Nursing’s Blueprint for the Future
Vol. II

1. Remove scope-of-practice barriers.

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

3. Implement nurse residency programs.

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

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

6. Ensure that nurses engage in lifelong learning.

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

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

Inside: 30 Nurse Advocates, Champions of Change

34 From Classroom to Clinical Residency
On May 24, 260 men and women received their Johns Hopkins Nursing degree. The 22 students who received doctoral degrees—18 DNP’s and four PhDs—were easily identifiable in their traditional academic regalia which features a velvet tam (cap) and bell-shaped sleeves with three velvet bars. [Photo by Rob Smith]

Departments

4 Hill’s Side
Is “The Future of Nursing” having an impact? Dean Martha Hill and Karen Haller, Vice President of Nursing and Patient Care Services at The Johns Hopkins Hospital, discuss.

8 On the Pulse
Hopkins nurses support veterans, palliative care nurses find renewal, the Class of 2012 says goodbye, and more.

24 Bench to Bedside
Researchers improve care for immigrants; student research gets funding.

26 Global Nursing
Students join research teams and conduct clinicals worldwide.

29 Live from 525
Student volunteers plant hope for Baltimore’s underserved.
Features

30 Nurse Advocates, Champions of Change
by Kelly Brooks

Hopkins nurses are taking an active role in changing legislative policy, working to remove the scope-of-practice barriers that prevent nurses from practicing to the fullest extent of their capabilities. In a country where legislators and bureaucrats define nursing practice—and each state makes its own rules—nursing advocacy is crucial to ensuring that the laws are fair, practical, and allow for the best possible patient care.

34 From Classroom to Clinical Residency
by Sara Michael

Students are taking a new path to nurse leadership: an accelerated degree program with a clinical residency. Armed with an educational and work background in healthcare, Sean Czaja, Katrina Zeigler, and their classmates are fast-tracked through a bachelor’s degree and into a clinical residency at one of the Johns Hopkins-affiliated hospitals. There they gain necessary hands-on knowledge before pursuing an advanced degree to prepare them for a career in nurse leadership.

38 Hopkins Nurse
Hopkins moves 271 patients—in two days!; a high school gym is named for a Howard County nurse, and other news from the Johns Hopkins Hospitals.

52 Vigilando
News from the Johns Hopkins Nurses’ Alumni Association.
Originally a small-town newspaper reporter, Jonathan Eichberger never imagined himself writing stories about nurses and their research. But soon after joining the Communications team at the School of Nursing, he became enthralled with how nurses were changing people’s lives for the better. Five years later, Jonathan still enjoys writing “feel-good” stories about the healthcare community, which he continues to do in his new position at the Bloomberg School of Public Health.

Will Kirk has been a photographer at Johns Hopkins since he graduated from its Krieger School of Arts and Sciences in 1999. Although his work is featured throughout the University, the School of Nursing is one of his favorite places to shoot “because of the fascinating work and the warm friendliness of the people there.” Will’s photography has also appeared in The Baltimore Sun, The Washington Post, The Chronicle of Philanthropy, and Entertainment Weekly.

The students she interviewed for the feature story “From Classroom to Clinical Residency” (page 34) were particularly impressive to Sara Michael, who found herself fascinated by their unique back-grounds and strong passion for helping others. Sara started her career in newspaper reporting and now works as the editor of an online medical trade publication.

The previous (and now interim) editor of Johns Hopkins Nursing, Kelly Brooks, is diving into the world of freelance writing and editing. In writing “Champions of Change” (page 30), Kelly introduces us to the Hopkins nurses who are influencing policies that affect their scope of practice and patient care. “I hope the nurses who read this piece are inspired to take action,” she says. You can learn more about Kelly at www.kellybrookscreative.com.

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Greenhouse Gases: 7,235 lbs
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Solid Waste: 1,915 pounds
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Thank you.

Dorothy Horne, Dietician ’44 (left), and Alice Kay Potter, SON ’46 (right), who have made legacy gifts to the School of Nursing, visit with student Godfrey Katende at a January 2012 reception in Naples, FL.

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JOHNS HOPKINS
The Impact of the Future of Nursing Report

Today and Tomorrow

Since the Robert Wood Johnson Foundation and Institute of Medicine released “The Future of Nursing: Leading Change, Advancing Health” in February 2011, Johns Hopkins Nursing has explored how the report’s eight recommendations are being addressed by nurses and nurse faculty at The Johns Hopkins Hospital, the Johns Hopkins University, and throughout the nursing community.

The Spring 2011 issue featured a roundtable discussion of reactions to the report by Johns Hopkins healthcare leaders (http://magazine.nursing.jhu.edu/nursingfuture).

In our last issue, guest columnist Susan B. Hassmiller, PhD, RN, FAAN, senior advisor at the Robert Wood Johnson Foundation, described how the report’s recommendations will help transform nursing education, leadership, and collaboration (http://magazine.nursing.jhu.edu/recommendations).

For this issue, we interviewed Johns Hopkins nursing leaders Dean Martha Hill, PhD, RN, and Karen Haller, PhD, Vice President for Nursing and Patient Care Services at The Johns Hopkins Hospital, about the impact of the report’s recommendations on nursing practice and education today and reveal their hopes for how it will shape tomorrow’s nursing.

Editor: What have you seen as results since the release of the report nearly a year and a half ago?

Haller: To start, it’s received a lot of media attention—in part because many of the recommended actions seemed controversial and had some initial pushback from physician and hospital groups. But it’s inevitable that we’ll move forward with these recommendations. So many factors are driving them: The change in [patient] demographics, a projected physician deficit by the end of the decade, an aging population with chronic diseases that are amenable to nursing interventions, and an unsustainable 17 percent of GNP [gross national product] now spent on healthcare.

Hill: A good example of the media coverage is the recent article in The New York Times (“More Stringent Requirements Send Nurses Back to School,” June 23, 2012). New York State is now calling for 80 percent of their nursing workforce to hold a bachelor’s degree by 2020. The reporter highlighted evidence showing the better educated the nurse, the better the patient care and outcomes—an argument that’s hard to refute.

Haller: We’ve adopted the 80 percent recommendation here at The Johns Hopkins Hospital and hope to exceed it in the near future. It’s the basic education we need today, but we’re also encouraging the workforce to become nurse practitioners and to actively engage in continuing education.

Editor: Were you surprised by any of the eight recommendations?

Haller: The scope-of-practice issue is one of the most out-of-the-box discussions to come out of any report. The right questions are raised: Should insurers be required to cover the services of advanced practice nurses? Are unduly restrictive state regulations governing the practice of advance practice nurses restraint of trade? Why is one practice safe in Pennsylvania, for example, but not in Maryland?

Hill: I didn’t expect to see nurse residency programs specifically recommended. It’s a strong statement that calls for resetting expectations for new graduates and for their employers, and it shifts responsibility to hospitals to enhance orientation programs. The notion of a

IOM Future of Nursing Recommendations

Recommendation 1: Remove scope-of-practice barriers.

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

Recommendation 3: Implement nurse residency programs.

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

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

Recommendation 6: Ensure that nurses engage in lifelong learning.

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

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

Look for these icons throughout the magazine to see how Johns Hopkins Nursing is addressing the recommendations.
residency defines a very clear category of transition combining new hire orientation and bedside mentoring to create a professionally mature staff nurse.

Haller: It’s very similar to the physician residency programs; however there is no funding for it and the report preferred no recommendations for doing so. Ultimately it’s a great recommendation, but it doesn’t go far enough. At Hopkins Hospital we are fortunate to have new orientation programs funded through one of the state grants designed for this purpose. I feel confident now that the grant will be funded again.

Editor: Are the recommendations creating significant change in patient care?

Haller: The report added to the momentum surrounding scope of practice. Today in hospital acute-care settings, we’re giving more responsibilities to nurse practitioners. The same needs to happen in primary care, but the reimbursement issues are limiting progress.

Hill: And isn’t there a paradigm shift to more preventive and primary care? The report and the research behind it are calling for a system where providers, patients, and their families work together to check and balance one another, while keeping control of costs. That’s a change that creates motivation for all to work on a team.

Haller: In the healthcare community many continue to believe that the U.S. public prefers to see a physician. Target and Wal-Mart are clearly demonstrating otherwise, that what the public wants is to receive care quickly from a competent person. NPs taking care of common problems—such as simple infections—in a variety of settings—give the American public the access they want and less waiting in an emergency room or doctor’s office.

Editor: Do you see challenges to this “blueprint for the future?”

Hill: The call for nurses to be able and committed to lead change faces numerous challenges. Too often we are out-of-sight, out-of-mind. We have at our fingertips huge databases of aggregate numbers, numbers that answer the question “What does it take to make systems level changes?” Our DNP programs are “just-in-time” in preparing nurses as the clinical professionals who can come to the local and national decision-making tables and write policy and guidelines.

Haller: Nurses will have to step up and meet the educational requirements needed to be at those tables. It’s a challenge as well as a gift. Today’s nurse has to prepare to take on these roles, and not expect that they will just be given.

Editor: What are the opportunities the recommendations bring to nursing?

Haller: Every time I talk with a group I tell them this is an evidence-based report—every recommendation came from data. That’s what gives these recommendations so much power, power that will well position nursing for the future.

Hill: The task now is to ensure there is evidence behind the implementation. We have an opportunity here at Hopkins—with the Hospital and schools of medicine, nursing, and public health—to establish new models for adopting these recommendations and evaluating their impact, all of which will lead to higher quality and more cost-effective care.

Haller: Once again, nursing is part of the solution.
I enjoyed reading your most recent issue of your Magazine focused on IOM. You really do lead on the cutting edge. I scan every one of your magazines and learn a lot from reading about your work at Johns Hopkins!

Nancy F. Langston, PhD, RN, FAAN
Dean and Professor
Virginia Commonwealth University School of Nursing

The enclosed donation to Johns Hopkins is a “Thank You” for all the information received from your wonderful magazines. Both are read from cover to cover, and the advertisements about Baltimore are of particular interest.

I have lived in Ontario, Canada for the past 62 years, and benefited from the universal health care plan that we have, so it is with great interest that I am following the big health care debate in the United States. I hope more information from Hopkins will be coming soon.

The three years of Nurses Training have been a major blessing in my life and the memories of Church Home and Hospital and Johns Hopkins are invaluable. Many thanks. I am so proud to say I am a Johns Hopkins Alumna.

Agnes T. Roden, CHH ’49, RN

My wife receives the Johns Hopkins Nursing magazine, having been on the JHH Women’s board for years. I am a graduate of the School of Medicine (Class of 1949) and was a Halsted resident from 1950-1958.

I am writing because I believe the unidentified resident physician is Dr. Charles Carpenter who was on the Osler house staff at that time.

I thought this might be of interest to your staff.

William F. Rienhoff III

I received my Spring 2012 issue of the Johns Hopkins Nursing magazine today. I have only had time to flip through it, but it looks like another outstanding issue.

I loved the picture on the inside of the back cover. I am happy to supply you with the name of the unidentified student, third from the left in the picture. She is Mary Ann Mentzer Larson, Class of 1959. She was a lovely girl, tall, very pretty, very witty, energetic and a very good nurse. She is one of the girls from our class who got married somewhere along the way in nursing school.

Mary Susan (Clark) Spahr ’59

Editor’s Note: The photo referenced by both Dr. Rienhoff and Ms. Spahr appeared in “Defining Moments” on the inside back cover of the Spring 2012 issue. Previously, we were only able to identify three of the five people pictured, but with the help of Dr. Rienhoff and Ms. Spahr, we now know all five! We forwarded the info to the Alan Mason Chesney Medical Archives Visual Materials Archivist Timothy Wisniewski, MLIS. He reports that, “I can confirm that the doctor in the photo is definitely Dr. Charles C. J. Carpenter, Jr., who in addition to being on the house staff at the time was also a graduate of the School of Medicine class of 1956.” Thank you, Dr. Rienhoff and Ms. Spahr for your keen eyes and great memories!
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Hopkins Nursing Supports Veterans and Families

Johns Hopkins has joined more than 500 nursing schools committed to preparing our nation’s three million nurses to meet the unique health needs of service members, veterans, and their families.

“Whether we’re in a hospital, a doctor’s office, or a community health center, nurses are often the first people we see when we walk through the door. Because of their expertise, they are trusted to be the front line of America’s health care system,” says First Lady Michelle Obama. “That’s why Jill [Biden] and I knew we could turn to America’s nurses and nursing students to help our veterans and military families get the world-class care that they’ve earned.”

Although healthcare professionals within the Veterans Affairs (VA) system have received extensive training in issues such as Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), the majority of veterans seek care outside of the VA system. Therefore all of America’s nurses must understand the needs of those who have served.

Led by the American Nurses Association, the American Academy of Nurse Practitioners, the American Association of Colleges of Nursing, and the National League for Nursing, in coordination with the Departments of Veterans Affairs and Defense, nursing organizations and schools have committed to educating current and future nurses on how to recognize and care for veterans impacted by PTSD, TBI, depression, and other combat-related issues, in ways appropriate to each nurse’s practice setting. They will also work to disseminate effective models for care and to share the most up-to-date information on these conditions across academic and practice settings.

“Veterans who have experienced combat bring a new set of challenges to the table. Our faculty and students are researching the impact of these post-combat-related issues both on veterans and their families, with the goal of improving the overall quality of life.”

First Lady Michelle Obama shakes hands after announcing a major initiative to ensure our nation’s nurses are prepared to help meet the unique health needs of service members, veterans, and their families.

Nurses Reflect, Heal, Renew
Sharing Stories Reminds Us “Why Nursing?”

One hundred nurses shared a tearful silence at the Renewal Luncheon, smiling now and then, a community drawn together by the healing power of stories. Over the loudspeaker, recordings of several of their own voices described cherished moments with patients that, for each of them, defined “why I do this.”

“It was really wonderful,” remembers Cynda Rushton, PhD, RN, FAAN, professor of nursing and pediatrics in the
New Grants for Nurse Educators

State Funding Bolsters Maryland Nurses

by Jonathan Eichberger

If money is a deciding factor for students pursuing a nurse educator certificate, the Johns Hopkins University School of Nursing has made that decision easier.

Through a new State of Maryland Graduate Nursing Faculty Scholarship and Living Expenses Grant, students may receive up to $50,000 over four years.

“Increased funding means more students can take advantage of our nurse educator certificate option, and that translates into more nursing faculty to meet the need of educating the next generation of nurses,” said Pamela R. Jeffries, PhD, RN, associate dean for academic affairs.

The Living Expenses Grant, part of the Nurse Support Program II (NSP II) administered by the Maryland Higher Education Commission (MHEC) on behalf of the Health Services Cost Review Commission (HSCRC), is designed to offset the financial cost of postgraduate programs to expand the number of qualified bedside nurses in Maryland.

As part of the funding agreement, recipients of the Living Expenses Grant must work as full-time faculty members at
Nursing student Emeline Mugisha (left) implemented an HIV outreach program for Baltimore’s youth.

In the Streets

Hopkins Nurses Transform Baltimore

by Danielle Burcham

Reaching out from the confines of the East Baltimore campus, Johns Hopkins University School of Nursing students and faculty are taking their skills and knowledge to the streets.

Among these everyday heroes are student Emeline Mugisha, the Nursing Student Association, and faculty mentor Ibby Tanner, PhD, MS, RN, who were presented with Community Service Awards at the 2011-2012 Student Outreach Resource Center (SOURCE) Volunteer Appreciation and Service Awards luncheon in April.

Mugisha helped to implement an HIV outreach program to empower Baltimore’s young adults to be leaders in HIV protection. She teaches HIV prevention curriculum to volunteers in hopes they will spread the knowledge even further, and she played a prominent role in leading the first-ever Johns Hopkins University School of Public Health World AIDS Day Community Fair in 2012.

The Nursing Student Association (NSA) was recognized for continued dedication to the community through multiple projects, including offering fellowship opportunities to families of children receiving treatment at The Johns Hopkins Hospital, planting trees and assisting in SOURCE food drives, and participating in Maryland legislative activities. The NSA also partners with local groups such as the House of Ruth and Yo! Academy, assembles disaster kits and provides education in disaster planning, and ships care packages to military nurses overseas to celebrate National Nurses Week (May 6–12).

Ibby Tanner’s community service outreach was recognized for her role as a faculty advisor for the JHUSON Geriatric Interest Group and Daniels Scholar/Interprofessional Education Program. She assists the Baltimore geriatric population by organizing home visits, health fairs, and social events at assisted living facilities, and she aspires to strengthen both the Baltimore community and the relationship between the schools of nursing and medicine at Johns Hopkins.

Quality Matters in Online Education

Four online courses offered at the Johns Hopkins University School of Nursing have received a well-recognized mark of excellence: they passed review by Quality Matters, the preeminent peer review organization providing team-based evaluation of online courses.

The courses Online Teaching and Learning: Development and Instruction; Curriculum Theory and Design; Applications of Research to Practice; and Teaching Strategies in Nursing now carry a Quality Matters seal that demonstrates the rigorous standards these courses uphold. They will be listed on the Quality Matters Website along with approved courses from other educational institutions.
Welcome Nancy Griffin
A New Leader for Enrollment and Student Affairs
by Pamela McComas

As the new Associate Dean for Enrollment Management and Student Affairs, Nancy Davis Griffin is dedicated to growing and supporting the School of Nursing’s outstanding and diverse student body.

Griffin joined the School in June, bringing 30 years of experience in higher education to her new role. Her career has covered the spectrum from enrollment management to student life and housing and has included more than a decade of successful senior management in both student affairs and admissions.

“Nancy is a seasoned professional who will bring her own professional style and leadership to all student services,” says School of Nursing Dean Martha Hill, PhD, RN.

Griffin notes that she was drawn to Hopkins because of the opportunity to “work with talented students from start to finish and beyond.” She adds, “I’ll be joining a community and an institution that knows what it stands for and that embodies the value of Excellence.”

As a first priority, Griffin plans to meet faculty, students, and staff to “begin to truly understand the culture and talent” at the School. “I envision my role as working with every member of the JHUSON community to identify, enroll, support, and graduate the very best men and women in nursing,” she explains.

Griffin is the past Dean of Admission at Saint Anselm College in Manchester, NH. She holds a Master of Arts in Counseling from Fairfield University and a Bachelor of Science in Therapeutic Recreation & Disability from the University of Southern Maine. She is the recipient of numerous awards recognizing her service and counseling.

“I’m honored to be joining a community and an institution that knows what it stands for and that embodies the value of Excellence.”

Do As I Do
Hopkins Clinicians Pledge Healthy Lifestyle
by Danielle Burcham

Nurses and physicians at Johns Hopkins are making a unique promise: to live the healthy lifestyle they recommend to their patients.

“Do as I do,” is the mantra for more than 230 nurses, students, and faculty from The Johns Hopkins Hospital and Johns Hopkins University schools of nursing and medicine who signed the collaborative Patient Promise effort. They are now engaging in regular physical activity, eating a balanced diet, and working alongside patients to adopt positive lifestyle changes. Their oath recognizes that a clinician’s health behavior affects patients’ health behaviors.

“We’re glad to see the enthusiasm behind the initiative,” says Shiv Gaglani, the JHUSOM student who first introduced Patient Promise to the Johns Hopkins Doctors and Nurses Alliance (DNA). The initiative has since been adopted by JHUSON students Erika Koff, Lauren McGivern, Hilary Carroll, and Lisa Garrett, who have aligned the ideas with those of the School of Nursing’s own SON Fit Program that promotes healthy work and learning environments.

At a recent Patient Promise kick-off event, nursing and medical students gathered to sign the promise, listen to Hopkins leaders speak about preventative medicine and healthy behaviors, and hear student testimonials about incorporating healthy lifestyles into stressful schedules. SON Fit representatives Lisa Garrett and Yvone Commodore-Mesah ran blood pressure screenings, and attendees munched on healthy snacks.

The Hopkins group has gone to the American Medical Association conference to spread awareness, and over 300 health professionals have already signed the Promise. Future plans include a presentation at the American Nursing Association and visits with other related organizations and the Johns Hopkins faculty and staff.

To sign the Patient Promise, visit www.thepatientpromise.org.
On the Pulse

On June 15, after four decades of service to The Johns Hopkins University, The Johns Hopkins Hospital Department of Nursing, and the Johns Hopkins Nurses’ Alumni Association, Sandra (Sandy) Angell, School of Nursing associate dean for student affairs, retired.

Angell—who received her Diploma in Nursing from The Johns Hopkins Hospital, her Bachelor of Science and Master of Liberal Arts from The Johns Hopkins University, and the Heritage Award from the Johns Hopkins Alumni Association—has been part of the admissions team since shortly after the School of Nursing opened in 1984. During retirement, says Angell, she plans to spend more time with her mother, husband, children, and grandchildren (“two and counting!”).

To say farewell to Dean Angell or view her slideshow, visit nursing.jhu.edu/admissionsfarewell.

Page 12, clockwise from top: Husband Charles (Chuck) Angell, MD, daughter Leah Angell Sievers, and Sandra (Sandy) Angell; Sandy graduates from Johns Hopkins nursing school in 1969; Sandy opens her retirement gift; Sandy hugs administrative coordinator Nancy Rent; Chuck and Sandy in 1997; Faculty, students, and staff gather to say farewell. Page 13, top: Danielle Burcham, MarCom Coordinator, and Megan Barrett, Admissions Counselor; bottom: Sandy (center) and her parents, Helen and Ira Stine, at her nursing school graduation in 1969.
Grants to Benefit Seniors, Abused Women

Three Multi-Million-Dollar Studies Funded

by Kelly Brooks

Research teams headed by faculty from the Johns Hopkins University School of Nursing have received three multi-million-dollar grants to create and test community-nursing interventions.

With $7 million in new funding, assistant professor Sarah L. Szanton, PhD, CRNP, and her research team will continue studying strategies to help older low-income adults continue to live at home. Their intervention is dubbed CAPABLE, which stands for Community Aging in Place: Advancing Better Living for Elders. In a successful pilot program completed in 2010, the study participants—older, low-income Baltimore residents—received up to six in-home visits with an occupational therapist, up to four in-home visits with a nurse, and an average of $1,200 in handyman repairs and modifications. Szanton’s work will continue with the help of two new grants: a $3-million grant from the National Institutes of Health and a $4-million Health Care Innovation Award from the U.S. Department of Health and Human Services Center for Medicare and Medicaid Services. Selected from over 3,000 submissions, Szanton’s project was the only Health Care Innovation Award made to a nursing school.

In their new study, Szanton and her team will enroll 300 participants between now and March 2015, and offer up to 10 in-home sessions over a four-month period. In addition to measuring short-term improvements in functionality and quality of life, the team will test the longer-term effects of the interventions and weigh their economic value.

Professor Phyllis Sharps, PhD, RN, FAAN, associate dean for Community and Global Programs, and director of the Center for Global Nursing, is looking for a high-tech solution for nurses to help victims of domestic violence during home visits. Part of the issue, she said, is that the abuser is often present during these home visits and monitoring what is said, and abused women may not feel comfortable enough to confess their situation.

Sharps’s study will assess 4,000 women in Baltimore and rural areas of Virginia and Missouri. Half will be screened for abuse by the current method—being asked orally, by a visiting nurse. The other half will be handed a mobile tablet (akin to an iPad® or an Android™ hand-held computer) and earbuds by the visiting nurse, and then guided through a series of on-screen questions and prompts about intimate partner violence. Should the abuser enter the room, a “safety button” prompts a cloaking video.

Though it remains to be proven, Sharps’s hypothesis is that using mobile tablets will increase the number of women who identify themselves as victims of domestic abuse by as much as a third.
Your Time to Lead

On May 24, 260 men and women received their degrees—149 baccalaureate (BS), 89 master’s (74 MSN, 15 MSN-MPH), and 22 doctorates (18 DNP, 4 PhD)—and joined the proud tradition of Johns Hopkins Nursing.

“Step forward, 2012 graduates of Johns Hopkins University School of Nursing, it’s your time to LEAD!” rallied commencement speaker Linda Burns Bolton, DrPH, RN, FAAN, Vice President for Nursing, Chief Nursing Officer, and Director of Nursing Research, Cedars-Sinai Medical Center. Students Adam Jabour and Kristal Melvin also spoke at the ceremony, which was held at the France-Merrick Performing Arts Center in Baltimore.

Check out the video of this year’s graduation ceremony at nursing.jhu.edu/graduation.

Fun Facts

The robe: Today’s fashionable academic attire comes from medieval Europe, where scholars were also clerics who wore the costume of their monastic order.

The sleeve: Master’s grads have an oblong sleeve that opens at the wrist; doctoral grads have a bell-shaped sleeve with three velvet bars.

The hood lining: The hood’s gold lining reflects the colors of Johns Hopkins University, the degree-granting institution.
The hood trim: The hood’s apricot trim shows that the academic degree was received in the field of nursing.

The stole: Some Hopkins nursing grads choose to wear a colorful Kente stole as a symbol of creativity, unity, and variety. The stoles are hand-woven for the School by a women’s group in Ghana.

The University Motto: *Veritas vos liberabit*. The truth shall make you free. John 8:32
High-Tech Teaching

The 2012 Teaching with Technology Fair brought together instructional technology experts for a dynamic day of presentations and interactive sessions.

Highlights included a keynote presentation by digital-cultures researcher Jason Farman, PhD, Assistant Professor of American Studies at the University of Maryland; a showcase featuring faculty from across Hopkins; and panels and sessions focused on interprofessional education, simulation education, and using technology tools in the classroom.

The Fair is a collaborative effort of the Hopkins schools of medicine, nursing, public health, and The Johns Hopkins Hospital nursing administration.

Hopkins Nursing Welcomes Our Most Diverse Class

The new accelerated baccalaureate students got their first glimpse of life at Hopkins during accepted-students day on March 3 and began their courses in June. Already this class is setting records: with 32 percent of the students representing a minority ethnicity, they’re the most ethnically diverse class in the School’s history. In addition, 20 international students come to the School from 18 different countries, and another 15 students are Peace Corps Coverdell Fellows representing 15 different countries.

“Diversity is one of the core values of the School,” noted Associate Dean for Enrollment Management and Student Affairs Nancy Davis Griffin. “The Accelerated 2013 class continues to enrich the academic culture at Hopkins.”
Our patients come from all over the country. And so do our nurses. They come to be part of the most professional, diverse and reputable nursing teams. They come to work beside the unequaled talent of Johns Hopkins physicians, nurses and staff. And they come for the benefits and unlimited opportunities for personal and professional growth.

Join our team. Be the next face of Johns Hopkins.

For additional information or to apply online, visit workingathopkins.org
Advancing Patient Care
Fuld Fellows Begin Their Journey
by Jonathan Eichberger

The Helene Fuld Leadership Program will soon welcome twenty incoming Hopkins nursing students to receive special training as clinical nurse leaders to promote patient-care quality and safety. The Program builds on the strengths of the School of Nursing, The Johns Hopkins Hospital, and the new Armstrong Institute for Patient Safety and Quality to distinguish Johns Hopkins as a pioneer in patient-care safety and quality improvement.

“Fuld Fellows will benefit from intensive training and applied experiences in clinical environments that will provide a solid foundation for advancing quality and safety throughout their careers,” notes associate professor Cheryl Dennison-Himmelfarb, PhD, RN, FAAN, director of the School’s Fuld Leadership Program. Dennison-Himmelfarb works closely with Program leaders and mentors to guide Fellows through their course of study and engage resources from across Hopkins to provide them with an exceptional experience.

Funded by a $4.9-million grant from the Helene Fuld Health Trust in New York, the Program focuses on older citizens who represent the majority of hospitalized patients. Fuld Fellows in Patient Care Quality and Safety will benefit from the unique advantages of interprofessional education at Johns Hopkins—which is home to the nation’s top-ranked hospital and highly-ranked schools of nursing, medicine, and public health—and will participate in the highest-quality health education, research, and patient care delivery.

Learn more about Fuld Fellowships at nursing.jhu.edu/fuld.

The American Nurse
17 Hopkins Nurses Share Their Wisdom
by Danielle Burcham

For the fortunate among us, most of life is spent with a body that functions completely normally. In those
moments when we’re not so fortunate, however, a nurse can have the influence of a lifetime.

“You have to be that patient advocate, that guiding force to help the patient navigate through this tragedy,” said Johns Hopkins Hospital (JHH) nurse Hershaw Davis, Jr., RN, in a recent interview for The American Nurse Project, a photojournalistic essay of stories from nurses across the United States.

Filmmaker Carolyn Jones interviewed 105 nurses—including 17 Hopkins nurses—to document their accomplishments, daily trials, and thoughts in hospitals, universities, hospice care centers, and other medical facilities across the country. Each nurse had a different story to tell, and a different perspective on the meaning of their work. Hopkins nursing faculty Sharon Kozachik, PhD, RN, said, “When I’m a bedside nurse, I can touch one life at a time, but if I’m a good researcher, I can impact the lives of countless thousands of people.”

In each interview, a common theme of caring and compassion for the patient emerged. “I think there is something very special about a nurse who will hold that patient’s hand and say, ‘I am going to take care of you today,’” said JHH nurse Amy Brown, RN.

The accompanying book, The American Nurse, contains black-and-white photos of 75 of the selected nurses and excerpts from each interview. Featured in the book are JHUSON faculty Patricia Abbott and Sharon Kozachik and JHH nurses Amy Brown, Naomi Cross, Hershaw Davis, Jr., Pam Dodge, Karen Frank, Amanda Owen, Allisyn Pletch, Ranimaria Toledo, Carly Turner, Gemaime Williams, and Rhonda Wyskiel. Also interviewed for the project were JHUSON faculty Bryan Hansen and JHH nurses Melissa Mason, Michelle Patch, and Travis Simonetti.

Video clips of all the interviews and a link to The American Nurse are available at www.americannurseproject.com.

Faculty member Laura Taylor shared her story of surviving breast cancer with local Baltimore and Washington media.

In the News

After her double mastectomy, faculty member Laura Taylor, PhD, RN, had her breasts rebuilt at The Johns Hopkins Hospital using fatty tissue from her “love handles.” Taylor shared her breast cancer and surgery story in two televised interviews that aired on April 17 on WJZ-13 CBS Baltimore and April 26 on NBC Washington.

To watch her interviews go to www.nursing.jhu.edu/taylorvideo.

Faculty member Doug Granger, PhD, and his research team are looking at saliva as a less painful and less invasive alternative to drawing blood for detecting illness in patients. Their research was featured in The Baltimore Sun, the Chicago Tribune, The Sacramento Bee, the Hartford Courant, WGN Radio, and others.

April and May saw lots of media coverage of faculty member Jacquelyn Campbell, PhD, RN, FAAN, who discussed domestic violence and the importance of nurses. She was featured in a recent article in The New Republic after giving a presentation at Quinnipiac University, and her Danger Assessment tool was featured in The Takeaway, a national radio morning news program, and on CBS News. She talked about domestic violence and its danger signs on Baltimore’s local NPR station, and she wrote in the Robert Wood Johnson Foundation Human Capital blog about the importance of nurses as educators, mentors, and policy shapers.

Alumna Connie Siskowski, PhD, ’67, is one of CNN’s 2012 Heroes for her work with young people who provide care to a family member. Siskowski founded the American Association of Caregiving Youth in Palm Beach County, FL in 2002, which has provided support to more than 500 area youths who care for an ill, disabled, or aging family member.

FOLLOW HOPKINS NURSES IN THE NEWS AT NURSING.JHU.EDU/PRESSCLIPS.
Faculty, Student, and Staff News

Faculty

Maryann Fralic, DrPH, RN, received the American Organization of Nurse Executives (AONE) 2012 Lifetime Achievement Award on March 22 for her work to shape the future of the nursing profession and cultivate nursing leadership.

Pam Jeffries, PhD, RN, has been named a member of the Institute of Medicine’s Global Forum on Innovation in Health Professional Education. She also co-authored a book, Developing Successful Health Care Education Simulation Centers: The Consortium Model, and a corresponding blog. And with a new $25,000 grant administered by the Foundation of the National Student Nurses’ Association, in cooperation with the Who Will Care? Fund for Nurse Education, she and her team will create four online modules for nurse educators.

Shari Lynn, MSN, RN, and Kathryn Kushto Reese, MSN, RN, gave a poster presentation, “Video, Vimeo, and Mediasites: A Creative, High Impact Teaching Strategy,” at the Institute for Educators in Nursing and Allied Health Professionals conference on March 7.

Hayley Mark, PhD, MPH, RN, gave two days of lectures in April to nurse leaders and staff nurses on the Johns Hopkins model for evidence-based practice at the Avera McKennan Hospital in Sioux Falls, SD.

Phyllis Mason, MS, RN, CANP, won the Harriet Tubman Legacy Award, sponsored by the Black Nurses of Maryland, Gamma Chapter of Chi Eta Phi Sorority, Inc., and the Provident Helene Fuld Nursing Alumni Association, for Adult Health Nursing.

Phyllis Sharps, PhD, RN, CNE, associate dean for Community and Global Programs, and director of the Center for Global Health, is a recipient of the 2012 Hopkins Diversity Leadership Council Diversity Recognition Award.

Julie Stanik-Hutt, PhD, ACNP, CCNS, was elected to a second term as the Maryland State Representative to the American Academy of Nurse Practitioners (AANP).

Casey Shillam, PhD, RN-BC, joins the faculty in the Department of Acute and Chronic Care. “Dr. Shillam has a strong history of commitment to improving the health of older adults through clinical practice, scholarship, and teaching,” says Department chair Marie Nolan, PhD, RN.

Mary Terhaar, DNSc, CNS, RN, provided two days of consultation in April for the Loyola University School of Nursing Doctor of Nursing Practice Program in New Orleans, LA. She focused on assuring quality, rigor, and impact in final scholarly work products.

Jennifer Wenzel, PhD, RN, CCM, received the 2012 Oncology Nursing Society Excellence in Writing Award for Qualitative Nursing Research.

Students

Accelerated students Olivia Svrchek and Lin Chen’s poster about the Isaiah Wellness Center won first place in the School of Nursing’s Community Outreach Program: National Public Health Week Poster Presentation. Accelerated student Joanna Balza won second place with a poster about the House of Ruth.

DNP student Laura Wood’s invention from her capstone project to improve quality and safety was filmed on March 13 in The Johns Hopkins Hospital’s Weinberg Intensive Care Unit.

Traditional 2013 student Samantha Schneider received the 2012 Promise of Nursing Maryland Scholarship Award through the Foundation of the National Student Nurses’ Association.

The Inspector General’s Office cited DNP student Carrie Kairys’s capstone project as an accomplishment for the West Palm Beach VA Medical Center. Kairys developed a method to identify military women taking medications that could harm a fetus.

Traditional students Felicia Rockko, Amie Scott, Sung Cho, Shanna Dell, Jaclyn Gaede, and Elise Pope attended the National Student Nurses’ Association convention in April. Their resolution to prevent concussion in student athletes was passed with a majority vote.

PhD student Mary Paterno was named a 2012 “Emerging Leader” by the Association of Women’s Health, Obstetric and Neonatal Nurses. The Emerging Leaders Program engages nurses in a formal, year-long leadership training program.
Group Efforts

Jason Farley, PhD, MPH, CRNP, and Hayley Mark, PhD, MPH, RN, presented their work on HIV/AIDS, tuberculosis, and sexually transmitted infections at Rutgers College of Nursing on May 10 in New Jersey.

Faculty members Julie Stanik-Hutt, PhD, ACNP, CCNS, and Kathleen White, PhD, RN, CEA-BC, won the 2012 Nursing Economic$ Margaret Sovie Writer’s Award for their article, “Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review.”

In a special project celebrating National Nurses Week (May 6 – 12), the Nursing Student Association collected donations, prepared, and shipped care packages for military nurses overseas.

The School’s Office of Teaching Excellence presented three awards to faculty groups:

Diane Aschenbrenner, MS, APRN, BC, RN, and Laura Taylor, PhD, RN; Shawna Mudd, DNP, CPNP-AC, PNP-BC, and Andrea Schram, DNP, CRNP; and Chris Keenan, MSN, RN, Maggie Neal, PhD, RN, Sandy Swoboda, MSN, RN, and Pamela Jeffries, PhD, RN.


The Johns Hopkins University School of Nursing 2012 Excellence in Teaching Award was awarded to Laura Taylor, PhD, RN, (Baccalaureate teaching, right) and Martha Sylvia, PhD, MSN, MBA, RN (Graduate teaching, left) for excellent teaching, mentoring, respectfulness, and encouragement.
Scholarly Publications
July 2011–June 2012
A Sample of Faculty Research

**AACN Advanced Critical Care**
“Twenty Years Since Cruzan and the Patient Self-Determination Act: Opportunities for Improving Care at the End of Life in Critical Care Settings”
Cynda Rushton & colleagues
January 2012

**Advances in Chronic Kidney Disease**
“Improving Blood Pressure Control Among Adults with CKD and Diabetes: Provider-Focused Quality Improvement Using Electronic Health Records”
Bernadette Thomas
November 2011

**Aggressive Behavior**
“Relation of Intimate Partner Violence to Salivary Cortisol Among Couples Expecting Their First Child”
Douglas Granger & colleagues
August 2011

**American Journal of Infection Control**
“Department of Health and Human Services Releases New Immersive Simulation Experience to Improve Infection Control Knowledge and Practices Among Health Care Workers and Students”
Jason Farley, Pamela Jeffries & colleagues
April 2012

**Archives of Pediatrics & Adolescent Medicine**
“A Randomized Trial of Air Cleaners and a Health Coach to Improve Indoor Air Quality for Inner-City Children with Asthma and Secondhand Smoke Exposure”
Arlene Butz & colleagues
August 2011

**Biological Psychology**
“Diurnal Alpha Amylase Patterns in Adolescents: Associations with Puberty and Momentary Mood States”
Douglas Granger & colleagues
August 2011

**BMC Medical Research Methodology**
“Assessing Genetic Polymorphisms Using DNA Extracted from Cells Present in Saliva Samples”
Douglas Granger & colleagues
December 2011

**Child Development**
“Salivary Cortisol Mediates Effects of Poverty and Parenting on Executive Functions in Early Childhood”
Douglas Granger & colleagues
November 2011

**Communication Monographs**
“Parents’ Communication Skills and Adolescents’ Salivary Alpha-Amylase and Cortisol Response Patterns”
Douglas Granger & colleagues
October 2011

**Developmental Psychobiology**
“Interparental Aggression and Infant Patterns of Adrenocortical and Behavioral Stress Responses”
Douglas Granger & colleagues
November 2011

**Global Public Health**
“A Congolese—US Participatory Action Research Partnership to Rebuild the Lives of Rape Survivors and Their Families in Eastern Democratic Republic of Congo”
Nancy Glass & colleagues
July 2011

**Healthcare for Women International**
“Pregnancy and Intimate Partner Violence: How Do Rural, Low-Income Women Cope?”
Phyllis Sharps & colleagues
August 2011

**Hormones and Behavior**
Jacquelyn Campbell & colleagues
October 2011

**International Journal of Tuberculosis and Lung Disease**
“A National Infection Control Evaluation of Drug-Resistant Tuberculosis Hospitals in South Africa”
Jason Farley, Carrie Tudor & colleagues
December 2011

**International Spotlight**
“The Republic of Chile: An Upper Middle-Income Country at the Crossroads of Economic Development and Aging”
Laura Gitlin & colleague
June 2012

**Journal of Addictions Nursing**
“Alcohol and Tobacco Related Health Inequity: A Population Health Perspective”
Christine Savage
April 2012

**Journal of Aging Research**
“Editorial: End of Life Research”
Nancy Hodgson & colleagues
July 2011

**Journal of the American Psychiatric Nurses Association**
“Inflammation and Traumatic Stress: The Society to Cells Resiliency Model to Support Integrative Interventions”
Sarah Stantos & colleague
November 2011

**Journal of the Association of Nurses in AIDS Care**
“Genital Herpes Testing Among Persons Living with HIV”
Hayley Mark, Marguerite Lucea, Jason Farley & colleagues
September 2011
Journal of Cardiiovascular Nursing
“Adequate Health Literacy is Associated with Higher Heart Failure Knowledge and Self-Care Confidence in Hospitalized Patients”
Cheryl Dennison-Himmelfarb, Mindy McEntee, Laura Samuel, Brandon Johnson, Alexandra Kiely & colleague
September 2011

Informal Caregivers’ Experiences of Caring for Patients with Chronic Heart Failure: Systematic Review and Meta-Synthesis of Qualitative Studies
Marie Nolan & colleagues
September 2011

The Journal of Clinical Hypertension
“Development and Evaluation of a Hypertension Knowledge Test for Korean Hypertensive Patients”
Hae-Ra Han, Heejung Song, Tam Nguyen, Miyong Kim & colleague
October 2011

Journal of Family Psychology
“The Father–Daughter Dance: The Relationship Between Father–Daughter Relationship Quality and Daughters’ Stress Response”
Douglas Granger & colleagues
February 2012

Journal of Health Care for the Poor and Underserved
“Utility of a Point-of-Care Device in Recruiting Ethnic Minorities for Diabetes Research with Community Partners”
Soohyn Nam, Rae-Han, Hee-Jung Song, Miyong Kim & colleague
November 2011

Journal of Midwifery & Women’s Health
“What’s New in Sexually Transmitted Infection Management: Changes in the 2010 Guidelines from the Centers for Disease Control and Prevention”
Hayley Mark, Elizabeth Jordan, Jomarie Cruz, and Nicole Warren
May 2012

Journal of the National Black Nurses Association
“Physicians’ and Nurses’ Experiences of the Influence of Race and Ethnicity on the Quality of Healthcare Provided to Minority Patients, and on Their Own Professional Careers”
Deborah Jones, Fannie Gaston-Johansson & colleagues
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Deborah Jones, Fannie Gaston-Johansson & colleagues
July 2011

Journal of Neuroscience Nursing
“The Effectiveness of a Staff Education Program on the Use of Continuous EEG with Patients in Neuroscience Intensive Care Units”
Christine Savage & colleagues
April 2012

Journal of Palliative Medicine
“A Legislatively Mandated Council: A Model for Palliative Care Policy Integration”
Cynda Rushton & colleague
November 2011

Journal of Perinatal Neonatal Nursing
“Hyperoxia in Very Preterm Infants: A Systematic Review of Literature”
Mary Terhaar & colleague
August 2011

Journal of Primary Prevention
“Cost-Effectiveness of Childcare Discounts on Parent Participation in Preventative Parent Training in Low-Income Communities”
Deborah Gross & colleagues
November 2011

Journal of Urban Health
“Evaluation of Mindfulness-Based Intervention Program to Decrease Blood Pressure in Low-Income African-American Older Adults”
Gayle Page, Sarah Stanton & colleagues
January 2012

Medicine, Conflict and Survival
“Sexual and Gender Based Violence Against Men in the Democratic Republic of Congo: Effects on Survivors, Their Families and the Community”
Mervyn Christian, Nancy Glass & colleagues
January 2012

Nursing Research and Practice
“The Effectiveness and Clinical Usability of a Handheld Information Appliance”
Patricia Abbott
April 2012

Patient Education and Counseling
“Development and Validation of the High Blood Pressure-Focused Health Literacy Scale”
Miyong Kim, Hee-Jung Song, Hae-Ra Han, Youngshin Song, Soohyn Nam, Tam Nguyen & colleagues
May 2012

Public Library of Science (PLoS One)
“Outcomes of Multi-Drug Resistant Tuberculosis (MDR-TB) Among a Cohort of South African Patients with High HIV Prevalence”
Jason Farley & colleagues
August 2011

Qualitative Health Research
“Maintaining an Outward Image: A Korean Immigrant’s Life with Type 2 Diabetes Mellitus and Hypertension”
Hyunjeong Park, Hae-Ra Han, Miyong Kim & colleagues
June 2012

Research in Nursing & Health
“Couples Functioning and Post-Traumatic Stress Symptoms in US Army Couples: The Role of Resilience”
Deborah Gross, Jacquelyn Campbell & colleagues
April 2012

“Clinical Effectiveness of a Staff Education Program on the Use of Continuous EEG with Patients in Neuroscience Intensive Care Units”
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May 2012
Since the 1980s, armed conflict and strife have beleaguered the people of the Democratic Republic of Congo. In this dark period, sexual violence has been a common weapon used against women, men, and children to destabilize families and communities. Victims were left with physical trauma and, in some cases, STDs and reproductive problems. Even after the physical healing, mental scars remain.

In the Murhali Village, one group of survivors formed from a small band of women who gathered outside a local clinic. The individuals had already been seen and treated at the facility but kept returning because they wanted someone to listen.

"Every single person in this community was victimized," says nursing student Sarah Bristol '12, who flew to the Congo last summer to better understand the role of such solidarity groups in the health and well-being of these people. "Many of the women were kidnapped and raped, families were displaced, houses burned down. And there was secondary victimization, such as having a family member raped or murdered."

Supported by a Provost Undergraduate Research Award grant, Bristol conducted a "Photovoice" project to determine the health benefits of sharing these tragic stories.

She gave the study's 14 participants digital cameras, taught them how to use them, and asked them to document their lives prior to, during, and after the armed conflict.

The women would, for example, take pictures of other people's animals to illustrate their former lives as farmers. Some took pictures of small children perched high on tree branches to depict how they would hide their own children when armed rebels came to town.

Bristol and other members of her research team later interviewed the women to review their photos and discuss the meaning assigned to them. She says that her project has served as healing therapy. "Part of sharing their stories and hearing other stories reminds victims that they are not the only ones who have experienced trauma. They are not alone in their pain," she said. "They also begin to accept that it wasn't their fault. Solidarity groups work every day to get victims out of their houses and back into a community that accepts them and cares about them."

Since 1993, the Provost Undergraduate Research Awards have allowed students like Bristol the opportunity to dig into important questions and pursue a variety of research activities. This year, grants of up to $2,500 funded 46 original research projects proposed and carried out during the summer and fall of 2011.

In addition to Bristol, three other nursing students had PURA projects.

Lauren Rubino '12 wanted to determine whether a student's stress during clinical simulation serves to motivate or discourage learning. Several studies have found a marked increase in physical and biological stress markers during these simulations.

Using an electronic survey tool and questionnaire, Rubino evaluated 50 students over three semesters to see how their stress markers evolved over time and how they coped with the stress. She found that while the simulations increased stress levels, overall reported stress decreased over time as the students gained more experience.

For her PURA project, Madeleine Beebe '12 wanted to study the way healthcare providers in Mali treat childbearing women. There have been many documented cases of physical abuse, undignified care, discrimination (based on a woman's age or ethnicity), and other abuses toward pregnant women by doc-
Among the Korean immigrant population, projecting a strong, healthy image is culturally important. Yet, when it comes to personal health, the desire to ‘keep up appearances’ can spell disaster. All too often, it acts as a barrier to learning about and managing chronic disorders such as hypertension and Type-2 diabetes, both growing problems among Korean Americans.

“Wellness can be achieved when a chronic condition is properly managed,” says associate professor Hae-Ra Han, PhD, RN, FAAN. “This is best achieved when our patients work together with healthcare providers who understand their culture.”

According to a new study by Han, professor Miyong T. Kim, PhD, RN, FAAN, postdoctoral fellow Hyunjeong Park, PhD, MPH, RN, and others, clinical awareness of and sensitivity to unique cultural issues like identity and image can help nurses improve self-care among patients diagnosed with high blood pressure or diabetes. The treatment room gives nurses an opportunity to explain that when patients become partners in care, appearance can become reality. [“Maintaining an outward image: A Korean immigrant’s life with Type-2 diabetes mellitus and hypertension,” Qualitative Health Research, June 2012.]

Yet, for any treatment to be successful, a patient must be able to understand and process health information—a capacity known as health literacy. Generic efforts to improve health literacy often fail. People generally will work to increase their health literacy only when the focus is of particular relevance. That’s why Kim, Han, postdoctoral fellows Hee-Jung Song, PhD, RN, Soohyun Nam, PhD, RN, Youngshin Song, PhD, RN, and Tam Hieu Nguyen, PhD, MSN/MPH, RN, and others developed and piloted a hypertension-specific tool to measure print and functional health literacy among Korean Americans. They believe it can help prevent both research and clinical assumptions about consumers’ health literacy.

But their work isn’t stopping with the single pilot study. The team currently is analyzing promising data on Vietnamese Americans that may demonstrate the tool’s utility beyond Korean Americans.

Kim says, “We believe this tool can provide an important puzzle piece to a long-standing problem regarding communication challenges that face many first-generation immigrants as they try to navigate the healthcare system.” [“Development and validation of the high blood pressure-focused health literacy scale,” Patient Education and Counseling, May 2012.]

Students Join International Research Teams

by Kelly Brooks

Six nursing students will hone their research skills abroad this year, working with Johns Hopkins faculty mentors who are conducting research studies around the globe. The opportunity comes through the Global Health Established Field Placement (GHEFP) program of the Johns Hopkins Center for Global Health, which provides grants of up to $3,500 for students to attain international cross-cultural field experience.

In Durban, South Africa, two students will be working to improve treatment for patients who are co-infected with multi-drug resistant tuberculosis (MDR-TB) and HIV/AIDS. Master's student Amelia Rutter and undergrad Alina Burgi '13 will work with assistant professor Jason Farley, PhD, MPH, CRNP, to evaluate the feasibility of implementing a nurse-based treatment program across the country, which has the world's highest rate of TB/HIV co-infection.

“I plan on learning much from the nurses in South Africa, and I think it will make me a more effective and successful health practitioner,” says Rutter, who will graduate from the MSN-FNP/MPH program in August. Burgi, who has a previous master's degree in public health, says “I'm excited that I'll be assessing things from a clinical perspective.”

Master's student Jennifer Breads will travel to the Democratic Republic of Congo to study how microfinance opportunities may help survivors of violence recover and reintegrate into their communities. After working on this study with associate professor Nancy Glass, PhD, MPH, RN, FAAN, Breads will return to Baltimore to begin her new position as a Sexual Assault Nurse Examiner in Baltimore City, continuing to work directly with survivors and their families.

Accelerated bachelor's student Shanna Dell ’13 is looking for a less expensive way to test for MDR-TB in developing countries like Peru. Dell, who has a degree in biochemistry, will be working with Robert Gilman, MD, professor in the Bloomberg School of Public Health, to develop a low-cost, laboratory-free measure to identify patients who are at risk for MDR-TB. “I’m excited to get back to the lab for a little bit, and I’m also looking forward to evolving my research perspective into the clinical setting,” says Dell.

In Nicaragua, undergraduate student Teresa Pfaff ’12 will work with Dr. Patrick Byrnes, Johns Hopkins Medicine, on a study to improve multidisciplinary care for cleft palate patients. Pfaff and her research team will evaluate the use of innovative strategies, including the use of smart-phone technology and telemedicine, to create a model of care that approaches that provided in the United States. Pfaff will assist with study design, execution, data gathering, and analysis.

Keith Fischer '13, accelerated BS, will help lay the groundwork for using bed nets in Bolivia to prevent Chagas Disease, a parasitic infection spread by insects. Led by Robert Gilman, MD, professor in the Bloomberg School of Public Health, the team will work with the Guarani indigenous population to explore factors that may affect future bed net use. “This is an incredible opportunity,” says Fischer. “The program comes highly recommended and I believe I will walk away with a solid introduction to global health research.”
Student Album: Haiti

Nine nursing students traveled to Jeremie, Haiti last February for a week of public health nursing clinical experience.

Working with assistant professor Beth Sloand, PhD, RN, PNP-BC, the group provided screenings for blood pressure, growth, and body mass index; anemia screening and tetanus vaccinations for adolescents; prenatal care for women; comfort care at a local hospice; and health education on blood pressure, anemia, and healthy relationships.

Meg Adams ’12 wrote in her blog a few weeks before their journey: “The trip will satisfy the clinical hours for our public health nursing rotation, and it will give us the opportunity to work in the kind of global health setting that many of us hope to spend much of our careers in. More importantly, the work we will be doing in Haiti will make a difference. I can’t tell you how excited we all are to have this opportunity!”

Learn about Hopkins Nurses Around the Globe at nursing.jhu.edu/global.
From Peace Corps to Peace of Mind

“I always knew I wanted to work in healthcare,” says Sean Czaja, but it wasn’t until he worked with the U.S. Peace Corps and volunteered for an Operation Smile mission that he realized nursing was right for him.

His international experiences “ignited the want for constant patient interaction, exemplified the difference good nurses make, and solidified my current goals,” explains Czaja, who aspires to become an acute-care clinical nurse specialist and continue his involvement in global health. “Nursing is a career full of endless opportunities, and there is always a need everywhere for the skilled and compassionate work of nurses.”

His journey begins here, in the Johns Hopkins University School of Nursing’s BS-to-MSN with Clinical Residency program. Upon completing his accelerated bachelor’s degree, Czaja will continue his studies part-time in the School of Nursing’s MSN program while working full-time as a nurse resident at one of the Johns Hopkins-affiliated hospitals.

He credits the Nursing Scholarship Fund for “making the world-class education of Johns Hopkins University School of Nursing more accessible to me. As a student paying my own way through school, this scholarship has given me some peace of mind and made it easier to focus on becoming the best nurse I can.”

Sandra and Gerry Winfield are devoted donors to the Nursing Scholarship Fund. Sandra Winfield, a 1970 Johns Hopkins School of Nursing graduate and active member of the National Advisory Council, is a registered nurse and Nationally Registered Paramedic. She is also an EMS chief in Granbury, Texas.
Planting Hope for Baltimore’s Underserved Residents

by Colleen McArdle

I know nursing is hands-on, but I never thought it would literally have me digging in the dirt. While healthcare is certainly an appropriate career choice for me, I’ve learned that landscaping is not in my skill set. This humility was one of many emotions evoked at Johns Hopkins University’s annual Tri-School Day of Service: a day of spring cleaning in the Baltimore community held April 21, 2012.

Organized by the University’s Student Outreach Resource Center (SOURCE), the Day of Service offered students from the schools of nursing, medicine, and public health the opportunity to volunteer at local sites within the community. At Shepherd’s Clinic we planted flowers around the building’s exterior, painted rooms that would function as work stations for future social work volunteers, and assisted in converting medical records from paper to electronic.

Founded in 1991, Shepherd’s Clinic helps thousands of Baltimore residents who are unable to afford commercial health insurance, yet do not qualify for government assistance. The Clinic’s funding relies solely on donations from patients, private donors, foundations, and corporations. All services are volunteered by hundreds of dedicated healthcare professionals, in addition to nursing, medical, and other college students.

Making a difference within the community has always played a huge role in my life, and like so many of my nursing peers, I thrive on making people feel better. Having a background in preventative health and wellness, I began volunteering through JHU’s Community Outreach Program as a program assistant in Shepherd’s Clinic’s Joy Wellness Center (JWC). The JWC offers programs and therapies to promote healthy and practical lifestyle modifications, alleviate chronic symptoms, and prevent disease.

As leader of the service-day Shepherd’s Clinic volunteer cohort, I helped motivate my healthcare colleagues to get out into Baltimore’s 80-degree April sun and spread our JHU altruism into the community. Rather than scalpels and syringes, our tools were shovels and paint brushes. Even if for but a day, these contributions served to help in Shepherd’s facility expansion, thus increasing patient capacity. As an interdisciplinary team, we JHU students were able to join forces to better serve our Baltimore community and ultimately set people on the path to living happier and healthier lives.
Talking health policy with her state legislator, Johns Hopkins University School of Nursing student Shanna Dell ’13 feels right at home. When other families in her hometown of Madison, Wisconsin, went to the park or the movies, Dell’s family immersed themselves in political campaigning. When other families went to Disney World, Dell’s family went to Washington, DC to join in a national rally.

“We used to read articles and talk about issues over the dinner table as a family, and I was raised to be aware, active, and vocal,” says Dell.

by Kelly Brooks
Illustration by Mike Austin
And as a young nursing student, Dell is increasingly aware of how policies can have a direct impact on the work she does as a nurse and the care her patients will receive. This past winter, she enrolled in a seven-week health policy class taught by Pamela Jeffries, PhD, RN, and Rosemary Mortimer, MEd, MSN, RN. The goal of the class, says Mortimer, is for students to understand and influence policies that affect patient care and nursing practice.

The course culminated with a trip to Annapolis in February for Nurses Lobby Night, a statewide event organized by the Maryland Nurses Association (MNA). Dell and the other health policy students joined nurses from across Maryland to speak with representatives about a bill to increase penalties for patients or family members who are violent toward their healthcare practitioners. The evening was a success: the bill passed the legislature the first year it was introduced, which is “virtually unheard of,” according to Mortimer.

What did Dell and her classmates learn? “It’s important for nurses to take action. We need to stick together as a profession because there’s power in numbers, and that’s the only way we’ll make progress,” says Dell.

Nursing Practice and Policy
In the United States, there is no uniform national policy governing nursing practice. Rather, each state has its own Nurse Practice Act, a set of laws that regulate nursing licensure, accreditation, certification, and education in the state. Overseeing these laws in each state is a Board of Nursing, the governmental agency that determines who is competent to practice nursing, and what duties the nurses are responsible to perform.

When advanced practice nurses move between states, they face questions such as “Do I have the training and experience required to practice here?” or “Do I have the certifications I need to practice here?” When regulatory requirements differ, each state border represents an obstacle that could prevent nurses from practicing to the fullest extent of their capabilities, thereby limiting patient access to care.

In answer to this problem, the Advanced Practice Registered Nurses (APRN) Consensus Work Group and the National Council of State Boards of Nursing has developed the Consensus Model for APRNs. It’s a plan endorsed by 48 major nursing associations and credentialing organizations to create common definitions, standardized education programs, fewer specialties and subspecialties, and common legal recognition across states for APRN roles by the year 2015.

The result, according to Carol Hartigan, MA, RN, American Association of Critical-Care Nurses certification programs strategist, will be that “everyone involved in healthcare—patients, their families, educators, regulators, employers, payors and APRNs themselves—will benefit from unprecedented integration and consistency in the licensure, accreditation, certification, and education of advanced practice nurses.”
Changing Policy, Expanding Possibilities

“When we talk about scope of practice, we’re often talking about advanced practice nurses, but state laws often don’t let them function to the full level of their education,” says School of Nursing associate professor, Julie Stanik-Hutt, PhD, ACNP-BC, CCNS, RN.

Stanik-Hutt is the legislative chairperson for the Nurse Practitioner Association of Maryland, a champion of collaboration among national nurse practitioner organizations, and is nationally recognized for her influence on national and state policy.

In Maryland today, says Stanik-Hutt, the most pressing scope-of-practice issue is that clinical nurse specialists (CNS) don’t have formal recognition as advanced practice nurses. As a result, there was no protection for title, no uniform definition of what a CNS does, and employers didn’t have a good understanding of what a CNS was or could do.

“I had to tell students they had to be their own marketing agents,” says Sharon Olsen, PhD, RN, who was coordinator of the Clinical Nurse Specialist track at the School from 2005–2011. “They’d apply for an advanced practice nursing position, but they’d have to help their future employers understand the depth and breadth of what a CNS could do.”

It was clear to Olsen there was a need for regulation of CNS in the state, so she started speaking with colleagues—many of whom served as preceptors for Hopkins CNS students—and said, “we really need to do something about this.”

In September 2010, the team met and founded the Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists. The group’s goal: work with the Maryland Board of Nursing to create language that recognizes clinical nurse specialists in the state’s nurse practice act.

“We pored over all the regulations from across all 50 states and came up with our own regulations for Maryland CNSs,” says Olsen. “We sought to make them consistent with the national Consensus Model for APRN Regulation slated to be implemented in 2015.”

The draft regulations were approved by the Board of Nursing in February 2012, and Olsen and the Affiliate Group hope to see the regulations take effect by the end of this year.

“We’re so close to finally recognizing the effort of all legitimate CNS in the state of Maryland,” says Olsen.

Scope of Practice for RNs

Scope-of-practice issues aren’t just for the advanced practice nurses; registered nurses have similar professional concerns. Take for example, patient sedation. Should RNs be allowed to administer moderate sedatives, or should that be reserved for Certified Registered Nurse Anesthetists only?

In 2001, Laura Kress, MAS, MSN, RN, was invited to join a practice committee at the Maryland Board of Nursing involving the scope of practice of nurses during moderate sedation. As a nurse manager of The Johns Hopkins Hospital’s endoscopy unit, an area that regularly requires administering sedation to patients, she had a first-hand understanding of the difficult questions the team faced: “What is the role of the nurse in moderate sedation? Are our nurses practicing to the highest level of our potential? Would we be stepping on any other practitioners’ toes if we move forward?”

The Sedation Committee drafted regulations—which eventually became a declaratory ruling by the Maryland Board of Nursing—allowing RNs to administer moderate sedation. In 2008, however, new interpretation of the law required the rulings to be removed, and the nurses were left without direction from the regulatory agency.

Kress is preparing to re-address the issue with the Maryland Board of Nursing by conducting a new survey of states in an effort to convince the Board of Nursing to take another look at the regulations.

Making a Difference

“I know it can sound like getting involved in legislative or regulatory efforts is terribly time-consuming and you need special skills. But that’s really not true,” says Olsen. Her advice to nurses who are thinking of joining the effort? “Just get involved!”

And the new generation of Hopkins nurses are. After attending Nurses Night, Dell found that “networking with other nurses who are politically active really showed me how you can marry political action with a nursing career,” she says. “I am not sure how it will affect my work as a nurse just yet, but I can tell you that I intend to stay involved in my professional organizations and push them to support or oppose bills that affect nurses and our patients.”
After spending more than two years with the Peace Corps in Ethiopia and volunteering with the international children’s medical charity Operation Smile, Sean Czaja knew the impact nurses can have on patients and a population—and that he was ready to become one.

With the Johns Hopkins University School of Nursing’s Accelerated BS-to-MSN with Clinical Residency, Czaja found a dedicated path to that dream. He joined a handful of elite students with diverse backgrounds who share a common goal: to gain the experience they need to become leaders in their field.
"I loved what nurses did," he says. "Doctors don't have the same patient interaction. It's just a completely different patient experience."

Armed with their previous education and work background in healthcare, the students are fast-tracked through a bachelor's degree and into a clinical residency at one of the hospitals in the Johns Hopkins Medicine network. There they gain necessary hands-on knowledge before pursuing the advanced degree that will prepare them to be nurse leaders.

**Making the Grade**

"They are looking for a program that will utilize some of their experience," says JoAnne Flagg, DNP, CPNP, IBCLC, program director and assistant professor at the School of Nursing. Most of the students have considerable schooling or work experience under their belts, she adds, and here they can jump right into their passion, continuing learning while working in a paid clinical residency.

Funded by a five-year grant from the state of Maryland, the program also meets the state's need to increase the number of experienced nurses at the bedside, Flagg explains. These will be master's-prepared nurses, groomed to be leaders in the hospital setting. As the patient population grows older with more complex needs, the state's hospitals need more clinical nurse specialists who can apply evidence-based research to improve patient care and who are prepared to teach future nurses.

"We need nurses with these complex skills," says Elizabeth Jordan, DNSc, RNC, assistant professor and director of the school's baccalaureate program. "This is a program that allows them to develop those skills as a clinical nurse leader on the unit and to develop that expertise along the way."

Developing leadership through clinical experience is a familiar approach at JHUSON, and one shared by the Clinical Academic Practice Partnership program. Through this clinical opportunity, undergraduate students in their clinical rotations work closely with a nurse preceptor, actively integrating into the professional environment.

"It's innovative nursing education that allows us to maximize clinical opportunities to educate and skill up our nursing graduates," says Jordan.

Programs like this aren’t for the faint of heart, and in the accelerated nursing program, the students are carefully selected based on their GPAs, written essays, work experience, and an interview. They take some graduate-level courses while earning their bachelor's, but the small classes and tutoring support make it manageable. And each of the six students in the first cohort passed their NCLEX the first time.

Czaja, a Batavia, New York, native who studied developmental cell biology on the pre-med track, says he welcomes the intense pace. After his previous international experience and time spent conducting clinical research at a medical center, he was ready to get started on his goal of becoming a nurse leader. He says he wants to work abroad again, helping shape patient care—as well as his career.

100% SUCCESS!

With a 100-percent NCLEX pass rate (on their first attempt!), the first cohort of students in the accelerated BS-to-MSN with Clinical Residency program are on the fast track to nursing career success. After passing the nursing National Council Licensure Examination (NCLEX), these six students have now moved into the clinical residency portion of their program. Their achievement adds to that of other Hopkins Nursing graduating classes that, since 2009, have achieved stellar NCLEX pass rates on both first (96 percent) and second (100 percent) attempts.

Assistant Professor JoAnne Flagg (dressed in white) gives guidance and instruction to first-year clinical residency students (from left, dressed in blue) Rachel Backer, SarahAnn McFadden, Christiana Femano, and Sean Czaja.
Czaja’s classmate Catherine Ogunsola also wanted more of that patient interaction and education she wasn’t getting as a trained physician in her native Nigeria. Even as she applied for a residency position in the United States, Ogunsola felt like something was missing for her in a career as a doctor. Her pursuit of a master’s in mental health allowed her to follow her interest in research, but that too didn’t give her the fulfillment she wanted.

The accelerated nursing program combined all her passions and is allowing her to take a holistic approach to patient care, she says. “As a nurse you’re an educator, you work with patients; you’re the one who knows the patient,” says Ogunsola, adding she wants to apply her clinical and research skills in gerontology.

**Clinical Residency In Action**

For Katrina Zeigler, the dream of working with patients has already become a reality, as she’s now working as a labor and delivery nurse at Howard County General. Zeigler graduated with her bachelor’s degree in December, and started the clinical residency in February.

“It’s been a big learning experience, but I think my program prepared me well for it,” she says of her clinical residency, adding, “I was willing to work hard to get into the field.”

Zeigler, who brings to her residency experience volunteering at a hospital in her native Florida, is working her dream job. “I think I have the best job in the world,” she says. “I really could not be happier.”

Howard County General Hospital is also benefiting from the match. Debbie Fleischmann, MPA, BS, RN, NEA-BC, the Hospital’s director of clinical education, notes that the students selected for Hopkins’ accelerated programs tend to be “very high-caliber and very committed to being successful,” and Zeigler is no exception.

To facilitate that success, the Hospital provided a six-month orientation and minimized the number of preceptors working with Zeigler to better foster skill development. “The opportunity to have that student have a commitment to the organization during a time when they are young and growing their career gives the graduate and the hospital a chance to grow their knowledge base,” says Fleischmann.

Zeigler’s classmate, Fatuma Mawanda, envisions a day when she can run a clinic, perhaps in Uganda where she was born. With an advanced nursing degree — as well as her master’s studies from the John’s Hopkins Zanvyl Krieger School of Arts and Sciences — Mawanda will be able to put her research skills into action to improve healthcare conditions.

Mawanda starts her residency on a general medicine floor at Bayview this spring. The paid clinical residency couldn’t come at a better time, Mawanda says. Knowing she has a position lined up allowed her to focus on the intensive studies.

“You can get your stuff done, have the experience, and have comfort to know you have a job waiting for you,” she says.

Though Mawanda’s three-month orientation at Bayview just started, her preceptor Tara Kerby, RN, CMSRN, says she can already see how Mawanda’s previous education and experience set her apart. She’s picking up concepts much faster than a new grad might, putting her months ahead of younger, less experienced grads.

“Her critical thinking skills are there already, and the time management seems to be on point,” Kerby says. “You can see the maturity level, and the internal drive is different. It’s definitely apparent.”

To learn more about the Johns Hopkins BS-To-MSN with Clinical Residency Program, visit nursing.jhu.edu/hopkinsresidency.
When she was 16 years old, Nicklaine Paul, BSN, RN, woke up one night with excruciating pain in her lower back and legs. Growing up with sickle cell disease, she was familiar with the condition’s side effects. But this pain was more intense, like a “storm of daggers on your bones.” Paul’s family rushed her to the emergency room, where she sat in a wheelchair, screaming for three-and-a-half hours. “It was just unbearable. We have to do better [for our sickle cell patients],” says Paul, who is now a nurse in the Sickle Cell Infusion Center at Johns Hopkins.

Throughout health specialties, pain is the first symptom that drives people to seek services, says Suzanne Nesbit, PharmD, CPE, clinical pharmacy specialist and pain management research associate in the Department of Oncology at The Johns Hopkins Hospital. “We have to build a pain management infrastructure in our system to provide good patient care.”

To streamline the hospital’s pain management response, Nesbit chairs the multidisciplinary Pain Management Taskforce. The 35-member group meets monthly to maintain and update pain policy, review reported patient safety events, and recommend improvements in care related to pain management.

The group’s biggest challenge is addressing the stigma that patients and providers associate with pain management, says Bobbie Norris, BSN, CNRN, BC-PRN, a Committee member and pain resource nurse in the Neurosurgery Pain Research Institute. “Patients are afraid they are going to become addicted, and providers are afraid we are going to overmedicate the patient,” she says. “We need to come to a happy medium.”

That’s where nurses come in. “Nurses are the clinicians who are spending the most time with patients,” says Lynn Billing, RN, CHPN, BC, a Committee member and nurse coordinator with the Duffey Pain and Palliative Care Program. “You really need to dig deep and almost be a detective to understand where the pain is and what it feels like,” Billing adds.

To assist with pain management assessment, the Pain Management Taskforce is developing nurse-pharmacist resource teams in each department. Norris, the nurse leader on the pilot team in the Neurosurgery Pain Research Institute, remembers working with a soldier who lost his right arm and left eye after a bomb detonated in Afghanistan. He likely had not received enough opioid medication at other institutions. But after his surgery at Hopkins, the teary-eyed soldier said he felt better than he had on any other day since the accident.

“When you treat someone’s pain adequately and to their satisfaction,” Norris says, “the results you get are really remarkable.”

True Blood

Pediatric Nurses Reduce Deadly Blood Infections

by Whitney L. J. Howell

“Everyone scrutinizes their own practice,” said clinical nurse specialist Judy Ascenzi, MSN, RN. “There’s that little person on their shoulder, telling them to re-think: Did they wash their hands? Do they need to
Perfect Attendance

Meet “The Cal Ripken, Jr. of Nursing”

by Elizabeth Heubeck

An eerie quiet fell over Baltimore in the aftermath of “Snowmageddon.” The back-to-back snowstorms of February 2010 had dumped nearly three feet of snow on the city, and save for emergency snow-removal crews, few motorists braved the roads. But clinical resource nurse Stacey Taylor, RN, was out there, white-knuckling her way to the hospital. She’d shoveled for hours on end to dig out her car and make it to work on time.

“I think I was the only person on the road at 5:00 am in my Honda Accord. I was at the hospital for days,” she recalls matter-of-factly.

Taylor can’t remember exactly how long she’s been working on Osler 4; she thinks it’s been at least 25 years, maybe 26. But she does know this about her many years working as a Hopkins nurse: she’s never missed a single shift.

“I don’t call in [sick] for a headache, or because I want to go to the movies. I just don’t have that kind of outlook,” says Taylor.

Taylor developed her impressive work ethic at a young age. Her next-door neighbors owned a restaurant where she and several other neighborhood kids worked. Seeing up close how hard her restaurant-owning neighbors worked, Taylor says she never wanted to let them down. The same holds true today.

“She’s truly the epitome of a Hopkins nurse. She’s dependable, reliable, always willing to help her colleagues. She sets an example,” says her supervisor Kelly Caslin, nurse manager for Osler 4.

That Taylor has remained dedicated to a demanding job for so long may have something to do with her ability to decompress from her high-intensity hospital environment when she’s not at work. “When I walk out the door at the end of my shift, I can cut it off. I don’t carry my pager when I’m gardening,” Taylor says.

Since 2006, Ascenzi and other Hopkins nurses have been working to reduce central line-associated blood stream infections (CLABSIs). They serve as the “little person on the shoulder,” making sure their units do what’s necessary to prevent these potentially deadly infections.

Their efforts are part of the National Pediatric Quality Improvement program, directed by the National Association of Children’s Hospitals and Related Institutions. Since Hopkins joined the program in 2006, the JHH team has prevented 47 CLABSI-related hospital admissions, saving the hospital $2.1 million in care costs.

Nurses in all units conduct weekly self-audits, examining their behavior, said Cindy Herpst, RN, pediatric oncology outpatient nurse. They monitor how they’ve flushed lines, whether they’ve followed proper procedures for changing intravenous fluid hanging bags, and if they’re attentive to wearing gloves to preserve line sterility.

Audits also provide data about infection root causes, Herpst said. This knowledge can support changes to central-line practices, further reducing risk.

The CLABSI Collaborative Team also has impact outside JHH. Staff from Mount Washington Long Term Care and Kennedy Krieger Institute attend monthly meetings and implement the same central-line management strategies. This network facilitates a fluid continuum of care, making patient transfers safer and easier.

The Collaborative’s ultimate benefit, however, has been fostering family involvement, said Michael Rinke, MD, a Hopkins pediatrician with a National Institutes of Health grant to study pediatric CLABSIs.

“Nurses earned buy-in from families and changed the culture,” he said. “Families expect everyone will touch their children’s central lines in the same high-quality way. It’s made families vigilant advocates.”
Nurses Get a Move On

New Building Opens at Johns Hopkins Hospital

by Elizabeth Heubeck

Dawn Luzetsky, MSN, RN, drove down Baltimore City’s Orleans Street in the wee hours of April 29, 2012. She caught her first glimpse of a Johns Hopkins Hospital sign, lit like a beacon in the pre-dawn night on the brand new 1.6-million-square-foot hospital building. Tears cascaded down her cheeks.

After three years of dogged preparation, the time had finally come for the assistant director of Pediatric Nursing and her colleague Sherri Jones, MS, RN, coordinator of Nursing Programs for the Department of Surgical Nursing, to take up their positions in the hospital’s “command center.” For the next two days, they would help facilitate the tightly orchestrated move of 271 patients from their existing units to their new patient- and family-centered workspaces at the Charlotte R. Bloomberg Children’s Center and the Sheikh Zayed Tower.

“The project was unbelievably monstrous,” Jones says, but neither she nor Luzetsky would have considered turning it down.

The opportunity threw the women into situations they’d never before faced. Suddenly, they found themselves at the planning table with architects and engineers. They made big-picture decisions, such as how clinicians would communicate with patients and one another using a new hi-tech nurse call system; and they made minute decisions, such as selecting trashcans. Throughout this process they relied heavily on advice and perspectives from nurse managers in every unit. In the end, their decisions boiled down to what was best for the patients.

“We were managing the patient move like an organized disaster. We had to be ready for everything,” Luzetsky says. And they were. “It was amazing how smoothly it went,” Jones says, a smile of satisfaction spreading across her face. “It’s been the chance of a lifetime.”

“I helped deliver the last baby born in the historic building! It was very exciting; as soon as she delivered, we were making plans for her recovery as the first patient in one of the new postpartum rooms.”

—Sarah Barker, BSN, RN

“The move was like getting married: all the work and prep for the big day and then having it be over in a few hours made you feel a little deflated, but I’m still excited about the new space and getting to know the new blended staff in the PCCU.”

—Larissa Bell, BSN, RN
What Does It Take?
Hopkins moved 271 patients in 2 days

4,327 Sandwiches
3,700 Moving Staff
171 Planning Meetings
28 Total Moving Hours
4 Years of Planning
2 Dress Rehearsals
2 Mock Moves

34 minutes
Longest Patient Move
3 minutes
Shortest Patient Move

“IT was kind of surreal to see nurses take care of a patient in one room in the morning and then another in the afternoon.” —Donna Beitler, MS, RN-BC

“The most memorable aspect of moving day was the pride I felt personally in this institution and our commitment to our patients, their families, and to one another. I felt empowered in that all the years of providing feedback about our area was heard and considered when designing our new space” —Lisa Powers, BSN
Down Under
Nurses Have a Swimmingly Good Time

by Jennifer Walker

Calypso, a 490-pound green sea turtle, is a big ham, says Ed Carter, BSN, RN, CCRN, a volunteer diver at Baltimore’s National Aquarium. Carter once sat with her for 10 minutes at the bottom of a seven-foot deep pool, scratching her shell in front of the underground viewing windows while visitors took pictures. “She was just looking around and posing,” he says. “Animals have amazing personality.”

Laura Jansen, BSN, RN, a six-year diver at the aquarium, says her most memorable moment came on a routine-physical day. While a shark lay cradled in a hammock harness, an aquarium staffer inserted a needle into its thick skin several times to draw blood for lab tests. She pricked behind its dorsal fin and retrieved a sample. “It was really neat [to see],” Jansen says.

Carter and Jansen, long-time recreational divers and nurses in The Johns Hopkins Hospital’s Cardiac Surgery ICU and Adult Emergency Department, respectively, both say that their biweekly aquarium dives are a valuable stress reliever from their sometimes hectic days at work.

Carter and Jansen begin their eight-hour shifts by chopping up seafood, such as shrimp and mackerel, for the animals. Then they dive in two exhibits: Wings in the Water, a 260,000-gallon pool where Calypso, stingrays, and sharks live; and the Atlantic Coral Reef, a 335,000-gallon tank that houses 500 tropical fish. They feed the animals, observe their behavior for the aquarists, and administer medication when needed.

Carter says that interacting with underwater animals this closely is rare in the wild. “They take off as soon as they see you,” he explains. “It’s an experience that most divers don’t get to have.”

For Jansen, volunteering at the aquarium is a way to indulge her passion for scuba diving. “It’s a big release for me,” she says. “This was my thing before I was a nurse. It’s always been something I do.”
The CILC’s unit-based informatics leaders meet semimonthly to create high-tech strategies that nurses can use to provide quality and evidence-based care. On adult medicine units, for example, electronic health records prompt nurses to check patients’ vaccine status before discharge. In the emergency department, nurses track triage-to-provider time.

In all units, CILC members are supporting the process of identifying successful evidence-based practices and using clinical decision support to offer superior care. The types of data they collect and the ways the data shape their nursing practice differ for each unit.

Donna Beitler, MS, RN-BC, CGRN, a CILC nurse who offers technology skills classes, says informatics data revealed that cooling cardiac arrest patients is a best practice, so adult medicine nurses instituted a hypothermia protocol. In pediatrics, says nursing consultant Catherine Garger, RN, data highlighted that daily catheter changes distress children. The nurses altered the urinary catheter protocol and now change them on an as-needed basis. And in the emergency department, nurses track time from admission to discharge, and the CILC helped improve efficiency, said Heather Gardner, RN.

The CILC’s success stems largely from good two-way communication—from the bedside to the informatics experts and back again.

When bedside nurses have issues or suggestions, “they alert us,” said Debra Sherman, RN, CILC clinical leader and systems development manager. And when the changes or safety issues arise, “CILC ensures the information gets to the bedside nurse. It’s been helpful in improving our workflow for staff.”

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**Documentation Rules**

**Bedside Nurses Learn New Technology**

by Whitney L. J. Howell

In nursing, documentation rules. Historically, that’s meant binders with patient-care details. Today, it’s navigating multi-layered digital systems. To help nurses master these technologies, The Johns Hopkins Hospital launched the Clinical Informatics Leadership Committee (CILC).

“The impact on bedside nurses is huge,” says Donna Beitler, MS, RN-BC, CGRN, a CILC member and adult medicine nurse. “They have a place to ask questions, a place where they can seek help for things they don’t understand.”

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OR’s Sustainable Staffing

Nurse Internship Combines Mentoring and Professional Development

by Rebecca Proch

For new nurses drawn to the high-intensity pace of the operating room (OR), learning the specialty can be an exhilarating but intimidating challenge. There’s little to no OR-specific training in most nursing school programs, yet the work requires learning a dizzying number of new skills and procedures. It’s unlike other nursing specialties, and it’s difficult to get hired without experience. Those who do are often learning on the job. At Johns Hopkins Bayview Medical Center, the Operating Room Nurse Internship builds a bridge between education and employment by offering nurses a seven-month blended work-study program that combines the support of mentorship with the practicality of hands-on experience.

It’s been over a decade now since the program started, and the vast majority of Bayview’s OR nursing staff are themselves graduates of the program. Lenora Twesigye, RN, OR Internship Nurse Educator, who runs the program and who is also a former intern—puts the estimate at 80%. Says Kathleen Owens, RN, Nursing Director for Perioperative Services, “It’s good for the hospital because it’s difficult to recruit OR nurses, and especially to find experienced OR nurses. We rely on the residency program to cultivate our own nurses and meet our staffing needs.” Within Owens’s four-year tenure, the internship has trained and retained enough nurses to eliminate completely the need to staff with agency nurses.

With so many intern alumni on the staff, the mentorship aspects of the program take on an added depth. After the initial orientation and classroom training, which includes a five-day consortium with other nurse interns from 27 participating facilities in the Baltimore region, the four to six residents circulate for three weeks, each in seven different services, working one-on-one with a preceptor who provides guidance and support as well as training. “It’s wonderful to see nurses who came through the program become the mentors and teachers,” says Twesigye. “They know what the interns are going through. There’s so much understanding in the support they give.”

Jeanne Sedgwick, MS, RN, CNOR and Perioperative Clinical Nurse Specialist who works closely with the program, points to peer sharing as another key benefit to the interns. “As a group, there is strength in numbers,” she says. “It’s an uphill battle taken together which builds a cohesiveness between them.” Although the program participants are separated for their service rotations, they are still regularly brought together to share experiences and reflect. They turn to one another for empathy and advice as much as to their instructors and mentors, and camaraderie grows.

The program relies on the contributions of staff throughout the unit, acting as preceptors, trainers, and instructors. A representative from IT teaches the residents to use the OR management information system (ORMIS) that all Bayview OR nurses need to know. Owens teaches a class on professionalism in nursing that includes information on certifications and paths to career advancement in the OR specialty at Johns Hopkins Bayview.

“It builds interdepartmental relations,” says Sedgwick, noting that the interprofessional collaboration extends to the 27-member training consortium, where directors, managers, and educators are pooling resources to create a more well-rounded experience for the participants. “The consortium gets stories, perspectives and best practices from many facilities,” she says. “There is a wealth of knowledge that is shared, different practice issues that get addressed and resolved, so ultimately there is a benefit to the patient.”

At its core, that’s what the program is about—patient safety and maintaining
the highest quality of care. “Our program involves evidence-based practice, where we’re always looking for quality improvement opportunities,” says Twesigye. “We are fostering the habit of questioning in new learners so they will bring that into their careers. Questioning everything is the best practice for keeping our patients safe.”

Adds Sedgwick, “It’s not easy to get behind the mask. We are in a very assertive environment where the nurse is the main patient advocate. For some nurses, when they’re new, it’s hard to stand your ground for the patient. So hearing them develop that voice, to call out or stop things when needed, is an essential part of the program. For the hospital, it’s a winning situation all around. It saves money to hire competent, effective nurses with OR experience, but having well-trained, well-oriented nurses means having safer practitioners for the patient.”

At the end of the program, the interns receive certificates of completion at a ceremony attended by their mentors, peers, and nursing leadership. Every time, Sedgwick observes the professional pride of nurses coming into their own. “Seeing the shine in their eyes when they truly get it, watching them really grow into a professional, that’s when you know it’s been a worthwhile adventure for all of us.”
Hometown Hero
School Names Gym after Hopkins Nurse
by Sharon Sopp
To her co-workers, Digna Wheatley, RN, MHSA, is Howard County General Hospital’s risk manager, an ICU-trained nurse with more than 15 years of experience in patient safety, performance improvement, and case management. But to the people of St. Thomas in the U.S. Virgin Islands, she is a hometown hero. On that island, a high school gym bears her name.

The honor is a testament to Wheatley’s commitment to and advocacy for Ivanna Eudora Kean High School, where she was senior class president about 20 years ago. Although quiet and reserved, when her teacher encouraged her to run for student council, she accepted. “It wasn’t something I was interested in, but I prayed and decided to do it.” She started campaigning only two days before the election and easily won.

The next day, two classmates approached her about marching on the U.S. Virgin Islands (USVI) Legislature to gain school funding—a challenge she embraced. “There are two high schools on St. Thomas,” Wheatley explained. “The town school (Charlotte Amalie) always received adequate funding; Kean High School, in the countryside, used hand-me-down materials from the town school.”

Wheatley organized a three-day demonstration, with more than 1,200 students, teachers, and community members marching up to the USVI Legislature and the Government House. The march resulted in the appropriation of over $675,000 to build a new gymnasium, classrooms, bus shed, and track and field area. Among other educational improvements were more teachers and new books. It is recorded in the State Legislature Archives that Wheatley “led the most respected and successful march for educational equality.”

Describing the march as a surreal experience, Wheatley noted, “One of the teachers said that when I got to the top of the legislature stairs, I waved my hand and a hush came over the audience. She was amazed that a 17-year-old commanded such attention.”

In February 2012, Wheatley returned home for a ceremony honoring her efforts and naming the school gym “The Digna Marie Wheatley Gymnasium.” With former classmates, friends, teachers, and family on hand, Wheatley’s tenacity and perseverance were celebrated. “It was humbling to experience a tremendous amount of love, honor, and respect for an effort that was really much more than me.”

During a radio interview, Wheatley was encouraged to run for governor of USVI territory, a proposition first made when she was a teenager. “It would be a huge undertaking and something I would definitely have to pray about. I just don’t know what the future holds.”

The message she hopes to share is, “It’s important to listen and invest in the children of our communities and know that one person can make a lasting difference and impact in the lives of others. They can inspire and transform generations to come, just like I had the opportunity to do.”

As a teenager, Digna Wheatley led a successful student demonstration to obtain funding for her high school in the U.S. Virgin Islands. Today, the school’s gym is named for her.
Pancreatic enzymes are natural chemicals that help break down fat, proteins, and carbohydrates. They help maintain weight, aid in weight gain, neutralize stomach acid, and also promote nutrient absorption. A normally functioning pancreas secretes about 64 ounces of fluid daily into the duodenum. Pancreas enzyme replacement therapy is indicated for people who do not produce adequate enzymes and are therefore unable to properly digest food. Examples of conditions characterized by pancreatic enzyme deficiencies include cystic fibrosis, chronic pancreatitis, pancreatic cancer, pancreatic resection—such as the Whipple procedure (pancreaticoduodenectomy)—or a total pancreatectomy.

What are signs and symptoms of pancreatic enzyme insufficiency? Individuals who do not produce adequate enzymes experience malabsorption. Signs of malabsorption include weight loss or inability to gain weight despite a good appetite; frequent, loose and large bowel movements; foul-smelling bowel movements; mucus or oil in the bowel movement; excessive gas and/or stomach pain; and distention or bloating. Steatorrhea, the presence of excess fat in the stool, is common in individuals with pancreatic enzyme deficiencies; these stools float in water, have an oily appearance and may be very foul-smelling.

What is pancreatic enzyme replacement therapy? Most pancreatic enzyme supplements contain a mixture of digestive enzymes including lipase, protease, and amylase that are derived from porcine pancreas. Lipase works with bile from the liver to break down fat molecules so they can be absorbed and used by the body. A shortage of lipase may cause lack of needed fats and fat-soluble vitamins, diarrhea and/or fatty stools. Amylase breaks down carbohydrates (starch) into sugars which are then more easily absorbed by the body. This enzyme is also found in saliva. A shortage of this enzyme may cause diarrhea due to the effects of undigested starch in the colon. Protease breaks down proteins. This enzyme helps to keep the intestine free of parasites such as bacteria, yeast and protozoa. Lack of protease may cause allergies or the formation of toxic substances due to incomplete digestion of proteins and increased risk of intestinal infections.

Pancreatic enzyme replacement therapy comes in different formulations and dosages. The enzyme preparations are dosed by lipase content (5000 units, 10,000 units, etc.). Pancreatic enzyme is typically titrated: replacements are started at a low dose and gradually increased if symptoms do not resolve. It is best for the provider to start with an order for the smallest possible dose and adjust the dose based on patient response. The amount of pancreatic enzymes required will vary with the amount of foods consumed, and may need to be increased for larger meals.

Pancreatic enzyme replacements are dosed in capsule form. Inside each capsule are many small “beads” that contain the digestive enzymes. Each bead is covered with a special enteric coating that allows the beads to dissolve in the small intestine. The digestive enzymes are then released in the small intestine to aid in food digestion.
Tanzanian Nurse Provides Circumcisions, Prevents HIV

by Charles Wang'a

Wearing a surgical apron, mask, and gloves, nurse Illuminata Sanga speaks softly to a young man lying on an examining table. She is one of 200 nurses providing safe medical circumcision in the southern highlands of Tanzania in an effort to prevent the spread of HIV/AIDS.

Here in the town of Iringa, located in a region with three times the national average of people living with HIV, Sanga has participated in thousands of these procedures. Counseling the young men, prepping, cutting, and sewing—she has done it all. But she treats each patient with the dignity he deserves, offering words of comfort before she administers a local anesthetic.

Voluntary medical male circumcision (or VMMC) has been shown to reduce heterosexual men’s risk of acquiring HIV by 60 percent. It has become an important component of an HIV prevention strategy that includes condoms, limiting sexual partners, and abstinence.

With doctors in short supply in many areas of Africa, more and more nurses are taking an active role in HIV/AIDS prevention campaigns, providing education, counseling and testing and, as the World Health Organization recommends, VMMC procedures.

“Over 60 percent of the providers in Iringa are nurses. They are taking the lead in all steps of the voluntary medical male circumcision procedure,” said Dr. Augustino Hellar, VMMC Program Advisor at Jhpiego. “This is a strong example of the WHO’s ‘task shifting’ approach.”

With doctors in short supply in many areas of Africa, more and more nurses are taking an active role in HIV/AIDS prevention campaigns.

Helping build capacity of healthcare workers to provide and expand access to VMMC is just one of the health areas in which Jhpiego has partnered with Tanzania to provide quality health care for its people. Jhpiego also works in maternal and newborn health, malaria prevention and treatment, infection prevention, and quality assurance.

Sanga, 36, received her training in circumcision through a Jhpiego-supported program funded by the U.S. President’s Emergency Plan for AIDS Relief through the U.S. Agency for International Development’s global, flagship Maternal and Child Health Integrated Program.

As a senior operating room nurse at Iringa Regional Hospital, she was well-prepared for this new challenge. Her attention to detail and organizational skills helped make her proficient in minor surgery.

“Nurse Sanga has been a champion of the program in the region. Being one of the first providers to be trained in the VMMC program, she has proven to be a remarkable manager, a very proficient provider, a trainer and also a mentor for newly trained providers,” said Dr. Hellar.

In the past two and a half years, nearly 90,000 clients have received services in Iringa. “I believe I am making a significant contribution,” says Sanga.

Learn more about Jhpiego’s international nursing efforts at www.jhpiego.org.
A refreshing environment…a challenging role…an opportunity to take your career to the next level—you’ll find it all at Sibley Memorial Hospital. Sibley is a widely respected, premier 318-bed community hospital located in a lovely residential neighborhood of Northwest DC. With our recent affiliation with Johns Hopkins Medicine, Sibley has expanded our resources and capabilities, providing you an even more dynamic environment. It’s a supportive environment complete with ongoing education and a mentor who’s perfectly matched to your goals to help you grow and advance in your field. In addition, we offer competitive wages and comprehensive benefits, plus free parking! Sibley currently has opportunities in the following areas:

**Labor & Delivery RNs**
Bring your exceptional skills and nurturing spirit to Sibley. We are the area’s premier destination for expecting moms (with over 3,500 births annually) and we are currently expanding to include more LDRP rooms and a larger Special Care Nursery. Currently, Sibley offers state-of-the-art delivery rooms, three fully equipped operating rooms able to accommodate multiple births and two triage rooms.

**FCCU-RN II (Family Centered Care Unit)**
As part of the L&D team this position will lead multi-skilled patient care providers in the delivery of outcome oriented, safe, therapeutic and cost effective care. Must be graduate from an accredited RN program and have 1 year of experience in an acute care setting (preferably in Post-Partum).

**Lactation Consultant**
RN preferred with license to practice in DC. Requires certification by the International Board of Certified Lactation Consultants and 3+ years of experience in counseling breastfeeding mothers.

**OR/PACU RNs**
Sibley needs experienced OR/PACU RNs for our main operating facility. Sibley’s surgical services are expanding with the recent opening of our Ambulatory Surgery Center, featuring three operating rooms, high-definition video systems and new endoscopic equipment.

**ER RNs**
Work in an ER that practices leading-edge emergency medicine in a patient satisfying environment. The 24/7/365 ER at Sibley treats nearly 30,000 patients each year. The department is divided into two areas: major treatment and a Fast Track area for minor complaints.

**Education and Training Specialists: OR and Med/Surg**
Provides specialized education for the department, including orientation, in-service education and continuing education to all staff and patient education to inpatients and community. Requires an MSN and 1 year of experience

* All positions require a DC license.

Currently, Sibley Memorial Hospital is offering a completion bonus incentive for all nurses hired into an 8- or 13-week in-house contract in Labor & Delivery or Family Centered Care. All nurses will be paid a $5 premium for every hour worked. Bonuses will be paid upon completion of contract.

Learn more about our opportunities by visiting:

www.sibley.jobs
Asking the Right Questions
Purposeful Hourly Rounding Benefits Patients

by Sarah Achenbach

Questions, not answers, just might offer the best medicine. Every day, the nurses at the Sibley Memorial Hospital ask their patients: “How are you feeling?” “How’s your pain?” Important clinical inquiries, certainly. Since fall 2008, Sibley nurses have added a new round of questions: “What may I do for you? Can you reach the call button? Do you need toileting?” These simple inquiries, along with “Is there anything else I may do for you?” before leaving a patient’s room, have transformed traditional rounds, patient safety, and nursing practice.

Initiated by Sibley’s nursing administration, “purposeful hourly rounding” is a hospital-wide, nurse-led program to address patient needs on a continual basis. Historically, nurses rounded every two hours, explains Terri Woodside, RNBC, MSN, CDONA/LTC, director of nursing for Sibley’s Renaissance Skilled Nursing Facility. “How effective is it to tell a patient to ‘call if you need me?’ or to wait for the call light to go on? This proactive program puts the passion in what we do.”

“With compassionate, purposeful rounding, our nurses are engaged with patients’ care consistently.”

—Christine Inglisa, MSN, RN

Every hour a nurse enters a patient’s room and asks the patient about personal hygiene needs, positioning, pain, and personal items. These four “P’s” allow nurses to assess issues including mental state, restlessness, and the seemingly mundane matters that can lead to falls, such as whether a patient’s phone is within reach.

“It’s the details that create the big picture,” explains Cathy Pulford, ANP-C, ONP-C, clinical coordinator, Institute of Bone & Joint Health. “The program gives nurses a bird’s eye view clinically of what the patient needs and improves our communication as team members.”

The Hospital introduced competencies two years ago to ensure that every nurse is using consistent language as they round on patients, and this year the nurses added huddles to the program. They start every shift with reminders about purposeful hourly rounding and discuss important issues to be addressed when rounding. Christine Inglisa, MSN, RN, nurse manager, 4 East Orthopedics, adds, “With compassionate, purposeful rounding, our nurses are engaged with patients’ care consistently. It’s a new way of doing our work.”

The program has deepened the connection among nurses and the patient, patient’s family, or advocate, instilled more confidence in their nurses, and increased patient satisfaction. It has significantly decreased the number of falls and call lights. Between 2009 and April 2012 the fall rate for Renaissance decreased by nearly half—from 8.3 to 4.3 falls per 1,000 patient days. In the Medical/Surgical Service, director Vivian Gibson, RN, NE-BC, saw the fall rate drop 20 percent between 2008 and 2009; and between 2010 and 2011 the Service went from five major injuries as a result of falls to one.

Purposeful hourly rounding took on a whole new meaning for Gibson last February. After having heart surgery at another hospital, Gibson’s mother developed pneumonia and was admitted to Sibley. Gibson went from the role of nurse to that of concerned caregiver. “I saw first-hand, day in and day out, what a difference purposeful hourly rounding makes. It was a beauty to behold and made me feel so proud of Sibley,” she says of her mother’s hospital stay and subsequent recuperation. “When it comes home to you, you know it’s worth it.”
Compassionate Care for Open Heart Patients

The Heart of Suburban's Universal Bed Model

by Susan Middaugh

When caring for patients planning open heart surgery, establishing the right tone, staff, and setting are important. “They’re scared, and their families are scared,” says Kimberley Kelly, MBA, RN, CCRN, nursing director of critical care at Suburban Hospital.

With compassion as the starting point, Suburban has taken an unusual approach to preparing cardiac surgical patients for recovery. Since the NIH Heart Center at Suburban Hospital opened six years ago, patients receive all of their care on one unit—a practice called the Universal Bed Model.

“A team of versatile nurses have to be highly skilled to handle the acute critical care needs of the patient. At Suburban, we adjust our staffing ratios according to the patient’s clinical needs,” explains Kelly.

“This approach is seamless for the patient and gratifying for the nurses,” adds Linda Krause, MSN, ACNP, FNP, RN, CSC, one of three acute care nurse practitioners for cardiothoracic surgery at the Center.

Clinical educator Sarah Rasmussen, MSN, RN, CCRN, notes that when patients and their families come in for pre-operative orientation, the first thing nurses do is introduce themselves. “There is a consistency and continuity of care,” she says.

Patients and their loved ones find the continuity comforting. Montgomery County Circuit Court Judge Durke G. Thompson recalls his experience as a patient at the Center: “It gave me peace of mind. I got to know my care team, but more important, my care team got to know me.”

Moreover, the Universal Bed Model is having a positive impact on quality of patient care and outcomes. According to the Society of Thoracic Surgery, from May 2006 through December 2010 the risk-adjusted mortality rate was lower at Suburban (1.6 percent) than the national average (2.2 percent). The median post-operative length of stay for coronary artery bypasses was also better at Suburban (5 days) than nationally (7 days), and the readmission rate was lower (6.7 percent vs. 10.1 percent).

“Because our approach is unusual, we seek a different kind of critical care nurse with abilities that run deeper,” says Kelly. Finding the “right” nurses for the Heart Center can be challenging.

Rasmussen agrees. At the Heart Center, “our nurses have to be prepared to care for patients with changing acuities, ranging from a 1:1 patient ratio during their immediate post-operative period to a 1:4 assignment with patients who are ready for discharge. They have to be more nimble.” To prepare, nurses undergo several weeks of training to enhance their critical care thinking skills.

It is a challenge Rosemarie Gurion, RN, welcomed when she joined the Heart Center in 2006—a year after graduating from nursing school. It was her second profession, and she wanted to make sure it was the right fit. Although she has worked as an intensive care unit nurse, Gurion says she prefers the Universal Bed Model because “I’m connected to my patients from orientation to discharge.”

Mary Evans, NP (left), Suzie Levin, RN, Surgeon Michael P. Siegenthaler, MD, and Kimberley Kelley, MBA, RN, CCRN, critical care nursing director, report on a heart patient just hours after surgery during one of two daily rounds.
Alumni Update
Tina Cafeo, MSN ’97, RN
President, JHNAA

I hope everyone had a great Nurses Week from May 6-12, 2012! The JHNAA celebrated the week by holding an Alumni-Student happy hour at Red Star in Fell’s Point, as well as the annual Church Home and Hospital/JHNAA Alumni Tea. The Alumni-Student happy hour was well attended, especially considering the students’ divided attentions. (Nurses Week coincided with finals week!) The Alumni Tea, held this year in the Octagon Room in Mt. Washington, was enjoyed by all who attended. It’s the continuation of the great Church Home tea tradition. As usual, Deb Kennedy, CHH ’73, planned a terrific event with delicious tea and food, good company, and a brief presentation from the staff at the Medical Archives. Please see page 59 for photos from the Tea.

I hope you’ve all received Alumni Weekend materials and are making plans to attend! September 27-29 should be an exciting weekend. Thursday night kicks off with a cocktail party at Bond Street Social—a new waterfront restaurant and bar in Fell’s Point. Saturday’s schedule includes educational panels (eligible for credits), tours of the new hospital, and class dinners. We’ll wrap up the weekend on Saturday with coffee with the Dean and me, a talk given by faculty member Ibby Tanner, the alumni luncheon, and the leadership dinner. You don’t want to miss the Evening with the Stars, so please turn to page 54 for registration information.

As always, I urge you to get involved in the JHNAA. My experience on the Board has been incredibly fulfilling and rewarding; and it’s a great way to stay connected to colleagues and classmates. We’re refocusing some of our committees to better represent our priorities and the exciting work we do. For instance, the Membership Committee will now be called the Alumni-Student Committee, and its primary goal will be to provide professional and personal support for students and alumni. Its initiatives include the mentorship program, alumni panels and networking receptions, and the pinning ceremonies for our nursing graduates.

Please e-mail JHNAA@jhu.edu or call 410-955-4285 to get involved!

CLASS News

‘47
Remember the year 1947. It was a New beginning and a noble effort to help Our country, especially those fighting for our freedom. Upon the urging of Mrs. FDR, we were 100% patriotic in joining The Cadet Nurse Corps. 65 years ago was a remarkable time in our history. We are the seed from which the School of Nursing is tops in the nation for education of nurses And other health care workers worldwide. Be proud, come and celebrate this remarkable Time in history for us and the Nursing School See the new campus of the Johns Hopkins Medical Center Nestled around the classic buildings of its foundation. —Elsie Peyton Jarvis ’47
Judith Simms Dawe lives in PA where she participates in local history projects, including collecting local history data and old pictures for a Website at the local university and sharing data for history books which have recently been published. Since graduating from Hopkins, Judith attended Millersville College to update requirements for migrant education and school nursing. She has two sons and one grandson. Her husband Gordon is deceased. She is fond of her memories of the Cadet Nurse Corps. She is happy to say she received a perfect education at Hopkins, which her mom called “The Mecca.” Margaret Ann McClaren White’s daughter tells us that Margaret lives in TX, where she enjoys playing cards, Mexican Train Dominos, bingo, and doing jigsaw puzzles. She has three daughters and three grandchildren. Margaret owned her own business, The Quilt Patch, in Houston in the 1970’s, and worked with her husband Dr. A.W. White, Jr., who is now deceased, in his private practice, and then later in an urgent care clinic. Margaret had a stroke and is now in a wheelchair. She remembers her time at Hopkins as a great joy. Kathryn Heller Saugen-Erickson lives in Coeur d’Alene, ID. She has five children, 13 grandchildren, and 17 great-grandchildren. After Hopkins she received her bachelor’s in nursing at Moravian College for Women in Bethlehem, PA. Kathryn is retired now but during her career she worked in OB/GYN, Dermatology, and Rehab. She is a volunteer usher at the Summer Theater, performs with the “Kookie Kutters” of Suni Sands RV Park during the winter and enjoys bicycling. Her book, Never Turn Back: Bicycling 2,850 Miles with No Support System, published in Sept. 2011, can be purchased on Amazon.com.

‘50 Class Reporter—Betty Borenstein Scher, (443) 449-5934, bbscher@comcast.net. Cora Jane Lawrence still writes with rapture of her move to her “complete care retirement home.” She attended her niece’s graduation from college, but sadly her brother Bill died in March. She enjoys her “gardening” now at the produce section of the market. I had a long conversation with Lolita Beidelman when she called to thank me for a gift which I had not sent—it was a different friend named Betty. We talked about the JHH expansion to several Washington, D.C. hospitals, nursing care of
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Who was the first person from Hawaii to graduate from The Johns Hopkins University School of Nursing?

By Betty Borenstein Scher ’50

Mabel I. Wilcox, class of 1911, was the first Hopkins Nursing graduate from Hawaii. But it was far from easy for her. Although she always had felt that nursing was her career-to-be, her wealthy and influential parents considered nursing “unladylike” and refused to consent to her desire. Finally, they agreed that if she still wanted to pursue nursing when she was 25 years old, they would consent. Of course, Mabel already had applied to Hopkins and been accepted; however, she waited until she was 25 years old and entered the first class after that birthday.

After graduating and working for a few years in public health, she returned to Hawaii and set to work revolutionizing healthcare on her home island of Kauai. First she convinced residents to be treated for tuberculosis, and through her efforts the disease was wiped out on the island.

When World War I began, she became a Red Cross nurse and took a group of 15 nurse aides to Europe to help refugee children and civilian populations. She then served 18 months as a head nurse in France and Belgium with part of this service “directly behind the firing lines in Belgium.” For her work she received medals from the Queen of Belgium and from the city of Le Havre in France.

Upon her return to Kauai she resumed working in public health. She created and led the Tuberculosis and Health Association. She also helped form the Kauai Nurses Association and became its first president, serving for 14 years. She improved prenatal and maternal care for women and their children and established classes for midwives in the area. Equally important, Kauai got its needed separate TB hospital after “Miss Mabel talked to Uncle Albert and Aunt Emma,” who gave the money to build the hospital for tuberculosis patients.

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

Who is this Alumna?
gardening and thinks her greatest achievement is her family. She remembers going to the Alcazar and having great fun.

'55 Class Reporter—Margie Barber Trever, (410)822-0479, mbtrever@gmail.com. Sandy Harvey Steinberg spent Feb.–Apr. driving to FL, relaxing, rejuvenating and spending time with family and friends. A 60-year high-school class reunion in FL took in a spring training ball game of their hometown Phillies. Mary Ann Peterson’s mother died in 2008, and she and a longtime friend built a Park model home at the Word of Life Conference Center in Hudson, FL; they do mission work with Global Media Outreach, a ministry of Campus Crusade, e-mailing all over the world. Any classmates in the area are welcome to visit. Lea Lazaga Nichols has a 93-year-old sister remaining in the Philippines who has to date survived the disasters there. Lea plays bridge and goes to the gym regularly, having fully retired in 1992. She plays doubles tennis twice a week with ladies 60s to mid-80s and delivers meals to homebound seniors once a week. Lea also gardens, dabbles in art, and keeps tabs on Downton Abbey, her soap opera. Husband Tom continues to work part-time with a disabled client. They love their paradise on the CA central coast. Kay Smith Burr continues piano lessons and delights in her progress. Nancy Maloy Manderson wrote that husband Rufus died January 2011, leaving her and dog Sadie to hold down the fort. Nancy is active in church activities and plays bridge often. She says Savannah is a great place to visit, and she has plenty of room for any class of ’55 individuals to drop by and say hello when in the area. As for me, Margie, Bob and I attend a monthly local Parkinson’s support group under the auspices of Hopkins, socializing, listening to topics re: PD research, with tips on coping with this insidious ailment, glad that researchers are striving hard toward successful treatment.

'57 Judith Eaton Switzer has been married to her husband Robert for 52 years. Since graduating from Hopkins she has taken some college classes and retired twice. She enjoys reading, knitting, using the computer, and family activities. Judith has many class memories from Hopkins. Judith stays in touch with Jan Hartmann Lee. They planned a June visit in Birmingham, AL. They had moved together to CA in 1958. Judith and Robert sold their place in FL in December. As for Judith’s health, apart from high blood pressure and cholesterol, she is doing fine! She wishes she could attend the reunion in September and even though she cannot make it, she will be thinking of her classmates. Elizabeth “Betty” Wade Maalouf lives in NY where she is a volunteer at Blythedale Children’s Hospital, participates in water aerobics, and is in two book clubs. Since graduating from Hopkins she received a BSN from the University of
Pennsylvania, a Master's of Science from Boston University, and an EdD at Teachers College of Columbia University. She is currently an adjunct instructor at the School of Nursing at the College of New Rochelle in NY. Betty's husband, Anwar, is deceased, and she has three daughters and grandchildren. After Hopkins, Barbara Williams received her MSN at the University of Illinois Medical Center in Chicago. She has taught in BSN, ADN, and diploma schools of nursing. She currently enjoys her medical mission work in Central America, where she also taught Bible in Spanish and continues to study the language. She remembers the Nurse's Christian Fellowship fondly. Marge Heinbockel Groppe lives in Smithtown, NY, with her husband Bill. They have a daughter, a son, a daughter-in-law and two grandchildren. Marge received her master’s in nursing education at Columbia University. She is retired and enjoys family, church and gardening. Marge remembers close lifelong friendships and the development of nursing skills and ethics for the years to come. Kathryn (Kathy) Bachman Yen lives in Del Mar, CA. She has three daughters and one granddaughter. She obtained her BSN at Hood College and became a Holistic Health Practitioner in 1985. She is retired but “nannys” for her granddaughter. She knits baby blankets for Project Linus. Kathy’s special memories are the good friends she made for a lifetime. She remembers Miss Mackert coming to see her at Case Western Reserve in Cleveland; Kathy had just had a C-section but scrambled out of bed to stand in her presence!

‘58 Judith Knight Whitsitt Maddy and her husband James just celebrated their 50th wedding anniversary. They met when he was an intern at Vanderbilt Hospital on the floor on which she was head nurse. They have six children and five grandchildren. Judith worked in her husband’s endocrinology office, was a member and past president of the Fine Arts Club in Casper, TN, was at one time president of the Casper Humane Society, belonged to the Casper Kennel Club, and sang in the church choir at the Shepherd of the Hills Presbyterian Church. They will have a family anniversary celebration in the Tetons in August.

‘66 Barbara Harbount Brouillette. Mary Ruth Williford Hedstrom, Michelle Censullo Burns, and Susan Matthews Epstein spent a relaxing week together on Malmok Beach in Aruba in March 2012. They enjoyed many glasses of wine while reminiscing and watching the Caribbean sunsets from their deck.

‘67 Barbara Ranowski Brown lives in Ogden, UT, with her husband of 32 years. They have three sons, eight grandchildren, and a cocker spaniel. She received a BS in education from the University of Alaska. She became a nurse educator. Barbara enjoys photography and genealogy. Her greatest achievements are her three sons. Her memories of the School of Nursing—it was hot!

‘92 Accelerated Ilana Braun-Tuchman lives in Baltimore with her husband and six children. She works at Sinai Hospital of Baltimore, The Rehabilitation Hospital at Sinai, and is manager of Patient Care Services. She enjoys family and cooking. She is a Certified Rehabilitation Registered Nurse.

‘97 Holly Villepique Hickey lives in Silver Spring, MD, with her husband and 13-month-old son. She received her MSN from Hopkins in 2003. She works full-time as a PNP at Children’s National Medical Center in interventional radiology.

Where in the World is the Nursing Pin?

In honor of National Nurses Week, Johns Hopkins University School of Nursing is announcing a summer-long alumni and student initiative: Where in the World is the Nursing Pin? From now until September 5th, we’re asking our alums and students:

■ To cut out the image of the Nursing Pin on the next page
■ Take it with you on your journeys—near and far—this summer
■ Take a photo of you, your family, or your friends (with the pin) in front of your favorite location

If you’re not planning any trips, no need to worry! Take the photos in your own backyard. These photos will track all of the adventures and accomplishments of our alumni and students. We’re planning a big display in September on Facebook, in this magazine, and at Alumni Weekend, September 27th–29th.

Please email or mail your high-resolution photos (JPEG file in original size) to Lindsay Dorrance by September 5th.

Lindsay Dorrance
Director of Alumni Relations
525 North Wolfe Street
Baltimore, MD 21230
ldorrance@jhu.edu

Let’s see how far we can take this! Whose pin will travel the farthest? Stay tuned.

Class of 1958 alumnnae Judith Fraser Parente and Nancy Gould Carr took the nursing pin to the Bernese Alps.
‘97 Accelerated Lisa Lynch Jones is married and living with her family in Bloomington, MN. She was chosen as outstanding graduate student in Metropolitan State University’s College of Nursing and Health Sciences. Lisa is an FNP at a travel and infectious disease clinic in MN where she advises global travelers, and is an infectious disease and HIV primary care provider. Lisa is a triathlete, and member of the International Society of Travel Medicine and the Minnesota Nurses Association. Michael A Frakes received a master’s of science in nursing from the University of Connecticut in 2005. He is currently the director of Clinical Services and Performance Improvement for Boston MedFlight in MA. He is also on the board of directors for Air and Surface Transport Nurses Association, the Board for Certification in Emergency Nursing, and Project Helping Hands. Michael is also an examiner at Malcolm Baldrige National Quality Program. Mary Sinden-Stalls is living in CO. She has completed a master’s of science in nursing and is an FNP at an adolescent clinic/school-based health center and at Poudre Valley Hospital in Fort Collins, CO. Anthony Saucier received his MPH after graduating from Hopkins and is now working at San Francisco General Hospital and California Pacific Medical Center, St. Luke’s campus. Kristine Nucitelli lives in Saddle Brook, NJ. She obtained her MSN and is an adult nurse practitioner at Hackensack University Medical Center in adult outpatient oncology. Kristine is preparing to start the DNP program in spring 2013. Jeanne Florance Yamashiro lives in Rancho Murieta, CA and works as a pediatric nurse at U.C. Davis Medical Center. She is an RNC in pediatrics. Robin Veidt Manson received a further degree at University of MD Medical School and works part-time at Gilchrist Hospice.

‘97 MSN Kevin Mallinson received his PhD in 2001 from JHUSON. He was awarded a Fulbright Scholarship for a year in the Kingdom of Swaziland. He will leave in late July and be on the campus of the Southern Africa Nazarene University in Manzini. He will teach a course on the impact of HIV on Swazi society and conduct a couple of research projects. He is thrilled to have this opportunity.

‘02 Sara Russell Rodriguez lives in Pewaukee, WI, with her husband and two children. She received her MSN/MPH from Hopkins in 2003. She is Director of Clinical Analytics at Benefit Services Group, Inc. in Pewaukee, WI.

‘02 Accelerated Joy Wade is living in MN with her husband Scott and two sons and one daughter on the way. She works casually at Maple Grove Hospital and loves being a mom and wife and the flexibility a nursing career affords. In nursing school, she loved Rosemary Mortimer’s L&D rotation, and remembers the care plans that kept everyone up at night, and studying and living with amazing friends.

‘07 Heidi Huston Hogan took a position at Mayo Clinic in Rochester, MN, in the Liver/Kidney Transplant ICU following graduation in May 2007. This was an incredible opportunity as a new graduate, but she missed her family. She returned to work at her hometown hospital, Olathe Medical Center, Olathe, KS, in 2008. Heidi remains employed as a critical care nurse. She received her CCRN in March 2009. She married her husband, Derek Hogan, in May 2010. They welcomed a son, Jackson Douglas, in October 2011. Heidi completed her MSN in Nursing Administration two months later from MidAmerica Nazarene University and is currently clinical faculty in their accelerated nursing program.

‘07 Accelerated Cynthia Swanson is currently an operating room nurse at University of Maryland Medical Center’s Adams Cowley Shock Trauma Center. She will soon be working with Doctors without Borders in South Sudan as an operating room charge nurse for six months. She is certified as a CNOR and has a Certification for Professional Attainment in Perioperative Nursing Practice.

‘07 MSN Laurie Saletnik, received her DNP degree in 2009. She has been appointed the Director of Nursing for Perioperative Services at Johns Hopkins Hospital. Laurie has been serving as the acting director, and will now continue as director. She has more than 25 years of perioperative experience at Hopkins.

‘09 PhD Major Jennifer J. Hatzfeld, Chief of Nursing Research at the Clinical Investigation Facility, 60th MDG, Travis AFB, is the 2011 recipient of the USAF Outstanding Achievement in Clinical Research award. This award is given to one person each year from all the researchers in the Air Force. Major Hatzfeld is currently stationed in Bagam Air Force Base in Afghanistan.

‘11 Mohammad Kamara was awarded the Nursing Excellence Award for New Graduate Nurses at INOVA Alexandria Hospital in May 2012.

‘11 DNP Capt. Kimberly Bishop Ellenberg was named Milton Hershey School’s 2012 Alumna of the Year. Kimberly was chosen by MHS for her humanitarianism and exemplary service to others throughout her career. Recently, Kimberly accepted a position with the Office of the Assistant Secretary of Defense for Health Affairs Office of the Chief Medical Officer as the deputy director for population health, medical management, and patient-centered medical home health care. She will be responsible for utilization, case, and resource management for 36 military treatment facilities that serve 9.7 million beneficiaries. Part of her role is to also serve as the Department of Defense liaison to the White House for initiatives related to her responsibilities following disasters.

For more details and photos, go to www.nursing.jhu.edu/alumninews.
Nurses Week is Just Our Cup of Tea

Nursing alumni from Johns Hopkins and Church Home and Hospital celebrated Nurses Week over tea on May 9 in the Octagon Room at Mr. Washington. Deb Kennedy shares her recap of the tea below.

Archive Donations

Recently many exciting items have been donated to the Church Home archive collection.

Thank you to Gaynel “Mickey” Buterbaugh ’52 for her recent donation of posters, student cards, news articles and correspondence.

It was within this donation that I came upon letters that talked about two very special items. With the help of the Internet, I was able to find a copy of As Time Goes By. This was written by Ann Stifler Pearce ’42. It is a wonderful account of Ann’s time spent in the Army and traveling through Europe during WWII after graduating from CHH. The book was purchased online and donated by MaryAnn Lukowski Ivancio, ’76. It was especially delightful to have Ann attend the Tea and join her three classmates from the class of 1942, all celebrating 70 years in nursing!

In a letter to Mickey was a note about a quilt made by Jane Ridgely Halbert ’37. Jane had made a quilt from the material of her pink and blue student uniforms in the Dresden plate design. Again, with the help of the Internet, the quilt was found in the home of Jane’s cousin, Dave Pindell, who very willingly donated it to the archives. Mr. Pindell also donated a letter and certificate Jane received from President Truman, decorative cards with Jane’s picture, and a 1998 copy of The Ensign, which has an article about the quilt.

Beth Chevalier, the daughter of Myrtle Miller Watson ’35, graciously took my call after her mom passed and donated several items. Included are Myrtle’s diploma, graduation program, class picture, Army photo, and Women in the Military Service Memorial program.

I also want to report that the 75th Anniversary diamond pendant that was given to Hester DeHaven ’31 has been passed on to her niece, Barbara Dibble Taber ’71.

Third Annual Tea a Delight!

On May 9, alumni from Church Home and Hopkins gathered at the Octagon in Mount Washington for the third annual Tea. A highlight of the afternoon was the opportunity for guests to see various items that have been donated to the archive collections. Congratulations to Margaret Cannoles, who was the winner of the Longaberger Tea basket.

In Memoriam

Virginia Sweetman Barnett ’41
Helen Chart ’47
Ann Rickett Shultz ’57

Send your news and address changes to:
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At the time, the Class of 1924 was the largest to have graduated from the Johns Hopkins Hospital School of Nursing. Sixty graduates from 24 U.S. states and three foreign countries received their nursing diplomas at the ceremony.

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