilities, Jhpiego and partners will also provide staff with comprehensive emergency obstetric and newborn-care training, which includes surgical services, such as delivery by cesarean section, and blood transfusions.

While driving back to town on one of the toughest stretches of road I have ever traveled, I pulled out my cellphone to email our program staff in Dar es Salaam: “Good morning, everyone. Good news from Rukwa. You saved a mother’s life this week!”

Maryjane Lacoste, Jhpiego’s Country Director in Tanzania, has worked in global health for more than 20 years.
Birthday Hero

Nurse Saves Friend’s Life

by Sara Michael

Henry Boyd, RN, is the kind of friend you want to invite to dinner parties. Just ask Eugene Shiro, who credits his pal with saving his life at his 75th birthday party.

“If it hadn’t been for him and his efforts, I wouldn’t have survived,” Shiro says of Boyd, a nurse at Sibley Memorial Hospital.

Friends and family gathered at the home of Shiro’s daughter in early November to toast his 75th. As the first of three courses was served, Shiro, who has problems swallowing due to radiation therapy for throat cancer many years ago, was happily gabbing and eating rather than concentrating on chewing and swallowing.

“I heard someone say ‘Grandpa, Grandpa,’” Boyd recalls. Shiro was unresponsive and turning blue, Boyd says. He tried the Heimlich maneuver, but after that was unsuccessful, Boyd laid his friend on the floor and sprang into action. While Shiro’s family called 911, Boyd began to administer CPR.

During those moments, the man on the floor was no longer Boyd’s long-time friend, but a patient. Boyd blocked out the hysteria around him, and he didn’t hesitate. His experience as a nurse for 15 years at Sibley Memorial — the last three in the endoscopy unit — as well as many years working for the airlines, prepared him well to respond. It was automatic, he recalls.

Though the actions were natural, the scene was anything but. “When you’re in a hospital, you can call for anything left and right, and there’s everything there to help you,” Boyd says, adding that he was the only partygoer who knew CPR. “But in this situation, it’s just you.”

Boyd administered CPR for about 10 minutes before the paramedics arrived. Even then, Boyd helped, assisting the paramedics in the ambulance after noticing Shiro was in ventricular fibrillation and needed immediate attention.

Once Shiro arrived at Sibley Memorial Hospital, physicians were able to extract the food lodged in his trachea and stabilize him. Two weeks later, Shiro was home from the hospital, making a nearly full recovery, and crediting his friend with saving him.

“I’m glad he was there. I don’t know what would have happened,” Shiro says of Boyd. The two met about 17 years ago at the University of the District of Columbia where Boyd was attending nursing school. He walked into the wrong classroom, Shiro’s English course, and the two became fast friends.

“Any time I have had any surgery or any episode that causes me to go to the Hospital, he has been right there.” — Henry Boyd, RN

“When you’re in a hospital, you can call for anything left and right, and there’s everything there to help you. But in this situation, it’s just you.” — Henry Boyd, RN
Game Plan

Staff Huddle Improves Patient Satisfaction

by Jennifer Walker

During the 2012 holiday season, the patients at Suburban Hospital had a list of concerns: mushy vegetables for dinner, a busy doctor who hurriedly answered questions, and a phlebotomist who didn’t thoroughly explain the standard blood-drawing technique. And because Suburban is constantly striving to improve patient care, the Hospital now has a new system to address these concerns: the daily huddle.

Like their football-field counterparts, Suburban’s huddles are short team meetings called to enhance the group’s performance. Held on consistent days and times, driven by a focused agenda, and attended by representatives from many hospital departments, their goal is to improve patient care.

Suburban began its huddles last April after a survey uncovered that “patient satisfaction was not where we wanted it to be,” says Barbara Jacobs, MSN, RN-BC, CCRN, CENP, Chief Nursing Officer. “We wanted to make the patients’ care better. Huddles are a tremendous example of putting the patient at the center of care.”

Led by Jacobs, the huddle is held every weekday at 11:00 a.m. with representatives from maintenance, admitting, environmental services, dietary, pharmacy, medical records, and the lab. Nursing unit directors guide the 15- to 20-minute agenda.

Each morning before the huddle, the nurses spend two hours on rounds, asking patients about their hospital experiences. Then, at the huddle, they thank department leaders when a patient has praised their work and also bring up concerns that need to be quickly addressed.

Take the patient who was unhappy with her phlebotomist’s technique. Following that day’s huddle, a lab supervisor immediately apologized to the patient; later, the lab held a training session to teach staff how to talk to patients about the procedure for drawing blood.

How to Huddle

Huddle tips from Chief Nursing Officer Barbara Jacobs

Make the Commitment. To impact patient care, representatives and leaders from many hospital departments should attend huddles consistently.

Come Prepared. Weekday mornings, Suburban’s nurse directors focus exclusively on rounds. This ensures each huddle has a focused, 20-minute agenda.

Set a Schedule. It’s easier to prioritize huddles when they are part of a daily routine, and consistent meetings also help hospitals quickly reach their goals.

Collective and swift resolution of issues that impact patient care and satisfaction are the goals of the multidisciplinary “huddle” that convenes daily at Suburban Hospital.
Alumni Update
Paula S. Kent, MSN ’05
President, JHNAA

I hope you had a wonderful holiday season and you’re gearing up for a busy spring! Our Alumni Weekend Committee has been planning Alumni Weekend 2013, and it’s shaping up to be a great one, with even more activities packed into three days. I hope all of you—especially those celebrating a reunion—will save the date for September 26-28th, 2013. More information can be found on page 54.

We are trying to get some new faces involved with JHNAA committees, especially the Alumni Weekend Committee and the Alumni-Student Committee. It’s really fulfilling work and doesn’t take up a lot of time. It’s a great way to get engaged (or re-engaged) and meet new people! Please let me know if you’re interested. Also, it’s important to remember that we have another great resource, the JHU Alumni Association. I now represent the School of Nursing on the JHU Alumni Council, and I’ve been amazed by how many opportunities there are for us to collaborate with the University. JHUSON alums should take advantage of the many alumni events offered by the Homewood campus, in Baltimore and around the world. The JHU alumni chapters in Baltimore and Washington, D.C. are looking for participation from Nursing alums, so please let me know if you’d like to get involved!

Please get in touch with me anytime at pkent2@jhmi.edu. The best part of this position is meeting so many of you!

CLASS News

’30 The Shenandoah School of Nursing celebrated its 50th anniversary by naming the Division of Nursing the “Eleanor Wade Custer School of Nursing” after Johns Hopkins graduate Eleanor Wade Custer. Custer and her brother, Monford Custer, were instrumental in bringing recognition to Shenandoah’s nursing program.

’50 Class Reporter—Betty Borenstein Scher, 443-449-5934, bbsher@comcast.net. A phone call from Jo McDavid Hubbard gives us news that hubby Stan is now a double leg amputee and getting used to being wheelchair-bound. Jo’s daughter and son are a big help. Jo is healthy and quite capable of caring for Stan, but the kids help her get time for herself. Plus her daughter loves to cook for them. Janey Shutts Pinkerton writes that “it’s been a hard month,” winding up with “medical mix-ups.” Her rough times affected her physically and emotionally, but she and Pink both are doing fine. Marion Bee keeps me informed of her various activities with people, garden, and animals—she obviously is doing just great. Ella Ruth Whitmore got back down to Baltimore for a bit in November, so she, Anna Clair Junkin, and I (Betty Scher) had lunch together. Ella Ruth’s holiday card included the photo of her with her entire “brood”—26 in her family! She has been back to Baltimore, as I write this, and the three of us got together for lunch again. Anna and I also occasionally have a duet lunch on our own.

Anna still is recuperating from her minor stroke and gets tired easily. Otherwise, she is okay. We received a happy holidays card from Cora Jane Lawrence, who continues to enjoy life at Bayview Retirement Community in Seattle. She brought me up to date on all her nieces and nephews, wrote of her fall cruise near Puget Sound, and still enjoys singing with Bayview’s holiday chorus. I have heard from Mary Agnes Hull Stewart’s daughter-in-law, who reported fondly of “Aggie’s” devotion to nursing and her class of 1950. Received greetings and news from Charlie Royer, who is doing well with his large family; he writes of survival from Tropical Storm Sandy, which did a lot of damage to the area, but allowed him to stay mainly because he retained heat in the cottage. Nothing new with Betty Borenstein Scher, doing the same volunteer work, reading, seeing a couple of her children and grandchildren, etc.

’55 Class Reporter—Margie Barber Trever, 410-822-0479, mbtrever@gmail.com.

Kathie Redding Anderson and Art Anderson continue to give flight exams and EKGs in their home office to airline pilots. They have made mutual friendships in the course of time, and have enjoyed hearing of the adventures and family life of their clients. The Andersons like football and took in the LSU game with the Washington Huskies in New Orleans with their kids and grands, taking in the sights of the city as well. They lived there a year when Art was training in cardiology but were unable to get around. Carol Straub Gilbert had her second corneal transplant, healing of which takes a year. She does Sunday services at two nursing homes and continues to do individual spiritual direction. The children and grandchildren had a great celebration for Carol’s 80th birthday.

Dick continues to play tennis and work on Fundmark. They took a riverboat cruise up the Rhône River, ending in a three-day stay in Paris. Pat Bennett Nicholson’s dog died after 16 years, but Pat is grateful for the blessings the year has brought. Son Mark received chemo for his leukemia, results were good, and he is happy and healthy. She had a big celebration for her 80th, and along with participating in other events with the family, has kept busy with the food pantry and church groups. Allie Sanborn is retired and finds it somewhat dull. She now resides in PA but frequently returns to Baltimore, and keeps abreast of JHUSON affairs. She went to Alaska in May, thoroughly enjoying it. Nancy
Lee True Kennedy and husband Richard have a full schedule of volunteer activities at the retirement community in Penney Farms, FL. He is chairman of the audiovisual committee for the church and the audiovisual oversight for the residents’ association. She is in charge of church services at the assisted living facility for residents with memory problems. Both are involved with musical groups and subscribe to the Jacksonville Symphony Masterworks Series. John Sloat, husband of Helen Burdick Sloat, writes that he had a vitrectomy, sucking out all the vitreous and replacing it, which speeded up deterioration of his cataract. Now, both have had two cataracts removed and see like teenagers. Helen celebrates her retirement by volunteering at the local library, assisting John with Meals on Wheels, and keeping in touch with friends at the Human Services Center where she worked for 24 years. The family now numbers 23. Daughter Linda deGroot on Sept. 2, 2012, and Dr. John Jenkins, husband of Alice Bowers Jenkins.

‘72. Constance Bortles MacKenna retired from nursing in 2005 and is proud of being married to Steve for 34 years. They raised four children. She is fond of her memories of Hampton House and is now looking forward to moving from CO to VA in fall 2013. Esther Johnson Plantadosi enjoys traveling, gardening, and reading. She continued her education at University of Maryland after Hopkins and now works at Duke University. She has three children. Libby Judd Carroll received her MHA/MBA from Pfeiffer University after graduating from Hopkins. Now she is working as a consultant for perioperative efficiencies. Libby volunteers for hospice and loves spending time at Ocean Isle Beach, NC. In 2010, she retired after 23 years as director of Perioperative Services at Claremont Health in NC. Lazelle Emminizer Benefield lives in TX and has two children. Since graduating, Lazelle completed her BSN, MSN, and PhD. She is now working at the University of Oklahoma Health Science Center College of Nursing. Nancy Sereda Saltman lives in FL. She is married and has one daughter and two granddaughters; her son Jonathon is deceased. Nancy received her Master’s in Nursing Education from Florida Southern. She is now the patient safety manager at Winter Haven Hospital. She is very fond of her friendships with Sue Sell, Karen Sharre, Grace Reynolds, and Pat Sladen (who passed away). Cynthia M. Sweigart Strube lives in MD. After Hopkins, she graduated from Millersville University magna cum laude with a BS in Education. She is now self-employed as an inn sitter, and has been a retail entrepreneur and the first woman to chair the Board of Lancaster, PA Parking Authority. Maureen McDonald lives in WA. Since Hopkins, Maureen received her BSN from University of Virginia, an MSN from Catholic University of America, and CWCN from Univ. of WA. She works as a clinical nurse specialist, and for Group Health Cooperative and Home Health and Hospice. She is proud of having raised a family while working full time as a nurse for 40 years. Maureen remembers thirsty Thursdays, Ms. Mendenhall, being an RA at Hampton House, and Becky Winslow and all the
In Memoriam | Johns Hopkins

Josephine Rodgers Fielder ’37
Mary Swan Campbell ’38
Mary Ellen Calhoun Gilson ’40
Lois Hart ’40
Jeannette Loree Hunt ’40
Margaret Harlan Ellis ’43
Roberta Gilray Schmuck ’43
Lahoma Leith French ’44
Dorothea Harper Horsfall ’44
Kathleen Whitley Bialostosky ’45
Margaret Hawkins Abbott ’46
Dorothy McGuire Bailey ’46
Grace Jarnagin Cooley ’46
Ula Ninomiya Girdany ’46
Kathleen Keith Horsley ’46
Elizabeth Toombs Keckler ’46
Janice Perry Kranich ’48
Mary Elizabeth Harris Hanks ’49
Mae McDaniel Teeter ’49
Chung “Carol” Fang Chang ’51
Georgia Gaskill ’51
Elizabeth Blackburn Giovannini ’51
Dorothy McEwen Whittingham ’51
Olga Melicharek Cutler ’52
Mary “Betsy” Adams deGroot ’55
John Jenkins, husband of Alice
Bowers Jenkins ’55
Barbara Shepard Feigenbaum ’61
Lois Youngs McGee ’62
Ronnie Marie Elwell ’63

Instructors from her time at Hopkins. Wendy Peek Davis lives in NC. She has been married to her husband Randy for 42 years, and has three children and nine grandchildren. She received her BSN from University of Maryland, as well as MSN from East Carolina University. She works at New Bern Internal Medicine and specializes in pulmonology as a certified FNP. Now, Wendy is learning how to sail. Joan Atkinson received her MPH from Hopkins. Soon she will start work with USAID in Liberia. For 20 years, Joan has worked overseas in Haiti, Thailand, Jamaica and other eastern Caribbean countries, Lesotho, South Africa, and Mozambique. Joyce Cutshall Murata graduated from the University of New Mexico with a BSN in 1993. She works at Women’s Health Clinic at Univ. of NM. She was named Distinguished Preceptor at the University of New Mexico and Distinguished Nurse of the Year for the Women’s Health Clinic in 2002 and 2011.

‘87 Catherine Lux is a pediatric NP in TX and began her DNP this past summer at University of Texas Arlington. She is the communications chair for the Greater Texas chapter for NAPNAP. Catherine is also a PTA board member and past president, and coaches a school robot team with her husband.

Karen Weiland Rodgers lives in WI. She received an MSN from University of Wisconsin and is now an FNP at the VA Medical Center in Milwaukee. Rebecca Hanson Rye lives in MD. She has an MSN and is a CRNP in Psychiatric/Mental Health. She works full time at JHH in the frontotemporal dementia clinic, as well as Psychogeriatric Assessment Treatment City Housing (PATCH) and in a geriatric psychiatric outpatient clinic.

‘92 Accelerated Karyn Brundige completed a pediatric oncology nurse practitioner fellowship at Texas Children’s Hospital. In Houston, TX after completing her MSN at Johns Hopkins. Since the summer of 1998, she has been working at Seattle Children’s Hospital as a PNP in the hematologic/oncology department, specializing in leukemia and bone marrow failure. She has presented nationally at APHON (Association of Pediatric Hematology/Oncology Nurses) annual conferences since 2004, including numerous pre-conference and concurrent sessions and posters.

‘97 Susan Tsu Thai received her MSN from Regis University and is currently enrolled in the DNP program at Thomas Jefferson University. She is balancing her work and life, as she goes to school, works full time at Baltimore Washington Medical Center, teaches part time, and raises her three young children with her husband. Susan is certified as a nurse educator and a writer for the ANCC. Louise Reid Boyce Nichols received her MD from Northeast Ohio Medical University in 2003. She completed her residency in orthopaedic surgery at Maimonides Medical Center, did a fellowship in limb deformity at Sinai Hospital, and a fellowship in pediatric orthopaedic surgery at Nemours/Al duPont Hospital for Children, where she now works as an attending. She is also the co-director of the Clubfoot Clinic. She is married and has a daughter. She remembers care plans, stress, skills labs, and graduating from Hopkins. She is glad to have used the knowledge she gained in nursing school in medical school.

Julie MacPhee Phelan lives in NH. She received an MSN in Forensic Nursing in 2002. She works at Catholic Medical Center as a risk manager. She received the Polly Gagnon Award in November 2011 for distinguished service to the field of risk management. Kelly Scott Davis lives in MD. She is married and has three children. Kelly works at Anne Arundel Medical Center’s Wound Center as a nurse case manager. She won a grant proposal for Bedside Scientist Research for her use of music for pain management in the Wound Center.

Marcy Kennedy lives in MD. She is married and has three children. She worked in solid organ transplant at JHH and University of Maryland for over 12 years and now enjoys being a mom, but is getting ready to return to work in the fall. Carolyn Ross-Friend works at Johns Hopkins Healthcare and has certification in AIDS care and case management.

Paula Webb Dixon works at Davita Dialysis and Johns Hopkins Bayview, and has worked as a clinical coordinator. She is married and has three children. Marlo Hardy Eldridge finished her MSN at Johns Hopkins in 2001 and is now in the DNP program doing research on children with bladder extrophy. She is a Pediatric Nurse Practitioner in pediatric urology and director of the Voiding Improvement Program at JHH.

As director, Marlo practices, speaks internationally, researches, and publishes. She is also an American Academy of Pediatrics Fellow in urology and SIG chairperson. Marlo just received a faculty appointment at JHU School of Medicine. She is also married and has four children. Melanie Trapp Watson currently lives in Hillsborough, North Carolina with her husband, Jim, and her children Tristin and Ty. Since graduating from Hopkins, Melanie received her MSN, ANP-C from the University of North Carolina at Chapel Hill. She is currently working at Duke University as the director of Program Development Affiliations. Melanie also volunteers her time on the Duke State Medical Assistance Team as the Clinical Operations Branch director.

‘97 Accelerated Megan McLean McIntyre is now a women’s health nurse practitioner at Garrison’s Women’s Health Center in NH. She is married and has three children. Kimberly Alva lives in CA with her husband and newborn daughter. She completed her MSN and is now an Acute Care Nurse Practitioner at Cedars Sinai Medical Center in the Neurosurgical
The Honor Society of Nursing, Sigma Theta Tau International (STTI) will host the following events:

### 24th International Nursing Research Congress

**22-26 July 2013, Prague, Czech Republic**

- Featuring a conversation with the International Nurse Researcher Hall of Fame inductees 25 July 2013
- **Early registration deadline: 22 May 2013**
- **Standard registration deadline: 26 June 2013**

### 42nd Biennial Convention

**16-20 November 2013, Indianapolis, Indiana, USA**

- **Early registration deadline: 11 September 2013**
- **Standard registration deadline: 2 October 2013**

www.nursingsociety.org
Intensive Care Unit. **Elisabeth Smith Parrott** lives in NH and has two daughters. She received her doctorate in psychology and is now working at Edith Nourse Rogers Memorial VA Medical Center in MA as a psychologist and does clinical training and supervision in psychology. **Suzanne Tershak** received her MSN from University of Maryland and is an FNP. She is also a Master of Acupuncture from Tai-Sophia Institute. She works at Kaplan Center for Integrative Medicine as an Integrative Health Nurse Practitioner and Acupuncturist. She recalls the accelerated program feeling like 13 years of intense schooling and training fit into 13 months, and is so happy for all the opportunities a nursing degree from Hopkins has opened up. **Aimee Jeffrey Stoian** received her master’s in Health Policy at UC-San Francisco. She currently lives with her husband, Danny, daughter, Nya, and son, Teyo in Manama, Bahrain, where she is working at the U.S. Embassy. She is interested in child health safety initiatives, enjoys book club, and loves to play tennis. She says she lives overseas but is in the States every summer during July and August. Perhaps she can meet up with her fellow classmates sometime soon. **Reggie Bannerman** has been praised by a current JHUSON student for mentoring her. He reviewed her resume and cover letter, set up a shadow day and did a trial interview. The student is very appreciative.

**’02 Brett Morgan** lives in NC with his wife where he is an assistant professor and assistant program director of the Nurse Anesthesia Program at Duke University School of Nursing. Brett received his MSN in Nurse Anesthesia from Georgetown University in 2006 and a DNP from Hopkins in 2009. He is currently involved in international nurse anesthesia education and practice. **Carolyn Dzimiela Castillo** currently works in the Pediatric ER at Suburban Hospital in Bethesda, MD. She married her husband in 2003 and they have two children. She really enjoys spending time with her family, traveling and reading. She remembers the many long hours, and she means long hours, working on dreaded care plans while attending Hopkins. **Deanna Karlstad** lives in Folsom, CA and works at Sacramento Advanced Laparoscopic Surgery Associates. Since graduating from Hopkins she has received her RN first-assistant certification. She and her husband Mark have three wonderful boys, Logan, Ethan and Hayden.

**’02 Accelerated Sarah Howard Johnson** is now the lead clinical nurse in Labor and Delivery at Sharp Grossmont Hospital in CA. She is hoping to get her certification for Inpatient Obstetric Nursing shortly. She enjoys ice hockey, skiing, and running. **Carolyn Rodríguez-Quddus** lives in CA and has three children. She is now a credentialed school nurse and works for the Ventura County Office of Education. She has fond memories of the champagne toast after the last final of nursing school. **Stephanie Glad Hagmaier** is currently living in MD with her husband and two sons where she is a CRNA at Mary Washington Hospital. **Deb Hopper McCollister** lives in CO where she works at University of Colorado Denver’s pulmonary hypertension clinic running clinical trials and is a research instructor in the Department of Medicine. She has published several articles. **Karen Schloeman** lives in Nairobi, Kenya. She is married and has two children. **Siobain Fisher** works at JHH in Occupational Health and is a member of the clinical faculty at the Hopkins School of Nursing. She is also working at Good Samaritan Hospital in the ER. She and her husband live in Baltimore. She enjoys photography, traveling and third-world medicine. **Siobain** is very proud of her time in the Peace Corps, volunteering in Haiti, working in the ER for 10 years, and, of course, her marriage. **Jennifer Tershak** received her MSN from University of California in 2009. He is currently involved in international school nurse anesthesia education and practice. **Carolyn Phillips** and partner Kristin Davidson live in Santa Fe, NM. **Carolyn** is currently practicing as an Acute Care Nurse Practitioner in oncology at New Mexico Cancer Care. In September, 2012, she presented the results of her thesis study at the International Society of Nurses in Cancer Care Conference in Prague, Czech Republic. Her thesis explored the survivorship care of women with ovarian cancer. In her spare time **Carolyn** enjoys singing in a country/folk band.

**’03 Accelerated Jill Ibex** was inducted in the McDaniel College Sports Hall of Fame. Jill was a forward/center, and served as captain her senior year, for the women’s basketball team. In both 2000 and 2001
she was named to the All-Conference team and was recognized as the most valuable player in 2001. Jill was also inducted into the Carroll County Sports Hall of Fame in 2011.

‘07 Rebecca Amrany is a certified pediatric nurse at UCLA’s PICU. She is also a clinical instructor for UCLA School of Nursing and a union rep for CA nurses. She started the LA nurse manager at Chase Brexton Health alumni group for JHUSON alumni. Jill was also inducted into the Carroll County Sports Hall of Fame in 2011. Rebecca Amrany is now studying to become an FNP at University of Maryland.

To Johns Hopkins classmates, they were “Bing and Bons,” a New Yorker and a midwesterner set side by side in the old Hampton House dormitory by alphabetical happenstance and academic like-mindedness, who forged an unbreakable bond through good times and bad. What are 50 years between friends like that?

A full life in nursing, that’s for sure. Vicki “Bing” Bingham and Shirley “Bons” Bonser (‘63) aren’t next door anymore, but they are “just around the corner,” having reunited as friends in Toledo, Ohio, meeting regularly to chat and, on the eve of their 50th class reunion, reminisce about the days as students at Johns Hopkins Hospital and the unpredictable, wonderful paths taken by two Hopkins nurses.

“My work history is varied,” Bing says. It’s an understatement. Now Vicki Haas, she grew up in the shadow of the Statue of Liberty on Governor’s Island, married a sailor from Michigan and moved there, taking her boards with Bons, now Shirley Schlender, who (as it happened) lived with new husband Keith in East Lansing. Bing began in the operating room, but seeing a neighbor’s death from cancer spurred an awakening and a switch to hospice care. When husband Alan, a General Motors employee, was transferred in 1980 to Florida, Bing moved into oncology, eventually returning to Michigan and “retiring” to care for her ill mother. Then one day a former supervisor called to ask if she’d like to work in peritoneal dialysis. “I said, ‘What? If you can’t remove it, radiate it, or give it chemo, I know nothing about it.’ She said they would teach me.” Ten “very good” years later, she retired for real, moving with her husband to be near kids and grandkids in Toledo. “Added to the delight of being here is, of course, Shirley and Keith,” she says.

Bons, raised in Nebraska, married after graduating, becoming Shirley Schlender and starting out in pediatrics. Through it all, they kept in touch and, with a class reunion set for September in Baltimore, looked back on their time at Johns Hopkins.

To Bing, Baltimore was a perfect fit, as comfortable as New York City. To “small-town girl” Bons, it was a wonder. Nearby New York, too. “I remember selling a unit of my blood for $25 to finance my trip to NYC] and stay at the YWCA,” Bons says. And living at Johns Hopkins? “It was much like being in the military,” says Bons of dorms like Hampton House that no longer exist. “We studied, ate, slept, worked, socialized together, shared and bonded.”

Adds Bing, “I’m sorry young people today miss out on that closeness.”

“I wouldn’t trade my experience at Hopkins for anything,” says Bons.
For Nurses, Innovation is Survival

Alumni Forums Focus on the Future

As the largest component of the healthcare workforce, nurses are increasingly called upon to coordinate and fill gaps in the care of patients while supplying crucial leadership in how that care is administered. And as their role expands, today’s nurses must graduate not only with the skills demanded by current technology but also the capacity for life-long learning, the ability to adapt and implement innovations yet to come.

This challenge was the focus of “Leading Innovation in Healthcare and Nursing Education,” a series of Florida meetings held by the deans, key alumni, and current students of three of the nation’s leading academic nursing research universities—Johns Hopkins University, Duke University, and the University of Alabama at Birmingham.

The January meetings in Jacksonville, Tampa, and Naples were forums to explore advances in nursing education, research, and practice in a post-reform healthcare era. For three years, the schools have partnered to share best practices developed by each nursing program.

“Innovation is no longer just a grand idea. For nurses, it is survival,” said Martha N. Hill, PhD, RN, FAAN, dean of the Johns Hopkins University School of Nursing. “Working together, our alumni can be the eyes of experience in the field, and our students can provide a glimpse at the future. What we must do as educators is listen and learn as well as teach, to use that combination of wisdom and youthful energy to build a collective vision that looks always for what’s best and what’s next.”

current interests are traveling, going to the beach, reading, and cooking. Amy King Hampt lives with her husband and daughter in Manchester, MD. She is working toward her master’s in Health Services Leadership and Management at UMDSON. She currently works at JHH in the Comprehensive Transplant Unit. Cheryl Biggio Carper lives in PA with her husband, where she works at The Birthplace at Holy Spirit Hospital. She also enjoys being a Zumba instructor.

‘10 Accelerated Lucas Fussell earned his master’s as a Nurse Practitioner from JHUSON in 2012. He has joined the staff of Olney Community Health Center. Fussell is integral in the care of Spanish-speaking patients, his fluency in the language proving advantageous in the efficient care of non-English speaking patients.

Lucas is interested in preventative medicine and reaching out to the Hispanic population.

Master’s ’11 Lauren Danis, MSN, has recently joined the staff of the Atlantic Community Health Center. She has a focus in chronic disease prevention management for diabetes, hypertension, asthma and chronic obstructive pulmonary disease.

‘12 Daniela Aguilera-Titus is serving at Terry Reilly Health Services in Boise, ID as a registered nurse in the Jesuit Volunteer Corps. Her commitment to the values of community, simple living, social and ecological justice and spirituality are admirable.

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

CHURCH NOTES

By Deborah Corteggiano Kennedy, ’73

2014 is Coming Soon! Time to Celebrate

It’s hard to believe that it has been nearly nine years since Church Home & Hospital Alumni merged with Johns 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. I would like to do this on the auspicious occasion of the unveiling of the plaque that will hang in the School of Nursing that describes and celebrates the joining of the two schools of nursing and our mutual commitment to nursing education and nursing excellence.

To date, we have pledged a little over $17,000. Please consider adding to this effort and give whatever you can. I know you value the education you received at Church Home, and as nurses we have the opportunity to help future nurses get the education they need. Feel free to contact me at any time if you want to talk about giving and how easily this can be done.

4TH ANNUAL ALUMNI TEA

Johns Hopkins and Church Home Nurses

May 8, 2013, 1:30 p.m.

www.nursing.jhu.edu/alumni/events

Spring Tea Save the Date

The Fourth Annual Alumni Tea will be held on Wednesday May 8, 2013 at the School of Nursing. Be sure to try and attend and bring a fellow alum. Of course, wear your favorite hat and wow everyone!

In Memoriam | Church Home

Marjorie Wiltbank Larsen ’49
Sally Wheeler Fredericks ’68
Dotti Kemper Snow, Linda Niven Bunge, and Anne Broussard (all Class of ’67) at Dotti’s home in Woodinville, Washington

Beverly Kinsman Eanes ’62 waiting for Hurricane Ernesto in Cancun, Mexico

Kathleen McCormick Daughtry ’55 was laid to rest here in the mountains of North Carolina

Bashi Ratterree, Accel. ’00, with her daughter in Washington’s Olympic National Forest

Dotti Kemper Snow, Linda Niven Bunge, and Anne Broussard (all Class of ’67) at Dotti’s home in Woodinville, Washington

Alice Kiger ’64 in Naples, Italy

Trudy Anschuetz Cooke ’63 on a mountain-top deck in Maggie Valley, North Carolina

Share your adventures with us!
Print your copy of the pin at www.nursing.jhu.edu/alumni.
Farewell, Jackie!

After 17 years of dedicated service to the Johns Hopkins University School of Nursing, Jackie Gray is retiring in June 2013. She has helped countless alumni, staff members, and friends throughout the years, and we will all miss her. We know she will be enjoying more free time with her husband, children, and grandchildren, but we hope she will continue to visit her friends at the School.

If you would like to send warm wishes to Jackie, please send them to jhnaa@jhu.edu or Jackie Gray, Johns Hopkins University School of Nursing, 525 North Wolfe Street, Baltimore, MD 21205.

“Jackie’s work ethic is over the top. Everyone goes to Jackie because they know she’ll do the job correctly. She’s always treated everyone with kindness and respect and has always wanted the best for the School of Nursing.”

—Melinda Rose, honorary alumna and former director of Alumni Relations

The one who gives so much
Asks so little
No matter what the question, task or deed
It’s pure magic, the wand she weaves
A gem of our day
Whatever you do, dear Jackie,
You will be loved by all.

—Elsie Payton Jarvis ’47

2011 and 2012 Graduates: Please Give Us a Shot in the Arm

Have five minutes? It won’t take even that long to fill us in on your employment and education history since leaving the School of Nursing. Answers to our mini-survey are used to track national employment trends and graduation outcomes by the nursing organizations that accredit us. This helps the JHUSON immensely, and it won’t hurt you a bit. (Promise.)

https://nursing.jhu.edu/employment11-12

Forensic Nurses: New Certification Method Available

Advanced Forensic Nurses can now receive certification (AFN-BC) through a portfolio process instead of the usual certification board exam. Assessment is based on documentation of your skills, knowledge, abilities, and career accomplishments.

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<td>American Shared Hospital Services, Inc.</td>
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<td>Claire M. Fagin, PhD, RN, FAAN</td>
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<td>University of Pennsylvania</td>
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*University Trustee Emeritus
Alice Louise Florence Fitzgerald was a global nurse from the beginning: Born and raised in Florence, Italy to a Baltimore family, she entered the Johns Hopkins Training School for Nurses in 1902 against her family's wishes. After graduation in 1906, she remained at Hopkins as a head nurse for one year, spent 1908 assisting in earthquake relief in Messina, Italy, and returned to Hopkins from 1909–1910. This photo was taken in 1922, when Fitzgerald spent two years in the Philippines as an advisor on Public Health Nursing to Governor General Leonard Wood, organizing a public health nursing service.