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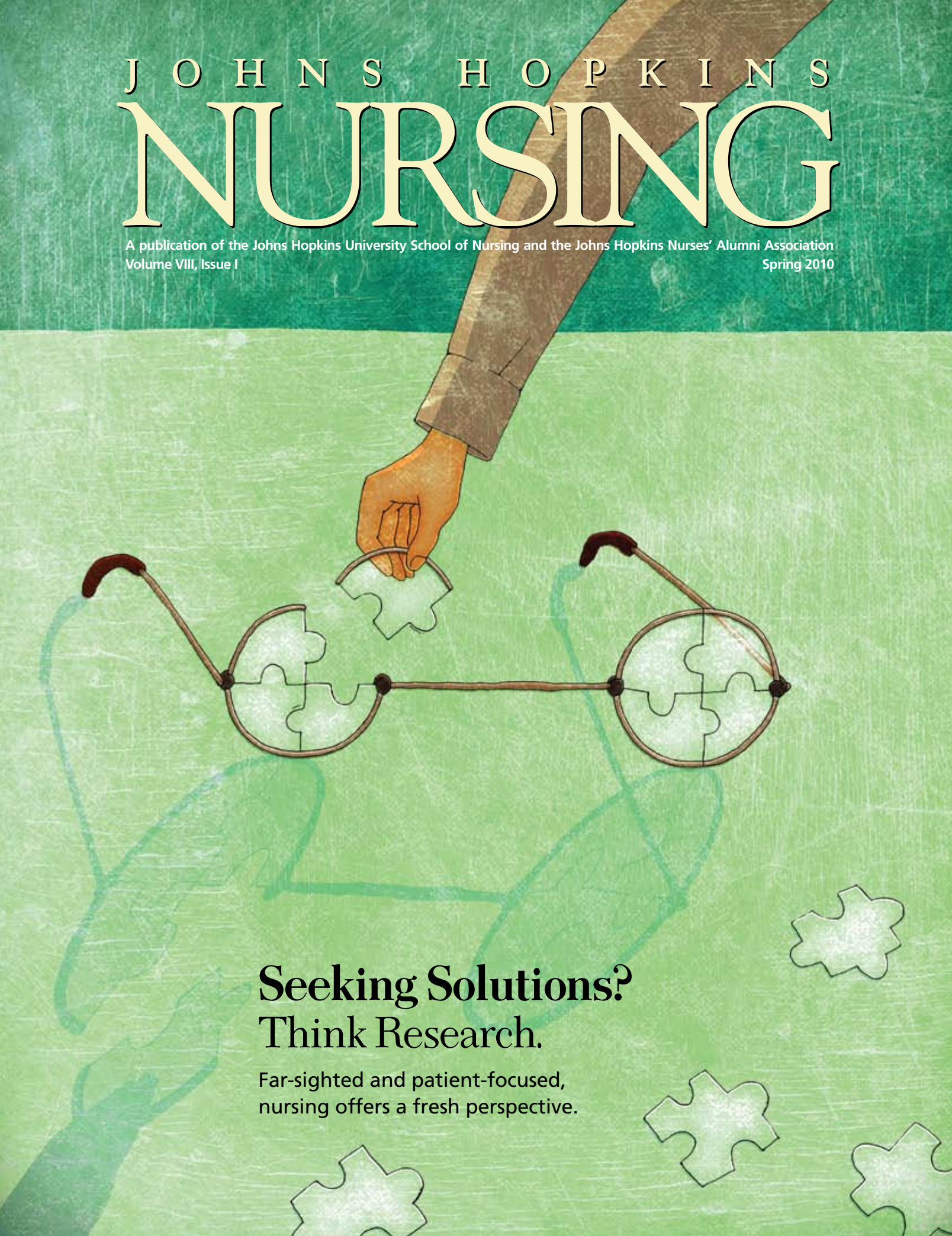

Seeking Solutions?
Think Research.

Far-sighted and patient-focused,
nursing offers a fresh perspective.

Assistant professor Elizabeth "Beth" Sloand, PhD, CRNP, (above) traveled to grief-stricken Haiti to provide care with the Johns Hopkins Go Team this winter. Here, Sloand provides nursing care to a family at a community clinic in Grassier, a small town along the southwest coast of Haiti, about a 45-minute drive from Port-au-Prince. Read more about Hopkins nurses in Haiti on pages 18-20.

Departments

A Curious Mind

Patients, providers, and communities find healing thanks to the nurses who ask "why?"

By Geoff Brown | Illustration by Jesse Kuhn

In a glass-walled conference room overlooking the grounds of the storied National Institutes of Health in Bethesda, MD, Patricia Grady, PhD, RN—a long-time researcher in stroke and neurological disorders, and director of the National Institute of Nursing Research (NINR)—says that to understand nursing research, you need to understand the special role of nurses.

"We are unique," Grady explains. "We are at the interface of mind and body, of biology and behavior."

More than any other healthcare profession, nurses are best suited to observe and adjust treatments, medications, and even habits for patients. They can see not just the scientific and medical outcomes but also the human results of treatment, or the emotional behaviors that may lead to the need for treatment. Given that position, nursing research can provide specialized insights and discoveries that other healthcare research might miss.

Sitting in her office at the Johns Hopkins University School of Nursing, Dean Martha Hill, PhD, RN, FAAN, puts it this way: "Nursing researchers ask: What do patients need? What do nurses do to meet those needs? How does that make a difference? To whom? Nurses also look at things important not just to patients and families, but to other members of the healthcare team: physicians, pharmacists, social workers."

It's those special traits, abilities, and roles that give nursing research a new and important role in the evolution of healthcare in America. Nursing research has begun to take advantage of a vast body of experiential and evidence-based knowledge and wisdom and curiosity amassed by nurses working with patients in all sorts of settings.

"Nursing research is being partnered with other healthcare research as a critical part of the larger healthcare picture," says Grady. "There's a new focus on prevention, and on interaction with the patient, which is the natural environment for nurses."

"Nurses see the breadth of experiences and are aware of the need to look comprehensively not only at physiological factors but at psychological, social, and emotional factors—the broader determinants of health," says Dean Hill. "It's marvelous multidisciplinary work."

A Growing Discipline

The modern focus on multidisciplinary healthcare research has meant that the groundbreaking and critical work of nurses is now being celebrated in a way that would have seemed impossible just a few decades ago.

"I think research was a foreign concept to nurses," says Dean Hill. "Thirty years ago, the term 'nursing research' was snickered at. It was considered an oxymoron. 'Why would nurses do research?' There were no courses for research design in undergraduate nursing school."

By the 1980s, however, Dean Hill says "that all began to change." Johns Hopkins University opened its School of Nursing in 1984; Hill was one of the first faculty members, and laughs that she made up about 50 percent of the entire research faculty in those early days. Despite that small beginning, the School of Nursing had a clear mission: It was being developed to follow the rigorous and challenging model followed by the School of Medicine and School of Public Health.

"When we started, we had explicit expectations that the School of Nursing would meet the exacting standards of all the other Johns Hopkins schools," Dean Hill says. "Johns Hopkins is a research intensive, international institution, and that's what the School of Nursing has become. The first 10 years, we focused on developing a curriculum; the second decade, we built a research infrastructure. Today, my mandate is to continue to move the school forward as a research intensive, internationally-recognized school."

Scott Zeger, PhD, vice provost of research for Johns Hopkins, explains that "at Johns Hopkins, we believe that education is inextricably tied to discovery. Unlike many schools of nursing, ours has built its own research infrastructure. They have a research office that's really admired and envied across the university."

As healthcare research has changed to encompass more disciplines and experts from different fields, it's becoming standard practice for Johns Hopkins research teams to include researchers from the schools of Medicine, Nursing, and Public Health. "The School of Nursing is a force for broadening the perspective on health," Zeger continues, "and it's common at Johns Hopkins to involve faculty from all three schools."

"Nursing is at the table now because other healthcare practitioners understand how much it has to offer," Grady says. Why is that? "We're in touch with real world issues."

"We all have different roles, and the nurses' role and responsibility is different from the physicians, social workers, and physical therapists," says associate professor Nancy Glass, PhD, MPH, RN, FAAN. "But when I talk to a patient, I'm thinking about that team approach. When I talk to a victim of domestic violence, and she's going to a shelter, a physician may be thinking about treating the physical injuries. I'm thinking, 'OK, how do we get her medications to the shelter? How do we get her kids to school?'"

"There's nothing like a modicum of sense," says Grady. "We are in a unique position to partner changes in physiology with changes in behavior."

> The School of Nursing has led the way in developing **evidence** for why we should do specific things in clinical practice. We go out into the community to **improve** their health. We feel comfortable outside the ivory tower of academics.

Critical at Every Juncture

National funding propels nursing research forward

The big question facing healthcare researchers in the 21st century is money: where it's coming from, and where it will be allocated. Given changes in priorities and focus, Patricia Grady, director of the National Institute for Nursing Research (NINR) explains how that organization is looking to the future: One of the biggest priorities, she says, is training the next generation of nurse researcher faculty.

"Seven percent of NINR's budget goes to training, which is two times the National Institutes of Health (NIH) average, and number two at NIH overall. People are desperate for faculty out there. ARRA (the American Recovery and Reinvestment Act of 2009) gave about $35 million over two years, and we've spent the majority of it on research project grants and funding of student fellows, about 60 in total."

Going forward from 2010, says Grady, there will be tough realities—but also potential. "The budget constraints are there. We are optimistic that funds will be available and that we will get a proportional share."

The change in focus toward preventing poor health behaviors should prove beneficial for nursing research. "The President is outspoken about the importance of science research and health," Grady says, "and of prevention and community-based health. Because of that emphasis, nurses are so critical at every juncture."

The new recognition of the importance of nursing research means good things for the profession. "Nurses and nursing research have the ability to make an impact in ways we haven't previously," says Grady. "We expect that to continue and accelerate. The public wants healthcare to use our resources wisely, and they are demanding that patients have a higher quality of life than previous generations. The research we fund shows new ways to make that possible."

Encouraging Tomorrow's Investigators

Because nursing research is still a developing discipline, it offers a great deal of opportunity for discovery, innovation, and pioneering work—which should all be attractive incentives for students. But because nursing can offer relatively lucrative pay for nurses with a bachelor's or master's degree, there has been a historic shortage of nurses pursuing their PhDs.

A normal career track might go like this: the student attends undergraduate nursing school; then goes on to do five or so years of clinical work; then returns to school for a master's; then heads back into the workforce. In the past, PhD candidates were often in their 50s—which doesn't leave much time for a research-based academic career. The previous generation of nurses saw PhD-level nursing research as a completely different option than pursuing a long working career helping patients.

That's not true anymore, says Grady. "It doesn't have to be either-or," she says firmly.

"I can't tell you how many students have said, 'Research seems exciting, but I would miss the patients if I went into research,'" explains Marie Nolan, PhD, MPH, RN, FAAN, and director of the Hopkins nursing PhD program. "I have to explain that we don't do research in our offices! We're constantly working with patients and clinicians, seeing the problems, and evaluating treatment."

"The School of Nursing has led the way in developing evidence for why we should do specific things in clinical practice," says Glass. "We go out into the community to improve their health. We feel comfortable outside the ivory tower of academics."

Some nurse researchers—like Gayle Page, DNSc, RN, FAAN, director of the Center for Nursing Research and Sponsored Projects—even take what nurses have learned from patients and observation and use traditional lab methods to try to recreate and study problems that have no other way of being studied, like pain management. In her work, "there's a continuum of translation from bench to bedside. I use animals to model pain—it's reverse translation from patient information. I get the ideas from patients, and I translate it to animals."

Whether conducted in patient homes, communities, or in the laboratory, says Nolan, the key to increased understanding about nursing and interdisciplinary research is exposing young nurses earlier in their careers. At Hopkins, baccalaureate nursing students take a required course in nursing research, and an Undergraduate Research Honors Program allows a select group to conduct their own research projects under the guidance of a faculty mentor.

Back at the NINR offices and labs in Bethesda, Patricia Grady is also "encouraging the young undergraduate to get involved early and to start doing research early." It's a message that she is pushing out into the larger nursing world: "It's fun to notice a problem and ask questions—that quest for making things better. A curious mind is the thing you most need."

STEPHEN VOSS

Patricia Grady, PhD, RN

Discover A Better Way to Care

Exploring uncharted territory, researchers are blazing a path to better nursing practice. By Geoff Brown | Illustration by Jesse Kuhn

Fridays were not the easiest days for research at one particular South African hospital, explains School of Nursing PhD student Carrie Tudor, MPH, BS '08, RN. That's because Friday was the day when the patients in the drug-resistant tuberculosis (TB) ward would most likely riot.

In fact, over this past summer, Tudor and other researchers from Johns Hopkins were chased out of the hospital by disgruntled TB patients. "They liked to riot on Fridays," says Tudor, "because that would put the hospital in lockdown, and that would get the staff locked in for the whole weekend."

The riots are a kind of payback from the patients for their own treatment: government policy dictates that patients with drug-resistant TB be locked away for anywhere from six months to two years, until they're deemed no longer infectious. Armed security guards keep the patients in poorly maintained areas; the rioting is an attempt to get better treatment and secure basic rights, and the presence of outside healthcare workers adds to the tension.

For Tudor, whose 10-year career in public health research has taken her from Myanmar to Tibet, the experience was a new one, but it reinforced the importance of the research she's performing in her new role as a nurse. She and colleagues are visiting 24 South African drug-resistant TB hospitals to find ways to protect healthcare workers from contracting the disease.

"I had originally been looking at doing research in China," she says, "but when I got the opportunity to travel to South Africa with my adviser [Assistant professor Jason Farley, PhD, MPH, CRNP], I took it. Now that I've been there, I feel very strongly about helping the patients and healthcare workers there any way I can."

Research with Reach

Tudor's dissertation work—finding out how to protect healthcare workers from the drug-resistant infectious disease they're trying to help cure—is a perfect example of the primary focus of nursing research: People. "Nursing research takes the lead in focusing on the individual, while our interventions may be at the individual, community, or system level," says associate dean for research Jerilyn Allen, ScD, RN, FAAN.

Nursing research has grown to fill a gap that was developing as other fields began to specialize and expand into specific areas of discovery. Medical researchers perform laboratory ("bench") work and study the interaction of drugs and treatments with people ("bedside"); public health looks at the conditions of populations, be it a few dozen or an entire race. Where nursing research has blossomed is in reconnecting the patient and the healthcare provider with the findings made across the healthcare spectrum.

Medical technology and instrumentation have made incredible strides in the past decade, providing caregivers with volumes of data on the physical status of patients. What patients haven't been able to express as well to physicians and nurses are less tangible conditions, like pain or the threat of ongoing domestic violence. So what nurse researchers at Johns Hopkins have done is develop ingenious tools that reliably and scientifically measure these factors.

Two well-known examples to come out of Hopkins nursing research are the Pain-O-Meter and the Danger Assessment tool. The Pain-O-Meter, developed by professor Fannie Gaston-Johansson, PhD, RN, FAAN, is a simple, reusable

Community Partnerships Improve Care

Good nursing research requires an intriguing mix of scientific method and curiosity, wisdom and experience, and common sense. That's because the answers to certain problems are easy, as long as the question is being asked correctly; other times, the question itself is hidden in missing data or misconceptions that need to be sorted out.

"I think that one thing we're doing very well is focusing on research that has a significant impact on a population's health," says associate professor Nancy Glass, PhD, MPH, RN, FAAN. "We go out to communities, talk with people and leaders, and try to improve their health. We know and learn the population we're working with. It's not easy. It makes the research more time-consuming. But what we've found is that investing that time provides much better results."

"Nurse researchers are very interested in researching social determinants," says Scott Zeger, vice provost for research at Johns Hopkins and professor of biostatistics. "If you ask, 'What causes stroke?', the natural answer is high blood pressure. But one more step backwards is the answer, 'a diet rich in salt.' And that's where a medical or public health researcher would look. But nursing (and some public health researchers) would go back one more step, and look at what life experiences and social factors lead to that salt-rich diet."

That's exactly what School of Nursing Dean Martha Hill, PhD, RN, FAAN did when she began her dissertation.

Hill and her research team—which included Miyong Kim, PhD, RN, FAAN, who now serves as chair of the Department of Health Systems and Outcomes—could identify no studies of

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trying to control high blood pressure in inner-city young black males. So they began a study of their own.

"We had a hard time recruiting for the study," recalls Kim. "We were giving away free medication and free services for hypertension. We told people, 'You're a walking time bomb.' We offered these free services, and no one came. Why?"

Being nurses, they knew that the answer was within the patients themselves—all they had to do was figure out how to draw it out. "We said, let's do a focus group. Put people in a room." The questions they were asking were getting them nowhere.

That's because, Kim explains, "We weren't asking the fundamental question. We finally asked them, 'Where will you be in five years?' One young man said, 'I don't think I'll be alive or walking around East Baltimore. I'll be dead or in jail.' All of his peers were dead or incarcerated. So, taking a hypertension drug is farthest thing from his mind. These young men were completely preoccupied with the difficulty of life."

But Hill and Kim finally had their baseline. And now that they'd learned from where they were starting, Hill and Kim could start the fight to bring down high blood pressure in this population. This innovative work was one of the first of its type, and it was only made 24 years ago. That type of research, and the data it revealed, proved that the concept was not only correct, it was vital to improving health.

"In East Baltimore, Johns Hopkins schools had a bad reputation of 'helicopter research,'" says Kim. "We would get in, research, and leave without giving anything to the community. Now, the goal is, 'Whatever you did, leave it as a permanent structure for the community.' The School of Medicine is collaborating with us in part because the School of Nursing put in so much sweat equity.

"Nursing has a long history of public trust," she says. "Our empathy and advisory skills allow us to do a level of research that can make a difference in these communities."

eight-inch plastic wand that looks a bit like a wide ruler. The device's tabs, diagrams, and sliding markers help patients translate what kind of pain they're feeling—sharp, dull, throbbing, waning—and where they're feeling it.

The Pain-O-Meter lets patients provide clear visual benchmarks that help nurses and other healthcare workers understand and track the patient's pain, and gives them a better chance to help ease it. Gaston-Johansson developed the patented device in the early 1990s in response to the growing concern about inadequate pain management and treatment, and it has now been successfully used in the U.S. and Sweden for decades.

It's a perfect example of the wisdom and ingenuity of nursing research: after seeing patients and providers having difficulty communicating about pain management, a nurse researcher created a device that allows the patient to quickly and clearly express his or her situation, which better guides treatment, and then allows for immediate re-evaluation by the patient. "Nurses look at things that are important not just to patients and families," says Dean Hill, "but to other members of the healthcare team."

The Danger Assessment tool is not a physical device like the Pain-O-Meter: it's a series of questions. But those questions are also effective in getting the patient to communicate crucial information to nurses and healthcare providers, and it can save lives. Created by associate dean Jacquelyn Campbell, PhD, RN, FAAN, the Danger Assessment is presented to victims of domestic and intimate partner violence; after determining the frequency and severity of abuse, the Danger Assessment poses 20 questions that help both nurses and patients get a clear picture of the facts and situation. That assessment guides better treatment decisions, and it also gives patients a new perspective on their risk level that can lead to them entering a shelter or seeking legal protection.

What patients haven't been able to **express** as well to medical workers are less tangible conditions, like **pain** or the threat of ongoing **domestic violence**. So what nurse researchers at Johns Hopkins have done is develop ingenious **tools** that reliably and scientifically measure these factors.

"The School of Nursing has led the way in developing evidence for when to do specific things in clinical practice," says Nancy Glass, PhD, MPH, RN, FAAN, who works with victims of domestic and partner violence in the U.S. and Africa. It's that specificity that can make all the difference. "We now ask four questions of a patient, and they are not 'Have you been abused?' but rather specific items such as, 'Have you been hit, slapped, punched, choked, or otherwise physically hurt?' From there, if the answers warrant, we'll use the Danger Assessment tool to ask more questions. Asking questions can literally save a woman's life."

Karen Davis, MS. RN, NEA-BC

PhD candidate

Areas of Specialty:
intensive care and nursing administration

Why is nursing research important?
The results from nurse-led research studies have been the impetus for a transformation in nursing practice and have provided the foundation for evidence-based nursing.

Why did you choose this specialty?
I was drawn to nursing administration because I like to design better ways to take care of patients and develop creative solutions to problems that get in our way of delivering excellent nursing care.

Latest project:
My dissertation research is aimed at helping heart failure patients experiencing subtle cognitive impairment improve their self-care behaviors through a targeted hospital discharge intervention. The results will help us keep individual patient needs at the center of the interventions and improve health.

Sharon L. Kozachik, PhD, RN

Assistant Professor
Department of Acute and Chronic Care

Area of Specialty:
Pain, Sleep Disturbance

What do you like about being a nurse researcher?
My entire career in nursing, from bedside nurse to nurse scientist, is driven by my desire to ease suffering. The discovery is very exciting and energizing.

Latest project:
My current projects use a rat model to determine how chronic sleep loss impacts pain due to cancer treatment and the mechanisms that link together pain and sleep disturbance.

How will your research help others?
My work will help to provide a foundation upon which to develop improved clinical care for persons who endure persistent pain.

BILL DENISON

Sharon Kozachik researches pain and sleep disturbance.

"Nurses definitely lead the way in advocating for self-care management to promote health and prevent disease," says Allen. "Empowering the patient is something unique to the nursing profession."

Focus on the Future

The School of Nursing's PhD program stresses three things, according to Marie Nolan, PhD, MPH, RN, FAAN, and director of the program. First is creating a tight connection between a student and a faculty member with a sustained program of research—and that means maintaining a low student-to-advisor ratio. "Our students are in a closely mentored relationship with a funded researcher, and our faculty have only two to five student advisees each," says Nolan.

That kind of close relationship, and exposure to the innovations and discoveries of Johns Hopkins nurse researcher pioneers, creates "a ripple effect," says Dean Hill. "It gets more students saying, 'I want to do what she's doing.'"

Today's students are also looking for a different experience than that of their professors. "We want to immerse students into the community of learning," says associate dean Pamela Jeffries, DNS, RN, FAAN, ANEF. "We want students to feel like they belong to the unit. This is a different generation of learners—they're high-energy, high-expectation, and not passive. We have to engage them. They like experiential, real-life learning. They're poised, goal-directed, and they keep the faculty on their toes."

The second mission is to take advantage of interdisciplinary collaboration and research, which teams Johns Hopkins School of Nursing researchers with counterparts from the School of Medicine and the Bloomberg School of Public Health. "Our collaborations are made easier by our location. It's as easy as walking across the street to medicine or public health and saying, 'I need an expert in quality of life measurement for a study,'" says Nolan.

Nursing research has earned its place through sound scientific method and persistence. "By doing so well for so long, I think we've gained respect and a very good reputation," says Miyong Kim, PhD, RN, FAAN. "You need to have a nurse on your team."

Funding for the Future

Philanthropists encourage funding of doctoral nursing education

by Kelly Brooks-Staub

"There's something special about the nursing profession," says philanthropist Donald Jonas. "You can't write it up. It's the people, the kindness, the relationship with your fellow workers. It touches me every time."

Donald Jonas and his wife, Barbara, are avid supporters of doctoral nursing education, and they're encouraging others to donate to the cause as well. Last October, the Jonas duo gathered philanthropists, doctoral students, faculty, and administrators at the Johns Hopkins University School of Nursing to discuss the need for doctoral education funding.

Karen Haller, PhD, RN, FAAN, vice president for nursing and patient care services at The Johns Hopkins Hospital, opened the session with an irrefutable argument for PhD-level nursing education: "One of the key reasons for the nursing shortage—predicted to be 500,000 nurses by 2025—is that we're lacking faculty to train the next generation of nurses and nurse leaders. To solve the nursing shortage, we need more doctoral nursing education."

The Jonas Center for Nursing Excellence Nursing Scholars Program, funded by Donald and Barbara Jonas, provides tuition grants and living stipends for PhD students who aspire to become nurse educators. Jan Kaminsky, BSN, a pre-doctoral fellow at JHUSON, is a current Jonas Scholar and plans to teach on a nursing faculty in New York City.

"We're a small foundation," said Jonas, "but we have enormous ambition and drive to make some good happen while we're still around. We hope others will do the same."

WILL KIRK

Johns Hopkins University Trustees Emeriti Arthur Sarnoff (left) and Morris Offit met with philanthropists Donald and Barbara Jonas in October.

Professor Gayle Page DNSc, RN, FAAN has been working with Jennifer Haythornthwaite, PhD, a clinical psychologist from the School of Medicine for more than seven years on pain research. The project began with a post-doctoral student of Haythornwaite's who wanted to learn more about biometric outcomes, an area of Page's research. "Now, we're collaborating on each other's grants," Page says, and they are co-directors of the Hopkins Interdisciplinary Training Program in Biobehavioral Pain Research, a postdoctoral, interdisciplinary training program.

"The NIH and healthcare in general are asking for a broader approach," Page explains, "and that means research needs to be done as more of a team effort. Pain research is very amenable to that approach. Jennifer is a psychologist, and I'm a nurse and a neuroscientist, which makes our approaches really complementary."

The final strategy in PhD education is to encourage faculty and staff to look beyond Baltimore and the U.S. "We have not just a national focus, but a global one as well," explains Nolan—one that sends doctoral students like Tudor to South Africa, or Sara Rosenthal to Berlin, Germany.

"I was asked to present my research at a university in Berlin," Nolan recalls, "and I said, 'I have a doctoral student [Rosenthal] doing research on how parents make decisions about their critically ill infants in the NICU. She speaks German. Would you be interested in having her present as well?' And they said absolutely, bring her, and now she's also giving a presentation."

Associate professor Nancy Glass, PhD, MPH, RN, FAAN, whose current work researching intimate partner violence (IPV) takes her from Oregon to Baltimore and to the Congo and Uganda, says she has "the best job in the world."

"The School of Nursing has evolved over time," says Glass. "I left Johns Hopkins for five years to do work in Oregon, but I came back because of the growing focus on global health. For students and faculty to now have the opportunity to do clinical work in Haiti or Uganda shows how the school's commitment has evolved. I never minded getting on a plane. Working on violence against women is not easy work. You have to be there, and be face-to-face as much as you can."

Choosing the Right Route

As she prepares to head back to South Africa for another month of study and training hospital healthcare workers, Carrie Tudor says she knows she made the right choice by becoming a nurse. "Coming from public health, nursing was the right route for me. Nursing and public health are very similar—they both look at people who are often overlooked, and things that sometimes get missed. Being on the ground is the only way to go. You can't fly in, look at it, and walk away. You need to be in the hospitals and clinics, building relationships.

"And when I go into hospitals and clinics now, I can tell nurses there that I'm a nurse too," Tudor explains, "and they say, 'Oh, okay. You're one of us.'"

Deborah Gross, DSNc, RN, FAAN

Leonard & Helen R. Stulman Professor in Mental Health and Psychiatric Nursing
Department of Acute and Chronic Care

Area of Specialty:
Parenting and early childhood mental health

What do you like about being a nurse researcher?
Like all nurses, I wanted to make a difference in people's lives. As a clinician, I could do this by helping one patient or one family at a time. As a researcher, I found I could do more and make a greater impact, even helping people I'm never going to meet.

Latest Projects:
I'm working on projects in Chicago, Baltimore, and New York City to help parents and improve children's mental health.

How will your research help others?
The research we are doing is designed to help millions of parents charged with raising happy, healthy, and competent children.

David A. Boley II, MS, ANP-BC

PhD Student
National Institute of Nursing Research Intramural Research Fellow

Areas of Specialty:
Skeletal Muscle Adaptation to Exercise, Nursing Education

Why is nursing research important?
We have to keep up with the times! Every day, nurses use the knowledge base we've established through research to make evidence-based decisions that impact patients' health outcomes.

Why did you choose this specialty?
My dad suffered a fatal heart attack at the age of 54. Ever since then I've striven to keep myself active and healthy and to help others learn how to do the same. That's what led me to be a Personal Trainer and Nurse Practitioner.

How will your research make the world a better place?
I hope my research program will lead to improved methods for measuring physical activity and the establishment of a national surveillance program to monitor health-related fitness changes over time.

WILL KIRK

David Boley studies the impact of exercise on health.

Making Research **Relevant**

Exceptional patient care has its roots in evidence-based practice. By Geoff Brown | Illustration by Jesse Kuhn

Adding illness to a patient's woes is the last thing healthcare practitioners want to do. So in 2008, when Joyce Maygers, MSN, RN—who has spent 22 of her 23 years in nursing at Johns Hopkins—began to look for a research subject for her two-year Doctorate of Nursing Practice (DNP) program, she focused on urinary tract infections (UTI) in stroke patients, a group with which she has researched and worked extensively.

"There are a lot of data showing that stroke patients suffer from a high rate of urinary tract infections [UTI]," she explains, "but there wasn't a lot of information on how to prevent them."

That was the part that seemed strange to Maygers, because it is now common knowledge that urinary catheters (routinely given to stroke patients) are a big culprit behind UTIs. Because of her clinical experience and skill at analyzing patient outcomes, Maygers suspected there was an easy answer to this problem: maybe it wasn't necessary to catheterize every stroke patient or leave the catheters in so long.

When she started to look at the medical reasons for automatically ordering catheters for stroke patients, she found something surprising: "It became pretty clear that we didn't have any clinical indicators for having some of these catheters," she says.

That finding would become the basis for Maygers's DNP research: She would spend a year working with physicians, nurses, and other healthcare workers at Bayview to consider if catheterization was really necessary. Would she be able to change the way these patients were being treated? And if so, would it benefit them?

Show Me the Evidence

Maygers' project is an example of Evidence-Based Practice (EBP), a systematic approach for nurses to critically evaluate research evidence. It involves applying experience, observation, and scientific method in new ways to approach an ailment or treatment, and it draws heavily on the eyes and ears and wisdom of nurses, who are the healthcare practitioners with whom patients spend the most time.

EBP is gaining favor because it addresses one of the historic weaknesses of medical research, which is the length of time it takes for a discovery or innovation to enter the clinical setting, or become common practice (a process known as "translation"). Research utilization—which involves years of development and research, then years of drug and clinical trials—is a much more (albeit necessarily) arduous process.

"You may have heard that it takes 17 years from the time new evidence is generated until its acceptance [and implementation by healthcare]," says associate professor Kathleen White, PhD, RN, CEA-BC, FAAN, who co-teaches the school's doctoral translation course, and is director of the DNP program. (This figure comes from an oft-cited study published in the *Yearbook of Medical Informatics 2000**): "We're trying to decrease that. In healthcare, in general, it should happen faster."

"Information takes, historically, a very long time to become practice," agrees School of Nursing Dean Martha Hill, PhD, RN, FAAN. "Let's look at diabetic retinopathy. The findings about effective treatment were first published in ophthalmology journals. Well, diabetic practitioners don't read ophthalmology journals. So it took 15 to 20 years for that information to diffuse out to the diabetes treatment community."

The School of Nursing had made EBP and translation a priority for its DNP students: in fact, "Kathi White and I couldn't find another doctoral program that has a course in translation," says assistant professor Sharon Dudley-Brown, PhD, FNP, who teaches the course along with White.

"EBP is very inclusive," Dudley-Brown explains. "It has expanded the definition of scientific evidence, as it encompasses not just scientific evidence, especially in nursing."

Not only is it more flexible as a field of study, it's more adaptable as a course of action. "EBP takes into consideration patients' values, the skill level of practitioners, and resources available—or lack of them," says Dudley-Brown. "It's also more specialized than research utilization. It can be on the individual patient level. But it can also be on a larger scale, if you're looking at how to improve unit outcomes for 40 or more patients. It's a real win-win for everyone, especially the patients."

By its very nature, EBP is often based in real-world observation and methodology—which means that it can more rapidly be applied to the clinical setting. It's more of an issue of getting the information out and changing behaviors

Johns Hopkins Nursing Evidence-Based Practice Model Guides Research Translation Around the Globe

'Are we providing the best possible care?'

"The Johns Hopkins Hospital Department of Nursing was looking at that question," says associate professor Kathleen White, PhD, RN, CEA-BC, FAAN, "and we realized we needed to develop our own model and guidelines to evaluate our patient care policies and procedures."

From this realization was born *Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines*, a book providing a clear and concise approach to implementing evidence-based practice. Since its publication in 2007, the book has been a Top 10 bestseller for Sigma Theta Tau International, helping thousands of nurses to translate nursing research into practice.

This spring, *Johns Hopkins Nursing Evidence-Based Practice Implementaion and Translation* is hot off the presses, sharing vignettes, stories, strategies, and lessons learned from implementing EBP projects.

"The book shares the many avenues of translation," says White, who served as editor in collaboration with Stephanie Poe, MScN, RN, assistant director of nursing of clinical quality and informatics at the Johns Hopkins Hospital. "Sometimes, the research doesn't lead to change. Not all projects have enough evidence, or strong enough evidence, to make the case for a practice change. When that happens, what else can we do? There is a quality improvement study, or a pilot research study. Or sometimes, you have to search over the evidence again. And even then, sometimes the evidence isn't always strong enough."

Johns Hopkins Nursing Evidence-Based Practice Implementaion and Translation will be available in print or as an e-book through Nursing Knowledge International (www.nursingknowledge.org). For more information, visit **www.ijhn.jhmi.edu**.

or guidelines, rather than introducing a new drug protocol or piece of equipment. Sometimes, it can be as easy as adding a couple of questions to a computer screen.

"In our DNP Program, we had a nurse at Howard County General," White says. "She was looking at patient pain treatment and using the Assess/Implement/Reassess (AIR) system. She asked, 'How could we improve that cycle?' She designed a screen to go within a patient's electronic record that included [a way to record] the AIR results. It improved documentation, and served as a trigger to make sure the cycle was being completed."

Lessons learned for one disease can even be modified to help treatment of another. "If we learn something about working with patients with a chronic condition like diabetes," White asks, "couldn't we translate that for another chronic condition, like heart disease?"

[Evidence-Based Practice] is often based in real-world observation and methodology — which means that it can more rapidly be applied to the **clinical setting**. It's more of an issue of getting the information out and **changing behaviors or guidelines**, rather than introducing a new drug protocol or piece of equipment. Sometimes, it can be as easy as **adding a couple of questions** to a computer screen.

EBP is the focus of the School of Nursing's DNP Program, which was designed for professional, working nurses looking to earn a practice-focused doctorate without having to leave nursing for an extended period of time. "I'm always looking for educational opportunities," says Maygers, who is also a trained paralegal. "It was a real challenge going back to school with a full-time job and four kids, but this was the perfect course. I was looking to get in on the ground level and get a doctoral degree, but I didn't have seven years to devote to it. Also, I was much more interested in EBP research, not in original research. I wanted to translate existing research to best practice."

Those new, more rapidly-introduced best practices are the real benefit of EBP, and a big strength of nursing research-produced EBP. "There's a long history of public trust of nursing," says professor Miyong Kim, PhD, RN, FAAN, and director of the Research Center for Cardiovascular Health in Vulnerable Populations. "We can make research relevant for people. Translation is the goal."

Cooperating Across Disciplines

Maygers soon found she had a lot of allies in her quest to reduce the number of catheterizations—which was critical, because "without interdisciplinary support, this wouldn't have worked." When she showed the team the data and articles she had compiled on the number of UTI infections

Mary Terhaar, DNSc, RN
Assistant Professor
Department of Health Systems and Outcomes

Area of Specialty:
Neonatal & Perinatal Care

Why did you choose this specialty?
I am captivated by the notion of helping families begin well.

Why is the translation of nursing research important?
It's important to establish a culture in which professionals keep a questioning stance and consistently apply evidence, translate research, and apply innovation to better care for patients.

Latest project:
I have just designed a new orientation program for newly graduated nurses at Greater Baltimore Medical Center to increase consistency, critical thinking, problem solving, and progressive independence of these new staff members.

How will your project make the world a better place?
Everything we can do to prepare new nurses for a smooth transition, to help them function effectively, to find satisfaction in their work, and to bring the best evidence to practice will prepare them to lead healthcare and enjoy fulfilling careers.

from catheterization, they agreed to more carefully consider ordering and maintaining the catheters for a group of stroke patients.

"The staff had to trust me," she says, "and they couldn't argue when I pulled out the literature to show them this was happening." Social workers and rehabilitation services practitioners were immediately on board with Maygers, as it's much easier to work with a patient without a catheter. Maygers asked the stroke team of healthcare providers to do two things: try not to catheterize a patient, if possible; and if a patient was catheterized, for it to be removed as soon as possible. "That's how you go about reducing UTI," she explains. And so, in the fall of 2009, the Bayview stroke team began to carefully reassess the use of catheters in patients.

Translating Knowledge for a Community

How does EBP translate into improving life for members of a community? Nancy Glass, PhD, MPH, RN, FAAN has worked on domestic violence from Oregon to the Congo, and she's currently starting a new study to evaluate if certain procedures are actually working—a common EBP research project.

"We do a safety plan with a woman who is a victim of violence," Glass explains—and this could be a businesswoman from Oregon or a farmer's wife from the Congo. This plan involves providing the victim of domestic or partner violence with a roadmap to get herself and others away from a dangerous situation. "But no one has ever looked at if the plan works, or how it works. We are going to systemize the safety plan and tailor information to the individual needs of that woman and her children, and use that study of identify the best way to create a safety plan that works."

Glass is a big believer in going into communities to do the best work. "We work with communities, and we work for them," she says, "from violence prevention to cardiovascular health to cancer. Working with women who have been the victims of violence every day is not easy. In Congo, we do not have the resources of a big international aid organization. But there are small things we can do to help a community. We see which things work, and start to scale them up. It's a team

Brett Morgan, DNP '09, CRNA

Alumnus, Doctorate of Nursing Practice Program 2009

Area of Specialty:
Anesthesiology

Why did you choose this specialty?
Patients entrust CRNAs with providing them a safe surgical experience, from maintaining normal physiologic function and providing relief from pain, to ensuring that they are protected from positioning injuries. This is a trust that I never take for granted, and is why I practice anesthesia.

Why is the translation of nursing research important?
As clinicians we have a responsibility to our patients to provide care that is current, safe, and that has been demonstrated to be the best possible option. Translating research into practice allows nurses the opportunity to expeditiously bring—to the patient or community—that best practice rooted in both the science and art of nursing.

Latest project:
I evaluated a preemptive, multimodal analgesic regiment, given to specific subset of ambulatory surgical patients, for its effectiveness in decreasing pain, among other outcomes.

How will your project make the world a better place?
The inability to control pain is the greatest factor associated with postoperative morbidity. As more procedures move to the ambulatory arena, pain control will be on the forefront of issues involved in the care of surgical patients. Utilizing inexpensive, low-tech, mechanisms for decreasing pain will undoubtedly lead to better patient outcomes and satisfaction, while being responsible in the use of our valuable healthcare resources.

"We work with **communities**, and we work for them, from violence prevention to **cardiovascular health** to cancer. Working with women who have been the victims of violence every day is not easy. We're not a big international aid organization. But there are **small things** we can do to help a community. We see which things work, and start to scale them up. It's a **team** effort, and my colleagues make it easier. We have the goal of changing people's lives in a better way as a priority."

—Nancy Glass

effort, and my colleagues make it easier. We have the goal of changing people's lives in a better way as a priority."

"We go all around the world doing good work," says Dean Hill. "That's part of nursing's legacy."

Improved Care a "Big Success"

Maygers had hoped to achieve a 10 percent reduction in the number of catheterizations: It turns out that her efforts were almost twice as successful. Patients at Bayview's stroke center had more than 20 percent fewer catheter use days, and the resulting positive outcomes—a decrease in amount of UTIs and readmission of stroke patients for UTIs, and shorter stays by stroke patients—have been so noticeable that the process is being considered for adoption throughout all of Bayview. Maygers is quick to share credit with the nursing and medical staff and other healthcare providers who joined her initiative, but she's obviously thrilled with her results, and for the stroke patients who dodged unnecessary infections: "It looks like it's been a very big success."

**Balas E.A., Boren S.A. "Managing Clinical Knowledge for Healthcare Improvement."* Yearbook of Medical Informatics 2000: Patient-centered Systems. *Stuttgart, Germany: Schattauer, 2000:65–70.*

Andrea Parsons Schram, MS, RN, FNP-BC

Student, Doctorate of Nursing Practice Program
Family Nurse Practitioner with David Podgurecki, MD, PA, Mansfield, Texas
Clinical Instructor, MSN Nurse Practitioner Program, University of Texas at Arlington College of Nursing

Area of Specialty:
Family medicine, self-management of chronic disease such as type 2 diabetes

Why did you choose this specialty? What's exciting about it?
I want to partner with my chronic disease patients so that they may better understand and adapt to the changes required to reduce their risk for complications or a premature death.

Why is the translation of nursing research important?
In my case, I can better evaluate the quality of the research to select treatment strategies that are shown to be effective in helping these patients better manage their chronic diseases.

Latest project:
I am utilizing a behavioral intervention called the 5As intervention to help adult type 2 diabetic patients improve their self-management in the primary care clinic where I practice.

How will your project make the world a better place?
My project will provide evidence that the 5As intervention may be an additional strategy to assist patients in improving their diabetes self-management.

WILL KIRK

Hopkins "Just Feels Right"

"I like being with people, talking to people, and helping people. I like making a difference in their lives during hard times," says Justin Bilik, a student in the traditional class of 2011. "Being a nurse is the best way to do that."

Growing up in the Baltimore suburbs, Bilik had "always heard about Hopkins," even researching the institution for a fifth grade social studies project. "I spent hours trying to accurately hand-draw the Hopkins dome," he recalls. Today, he is learning and working under that same dome, thanks in part to the Dorothy P. and C. Emmerich Mears Scholarship.

Coming to nursing school at Hopkins "just feels right," he says. "Hopkins nurses are critical thinkers and that's what I want to be."

Eventually, Bilik plans to become a nurse practitioner, perhaps in the Hopkins NP acute care master's program. His specialty of choice? "Perhaps cardiac telemetry, research, geriatrics, or even gastroenterology," says Bilik. "I'm interested in everything."

Dorothy P. and C. Emmerich Mears Scholarship

Dorothy Mears Ward established this scholarship—named for her parents—in appreciation of the nurses who cared for her at The Johns Hopkins Hospital and in recognition of the importance of nursing education for quality patient care.

WILL KIRK

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Just Married

Pre-term labor changed wedding plans

By Sarah Achenbach

Tyra Logan doesn't believe in superstitions. She and fiancée Noel Carter had no qualms setting their wedding date for Friday, November 13, 2009. The Waldorf, Maryland couple had big plans for the ceremony and reception at the Newtown Mansion in Upper Marlboro, but their baby—Logan was 33 weeks pregnant the week of her wedding—had other ideas.

On Tuesday, November 10, when her water broke, she went to a local hospital. Two days later, she was transferred to Johns Hopkins Hospital and admitted with pre-term labor, premature rupture of membranes and an unsigned marriage license. "I was thinking about the wedding a lot," she admits. "I knew if I was in labor, the hospital wouldn't let me leave. When I got to Hopkins, they told me that I was not going home, so I cried." The couple called family and friends to notify them of the change in plans, and the vendors for the planned nuptials rolled with the unplanned and agreed to a future (and still unset) date for another reception.

But Logan and Carter still wanted to tie the knot before the arrival of their child, a desire Logan shared with Hopkins' Cathy Trentacoste, RN. "We were talking, and I was upset," Logan recalls. "I explained that we were still trying to get married."

> "Everything was more than I could've imagined. Everyone was wonderful and so genuine. The nurses made something special for a total stranger."
>
> —*Tyra Logan*

The Obstetrics nurses kicked into gear. "They just took the idea and ran with it," Logan says. "Until the actual wedding day, I had no idea what they had done." They spread the word, and offers of help poured in. "I knew this would be so exciting if we could help arrange it," exclaims Trentacoste. "I love weddings." She contacted the Hopkins chaplain, who in turn, agreed to officiate in the JHH Chapel. Hopkins nursing students on the unit made computer-generated decorations. Perinatal Nurse Manager Joan Diamond, MSN, RN, sprang for the wedding cake and flower bouquet out of the department's budget. "At least a half dozen employees were involved in some form or another," says Christina Meekins, BSN, RNC, Obstetrics Perinatal Clinical Coordinator.

Tyra Logan and Noel Carter exchanged vows in the Hopkins OB unit.

Sticklers for protocol, the nurses kept to the "something borrowed, something blue, something old, something new" tradition. Blue, Logan's favorite color, was coincidentally the accent for Meekins' recent wedding. Meekins' veil, dress and blue garter from her recent wedding doubled for "borrowed" and "old" after a little surgery. "We made a few quick, Saturday morning alterations to accommodate her cute baby bump," chuckles Meekins, who believes this was the first wedding in the Hopkins OB unit.

The "new" (and also blue) was a blanket, a gift from the nurses that was both a practical and sartorial choice. Logan was transported via wheelchair to the chapel and reception—the doctors gave Logan permission to stand during her vows—and the blanket helped keep her warm. Because Logan arrived at Hopkins with only one pair of shoes—orange and blue flip-flops—the blanket also covered the fashion clash between shoes and dress.

After the ceremony, the decorated wheelchair with its "Just Married" sign and blue baby bottles and ribbons trailing behind it, made its way with a beaming and grateful bride to the reception in the small classroom on the Obstetrics unit. Nearly a dozen friends and family and numerous nurses attended the traditional reception with its donated wedding essentials: cake, toasting glasses for sparkling cider, cake topper, knife,

server, feather pen *and* wedding favors made by Sharon Kanellopulos, RN.

"Everything was more than I could've imagined," Logan says. "Everyone was wonderful and so genuine. The nurses made something special for a total stranger." The next day, on November 15, son Logan Noel Carter arrived. After two weeks in the Hopkins NICU, his happily married parents took home their healthy son—and a great story to share about his birth. "Everything happens for a reason," she reflects. "I shouldn't have been in the hospital, but I have no regrets. I wouldn't trade it." ■

The Angel Arrived

How a Hopkins nurse helped my mother be at peace

By Geneane Adams-Bazan

In October 2005, we received the life-altering news that my mom had stage 4 ovarian cancer. I never knew what that meant to my mother or to those who were about to take on the very difficult task of caretaking. Besides cancer, she had other problems that only complicated matters.

Surgery ensued and within weeks, she was beginning the first of many chemotherapy treatments. For two years, she was in and out of hospitals. While her primary hospital was Hopkins, during times of interventions she'd be taken to hospitals nearest home.

As a caretaker, I would not leave her side. I spent many nights in hospitals helping her with whatever she needed. I found that the nurses in many hospitals were so busy, they couldn't always meet the patient's needs efficiently, often affecting the patient's care. I felt that need to be there constantly to assure her needs were met with care.

Then one day at Hopkins, an angel arrived—Amy Brown.

Amy was a floater. She told us that she would probably only be at Hopkins for a short time because her business was to travel around the country working in different hospital departments. Both my mother and I had an instant connection with Amy. She was empathetic, kind, and took the time to listen. When she said that she would get you a drink of water right away, she came right back with the water. She took time to notice whether you might be cold, lonely, or scared and addressed those needs every time she entered the room. Mom couldn't stop talking about Amy and how great she was. On other stays, when Amy was not there, I would always stay with Mom.

CHRISTOPHER MYERS

Geneane Adams-Bazan (right) holds a photograph of her brother and mother, who was treated at Hopkins for ovarian cancer. According to Adams-Bazan, Hopkins nurse Amy Brown (left) was an angel to their family.

Mom couldn't stop talking about Amy and how great she was… I knew whenever mom was at the hospital and Amy was there, I could go home and sleep peacefully.

During another visit, Amy popped into the room. My mother was delighted to see her and asked, "What are you doing here?" She told her that she had decided Hopkins was the place she wanted to call home. Mom was thrilled! I knew whenever mom was at the hospital and Amy was there, I could go home and sleep peacefully.

Sadly, my mother's condition worsened in January 2009, and her battle was coming to an end. We were called to the hospital to talk with her doctor. Amy wasn't on shift; however, there was another nurse there who was amazingly kind. In my hysteria, she took me aside and talked with me. As we chatted, Amy's name came up. She told me what a blessing Amy had been to her. She had been a mentor and leader, and I could see

how Amy had made a great impact on this nurse. She spoke of her with such admiration.

It was time for mom to come home on hospice, and our family was devastated. The phone rang. It was Amy asking if she could come visit. We were surprised, but welcomed her. She arrived with another nurse by her side. She went into my mom's room and talked with her, touching her life again. She stayed and talked to the family. She told us she had spent time talking with mom on the day she learned the news. Because mom had a hard time expressing her feelings to the family, we found out from Amy that she was at peace. She had done everything she wanted to do in her life, and her only regret was that she would not be here to watch her grandchildren grow up. As she spoke to us, she held our hands and hugged us. It was only five days before mom passed away.

Among the droves of people at her funeral appeared the face of an angel. Amy arrived with tears in her eyes and sadness for our family. Again, extending compassion, a hand to hold, and a shoulder to cry on. Nursing doesn't often embrace this level of kindness and compassion, but Amy Brown is a true giver of care. Healing is not always physical, it's often emotional, and Amy's ability to heal emotionally is a beacon that others should follow. She has touched our family in a way no other practitioner ever has and will always hold a special place in our hearts. ■

A Time to Grieve

Oncology nurses need to care for themselves, too

By Sarah Achenbach

Caregiver. Cheerleader. Confidant. Sharon Krumm, PhD, RN, knows well how all-encompassing the job of oncology nurse can be.

WILL KIRK

Oncology nurse MySha Allen, RN, knows that getting off the unit for an occasional break can help prevent nursing burn-out.

"We care for patients over a period of time and develop wonderful relationships with them and their families." says Krumm, the director of nursing administration for the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. A close bond between nurse and cancer patient is critical to treatment and essential to any end-of-life issues a patient might face. "As horrible as the disease and treatment can be, it is especially rewarding when you can contribute to a 'good death' for the patient and family," she notes.

Such necessary closeness, though, exacts an emotional toll. "We listen to their entire life, and we're with them at possibly the end of their life," says MySha Allen, RN, Weinberg 5A. "We share in their most vulnerable moments. But we feel we need to be this pillar of strength."

The intensity of the work and its inherent stress and sadness—and an unspoken professional code not to express grief—weigh heavy on nurses both personally *and* professionally. In her 30-plus year career in oncology, Krumm has watched nurse after nurse burn out. "Often, there's no time for nurses to grieve the loss of a patient," she says. "In our culture, a 'good' nurse never asks another nurse to care for patients or leaves the unit. So much of it is the professional identity nurses cloak themselves in, but we need to take time and process."

Five years ago, Krumm embarked on a study to find ways to reduce nurses' stress and quell her profession's high burn-out rate. Oncology nurses and ICU have the highest turnover rates among all nurses; in fact, as her study was beginning, Hopkins oncology nurses experienced a 30.9% turnover rate compared to a

13.3% turnover rate for all other Hopkins nurses. Today, through a $367,500 grant from the Maryland's Health Services Cost Review Committee, the Professional Bereavement & Resiliency Project is helping to transform the field of oncology nursing at Hopkins.

Krumm first gathered 34 pediatric, gynecological, and adult oncology nurses into focus groups to identify the stressors that made resiliency more challenging. Krumm was hardly surprised by the answers.

"Nurses said that the pressures of work didn't give them space to attend to personal grief," she explains. Suggestions ranged from the practical—getting off the unit for a meal break and consistent scheduling—to the personal, such as attending memorial services and sending cards to a patient's family. The most validating response for Krumm was her colleagues' number one suggestion: create a palliative care program for patients. (In 2007, the Department of Oncology created its formal Palliative Care Program.)

> "By being vulnerable, you realize how human you are. One day, we may be that person in the bed, and we would want the person standing over us to be just as vulnerable."

Krumm kicked off the program in 2008 in an unexpected way: she invited the nurses to play.

Performance of a Lifetime (POAL), a New York-based theater training and consulting company, led 248 oncology nurses in a mandatory session of improvisation and performance. With a goal of individual and collective growth, the open-ended session focused on staff interactions. The exercises helped people feel more confident to tackle hard conversations and deal with petty frustrations.

"It was unlike anything I've ever seen, but it moved people out of their comfort zone and gave them a safe place to take risks," remarks Krumm.

The POAL program helped Weinberg 5B nurse Michelle Morgan discover how to better manage the stress so prevalent in her job: "The coaches helped me learn new ways to react to situations I face and to 'rewrite' my script, to change the way I normally express myself." Throughout 2009, 60 percent of the oncology nurses participated in subsequent, voluntary coaching sessions for which they set the agenda and determined topics.

The Professional Bereavement & Resiliency Project has addressed work issues such as reducing shift rotations and encouraging every nurse take a meal break off the unit, strategies that make it easier for nurses to find time to renew. And through an expanding "menu" of options offered by different units—regular massage therapy sessions,

journaling classes, mindfulness training, unit retreats, and Chi Gong, to name a few—nurses can boost their resiliency skills and relax.

"I honestly believe it's changing the culture," she says. "We're building community and improving how we work together. We're at 99% occupancy on my unit, yet when I make rounds, I see smiles. Most often, it has been the nurses' support of one another that has proven most beneficial."

For a field that deeply supports a cancer patient's need to be emotionally vulnerable, perhaps the most transformative aspect of the project is the recognition it has given to the nurse's emotions.

"This program has made a richer, more open environment," reflects Allen. "By being vulnerable, you realize how human you are. One day, we may be that person in the bed, and we would want the person standing over us to be just as vulnerable." ■

Watch future issues of *Johns Hopkins Nursing* for more news on nurse bereavement and resiliency.

Celebrating Poland's Treasures

By Jennifer Walker

When Marianne Frederick, MS, RN, isn't working in the Radiology Department at The Johns Hopkins Hospital, she can be found celebrating her Polish heritage by caroling, dancing, or managing her store in Upper Fells Point.

Frederick has lived in Baltimore all of her life—"I always joked that when my mother came from Poland, she landed at the foot of Broadway and we just never left," she says—but her family continued to embrace Poland's traditions.

WILL KIRK

When she's not working in the Johns Hopkins Radiology Department, Marianne Frederick, MS, RN, manages her Fells Point store, Polish Treasures.

In 1987, Frederick opened Polish Treasures at 429 South Chester Street. To stock the store, she travels to Poland to choose items like wooden boxes and crystals, then has them shipped to Baltimore.

Polish Treasures also functions as a sort of Welcome Center for Polish men and women who need help with immigration papers or translating documents, or advice on bringing loved ones from Poland to the U.S.

"We jokingly say [the store] is Little Poland," Frederick says.

Even with her dual career as a nurse and store owner, Frederick is still active in two of the city's largest Polish celebrations: the Baltimore City Polish Festival, held every summer since 1971, and East Baltimore Christmas, a caroling event that Frederick calls "one of Baltimore's best-kept secrets."

These events are so popular that families who have left Baltimore come back to attend. Now *that's* a tribute to the strength of Baltimore's Polish community—and to Frederick for working so hard to support it. ■

Committed Nurses Help Hospital—and Patients—Win

The American Nurses Association (ANA), the largest nursing organization in the United States, has recognized The Johns Hopkins Hospital for consistently yielding outstanding patient outcomes that are tied directly to the high quality of nursing care.

Hopkins nurses strive to deliver the highest quality of care, using the best evidence and latest data to make improvements at the patient's bedside.

"As healthcare becomes more complex and technical, Hopkins nursing philosophy has remained the same," notes Patty Dawson, MSN, RN, the hospital's magnet program and clinical outcomes coordinator. "Hopkins nurses strive to deliver the highest quality of care, using the best evidence and latest data to make improvements at the patient's bedside."

For example, nurses like Tameria Joy, RN, Clinical Resource Nurse, on Nelson 3 have been working hard to reduce patient falls—and their efforts have paid off. "We keep fall prevention front and center for the staff," says Joy. "We've helped develop and revise the Johns Hopkins Fall Risk Screening tool and are participating in a current research study to further test the tool's reliability & validity." Frequent rounding is also key to this unit's success: Nelson 3 has the lowest rate of falls among Johns Hopkins general medical units.

ANA's unique National Database of Nursing Quality Indicators (NDNQI) also noted improvement in the hospital acquired pressure ulcer rates. In the cardiac surgical intensive care units, nurse manager Jennifer Moyer, RN , conducted case reviews, involved the OR to order specialty beds in a timely manner, and helped educate facilities staff on the proper beds to return to the units from storage. Moyer is passing along the secrets of her success to Darolyn Milburn, MS Ed, RN, to continue these efforts in the future.

Hopkins is among the more than 1,500 hospitals—one in every four nationwide—that participate in NDNQI, which allows individual nursing units to compare their performance to similar units at other hospitals regionally, statewide, and nationwide.

For more information on NDNQI, visit ***www.ncnq.org***. ■

Notable Nurses

In her December interview, "How Safety Protocols Prevent Drug Mistakes," **Linda Costa**, PhD, RN, explains how hospitals have gotten much better at protecting patients from medical mistakes. The dialogue was part of the Interdisciplinary Nursing Quality Research Initiative series commemorating the 10-year anniversary of the IOM report, *To Err is Human*, which highlights the chilling story of Ben Kolb, an 8-year-old Florida boy who died in 1995 after he was injected with the wrong drug during a routine surgical procedure. Listen to the interview online at http://inqri.blogspot.com.

After completing a Robert Wood Johnson health policy fellowship—where she served as a senior health policy advisor to House Speaker Nancy Pelosi—**Deborah E. Trautman**, PhD, RN, returns to Johns Hopkins where she will lead the new Center for Health Policy. Before her fellowship, Deb was director of nursing for emergency medicine at The Johns Hopkins Hospital and most recently served as interim vice president of patient care services at Howard County General Hospital. ■

Outstanding Nursing Quality

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

The American Nurses Association's *2009 Award for Outstanding Nursing Quality*, given to Hopkins this past January, has pleased me more than any other honor we've received. I am thrilled because this award is data-based and reflects what happens at the bedside. We didn't apply for it. It didn't come down to a vote among nurse leaders based on our reputation. As the oft-quoted adage says, "In God we trust, all others need data!" This award reflects that standard.

I credit our outstanding nursing staff with achieving sustained excellence in the nursing-sensitive quality indicators tracked by the National Database for Nursing Quality Indicators (NDNQI®), which include hospital-acquired pressure ulcers, patient falls with injury, and infections related to the hospitalization. For everyone who has screened patients at risk, made routine rounds to turn patients or accompany them to the bathroom, practiced scrupulous hand hygiene… this award is yours!

I also credit the Nurse Managers and their teams for fostering a healthy workplace where staff can flourish and deliver top-notch care to patients.

In recognizing Hopkins nurses, ANA President Becky Patton, MSN, RN, CNOR, said: "The Johns Hopkins Hospital exemplifies the commitment, leadership, data analysis, and efficient use of resources that are needed by nurse executives and bedside nurses to produce the best possible outcomes. The NDNQI® program is all about using evidence from the reporting of outcomes to improve nursing care practices, staffing and systems for care delivery, and The Johns Hopkins Hospital has achieved that at a high level."

iCT scanner offers sharper focus

Nurses help bring new imaging technology to the OR

By Stephanie Shapiro

Before the November launch of the intraoperative CT (iCT) at Johns Hopkins Bayview Medical Center, Allison Godsey, RN, CNOR, clinical coordinator for neurosurgery, and Brigida Walston, RN, were well acquainted with the sophisticated technology.

Months earlier, the two women traveled with a multidisciplinary team to St. Joe's Carondelet Neurological Institute, site of the country's only other dual-room iCT. There, Godsey and Walston got to see the scanner in use and to troubleshoot with healthcare peers at the Tucson hospital.

"That trip really helped us to actually see cases going on first hand, to see how they had their room set up, how to position patients and to talk with staff members to know what issues they had," Godsey says.

By providing real-time imagery during complex surgeries, the iCT brings a new level of treatment capability to the OR. Integrated with a surgical navigation system, the technology will help surgeons to pinpoint brain tumors or place screws into the spine with greater precision.

WILL KIRK

Brigida Walston (left) and Allison Godsey helped reconfigure the OR for a new iCT scanner.

In addition, nurses no longer have to break the sterile field to move a patient to the radiology department for a CT and possibly back to the OR for further surgery, lowering the risk of complications.

> Nurses no longer have to break the sterile field to move a patient, lowering the risk of complications.

From the start, Godsey and Walston have played an integral role in the installation and operation of the iCT, which is mounted on rails so it can slide over patients in two adjacent operating rooms. Versed by their Tucson experience, the two nurses reconfigured both ORs to make way for the new imaging technology.

After rearranging providers' stations, supplies, monitors and other equipment, they also helped the neurosurgery team "get accustomed to where things are stored and to become comfortable with the new setup," Godsey says.

Particularly important is guarding against inadvertent damage to the iCT during surgery. "You have to be very cognizant of the tracks the iCT runs on," Godsey says. "You can't run equipment over those tracks, because the inner workings are right underneath."

Godsey also helped to coordinate four-hour iCT training sessions for twelve nurses, starting with the basics: "How to shut the whole system on and off and then how to have the room up and running for the morning."

As they gain expertise, from learning the best ways to position patients to honing their documentation, Hopkins Bayview's neuro nurses will be able to make increasingly sophisticated use of the CT scanner, further improving patient care.

For Godsey, who is helping to lead the ongoing training effort, that means staying ahead of the curve. "The more I learn," she says, "the more I'm the one pushing the buttons." ■

704 Infection-Free Days

Bayview's SICU nurses are fighting bloodstream infections

by Stephanie Shapiro

In the Surgical Intensive Care Unit (SICU) at Johns Hopkins Bayview Medical Center, the prevention of blood stream infections demands an arsenal of safety measures, from a unit-based safety officer and Chlorohexidine skin prep to timely line removal and full barrier precautions. But central to that multi-pronged effort is making nurses equal members of the healthcare team, says patient care manager Carol Miller, RN, CCRN.

To prove her point, Miller points to a remarkable record: In 2008, her unit reported no central line catheter-related infections, a feat that came on the heels of the previous year's average of 3.29 infections per 1,000 central line days.

Ultimately, the unit's infection-free record extended to 704 days in a row, giving Miller and Zeina Khouri-Stevens, PhD, RN, bragging rights to "SICU Pride" during a poster presentation at last year's Maryland Patient Safety Conference.

Miller also gives kudos to "our physician assistants and nurse practitioners who place the majority of the lines. They have been extremely vital to this whole process."

> You could have a checklist and make the marks, but you also have to empower the staff to stop a procedure if they see something is not going right.

Over the years, Miller has witnessed her unit's shift to a culture that prizes safety over hierarchy. "You could have a checklist and make the marks, but you also have to empower the staff to stop a procedure if they see something is not going right," she says. "That takes a lot of work."

WILL KIRK

SICU team members (from left) Crystal Miller, Kenneth Scope, Sarah Ermer, Rob Gibson, Carol Miller, Laura Bankert, and Susan Hammond, are committed to an infection-free unit.

The unit's commitment to eliminating central line infections "took a big push forward" when the SICU became part of the Johns Hopkins program, "Partnerships and Interventions to Promote and Ensure Patient Safety," says Miller. The alliance lends support and reaffirms the guiding principle of the unit's safety-first culture that she sums up as, "We all are accountable for providing this higher level of safety for our patients."

In the Hopkins Bayview SICU, nurses are encouraged to think critically and make clinical decisions. They don't hesitate to stop a procedure if sterile practices aren't followed, Miller says. On occasion, she, too, has intervened in ways once thought unimaginable. "I've caught providers before they actually enter a room to assist with a sterile procedure and reminded them to put on a mask and other protective gear," Miller says.

That's a far cry from her early years on the SICU, when "nurses just followed orders and didn't question," she says. Today, "the culture truly is a team effort. The physician may ultimately have the final say, but the nurse or any member of the team can step out and say, 'Let's talk about it.' We work like that now, and I think our infection-free success is a reflection of that." ■

The "411" for Oncology Patient Care

By Jennifer Walker

Tina Evans founded a national organization for oncology nurse navigators.

When Tina Evans was diagnosed with breast cancer in 2001, she wished there was someone to guide her through the complicated treatment process. Now as an oncology nurse navigator, she is doing just that for her patients.

A nurse for 23 years, Evans became an oncology nurse navigator when she developed The Center for Breast Care at Johns Hopkins Medicine's Howard County General Hospital in 2002. She provides a range of support for her patients—including scheduling appointments with their cancer care team, organizing support groups, and even holding hands during treatment—from diagnosis through treatment and even sometimes after the cancer has gone into remission.

"This gives patients the opportunity to feel that they have a go-to person at any point in time, no matter which physician they are working with, no matter what phase of their cancer treatment they are in," she explains.

Evans is so passionate about her career that she started a national nursing organization, the National Coalition of Oncology Nurse Navigators (NCONN), to give navigators a space to share information, network, and, in turn, more efficiently and effectively support their patients.

Founded in partnership with four other navigators in January 2008, NCONN has approximately 250 members nationally and in Canada. Members have access to a thriving listserv, where they can seek and offer advice with other navigators, and can attend NCONN's annual conference, the only event focused solely on developing the nurse navigator's role.

This level of support is necessary for oncology nurse navigators, who are in an emerging and complex field of nursing for which formal education is not currently available. "We need to convey knowledge to our patients of an entire treatment process," Evans says. "The reason [NCONN] was founded is to begin to develop that sort of education…for oncology nurse navigators."

For more information or to become a member of NCONN, visit ***www.nconn.org***. ■

Three Essentials When Starting a Successful National Nursing Organization

Thinking of starting a national nursing organization? Tina Evans shares three necessary ingredients that can help make that organization successful.

Passion: Evans and the other four founding members started NCONN with their own money on their own time. For all of them, this was their second job. "Anything of this magnitude requires an enormous amount of passion and faith," Evans says.

Business Sense and/or Knowledgeable Friends: From the beginning, have some idea of the business aspects of starting an organization like managing finances and marketing, and fill in the gaps with knowledgeable friends. NCONN has received invaluable pro bono support from an attorney who helped with its bylaws and 501(c)3 incorporation, and a web developer who created its website.

Networking Opportunities: Evans says it can be a challenge to market a national nursing organization, but it helps to grab on to opportunities that arise. She has developed relationships with pharmaceutical and medical device companies whose representatives spread the word about NCONN across the country, and has attended national professional meetings to speak and/or staff a conference table.

LIZ NOLL

Richard David (center) is still alive today thanks to the efforts of (from left) Deb Dewald, cardiac catheterization lab manager; Joan David, Richard's wife; Melody Knapp, cardiovascular program administrator; and Karen Wieder, ultrasound service coordinator.

Eluding the Silent Killer

Nurse-Led Vascular Disease Screening Saves a Man's Life

By Jennifer Walker

It was Richard David's wife who suggested the two of them visit Bethesda's Suburban Hospital, a member of Johns Hopkins Medicine, for a vascular disease screening. She had read about the event in the hospital's community newsletter New Directions, and it was free, after all. They decided to go.

This was a decision that would land 83-year-old David in the hospital for the first time in his life, having surgery to save his life.

David's screening in October showed that he had vascular disease in the form of a 6.0 centimeter abdominal aortic aneurysm (the typical aorta is 1.8 cm wide.) David recalls the doctor saying that one of the reasons vascular disease is called the silent killer is because people can be walking around "with a six-centimeter time bomb in them and not know it."

One of the reasons vascular disease is called the silent killer is because people can be walking around "with a six-centimeter time bomb in them and not know it."

David didn't even have the disease's main risk factors—he has never smoked, had diabetes, or hypertension. Even though his age puts him at greater risk, he would never have known to get tested.

The physician who performed David's vascular screening immediately called his primary care doctor, followed up with a second call the next day, and faxed the results to the doctor's office. David says he got "Prince Charles, tailor-made service" at Suburban Hospital, from beginning to end.

A few weeks after his surgery, David is feeling strong. "I want to remain active…I vacuumed the other day [for my wife]; I help her wash and fold the clothes," he says.

"Finding Mr. David's aneurysm is why we all do this work," said Melody Knapp, RN, administrator, cardiovascular services at Suburban Hospital. "Thank goodness we saw him when we did." ■

Vascular Screening Program is A Hit

When the idea first surfaced to promote a vascular screening, no one at Suburban Hospital could have predicted the overwhelming response.

Nurses expected to screen 15 or 20 people at their first Vascular Outreach Program event in October, but by January, they had screened 120 patients, scheduled 150 more, and placed 300 on a spring waitlist.

Vascular screening patients first attend a 30-minute education seminar, where they learn about vascular disease, its risks, and the screening process. Each screening takes approximately 15 minutes, and includes carotid and abdominal aorta scans, as well as ABI to screen for peripheral vascular disease. A physician interprets the results and counsels the patient.

All agree that it was the committed team of nurses, doctors, and staff—working together to provide a service in the community that wasn't previously available—that made it very worthwhile.

Interested in learning more about how Suburban Hospital conducted its screening? ***Contact Shilpa Gorfine at 301-896-7589****.*

Students

Doctoral student **Jessica Draughon** and postdoctoral fellows **Shelly Eisbach** and **Veronica Njie-Carr** presented posters at the NINR Pre/Post-Doctoral Poster Session at the 2009 Special Topics Conference in Washington, DC in October.

Anabella Aspiras (accel. '10) and Rachael Diamond (accel. '10) have been selected as recipients of the 2009 Association of periOperative Registered Nurses of Baltimore nursing scholarship.

Caitlin McIntyre (trad. '11), **Anna Martin** (trad. '11), and **Helen Thomas** delivered three short, impromptu presentations about the importance of handwashing to parents and students at Back to School Night at Collington Square K-8, a public school in East Baltimore.

Courtney Barsotti, **Jayoung Kim**, **Candice Williams**, **Megan Flora**, **Kylie Taylor**, **Melissa Paterakis**, and **Amy Hoffmann**—all students in Shari Lynn's Adult Health class—walked through the rain to pick up flu shot supplies at Hopkins. They continued through the pouring rain to deliver the supplies to the 911 Clinic, where they administered flu shots until the clinic closed that evening.

Faculty, department of acute and chronic care

Anne Belcher, PHD, RN, AOCN, CNE, FAAN, presented the paper "Excellence in Teaching and Learning—Obtaining the Students' Perspective" at the 39th Annual Meeting of the International Society for Exploring Teaching and Learning in Philadelphia in October. She also served as the convocation speaker at the West Virginia University School of Nursing graduation in Morgantown, WV in December and was the keynote speaker at the University of Maryland School of Nursing's Excellence in Teaching Nursing conference in March.

Julie Stanik-Hutt, PhD, ACNP, CCNS, FAAN, was the keynote speaker at the American College of Nurse Practitioners annual conference in Albuquerque, NM; keynote speaker at the Nurse Practitioners Association of Maryland annual meeting in Ellicott City, MD; and an invited panelist at the American Nurses Credentialing Center's 13th Magnet Conference in Louisville, KY in October.

Jennifer Wenzel, PhD, RN, CCM, has received a joint appointment in oncology through the School of Medicine.

Elizabeth Hill, PhD, RN, was named to the Editorial Board of *Nursing Research* for two years, effective January.

Deborah Gross, DNSC, RN, FAAN, has been appointed to the Institute of Medicine's (IOM) Committee on Pediatric Health and Healthcare Quality Measures.

Diane Aschenbrenner, **Shari Lynn**, and **Kathryn Kushto-Reese** gave the pre-conference session on simulation at the 4th Annual National League for Nursing Technology Conference, hosted by the SON October 29-November 1. Aschenbrenner, Lynn, and Kushto-Reese also gave tours and demonstration sessions in the school's research and SIM labs during the conference.

Faculty, department of community public health

Jacquelyn Campbell, PhD, RN, FAAN, was invited by Vice President Biden to attend the 15th Anniversary celebration of the Violence Against Women Act in Washington, DC last autumn.

Jackie Campbell, PhD, RN, FAAN, and **Phyllis Sharps**, PhD, RN, CNE, FAAN, and postdoctoral fellow **Veronica Njie-Carr**, presented papers on intimate partner violence and HIV/AIDS at the 2nd Annual Health Disparities Conference in the U.S. Virgin Islands in October.

Betty Jordan, PhD, RN, CNE, FAAN, spoke on "The Rising Rate of Prematurity" at a summit in Columbia, MD in November.

Jodi Shaefer, PhD, RN, presented "Fetal and Infant Mortality Review: Community-Based Strategy for Maternal-Child Health Improvement" at the Faces of a Healthy Future: National Conference to End Health Disparities II conference in Winston-Salem, NC in November.

Dan Sheridan, PhD, RN, FAAN, has been awarded a $29,854 grant from the Maryland Governor's Office of Crime Control & Prevention (GOCCP)to provide two, 40-hour, state-wide Forensic Nurse Examiner Training programs.

Nancy Glass, PhD, MPH, RN, FAAN, presented "Factors Influencing the Exile or Reintegration of Rape Survivors in Families and Communities in the Democratic Republic of Congo (DRC)" at a conference on Children & Armed Conflict: Risk, Resilience, and Mental Health in Washington, DC in December.

Joan Kub, PhD, APHN, BC, was invited to be part of an Association of Community Health Nursing Educators (ACHNE) task force to propose recommendations for advanced public health nursing clinical preparation for graduate programs and credentialing.

Nicole Warren, PhD, MPH, CNM, earned the Maryland Higher Education Commissions (MHEC) New Nursing Faculty Fellowship of $20,000 over three years. She will work on a pilot study to explore the childbearing experiences of Somalia-born couples.

At the Conference

Four Hopkins nurse researchers were among the 117 presenters at the Southern Nursing Research Society's (SNRS) 2010 Annual Conference in February. Their presentations include:

Jennifer Wenzel, PhD, RN, CCM: Results of a Home-based Walking Intervention for Patients Undergoing Cancer Treatment

Hayley Mark, PhD, MPH, RN: Reduced Vaginal Douching Following An Educational Intervention: Preliminary Results at Session B3: Nursing Interventions to Improve Health

Deborah Jones, PhD, RN: Building Partnerships in Urban Communities Through Focus Group Meetings

Elizabeth Hill, PhD, RN: Fall-Related Injuries in Older Adults: A Systematic Review of the Evidence

Faculty, department of health systems and outcomes

Patricia Abbott, PhD, RN, BC, FACMI, FAAN, has been invited to serve on the International Program Committee for the IASTED International Conference on Health Informatics (AfricaHI 2010), in Gaborone, Botswana in September. In October, she was the plenary speaker at the Wolters/Kluwer 2009 AJN Nursing Conference in Chicago, IL, then participated in a technical expert panel (TEP) to provide guidance to an effort to synthesize learning from the Agency for Healthcare Research and Quality's (AHRQ) Health IT program in December. She also presented Envisioning a Strategy to Prepare for the Long-Term Burden of HIV/AIDS: African Needs and U.S. Interests to the Institute of Medicine (IOM) committee in February.

Dean **Martha Hill**, PhD, RN, FAAN, was recognized as a Pillar of Cardiovascular Nursing Science at the 2009 American Heart Association Council on Cardiovascular Nursing Dinner in Orlando, FL in November.

Laura Taylor, PhD, RN, received a $450,000, two-year grant from the National Institutes of Health National Institute of Nursing Research. The grant will expand Taylor's Living Donor Information Network for Caregiving, a Hopkins-based Web site for living kidney donors and their "informal caregivers," usually relatives.

Jo Walrath, PhD, MS, RN, received a $35,000 grant to study how to improve interprofessional communication. Funding is from Retooling for Quality and Safety: An Initiative of the Josiah Macy Jr. Foundation and the IHI Open School for Health Professions Institute for Health Improvement.

Kim Receives $3.1 Million to Study Diabetes in Korean Americans

Miyong Kim, PhD, RN, FAAN, has been awarded a $3.1 million from the National Institutes of Health (NIH) to test a community-based glucose control intervention program for Korean-American immigrants who have type-2 diabetes mellitus. The five-year study, which started in September, aims to increase Korean-American patients' ability to manage diabetes, which in turn will prevent complications.

Throughout her career, Kim has conducted immigrant-community-based, culturally-sensitive research aimed at educating people on better health and preventing disease. Kim also directs the school's Center for Excellence for Cardiovascular Health in Vulnerable Populations, which works to reduce disparities in care and treatment. The research center recently received a four-year, $1.9 million NIH grant.

Kathleen White, PhD, RN, CEA-BC, FAAN, won the Maryland Nurses Association Outstanding Leadership Award at the 106th Annual Convention in October.

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NaplesNews.com

"These domestic violence homicides, whether or not they're followed by suicide, whether or not children are killed, the most common risk factor is prior domestic violence," said professor **Jacquelyn Campbell**, PhD, RN, FAAN, commenting on a recent case of familicide, in which 33-year-old Mesac Damas allegedly killed his wife and five children in Florida last September.

In the article "Psychological profile hard to pinpoint for Mesac Damas" (September 27, 2009), Campbell said that assigning blame—whether to the victims, the court system, or case workers—is problematic. "He is to blame," Campbell said of Mesac Damas. "He did it." It is more instructive to look for gaps in the system and find ways to improve procedures, she said.

Urbanite Magazine

In "Mother's Helpers," (October 2009), **Missy Mason** '10 says that the best part of participating in the school's Birth Companions program is "laboring with the moms. It's easing their fears and staying beside them continuously."

Burlington Free Press

Alumna **Kelly Carpenter** '07 scaled Africa's tallest mountain ("Essex cancer survivor climbs Kilimanjaro," October 23, 2009) with an international group of musicians and cancer survivors that climb mountains to raise money for cancer treatment and spread awareness of the disease.

Peace Corps Fellows USA

The article "Coming Full Circle," (originally printed in *Johns Hopkins Nursing* summer 2009, now reprinted in the winter 2009 newsletter, *Peace Corps Fellows USA*) features the journey of **Nicole Warren**, PhD, MPH, CNM from green Peace Corps volunteer to seasoned nurse researcher—and how her work has benefitted Mali's midwives all the while.

In Other News

"Nurse Uniforms of the Future" (illustrations appearing in the Fall/Winter issue of *Johns Hopkins Nursing*) now also appear on scrubsmag.com, the website for the national nursing lifestyle magazine, *Scrubs*.

Patricia Abbott, PhD, RN, BC, FACMI, FAAN was featured in the article "Nurses Claim Their Seat at the Health IT Decision-Making Table," appearing on *iHealthBeat.org* on December 15.

A January 7 blog entry from *The Baltimore Sun* and a January 10 article in *The South Florida Sun-Sentinel* feature a new book by alumna **Sandy Summers**, MSN/MPH '02, *Saving Lives: Why the Media Portrayals of Nurses Put Us All at Risk.*

VIGILANDO

FOREVER WATCHFUL

NEWS FROM THE JOHNS HOPKINS NURSES' ALUMNI ASSOCIATION

Tina Cafeo, MSN '97, RN
President, JHNAA

Happy New Year! We continue the challenge of engaging our alumni classes. We search for the great ideas from present students as well as alumni classes. How can we keep you involved in the professional lives of our present students and the alumni association? I have great news: we are making progress.

The membership committee has been contacting alumni in a few cities around the country, and we are pleased with the response. The committee is charged with increasing involvement and membership through the formation of *Regional Committees*. There are many alumni who are interested and motivated to make this happen. Alumni are reaching out to the alumni association seeking opportunities to be involved. As we move through this time of significant change in healthcare and specifically nursing, we need your expertise, wisdom, and support. If you are interested in being a part of the change process and feel you have ideas for engagement, contact us and let us know.

We have incorporated conference calling into our committee structure. No longer do you need to be physically present to participate. I challenge all of you to reflect on the wonderful experiences and education you gained while at Hopkins and become involved in the alumni and school.

We've been diligently planning the 2010 Alumni weekend (formerly Homecoming) which will be September 24 and 25. Please mark your calendars and plan to join us.

We are reinstituting an old tradition of having an Annual Spring Tea. It will be at the Johns Hopkins Alan Mason Chesney Medical Archives in Mt. Washington. This is a great opportunity to learn about the history of Hopkins Nursing. The date is Wednesday, May 19.

Many alumni have said how disappointed they are that the alumni news is no longer in the magazine. The Board is taking positive steps to once again publish the news of our alumni. Please continue to send us your updates. We want to include alumni news from all the school's programs (BS, MSN, DNP and PhD).

I know there are a lot of alumni, like myself, whose primary degree was obtained at another university. But you need to remember that you also were given great opportunities at the Johns Hopkins University School of Nursing. It is now time to help and give back to the students and the school.

Many of you are members of Facebook. Please join the *Johns Hopkins University School of Nursing Alumni* page. Again, it is a great way to network and keep connected. Send us your e-mail addresses and an update of what you are doing. Stay connected, pay dues, and be involved! We depend on you.

If you have any questions, contact the Alumni office at JHNAA@son.jhmi.edu or 525 N. Wolfe Street, Baltimore, MD 21205.

Please pay your Alumni dues and help us…

- plan Regional Committee activities around the country
- continue the tradition of the Pinning Ceremony
- hold Alumni Weekend to celebrate reunions
- create networking and outreach activities for the students and alumni

Become an "active" member of the Johns Hopkins Nurses' Alumni Association by paying your dues to Johns Hopkins University.

Annual Membership is $50.
Recent Grad Membership is $25
(Classes 2005–2009)
Lifetime Membership is $1,000
(pay in four annual payments)

Send your check to:
JHU Alumni at the San Martin Center,
3400 N. Charles Street
Baltimore, MD 21218

or go online to:
www.alumni.jhu.edu/yourmembership

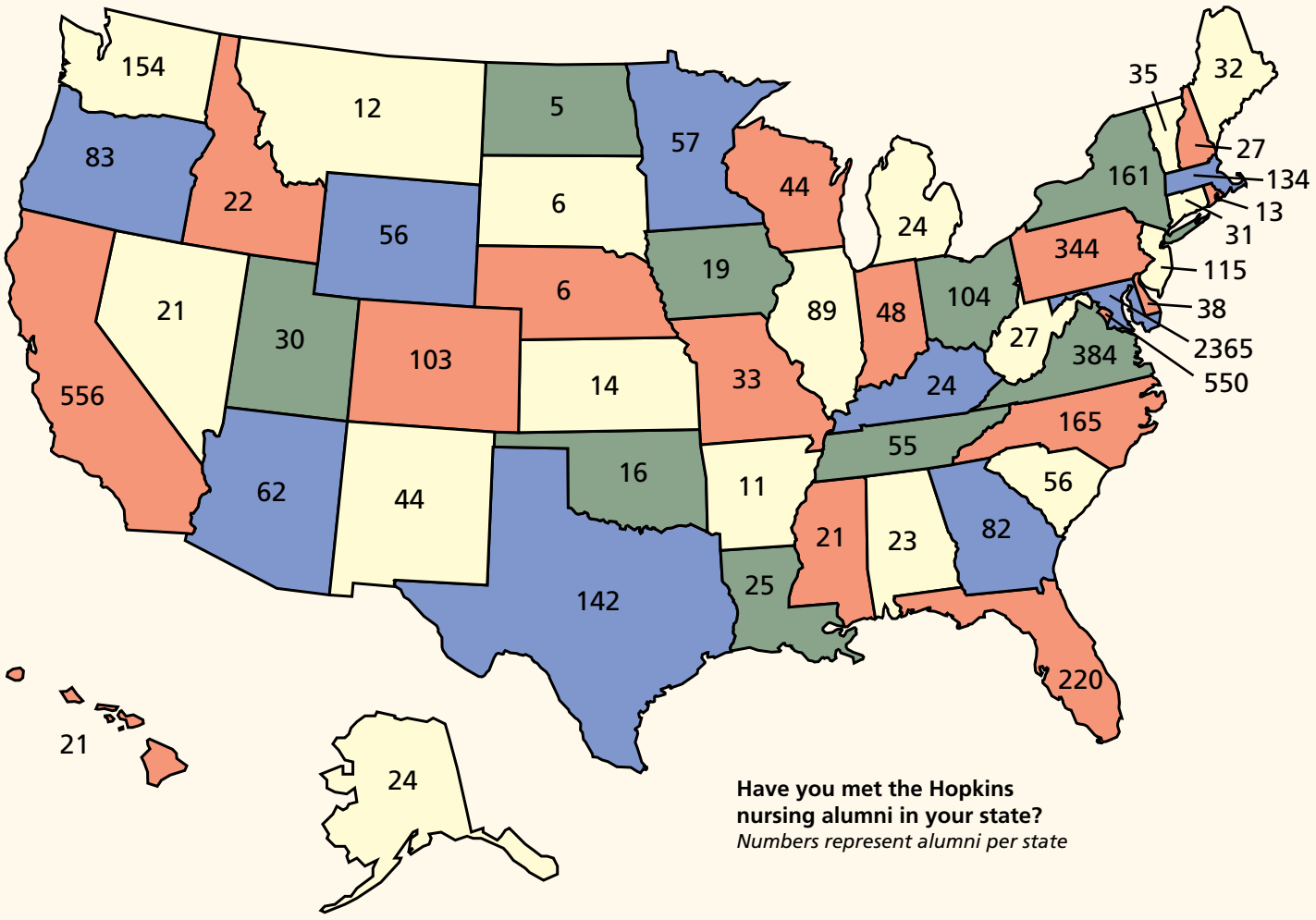
Join a Nursing Alumni Regional Committee

Hopkins Nursing alumni are in every corner of the USA and the world. We want them to network, share information, and mentor our new alumni. Join a regional committee of Hopkins Nurses!

The foundation of the Hopkins Nurses' Alumni Association is the strength, experience and knowledge of its membership. Without its existence, new JHUSON graduates will not benefit from the depth of the alumni networking as they seek connections, employment guidance and continuing education throughout the country after graduation.

It will benefit all Hopkins Nursing alumni if we stay connected throughout the country and the world. Every Hopkins nurse has something to offer. Alumni have started to form committees in Seattle, Boston, San Diego, Albuquerque, and Chicago. Let us know if you will join us and help form a committee in your area. Please become a part of this new venture and contact Melinda Rose at mrose@son.jhmi.edu.

The Membership Committee (Sue Verrillo, MSN '03, Lisa Kowal '06, David Hunter '08)



Have you met the Hopkins nursing alumni in your state?
Numbers represent alumni per state

Johns Hopkins and Church Home

2010 Alumni Weekend September 24 and 25

Whether you graduated 50 years or 5 years ago, from Hopkins or Church Home, come join your nursing colleagues

Robb Society Tea with Dean Martha Hill

Sponsored by the JHU School of Nursing for donors of $1,000 or more.

September 24 from 3-5 p.m.

Announcements

Join the ***Johns Hopkins University School of Nursing Alumni*** Facebook page. Alumni are networking and helping students by interacting on Facebook. A student was looking for information regarding nursing positions in Australia. There was an amazing response. Check it out!

Call to Action: Update your professional information. Send your nursing specialty and where you are working to JHNAA@son.jhmi.edu or mail it to the Johns Hopkins Nurses' Alumni Association, 525 N. Wolfe Street, Baltimore, MD 21205

Buy through Amazon.com
Visit http://alumni.jhu.edu/store, click on Amazon, and the alumni association will receive a small portion of the proceeds.

Don't forget to check out the **Jobsite** at www.nursing.jhu.edu/alumjobs. E-mail JHNAA@son.jhmi.edu for the password.

1st Annual Spring Tea

For Johns Hopkins and Church Home nursing alumni

A Time to Connect & A Time to Reflect

Wednesday, May 19, 2010
3:00pm - 5:00pm
Octagon House
Mount Washington

$25.00

Please join us for Tea and Tours of the Archives as we renew the tradition of nurses enjoying afternoon tea and sharing special memories. Space is limited to 40 guests so rsvp now!

RSVP by May 12, 2010

Make Checks payable to: JHU Alumni Assn.
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Forest Hill, MD 21050

Call Deb Kennedy at 410-893-2421 or Betty Scher at 443-449-5934 if you have any questions.

In Memoriam

Margaret Caughman Cathcart '41
Norma George Hays '41
Hazel King Aaberg '45
Vivian Landis Babin '45
Marjorie Geiss Cramp '45
Madeline R. Derminer '45
Mary Louise Porter Clementson '46
Elizabeth Marie Jones '46
Ethel Bittel Sollogub '46
Arlene M. Goodling '47
Dorothy Brooks Stafford '47
Doris Benjamin Carroll '50
Annette Theriault Preston '50
Judith Daly O'Neill '51
Alice M. Tyler '52
Helen Sins Hurlbut '53
Patricia Pieretti Kelley '57
Edmee Kaye Loughlin Ryan '57
Anna Kumpa Becker '62
Florence Theresa Dunne, Accel. '92
Marita Hoerauf, Accel. '95

Church Notes

Class Notes for alumni of the Church Home and Hospital School of Nursing

By Deborah Corteggiano Kennedy, '73

Freda Creutzburg Scholar

The recipient of the Freda Creutzburg Memorial Scholarship for 2010 is **Virginia Rollins** '11, the daughter of a Union Memorial Hospital graduate. In her letter to the Alumni, Virginia said, "I hope that I can live up to the ideals of Miss Cretzburg and the Church Home Alumni who have helped me complete my goal of a nursing education through this scholarship. I am very grateful for this gift."

Virginia Rollins '11 (left) receives congratulations from Deborah Kennedy, CHH '73 upon receipt of the Freda Creutzburg Memorial Scholarship.

In Memoriam

Elizabeth Bassford, CHH '59
Mary Evelyn Delhamer, CHH '42
Daisy May Carr Gailey, CHH '41
Nancy Roberts Rodden, CHH '59

Tidbits

The CHH Cap can be obtained from Kay's Caps by requesting School #33. Orders can be placed by phone (516-791-8500) or by mail (Kay's Caps, PO Box 818, Valley Stream, NY 11582).

CHH Pins and Rings are available from Vince Fino, 9650 Belair Road, Perry Hall, MD 21236, 410-256-9555.

Transcripts can be obtained from Aniese Gentry at Quinlan Storage (formerly Chart One Storage) in Jessup at 888-416-5353 (ext. 7550 or 3907).

Send any address changes or notice of deceased members to: Deb Kennedy, 1990 Gulfstream Court, Forest Hill, MD 21050; 410-893-2421, debkennedy29@hotmail.com.

First Annual Alumni Tea

Be sure to put Wednesday May 19, 2010 on your calendar for the first Alumni Tea. See page 58 in this magazine for details and the invitation. Space is limited so RSVP soon!

In Memoriam & Gift

Jean Fehl Graves, CHH '35 recently passed away and left $47,000 in her estate to the alumni. This gift was separated to support the scholarship and the preservation of our archives.

CHH is on Facebook

Barbara Zelenka Spink, CHH '69 has set up a Facebook page called "Church Home and Hospital School of Nursing." Go to "Groups" and follow the drop down menu for "Alumni/School Organizations." Join now and enjoy the photos and messages from fellow alumnae.

CHH Charm Now Available

It's a long story on how I found the jeweler that originally made the CHH Cap Charm, but I did. Available in sterling silver, 10K, and 14K. To order, call Leslie Tillman at Tillman Jewelers in Annapolis at 410-268-7855.

Archives Donation

Kudos to **Joanne Satterfield Price**, CHH '71 for her recent donation of CHH newsletters, programs, pins, an otoscope, and even an orientation video! As always, we appreciate donations to the Church Home collection.

1969 40th Reunion. *The Class of 1969 enjoyed a dinner in September. Recognize anyone?*

Johns Hopkins University School of Nursing

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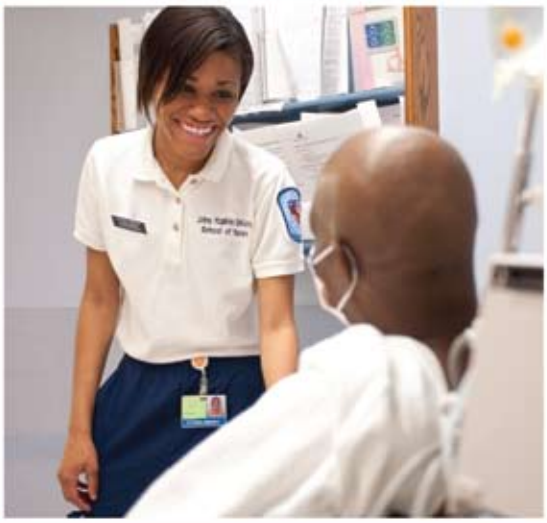

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