

JOHNS HOPKINS NURSING

Volume XI, Issue II

Summer 2013

An illustration depicting three nurses in blue scrubs and stethoscopes, each carrying a large, multi-story building block. They are standing in a vast, flat landscape where numerous other similar building blocks are scattered around. In the background, a city skyline is visible under a bright sun and blue sky with clouds. The overall theme suggests community building and healthcare infrastructure.

East Baltimore Neighborhood of Uncommon Collaborations

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RN motorcyclists know the risks, but relish the ride

Making an entrance. Students help incoming Dean Patricia M. Davidson feel right at home, dancing with her across the courtyard for a video celebrating Dean Martha N. Hill's successes and Davidson's promise as her successor. "She is a builder and a doer," says Hopkins President Ronald J. Daniels of Davidson, who will become the fourth dean of the Johns Hopkins University School of Nursing on September 1.

Photograph by Will Kirk/homewoodphoto.jhu.edu



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

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by Elizabeth Heubeck



Nurses naturally want to make things better—and they don't have to be in a hospital to act on that instinct. The East Baltimore communities that surround the SON campus happen to be the perfect living classroom for everyone from first-year undergraduate nursing students to veteran nursing professors and researchers. Through a number of partnerships, the School of Nursing is working to improve the health of the neighborhood while doing its own students plenty of good at the same time.

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by Sara Michael



In the first partnership of its kind, Johns Hopkins University has taken on the operation of a Baltimore city school and worked to get it a new, state-of-the-art home. The state of the heart—and children's health in general—is what drew the School of Nursing into the project.

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by Andrea Appleton



Lee Gilman, right, part of the 17-month fall-entry accelerated program, is among a growing number of students who choose to live in East Baltimore for its location, its diversity, and plenty of other positives that folks outside the city rarely see.

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Contributors



Freelance writer **Elizabeth Heubeck** enjoys exploring the interplay between the diverse people and communities of her hometown, Baltimore. In the article *East Baltimore, Neighborhood of Uncommon Collaborations*, she has the opportunity to do just that—addressing unique partnerships between the Hopkins nursing community and East Baltimore residents. Elizabeth's writing appears in various local print and online publications, including BaltimoreFishbowl.com, the *Baltimore Sun*, and *Maryland Life Magazine*.



As someone particularly interested in health and wellness—and the mother of a toddler son—**Sara Michael** was excited to learn about the holistic approach and vision behind the Henderson-Hopkins School. Sara has covered health, among many other topics, for newspapers and magazines and now works as an editor for an online medical trade publication.



Rebecca Proch's favorite thing about writing for *Johns Hopkins Nursing* has been the opportunity to hear and tell the stories shared by fascinating people. "I've always resonated with the Muriel Rukeyser quote, 'The universe is made of stories, not of atoms,'" she says, adding, "However, my interview subjects might beg to differ!" Rebecca is a freelance writer based in Northern Virginia who also manages technology and multimedia resource projects for the arts education programs at Wolf Trap Foundation for the Performing Arts.



A graduate of the Rhode Island School of Design, **Aaron Meshon** now lives and works in New York City. His work has been seen in hundreds of publications as well as on lunch boxes, T-shirts, puzzles, stationery, and magnets. Some day, he would like to sell his products from a mobile sweet potato truck in urban Japan. To see more of his work, go to www.aaronmeshon.com.

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

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Cover illustration by Aaron Meshon

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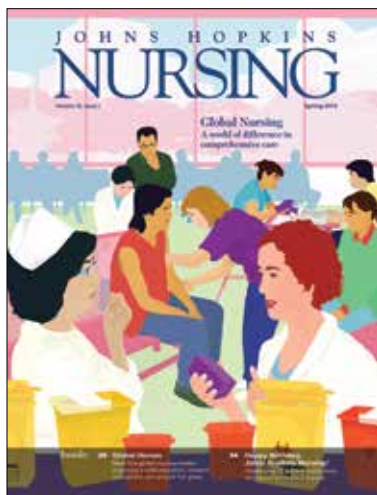
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Nursing Assessment



Letter From the Editor:

Boy Oh Boy

Here at *Johns Hopkins Nursing*, we can tell the boys from the girls. Yet it might not have seemed so in the Spring 2013 issue. In our tribute to Dean Martha N. Hill's tremendous accomplishments at the school, we assembled a lovely spread of charts, one of which, "Student Gender Diversity," switched the symbols for male and female. Apparently dazzled by the colors, we didn't notice the gaffe. John W. Payne, MD ('61), did notice. He is an ophthalmologist, but still ... ouch.

We truly regret the error and will try to do better. In the meantime we'll offer a thank you and a salute to John Payne (Honorary Proofreader No. 1)

and Nicholas Cunningham MD, DrPH, another Hopkins alumnus who quickly pointed out the slip.

A corrected chart and an update on the growing percentage of male students at the School of Nursing are on Page 14. We've also got more on Dean Hill's sendoff, a look at East Baltimore as the home for uncommon collaborations and, increasingly, more students who ignore the neighborhood's reputation and instead embrace its charms, and lots more.

Please enjoy the new issue. And if something doesn't look quite right, give us a holler.

Steve St. Angelo
Editor

Letters To the Editor:

The Only Choice

It was gratifying to see on the chart on page 7 in the Spring 2013 issue of *Johns Hopkins Nursing* that 96.5 percent of 2011 and 2012 graduates are currently employed. I do not, however, understand the statistic of 77 percent who obtained their first-choice position. That statistic seems not to apply to my daughter '12, and her cadre of friends because they accepted the only job they were offered. Perhaps they are not a significant percentile, but all of them graduated with awards or honors of some sort.

Since networking is now more than ever a crucial tool in the job search, it would be very helpful to list the names of those 96.5 percent members of the 2011-2012 graduates, where they found employment, and in what capacity.

Jill Spiller
New York, NY

Editor's Note: Employment statistics were based on preliminary data through March 1, 2013. Final analysis following the close of the 2012 employment survey in May

shows that among all survey respondents, 75 percent answered in the affirmative to the question "Were you able to obtain your first choice in a nursing position?" We agree that networking is a "crucial tool" and although these confidential responses cannot be shared, networking assistance is available through the Johns Hopkins Nursing Alumni Association. More information can be found at <http://nursing.jhu.edu/alumni-giving/alumni/index.html> or by contacting Alumni Relations.

Labor Strife

In the Spring 2013 issue, I was inspired by reading about the work of Nicole Warren [PhD, MPH, CNM] with "matrones" in addressing excess maternal mortality in Mali ["Have Passport, Will Research," page 18]. Having spent years working with auxiliary midwives in Nigeria, I was reminded of three lessons I learned:

1. Since labor complications can happen to anyone and need to be referred, every community should be encouraged to maintain its own fund so that any mother in trouble is afforded the means to hire any available transport.

2. Because so many moms are hard to reach, auxiliary midwives must be relied on to carry the load of outreach efforts. Few have the education needed for professional advancement but all require training and supervision.

3. In our efforts to "upgrade" services we often forget the importance of maintaining the ratio of supervisory/training nurse midwives to auxiliaries, which should be at least 1:15-20.

Nicholas Cunningham MD ('55),
DrPH ('77)
Professor Emeritus, Columbia University

Letters to Johns Hopkins Nursing

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

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Letters will be edited for length and clarity.



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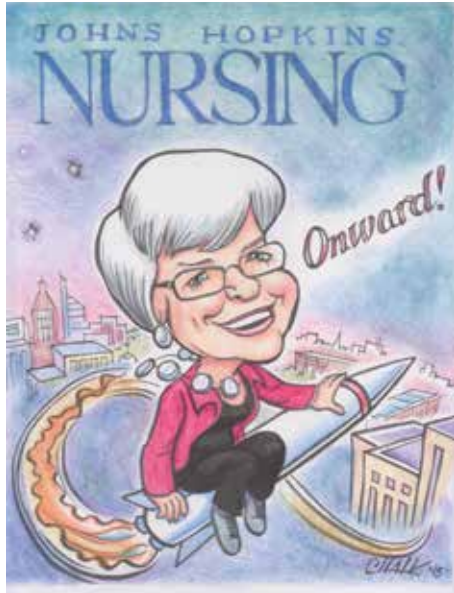
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JOHNS HOPKINS
SCHOOL of NURSING

Hill Shares, Counsels Class of 2013 on Voyages of Discovery



Excerpt from Dr. Martha N. Hill's speech at the 2013 School of Nursing graduation ceremony, her last as dean.

When I came to Hopkins to go to nursing school it was ... a while ago. It was still a hospital three-year diploma training school. We lived in Hampton House, where each of us had our own private room, with a sink in the room. I'd never had a private room with a sink in it before! We were taught by nursing faculty and physicians, and received a stunning education. We learned by working in the hospital. (Today we would call that free labor.) In return, we received excellent clinical experience and a great deal of knowledge.

But the hallmark of how we learned was to be imbued in an environment of research and discovery, what today we would call evidence-based learning. It was about asking the question "Why?"

"Why is this patient being readmitted?"

"Why hasn't this patient been taking their medications as prescribed?"

"Why is this patient having medications prescribed that the prescribers don't believe are going to help, and the side effects of which are worse than the disease itself? Or where the cost is so great that the patient can't afford to buy it?"

"Why is it that we nurses have the opportunity—if we are in the right place and we are making the right assessments, the right plans, delivering the right care and evaluating it—that we cannot gather the data, write the papers, and influence the procedures and policies?"

"Why is it that, here at Hopkins, we don't yet have a university nursing school in which the faculty can be standing with rank, and where the students can receive degrees?"

After working long days in the hospital, and having a few hours off, we would lie on our beds and call up and down the hall. Our concerns dwelt on the immediate. One of my remarks, much remembered by classmates, was, "When

I marry a millionaire, I'm going to give an EKG machine to each floor in Osler." It never occurred to me that some day, every bed in the Osler Building, every bed in most of the hospital, would have an EKG machine in the wall at the head of the bed. It also didn't occur to me then that what I heard alumni and faculty calling out for—a university school of nursing—would lead us to where we are today: a highly ranked division of an international, research-intensive university known for its scholarship and its patient care.

And it has been an enormous privilege to be able to lead this school to fulfilling its potential, with the standards of excellence embedded in my DNA as a graduate of the hospital training school.

So I say to you graduates: I hope we've embedded in your DNA our Johns Hopkins University standards of excellence and our values. You are about to go on a voyage of discovery. Carry with you—wherever in the world you may go—the Hopkins messages of *Knowledge for the World* and *Rising to the Challenge* and our commitment to caring for patients and improving the evidence on which we base that care. You are Hopkins Nurses.

Onward!

Martha N. Hill, PhD, RN, FAAN
Dean

Professor of Nursing, Medicine
and Public Health

The Johns Hopkins University
School of Nursing

Editor's Note: Martha Hill will continue to serve the School as dean until September 1. Her caricature is by Tom Chalkley, whose work has appeared in the New Yorker and who teaches an undergraduate course in cartooning at Johns Hopkins University.

Hopkins Welcomes Fourth Nursing Dean

Editor's Note: The following is the text of Johns Hopkins University President Ronald J. Daniels' announcement naming the new dean of the School of Nursing.

Dear Members of the Johns Hopkins Community:

Our School of Nursing has recorded extraordinary accomplishments in the scant three decades since its inception as the eighth division of the University. It has grown remarkably in size, scope and stature. Today, it is a national leader in education, in research, in promoting health care for underserved populations locally and globally, and in advancing the profession of nursing.

The school's success is a credit to the dedication and accomplishment of its faculty and staff, to the energy of its students, to the loyalty of its alumni and other supporters, and—very significantly—to outstanding leadership. The critical role of the school's first three deans in the school's upward trajectory underscores the importance of the choice of the fourth.

I am, therefore, delighted to report that the Executive Committee of the

Board of Trustees has, on my recommendation and that of Interim Provost Jonathan A. Bagger, appointed Patricia M. Davidson as the next dean of the School of Nursing. The appointment will take effect September 1.

Dr. Davidson is a global pioneer in the improvement of cardiac health for women and indigenous populations. She is a passionate teacher, a valued mentor and—as counsel general of the International Council on Women's Health Issues—a world leader in her field.

A native Australian, Dr. Davidson is professor and director of the Center for Cardiovascular and Chronic Care at the University of Technology, Sydney. She is also professor of cardiovascular nursing research at St. Vincent's Hospital there. Additionally, Dr. Davidson is an adjunct faculty member at institutions as diverse as the American University of Beirut, the University of New South Wales, the University of Western Australia, the University of Western Sydney, and Curtin University.

She is no stranger to Johns Hopkins: She has been involved in collaborative research, teaching, and professional activities with the School of Nursing for

a decade and served as a visiting scholar here in 2007, 2009, and 2011. She has also worked with colleagues at Penn, UCSF, Duke, and Michigan and is a fellow of the American Heart Association and the Australian College of Nursing.

For nearly a decade, much of Dr. Davidson's work has centered on improving cardiac rehabilitation for women. She has expanded her program to focus on the needs of Australian aboriginal and other indigenous peoples, the disadvantaged, and culturally and linguistically diverse communities.

Our dean-elect is also deeply committed to interdisciplinary collaboration, and has partnered extensively and effectively with colleagues from medicine, public health, psychology, sociology, engineering, pharmacy, and law, among other fields. She is intimately familiar with the demands and joys of clinical practice nursing, the focus of most of the first 23 years of her career before she became a full-time academic nurse-scientist in 2003.

Trish is visionary, engaging, energetic and articulate. She is a builder and a doer. She is an award-winning scientist and educator with important ideas for the future of health care and nursing. She will be an innovative dean and a formidable university citizen.

My thanks to Interim Provost Bagger and all the members of the search committee; they worked diligently to bring this process to such a successful conclusion. Deep, deep thanks as well to Martha Hill, who has agreed to extend her exceptionally successful deanship by a few months until her successor arrives.

Please join me in welcoming Trish Davidson to our community, and also in a warm reception for her husband, attorney Michael John McGrath, and adult children, Sarah and Christopher.

Sincerely,
Ronald J. Daniels
Learn more about Dean Patricia M. Davidson at www.jhu.edu.



From left, Dr. Patricia Davidson, Dean Martha Hill, Provost Robert Lieberman, and President Ronald Daniels at a ceremony introducing Davidson to the Hopkins community.

Going the Distance

Professional Programs Offers Innovation Through Cutting-edge Learning

by Rebecca Proch

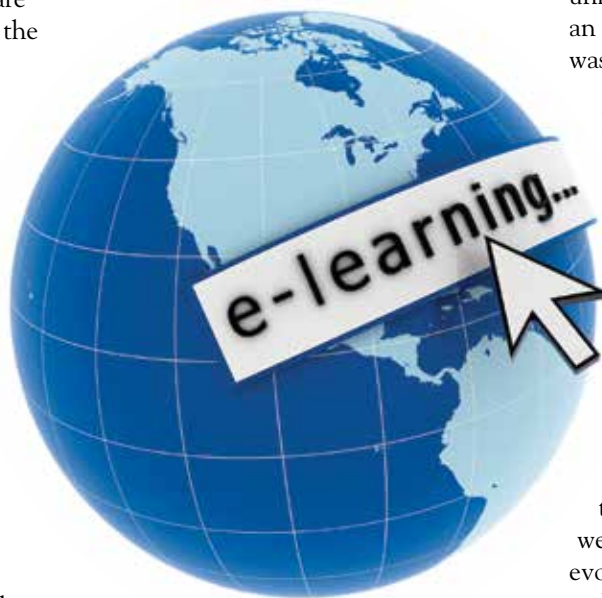
Ultimately, it's about the people. They're Peace Corps volunteers and prospective Hopkins students; nurses, patients, or patients' families; doctors and social workers; even a sea captain. They come from all backgrounds and they live all over the world, but they're working together toward a common goal: to improve care for the sick. It just so happens that at the same time, they've joined a swelling crowd on the digital frontier.

Who are they? These are registrants for the massive open online courses, or MOOCs, offered on the popular openware course platform Coursera on behalf of the School of Nursing (JHUSON). They are the distance learning students enrolled in the nursing prerequisites offered online through the Johns Hopkins University School of Nursing's Professional Programs. Together with the faculty and staff who develop and deliver the courses, they are headed down new paths on JHUSON's educational landscape, where the idea isn't necessarily to be the first but to always be the best.

In that light, the online versions of JHUSON's popular prerequisite courses "Nutrition" and "Human Growth and Development" were initially offered in summer 2012 with little fanfare. Now offered through Professional Programs and held in summer, fall, and spring, those courses have tripled in enrollment since their launch and marketing projections indicate continued growth. "Biostatistics" joins them in fall 2013, and others are on the horizon.

In addition, Cheryl Dennison Himmelfarb, PhD, RN, and Johns

Hopkins Hospital colleague Peter Pro-novost, MD, developed "The Science of Safety in Healthcare" with guidance from JHUSON instructional design manager Robert Kearns. It's the School's first MOOC, launched in June. Like all Coursera offerings, "The Science of Safety in Healthcare" was free and open to anyone, regardless of background or educational level, and provided a Statement of Accomplishment rather than academic credit. It's an experiment for JHUSON, but one that's succeeding: Over 14,000



people enrolled. Dennison Himmelfarb also did an impromptu nationwide radio tour focused on the MOOC and others like it. Her interviews reached more than 1.3 million people.

"It has been exciting to see the high level of interest and engagement among the diverse group of participants in our course," Dennison Himmelfarb says. "The MOOC model allows us to efficiently deliver important content that we hope will contribute to safer healthcare on a broad basis."

Professional Programs has similarly high hopes for its next MOOC, on the

topic of elder care. Now being developed by the JHUSON Center for Innovative Care in Aging, led by Laura Gitlin, PhD, the course begins in October and will be taught by Nancy Hodgson, PhD. Registration is now open at www.coursera.org/jhu. JHUSON will be among the first schools of nursing to offer Continuing Nursing Education (CNE) for it and future MOOC offerings.

Plan for Cutting-Edge Learning

These forays into the world of online learning are part of a plan that has been unfolding for more than four years, when an online version of the MSN program was first developed.

David Newton, executive director for Professional Programs, credits the far-sightedness of university leaders like Pamela Jeffries, PhD, RN, FAAN, associate dean for academic affairs. Newton calls Jeffries "visionary" in her cultivation of a team of experts committed to building curricula and courses for distance learning. He acknowledges, too, the intersection of this commitment with the emergence of ever more sophisticated tools, noting that "... like no time in the past, we can capitalize on an inventive and evolving technology. New crowdsourcing technology for discussion forums and grading large numbers of assignments are enabling professors to reach more students in one course than they would have in a lifetime."

The focus, however, remains firmly on the needs of the students, not on the novelty of these tools. The process of designing the prerequisite courses began with identifying the subject areas most sought-after by students preparing to enter a nursing program. The evolution of the courses and their delivery methods are evaluated against the resources and engagement of the busy adults who take them, whether it's the convenience of a smartphone app or the practicality of

a variable-length course structure. To accommodate all students, as each class reaches its limit (35-50 registrants), another class is opened, with a pool of expert faculty ready to be tapped.

New Approaches to Learning

Thus far, the response to JHUSON's online courses has been enthusiastic. Students in the prerequisite courses have offered such comments as "the best online course I've ever taken" and praised the level of contact with instructors and the value of the course.

At the heart of this excitement is the participatory, collaborative nature of the courses, with a variety of presentation

"New crowdsourcing technology for discussion forums and grading large numbers of assignments are enabling professors to reach more students in one course than they would have in a lifetime."

—David Newton

tools that enable all types of learners to connect with the material and each other. Students share a wealth of experience from their diverse backgrounds and are quickly able to apply what they learn to real-life scenarios, bringing the curriculum to life in an immediate way.

For the faculty, it's an opportunity to examine familiar subject matter from a new perspective and a chance to actively foster dialogue and mutual assistance among students in a way that not only enriches the experience but helps the instructor to engage those who might otherwise linger quietly in the virtual back row.

Newton gives a great deal of credit to the faculty who have become excited about the possibilities opened up through technology. "We've come a long way," he reflects. "We've seen nothing short of a revolution over the last 15 years of how we deliver education." ■

David Newton, executive director of Professional Programs at the Johns Hopkins University School of Nursing, on MOOCS and online learning:

What excites you about online learning within Professional Programs?

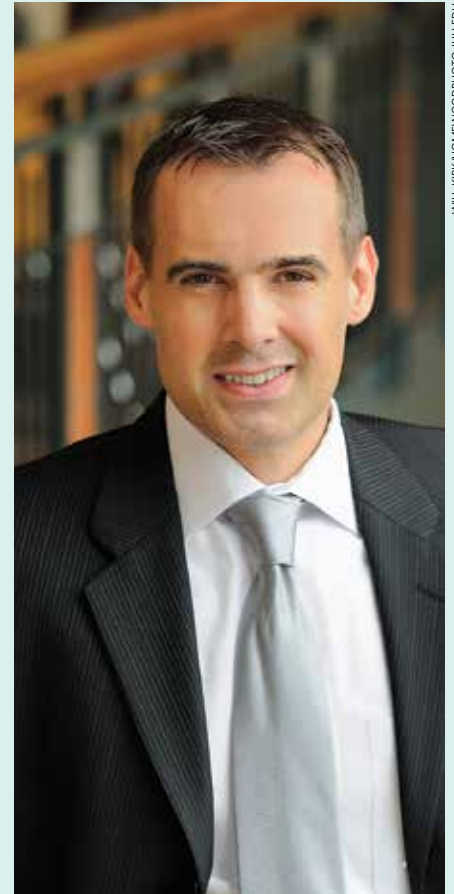
Being a part of something that is always evolving is definitely exciting. The diversification of our audience is also very intriguing as we move forward—nurse education will always be at the core of what we do, however we're also working toward more and more interprofessional educational programs as well. I derive a great deal of my own personal job satisfaction knowing that my actions enable the good work of countless individuals that I will never meet.

What do you think drew participants to the Science of Safety in Healthcare MOOC on Coursera?

The great thing is that our content is being delivered in a manner for the casual learner—the person who might be interested in the topic area, but would never be able to come on campus or attend a professional conference. It allows the rich resources of the university and the amazing research of Johns Hopkins University faculty to be dispersed to a mass audience like never before.

Does the MOOC carry weight professionally, without accreditation?

The students actually drive the reputation of the MOOC by what they say about it in social media or through professional conversations with colleagues and this, in turn, drives what the marketplace value of the experience is. However, we're also looking at how to have our courses approved for Continuing Nursing Education (CNE). We're working through the early stages now, but our next



WILL KIRK/HOMEWOODPHOTO.JHU.EDU

Coursera course—which will be on the general topical area of elder care—may very well have the option of CNE contact hours.

What was the most surprising thing about the partnership with Coursera?

They have credibility and they have the ability to reach an audience that is—in all honesty—astonishing. For example, on the first day of enrollment for The Science of Safety in Healthcare, we had 400 students enrolled. Four hundred students before we had made any announcements concerning the course, or distributed press releases. All that drove them was the course "register" button going live on the website. Quite impressive.

The Nurse as Executive

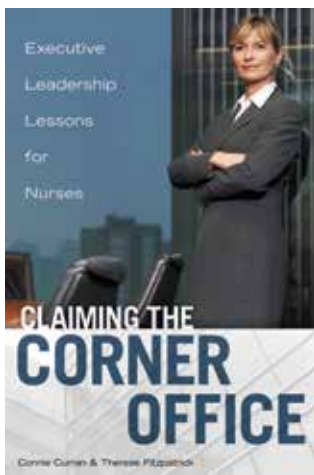
by Jennifer L.W. Fink, RN, BSN

When you thought about becoming a nurse, you likely envisioned helping patients. In your mind's eye, you probably saw a hospital room or a clinic and someone lying in a bed. You probably did not picture a boardroom or corner office.

Connie Curran, EdD, RN, and Therese Fitzpatrick, PhD, RN, want to change that. Their new book, *Claiming the Corner Office: Executive Leadership Lessons for Nurses*, encourages nurses to look beyond clinical and nursing education roles to executive and entrepreneurial positions.

Designed to “be consumed on a Boston to Las Vegas flight,” *Claiming the Corner Office* is a brief overview of nursing leadership and the path to an executive position. It’s also a call to action. Curran and Fitzpatrick write, “We believe that—with health care reform still looming, but uncertain in terms of its impact, and the nation’s aging population destined to place an increasing burden on an already overburdened system—there has never been a better time for nurses to move into myriad leadership roles.”

They point out, repeatedly, that the skills that make great nurses—organization, compassion, intimate knowledge of the healthcare industry, and a patient-centric focus—have value in the business world as well. Nurses, they say, need to let go of their preconceived ideas of what nurses do and embrace the fact that their skill set makes them highly valuable players in a world that’s restructuring and re-envisioning healthcare.



They are less clear on exactly what it takes to get there. While *Claiming the Corner Office* includes a skills checklist to help nurses determine which leadership skills they possess and which they need to strengthen, as well as some general business tips (one section is titled, “The Care and Feeding of Your Contacts”), it doesn’t offer a concrete path for aspiring nurse leaders. The lack of specific how-to information is frustrating at times.

The authors write, for example, that successful nurse executives “learned to identify, describe, and leverage their IC [intellectual capital]—their nursing know-how; the knowledge, skills, and experience generated over rich and fulfilling careers—and communicate this expertise to potential employers or other constituents in order not only to enhance their personal circumstances but

also to advance their passionate vision for professional nursing.” They don’t show or tell the reader how those nurse leaders did so, despite the fact that they interviewed at least five highly successful nurse leaders for the book.

But *Claiming the Corner Office* does offer some tantalizing tidbits for nurses who are interested in affecting healthcare on a grand scale. I learned, for instance, that knowledge of finance makes nurses very valuable as leaders and business partners—and have made a note to learn more about finance in the near future. The book also emphasizes the importance of embracing opportunity. According to Curran and Fitzpatrick, the best nurse leaders and executives step out of their comfort zones, take chances, learn from others, and use failure as a stepping stone to success.

Claiming the Corner Office is an intriguing read that should inspire nurses to reach beyond the bedside to the boardroom. ■



WILL KIRK/HOEWOODPHOTO/JHU.EDU

Choose Your Seat

In November 2012, as part of a decorating contest, nine teams of Hopkins Nursing students, alumni, faculty, and staff received art supplies and surplus wooden chairs bearing the Maltese Cross, symbol of the School’s alumni association. The cool and crazy chairs they created—including the winner, above—will be auctioned off in September to support the Melinda Rose Fund, which provides opportunities for alumni and students to come together. The online auction will begin Tuesday, September 3 and end Saturday, September 28 (the final day of Alumni Weekend 2013).

To see the chairs or place a bid, visit www.nursing.jhu.edu/chair. If you have questions or trouble accessing the online bidding site, please contact Lindsay Dorrance, Director of Alumni Relations, at ldorran1@jhu.edu or 410-955-4285. ■

What Do You Give a Dean

Who Has (Given You) Everything?

The School of Nursing began a fond farewell to Dean Martha N. Hill at a June Celebration in the Garden, a spirited affair in the courtyard behind the School's Anne M. Pinkard building. Tributes flowed like wine on the beautiful spring evening, none more glowing than that of Walter "Wally" D. Pinkard, Jr., who has chaired the School of Nursing National Advisory Board during the dean's entire tenure. Pinkard said, "I've never met a leader like Martha Hill." It was a sentiment echoed again and again.

Then, of course, came presents. Led to the center of the courtyard, Hill was instructed to look up as a blue curtain fell. There, a wrought iron archway (added in secret atop brick columns) broadcast the dean's mantra: Onward.

There was a sneak peek at Hill's official portrait by photographer Bruce Bennett, later unveiled as part of the Biennial Meeting and Reunion at Johns Hopkins Hospital (and featured on the inside back cover of this magazine), and a caricature of the dean aboard a rocket ship soaring—where else?—Onward.

"Just looking around this room, looking at these diverse classes of students, and the talented faculty and staff, to be able to be a part of this has been an extraordinary adventure," Hill said. ■



PHOTOGRAPHY BY WILL KIRK/HOMEWOODPHOTO.JHU.EDU



Clockwise from top: Dean Martha Hill embraces Officer Eugene Mobley at the Celebration in the Garden; Walter "Wally" and Mary-Ann Pinkard (left), chuckle with Dean Hill and Jacquelyn Campbell; staffers Nadine Marks (left), Jessica Whitaker, and Megan Barrett; Dean Hill greets students; Wally and Mary-Ann Pinkard take the wraps off the official portrait.

Nurse Support Grants Approved

Innovation is at the heart of three Maryland Higher Education Council Nurse Support Program II (NSP II) Competitive Grants recently approved for the Johns Hopkins University School of Nursing. The initiatives address a faculty leadership gap; a growing demand in psychiatric nursing; and online use of simulation to spur student and faculty development.

■ The **Establishing a Faculty Development Consortium for Nursing Leadership** initiative will assemble a Leadership Academy that nurtures faculty selected by nursing partners at Coppin State, Stevenson, and Towson universities and the University of

Maryland. Pamela R. Jeffries, PhD, RN, FAAN, will lead the initiative.

■ There is a serious shortage of mental health care workers to serve vulnerable populations. Nurse practitioners of all specialties find themselves treating psychiatric conditions even though most have not received specific training. JHUSON will address these issues through an accelerated online post-NP Psychiatric Mental Health Nurse Practitioner (PMHNP) program. Karan Kverno, PhD, PMHNP-BC, PMHCNS-BC, is project leader for **Easing the Transition to Higher Levels of Education to Address Critical Mental Health Needs: Accelerated Post-NP Psychiatric Mental Health Nurse Practitioner (PMHNP) Education**.

■ **Online Use of Interprofessional Simulation for Nursing Student**

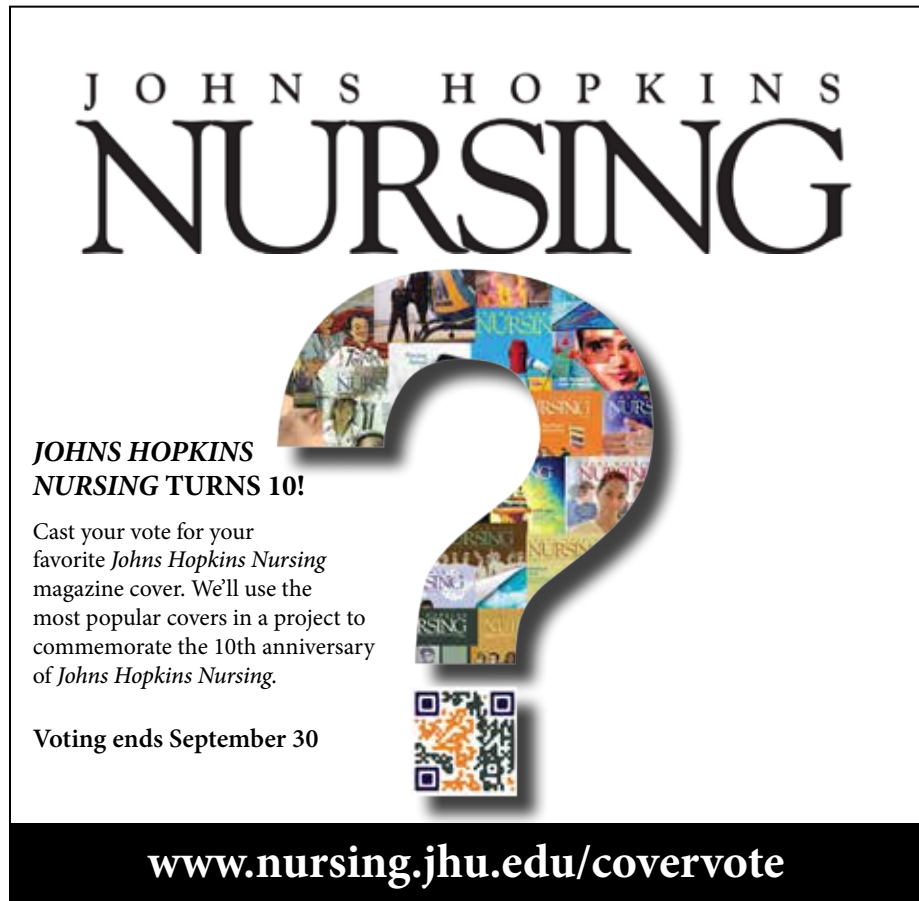
Instruction and Faculty Development is designed to provide nursing, medical, and pharmacy faculty with the tools to incorporate online interprofessional simulations into curricula. Faculty from a minimum of 13 Maryland schools of nursing will be chosen to participate, meaning the initiative should impact at least 455 nursing students in its initial round. Also, the JHU School of Medicine and the Notre Dame of Maryland University School of Pharmacy will incorporate the modules into courses that will reach medical and pharmacy students in addition to nursing students. Elizabeth Tanner, PhD, RN, leads this project. ■

Hopkins Program to Prep PhDs for Faculty Role

One way to address a nationwide shortage of doctoral faculty is to build your own. The trick is turning PhD graduates into stronger faculty candidates on the day they're handed a diploma. "Typically, around 70-80 percent of the PhD graduates enter into the academe arena after graduation, but too many don't know how to teach," says Pamela R. Jeffries, PhD, RN, FAAN.

That's the quandary behind the Preparing Future Faculty Teaching Academy, brainchild of a strategic partnership led by Jeffries and Candice Dalrymple, PhD, Director of the Johns Hopkins Center for Educational Resources. Their initiative was one of eight winners of the 2013 Johns Hopkins PhD Innovation Award.

Each year, 50 PhDs will be enrolled in the Academy, a collaborative interdisciplinary effort across seven degree-granting divisions of the University: the schools of Nursing, Engineering, Education, Medicine, Public Health, Advanced International Studies (SAIS), and Arts and Sciences. ■



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Concrete and Mettle

Sims Disaster Drill Tests Students

Without warning, screams and cries for help from the second floor of the Anne M. Pinkard Building brought nursing students scrambling toward a room filled

with casualties of the sort that require quick action, quicker thinking, and an enormous amount of cool, especially when the media show up.

In the simulated crisis orchestrated by Sandy Swoboda, MS, RN, and Maggie Neal, PhD, RN, a tornado had struck a high-rise assisted living facility, pouring

debris from the damaged roof onto the residents. Diane Aschenbrenner, MS, RN, and the simulation team created the realistic environment, including applying makeup to the “victims” to make it appear as though they had been impaled, cut, or bruised by falling objects. As a team, students worked to quickly assess and treat injuries and clear a path through actual rubble for those who could be transported to a safer triage site.

Though the simulation made for great theater and good fun, Swoboda and Neal were also pleased with the students’ performance. They stressed the serious work of preparing nurses ready to lead on a second’s notice, and how invaluable the sims experience can be. ■

PHOTOGRAPHY BY WILL KIRKHOEWOOD/PHOTO.JHU.EDU



Above, Agata Enweze carries a “victim” to safety. Students were tested on their skills and quick thinking at the Hopkins Nursing simulation drill.



A Tool Tailored for Dementia Care

Aside from memory loss and cognitive impairments, often the most difficult aspect of caring for people with dementia is treating their disruptive changes in behavior. These increase the strain on families and often result in nursing home placement.

Now, with a \$1.7 million grant from the National Institutes of Health, Laura N. Gitlin, PhD, Director of the Center for Innovative Care in Aging, and Helen C. Kales, MD, of the University of Michigan Medical School, will lead the development of WeCare, “an innovative caregiver tool to assess and manage behavioral symptoms of dementia.”

“WeCare has potential to improve caregiver skills and the care of individuals with dementia who currently do not receive optimal behavioral management,” Gitlin says.

The project is innovative in its involvement of key dementia stakeholders in the tool development process and tailored approach to detecting and monitoring behaviors and selecting non-drug solutions. ■



Hopkins Nursing students Bethany Ackerman, left, and Jessica Amaya guide an “injured” woman toward a triage site.



More Men Choose JHUSON

It's raining men. Or at least that's what it felt like as an unseasonably wet late spring and early summer brought a surge in the percentage of males in the School of Nursing's student cohort. There are 16 men out of 122 enrolled in the Summer 2013 Accelerated Bachelor's to MSN class, or 13 percent of the cohort, highest in school history and far above the national percentage of working nurses who are male.

"It's good for students and for the school," says Nancy Griffin, Associate Dean for Enrollment Management and Student Affairs, of a 13-month class remarkable for other demographics as well, like average age (28), states represented (29), countries represented (four),

percentage holding a graduate degree (14), and percentage reporting a race or ethnicity other than white (31). "Of course we hope that one day soon this won't be seen as news at all but just the way it's supposed to be."

The numbers reverse a trend for the School of Nursing which, since 2010, had welcomed summer male cohorts of 9 percent, 7 percent (2011), and 5 percent (2012).

Nationally, only 9 percent of working nurses are male, according to the U.S. Census Bureau. ■

Boston Support

Students, faculty, and staff from the School of Nursing joined an outpouring of support for Jessica (Kensy) Downes '09 and husband Patrick, injured in the April 15 Boston Marathon bombing.

Hundreds of well-wishers from the School of Nursing and Johns Hopkins Hospital conveyed their thoughts to the Downeses through Twitter campaigns and on a signed 10-foot by 4-foot banner that was taken to Boston, where the Downeses live and are recovering from their wounds.

"As we struggled through the initial days after the Boston Marathon attacks and then began the long road to recovery, we have known every moment that we are blessed with enormous support," the newlywed couple wrote on a web page set up by friends in the days after the attack. "There is evidence at every turn that we are not alone. Thank you; you have lifted our spirits."

Jessica, a nurse at Massachusetts General Hospital, and Patrick, a grad student in clinical psychology, each lost a leg in an explosion near the marathon's finish line. ■



Dean Martha N. Hill adds a personal note to the banner.



Going Places

“Your diploma today is your passport,” Dean Martha N. Hill told the May 2013 School of Nursing graduates. And then they were off to change the world as Hopkins Nurses. In total, 118 undergraduate and 107 graduate students received degrees. A majority of the grad students, 60, received a Master of Science in Nursing (MSN), while 20 received a joint MSN and Master of Public Health (MPH), two received an MSN and Master of Business Administration, 17 received a Doctorate of Nursing Practice (DNP), and eight were awarded a PhD. ■



See more online at: <http://nursing.jhu.edu/graduation>.



From top, Dean Martha N. Hill congratulates newly minted DNP Godfrey Katende; a jubilant crowd at the France-Merrick Performing Arts Center in Baltimore; and mementos of a very special day.

Upcoming Conferences

September 9–10, 2013

Nurse Practitioner Association for Continuing Education National Primary Care Conference (NPACE), Savannah, GA

September 18–21, 2013

National League for Nursing (NLN), Washington, DC

October 3–5, 2013

National Gerontological Nursing Association (NGNA), Clearwater, FL

October 16, 2013

Council for the Advancement of Nursing Science (CANS), Washington, DC

October 17–19, 2013

American Academy of Nursing (AAN), Washington, DC

October 21–24, 2013

International Association of Forensic Nurses (IAFN), Anaheim, CA

October 23–25, 2013

American Assembly for Men in Nursing (AAMN), Elizabeth, NJ

November 2–6, 2013

American Public Health Association (APHA), Boston, MA

November 7–10, 2013

National Student Nurses Association Annual Midyear (NSNA), Louisville, KY

November 16–20, 2013

Sigma Theta Tau International Biennial Convention (STTI), Indianapolis, IN

November 20–24, 2013

Gerontological Society of America (GSA), New Orleans, LA ■

Faculty, Student, and Staff News

Faculty, Acute & Chronic Care

Susan Appling, PhD, CRNP, Deborah Finnell, DNS, PMHNP-BC, CARN-AP, FAAN, Karan Kverno, PhD, PMHCNS-BC, PMHNP-BC, Brigit VanGraafeiland,

DNP, CRNP, and Diana Baptiste, DNP, RN, are new faculty members in the Department of Acute and Chronic Care.

Anne Belcher, PhD, RN, AOCN, FAAN, ANEF, is serving a two-year term as President of the Oncology Nursing Society (ONS) Foundation. Belcher joined the ONS in 1982 and became President-elect of the Foundation during her first term on the Board of Trustees in 2011.

Elizabeth Sloand, PhD, RN, PNP-BC, FAAN, has been promoted to Associate Professor. Sloand has managed primary care pediatric practices in Haiti and Baltimore, and has taken many students on international medical missions providing direct and preventative care to impoverished families.

Deborah Finnell, DNS, PMHNP-BC, CARN-AP, FAAN, is now Associate Editor for *Substance Abuse*, the official journal of the Association for Medical Education and Research in Substance Abuse (AMERSA).

Kathleen White, PhD, RN, NEA-BC, FAAN, joined Johns Hopkins Vice President for Patient Safety and Quality Peter Pronovost and other Johns Hopkins Medicine safety experts in presenting at the “Creating a Culture of Safety: Best Practices in Implementation Science” conference held in May in Mount Snow, VT.

In June, **Pamela Jeffries**, PhD, RN, ANEF, FAAN, traveled to Scotland to present “Bringing healthcare professionals together through Intraprofessional Education (IPE)” at the Association for Simulated Practice in Healthcare (ASPiH) Symposium.

Faculty, Department of Community-Public Health

Jeanne Alhusen, PhD, CRNP, **Jennifer Stewart**, PhD, RN, and **Tener Veenema**, PhD, MPH, RN, FAAN, are new faculty members in the Department of Community-Public Health.

Sara Groves, DrPH, APRN, BC, received the Outstanding Contributions to Community/Public Health Nursing Education Award at the Association of Community Health Nursing Educators Annual Institute in North Carolina in June.

Tener Veenema, PhD, MPH, RN, FAAN, will be awarded the 2013 Florence Nightingale Medal at a recognition ceremony in October. She was chosen for her active role in disaster situations and public health/nursing education.



SHIV GANDHI/HOPEWOODPHOTO.JHU.EDU

Sarah Szanton (center) explains the CAPABLE program to AP reporter Lauran Neergaard.

In the News

For Sarah L. Szanton, PhD, CRNP, it was just another day helping elders stay safe within their homes. For seniors, it was another steady step away from a nursing home when all they want is to maintain their independence. For the Associated Press (AP), it was an opportunity to tell a great story about difference-makers in the Baltimore community. And for future JHUSON students, it was a chance to see what Hopkins Nursing looks like in action. Now, how many wins is that?

Szanton, associate professor in the JHUSON Center for Innovative Care in Aging, makes visits to seniors' homes through CAPABLE (Community Aging in Place, Advancing Better Living for Elders), bringing nurses,

occupational therapists and, as a key component, handymen. The first step is finding out what clients need. The next is making the fixes that can forestall nursing home admissions for elders who aren't otherwise in need of full-time care. “Very small changes can make a big difference,” Szanton, who leads the project, told the Associated Press. “We're not saying, ‘What's your blood pressure?’ We're focusing on function: What do they want to do?”

At press time, Szanton's AP story had been carried by media outlets from coast to coast including NPR, the *Washington Post*, Fox News, and the *Tribune* in San Luis Obispo, CA. ■



Follow Hopkins Nurses in the news at nursing.jhu.edu/news.

Sarah L. Szanton, PhD, CRNP, presented “Fiscal and Policy Implications for Improving Functional Ability: the CAPABLE Program” to the Health and Government Operations Committee in Annapolis in January.

Jacquelyn Campbell, PhD, RN, FAAN, presented research evidence related to domestic violence and homicide at an April workshop in Washington, DC hosted by the National Research Council’s committee of Priorities for a Public Health Research Agenda to Reduce the Threat of Firearm-related Violence.

Students

“Monitor Alarm Fatigue: An Integrative Review,” by DNP 2013 student **Maria Cvach**, was named the best research paper of 2012 by the BI&T Editorial Board.

PhD student **Kyounghae Kim** received a \$5,000 Sigma Theta Tau International Small Grants award for the study “Uncovering the Links Between Health Literacy and Cervical Cancer Disparity in Korean American Women: A Mixed Methods Study.”

PhD 2013 student **Bryan Hansen** was selected as a 2013-2015 Patricia G. Archbold Scholar of The National Hartford Centers of Gerontological Nursing Excellence. The award will help him implement a professional development plan and focus on academic leadership in gerontology.

Accelerated 2013 students **Marisa Cipolla** and **Leslie Ham** received a \$1,000 scholarship from the Edie and Morris Range fund to attend the American Holistic Nurses Association conference in June.

PhD students **Yvonne Commodore-Mensah** and **Katherine Heinze** received the JHUSON Professional Development Award—an award created by **Maryann Fralic**, DrPH, RN, FAAN to provide financial support to students in the PhD nursing program.

MSN/MPH student **Matthew Lindley**, JHU Bloomberg School of Public

Farley, Sloand, New Dean Join FAAN Ranks

Three more Johns Hopkins School of Nursing researchers have been named fellows of the American Academy of Nursing. Elizabeth Sloand, PhD, RN, PNP-BC, Jason Farley, PhD, MPH, CRNP, and Patricia Davidson, PhD, MEd, RN, will be inducted during the Academy’s 40th annual meeting on October 19 in Washington, DC.

“I have been a nurse for many years and this is truly a personal and professional highlight,” Sloand said.

“Becoming a member of this distinguished group of nurses demonstrates a wonderful recognition of my research, clinical practice, and education in HIV and associated co-infections,” added Farley.

As for Davidson, the FAAN status is one more bonus for the school as she

begins her tenure as dean in September. “Trish is visionary, engaging, energetic and articulate,” said Ronald J. Daniels, president of Johns Hopkins University.

The American Academy of Nursing (AAN) includes more than 2,000 nurse leaders in education, management, practice, policy, and research. Its fellows include hospital and government administrators, college deans, and renowned scientific researchers. With this new class, Fellows will represent all 50 states, the District of Columbia, and 19 countries.

“Selection for fellowship in the Academy is one of the most prestigious honors in the field of nursing,” said AAN President Joanne Disch, PhD, RN, FAAN. ■

Health students **Stephanie Van Dyke**, **Nidhi Khurana**, and **Collin Weinberger**, and Homewood students **Aaron Chang** and **Kevin Wang** won Best Entry at the 2013 Emory Global Health Case Competition in March for their plan to address worldwide sanitation.

PhD Candidate **Jeanne Murphy**’s article “Cervical Cancer Screening in the Era of Human Papillomavirus Testing and Vaccination” was the 2013 recipient of the *Journal of Midwifery & Women’s Health* Mary Ann Shah New Author Award. **Hayley Mark**, PhD, MPH, RN, co-authored the article.

MSN/MPH 2013 student **Ayla Landry** received the Outstanding Graduate Student in Community/Public Health Nursing Award at the Association of Community Health Nursing Educators (ACHNE) Annual Institute in North Carolina in June.

Staff

Former Instructional Designer **Emily Jones** took on the newly created position “Emerging Technologies

Manager” in Information Technology Services. She leads the evaluation and implementation of emerging higher education technologies such as mobile devices, simulation technology, and electronic health record systems.

Group

PhD Program Administrator **Dottie Becraft**, **Kathleen Becker**, DNP, MSN, RN, Academic Affairs Program Manager **Marie Brown**, DNP Program Administrator **Ayza Corbett**, **Hayley Mark**, PhD, MPH, RN, and **Laura Taylor**, PhD, RN, received an award at the Johns Hopkins University Diversity Leadership Council’s 2013 Diversity Award Recognition Ceremony for founding the Guiding Initiative for Doctoral Education (GuIDE).

Nancy Hodgson, PhD, RN, and Traditional 2013 student **Meghan Caracciola** presented the poster “Images of Caregiving and Perceptions of Suffering Among Spousal Caregivers of Persons with Dementia” at the March American Academy of Hospice and Palliative Medicine Conference in New Orleans. ■



Scholarly Publications July 2012–July 2013

A Sampling of Faculty Research

Advanced Critical Care

“Principled moral outrage: An antidote to moral distress?”

Cynda H. Rushton*
January/March 2013

AIDS Care

“Intimate partner violence and HIV risk factors among African-American and African-Caribbean women in clinic-based settings”

Marguerite B. Lucea, Jessica E. Draughon, Bushra Sabri, Jocelyn C. Anderson, Jacquelyn Campbell & colleagues
September 2012

American Journal of Geriatric Psychiatry

“Identification of and beliefs about depressive symptoms and preferred treatment approaches among community-living older African Americans”

Laura N. Gitlin* & colleagues
May 2012

American Journal of Infection Control

“Prevalence, risk factors and molecular epidemiology of MRSA nasal and axillary colonization among psychiatric patients on admission to an academic medical center”

Jason Farley* & colleagues
December 2012

American Journal of Psychiatry

“Good news for dementia care: caregiver interventions reduce behavioral symptoms in people with dementia and family distress”

Laura N. Gitlin*
September 2012

American Journal of Reproductive Immunology

“Forced sex and HIV risk in violent relationships”

Jacquelyn Campbell*, Marguerite B. Lucea, Jessica Draughon & colleague
October 2012

American Journal of Respiratory and Critical Care Medicine

“Depressive symptoms and impaired physical function after acute lung injury: a 2-year longitudinal study”

Cheryl R. Dennison Himmelfarb & colleagues
March 2012



Archives of Psychiatric Nursing

“Needs of persons with serious mental illness following discharge from inpatient treatment”

Linda D. Gerson* & colleague
August 2012

“Self-management among Chinese people with schizophrenia and their caregivers: a qualitative study”

Marie T. Nolan & colleagues
February 2013

Archives of Women’s Mental Health

“A longitudinal study of maternal attachment and infant development outcomes”

Jeanne L. Alhusen*, Matthew J. Hayat & Deborah Gross
June 2013

Biological Research for Nursing

“Incorporating salivary biomarkers into nursing research”

Douglas A. Granger*, Sarah L. Szanton & colleagues
September 2012

“Sex differences in pain responses at maturity following neonatal repeated minor pain exposure in rats”

Gayle G. Page*, Sharon Kozachik & Matthew J. Hayat
January 2013

BMC Geriatrics

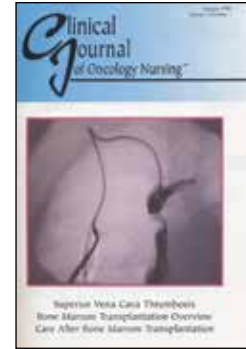
“A community-integrated home-based depression intervention for older African Americans”

Laura N. Gitlin* & colleagues
Vol. 12, 2012

BMJ

“Lung protective mechanical ventilation and two year survival in patients with acute lung injury: prospective cohort study”

Cheryl R. Dennison Himmelfarb & colleagues
April 2012



Brain, Behavior, and Immunity

“Stress and skin leukocyte trafficking as a dual-stage process”

Gayle G. Page & colleagues
February 2012

Cancer Nursing

“Who will drop out and who will drop in—correlates to exercise adherence and contamination in a RCT among patients receiving active cancer treatment”

Jennifer Wenzel, Sharon Krumm & colleagues
July-August 2012

Clinical Journal of Oncology Nursing

“Cancer support and resource needs among African-American older adults”

Jennifer Wenzel*, Rachel Klimmek, Sharon Krumm & colleagues
August 2012

Clinical Simulation in Nursing

“Creating a professional development plan for a simulation consortium”

Pamela R. Jeffries* & colleagues
December 2012

Collegian

“Clinical simulation in health care—contemporary learning for safety and practice”

Pamela Jeffries & colleague
October 2012

Conflict and Health

“A Congolese community-based health program for survivors of sexual violence”

Nancy E. Glass
August 2012

Ethnicity & Disease

“Education, income and disability in African-Americans”

Sarah L. Szanton & colleagues
January 2013

European Journal of Heart Failure

“Targeted intervention improves knowledge but not

*Lead author status

self-care or readmissions in heart failure patients with mild cognitive impairment”

Cheryl R. Dennison Himmelfarb, Jerilyn K. Allen & colleagues
September 2012

Evidence-Based Complementary and Alternative Medicine

“Reflexology versus Swedish massage to reduce physiologic stress and pain: a pilot study”

Nancy A. Hodgson* & colleague
July 2012

Geriatric Nursing

“Nursing strategies for promoting and maintaining function among community-living older adults: the CAPABLE Intervention”

Elizabeth K. Tanner, Jill Roth, Carmalyn D. Dorsey, Sarah L. Szanton & colleagues
November-December 2012

“Knowledge and Injury Prevention Practices in Homes of Older Adults”

Sarah L. Szanton & colleagues
January 2013

The Gerontologist

“The Republic of Chile: An upper middle-income country at the crossroads of economic development and aging”

Laura Gitlin* & colleague
June 2012

“Assistive devices in context: the cross-sectional association between challenges in the home environment and use of assistive devices for mobility”

Sarah L. Szanton & colleagues
April 2013

Health Care for Women International

“HIV risk, partner violence, and relationship power among Filipino young women: testing a structural model”

Marguerite B. Lucea,* Joan Kub, Jacquelyn Campbell & colleague
April 2012

“Matroniya: the lived experiences of rural auxiliary midwives in Koutiala Mali”

Nicole Warren* & colleagues
May 2012

“Family and community rejection and a Congolese led mediation intervention to reintegrate rejected survivors of sexual violence in Eastern Democratic Republic of Congo”

Nancy E. Glass & colleagues
September 2012

“The context of condom use among young adults in the Philippines: implications for HIV prevention”

Marguerite B. Lucea,* Joan Kub, Linda Rose & colleagues
March 2013

Heart and Lung

“Identifying cognitive impairment in heart failure: a review of screening measures”

Karen K. Davis* & Jerilyn K. Allen
March 2013

Home Healthcare Nurse

“Translating best care practices to improve nursing documentation regarding patients dependent on home mechanical ventilation and/or tracheostomy tube”

Julie A. Stanik-Hutt & colleague
January 2013

International Journal of Geriatric Psychiatry

“Factors associated with caregiver readiness to use nonpharmacological strategies to manage dementia-related behavioral symptoms”

Laura N. Gitlin* & colleague
May 2013

International Journal of Health Services

“Perceived racial discrimination and mental health in low-income, urban-dwelling whites”

Kelly M. Bower* & colleagues
May 2013

International Journal of Infection Control

“An infection control audit in 10 primary health-care facilities in the Western Cape Province of South Africa”

Carrie Tudor, Jason Farley & colleagues
July 2012

International Journal of Mental Health Nursing

“Self-management education interventions for persons with schizophrenia: a meta-analysis”

Marie T. Nolan & colleagues
June 2013

International Journal of Nursing

“Comparative analysis of nursing shortage”

Jacquelyn Campbell & colleagues
July 2012

Issues in Mental Health Nursing

“Disordered eating among African American and African Caribbean Women: The influence of intimate partner violence, depression, and PTSD”

Marguerite B. Lucea,* Jacquelyn Campbell & colleagues
August 2012

JAMA Pediatrics

“Asymptomatic sexually active adolescents and young adults should not be screened for herpes simplex virus”

Hayley D. Mark*
June 2013

Journal for Nurse Practitioners

“Kawasaki syndrome and streptococcal scarlet fever: a clinical review”

Jacqueline O’Connell* & Elizabeth Sloand
May 2013

“Nonattendance with clinic follow-up appointments: diabetes as exemplar”

Elie Salameh,* Sharon Olsen & colleagues
November/December 2012

Journal for Specialists in Pediatric Nursing

“Nursing children after a disaster: a qualitative study of nurse volunteers and children after the Haiti earthquake”

Elizabeth Sloand,* Grace Ho, Rachel Klimmek, Anthony Pho & Joan Kub
July 2012

Journal of Addictions Nursing

“Screening, Brief Intervention and Referral to Treatment (SBIRT) and the role of nursing”

Christine Savage
October 2012

Journal of Adolescence

“Focus on methodology, salivary bioscience and research on adolescence: an integrated perspective”

Douglas A. Granger* & colleagues
August 2012

Journal of Advanced Nursing

“Re-examining definitions of spirituality in nursing research”

Katie Garcia Reinert* & colleague
April 2013

“Experience of social role strain in Korean women with type 2 diabetes”

Hyunjeong Park* & Jennifer Wenzel
August 2012

Journal of Aggression

“Testing posttraumatic stress as a mediator of childhood trauma and adult intimate partner violence victimization”

Jacquelyn Campbell & colleagues
October 2012

Journal of the American Academy of Nurse Practitioners

“Does a 30-minute quality improvement clinical practice meeting reviewing the recommended papanicolaou-test guidelines for adolescents improve provider adherence to guidelines in a pediatric primary care office?”

Rebecca L. Lozman,* Anne E. Belcher, Elizabeth Sloand & colleague
April 2013

Journal of the American Geriatrics Society

“Feasibility and validity of dementia assessment by trained community health workers based on clinical dementia rating”

Hae-Ra Han* & colleagues
June 2013

Journal of the American Medical Association

“Nonpharmacologic management of behavioral symptoms in dementia”



Laura N. Gitlin* & colleagues
November 2012

Journal of the American Psychiatric Nurses Association

“Characteristics of patients with histories of multiple seclusion and restraint events during a single hospitalization”

Deborah Gross & colleague
May-June 2012

Journal of Asthma

“Factors associated with completion of a behavioral intervention for caregivers of urban children with asthma”

Arlene M. Butz,* Joan Kub & colleagues
November 2012

Journal of Autism and Developmental Disorders

“Daytime secretion of salivary cortisol and alpha-amylase in preschool-aged children with autism and typically developing children”

Douglas A. Granger & colleagues
December 2012

Journal of Cancer Education

“Lessons learned in developing a culturally adapted intervention for African-American families coping with parental cancer”

Nancy Hodgson & colleagues
July 2012

Journal of Cardiovascular Nursing

“Patient education strategies for hospitalized cardiovascular patients: a systematic review”

Yvonne Commodore-Mensah* & Cheryl R. Dennison Himmelfarb
March 2012

“Translation and validation of the Dietary Approaches to Stop Hypertension for Koreans Intervention: culturally tailored dietary guidelines for Korean Americans with high blood pressure”

Hae-Ra Han & colleagues
September 2012

“New evidence and policy support primary care-based weight loss interventions”

Cheryl R. Dennison Himmelfarb*
September-October 2012

“Community-based health interventions in vulnerable populations: a systematic review”

Benita Walton-Moss,* Laura Samuel, Tam H. Nguyen, Yvonne Commodore-Mensah, Matthew J. Hayat & Sarah L. Szanton
April 2013

“Cost-effectiveness of nurse practitioner/community health worker care to reduce health disparities”

Jerilyn K. Allen,* Cheryl R. Dennison Himmelfarb, Sarah L. Szanton & colleague
April 2013

“Mobile phone interventions to increase physical activity and reduce weight: a systematic review”

Janna Stephens* & Jerilyn K. Allen
July-August 2013

“Measuring self-care in patients with hypertension: a systematic review of literature”

Hae-Ra Han* & colleagues
January 2013

Journal of Child and Adolescent Psychiatric Nursing

“Web-based delivery of a preventive parent training intervention: a feasibility study”

Deborah Gross & colleague
May 2013

Journal of Clinical Hypertension

“Antihypertensive medication nonadherence in black men: direct and mediating effects of depressive symptoms, psychosocial stressors, and substance use”

Cheryl R. Dennison Himmelfarb, Martha N. Hill & colleagues
March 2013

Journal of Immigrant and Minority Health

“Influence of living arrangements on the management and control of hypertension: a mixed-methods study of Korean American elderly”

Hae-Ra Han* & colleagues
July 2012

Journal of Interpersonal Violence

“Patterns of work-related intimate partner violence and job performance among abusive men”

Nancy E. Glass & colleagues
May 2013

Journal of Midwifery and Women’s Health

“Cervical cancer screening in the era of human papillomavirus testing and vaccination”

Jeanne Murphy* & Hayley D. Mark
November-December 2012

Journal of the National Black Nurses Association

“Experiences of HIV-positive African-American and African-Caribbean childbearing in women”

Phyllis Sharps & colleagues
July 2012

Journal of Nursing Care Quality

“An organizational assessment of disruptive clinician behavior: findings and implications”

Jo M. Walrath,* Deborah Dang & Dorothy Nyberg
April-June 2013

Journal of Nursing Education

“Development of an institutional review board preapproval process for DNP students: process and outcome”

Sarah L. Szanton,* Mary Terhaar & colleague
January 2013

Journal of Obstetric, Gynecological and Neonatal Nursing

“The role of mental health on maternal-fetal attachment in low-income women”

Jeanne L. Alhusen,* Deborah Gross, Phyllis Sharps & colleagues
July 2012

Journal of Palliative Care & Medicine

“Integrating palliative care in life-limiting pediatric neuromuscular conditions: the case of SMA-type 1 and duchene muscular dystrophy”

Cynda H. Rushton & colleagues
January 2012

Journal of Pediatric Health Care

“Stress and quality of life in caregivers of inner-city minority children with poorly controlled asthma”

Joan Kub, Arlene M. Butz & colleagues
March/April 2013

Journal of Pediatric Nursing

“A case study of pediatric pneumonia with empyema”

Vanessa B. Waldrep* & Elizabeth Sloand
May 2013

Journal of Pediatric Oncology Nursing

“Parental decision making for children with cancer at the end of life: a systematic review”

Katherine Heinze* & Marie T. Nolan
November-December 2012

Journal of Pediatrics

“Intimate partner violence, substance use, and adverse neonatal outcomes among urban women”

Jeanne L. Alhusen,* Marguerite B. Lucea, Linda Bullock & Phyllis Sharps
February 2013

Journal of Perinatal Education

“Improving quality and efficiency of postpartum hospital education”

Barbara Buchko* & Elizabeth Jordan
October/December 2012

Journal of Professional Nursing

“Global health competencies for nurses in the Americas”

Nicole Warren, Jason Farley & colleagues
July-August 2012

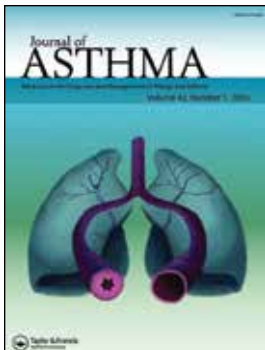
“A clinical academic practice partnership: A clinical education redesign”

Pamela R. Jeffries,* Linda Rose, Anne E. Belcher, Elizabeth T. Jordan, Jo M. Walrath, Linda Gerson, Jo Fava Hochuli & colleagues
May-June 2013

Journal of Research in Nursing

“Knowledge and practices of folate and multivitamin supplementation among Jordanian pregnant women”

Christine Savage & colleague
May 2012



Journal of Urban Health

“Evaluation of a mindfulness-based stress reduction program to decrease blood pressure in low-income African-American older adults”
Gayle G. Page, Sarah L. Szanton & colleagues
 April 2013

Journal of Vascular Nursing

“Wire vascular closure device: evaluation of an evidence-based protocol for post-endovascular procedure patients”
Susan Appling & colleagues
 June 2013

The Lancet

“The global prevalence of intimate partner homicide: a systematic review”
Jacquelyn Campbell & colleagues
 June 2013

Medical-Surgical Nursing

“Participating in clinical nursing research: challenges and solutions of the bedside nurse champion”
Margie Burnett,* Maureen Lewis, Tameira Joy & Kelly Jarrett
 September/October 2012

Minerva Pediatrica

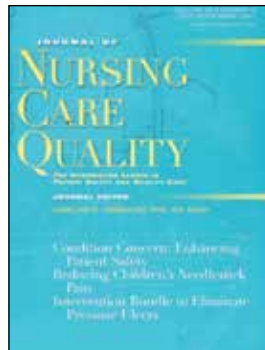
“Overview of the epidemiology and management of childhood obesity”
Lisa Santo Domingo* & colleague
 December 2012

Nurse Practitioner

“The patient-centered medical home: transforming primary care”
Andrea P. Schram*
 April 2012

Nursing Clinics of North America

“Challenges in providing preventive care to inner-city children with asthma”
Arlene M. Butz,* Joan Kub & colleagues
 June 2013



The Oncologist

“Impact of a home-based walking intervention on outcomes of sleep quality, emotional distress and fatigue in patients undergoing treatment for solid tumors”
Jennifer Wenzel* & colleagues
 April 2013

Oncology Nursing Forum

“Theory derivation: adaptation of the Illness Trajectory Theory to describe the work of transitional cancer survivorship”
Rachel Klimmek,* Jennifer Wenzel
 November 2012

PLOS One

“Serious treatment related adverse drug reactions amongst anti-retroviral naïve MDR-TB patients”
Jason Farley, Jeanne Garcia Davis & colleague
 April 2013

Progress in Community Health Partnerships

“Training of community health workers to deliver cancer patient navigation to rural African American seniors”
Rachel Klimmek,* Jennifer Wenzel & colleagues
 Summer 2012

Progress in Transplantation

“Living kidney donors and their family caregivers: Developing an evidenced based education and social support site”
Laura Taylor* & colleagues
 June 2012

Psycho-Oncology

“Long-term effect of the self-management comprehensive coping strategy program on quality of life in patients with breast cancer treated with high-dose chemotherapy”
Fannie Gaston Johansson,* Nancy Goldstein, Tokunbor Lawal & colleagues
 March 2013



“A culturally adapted family intervention for African-American families coping with parental cancer”
Nancy Hodgson & colleagues
 September 2012

Qualitative Health Research

“Fathers’ beliefs about parenting and fathers’ clubs to promote child health in rural Haiti”
Elizabeth Sloand* & colleagues
 April 2012

Quality of Life Research

“Comparison of three societally derived health-state classification values among older African Americans with depressive disorders”
Laura N. Gitlin & colleagues
 September 2012

Research in Nursing & Health

“Couple functioning and posttraumatic stress symptoms in US Army couples: the role of resilience”
Kristal C. Melvin,* Deborah Gross, Matthew J. Hayat, Jacquelyn Campbell & colleagues
 April 2012

“Authorship ethics with the dissertation manuscript option”
Deborah Gross,* Jeanne L. Alhusen & colleagues
 October 2012

Violence and Victims

“Multiple victimization experiences, resources and co-occurring mental health problems among substance-using adolescents”
Jacquelyn Campbell, Bushra Sabri & colleague
 November 2012

Workplace Health and Safety

“Work limitations and their relationship to morbidity burden among academic health center employees with diabetes”
Martha Sylvia,* Marie T. Nolan, Hae-Ra Han & Kathleen White
 October 2012

Keeping Her Hand in Hands-on Healing

The sick man's words will stay with her always: "You people are all the same. You just come and go and never do anything for us. Give us arsenic-free water or leave." Farzana Abed was in West Bengal, India to study contamination of the local drinking water. "I wanted to make a difference," she says. As she interviewed the sick, though, Abed found her higher goals and good intentions dismissed. Initially taken aback, she grew to understand his frustration. How was she helping the sick townspeople directly?

Abed had witnessed similar suffering in Dhaka, the capital of Bangladesh, where she grew up. In the congested city, a five-mile journey can take two hours, leaving plenty of time to notice the huge gap between the rich and the poor. She longed to provide hands-on help to the underserved and decided becoming a nurse practitioner was the answer. Today, Abed is at the Johns Hopkins University School of Nursing (JHUSON) thanks in part to the Furnival Scholarship, established by Elsie Peyton Jarvis '47 in honor of her mother and two aunts, all Hopkins nurses.

Abed, Accel. '13, also thanks her family. Like a trek through Dhaka, the road to JHUSON has been arduous. She says she did not speak English when she moved with her family to the U.S. eight years ago, adding that her parents "sacrificed their careers and their comfort so that I would have the chance to get the best education and opportunities."

She is determined to make the journey worthwhile for herself, her family, and the people whose lives she will touch in the future.

Furnival Scholarship

Alumna Elsie Peyton Jarvis '47 established the Furnival Scholarship in 1986 in honor of her mother, Marion Furnival Peyton '15, and her aunts Christina Furnival Pendleton '20 and Julia Pendleton '40. Elsie and her son, Eugene, plan to add to the scholarship through a charitable lead trust. The Furnival family is believed to be the only one in which four members are Johns Hopkins Nursing graduates.



For the Dog Days, a Friend Indeed

by Caitanya Min

Animals, especially dogs, are known for their unconditional love, and something about them just makes people so happy. They are amazing creatures.


During my summer break in 2012, I was doing an internship at Glide Health Services in San Francisco. One of the programs I was in charge of works to empower mentally ill people with pre-diabetes/diabetes. I knew through research that pets can help with disorders such as depression or anxiety, so I arranged a presentation through the local Society for the Prevention of Cruelty to Animals. Suffice to say, it was well received.

Then came this: Pet Therapy: Dogs De-Stress Students by Judith S. Young, published in the *Journal of Christian Nursing*. Conclusion? “Anecdotal evidence ... with the author’s golden retriever, Goldilocks, demonstrates that pet therapy can reduce test anxiety and improve nursing student performance.”

Wait. Why not bring animal therapy to JHUSON?

So in April, the Integrative Health Student Interest Group, for which I’d been chair for two years, played host to Vicki Rummel and her volunteers from Pets on Wheels. They talked a bit about what the volunteer program consists of ... then just let the beautiful pups do their thing. The dogs were an absolute magnet. Hearing so much laughter and seeing such relaxation made me only wish we had tried to bring Pets on Wheels to the School of Nursing a lot earlier.

There is talk about maybe bringing the dogs back to JHUSON before future exams. I’m just sorry I’ll miss it. *Caitanya Min, BS Trad. ’13, earned her diploma from JHUSON on May 23.*

 More information and images from the Pets on Wheels visit are at nursing.jhu.edu/pups



WILL KIRK/HONNEWOODPHOTO/JHU.EDU



At top, Cynthia Carbo, MSN, RN, greets Riley at the Pets on Wheels visit. Above, a therapy dog works the room.



MESHON

UNCOMMON COLLABORATIONS

In East Baltimore, Hopkins Nurses can go to great lengths without straying far from campus

It's a little after 9 a.m. on a Friday morning, and Teresa Pfaff, BSN, RN, a public health nurse, is just settling into her office, tucked down a hallway on the first floor of Apostolic Towers, a subsidized housing facility for low-income adults in East Baltimore within walking distance of the Johns Hopkins University School of Nursing. No sooner does she throw up her window for some fresh air and turn on her computer than her first client of the day wanders in the open door and sits down in a hard-backed chair against the wall, waiting to be seen and heard.

Pfaff greets the elderly gentleman by name, pulls her desk chair close to him while retrieving a folder on the client, and leans in. "So, what's going on?" she asks, meeting his gaze. It's not the first time they've met. Last time he was in, Pfaff checked his blood pressure and they talked about ways to reduce his pack-a-day smoking habit. Today, the gentleman is concerned about a significant reduction in his monthly Social Security check. "Let's see if there are other Medicare Savings Programs to apply for," she says reassuringly. A knock on the door interrupts the meeting. An emergency visit needs to be scheduled: One of the tenants is about to be evicted.

Story **Elizabeth Heubeck** | Illustration **Aaron Meshon** | Photography **Marshall Clarke**

This tiny office serves as the headquarters for the Isaiah Wellness Center, one of three School of Nursing (JHUSON) faculty directed, service-learning program sites in East Baltimore. In addition to its walk-in, nurse-run wellness center that provides an array of preventive and education services in the office or in residents' apartments, Isaiah also draws from JHUSON undergraduate and graduate students seeking experience in community health nursing to develop targeted, on-site health education programs for residents. It's a win-win arrangement, as community members gain access to convenient and reliable preventive health resources and, in turn, nursing students develop skills in providing community health nursing and learn to identify root causes of health disparities among low-income minorities in ways that could never be taught in a textbook.

Pfaff and others who are studying to become advanced practice nurses partner with Hopkins medical residents to make home visits in Apostolic Towers. It's a service of the Isaiah Wellness Center and, more broadly, an initiative developed and championed by Rosalyn Stewart, MD, associate professor of Medicine at Johns Hopkins. It's based on the premise that interprofessional education helps achieve the best health outcomes through effective collaboration among students from different disciplines, offering an opportunity to reconsider the traditional model of health care delivery.

Pfaff, in the MSN/MPH program at Hopkins, describes an instance in which she and a medical resident provided an intervention for a resident of Apostolic Towers who had temporarily disappeared after being diagnosed with cancer. "They wanted to get him in [to surgery] quickly for a radical procedure. We tracked down the patient and had a personal half-hour conversation with him about the procedure," Pfaff recounts.

The patient agreed to the surgery, which went well. Pfaff believes the interprofessional intervention played a pivotal role in the outcome. "We were able to 'tag team' and work collaboratively, play-

ing off of each other's strengths," she says. "That balance and interplay allowed us to deliver a very patient-centered intervention at just the right time."

What's good for the patients is also good for the students. "It certainly has been beneficial for the learners. They have a better appreciation of the skill set each can bring to the table," Stewart says.

Steps From Campus

Nurses naturally want to make things better—and they don't have to be in a hospital to act on that instinct. Many, it turns out, actually prefer to practice outside the hospital. The East Baltimore communities that surround the SON campus happen to be the perfect living classroom for first-year undergraduate nursing students to veteran nursing professors and researchers.

Consider Perkins/Middle East, a Baltimore City neighborhood of approximately 7,300 residents within a stone's throw from Johns Hopkins. In 2000, according to the Baltimore City Health Department, 41 percent of its adults between the ages of 16 and 64 were unemployed. Seventy percent of the community's households earned less than \$25,000 annually. The Johns Hopkins nursing community recognizes that these and other socio-economic factors can have an adverse impact on community members' health, from birth outcomes to life expectancies. Hence, through myriad grassroots partnerships, Hopkins nurses and nursing students are working in East Baltimore to gain a better understanding of residents' health needs, and to develop ways to meet them where they are.

Cardiovascular disease affects every community. But in neighborhoods where residents lack regular preventive medical care and have limited knowledge of or access to healthy eating habits and physical fitness options, the risks for preventable cardiovascular events increase exponentially. That's why, at the Lillian D. Wald Community Nursing Center, the JHUSON's first nurse-managed center, East Baltimore residents who are low-income, uninsured, or



From left, Wanita Hileman of Apostolic Towers gets a visit

underinsured receive primary care free of charge.

Two days a week, School of Nursing instructor Mary Donnelly-Strozzo, DNP, MPH, CRNP, conducts basic physical examinations at the Wald Center, blocks from JHUSON at 909 North Broadway. Regardless of what brings them to the center, patients also undergo a Framingham Cardiac Assessment, which predicts a patient's risk of developing heart disease.



from students Jacqueline Brysacz (Public Health) and Teresa Pfaff (Nursing). Students from different disciplines learn from each other's strengths.

“My goal is to increase the awareness of the risk of cardiovascular disease. Everybody who comes here gets educated; we go through the risk assessment,” Donnelly-Strozzo says.

While finding otherwise undetected cardiovascular risk factors in patients gives them an opportunity to address their health problems, Donnelly-Strozzo benefits by making connections between her hypotheses and her actual findings.

“My assumption [prior to seeing patients at Wald] was that there is a huge percentage of underdiagnosed diabetes, lipidemia. I’m finding that’s true,” she says.

While approximately 60 to 70 patients pass through the Wald Center each month, Donnelly-Strozzo knows there are many more residents in the community they could be reaching. She and others at Wald are working to forge community alliances—with multi-family

dwelling, churches, and other local entities—to bring messages of health prevention. “It takes time to develop the trust that’s needed to work with various groups in the neighborhood,” Donnelly-Strozzo says.

Phyllis Sharps, PhD, RN, FAAN, also knows this to be true. The JHUSON dean for Community and Global Programs has worked with disadvantaged women and infants in the community,



Mary Donnelly-Strozzo (left) and Linda Whitner during a client consultation at the Wald Center. A job at the center helped Whitner turn her own life around.

primarily at the House of Ruth, a program that offers shelter to battered women and their children.

“One of the things I’ve noticed in communities of color is that a lot of babies are born too small and too early. I’ve devoted my career to try to figure out what we can do to prevent that,” says Sharps, recently named to the Sigma Theta Tau International Nursing Honor Society’s Nurse Researcher Hall of Fame. “I figured out you have

to start long before the mom comes to the hospital.”

Sharps has worked with mothers and pregnant women at the House of Ruth and in their homes. A recent grant from the National Institutes of Health allowed Sharps to conduct a community research project dubbed the Perinatal Home Visiting Enhanced with mHealth, a promising intervention that uses mobile technology to help keep abused women and babies safe from intimate partner violence.

Sights Set on Community Nursing

The prospect of ample opportunities to practice nursing in a community setting excites professionals at the every level of their careers. For some, it shapes career decisions even before they embark on their nursing profession. Such was the case with Molly Greenberg, a student in the JHUSON’s new 17-month Accelerated BSN program, who considers working in a community health setting her “dream situation.”



undergo an application process. Those selected work four hours a week at \$12 an hour in one of approximately 26 sites in close proximity to the JHUSON's downtown campus. All positions require direct contact with clients or patients. In any given time, about 80 to 100 nursing students are enrolled.

"This is about service-learning, getting engaged in the community, and networking with other health professionals," says COP co-coordinator Mindi Levin, who also is founder and director of SOURCE (Student Outreach Resource Center) at the Johns Hopkins University Schools of Medicine, Nursing, and Public Health.

COP provides the framework for a reciprocal relationship. The nursing students are responding to community needs and simultaneously gaining valuable experience as part of a team. COP also presents a way of providing nursing care that validates their professional goals.

Through the COP, Greenberg is working at Dayspring Programs, Inc. at Patterson Park Avenue in East Baltimore. The nonprofit offers a transitional housing program for women with previous substance abuse problems and their children. She says she started out just listening, watching, and learning. Recently, her supervisor gave her two clients with whom Greenberg works as somewhat of a case manager. Both have infant sons and need support balancing care for their sons and themselves. "We talk a lot about whether she has a doctor's appointment and, if so, when will she have time to exercise and how she can get to the appointments she has," Greenberg says.

The type of relationship she has with her clients, according to Greenberg, is unlike any she's had at, say, a clinical rotation in a hospital. Here, it's a team approach and she and the client work together toward a common goal. "It's a different kind of nursing, the kind I want to provide. And hopefully, it's the way the health system is going to go," she says.

"These women are dealing with so much. Sometimes they just want to laugh," Greenberg says. "A lot of them might be homeless if they weren't here."

"I knew a little bit about the community outreach program (COP). Had Hopkins not had that, I really would have thought twice about applying here," says Greenberg, who considers COP the most valuable learning experience she's had at the JHUSON.

COP allows students to gain valuable, hands-on nursing experience in a community setting. Interested nursing students must take a prerequisite course about community health nursing and

Full Circle in East Baltimore

Linda Whitner knows that feeling all too well.

Back in 1994, Whitner was working to pull her life back together. Having overcome addiction two years earlier, she and her children took shelter at the Lanvale Transitional Housing Program on East Baltimore's Rutland Avenue, similar in many ways to Dayspring. A clerical job at the Wald Clinic, then housed on the first floor of the transitional housing program, helped turn around Whitner's life.

The late Marion D'Lugoff, founder of the Wald Clinic and a JHUSON assistant professor, hired Whitner and other residents to do clerical work. Whitner excelled. But as was the policy, once residents received a Section 8 voucher—which usually took upwards of a year—they relinquished their spot at the transitional shelter to make room for an incoming resident. Whitner got the voucher but kept the job.

Whitner believes that D'Lugoff saw in her someone who showed interest, took initiative, and related to the clients. Whatever the case, D'Lugoff made it possible for Whitner to remain as a resident at the shelter a bit longer and continue to work part time at the Wald Clinic. In October 1995, Whitner moved into her own apartment. In 1998, she accepted full-time employment at the Wald Clinic.

Flash forward to 2013. Whitner continues to be an integral, full-time member of the Wald Clinic's staff. As a clinical outreach coordinator, she does everything from counsel clients in need of various health programs to run smoking cessation programs. At the encouragement of her co-workers, she obtained her bachelor's degree in social work in 2011 and is eyeing a return to school to begin work on her master's. She is 61 and has the energy of someone much younger.

Having found success in large part because of a JHUSON community health nursing program, Whitner is now helping others reach their potential. "Initially, I counsel clients. A lot of them have personal matters going on," Whitner says. "I listen. That's first and foremost."



Vitamin **A**

Henderson-Hopkins
Partnership to Make Wellness
a Key Part of “Optimal
Learning Experience”

A COMMON IMAGE OF school health programs is the weeping child headed to the nurse with a tummy ache or a sore throat. Yes, it happens every day. But there’s a much bigger picture that drew the Johns Hopkins University Schools of Nursing and Education into a unique partnership with the city of Baltimore. It’s about treating that sick school kid today, teaching the child how not to get sick tomorrow, and extending that health education to the family to begin improving the well-being of the entire neighborhood.

That’s a major concept behind Elmer A. Henderson: A Johns Hopkins Partnership School. “We have had ongoing relationships with city schools, but not at the scale of this involvement,” says Phyllis Sharps, PhD, RN, FAAN, and associate dean for community and global programs at the School of Nursing. “This is the first really large enterprise we have done and the first collaboration with the School of Education.”

By **Sara Michael** | Illustration **Aaron Meshon**

B
C

The Henderson-Hopkins School is slated to open in a new facility in January that will eventually accommodate 540 children in kindergarten through eighth grade, plus 175 children in an Early Education Center. The school exists today in a temporary location. It's a city public school but is operated as a contract school by the School of Education, which will be making curriculum decisions, for example. And health education will have

a premium spot through a comprehensive wellness initiative. "We are trying to get away from the idea of going down to the nurse's office to get well," says David Andrews, dean of the Johns Hopkins University School of Education. "Wellness should be integrated across the whole enterprise."

As well as enhancing health services, the partnership at Henderson-Hopkins will offer a place to foster interprofession-

al bonds between the university schools and opportunities for nursing students to serve and learn from the community.

When the School of Education was asked to assume the operator role of the school, officials began searching for other options for school health, says Keri Frisch, MS, program manager at the School of Nursing. Colleagues from top ranked schools of medicine, nursing, and public health were consulted about

Operating a public school in one of Baltimore's most distressed neighborhoods is a challenging task, and not one entered into lightly. Nevertheless, with the support and encouragement of President Ron Daniels, the Johns Hopkins University School of Education (SOE) has done so for the first time. In partnership with Morgan State University's School of Education and Urban Studies, SOE is committed to preparing at-risk students for success in school and in life through the Elmer A. Henderson School.

Currently housed in a modular building on the 88-acre redevelopment site just north of Johns Hopkins Hospital, the East Baltimore Community School is an elementary/middle school that serves 284 students in grades K-8. During the next school year, the students will be moving a few blocks away to a state-of-the-art education center that will serve 540 children in K-8 and an additional 174 in an Early Childhood program. Designed to serve a mixed-income population, the new facility--to be officially known as the Elmer A. Henderson School: A Johns Hopkins Partnership School and the Harry and Jeanette Weinberg Early Childhood Center--will feature flexible learning spaces, art and music studios, a health suite, family support space, auditorium, and gymnasium.

In the classroom, SOE will offer the latest in instructional design and evidenced-based approaches to maximize student learning potential. We will use

21st century technology to personalize instruction to the needs of the students and recruit only highly effective teachers and school leaders committed to a holistic and interdisciplinary approach to learning. SOE is fortunate to have support throughout the university in this worthwhile endeavor. The Peabody Conservatory will offer music instruction, the Center for Talented Youth will identify and support gifted students, and the School of Nursing, recognizing the connection to academic success, is planning a range of health services. At the heart of

the building will be a family resource center that will extend the learning model to all families in the facility.

To be successful, we must look beyond the classroom to the needs of the whole child. With the cooperation and involvement of other schools and disciplines from throughout the university, we have a unique opportunity to provide a truly world-class education to some of the children who could benefit the most. We are ready to make a difference.

— Dean David Andrews, Johns Hopkins University School of Education



WILL KIRKHOVE/PHOTO.JHU.EDU

the school health program. The Hopkins School of Nursing's vision, it was determined, was a good match for the new school's philosophy.

"A vision of the school was that it would be a premier school and include all the best elements of services and support that the university and community could provide," says Sharps.

That means the school's model will follow the Centers for Disease Control and Prevention's coordinated school health program strategy, which has eight components, Frisch explains: health education; physical education; health services; nutrition services; counseling and social services; a healthy and safe school environment; health promotion for the staff; and family and community involvement.

This model, built around a central health suite in the new building, will be phased in over three years, with the first phase early next year including onsite and linked health services, mental health services and family support services for enrolled students and families. Future phases will include the integration of physical education and nutrition services, home visitation services, health education for parents and community members, and a health promotion program for staff.

At the helm of this comprehensive effort will be the School of Nursing. Its support will be phased in over time, but the initial plan is to provide nursing care for infants through pre-K students. In addition, a School of Nursing faculty family nurse practitioner will spend 20 percent of his or her time at the school. Another notable addition for the Hopkins-Henderson school will be Frisch's position as the health program manager.

Health will also be integrated into the curriculum. The vision includes using pedometers in a math lesson, or discussing calories as energy units in science—these kinds of lessons connect the subjects back to health. That's a unique education plan for Henderson Hopkins.

"We want health education to be an integral part of their life, so that it will always be incorporated into their lifestyle," Sharps says, explaining that now children's needs extend beyond immunizations and basic care. Particularly in an urban setting, the health challenges families may face extend into the social and economic realms.

"We hope to eventually engage parents, because they are an important part of how children eat and sleep and [are active]," she says. "We like the idea of the synergy of all of it working together to give the children the best start in all areas."

Annette C. Anderson, PhD, assistant dean for community schools in the

solving, and ultimately making them the best nurses, Sharps says.

"We are going to create wonderful service learning activities for the students," Sharps says. "They will be engaged in clinical learning in community settings."

Nursing students will also have a chance to engage with other disciplines: teachers and medical and public health students, for example. That's how health care will be provided in the future, Sharps notes, with professionals across the spectrum connecting to provide services.

Henderson-Hopkins will expose students and others to that inter-professional interaction, and the partnership between the schools of Nursing and Education

"We are trying to get away from the idea of going down to the nurse's office to get well. Wellness should be integrated across the whole enterprise."

—Dean David Andrews

School of Education, agrees. The school is designed to give students the "optimal learning experience," she says, which extends beyond the 9 a.m.-3 p.m. school day. Through partnerships with the university and community, the school's health education can extend beyond the brick walls to other linked health organizations.

"We want to provide an experience that will also expand beyond just the students," Anderson says. "We want it to be about the entire family."

The school's benefits are expected to extend well beyond the students and their families. The site will become a service learning opportunity for nursing students, as well as those studying public health and medicine. Nursing students learning pediatric health and family development concepts in the classroom will now be able to observe those concepts and behaviors in a community setting, which will improve critical thinking skills and problem

has established a unique forum for this collaboration. Expertise in health care and education delivery are working toward the same goal, for the benefit of the students, the community and the university. When professionals learn together, Sharps notes, they are more likely to be more collaborative and work together.

The disciplines will also partner to evaluate the success of the approach. A health education and behavioral data system will be put in place to facilitate personalization of students' programs and goal tracking, Andrews says. The data will help officials monitor the programs' efficacy and impact on the students and the community.

So far, collaboration between schools has run smoothly, Andrews says. "The School of Nursing has been a great partner and conduit to the rest of the health system. We share a common philosophy of working in the community and with the families."

Where We Live

Students thriving in “bad” East Baltimore say you shouldn’t believe everything you see on TV.

By **Andrea Appleton** | Photography **Marshall Clarke**



Patterson Park offers an oasis for students seeking relaxation. From left, Heather Holloway, Lee Gilman, Ruth Grossinger, Bethany Smith, and Zia Ward.

Blue lights blink menacingly above streets lined with boarded-up buildings, sirens as common as birdsong. In *The Wire*, a TV drama about the Baltimore drug wars that has shaped popular notions about the city, this is East Baltimore (as well as West). Bits of that image still ring true five years after the show went off the air, but there's little doubt that the neighborhood is changing. "I'd never been to Baltimore until I came for Accepted Students Day," says Caitlin Dreisbach, part of the 17-month fall-entry accelerated program. "A lot of my friends from college who heard I was going to Hopkins said, 'Oh, great school! Bad city.'"

Classmate Carlee Peck works in the Office of Admissions and Student Services. "That's the big question you get in Admissions: How safe do you feel?" she says. "I think Baltimore gets a bad rap, and this neighborhood in particular."

Peck and Dreisbach are among a growing number of students who choose to live in today's East Baltimore anyway—for its location, its diversity, and a few other positives "The Wire" never covered. While neighborhoods like Canton, Fells Point, Mount Vernon, and Charles Village still draw the lion's share of students, Robin Lenzo, Hopkins' director of housing, says East Baltimore is increasingly popular with them. Much of the draw is due to the 929 Apartments on North Wolfe Street, which opened just last year and have housed more than 200 students from the School of Medicine and more than 100 each from Nursing and Public Health.

You can't beat the short walk to class or clinicals, though 929ers do admit that their schedules—home to class, class to home (with built-in fitness center and rooftop terrace)—can make it feel more like living in a bubble than a neighborhood. Not so for Lee Gilman, also in the accelerated program, who shared a Butcher's Hill rowhouse this spring with two Public Health students. "I do feel like I'm more a part of the community," he says. "I say 'Hi!' to my neighbors when they're on the stoop. I make it a point to explore different neighborhoods." (Gilman is going to give another funky Baltimore neighborhood, Hampden, a try this summer.)

Butcher's Hill is also home to Wednesday trivia nights at The Life of Reilly, and students are all in—hitting the tavern fresh from work or class, sometimes in scrubs. (Quick: Who played "Omar" on *The Wire*?) Another favored spot is of course Fells Point, reachable by foot or the Charm City Circulator, a free bus. ("We really like getting tater tots at Ale Mary's," says Dreisbach.) Others steal a little off-campus study time at the Daily Grind coffee house on Thames Street. Patterson Park, in years past a magnet for crime, now beckons with tree-lined jogging paths and tranquil spots to sit and watch the birds that flock there as well.

Nearby farmers' markets are popular, particularly since many urban neighborhoods lack a full-service grocery store. There are signs, however, that increased student traffic is bringing more amenities. Cuban Revolution—a chain restaurant with

provocatively titled dishes like the Bay of Pigs empanada platter—is open next to 929. Posters on North Wolfe Street herald the imminent arrival of Teavolve, an upscale cafe, and Milk & Honey Market. For a mini produce run, there's the historic Northeast Market on Monument Street.

Although Dreisbach, Gilman, and Peck feel safety is not a problem, as in all urban environments residents need to exercise caution. "You have to prioritize, and at the end of the day, I prioritized convenience and location," Dreisbach says.



Hopkins Nurse

Johns Hopkins Hospital 37
All Children's Hospital 43
Bayview Medical Center 44
Howard County General Hospital 46
Jhpiego 49
Sibley Memorial Hospital 50
Suburban Hospital Healthcare System 51



Clockwise from top left, Hopkins nurses step up on cost-cutting; birthday flowers to remember an unforgettable gift; fellowship gives young RNs a shot in the arm; and a clear line of defense against infections.

Life, Limb, and the Pursuit of Happiness

RNs Know Risks But Call Motorcycles a Ride to Sanity

by Andrea Appleton

Call them The RNegades!

Several motorcycling nurses in the Johns Hopkins Emergency Department recently discovered they all ride, and—if

their chaotic schedules allow it—they'll soon be hitting the road together. It may seem surprising that an emergency nurse would take on such a risky hobby, but Lisa Morlock-Wright, RN, who rides a Yamaha Stratoliner touring cruiser, says it makes some sense.

“People who love the [emergency department] have the thrill-seeking side, that fast-paced thing,” she says. (The hobby also gives ED staffers a chance to exercise their notoriously morbid senses of humor. RN Steve Wood, 33, says his co-workers call his

Kawasaki Ninja sport bike his “donor-cycle”—as in organ donor.)

Morlock-Wright, now 43, didn't start biking until she was 35 years old. “It had always been a dream,” she says. Her favorite routes are on curvy mountain roads, though she has cultivated a healthy respect for her hobby. In 2007, she had an accident that led to minor bleeding into the ventricles of her brain.

And she and her fellow nurses often treat victims of motorcycle accidents, a frequent reminder of the risks the pastime poses. On Wood's first visit to the ED—a



Bikers (from left) Austin Combs, Brian Fowler, Lisa Morlock-Wright, and Steve Wood know the risks but enjoy the ride.



“share day” during which he shadowed a nurse as part of the application process—the very first patient he saw was a motorcycle trauma. “It was like, whoa, I’m going to see this a lot more if I select this type of nursing,” he says.

But RN Austin Combs, 24, who rides a Harley, says it’s all relative. “It’s dangerous,” he says. “But look how dangerous eating poorly is.”

In any case, these nurses say, as long as they’re cautious, the benefits of riding far outweigh the risks. Emergency nurses are often accused of being adrenaline junkies, and that probably goes double for ED

“We see the worst things you can imagine on a daily basis. So when I come back to the countryside and ride my motorcycle through farms for 30 or 40 minutes, it’s pretty peaceful.”

—Austin Combs

nurses who ride motorcycles. But, Wood says, for him the appeal of biking has nothing to do with adrenaline. “I kind of think it’s the opposite,” he says. “It’s my getaway. There’s a Zen-like focus when you’re doing it, an awareness of what’s going on around you.”

Combs, who commutes to work from Carroll County, agrees. “We see the worst things you can imagine on a daily basis,” he says. “So when I come back to the countryside and ride my motorcycle through farms for 30 or 40 minutes, it’s pretty peaceful.”

As for Morlock-Wright, part of the enjoyment she derives from her motorcycle has to do with inspiring future bikers. She regularly takes long rides with a group of women bikers. “You always get young girls waving and grinning from the cars,” she says. “Their parents will be so disappointed when they ask for a motorcycle instead of a pony.” ■



2013 Nursing Awards Celebrate Excellence

When a Hopkins Nurse does a great job, everybody wins. Excellence is the goal every day, after all. But some performances stand out even among all of this excellence, and that’s where Annual Nursing Awards come in. Winners for 2013, awarded by the Johns Hopkins Hospital Department of Nursing:

The Nursing Publication Award

Recognizes nurse authors who have made a significant contribution to professional nursing literature. Maria Cvach, RN, DNP, Madalyn Biggs, RN, Joy Rothwell, RN, and Charmaine Charles-Hudson, MSN, RN, CNRN, won for their article “Daily Electrode Change and Effect on Cardiac Monitor Alarms: An Evidence-Based Practice Approach.”

Linda Arenth Service Excellence Award

Presented to the nursing unit that demonstrates a strong service-oriented care environment, overall patient satisfaction, service excellence, and innovation that showed the greatest improvement. The 2013 winner is Meyer 3.

The Nursing Excellence Award

Given to a nurse or team that submits

a unit-based project that makes use of the American Nurses Credentialing Center (ANCC) Magnet Recognition Program concepts to continually assess and improve quality in nursing and patient outcomes. This year’s award was presented to Alison Owens, RN, Maria Arao, Linda Ellwood, RN, and Sceana Young of Radiology for “Forces of Magnetism in Radiology, Pediatric MRI and Anesthesia: Performance Improvement Project.” (Forces of Magnetism is a copyright of the ANCC.)

The Shirley Somer Award

Recognizes a nurse or team proposing an evidence-based practice/research project with the greatest promise on patient care. This year, the award was given to Cvach, Rothwell, Ann Marie Cullen, MSN, CCRN, Julius Pham, MD, and Grace Nayden, RN, for their research titled, “Effect of Altered Alarm Settings on Patient Adverse Events and Alarm Signal Frequency: A Randomized-Controlled Trial Feasibility Study.” ■

The First Lady of Pediatric Care

Children’s Center Remembers Harriet Lane Johnston, Whose Bequest Paved Its Way

by Emily Klima

For a century, a lovely stroll through the green, hilly acres and past the blooming flowers and stone memorials of Baltimore’s historic Green Mount Cemetery has brought Hopkins pediatric nurses back to the place where, in essence, they were born. The well-trod path leads to the gravesite of Harriet Lane Johnston, a woman of great exuberance and wealth who left much of her estate in the hands of Johns Hopkins Hospital in 1903 to establish a home for ill children.

Each May 9, pediatric nurses remember Johnston by bestowing birthday bouquets and sharing a few moments of reflection at her gravesite. Johnston's will stated her desire to be memorialized in this way, and appreciative nurses have made the springtime gesture gladly ever since.

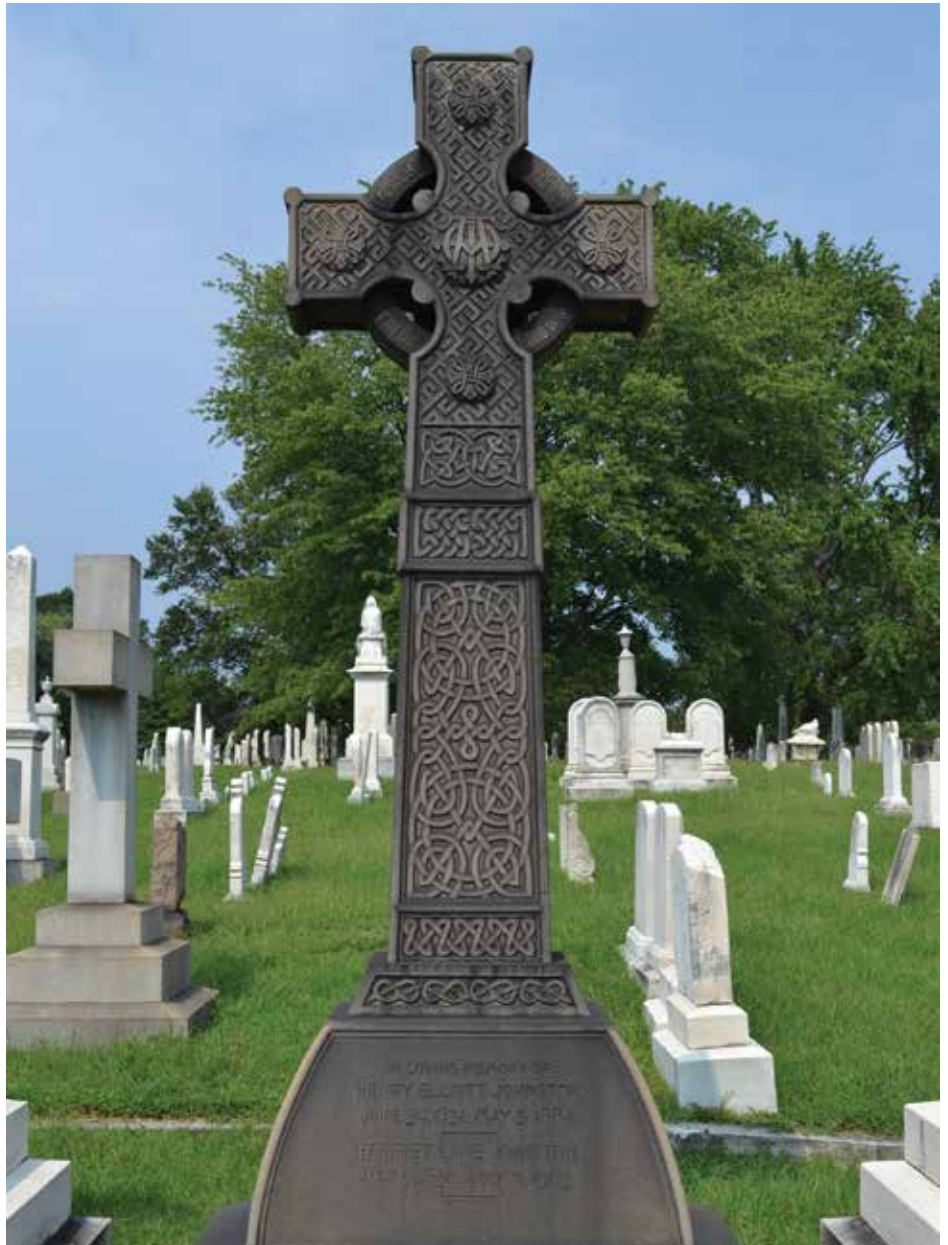
"We have made this a fun adventure for many years to recognize Harriet Lane's wish, but more importantly

"We remember her as her own children and family would have. Her name is so special to pediatrics at Hopkins and across the country that we feel strongly about keeping the tradition alive."

—Carol Matlin

because of the foundation she built," said Carol Matlin, MS, RN, an educator in pediatric nursing at the Johns Hopkins Children Center. "We remember her as her own children and family would have. Her name is so special to pediatrics at Hopkins and across the country that we feel strongly about keeping the tradition alive."

All through an amazing life, Johnston remained intimate with illness and death. An orphan by age 13, she was taken in by her bachelor uncle, James Buchanan. Since he had no wife, she served as the nation's first lady from 1857 to 1861 during Buchanan's term as the 15th president of the United States, charming most of Washington, DC. After the Civil War, she married Baltimore banker Henry Johnston and bore two sons, James Buchanan Johnston and Henry Elliot Johnston Jr., both of whom died of rheumatic heart disease during young adolescence. (Her husband then died of pneumonia, all three deaths coming between 1881 and 1884.) With her bequest, she saw to it that the Harriet Lane Home for Invalid Children would become a



Harriett Lane Johnston asked that she be remembered each year with flowers on her birthday.

place where those like her sons might be saved. Opened in 1912, it would be the country's first children's hospital affiliated with an academic, medical, and research institution. Modern features included electricity, isolation wings for children with infectious diseases, and research laboratories. Today, it exists officially as the Charlotte R. Bloomberg Children's

Center, a gleaming facility that opened in 2012.

"As we laid the flowers [this year], I thought how amazed she would be to see this wonderful blue building, the Children's Center," said Judith Rohde, ScD, RN, director of nursing for pediatrics. "To know she laid this foundation is astonishing." ■

Special Interest Group

Clinical Nurse Specialists Stand to Be Counted

by Jennifer L.W. Fink, RN, BSN

Clinical nurse specialists (CNS) have never doubted their value—nor have the hospitals they serve. Still, though they’ve been around since the 1960s, there has long been misunderstanding outside the profession and even among bedside nurses about what exactly they do. Maybe it’s the name: Sure, they’re “specialized,” but in roles that cut across boundaries, units, and levels of management. For reasons of pride, professionalism, and even legislative protection, it was time for Hopkins CNS’s to get together and get the word out.

“Clinical nurse specialists drive quality and safety through expert practice, patient and family guidance, and staff mentorship,” says Sharon Olsen, PhD, RN, coordinator of the CNS track at the Johns Hopkins University School of Nursing from 2005–2011.

In 2012, Sharon Krumm, PhD, RN, administrator and director of nursing for the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center, and Samantha Young, MS, RN, clinical nurse specialist on the Weinberg Surgical Intensive Care Unit, were asked by JHH executive nurse leaders to found a CNS specialty group at Johns Hopkins Hospital. “Our first goal was to figure out who is a clinical nurse specialist at the hospital,” Young says. “Now, our immediate goal is to let people know what a CNS is and what they do in the hospital.”

Both had been working with the

Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists to establish title protection for CNS’s in the state of Maryland. And while both were proud of their work at the state level, they saw a need to connect locally as well.

The CNS specialty group now has about 50 members and meets monthly. Together, they share practice insights and brainstorm ways to more effectively support (and utilize) CNS’s at Johns Hopkins. Recently, they’ve had success adapting more effective CNS evaluations.

The group also continues to support the push for CNS title protection. Thanks in large part to the efforts of Olsen, Krumm, Young, and other Hopkins CNS’s, Maryland’s Board of Nursing recently approved language that will restrict the use of the title “clinical nurse specialist” to nurses who have a master’s



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degree or higher in a nursing specialty, have completed an accredited clinical nurse specialist program, and are officially certified as a clinical nurse specialist.

To learn more about the CNS program at JHUSON, go to www.nursing.jhu.edu/cns. ■

Measure Twice, Cut Once

Across-the-board Wisdom and Creativity Ease Budget Strain

by Kelly Brooks

Earlier this year, each Johns Hopkins Hospital department was asked to trim its budget. With sequestration threatening an estimated \$1.2 trillion in national, across-the-board federal spending cuts over the next decade, the hospital needed to be ready. But savings were not to come at the expense of top-quality patient care. For nurses—especially those at the bedside—the cuts presented a challenge for sure, but also an opportunity to take a proactive role in maintaining the financial health of the institution. So they did, and not for the first time.

Fitting the Bill

In the emergency department (ED), a bill is determined in part by the time nurses and technicians spend assessing the patient, inserting IVs, taking blood glucose levels, and other such procedures. Knowing how long each of these takes is essential for accurate billing.

Heather Gardner, MSN, RN, and her counterpart in the pediatric ED, Mary Ellen Wilson, RN, are the main application administrators for AllScripts ED, the electronic documentation and order entry system. It tracks each patient's completed nursing procedures and calculates the bill. As part of a multidisciplinary ED billing committee, Gardner and Wilson have been working since December 2012



to verify and update how much clinical care time each nursing procedure takes.

“The 23 interventions that we do most often generate about 90 percent of our billing,” says Gardner, so time trials were focused on those procedures. For example, IV insertion time includes reviewing a physician’s order, introductions with a patient, explaining the procedure, gathering supplies, inserting the IV, and documenting it. Thirty-six lesser-used procedures were also studied.

As a result, an additional 30 proce-

dures, such as applying a cervical collar or removing sutures and staples, will be added to AllScripts. The upshot is more accurate patient billing and hospital revenue that actually reflects the value of ED nursing care.

Staying Productive

In the 1990s, self-described “Hopkins lifer” Lynn Jones, MS, RN, was a labor and delivery nurse manager when the L&D, ante-partum, post-partum, and nursery units were combined.

“It was hard to schedule nurses with paper and pencil, so I went out and searched for an application that could help,” Jones says. She implemented a workforce management system in the obstetrics unit—it was previously employed in oncology—that eventually was adopted hospital-wide. Recently, says Jones, now assistant director of nursing, “a group of nurse managers told us they wanted to see workforce data to help them manage their units.”

The result? A productivity dashboard that allows frontline nurse managers to compare actual care hours per patient with their targets. The schedule can be adjusted to save time and money. “If they’re green [on target], everything is peachy. If they’re yellow [slightly over] or red [more than 3 percent over], they want to look into what’s going on, and maybe make adjustments,” she says.

Transplant Success

For a transplant patient whose body naturally attacks a new kidney as an unwanted foreign organism, the key is finding just the right doses of immunosuppressant drugs. Such medication traditionally has been prescribed and adjusted by physicians and monitored by nurses, per their scope of practice.

“We’d ask a provider what dose the patient should be on, and we could bet on getting five different answers,” says Julie Langlee, RN. So Langlee and Sheila Young, RN, with more than 30 years of kidney transplant nursing experience between them, set out to find a solution.

The duo developed an immunosuppression protocol in which a physician or nurse practitioner sets a target level and the nurses can adjust medication within a narrow, algorithmically determined range. After a three-month pilot phase, Langlee and Young will train the other transplant coordinators to use the protocol.

The idea is that physicians and NPs

spend less time on medication management and fewer blood draws are needed to monitor patients who are less likely to be readmitted. All save money. Best of all, says Langlee, “We can be more proactive instead of reactive to our patients.”

Wait Not, Want Not

It used to be that when oncology patients came to Hopkins with an acute but unexpected problem—nausea, pain, dehydration—they had two options: visit the ED or show up in the waiting room of the JHH oncology outpatient center. The center’s staff, already booked solid, would add six to 10 walk-ins to the schedule each day, and “it caused

“If you’re acutely ill, you don’t want to sit around a crowded waiting room. You want the pain to go away, the vomiting to stop as quickly as possible. And we can provide that.”

—David Ratkoff, RN

delays all over the system the whole day” creating inefficiencies and waste of the center’s resources, says Kristen Reeb, NP, RN. Richard Dean, a professor at Morgan State University and a member of the Johns Hopkins Hospital Patient and Family Advisory Council, had suggested opening an oncology urgent care center after witnessing his wife’s repeated ED visits as she struggled with the side effects of chemo.

Reeb, David Ratkoff, RN, and nurse manager Kitty Violette, MSN, RN, helped to plan the center and then make it happen.

The new clinic format ensures that all the patients are seen, and time and resources aren’t being wasted in the emergency department or outpatient oncology center. The patients are happier, too. “If you’re acutely ill, you don’t want to sit around a crowded waiting room. You

want the pain to go away, the vomiting to stop as quickly as possible. And we can provide that,” says Ratkoff.

An Eye for Savings

In the Wilmer operating room, a team of nurses and technicians has been meeting since February to find new ways to cut costs. Dee Channel, RN, who serves on the finance committee, says that the team was quick to identify procedures that resulted in wasted supplies, and therefore wasted money.

For example, the two most common ways to keep a reattached retina in place are using silicone oil, oil tubing, and an oil cannula (estimated at \$1,180) or intraocular gas (less than \$700). When in doubt, the staff would open the oil supplies at the beginning of a procedure. The supplies cannot simply be resealed and reused for sanitary reasons, so if the surgeon then chose gas, unneeded oil, tubing, and cannula were tossed.

“We want to be ready when the surgeon is ready, so it can go like clockwork,” says Channel of the nurses’ normal pre-surgery routine. “But we have to also consider that these items have been wasted many times before.”

So Wilmer implemented a new policy: Nurses now reconfirm that the surgeon needs the oil supplies before opening them. A similar protocol has been established for sutures, which aren’t always needed for cataract procedures, and the group is looking into purchasing disposable diamond knives that make precise incisions yet cut down on the cost of corneal surgeries.

The group’s success, says Channel, lies in its makeup of clinicians who provide patient care. “When we’re at the bedside, we’re not usually concerned with cost. But when you’re pulled into a committee like this, and you know it’s \$17 to open a blade, and we have 100 cases at \$17 each, you know that’s a lot of money. We’re more conscientious and assertive and have a new awareness,” she says. ■

Pediatric Care by Road and Air

For 35 Years, Transport Team Has Flown, or Driven, to the Rescue

by Jennifer Walker

In June 2012, Huntley Martin, born nearly four weeks early and unable to breathe on his own hours later, lay in a hospital nursery in Sebring, FL, a town without emergency pediatric services. Amy Martin, his mom, was waiting for her son to travel by helicopter to All Children's Hospital, a St. Petersburg-based member of Johns Hopkins Medicine, for care. "I was in shock that my baby was being taken away from me, and I didn't know how sick I was," says Martin, who had to stay in Sebring overnight. After the transport team arrived, though, Martin felt more comfortable. "They had everything to ensure Huntley got to the hospital safely."

Celebrating its 35th anniversary this year, All Children's Critical Care Transport Team—which includes a nurse, a respiratory therapist or a paramedic, and an EMT—provides mobile intensive care services to children in Florida and beyond. Started in 1977, the team was initially created to transport neonatal patients. Today, the team uses three ambulances and one helicopter to transport 1,500 children annually, often traveling hours to towns, cruise ship ports, and even international locations for patients.

"These patients are often in an emergency center without pediatric specialization," says Susan Byrd, RN, BSN, CPEN, Emergency Center Director. "They need to get to our facility for the next level of care."

Before departing though, the team stabilizes its young patients. "Most people think that our only job is to transport the kids to All Children's," says Julie Bacon, RN, Chief Flight Nurse. "But our first job

is to bring critical care to that patient." So the ambulances and helicopter are stocked with ventilators, medications, and other equipment. "We can basically do everything an ICU can do," Bacon adds.

The team also takes care of the entire family. "It's a very odd thing we do, going in and taking the child from their parents," says Cheryl O'Neil-Gardner, RN. "It takes time to instill confidence in parents that we will care for their child in a loving, supportive manner."

Last June, O'Neil-Gardner was Huntley's transport nurse. She explained to Martin what would happen once he got to the hospital. "She bent down and just really talked to me," Martin says. "That meant so much." Strapped in an isolette, Huntley then took the 46-minute flight to All Children's, where he was treated for one month before going home.

Recently, Huntley celebrated his first birthday with a fishing-themed party. "All Children's saved his life," Martin says. "And they took care of us too." ■



Changing the Culture

Nurse-led Multidisciplinary Effort Decreases Central Line-Associated Infections

by Jennifer L.W. Fink, RN, BSN

846 days.

That's how long the cardiac intensive care unit at Johns Hopkins Bayview Hospital has gone without a central line-associated bloodstream infection.

Two and a half years ago, such a number would have been virtually unthinkable. Central line-associated infections, or CLABSI, were considered an almost unavoidable aspect of care. The cardiac (CICU) and other intensive care units care for patients at high risk of infection anyway, and central lines and CLABSI were thought of as part of the package.

"There was an assumption that we were always going to have central line infections, because of the patients we have," says Kelly Krout, RN, MSN, interim patient care manager of the surgical intensive care unit and burn intensive care unit.

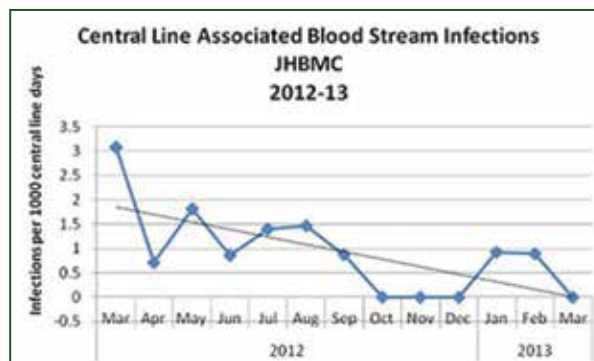
A highly-effective, nurse-led multidisciplinary effort to decrease CLABSI began by challenging that assumption. "We started with the idea that, 'Maybe we're not doing it wrong, but maybe we're not doing it the best possible way,'" says Kerri Huber, RN, MSN, an infection control specialist who helped coordinate CLABSI-reduction efforts. "We went to each of the intensive care units and said, 'We really need to work on this. Who should be part of the team?'"

Each unit pulled together a team that included nurse managers, educators, influential staff nurses, laboratory special-

ists and physicians. The teams reviewed the literature to determine best practices for central line insertion and care, and met regularly to tweak them to the needs of their units. Teams also shared ideas, so when one unit discovered an effective intervention, others could get onboard.

The surgical intensive care unit, for instance, began using a central line insertion checklist created by Hopkins patient safety expert Peter Provonost, MD. "The checklist really gives the nurses the authority to stop a procedure. So if they see the physician who has broken sterility, they can say, 'Hold on. We've deviated from the procedure. We need to stop and regroup,'" Krout says.

The medical intensive care unit and CICU did trials with central line carts, mobile stations that contain all the supplies necessary to insert a central



line; the neonatal intensive care unit developed a central line maintenance checklist; and the neurocritical care unit created a daily checklist to monitor central line necessity and care. All of those ideas were so successful that they ultimately spread to the other ICUs.

"This effort was successful because changes were coming from the front line staff," Huber says. "It wasn't administrators saying, 'You have a problem and this is what we're going to do to fix it.' It's bedside nurses putting their heads together and coming up with solutions." ■



Kelly Turner treats patient Albert E. Boram at Bayview



WILL KIRK/HOMERWOODPHOTO.JHU.EDU

Medical Center, where a nurse-led effort has severely reduced central line-associated bloodstream infections.



In the Spirit of Fellowship

At Howard County General, Program Lives Up to Its Name In All Senses of the Word

by Rebecca Proch

At Howard County General Hospital, nursing fellow John McGowan is flourishing in the dawn of his career. He's described by Vera Tolkacevic, RN, BSN, MBA and Nurse Mentor in charge of the RN Fellowship Program as "everything that we look for in a fellow—he's engaged, cooperative, and eager to get everything he can out of the experience." He loves what he does and gets great feedback from patients and colleagues.

Yet things could have gone very differently for McGowan. He describes himself as having had a "tough time" in nursing school. Other classmates, he reflects, struggled with the transition from nursing school to the realities of working on the floor. Even those who won fellowships in other hospitals found themselves unprepared for the stress and challenges, and he notes, "Some of them thought about leaving the hospital setting altogether." He credits Howard County's program with giving him the support and guidance needed to smooth that transition and creating a space where he can thrive and grow as a young professional.

The RN Fellowship Program began a decade ago to help new nurses succeed. It was designed with an in-depth two-year structure that encourages the habits of lifelong professional development, combined with on-the-job mentorship from preceptors and clinical educators. New fellows are accepted into one of three annual cohorts, each a small group averaging about 10 recent graduates who will continue to meet and work together over that two year span. "It's great to have people who are going through the same thing you are," says McGowan,



WILL KIRK/HOMEWOODPHOTO.JHU.EDU

RN Fellow John McGowan (with patient Becky S. Golder) credits the Howard County General Hospital program with helping him thrive.

now in his second year. "You bond over the process, and sometimes you can help each other out because you've handled a similar situation."

In the beginning of the cohort, the fellows spend 16 weeks in nursing and hospital orientations, with eight days of classes known as Bridging the Gap that address a variety of topics including hospital practices, communication and teamwork, and developing strong self-care habits. From there, they receive placements on floors around the hospital, where they have a four- to six-week progression that takes them from shadowing more experienced nurses to providing care for a single patient under supervision to adding patients and taking on more

responsibility. The remainder of the fellowship is full-time work, with regular cohort meetings to discuss the experience and share peer support.

"The program has people from so many backgrounds," says Tolkacevic, who has been with the program for six years. "Some are on their first career, some on their second. I love seeing them grow. And many of them stay with us, so I see a cycle where former fellows have become preceptors for new fellows."

"I'm amazed by how far above and beyond the preceptors go to give us support," says McGowan. "They really know how to help us transition into being independent. I feel like all my hard work to become a nurse has finally paid off here." ■

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New Skills in Postabortion Care Save Lives in Guinea

by Alisha Horowitz

Maimouna Sow has seen firsthand the devastating consequences for women with no access to family planning methods. During her six years as an auxiliary nurse at the Hospital of Macenta in the West African country of Guinea, she has saved the lives of women seeking care from complications of miscarriage or induced abortion, including those who have taken drastic measures to end unplanned or undesired pregnancies. Sow, 41, is among those at her facility leading the charge to ensure that women receive lifesaving care.

In rural health facilities such as Macenta, nurses are often called upon to do a range of tasks—from attending to a sick child to performing surgical procedures. Sow has learned to perform C-sections, for example, and to provide postabortion care (PAC), family planning services, and linkages to other reproductive health services through training supported by Jhpiego, an affiliate of Johns Hopkins University.

In Guinea, abortion services are provided only “to preserve health,” according to “The World’s Abortion Laws 2012” by the Center for Reproductive Rights. Women who lack access to family planning methods may take measures to terminate a pregnancy by going to an unqualified provider and end up at clinics like Macenta. “This is really about taking care of an emergency situation and saving a woman’s life at the front-line,” says Ricky Lu, MD, Jhpiego’s director of reproductive health and family planning. But the family planning counseling begins as soon as she is stabilized. “After the emergency and before she goes home, it is important to ensure that the woman does not find



In Guinea, Jhpiego training assists with family planning and saves lives.

herself in the same situation—at the brink of death again.”

Jhpiego’s initiative in Guinea began in 1998 in the country’s Forest Region, and has since expanded nationwide in collaboration with the Ministry of Health. Macenta—a two-and-a-half-day ride, generally by privately owned village taxi, from the capital of Conakry—is among 37 sites now providing PAC services in Guinea. “The introduction of PAC services in Guinea was important because complications of abortions contributed to a 17 percent maternal mortality ratio [according to a 1999 Demographic and Health Survey],” explains Yolande Hyjazi, MD, Jhpiego’s Guinea country director.

The surgical procedure most commonly used to treat complications of induced abortions, sharp curettage, is not easily accessible, given the limited number of physicians in Guinea. As part of the introduction of PAC services, Jhpiego has

taught the technique of manual vacuum aspiration to providers such as Sow, allowing for task-shifting to other health care cadres, including nurses.

Sow has put her Jhpiego training into action daily. She recounts the case of a woman who came to Macenta with serious complications from an induced abortion. Sow was part of the team that operated on her and provided follow-up care. “With the help of all providers and relatives, we were able to save this young woman,” Sow says with pride.

The Guinea initiative is funded by the U.S. Agency for International Development’s global flagship Maternal and Child Health Integrated Program, which is led by Jhpiego.

“She has confidence in what she does,” says Tsigué Pleah, MD, senior technical advisor at Jhpiego, who trained Sow.

“Thanks to this training, we’ve perfected our skills,” Sow says. ■



Taking Strokes of Luck Out of the Equation

Sibley Memorial Hospital Becomes a Certified Primary Stroke Center

by Jennifer Walker

Julia Overton recognized the symptoms: She felt pressure on the left side of her head, her mouth was drooping, and she feared that she was having a stroke. She hurried to Sibley Memorial Hospital and was in an examination room within minutes. After hearing about the risks and benefits of a tPA, the medicine used to dissolve blood clots, Overton chose to take it. Then, a speech pathologist worked with her on swallowing. At regular intervals, she also did benchmark tests with the nurses, such as reading short sentences. “The team did not miss a beat in treating me,” she says. Just weeks later, Overton had made a full recovery.

Sibley’s multidisciplinary stroke team is determined to give her plenty of company. After three years of work developing protocols and standardizing care for stroke patients, the hospital received its Advanced Certification for Primary Stroke Centers from the Joint Commission in conjunction with the American Heart Association/American Stroke Association in May.

Sibley staff began working on certification shortly after the District of Columbia Emergency Medical Services (EMS) instituted a protocol requiring vehicles to take stroke patients to certified centers. “The fact that the EMS was no longer bringing stroke patients to us was just the wake-up call,” says Susan Ohnmacht, MSN, MS, RN, NEA-BC, Associate Chief Nursing Officer. “We just want to take really good care of our patients.”

Building a Stroke Advisory Committee was one of the first steps. In the Emer-

gency Department, Ohnmacht, Karen Pregnall, RN, and Jennifer Abele, MD, FACEP, Medical Director and Chair, identified key stakeholders from speech pathology, occupational medicine, transport, pharmacy, and dietary. In this way, “everyone had a say in how the process works,” Abele says.

“Outcomes for stroke patients are better when you follow established standards. Certification was the right thing to do for our patients.”

—Susan Ohnmacht

Then Pregnall, Jane Lewis, RN, and Jennifer Knittig, RN, Sibley’s first official Stroke Coordinator, developed protocols, including order sets and

patient education tools. Staff also introduced helpful systems such as timers to alert nurses to take vital signs and do neurology checks.

Still, “it became very apparent that we needed a full-time person dedicated to strokes,” Pregnall says, so neurologist Jason Freeman, MD, came onboard in August of 2012 and soon Sibley had its certification.

Stroke protocols have since become second nature. “Nurses know exactly what is expected of them,” says Knittig. “It’s given them a sense of pride in the program.”

But the biggest payoff is improved patient care. “Outcomes for stroke patients are better when you follow established standards,” Ohnmacht says. “Certification was the right thing to do for our patients.” ■



STEPHEN VOSS

Sibley’s Jennifer Knittig (left) and Jason Freeman work to make stroke protocols second nature. “Nurses know exactly what is expected of them,” Knittig says.

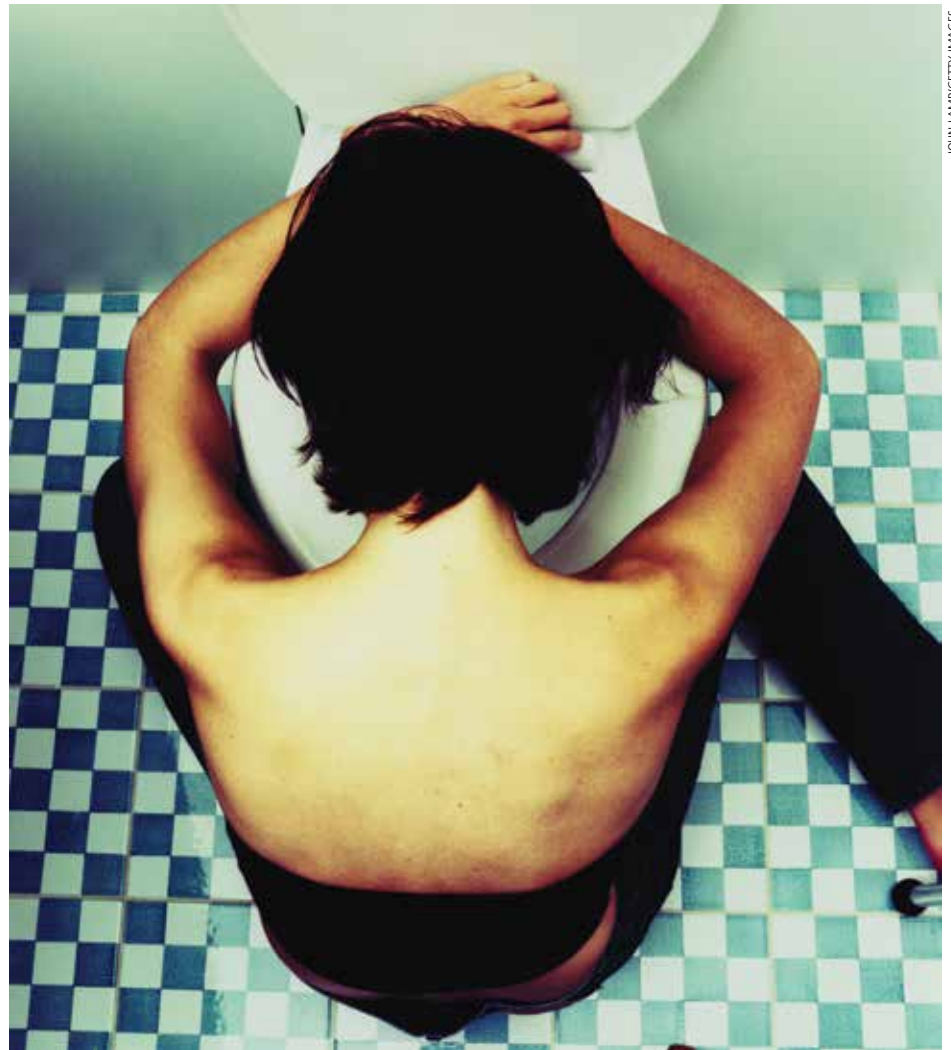
Not Throwing Up Their Hands on Postoperative Nausea

by Steve St. Angelo

Surgery can be a dizzying proposition for any patient. For 33 percent or more, that dizziness can become postoperative nausea and vomiting, a complication that is not just uncomfortable but potentially dangerous and expensive. Yet while there has been general agreement that it is a problem, there has been no clear consensus across the medical community on what to do about it. A year or so ago, an interdisciplinary team at Suburban Hospital in Bethesda decided that wasn't good enough.

It wasn't that Suburban had bucketfuls of cases. But too many patients had heard the horror stories, or lived through them after past surgeries. According to the American Society of PeriAnesthesia Nursing, the risk of postoperative nausea and vomiting is the most commonly reported fear prior to surgery and is considered by some patients as being worse than postoperative pain or the surgery itself. "[Suburban's] prevalence was close to the national benchmark at 26 percent," says Clinical Nurse Educator Karin S. Nevius, RN, CPAN, CAPA, CCRN, "but we thought we could do better."

Suburban launched a study to determine whether following the American Society of PeriAnesthesia Nursing Evidence-Based Clinical Practice Guidelines for the Management of Postoperative Nausea/Vomiting would reduce its prevalence in the post-anesthesia care unit. The guidelines offer insight on which patients are most likely to suffer the complication. Among those most at risk? Oddly, it's women who don't smoke. "It's just a funny thing," says Nevius of the notion that being female and avoiding cigarettes could be strikes against a patient. "They walk in the door with two



JOHN LAMB/GETTY IMAGES

risk factors. Then you throw in anesthesia and a narcotic for pain relief and they're up to four." Other risk factors include a history of motion sickness or previous bouts of nausea after surgery.

Once the risk is established, the perioperative team at Suburban works back from there, strategizing ways to reduce as many risk factors as possible, like using local anesthesia instead of putting a patient fully under, choosing an alternative to a narcotic painkiller, or prescribing an anti-emetic to prevent nausea and vomiting. The extra effort is worth it because, according to the American Society of PeriAnesthesia Nurses, post-

operative nausea is a leading cause of extended hospital stays, delays in healing, unanticipated hospital readmission, and missed time at work for patients and care providers at home.

With some procedures, post-operative vomiting can increase the risk of a complication, such as with cranial surgery, plastic surgery, and retinal repairs. "We really can't have them getting sick," Nevius says. "Vomiting increases intracranial and intraocular pressures and can place undue stress on suture lines and repair work."

Nevius adds that the program at Suburban is showing promise, "and putting minds at ease." ■

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Clockwise from top left, DNP makes a splash in her homeland; a toast to a tea; save the date for a starry night; and the sun never sets on the nursing pin.

Alumni Update

Paula S. Kent, MSN '05
President, JHNAA

I hope you are all looking forward to a great summer! I recently looked at all the photos my fellow alums submitted this past year for the "Where in the World is the Nursing Pin?" challenge, and I must say, we are a well-traveled group! I plan on taking a photo of myself with the Maltese cross pin in Alaska this summer, and hope



you will do the same during your travels. Don't forget to send the photos to Lindsay Dorrance (LDorran1@jhu.edu) so we can display them at Alumni Weekend.

As many of us know from experience, a positive relationship with a mentor can make a great difference in our personal and professional lives. The Alumni Association has sponsored an alumni-student mentorship program for the past few years, but we need your help taking it to the next level. If you currently

have a mentee, reach out to them and ask if they'd like to have coffee or talk on the phone. If you're not a part of the mentorship program, get in touch with us today and we will pair you with a student.

I hope you have all marked September 26-28 on your calendars for Alumni Weekend. It's going to be an exceptional weekend filled with great activities such as tours of the new hospital, a simulation activity, and even an off-campus run; as well as old favorites such as the alumni luncheon! I hope to see you there.

CLASSNews

'50 Class Reporter—**Betty Borenstein Scher**, 443-449-5934, bbscher@comcast.net. When I got down to Lexington, KY, for a family birthday celebration, I also managed to get to visit with **Jo McDavid Hubbard**, her hubby Stan and her daughter Susie in nearby Winchester, KY. Susie picked me up and drove me to **Jo**. Then **Jo** and I went out to lunch and back to her house for a visit with the rest of the family. I had a really good time!! **Marion Bee** faithfully keeps me up on her activities and the joys of retirement, among which are better gardens every year, enjoying reading while sipping a cup of tea, and attending high school productions of musical shows—plus she and a sister get in a game of Scrabble once or twice a week. I also heard from **Mary Agnes Hull Stewart's** daughter-in-law. The family down there is enjoying life, and **Beth** writes how she loves being a grandparent. Although she has been a year retired from nursing, she still planned to take a part-time position at Duke School of Nursing. Sounds great to me. **Anna Clair Junkin**, (**Ella**) **Ruth Whitmore** and I got to have another lunch together before **Ruth** returned to Indiana and visited her other children and grandchildren. She just gets around so darned much!! I heard from **Janey Shutts Pinkerton**, living in North Carolina with hubby Pinky. I believe she has had a few health problems during the year, but seems to be much better. And, finally, I enjoyed phone calls with two of our classmates. **Ginger Groseclose David** called me, and we chatted a lot about getting

a bit older and having a few more limitations. However, she still sees her family a lot, and she still takes a long walk every morning where she lives. The other phone call was with **Lolita Beidelman**, and we talked about everything. She has had some health problems the past year, but sure sounded fine when we spoke to each other. As for me, **Betty Borenstein Scher**, there is no big news here, but I am enjoying life and communicating with my children and grandchildren. What more can we want!

'55 Class Reporter—**Margie Barber Trever**, 410-822-0479, mbtrever@gmail.com. **Joann Rice Marshall** retired from the VA in '95. She has had both knees replaced. She gardens, does cross stitch, cooks, plays Scrabble, and travels with her housemate around the Northwest in her small recreational vehicle. **Kathie Redding Anderson** and Ted continue doing flight physicals. They went to the American College of Cardiology meeting in San Francisco in March and to an aviation conference Sun 'n Fun, Epcot, and Clearwater Beach in Florida with their son and his wife. They also enjoy gardening. **Alice Bowers Jenkins** died March 2012. She is survived by a son, daughter, and two grandchildren.

'68 **Francine Miller Cannella** lives in Liverpool, NY. She has two sons and four grandchildren. She worked in the ICU and hemodialysis before her children arrived. The

past 25 years she has been in school nursing. **Francine** retired in 2012. She sometimes substitutes as a school nurse. Her current interests are her grandchildren, art classes, and reading. **Joan Kalicki Baartz** is retired. She and her husband, Guenter, moved to Florida in 2002 after their three children were all married. They now have six grandchildren ranging in age from 3-13. **Joan** enjoys water aerobics and running around with her friends. She recently met with **Betty Messmer**, who lives nearby. They enjoyed talking about their School of Nursing memories. **Theresa (Terry) Briganti Moorman** lives in MD with her husband Rick. They have a daughter, Heather, and son, Brian, with wife Michele and granddaughter Ciara. **Terry** received her BSN at Towson University, was with the Air Force for seven years as an ICU surgical nurse, then 26 years in oncology at JHH where she now works. She enjoys cooking, reading, traveling, and watching Ciara play lacrosse. **Terry** remembers Miss Farr, snowball fights out of the third floor windows, riots of 1968 with National Guard on the roof, and walking the streets of Baltimore for Public Health. **Julia Mitchell Reuter** lives in Caswell Beach, NC, with her husband Tom. They have four children and six grandchildren. **Julia** received her MS in health care administration at St. Joseph's College. She was a psychiatric nurse from 1968-2007. She is now retired. **Julia** enjoys beach walks, shell collecting, boating, and visiting the children and grandchildren. Her achievements

include her wonderful marriage, successful children, and fulfilling career as a psychiatric nurse. Her SON memories include Hampton House and wonderful friends, Osler wards in the summer, and discovering Phipps and the possibilities of psych nursing.

'78 Karen Stanley lives in Mt. Pleasant, SC. She has two sons, Bill and Bob, and five grandchildren. **Karen** received her MS in nursing administration in 1984 from the University of Maryland. She earned an ANCC certification as Adult Psychiatric Mental Health Clinical Nurse Specialist in 1990. **Karen** is actually retired but still does some consulting work related to improving work relationships among health care workers. Her current interests are refinishing furniture and church volunteer activities. One of her grandsons is getting married in October in Ocean City.

'91 Joanne X. McAuliffe recently joined Cabell Huntington Hospital in West Virginia as vice president and chief nursing officer. She serves on Cabell's executive leadership team and also oversees the nursing management team.

Before going to Cabell Huntington, **Joanne** was assistant vice president and administrative director of the oncology service line at MedStar Franklin Square Medical Center in Baltimore. Prior to that she was a patient care services manager at the University of Maryland Medical Center.

'98 Dionne Mebane Raley lives in Odenton, MD, with her husband Anthony and her boys Miles and Cameron. She received her MSN in 2000 at Hopkins, her DNP in 2010 at the University of Maryland, and a post master's in nursing in 2007 at the University of Maryland. **Dionne** works in Pediatrics at Total Health Care. She is a national speaker for the Phadia Drug Company. **Melissa Holder-Utkovic** lives in Cooper City, FL, with her husband and daughters. She works at Memorial Hospital West-Pembroke Pines, FL, in bone marrow transplant oncology. Summers are spent managing their Bed and Breakfast in Croatia on the Adriatic Sea.

'00 Class Reporter—**Sarah Gauger**, (919) 321-8849, sgauger@me.com. **Jen Ellison Marger**

Deadline for the next issue of Vigilando: October 5, 2013.

is still working hard as a stay-at-home mom. She is excited to announce Baby Boy No. 2 is due in July. **Marian Grant** was inducted as a Fellow in Palliative Nursing by the Hospice and Palliative Nurses Association, where she is also a newly elected board member. **Jen Rapp Kurian** has been volunteering at her children's school with her therapy dogs, and as a reading mentor for the students who need extra help. She has found this very rewarding, and the kids really love it! **Katie Wetherbee Kotopoulos** continues to live in Dhaka, Bangladesh with her family, as her husband continues working with World Vision International. **Katie** works as the FNP at the American Embassy Health Clinic. They were happy to welcome their fourth son into the world this past January. **Jill Bates Matulonis** is working in the OR at Sinai Hospital in Baltimore and loving it! She now has her master's in Nursing Education and is still trying to decide how best to use this. I, **Sarah Gauger**, after almost eight years at Duke University

ALUMNI

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WEEKEND
13

Johns Hopkins Nurses' Alumni Weekend 2013

SEPTEMBER 26-28, 2013

**THURSDAY, SEPTEMBER 26,
BOND STREET SOCIAL, FELLS POINT**
6:00-8:00 p.m. Cocktail party with great food, drinks, music, and friends!

**FRIDAY, SEPTEMBER 27,
SCHOOL OF NURSING**
9:30-11:30 a.m. Choice of Medical Archives tour or Johns Hopkins Hospital/Hampton House tunnel tours
Noon Lunch
1:00 p.m. Class without quizzes featuring JHUSON faculty
2:30 p.m. Optional activities at The Johns Hopkins Hospital
4:30 p.m. Alumni networking reception
6:30 p.m. Class dinners

**SATURDAY, SEPTEMBER 28,
SCHOOL OF NURSING**
8:00-9:15 a.m. Continental breakfast
8:30 a.m. Annual Johns Hopkins Nurses' Alumni Association business meeting
9:15 a.m. Dean's address and Q & A
10:00 a.m. Choice of activities including roundtable discussions about current JHUSON programs, school tours, and an off-campus run!
11:30 a.m. Reunion class photos
Noon Alumni luncheon
6:30 p.m. An Evening with the Stars

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Hospital as an inpatient diabetes specialty NP, have decided to make a change. I am headed back out into the community to work at a nearby primary care clinic starting in July. I am excited for what this change will bring!

'04 **Caroline Curtis Evans** received the 2013 Outstanding Clinician Award from the Bi-State Primary Care Association for Vermont and New Hampshire. This award honors primary care clinicians whose exemplary skills and service have made a significant impact on the health of underserved patients and the community in which they serve. **Caroline** received her MSN in 2006 from the University of Hawaii. While in Hawaii, she was selected for the Quentin Burdick Rural Health Interdisciplinary Program, which serves the needs of rural communities. During this time she lived on the island of Maui, where she provided care to the underserved rural population. She decided to continue this service when she moved to Vermont. There she began working for Little Rivers Health Care as a Family Nurse Practitioner. In 2012, when Little Rivers adopted an HER system, she not only participated in this process but also juggled a panel of 1,200 patients and never refused to add a new one. She came in on her days off and stayed late many nights. During all of this, **Caroline** remained calm, pleasant, respectful, and kind.



In Memoriam | Johns Hopkins

Mary Farr Heeg '41
 Doris King Avery '42
 Marian Jones Wallace '43
 Madge Cyr Daniel '44
 Helen Bruce Thomas '49
 Mary Hall Crabb '51
 Edith Olson Range '53
 Laura Lyman Brecher '55
 Barbara Merrick Park '55
 Norma Graham Jackson '56
 Judith Thatch Shields '59
 Theresa Angel, MSN '99
 Allison O'Connor McKay, Accel. '02

Who Is This Alumna?

What early alumna donated \$30,000 to build an addition to the nurses residence in memory of her father?

By Betty Borenstein Scher '50

Helen Skipwith Wilmer, Class of 1905, whose father had been on the Hospital Board of Directors, donated the money to build a needed addition to the nurses residence the year after her graduation. Upon hearing this, Miss Nutting quipped, "Well, now I know she was listening in class."

Miss Wilmer, who became Mrs. Athey a few years later with her marriage to Dr. Caleb Athey, was to become a stalwart participant in the Alumnae Association on so many levels and in so many directions.

Upon graduation, she worked at the Henry Street Settlement in New York; the next year, she returned to Baltimore and worked at the IVNS, then in its infancy. In 1908, she took over the Hopkins Social Service Department and led it to a prominent position in the hospital and the community.

During World War II, she became a "general handy man" in the General Operating Room. On her five- to six-hour schedule, she did everything except the actual administration of anesthesia, although it was said that at times she did even that! She also volunteered many hours of nursing service in Women's Clinic and acted two nights a week as nurse at the Baltimore Aircraft spotter service.

She also was always active in the Nurses Alumnae Association, from serving on committees, chairing committees, starting new projects, even just answering the phone and addressing letters for Homecoming. In other words, she did whatever needed to be done.

Her name was synonymous with the Gate House Shop, that little store at the Broadway entrance to the hospital. Mrs. Athey started that shop for the Association to earn money for the Endowment Fund, and from 1921 through 1951, she led her "willing slaves" there with great

success. She resigned to "give way to youth." Yet, when it was proposed that the money earned from sales at the Gate House Shop be named after her, she politely refused, saying it would be unfair to the many alumnae who had done so much to make the shop a success.

Any description of Helen Athey is incomplete without mention of her charming wit and her romance with the English language. Many were the alumnae who came to the

Annual Meeting simply to hear her many committee reports and get more than a chuckle or two from them. In one report on the annual Christmas sales and activities, she said, "At the Bingo table, Miss Lawler developed amazing powers as a steady and undiscouraged gambler." When a car raffle was won by a young man who worked in the hospital bakery, she commented, "We trust it will not encourage him to prefer speeding to kneading."

She always claimed she had a "far from illustrious" nursing career. To those of us who got to know her or work with her, she flunked on that self-assessment. For more, visit www.medicalarchives.jhmi.edu.



Appreciation:

Mary Farr Heeg '41

'Miss Farr Made Me What I Am Today'

Mary Farr Heeg '41, a formidable teacher and a faithful alumna, would have been 100 as this issue of Johns Hopkins Nursing reaches readers. She was born in Baltimore, Md., to George and Grace (Young) Farr on June 12, 1913, and died peacefully in her sleep on April 1, 2013. She leaves behind a lasting legacy in the form of generations of Hopkins Nurses and will not soon, if ever, be forgotten. Those who came under her care and guidance, or even under her glare, knew her as a fair-minded but fierce believer in doing things the right way. She believed in young nurses' ability to do just that, even if it took a little tough love to get them there. But she never belittled or embarrassed a student in front of a patient. She was respected and feared, but most of all beloved.

"There are many that will say there was no one like her—she was one of a kind, and many alumni will say, 'Miss Farr made me what I am today,'" wrote James T. Kelley, associate dean of development and alumni relations to friends and alumni of the School of Nursing in announcing her death.

Melinda Rose, former alumni director, remembered her as "dedicated to Johns Hopkins Nursing and the Alumni Asso-



ciation. She and her great friend Betty Cuthbert '43 shared a house on Washington Street behind the SON. They gave the house to the SON when Betty moved to a retirement home in the early '90s. Mary had moved to Maine when she married but would visit Betty a couple times a year."

The passing of Mary Farr Heeg was greeted across the Hopkins Nursing family with a collective sadness, and an eagerness on the part of former colleagues and students to share memories, a few of which appear here in her honor:

"She made me the nurse I am today—almost killed me, but it worked."
—Genie Wessel '68

"What a gift to have learned from her. We will remember all she stood for."
—Shirley Wade Gardner '67

"A dynamic and dedicated woman. I feared her, but I still remember her words and the things she taught me."
—Katey Ayers '67

'08 Conni Nevills graduated from the University of Maryland Baltimore with an MSN in acute care of children and will sit for acute care pediatric nurse practitioner certification licensure.


'08 MSN Katie Spates is finishing her third year of law school and has continued to work in clinical research at NIH. She feels that law school has definitely complemented her nurse practitioner training. She has had a unique opportunity to do a public interest internship with the Health Access Project as part of the Children's Law Center and will be doing an internship with the FDA this summer. She currently serves as the Lead Articles Editor for the *Journal of Contemporary Health Law and Policy* at Catholic University.

'11 DNP Rhoda Redulla served as the commencement speaker on April 2, 2013, at the University of Northern Philippines, the alma mater of her BSN and MSN. There were almost

10,000 people in attendance. She is a nursing professional development specialist at the Hospital of the University of Pennsylvania.



'12 DNP Laura Wood was recently appointed Senior Vice President, Patient Care Services and Chief Nursing Officer for Boston's Children's Hospital. Before going to Boston's Children's, **Laura** was a pediatric nurse and nurse executive at the Johns Hopkins Children's Center and the Children's Hospital of Philadelphia. Most recently **Dr. Wood** served as Vice President, National Director—Clinical Solutions for Siemens Healthcare. She provides national leadership in support of healthcare IT policy as a nurse executive and advocate through service as Chair, Public Policy subgroup, Nursing Informatics Working Group (NIWG) of the American Medical Informatics Association (AMIA), member of the National Healthcare Information Management Systems Society (HIMSS) Nursing Informatics Committee, and as Chair, Policy Subgroup of the American Organization of Nurse Executives (AONE) Technology Committee.

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

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CHURCH NOTES

By Deborah Corteggiano Kennedy, '73

Major Gift to Creutzburg Fund

Many of you know that 2014 will mark the 10th anniversary of our merger with Hopkins as consortium members of the Alumni Association. To date, the Freda Creutzburg Scholarship has an endowed value of approximately \$250,000. My goal is to mark our 10th anniversary by adding another major gift. Thus far, I have received over \$15,000 toward the goal. That amount will increase to \$25,000 when the gift from MedStar is added. Church Hospital was once owned by MedStar, which recognizes the efforts of our alumni by continuing to help the scholarship grow. Please consider making a gift.

Save the Date: Alumni Weekend!

The weekend of Sept. 26–28 will be full of exciting events for Homecoming. Penny Haviland, '63 is working to get the CHH 50-year alums on board to be at Homecoming so that we may honor them in traditional "Golden" style. Look for your save-the-date card and invitation in the mail soon. Please call or email me if you have any questions, need transportation, etc.

As I prepare to celebrate my 40th, I am really looking forward to seeing a big turnout from the class of '73.

In Memoriam | Church Home

Dorothy Grumbine '38
Doris Simmons Maloney, '41
Margaret Reed Johnson, '50
Mary Sadler, '50

Fourth Annual Tea a Success

On May 8, as we all celebrated Nurses Week, 30 alumni from Hopkins and Church Home enjoyed the fourth-annual Alumni Tea in the Carpenter Room. This event will continue to be held during Nurses Week each year. Look in future issues for information.

Transcript Application Process

CHH transcripts can be obtained from Chart One, The Quinlan Company. There is a request form that must be completed and a fee paid before sealed transcripts will be sent.

Contact info: Mr. Bruce Helmsing, Regional Manager, bhelmsing@quincos.com; The Quinlan Company, Church Hospital Transcripts, 8246-C, Sandy Court, Jessup, MD 20794, 410-406-9084.

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Making It Official. Photographer Bruce Bennett captured the grace, power, intelligence, and dignity of Martha N. Hill, the School of Nursing's third dean, in this official portrait. It was unveiled in June as part of the Biennial Meeting and Reunion at Johns Hopkins.

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