

# JOHNS HOPKINS NURSING

Volume XI, Issue III

Fall/Winter 2013

## Under the Hood

DNPs take problem solving to an increasingly high level

Inside:

**35 Lesson in Perseverance**  
Nurse manager Vincent Liu accepts no boundaries, at work or on the tennis court

**53 Appreciation: Betty Scher '50**  
Alumna and historian famed for her energy, independence, and love for the School of Nursing

**Simulating the everyday:** Nursing student Sarah Krieg tends to a manikin in a simulation room in the Pinkard Building. Increasingly, nursing students practice diagnostic and treatment skills on such high-fidelity simulators—manikins that breathe, talk, bleed, vomit, urinate, seize, shake, and have babies. An instructor sets the scenario from a control room. *Photograph by Chris Hartlove (www.chrishaartlove.com)*



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

## Features



### 22 Problem Solved

by *Jim Duffy*

The Doctor of Nursing Practice (DNP) program will soon graduate its 100th student. Like those before, this DNP is likely to be a hot commodity. Launched in 2008, the program gives nurse practitioners and administrators the skills they need to recognize problems, analyze data, and construct solutions to improve patient care and safety. On a map on her office wall, program director Mary Terhaar proudly charts graduates' success.



### 28 A Step Ahead of the Storm

by *Deborah Rudacille*

Soon, a tsunami of newly insured Americans will flood the health system, many with untreated psychiatric issues. Nurses must master new technology quickly, in a care environment that bears little resemblance to the hospital-centric practice of yore. And a new generation of students demands to learn differently. But just as in a Hollywood blockbuster, the crisis is bringing out the best in those confronting the challenges.



### 32 Nursing in the Blood

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# Contributors



**Jim Duffy** is a freelance writer living and working in Cambridge, MD, home of delicacies like the breakfast soft shell crab BLT. A former editor at several magazines in the Mid-Atlantic region, he has been a full-time freelance writer since 1999. In addition to covering health issues, his specialties include regional arts and culture and Chesapeake Bay environmental issues.



**Deborah Rudacille** is a freelance journalist and visiting professor at the University of Maryland, Baltimore County. A graduate of the Hopkins master's program in science writing, she is the author of the books *The Riddle of Gender: Science, Activism and Transgender Rights*; and *The Scalpel and the Butterfly: The War Between Animal Research and Animal Protection*.



Illustrator **Shaw Nielsen** of Denver, CO, describes himself as “a pretty snazzy illustrator,” and that much is clear. His work for both adults and children has appeared in magazines, advertising, posters, books, and newspapers around the world. Clients have included Safeway, Major League Baseball, the *New York Times*, the *Washington Post*, and *Parenting* magazine.



As editor of the *DailySON*, the School of Nursing's daily newsletter, Communications Coordinator **Danielle Kress** is among the first to know what's happening on campus and the key contact for helping to spread the word about it. For this issue, her assignment was to spread the word about nurse case manager Vincent Liu, a respected colleague, a talented tennis player, and the very picture of perseverance.

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## Editorial Mission

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

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# CHANGING LIVES, TODAY AND TOMORROW



“Perpetuation is important.  
We’ve come so far, and we  
have to keep it going.”

Elaine Neely Schelle, SON ’59  
School of Nursing benefactor  
Johns Hopkins Legacy Society ambassador

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# Nursing Assessment

## Letter From the Editor:

### Journey Toward Healing, Forgiveness

It's difficult to walk five feet at the Johns Hopkins University School of Nursing without tripping over an amazing life story. The trick, often, is finding a way to share it. Take Owen Smith, *Accel.* '14 (Page 20). Cool guy. In fact, it was just above freezing the day we met him for a photo/video shoot. But the photographer just loved the light in the courtyard, so ... there you go.

When, mercifully, a noisy delivery truck forced us into a short break, we ushered Owen into the Student House to warm him up. A guitar sat nearby as we chatted (not his). He picked it up, tuned it a moment, then launched into a beautiful, bilingual song he wrote about Belize. More beautiful



is that Owen can pick up and play a guitar at all, having survived life-threatening injuries from a machete attack in that nation while in the Peace Corps.

Owen Smith's genuine gratitude as his journey toward healing and forgiveness continues and his career in nursing officially begins cannot be captured in a single-page magazine feature. So watch for the video on our website, <http://nursing.jhu.edu>, and check out our brand new nursing blog, *The Beat* ([blog.nursing.jhu.edu](http://blog.nursing.jhu.edu)), where we'll be expanding on his and other great stories from the magazine and sharing stuff you might not otherwise hear or read about at all. You can even join in the storytelling. Please do. And thanks, as always, for reading.

*Steve St. Angelo, Editor*

## Letters To the Editor:

### The Mentor's Reward

Which one of us doesn't need guidance and support as we pursue our choices in life? There is a need to be filled by each of us. I was very fortunate throughout my professional career as I continued to learn and to expand my sphere of influence. However, no time was more rewarding than the two years in 1962 and 1963 when I was an Instructor in the School of Nursing in Osler



and Advisor to the Class of 1963. It was a time before "mentoring" became the word for guiding or helping someone with less experience.

The rewards of a mentoring relationship are very real for the mentor as he or she strives to be a role model and to impart the knowledge and skills gained from experience. Often I was not fully aware of the impact on others until later, when I received acknowledgment in some tangible way—a book with a meaningful inscription or a note of thanks when our paths changed direction.

Such was the case at the 50th reunion of the Class of 1963. I was welcomed as a part of the class, which said more to me than words could ever express.

I also experienced many formal mentoring opportunities as an Instructor in the School of Nursing, a preceptor to graduate students, and an administrator in a hospital. The end result, I hope, was growth for both the mentee and myself and for nursing as a whole.

Helping someone navigate the nursing career path is reward in itself. Be a mentor and teach, support, facilitate, and challenge your mentee toward total professional and personal development. You will both be the beneficiaries of the experience.

*Margaret (Peg) Royer Kostopoulos '59*  
*Willow Street, PA*

### 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](mailto:son-editor@jhu.edu) or send to:

Editor, *Johns Hopkins Nursing*  
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Letters will be edited for length and clarity.

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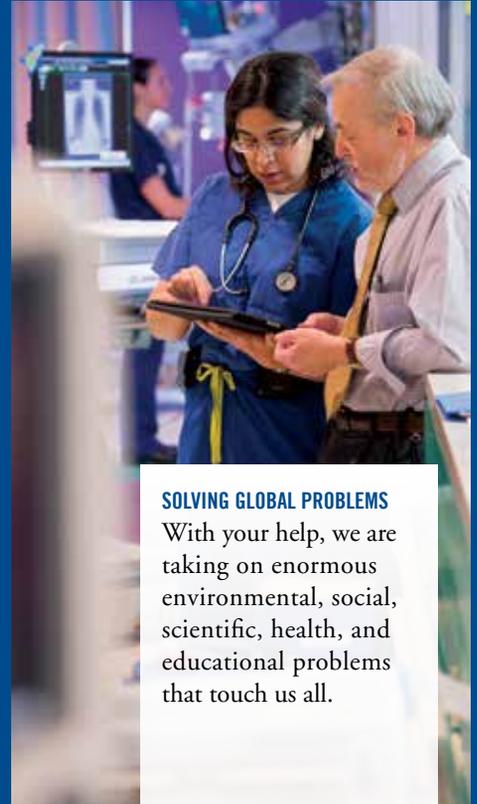
Barber Professor of Physics and Astronomy, Nobel laureate, and “dark energy” expert Adam Riess pursues research while teaching undergraduates.



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EXPERIENCE**

By investing in financial aid, new spaces, and new programs, you help us attract the best students and prepare them to serve as future leaders.

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Learn more at [rising.jhu.edu](http://rising.jhu.edu)



THE CAMPAIGN FOR JOHNS HOPKINS

## Stuck on Nursing and Proud of It

WILL KIRK/PHOTOGRAPHY.COM



***“Nursing is the glue that holds everything together.”***

I’ve thought of this often as I work with Dean Martha Hill in my transition to becoming a U.S. dean, resident of the uniquely American city of Baltimore, and denizen of the historic neighborhood of East Baltimore.

It’s been there in the warm welcome from the Johns Hopkins University School of Nursing community. I knew I’d come to Mecca in terms of nursing science and healthcare, but the people here have been more fantastic than I could have imagined.

It was there at An Evening With the Stars, a night when we Hopkins nurses celebrate our own—the best of the best—in high style. (You’ll read more about the gala starting on Page 10.)

It sat amid a colorful tangle of electrical wiring, conduit pipe, work gloves, and power tools during a hard hat tour of the wonderful, even whimsical Henderson-Hopkins School being built a few blocks from our own front door. That partnership promises to turn the “school nurse” model on its head come January when the building welcomes its first lucky pupils, and teachers.

It’s there in our students, filling the classrooms, hallways, and cafeteria, and every available cubbyhole imaginable with nursing talk. It’s everywhere.

I started nursing in the mid-’70s, when the profession was in a very different place, particularly in Australia. To think how far we’ve come from the days that I actually had to scrub the surgeon’s boots in the operating room as part of my duties. In those days, parents weren’t allowed to stay with their children in the hospital.

Mine was not a born devotion to nursing. I tripped over it, resisted it, and took to it only gradually, probably much like many who are our most gifted students today. As I stand with my nursing generation, on the shoulders of the previous one, the next generation stands upon ours. Our job is to be proud of their expanded horizons, and help them on their way, sure in the fact that so far as they go, they will take all of nursing with them. So we celebrate their successes, like those of DNP graduates Lina Younan, Erik Southard, and Carrie Kairys, who you will meet starting on Page 22. They are examples of why our DNP’s are so sought after, the world over.

You’ll read also, beginning on Page 28, about the efforts of faculty like Karan Kverno to build a program that will fill an expanding gap in psychiatric training for nurse practitioners. And how School leaders have seamlessly pivoted curriculum to stay in step with what modern nursing will require of our graduates. The more I look about, the more confident I become that the School of Nursing’s future is in good hands: our own.

In all of the other stories we tell in the magazine, in your daily lives as part of the nursing community, and wherever you call home, I hope that you will find it, and feel it: Nursing is the glue.

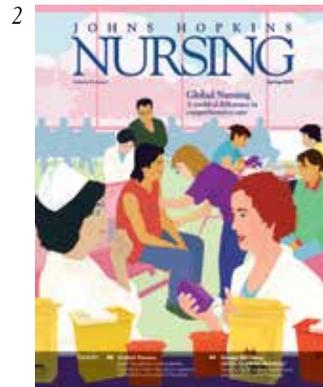
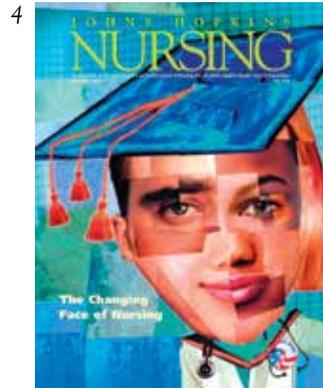
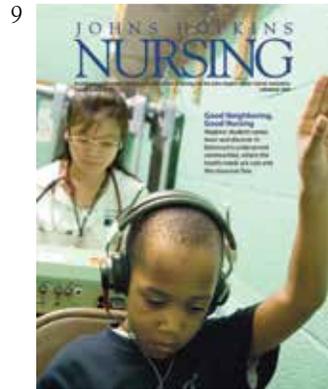
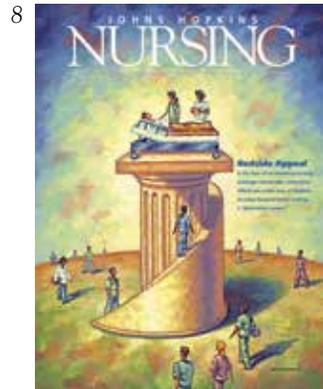
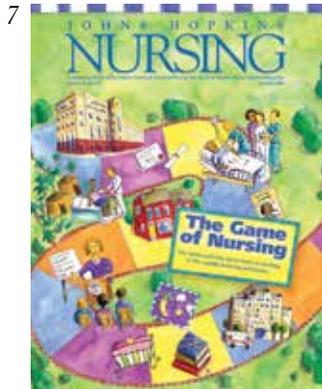
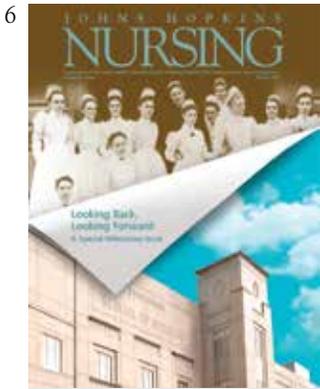
Please enjoy the Fall/Winter 2013 issue.

*Patricia Davidson, PhD, MEd, FAAN  
Dean-designate, Johns Hopkins University  
School of Nursing*

## Taking the Covers Off the Winners

In the end, it really was no contest: More than 200 voters weighed in on which *Johns Hopkins Nursing* cover was the best, and a full one-quarter of voters chose the Fall/Winter 2010 issue featuring the CAPABLE program led by Sarah Szanton. It's a great cover, for sure, on an extremely important topic. So congratulations to Fall/Winter 2010.

In exchange for your votes, we promised to turn the favorite covers into some sort of giveaway. We're working on that. In the meantime, here are the Top 10 covers from 10 years of Johns Hopkins Nursing, as you picked them. ■





## Dispatched to Cure Transportation Ills

A former volunteer ambulance dispatcher and paramedic, Scott Newton, RN, CCRN, EMT-P, knows a transportation issue when he hears it. The cool part for the DNP student is that now he gets to work on fixing it.

The Johns Hopkins Hospital has access to helicopters, ambulances, and airplanes strategically positioned throughout the region to transport patients during emergencies. It's the responsibility of Newton, assistant director of nursing at Johns Hopkins Lifeline, and his crew of clinical experts to sound the alarm over barriers to tertiary care and get rolling on ways to remove them. For Newton, it's the next step in a transportation career that began 26 years ago with that dispatcher gig.

"I have seen the barriers and complexities of communicating between hospitals while transporting patients by ambulance

or helicopter to tertiary care under time-sensitive conditions," Newton says. The idea is to develop "a 'one-stop shop' and simple system" that will make it easier for patients and emergency teams alike.

"This is right up Scott's alley," says DNP program Director Mary Terhaar, DNSc, CNS, RN. "It's about more than keeping the trains running on time, which of course is essential. But Scott never forgets that there's a human being on the other end of that helicopter ride."

Within the past two years, since internal changes were made at Hopkins, there has been a 16 percent growth in successful emergency transfers. Newton knows more improvement is always possible, but he's up for the challenge. "Patients are counting on us to get it right." ■

*The Johns Hopkins Hospital has access to helicopters, ambulances, and airplanes strategically positioned throughout the region to transport patients.*

## Online Clinical Preceptor Course

Prompted to enter the virtual patient's room and assess her status, a visitor rolls the cursor over a clipboard, which offers a history. Rolling over a drip bag brings info on meds. More hints come from various machines and even the patient. The clues are all put together, and perhaps one more clinical preceptor is made.

That's the thinking behind Core Concepts for Clinical Preceptors & Faculty ([nursing.jhu.edu/nursepreceptor](http://nursing.jhu.edu/nursepreceptor)). It's a new online course from the Johns Hopkins University School of Nursing designed to ease a shortage in clinical preceptors and faculty—so integral to the success of future nurses—that has left schools of nursing and medical institutions scrambling.

Core Concepts is the fruit of a two-year effort led by Sarah (Jodi) Shaefer, PhD, RN, and Pamela R. Jeffries, PhD, RN, FAAN, who worked with clinical and educational concept experts and web designers to create an interface that allows users to advance at their own pace, move back and forth within the program, receive instant feedback on their progress, and even repeat steps as desired. The interactivity is astonishing.

The course, free to all Maryland nurses, “is a student-centered program that is very inviting,” explains Shaefer, “and it encourages active participation.” Candidates for the course would logically include those who are doing the job of preceptor without the title—providing orientations on a unit, perhaps—and those who have hesitated at filling these clinical roles for lack of confidence in their teaching skills. Core Concepts for Clinical Preceptors & Faculty offers free continuing nursing education (CNE) hours. The course will also be available to non-Maryland nurses, with pricing to be determined. ■



## An Eye-catching Class T-shirt

Members of the Fall '13 cohort wanted to have a little fun and create “a little swag” as a memento of their time at the School and in Baltimore. Quick as a wink, there it was: “Bmore Caring.”

The design is cute, says it all, is so Baltimore, and was—what else around these parts?—a team effort.

“It's really cool to see people wearing them around,” Amy LeBailly, one of the cohort ringleaders alongside Carlee Peck, says of the tees, tank tops, and hoodies featuring a winking male or female nurse.

LeBailly is quick to credit the designer, Christine Giuffrida of O'Postrophy Designs in York, PA, for coming up with a perfect image, getting it turned into apparel, keeping it affordable enough for the average nursing student's budget, and making it available online so the cohort leaders wouldn't have to handle the actual sales. The tees and tanks went for \$22, the hoodies for \$42. ■

## Top Nurses Sparkle at An Evening With the Stars

### Meet the 2013 Shining Star Award Winners

The galaxy of Hopkins Nursing stars gained five stellar new members at An Evening With the Stars, a second-annual fall gala at the School. Nurses were nominated by their peers at the Johns Hopkins-affiliated hospitals and School of Nursing, chosen as finalists by each institution's leadership, and finally selected as winners by a committee of Hopkins nurse leaders. Awards were handed out in three categories: Shining Hospital Star, honoring nurses from Hopkins Hospital and its affiliates (two winners); Shining Faculty Star; and Shining Student Star. (There was a separate winner of the inaugural Rosenwald Star Nurse of the Year award—see p.12.) The winners:



#### **Donna Prow**

##### SHINING HOSPITAL STAR

ICU Nurse Manager Donna Prow, BSN, RN, of The Johns Hopkins Hospital “encourages nurses to ask critical questions, make decisions, and take initiative.” Her number is in each patient room as well, with an invitation for families to call with any concerns. Her standards of patient care are a magnet for loyalty and commitment from her staff. “Donna helps nurses find their voice.”



#### **Keith Franqueiro**

##### SHINING HOSPITAL STAR

Systems analyst Keith Franqueiro, RN, is “a role model” who works with the perioperative services team at All Children's Hospital in St. Petersburg, FL, to enhance quality, safety, and efficiency of care, drawing upon 16 years of experience. He led the implementation of the electronic medical record system across the perioperative services areas. “Keith is admired and respected by surgeons, management, and staff.”



## Lori Edwards

SHINING FACULTY STAR

“Everyone who comes into contact with her becomes a better person,” a student wrote of Instructor Lori Edwards, DrPH, RN, APRN, whose teaching and research focus on underserved populations. She founded the School of Nursing’s Community Outreach Program, coordinates global health placements for students, and directs the Coverdell Fellows Program for returned Peace Corps volunteers.

## Shining Star Runners-Up

### Laura Taylor, PhD, RN

Assistant Professor, Department of Acute and Chronic Care

### Jamie Hatcher, RN

Student in MSN Program, JHU School of Nursing

### Suzanne Honchalk, RN, MSN

Nurse Navigator, Sibley Memorial Hospital

### Brigid Linsenmeyer, RN, BSN, PCCN

Advanced Clinical Nurse, Johns Hopkins Bayview Medical Center

### Periwinkle “Wink” MacKay, RN, BSN, MSN

Certified ICU Nurse, Suburban Hospital

### Nancy Smith, RN, BSN, MAS

Senior Director of Patient Care Services, Howard County



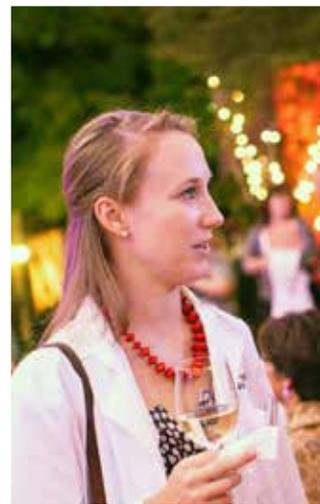
## Emily Hutto

SHINING STUDENT STAR

Recognized for her bedside manner, Emily Hutto, RN (above left, with Jamie Hatcher), has represented Johns Hopkins “in an extremely positive way” as an emergency nurse, as a doula, and in clinical rotations. Focused on primary care and chronic disease management, the FNP student will “listen to her patients and truly show them how much she cares” and not just see a disease or illness.



MORE CHRIS HARTLOVE PHOTOS AND INFORMATION ON THE ANNUAL EVENING WITH THE STARS GALA ARE AT [HTTP://NURSING.JHU.EDU/SHININGSTAR](http://nursing.jhu.edu/shiningstar).



## Rosenwald Star

The 2013 An Evening With the Stars gala featured the inaugural Cynthia and Peter Rosenwald Star Nurse of the Year award, established to recognize nurses working in The Johns Hopkins Hospital's intensive care units who go above and beyond the call of duty.

Winner Mandalyn "Mandy" Schwarz, RN, is a senior nurse in the Weinberg Intensive Care Unit at Hopkins Hospital. "Mandy is the nurse that I would want to take care of me and anyone in my family if they ever became ill," a longtime colleague said in the nomination, calling Schwarz a "quiet" hero. "She is an exceptional role model to all new nurses."

In a speech at the gala, Peter Rosenwald described his "terror and embarrassment" during a stay in a Hopkins ICU with internal bleeding—"blood flowing out and in, in what seemed to be equal parts" as the team fought to save him. Rosenwald said he will be forever grateful for the care and empathy of the nurses, the reason he sought to establish the award, which carries a \$5,000 prize ("a little something extra for nurses like them").

He thanked the team of nurses once more, then quipped, "And don't take this personally, but I never want to see any of you again." ■

*Mandalyn "Mandy" Schwarz (top) is the inaugural winner of the Rosenwald Star Nurse of the Year Award. Peter Rosenwald (inset) was moved to create the award by care he received at Hopkins Hospital.*



## The Red-Carpet Treatment

*Clockwise from above: Volunteer nursing students had all the answers, and a little fun too, at An Evening With the Stars; visitors listen in on a manikin's heartbeat in the simulation lab; guest Catherine McCall; master of ceremonies Adam May of Al Jazeera America; refreshments before the awards; Ron Dumas (left), Kelly Welsh, and Ade Smith at the gala.*



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## Faculty, Student, and Staff News

### ACUTE AND CHRONIC CARE

**Anne Belcher**, PhD, RN, AOCN, ANEF, FAAN, presented “The Spiritual Aspects of Clinical Trials: Helping Patients Find Meaning in Their Cancer Experience” at the Oncology Nursing Society’s Congress in Washington, DC.

**Chakra Budhathoki**, PhD, **Patricia Davidson**, PhD, MEd, FAAN, **Cynthia Foronda**, PhD, RN, and **Roseann Velez**, DNP, CRNP, FNP-BC, are new members in the Department of Acute and Chronic Care.

**Cheryl Dennison Himmelfarb**, PhD, RN, ANP, FAAN, was appointed Embedded Researcher for Patient Safety Operations at the Armstrong Institute for Patient Safety and Quality.

**Deborah Finnell**, DNS, PMHNP-BC, CARN-AP, FAAN, was appointed Associate Professor on the Practice Track.

**Krysia Hudson**, DNP, MSN, RN, BC, and **Laura Taylor**, PhD, RN, presented “Using Second Life to Improve Insulin Administration: Evaluating Simulation” at the Summer

Institute for Nursing Informatics, University of Maryland School of Nursing, in July.

**Pamela Jeffries**, PhD, RN, ANEF, FAAN, was awarded the 2013 Scholarship of Teaching and Learning Excellence Award by the American Association of Colleges of Nursing. She presented “Changing the Way We Educate: Workforce Expectations and Changing Healthcare Systems” at the Association for Nursing Professional Development Convention in Dallas.

**Shawna Mudd**, DNP, CPNP-AC, PNP-BC, and **JoAnne Silbert-Flagg**, DNP, CPNP, IBCLC, received a \$55,241 grant from the Johns Hopkins 2013 Gateway Science Initiative to fund the “flipped classroom”—a new format for out-of-class access to lectures and more in-class activities on clinical reasoning.

Awarded for their work in gerontological nursing, **Julie Stanik-Hutt**, PhD, ACNP/GNP-BC, CCNS, FAAN, received the Gerontological Advanced Practice Nurses Association (GAPNA) Excellence in Education Award and **Nancy Hodgson**, PhD, RN, received the GAPNA Excellence in Research Award.

**Cynda Rushton**, PhD, RN, FAAN, was chosen to serve on the American

Nurses Association (ANA) Advisory Committee to revise the ANA Code of Ethics for Nurses.

**Laura Taylor**, PhD, RN, was elected to the Board of Directors for the International Transplant Nursing Society (ITNS). She will guide ITNS policy and procedure adoption, and provide advice to members and leaders.

### COMMUNITY-PUBLIC HEALTH

**Jason Farley**, PhD, MPH, CRNP, FAAN, was named President-Elect of the Association of Nurses in AIDS Care.

**Joan Kub**, PhD, APHN, BC, was inducted as President-Elect of the Association of Community Health Nursing Educators at its annual meeting.

**Sarah (Jodi) Shaefer**, PhD, RN, presented “Community-School Health Partners Make a Difference” with Elev8 Baltimore’s Nichole Johnson and the Baltimore Medical System’s Bryan Mroz, at the National School-Based Health Care Convention in Washington, DC.

At the St. Tammany Seniors and Law Enforcement Together (SALT) Elder Abuse Awareness Day seminar “Forget Me Not,” **Dan Sheridan**, PhD, RN, FAAN, instructed on identifying signs of physical and emotional abuse.

In September, **Sarah L. Szanton**, PhD, CRNP, presented “Seeking to Bend the Cost Curve by Applying Lessons Learned in Practice: The CAPABLE Project” at the University of Maryland School of Nursing Millicent Geare Edmunds Lecture.

Voted into another two-year term on the Board of Directors, **Elizabeth Tanner**, PhD, MS, RN, is serving as Secretary for the National Gerontological Nursing Association.

**Tener Veenema**, PhD, MPH, RN, FAAN, was appointed Associate Professor on the Practice Track, and **Ellen Ray**, DNP, CNM, RN, and **Jeanne Alhusen**, PhD, CRNP, RN, were appointed Assistant Professors on the Practice Track.

## In the News

When Laura Gitlin, PhD, and Nancy Hodgson, PhD, RN, teamed up to design a MOOC that would teach dementia care to health professionals in a new, “person-centered” way, they hoped to build an online class that would serve friends or family caregivers as well. Yet even they couldn’t have expected Care of Elders with Alzheimer’s Disease and Other Major Neurocognitive Disorders to touch such a nerve with those worried about a family member or a friend or even themselves.

Through a press release timed to promote it, the course also caught the attention of, among others in the media, Judith Graham of the *New York Times*. “I plan to take the course,” Graham wrote in her column, *The New Old Age*. “Though my father had Alzheimer’s and two uncles had either Alzheimer’s or vascular dementia ... there’s much left for me to learn about ways to interact with people with these conditions.”

The third MOOC from the School of Nursing, it was boosted by press releases to local, national, and nursing media. The course had more than 20,000 registrants. ■



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**STAFF**

PAHO/WHO Collaborating Center Coordinator and the Global Alliance for Nursing and Midwifery (GANM) Moderator **Rachel Breman** was elected to serve a two-year term on the Board of Directors of Our Bodies Ourselves—a non-profit organization that provides evidence-based information on women's reproductive health and sexuality.

Executive Director of Professional Programs **David Newton** and Instructional Design Manager **Robert Kearns** presented “Here a MOOC, There a MOOC, Everywhere a MOOC, MOOC” at the Eighth Annual National League for Nursing Technology Conference in October.

Instructional Technologist **Nathan Poole** presented materials from the School's Online Nurse Preceptor Training Program at DevLearn 2013—an international professional conference for learning practitioners.

The SON's website won Gold in the W3 Awards education category for web creativity. W3 sets best practices in educational websites.

**STUDENT**

In recognition of her innovation, exceptional performance in the classroom, and commitment to student learning, PhD student **Jocelyn Anderson** won the SON's 2013 Graduate Teaching Award. She also received a \$5,000 Tylenol Future Care Scholarship for her academic excellence, leadership, and community involvement.

PhD students **Yvonne Commodore-Mensah**, **Katherine Heinze**, **Grace Ho**, **Kyounghae Kim**, **Kerry Peterson**, **Janna Stephens**, **Jessica Tillman**, **Jiayun Xu**, and **Eunhea You** were selected to participate in the SON's PhD Graduate Assistance Program. They will get hands-on experience researching or teaching with faculty with similar scholarly interests.

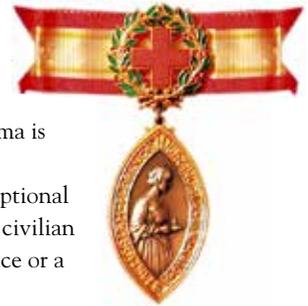
DNP student **Deborah Croy** and

**Veenema Earns Nightingale Medal**

Long a globally known expert in disaster nursing, Tener G. Veenema, PhD, MPH, RN, FAAN, has been celebrated once again for her efforts as a volunteer and educator with the 2013 Florence Nightingale Medal, the highest international distinction a nurse can achieve. Veenema is one of five U.S. recipients, and one of 32 worldwide.

The medal is awarded to nurses or nursing aides for “exceptional courage and devotion to the wounded, sick, or disabled or to civilian victims of a conflict or disaster” as well as for exemplary service or a pioneering spirit in public health or nursing education.

Veenema, recently appointed Associate Professor on the Practice Track in the Department of Community-Public Health, has been a volunteer American Red Cross nurse for more than 25 years and serves as an invited member of the organization's National Scientific Advisory Committee.



MSN-FNP student **Anina Terry** received scholarships from Nurses Educational Funds, Inc. Croy received the Eleanor Lambertsen scholarship, and Terry, the Edith Pritchard scholarship.

PhD grad **Rachel Klimmek's** paper “Adaptation of the Illness Trajectory Framework to Describe the Work of Transitional Cancer Survivorship,” published in *Oncology Nursing Forum*, won the SON's 2013 Best Published Paper award.

MSN/MPH student **Ayla Landry** presented “A Model to Enhance Global Nursing Practice” at the Association of Community Health Nursing Educators conference in June.

PhD student **Kerry Peterson** received a \$5,000 grant from the American Psychiatric Nurses Foundation to go toward her research on dating violence prevention on college campuses.

**GROUP**

Faculty members **Patricia Davidson**, PhD, MEd, RN, **Elizabeth Sloand**, PhD, RN, PNP-BC, FAAN, and **Jason Farley**, PhD, MPH, CRNP, FAAN, were inducted as Fellows of the American Academy of Nursing (FAAN) at the Academy's 40th annual meeting in October.

Faculty members **Nancy Glass**,

PhD, MPH, RN, FAAN, **Marie Nolan**, PhD, MPH, RN, FAAN, and **Cynda Rushton**, PhD, RN, FAAN, were elected in June to serve on the 2013-2014 School of Nursing Academic Council. Glass and Rushton will serve their first three-year terms, and Nolan will serve her second.

At the National Association for School Nursing Conference in Orlando, faculty members **Joan Kub**, PhD, APHN, BC, and **Elizabeth Sloand**, PhD, RN, PNP-BC, FAAN, grad students **Pawla Wenga** and **Lindsey Hunt**, research honors student **Emily Saneski**, and **Sara Groves**, DrPH, presented “No Room for Bullying: A partnership between a School of Nursing and Elev8 to address bullying behavior in two public schools.”

Faculty members **Marie Nolan**, PhD, MPH, RN, FAAN, **Hae-Ra Han**, PhD, RN, FAAN, and **Jeanne Alhusen**, PhD, CRNP, RN, and PhD student **Jiayun Xu** presented at the International Network for Doctoral Education in Nursing (INDEN) Biennial Conference in Prague. Nolan gave an overview of INDEN history, Han provided treasurer reports, and Alhusen led a doctoral student workshop on writing for grants and publication. Xu moderated a panel discussion. ■

## A Lifetime of Achievement

To Professor Maryann Fralic, DrPH, RN, FAAN, a 2012 AONE Lifetime Achievement Award was a telling moment: It told her it was time to close a brilliant chapter at the Johns Hopkins University School of Nursing—“a place I have loved for 20 years!”—and begin the next one.

“There seemed to be a line of demarcation about that,” she said at a retirement dinner in her honor earlier this year.

Throughout her career, Fralic has served in diverse roles demonstrating her expertise in health services administration and executive nursing practice. At Hopkins, she held joint appointments with the Johns Hopkins Bloomberg School of Public Health and Carey Business School. Fralic has served as a senior consultant for the Robert Wood Johnson Foundation Executive Nurse Fellows Program, trustee of the Institute for Nursing Research of the National Institutes of Health, and fellow of the American Academy of Nursing and the Johnson & Johnson-Wharton program in management for nurses. She also served as vice president of nursing at The Johns Hopkins Hospital.



Lessons learned? “I was agonizing over whether to accept a position at the Robert Wood Johnson University Hospital. But it would require me moving to New Jersey while my husband worked in Pittsburgh. Finally, I said to Don, ‘What if it is a mistake?’ He didn’t hesitate for a moment, and said, ‘That’s easy, you just come back home!’ I had focused on the need to make perfect decisions, a feminine view, and he was coming from the guy’s view that it is OK to make mistakes. Hopkins would not have happened if I did not make that move. Importantly, I was much more resilient in making decisions after that. Quite a gift.” ■

### Ideal for OBRA Required Training

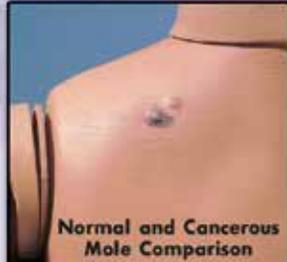


**Life/form. Advanced GERi™ & KERi™ Auscultation Manikins**

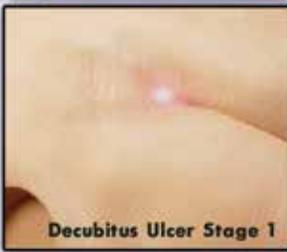
The Advanced GERi™ or KERi™ Auscultation Manikins feature more functioning simulations and more range of motion than any other manikins on the market and have all of the same quality features as the Complete, Advanced and Auscultation GERi™ and KERi™ manikins.

GERi™ features an elderly appearance with skin and wrinkle folds, while KERi™ features a non-age-specific appearance.

Both manikins have a realistic appearance of a woman, but can be transformed into a man when the wig is removed and the attachment of male genitals converts them for male catheterization and prostate exam simulation. The enhanced functions of these manikins include an IV and Injection Arm with palpable, rolling veins and an Intramuscular injection site in the shoulder; Blood Pressure Arm with five Korotkoff sounds, varying systolic and diastolic levels, pulse rate, volume, and auscultatory gap; and heart and lung sounds with 12 heart and 12 lung conditions, lung sounds detected at five anterior and 12 posterior sites, and heart sounds detected at six anterior sites.



**Normal and Cancerous Mole Comparison**



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## Student Mosaic

Student volunteers from the School of Nursing, alongside peers from the Schools of Medicine and Public Health, organized and prepped tiles to be used in student mosaics and organized art kits for classrooms during the 2013 SOURCE Tri-School Day of Service in October.

Artists for a day included Tu Anh Dao, Amit Dhir, Ashley Dickinson, Katrina Dijamco, Brynn Huffman, Kelsey MacDonald, Liz Norris, and Renee Stretchberry. The project was called Art With a Heart.

Other volunteers got their hands dirty with actual dirt by landscaping at Clifton Park and outside Grace Lutheran Church. Still another group helped conduct mock interviews with clients preparing to re-enter the workforce at a Project PLASE job fair. ■

*From top: Amit Dhir sets borders for the artwork to come at the Tri-School Day of Service, organized by the Student Outreach Resource Center ([www.jhsph.edu/SOURCE](http://www.jhsph.edu/SOURCE)); Renee Stretchberry applies adhesive to a tile fragment; beads and bits build a bird.*



# Talking Their Way Out of a Paper Bag

By Teddi Fine

Despite chilling statistics, only around 7 percent of people who would benefit from treatment for alcohol use disorders actually get care, many staying away because of the stigma and misunderstanding associated with alcohol abuse and misuse.

In the September 2013 issue of *Nursing Clinics of North America*, Associate Professor Deborah S. Finnell, DNS, RN,

and a colleague write a simple prescription: a brief conversation about alcohol's effect on the brain and how the brain can heal itself almost as soon as treatment begins.

Untreated, alcohol use disorders contribute to acute and chronic health problems, lost time on the job and in school, and lost lives. They rank among the top 10 causes of disability and premature mortality worldwide. In the U.S. alone, the yearly economic toll of untreated, excessive alcohol use is estimated at \$223.5 billion, or nearly \$750 per man, woman, and child.

The article "Providing information

about the neurobiology of alcohol use disorders to close the 'referral to treatment gap' " describes how a one-on-one exchange or a focused video now being tested can help clarify the nature of alcohol abuse and dependence, the drug's impact on the brain, and how brain and body can both heal. An efficacy study is assessing the impact of this brief intervention on alcohol misuse and both acknowledgment of it and engagement in treatment.

Finnell has worked for over a decade to educate people about the neurobiological basis of alcohol and other substance use disorders and the plasticity of the brain. She

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**"We can help people with alcohol use disorders understand and manage their illness rather than hide from it."**

—Deborah S. Finnell, DNS, RN

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posits that by dispelling myths and misunderstanding about alcohol use disorders, the brief education can lower barriers to care, promote recovery, and reduce the economic costs of this illness by as much as \$4,000 per person per year.

It's an intervention that she believes nurses are ideally poised to undertake, given their frequent and prolonged contact with patients. "Alcohol use shouldn't be about shame and blame," Finnell insists. "It's a chronic disorder affecting the body and brain that nurses can help patients manage. Just as we educate about the pathophysiology of diabetes and hypertension, we can help people with alcohol use disorders understand and manage their illness rather than hide from it. And today, with many people gaining regular access to health care for the first time under the Affordable Care Act, we have an unparalleled chance to improve the quality of life for millions and lower the costs of healthcare through a brief, educational conversation." ■



**ONLY  
7 PERCENT**  
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# The Skinny On Teen Obesity Surgery

By Teddi Fine

Like adults, severely overweight children and teens are at heightened risk for a host of physical and emotional problems, including cardiovascular disease (e.g., high cholesterol and blood pressure) and diabetes, as well as poor self-esteem and depression. Also like adults, growing numbers of young people and their parents are turning to weight-loss surgery as a potential solution.

Unlike adults, though, the kids might not be physically or emotionally ready for such measures, worries Assistant Professor Shawna Mudd, DNP, CNP-AC, PNP-BC, who adds a concern that guidelines regarding adolescent weight-loss surgery are not consistent or necessarily followed regularly or with precision.

Some 17 percent of children and adolescents (ages 2 to 19)—or 12.5 million—are obese, increasing the likelihood that they will become adults with even more serious weight problems. “Current guidelines for weight loss surgery in adolescents: A review of the literature,” which Mudd conducted with a colleague, highlights the significant variance in current guidelines, particularly when it comes to age, body mass index, and co-occurring health problems. Factors like surgical setting and follow-up care also remain the subject of ongoing debate in the research and within professional organizations. (The article is in press; it was published online in July.)

Critically, Mudd’s inquiry did find one area in which experts concur. Weight-loss surgery, whether gastric bypass or gastric banding, is a serious undertaking that should be considered only when an adolescent has achieved close to full physical and emotional maturity. Younger teens and children could be at risk for significant malabsorption that could affect growth and development. They also may lack the emotional maturity needed for success. That’s because weight-reduction surgery is just one part of a larger process. Preparation for surgery and what comes afterward—like learning a new way of eating and living—can be overwhelming for a younger patient who may not be willing and able to make the lifelong commitment necessary to ensure the surgery’s success.

Mudd suggests that more research be conducted to assess the degree to which adolescents can make informed decisions and comply with post-surgery lifestyle changes. In the meantime, she says, “It’s important that nurse practitioners and other primary care providers be aware of the pluses and minuses of current obesity surgery guidelines for children and youth when assisting families with appropriate decision making and counseling.” ■



# A Journey of Healing and Forgiveness

A machete attack by an intruder at his Belize home nearly ended all prospects of a nursing career before it began for Owen Smith, Accel. '14. The wounds the Peace Corps volunteer suffered—a lost ear, damaged arm, severed finger, injured neck, and facial deformities—were terrifying, he admits. But the blade never touched his spirit.

“When I remember that my life was spared and I look back on all the individual circumstances that have led me to where I am today, it reminds me that everything does happen for a purpose,” Smith says of his eventual healing and transition 19 months and multiple surgeries later to the Johns Hopkins University School of Nursing. He is being aided in his studies by a John R. and Ruth Gurtler Foundation Scholarship, established in memory of Ruth Ward Gurtler '29.

Smith, a Pennsylvania native who plays guitar and piano and speaks Spanish and some of the Maya Q'eqchi language, says he feels fortunate for his recovery, not angry over the attack. Three months afterward, he returned to the Belizean village where he served. The experience left him more determined than ever to make a difference in nursing and passionate about working with the growing Latin American population in Baltimore. “Living in Highlandtown and volunteering at the Esperanza Center and CASA de Maryland [a volunteer site for the Community Outreach Program], I often feel like I am still continuing the Peace Corps service I started in Belize.” ■

## John R. and Ruth Gurtler Foundation Scholarship

The John R. and Ruth Gurtler Foundation Scholarship, established in memory of alumna Ruth Ward Gurtler '29, offers full tuition to a returning Peace Corps volunteer.



## Bonjou, Haiti!

*“Is there a doctor or nurse on board?”*

We had woken up bright and early for our 6 a.m. flight out of Baltimore-Washington International Airport and settled sleepily into our flight to Miami when the call came over the public address system. We meaning students Megan Armbruster, Emily DeVan, Caitlin Dreisbach, Nicolette Guerrero, Heather Holloway, Emily Hull, Tristin Hutchinson, and Amy LeBailly. The ultimate destination was Haiti, to work with our community partner Friends for Health in Haiti. While we snapped to attention, our clinical instructor, Grace Murphy, and a physician quickly assisted the ailing passenger.

Our adventure had officially begun.

Port-au-Prince greets travelers with such beautiful mountain vistas and turquoise seas. The Matthew 25 House offered a good night’s rest (rooster aside) and an indulgent breakfast. The next morning we drove to the local airport among a frenzied mix of mopeds, tap-taps (the local taxi service), and pedestrians for a flight to Jérémie, where we would be staying for the remainder of our trip. Catherine Wolf, MD, and Cherlie Severe, RN, our hosts and founders of Friends for Health, greeted us at the airport in Jérémie.

We couldn’t wait—after a marathon of packing our donations, a last-minute fundraising bake sale, and all that flying—to see our work and preparation come to harvest.

The first weekend, there was a tour of the main hospital in Jérémie, visits to an orphanage to do crafts with children and a hospice to give care and massages to those nearing the end of life. At the start of the week, part of the group stayed at the Centre de Sante de Gatineau to help Wolf and Severe. The rest set off on a muddy, steamy, scrubs-testing, 90-minute hike to do interviews and discuss sanitation in surrounding villages. Since cholera has hit Haiti so hard, many of the interviewees had lost at least one person close to them. We talked about water sources in the community, treating water (including Aquatabs, Clorox, and boiling), and where and how it’s stored. We were all touched by the stories that were shared with us. Throughout our trip we were amazed by the hospitality and kindness of our Haitian hosts. If not for



*Clockwise from top left: Emily DeVan, Nicolette Guerrero, Heather Holloway, Emily Hull, Tristin Hutchinson, Caitlin Dreisbach, Amy LeBailly, and Megan Armbruster pause for coconut during their mission to Haiti.*

community promoters such as Gemy and Phanor, who worked with Dr. Wolf, our trip wouldn’t have been a success.

A key part of that mission was helping to train “water and sanitation promoters” in ways to keep their villages safe from germs and water-borne illnesses. We’d been prepping since long before the trip. Over three days, we discussed the water cycle, and how water can get contaminated. Along the way we also discussed germ theory—using glitter to demonstrate how quickly “germs” spread—hand washing, treating water, building tippy-taps (a device for hand washing), and oral rehydration methods. The promoters had a chance to learn and practice teaching strategies they would use in their work. Of course, as in every other step of our journey, we learned from the Haitians as much as they learned from us. Too soon it was already time to go.

We returned to Baltimore to the news that we’d been awarded a Johns Hopkins Alumni Association grant, which will help fund medical and diagnostic equipment to help improve services offered at the Centre de Sante de Gatineau. We’re looking at cutting-edge technology that operates through an iPhone. What amazing technology! What an amazing journey! ■



READ MORE ABOUT THE HAITI TRIP AT [BLOGS.NURSING.JHU.EDU](https://blogs.nursing.jhu.edu).



# PROBLEM SOLVED

## DNP PROGRAM'S IMPACT ON ITS STUDENTS AND THEIR IMPACT ON COMMUNITIES WORLDWIDE GROW WITH EACH COHORT

The map on the office wall of Mary Terhaar, DNSc, CNS, RN, remains a work in progress. She's still at the task of sticking pins in all the towns where nurses are heading into workplaces armed with a doctorate in nursing practice (DNP) from Hopkins.

The program, which Terhaar directs, will soon graduate its 100th student. Launched in 2008, it's designed to give nurse practitioners and administrators the skills they need to take their practice to the next level. The focus of their DNP work is translation, taking data and putting it to work solving problems and helping patients.

"Think about what happens if once a year each of those 100 graduates goes through the process they learn here," Terhaar says. "They take a problem, they go to the evidence, they devise a solution, they translate it into practice, and they publish the results so other people can adapt it for their practice. That's what's so cool about this job, thinking about the impact our problem solvers are having out there in 100 different places."

Story Jim Duffy | Illustration Shaw Nielsen

## 'REVOLVING DOOR SITUATION'

DNP students are required to complete capstone projects that show off those new problem-solving skills. The problem Erik Southard, DNP, FNP-BC, tackled in 2009 involved patients who landed in the hospital showing signs of mental illness.

The remote location of the 25-bed Sullivan County Community Hospital in Indiana made it hard to access the expertise needed to conduct a proper mental health evaluation. Either the patients endured long wait times, or they never got the evaluation at all.

"Some of them were ending up in a revolving-door situation, where they'd be heading back into the ER before long," Southard says, recalling that he stumbled across information about the DNP program at the Johns Hopkins University School of Nursing "basically by accident" but recognized a place where he could learn

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"When you grow up in a town of 1,500 people and get the chance to go to a place like Hopkins, you're bound to come out seeing things differently."

—Erik Southard, DNP, FNP-BC

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to break that cycle. "As I was reading, I thought, 'Man, I'm doing this stuff now, but I'm sure not doing it as well as I could or I should.'"

At the Johns Hopkins University School of Nursing, the DNP program is a "blended" affair in which students alternate between online distance learning and regular weeklong trips to Baltimore for in-person classwork. During his time in the program, for example, Southard worked in the evidence-based medicine program at the nonprofit Lugar Center for Rural Health.

The solution Southard implemented in his DNP capstone utilized video teleconferencing to link up with experts at urban health centers. The program brought wait times for a consult down from 16 hours to five and helped connect more patients with community resources and treatment plans.

His capstone will be published later this year in the journal *Telemedicine and e-Health*. The project has already been replicated in six other rural Indiana hospitals. And the hospital where it started has now launched teleconferencing initiatives in several other specialties.

After earning his DNP, Southard spent three years in a rural health clinic in Clinton, IN. Then he took over the fledgling DNP program at Indiana State University. He led the program through the accreditation process, and enrollment has increased from seven to 23 students.

"When you grow up in a town of 1,500 people and get the chance to go to a place like Hopkins, you're bound to come out seeing things differently," Southard says. "The experience there helped me see health care at more of a systems level, as opposed to the small slice of the pie that's in front of me at any given time."



## THINK FAST... AND SLOW

Not so long ago, nurses looking to deepen their knowledge while staying in clinical practice had no clear educational options after a master's degree. Programs offering a PhD or a doctorate in nursing science were more focused on career paths in research and academia.

That situation has changed quite rapidly. The first true DNP program popped up in 1999. By 2010 nearly three of four nursing schools either had launched a DNP program or were planning to do so. The American Association of Colleges of Nursing has endorsed the new degree, calling for the DNP to replace the master's as the entry point for advanced practice by 2015.

"The profession of nursing has been engaged in this long conversation about who is the nurse we need in the future," Terhaar says. "The churn in knowledge is so fierce nowadays. We've got to help people be ready to keep learning through their whole career."

One of the books DNP students read is *Thinking, Fast and Slow*, in which author Daniel Kahneman sorts through psychology research to help readers understand the different ways the brain makes decisions, whether it be by instinct, intuition, or in more measured ways.

"When you're a nurse, you're already a problem solver, especially in that fast way of thinking," Terhaar says. "You have a feel for solutions that is informed anecdotally, by working with patients. What we're doing is giving nurses the slow-thinking skills they need. We're showing them when and how to take a more inquiring stance, going to the evidence in search of a solution that they can translate into practice."



*The Doctor of Nursing Practice program led by Mary Terhaar will soon graduate its 100th student. She proudly charts the progress of those grads on a map in her office.*

Leadership and communication skills are a strong focus of the curriculum. Newly minted DNP's can come up with a bevy of problem-solving ideas, but

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"The profession of nursing has been engaged in this long conversation about who is the nurse we need in the future. The churn in knowledge is so fierce nowadays. We've got to help people be ready to keep learning through their whole career."

—Mary Terhaar, DNSc, CNS, RN

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those ideas won't get anywhere if the DNP's can't win buy-in from workplace stakeholders, whether that means colleagues on a unit or a CEO in the corner office.

"That's our brand here—we're turning out leaders who can see and solve problems in ways that are good for patients and that work for institutions," Terhaar says.

## TEAM APPROACH

When Lina Younan, MSN, DNP, entered the program in 2010, she was a nervous wreck. The nursing director at the 130-bed Labib Medical Center in Saida, Lebanon was especially worried about her English skills and her limited grasp of statistics.

"It was like I was stepping into a new world," she says. "But by the end of that first week I learned that yes, it was going to be a big challenge, but at the same time they were going to give me all the support I needed."

In her capstone, Younan set out to close gaps in the way nurses at Labib handled patient "handoffs" between shifts. The procedures in place were vague and out of date, so Younan set up task forces in the medical, cardiac, and surgical units to develop new protocols. Each group included physicians and administrators as well as nurses.

"I was thinking that if everyone is a part of establishing this new tool, then they would be less resistant to using it later on," she says.

The intervention had four parts—a new checklist tool, the integration of that tool into the patient file, training sessions on communications, and an institutional effort to reduce interruptions—especially physician rounds—during handoff windows.

The data set Younan's team developed came from audio recordings of actual shift changes, which were later evaluated for omissions. Omissions per handoff dropped from 4.9 to 2.3. Younan's capstone was published in the

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*"The leadership aspect of the DNP program has really given me an awareness of the areas where I need improvement and the areas where I have potential."*

*—Lina Younan*

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October issue of *The Joint Commission Journal on Quality and Patient Safety*.

Nowadays Younan finds herself venturing into new practice areas. She's involved in an effort to

promote healthy eating by children in Saida. And she's helping humanitarian groups plan the best ways to deliver medical care to refugees from the war in nearby Syria. She's also joined the nursing faculty at the American University in Beirut.

"The instability in Lebanon is a challenge for us in our jobs," she says. "One minute you are thinking about advancing standards and the next you are wondering whether you will make it home alive. Many of us deal with this by focusing in even more on our work, and the leadership aspect of the DNP program has really given me an awareness of the areas where I need improvement and the areas where I have potential."

## 'WHAT CAN WE DO BETTER?'

Terhaar compares the launch of the Hopkins DNP program to a small-business start-up. The faculty needed to be as nimble and flexible as possible once plans they'd developed on paper

came into contact with the real world. "We are constantly looking at our program and our students, asking: 'Are they where we want them to be?' 'What can we do better?'"

The most significant evolution in the program so far has been the development of an intensive focus on data management. When Martha Sylvia, PhD, MBA, RN, joined the faculty three years ago, she brought broad experience in analytics, data, and program evaluation gained as director of Outcomes and Evaluation for Johns Hopkins Healthcare, which cares for about 300,000 patients through three insurance plans.

Sylvia insists that students work with data from the first semester through the last. Small

class sizes allow her the luxury of a lot of one-on-one work. "As nurses, we have a lot of anecdotal information from patients, and that kind of information really drives us, especially emotionally," Sylvia says. "It's harder for us to think about things from a data standpoint. But we need those skills in today's world. You're not going to get stakeholders to buy into the idea that there's a problem unless you can show to them that the problem exists—and that you can solve it."

Every capstone includes a rigorous data management plan and goes through an internal review board process. Through it all, Sylvia finds herself stressing to students time and again the need to take it slow and make sure it's right. "They always



want to run their statistics right away, and I always have to take them back 10 steps and say, ‘Not yet,’” Sylvia says. “The statistic they want to run isn’t going to mean a thing if we aren’t sure their data is clean and complete.”

### COMBINATION OF ANSWERS

Carrie Kairys’ first week as a DNP student did not go well. The quick immersion in statistics so unnerved her that she confessed in a phone call with her 16-year-old son to having doubts about whether she’d succeed at Hopkins.

“He said, ‘Mom, what did you expect, something easy? You’re getting a doctorate!’” Kairys recalls. “That just flipped a switch for me. And the funny thing is that data management turned out to be the most interesting and fun thing for me.”

Kairys is a nurse practitioner at a Department of Veterans Affairs facility in West Palm Beach, FL. Through most of its history, the VA has delivered care primarily to men, but the agency now finds itself caring for increasing numbers of younger women.

Kairys set out in her capstone to boost reproductive health services delivered to women returning from overseas. The intervention was integrated into

the patient’s Electronic Health Record so that a series of four questions asked by a nurse generates an alert for her doctor. One combination of answers, for example, might result in a message that the woman is not using birth control and is on teratogenic medications that might be of danger to a fetus.

“You have some VA providers who see a lot of women, and this kind of thing is part of their normal day,” she says. “But then you have some others who still see women only rarely, so this might not be on their mind.”

The number of reproductive health screenings conducted went from 23 percent of cases to 71 percent after the intervention. The consulting firm Booz Allen Hamilton recognized the project as a VA “best practice.” The Office of the Inspector General cited it as a “facility accomplishment.”

Kairys earned her DNP just last year, but she is already taking on new translational projects. In one, she’s working to expand telehealth programs that deliver genetic counseling for women. In another, she’s developing a set of benchmarks by which the VA can evaluate the maternity care pregnant patients receive outside of the VA system.

“The program at Hopkins has given me a whole different focus with regard to evaluating things,” Kairys says. “I’m able to get to the question of how do I make it better and see the end product more quickly.”



Carrie Kairys’ son offered tough love when she doubted her DNP choice.

## DNP CONFERENCE

**From Start-up to Impact:** A DNP Conference (July 8-9, 2014), is designed to initiate meaningful conversations about DNP practice and education and help align the outcomes of DNP education with the demands of DNP practice.

Who should attend: Leaders from academia who prepare DNPs and healthcare executives, employers, and/or those who benefit from advanced nursing practice outcomes.

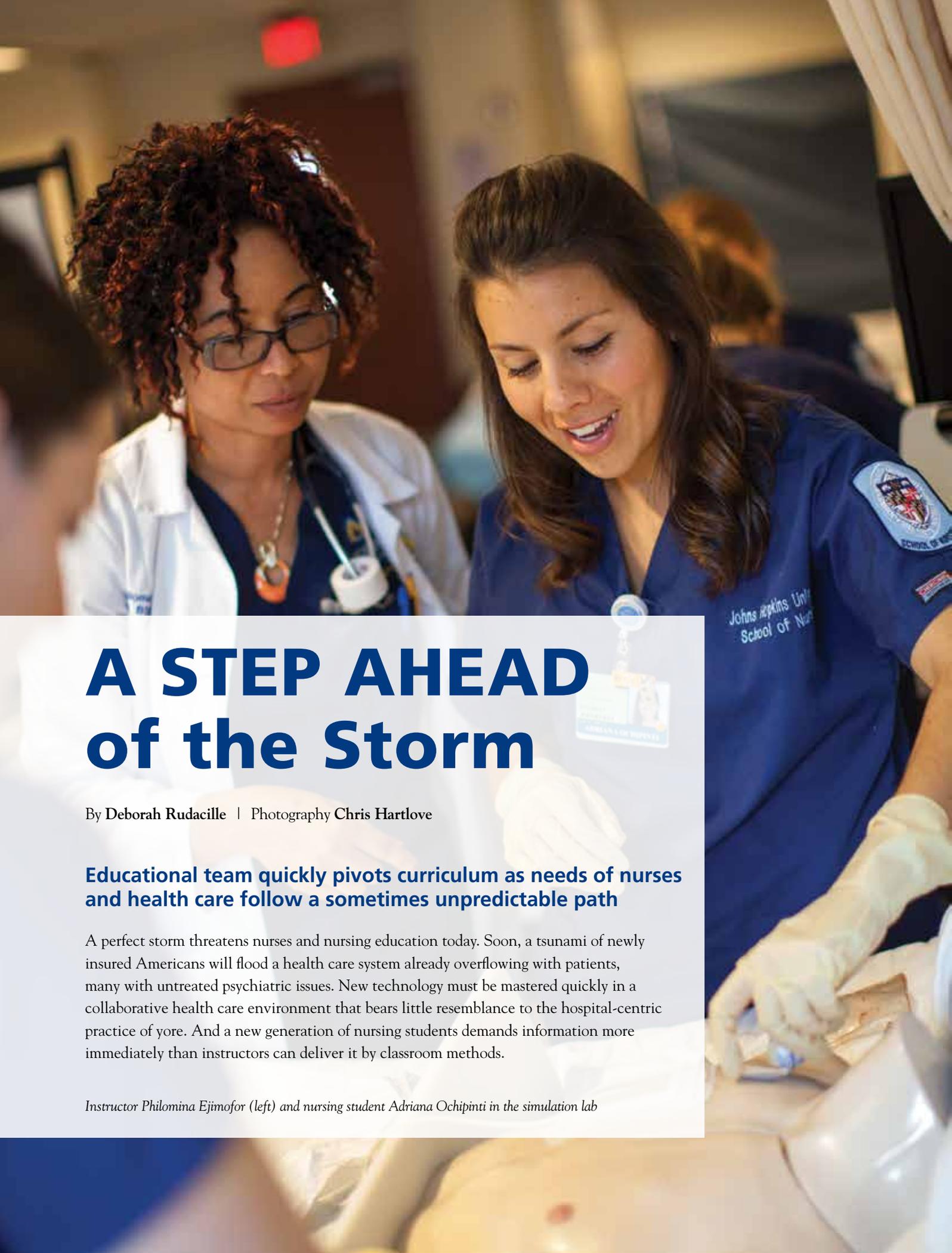
For more details, go to [nursing.jhu.edu/DNPImpact](http://nursing.jhu.edu/DNPImpact).

## A HAPPY MILESTONE

It’s only fitting that the DNP program should go through an evaluation process as rigorous as the one its students apply to their capstones. A grant from the Maryland Health Services Cost Review Commission enabled Terhaar to interview chief nurse officers around the state. “What they’re telling us is that the work of our graduates is characterized by a new level of scholarship and discipline. They’re telling us that they’re very happy with our graduates, and that they’re getting even happier as the program evolves.”

As it reaches the 100-graduate milestone, the DNP program is reaching out to alumni with career support and professional development opportunities. In October, the School of Nursing hosted a conference of DNP graduates. Next summer, faculty will be offering data management training to alumni who graduated before that became a defining characteristic of the program.

“We’re building a nursing practice doctorate that’s focused intensely on application and evaluation,” Terhaar says, “and we feel pretty good about where we’re at.” ■



# A STEP AHEAD of the Storm

By Deborah Rudacille | Photography Chris Hartlove

## **Educational team quickly pivots curriculum as needs of nurses and health care follow a sometimes unpredictable path**

A perfect storm threatens nurses and nursing education today. Soon, a tsunami of newly insured Americans will flood a health care system already overflowing with patients, many with untreated psychiatric issues. New technology must be mastered quickly in a collaborative health care environment that bears little resemblance to the hospital-centric practice of yore. And a new generation of nursing students demands information more immediately than instructors can deliver it by classroom methods.

*Instructor Philomina Ejimofor (left) and nursing student Adriana Ochipinti in the simulation lab*

But just as in a Hollywood blockbuster, the crisis is bringing out the best in those confronting the challenges. The Johns Hopkins University School of Nursing (JHUSON) has been revamping its curriculum to better equip a new generation of nurses—mature, resourceful, and tech savvy—to venture out into this storm.

Driven by changes within the profession and without, nursing education is moving quickly from the lecture and clinical rotation model to a more immersive experience focused on developing skills outside the classroom in a range of settings. This model includes a greater emphasis on technology, interprofessional education, and evidence-based practice as well as building understanding of social and cultural health factors.

It is a style of learning much better suited to the changing student demographic. For one thing, JHUSON students are older than those of previous generations, entering the School at an average age of 28. “Our students come

in with a bachelor’s degree and a world of experiences,” says Pamela R. Jeffries, PhD, RN, FAAN, former Associate Dean for Academic Affairs and a leader in developing innovative teaching strategies and new technology. (Jeffries was recently named Vice Provost for Digital Initiatives, the first to hold the position at Johns Hopkins University.)

### ‘A HUGE WINDOW’

Take Meg Adams ’12. At 22, after earning a BA in Hispanic studies at Vassar, she signed up as a civilian contractor at the Amundsen-Scott South Pole Station where she refueled planes, operated heavy equipment, and carried out other maintenance duties. “I think I was the youngest person there,” Adams says. She also toiled as a seasonal laborer and human rights activist in Mexico before arriving in Baltimore to pursue a baccalaureate at JHUSON. Now 28 and working her way through the FNP/MPH program, Adams plans to work as a nurse practitioner delivering care in underserved areas. “I

wanted a career that would allow me to combine my interest in social activism, hands-on labor, and intellectual work,” she says.

Despite majoring in biology at St. Mary’s College in Southern Maryland, Colin Doyle ’11 had never considered nursing until he spent three years in Cambodia with the Peace Corps as a community educator working with a nurse practitioner who served

as medical officer for the district. He recalls the feeling of seeing a friend of his host family die after a burst appendix. “I was frustrated that I couldn’t help more. There was no acute care in our district. I saw a huge window for very basic interventions.” The experience led him to JHUSON, which has a fellowship program for returning Peace Corps volunteers.

Students like Adams and Doyle “come in with high expectations and are very goal-directed,” according to Jeffries. Nursing education in general has not kept pace with this changing student population nor with the challenges that will confront them in a rapidly evolving health care delivery system, Jeffries points out. “Nationally, we are still teaching the way that I was taught in the 1970s, though data,

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“I wanted a career that would allow me to combine my interest in social activism, hands-on labor, and intellectual work.”

—Meg Adams ’12

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evidence, and surveys from executive advisory boards today say that we are not preparing nurses well to transition to clinical practice.”

At Hopkins, students begin clinical work early in the first semester, with eight students per instructor. Doyle says, “Here you are in the hospital in the second week of school. It helps you remember why you are in nursing school in the first place.”

But for student nurses, “There are a lot of barriers to practice [with actual patients], rightly so because of safety and policy issues,” according to Jeffries.

She was an early advocate of



Meg Adams '12

simulations to ameliorate this problem and has helped JHUSON become a leader in the use of this technology. The School now has 12 high-fidelity simulators that allow students to practice evaluating and responding to a wide range of conditions. “We’ve done a child with sickle cell, an adult with a gunshot wound, heart disease, seizures, allergic reactions. We haven’t done stroke yet but I’m sure it’s on the forecast,” says Jessica Ockimey, Simulation and Nursing Lab Manager.

## KEEPING IT ‘REAL’

On a sunny October Monday, the mezzanine floor of the Anne M. Pinkard Building is a disaster zone. Tree branches and debris block the hallway and within its rooms children and adults moan and cry out for assistance. Students, faculty, and School of Nursing staff struggle to manage victims as a limping stream of new patients pours into the triage area.

Though it looks like a tornado has swept through East Baltimore, the scene is merely a simulation—one of an increasing number of opportunities at the School for students to practice in true-to-life scenarios. Increasingly, they

practice diagnostic and treatment skills on manikins with beating hearts that breathe, bleed, vomit, urinate, seize, shake, and have babies.

On most days, Ockimey sets up the lab’s four rooms as a clinical setting. During these simulations, three students enact the roles of charge nurse, floor nurse, and family member while five classmates observe from a debriefing room. Sessions are taped so the whole group can review and critique them. “We try to make the experience as real as possible,” Ockimey says.

Once a month, students from the JHU School of Medicine and others training to be pastoral counselors, pharmacists, and social workers join in. “Typically, the scenario is delivering bad news,” Ockimey says. “It helps students from each department learn to communicate, deliver information to each other, and make sure everyone has the correct information.”

Adams ass the interprofessional simulation extremely valuable. “We managed to build an atmosphere of genuine tension. I found myself forgetting that I was dealing with someone who wasn’t really upset.”

This type of simulation more closely approximates the increasingly team-centered approach students will encounter when they graduate, Jeffries points out. “We are trying to create a sustainable integration of interprofessional

education across the curriculum, sometimes in hospital simulations but also via home visits. It helps students in medicine, nursing, pastoral care, pharmacy, public health, and other disciplines learn about each other’s roles and responsibilities.”

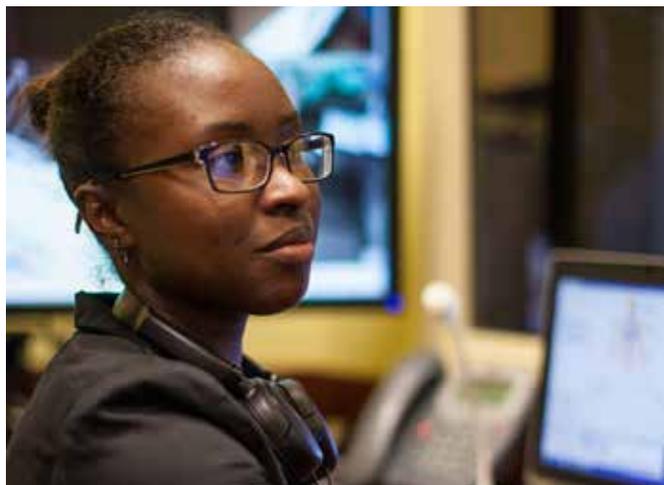
There is an urgent need for this type of training, especially as delivery of health care moves deeper into community settings. So students also spend more of their time in the field, working together with their professors in clinics and community health centers.

Adams, for example, is working 10 hours a week at the Wald Community Nursing Clinic in East Baltimore. “It’s learning in a hands-on, service-oriented way,” she says. “We do mostly health promotion, focusing on diet, exercise, chronic disease counseling.”

## UNDER STRAIN

Nurses who work in community settings encounter a wide range of psychiatric disorders, from substance abuse to depression and bipolar disorder. As the Affordable Care Act brings an estimated 6 million to 10 million currently uninsured Americans into the health care system, the need for community-based mental health screening and intervention will mushroom, says Karan Kverno, Assistant Professor in the Department of Acute and Chronic Care. “The workforce is already very strained in terms of psychiatric care providers.”

In Maryland, for example, approximately 62,000 children live with serious mental health conditions. Other populations also have urgent needs. “One in five older adults has psychiatric



*Jessica Ockimey at the controls in the simulation lab.*



*Working with manikins through various simulation exercises allows students the hands-on experience of nursing far earlier, without the risks.*

issues, but there is a shortage of geriatric mental health care providers,” says Kverno. “Returning veterans have very high mental health care needs but access to care through the Veterans Administration can be very slow.”

Kverno is spearheading development of a one-year accelerated post-master’s certificate program in integrated mental health care at JHUSON that will train NPs to screen, intervene, and either treat or refer individuals in need of specialized services. Nurse practitioners are particularly well-equipped to provide these services in underserved areas of the state, she says.

Kverno has received nearly \$300,000 from the Maryland Health Services Cost Review Commission, administered by the Maryland Higher Education Commission, to set up the program, which will welcome its first cohort of 10 students in Fall 2014. Most of the training will be delivered online but students will also work with preceptors at clinical sites. “We are developing

contracts for two semester-long comprehensive clinical training courses with preceptors at clinical sites in outlying areas where the nurses are living so they can keep up their practices while they are being trained,” she says. “It’s a real strength of the program.”

Coursework will cover psychiatric diagnosis and symptom and illness management, the neurobiological basis of mental and addiction disorders and psychopharmacology, psychotherapeutic frameworks and modalities, and both

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*“I came to nursing the long way around, and wound up enjoying things I didn’t think I would love. I found niches that fit me.”*

*—Colin Doyle ‘11*

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pediatric and geriatric variations of health assessment and measurement. The goal, Kverno says, “is to teach brief screening, intervention, and treatment that students can use right

away in their practices.”

But even high-tech hospital nurses would benefit from more psych training, says Doyle. At the R. Adams Cowley Shock Trauma Center at the University of Maryland, Doyle says he and his colleagues regularly encounter patients—and families—with anxiety, depression, substance abuse issues, and other mental illness.

“You wind up treating a whole unit of people,” Doyle explains.

His clinical training at JHUSON led him to critical care, a field that he didn’t expect to love, says Doyle. “I enjoyed the hospital environment more than I thought I would.” Now applying to nurse anesthetist programs, Doyle might not have discovered his affinity for critical care without the broad range of experiences he was offered at JHUSON, he says. “I came to nursing the long way around, and wound up enjoying things I didn’t think I would love. I found niches that fit me.” ■



# Nursing's in Our Blood

Fourth-generation caregiver looks back on an unlikely family legacy

By **Kirsten Alma Blomberg, '11**

It's funny now, looking back over four generations: My great-grandmother, grandfather, father, and me, nurses all. How? Nursing must have been an undeniable force that pulled us toward it because it was not something any of us planned on doing early on in life.

My great-grandmother, Alma Sofia Asplund Windall, was born on August 18, 1895 in Ishpeming, MI and grew up with aspirations of becoming a seamstress. Alma, alas, "couldn't sew a lick," Grandma says. So she went to work as a cook for a wealthy family, learning discipline, a keen eye for detail, and an enthusiasm for helping people that would drive her to Iron Mountain, MI and nursing school. I am sure she never thought that 100 years later her great-granddaughter, and namesake, would be driven by her own enthusiasm for helping people to the Johns Hopkins University (by way of Africa) to study nursing.

Upon graduation, Alma was talked into working with one doctor rather than going to Chicago for more schooling. That was lucky for my great-grandfather (maybe not so for the doctor, who may have had amorous intentions). One winter, my great-grandfather-to-be was hospitalized with pneumonia. Alma nursed him back to health, but several months after his discharge, Herman Windall was back at the hospital—sick with love. They married two months later.

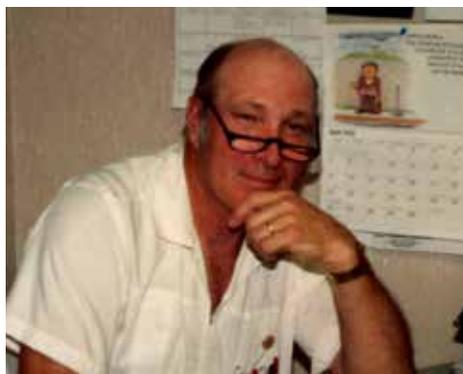
Alma later worked with a Dr. Johnson in Iron River, WI. For weeks after discharge, Alma would check in on and care for patients at their homes and her own, accepting no money. “There were always lots of sick people coming in and out of the house, and she loved them all,” my grandmother says.

Michael James DePeal III, my grandfather, was born on November 30, 1936 in Pinnconning, MI. You could say his journey to nursing was anything but orderly, though that’s exactly where it began.

After his first son was born in 1955, Grandpa took a job as an orderly in Saganaw, MI for \$1.25 an hour and all the ribbing he could handle. He remembers one nurse telling the new orderlies, “I hope you guys get into this shit right up to your elbows.” As Grandpa recalls, “It wasn’t an hour later, and we were.” He worked with polio patients, recalling power outages during which he manually operated the rocking beds, a type of breathing assistance that swayed from 11 o’clock to 9 o’clock and back. He fell in love with the job anyway. But with kids, \$1.25 an hour wasn’t cutting it. So Grandpa joined the railroad. Jobs as a contractor later took him to California and then Florida, unhappily all the way. Finally, he gave in, graduating from nursing school in 1978 in Orlando at age 42. He retired 21 years later calling it the most satisfying work he’s ever done.

Grandpa even got to deliver two babies—one night in the ER, he didn’t even get his gloves on—just looked down and had a baby in his hands.

My father, Douglas Palmar Blomberg, was born on April 29, 1959 in Orlando. He wanted to be a mechanic. Instead, the “wanderer,” as Grandma called him, got a job as an orderly in Hartwell, GA. Watching the doctors, he figured that was the job for him—until he learned that would mean moving to Tennessee, away from his family. Nursing seemed a good fallback, even when cancer forced Dad to take a year off from school and struggle through clinical sessions weak from chemo. Health restored, he graduated in 2000 and went straight



to work in the operating room of a hospital near Hartwell. Over the years, he grew to miss being able to actually talk to patients. So when an infection control nurse went on leave, Dad jumped at the chance to fill in. He is now manager of infection control at St. Mary’s Hospital in Athens, GA. I don’t hear many people talk about their jobs with the passion and joy that he does.

And then there’s me, born on September 21, 1982 in Medford, WI. I wanted to make people smile—as an orthodontist—but no one was smiling when I finished my first college biology class. Feeling lost, I switched to a liberal arts major. Health care found me anyway. A friend from Sri Lanka mentioned the Peace Corps. (I had no idea where Sri Lanka was and knew nothing about the Peace Corps.) Through his guidance I thought that route might fit me. Why not?

Placement in Senegal, West Africa changed me forever.

I can remember the day I decided to become a nurse. After the 100th health talk fell on deaf ears, I took matters into my own hands. My village “dad” wasn’t sticking with his medication schedule; my “little brother” had an infected wound; and my “husband,” as they called the baby, was severely dehydrated. I woke up that morning and headed out to my father’s place. I mixed his medications with water, watched him take them, and was off to administer oral-hydration solution to my husband.

Next, to little brother’s to check on his leg after hot water compresses the night before. As I walked back to my hut, I thought, “I am a nurse, and I’m happy.”

After graduating from the Johns Hopkins University School of Nursing, I accepted a job in a medical surgical unit at the University of Maryland Medical Center and now work in GYN/OB at JHH. I would love nothing more than to carry these skills that I am learning now back to Third World countries some day.

And four generations later, our story ends, with pride ... and advice for future descendants: Nursing’s in your blood too. You can’t beat it, so join us. ■

*Facing page, from left: Kirsten Alma Blomberg in Africa and her great-grandmother, with whom the family nursing bug began. This page: Blomberg’s grandfather and her dad, who took circuitous routes to their destinies in nursing.*

# Hopkins Nurse

- Johns Hopkins Hospital 35
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- Bayview Medical Center 46



*From top: Helping patients and caregivers cope with memory loss; nurses' vital role in transplants; midwifery in Uganda*



## No Boundaries

By Danielle Kress

It didn't take long for Johns Hopkins Hospital Nurse Case Manager Vincent Liu to realize he was never going to be just an "average" guy. When childhood polio in Hong Kong left him with an atrophied right leg, some might have assumed that life for Liu was going to be an uphill battle. But Liu refused to see it that way, and whether at work or play, he pushes others to look beyond their limitations as well.

Now a player for the United States Tennis Association (USTA) and a year-round coach for children and adults, Liu wasn't destined to be a natural at the sport. After practicing alone, day after day, month after month against a wall, he finally got his chance to play, as a high school senior on the junior varsity team. Despite little experience and only one strong leg, Liu was determined to improve. After two more years of hard work and caring instruction, Liu found himself on the McDaniel College tennis team. He has never looked back.

Tennis grew into a passion for Liu, who became a coach so he could teach kids the same lesson he had learned—you can rise above your circumstances.

"When I was young, I was teased a lot because of the polio," recalls Liu, who came to the United States as a teenager. "I knew I had some limitations, but I never looked down on myself or felt sorry. That's one lesson I like to teach my students: No boundaries can hold you back from something you really want to do."

As a nurse, Liu feels a strong link between his profession and his sport.

"Just like nursing, coaching is about helping people," he says. "Nurses help patients understand their conditions and give them comfort and courage to move forward. It's the same way with coaching: I try to teach my students knowledge of the game, how to play better, but not without teaching them the importance of passion and willingness to learn and listen."

Aside from his normal coaching, Liu spent one summer training the daughters of his fellow Department of Medicine Nurse Case Manager Tina Tiburzi. "He had been teaching a long time, and he voluntarily instructed my two girls," she says. Even while her oldest daughter moved from the number five doubles spot to number two, Tiburzi says, "Vincent would not accept compensation for his time. He said it was for the love of the game. And that is what he has—love and passion."

Liu believes that being a nurse and a coach are about giving back. "I have a good memory of myself in the hospital

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*"I knew I had some limitations, but I never looked down on myself or felt sorry. That's one lesson I like to teach my students: No boundaries can hold you back from something you really want to do."*

—Vincent Liu

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being treated for polio. I was crying one night from the pain when a nurse came into my room, sat next to me, and talked with me. She said, 'How are you doing?' She didn't have to do that, but she did, and I have always remembered

WILL KIRK



*Despite little experience and only one strong leg, Liu was determined to improve at the game he loved.*

that experience and the comfort of that nurse. From that moment on, I knew nursing was a good profession for me."

Being both a coach and a nurse hasn't always been easy, says Liu. "Do I sometimes wish I had two strong legs? Of course," says Liu. "But do I let the fact that I don't stop me from doing what I love? Never." Even skipping lunches to make tennis practice in the afternoon, he says it's definitely worth it. "My coaches were willing to help me learn all those years ago, and I want to give the same opportunities to my students today," he says. "I just really love tennis. I may be shuffling on the court in a few more years, but as long as I can breathe, I plan to play." ■

# Strength in Numbers: Nurses Behind No. 1 Ranking

By Elizabeth Heubeck

The July 2013 headline in *U.S. News & World Report* announced that, once again, Johns Hopkins was ranked the number one hospital in the nation. But it didn't tell the back stories that, in many cases, star nurses.

There are those who gave valuable input on designing state-of-the-art communication projects that are revolutionizing the way providers and patients gain access to medical information. Others championed the installation of procedures that boost employee safety and reduce injury rates. Still others were an integral part of a multidisciplinary team that helped one of the hospital's centers obtain a certification indicating an exemplary level of care for complex patient cases. And so much more. But don't take nurses' word for it.

Those who work with Hopkins nurses—but aren't practicing nurses themselves—had plenty to say about their colleagues' impact on propelling the hospital, for the 22nd time, into the nation's number one slot.

## ROLLING OUT ELECTRONIC RECORDS

When it comes to cultural shifts within a hospital, perhaps no such change has been more monumental than the ongoing move from paper to electronic documentation. It's also another example of a hospital initiative where nurses are playing a leading role.



"Nurses deal with patients most frequently. They are there all the time," says Peggy Ardolino, RN, MAS, director of Clinical Information Systems at Hopkins. It made sense, then, that nurses would exert heavy influence on this process, from spending countless hours articulating specifications for electronic medical records to vetting newly implemented systems.

"We couldn't have gotten where we are today, nor will we get to the full deployment of EPIC [Hopkins' single integrated medical records system], without these clinical informatics folks who, for the most part, are nurses," Ardolino says.

## EMPLOYEE SAFETY, PATIENT DIGNITY

Current Maryland legislation requires hospitals to have "safe patient handling" committees. Hopkins got a head start, launching its committee in 2007. The goal was smart and simple: to prevent employee injury and maintain patient dignity by replacing "manpower" or, more aptly, "nurse power," with patient lift devices.

Heading up that enormous initiative were co-chairs Anita M. Stone, MS, HEM, the hospital's health, safety and environmental manager, and Judy Rohde, ScD, RN, director of Pediatric

Nursing at Johns Hopkins Children's Center. Together, the co-chairs studied how other hospitals had effectively implemented lifts.

They also presented the plan to the hospital as both an employee safety initiative and a plus for patients. "People have had career-ending injuries from moving [heavy] patients," Stone says. "It's also about dignity. Would you rather have six or seven people looming over you, or a device?"

Having a nurse champion this major operational shift eased the transition for those scores of end-users of the change: unit nurses. "A lot of units have bought into it and they love it," Stone says. "It's a culture change."

## SIMPLY THE BEST

Just as they are primary drivers behind new systems at Hopkins, nurses also serve as a force behind prestigious certifications. Recently, the hospital was certified as a Comprehensive Stroke Center, a distinction recognizing an institution's capacity to offer 'round-the-clock specialized care to the most complicated stroke patients. Hopkins was the first hospital in Maryland to receive the certification. The certification takes into account the use of the latest technology, the highest level of provider expertise, and extensive data collection on patients.

"There was a huge involvement from nurses in this process. They put a lot of effort into looking at the data, and correcting performance issues," says Victor Urrutia, MD, medical director of the Stroke Service at the hospital, who worked closely with nurses for eight-plus months to prepare for the certification. ■

## Nurses a Vital Organ in Boosting Transplant Referrals

By Sara Michael

Even before a transplant and well afterward, as a worried patient waits, weighs the options, and then seeks guidance on making the most of a second chance, a nurse is friend, guide, and brainstormer as much as health care provider. Who better, then, to tackle the challenge of community outreach for a transplant unit?

With its strong reputation and name recognition, the Johns Hopkins Hospital hasn't had much trouble attracting patients to its Comprehensive Transplant Center. But in recent years, other area centers had gained ground. Administrators concluded that though the Hopkins center had the big name and proven results, it needed a change in strategy, and a face. Where the transplant team had relied on



larger events to spread the word, it needed to shift the focus to smaller arenas and apply a personal touch.

"It needed to be down-in-the-trenches outreach where you were visible in the community and could put a face with the name," says Laura Conroy, RN, BSN, transplant program development manager at Johns Hopkins Hospital.

Armed with revamped brochures and information cards, Conroy and others began meeting directly with patients and families at dialysis units, among other spots, discussing Hopkins' transplant wait times, how to get on the transplant list, and what to expect from there. Any questions are

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*"It's a lot about hand-holding and encouragement and support, and it takes time. You have to be willing to provide this service to patients."*

—Laura Conroy, RN, BSN

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answered on the spot by an expert caregiver. "They relate well to the patient and can really educate them as to why a transplant would be a good option as opposed to dialysis," explains Michelle D'Alessandro, RN, DNP, assistant director of nursing at the Hopkins center.

Team members also connect with physicians, fellow nurses, technicians, and social workers to educate them on the Hopkins program.

Once a relationship is established, nurses can share their "been there, seen that" experience and insight with patients and offer an "I'm right here" empathy as they help guide patients through the process and into a healthier life. "It's a lot about hand-holding and encouragement and support, and it takes time," Conroy says. "You have to be willing to provide this service to patients."

The outreach is certainly having an impact. Referrals for liver patients, for example, have tripled since 2012, explains Brigitte Sullivan, MBA, the center's administrator. Kidney and blood and bone marrow transplants are up as well. Sullivan also credits the addition of surgeon Ben Philosophe, MD, PhD, who has championed the relationship-building with community physicians.

"We are providing a service that everybody wants and needs," Conroy says. "And we are proud to go out and say we have done a great job, A to Z." ■

## This Way Forward: Isabel Hampton Robb, 1889-94

Hers was a commanding presence: her manner exacting, appearance striking, credentials impeccable, and impact unquestioned. Isabel Hampton Robb, the first superintendent of nurses at The Johns Hopkins Hospital and principal of its brand-new nurse training school, set in stone a path for generations of nurses followed even today.

From the start, in 1889, she ran the place with military precision. Having wowed interviewers with her intelligence and experience as a practicing nurse and a superintendent (besting 80 other applicants), Isabel Hampton in short order

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Her term at Hopkins might have been longer if not for love. In 1894, she married Hunter Robb, a doctor at the hospital, and they relocated to Cleveland, OH.

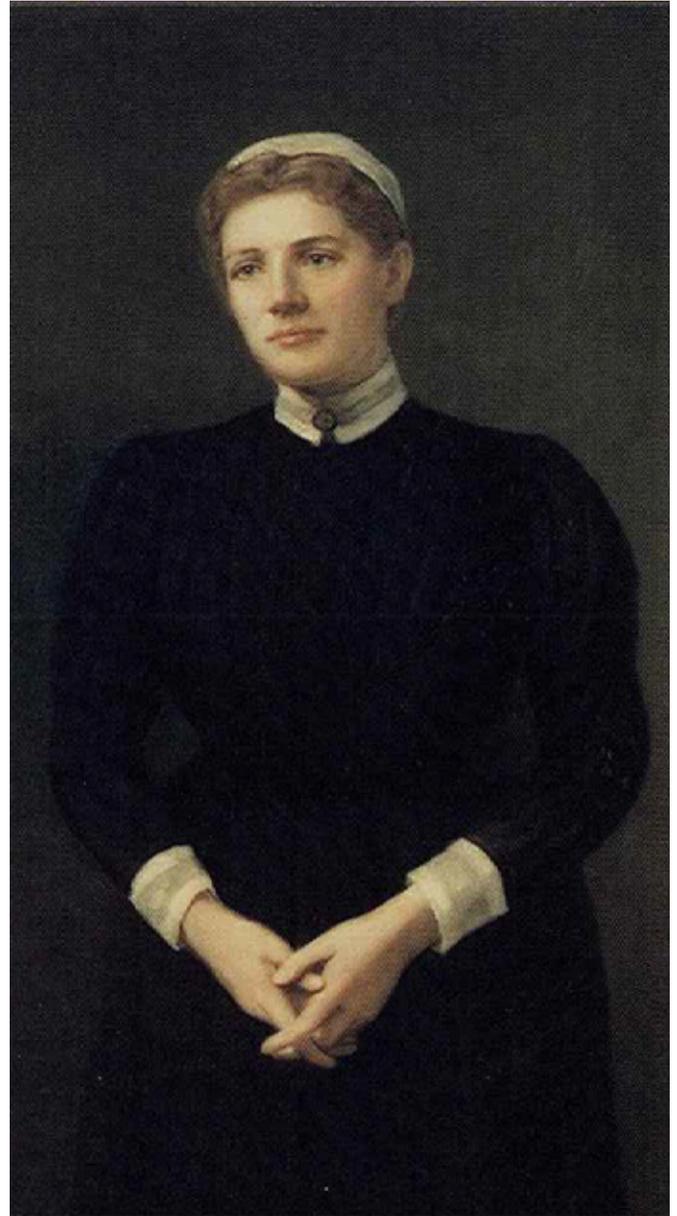
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set about creating a program that built excellent caregivers but also demanded that they be leaders and innovators: Hopkins Nurses. This by-the-book approach soon became one. She wrote *Nursing: Its Principles and Practices*, published in 1893.

Born in Welland, Ontario in August 26, 1859, Isabel Adams Hampton had a brief career as a public school teacher before entering Bellevue Training School for Nurses in New York in 1881. Upon graduation in 1883, she substituted for the superintendent of nurses in the Woman's Hospital in New York, then worked two years at St. Paul's House in Rome, which offered care to wealthy travelers. Back in the States, she served as a private duty nurse before becoming superintendent of the Illinois Training School for Nurses at Cook County Hospital in Chicago in 1886. Then, it was on to Johns Hopkins.

Her term at Hopkins might have been longer if not for love. In 1894, she married Hunter Robb, an obstetrician/gynecologist at The Johns Hopkins Hospital (Florence Nightingale sent the wedding bouquet) and the couple relocated to Cleveland, Ohio, where they had two sons.

Hampton Robb remained active in nursing affairs,



*Isabel Hampton ran the School with military precision, demanding that students become leaders and innovators: Hopkins Nurses.*

serving as the first president of what would become the American Nurses Association and helping to establish the first postgraduate collegiate program for nurses at Columbia University. She was killed in a Cleveland streetcar accident in 1910, at age 49.

Today, the Isabel Hampton Robb Society established in her memory provides a critical foundation of support for the Johns Hopkins University School of Nursing. ■



AMERICAN NURSE PROJECT / CAROLYN JONES

## American Nurse Project Taking RNs to Big Screen

By Jennifer L.W. Fink, RN, BSN

*The American Nurse Project*, originally a coffee table book filled with striking black-and-white photos and stories of great nurses from across the nation, will soon come to life in a theater near you, featuring a familiar face.

Naomi Cross, RN, perinatal bereavement coordinator at Johns Hopkins Hospital, is featured in the upcoming documentary version of *The American Nurse Project* by Carolyn Jones, an award-winning filmmaker and photographer. Cross' selection wasn't

by luck of the draw. The passion she exhibits for her patients and her work impressed Jones during interviews and photo sessions—and Jones' passion, in turn, impressed Cross.

"I was so taken by her charge to show the world exactly what nurses do," Cross says. "So many people in our country don't know exactly what nurses do. My own family members don't know what nurses do."

Cross, Jones says, exemplifies compassionate connection. "In one interview, Naomi talks about how mothers say to her, 'How could my baby die before it's born?' I thought, 'Wow! Who knows what to say to that?'" Jones says. "But knowing what to say and helping that woman is the



Naomi Cross, perinatal bereavement coordinator at The Johns Hopkins Hospital, is featured in the upcoming documentary.



difference between that woman being able to get on with her life or getting stuck and grieving until the end of time.”

*The American Nurse Project* book includes 75 portraits, interviews, and biographies of American nurses, including Cross and 16 others from The Johns Hopkins Hospital and the Johns Hopkins University School of Nursing. Those portraits have been framed and are on exhibit in the Nutting Gallery at Hopkins Hospital. It’s a terrific way to give nurses their moment in the sun. But as Jones points out, nurses don’t tend to seek out a pedestal but rather a connection at a much more human level.

“I started the project thinking that nurses are saints, that they have a completely different DNA structure than I do,” Jones recalls. “But the more I got into it, I realized that nurses are people. They’re regular folks like I am, but because of the work that they do, they have this unbelievable ability to understand humanity.”

Jones is editing the 103 hours of video footage she shot into an 80-minute documentary. The film is scheduled for completion in early 2014; Jones plans to screen it at various film festivals, and seek wider distribution as well. ■



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KATE HOLT



## In Uganda, a Midwife and Mother Come Together

By Alisha Horowitz and Kate Holt

Gertrude Namara knew it would take an hour to reach the Nyamuyanja Health Center from her mud-walled home in Western Uganda. Her four children had been born there, and this baby would be no different. Giving birth in a health facility with a skilled nurse or midwife is a major factor in surviving complications of childbirth in Uganda, where the maternal mortality ratio is 438 deaths per 100,000 live births. On a warm, mid-July day, as her labor steadily progressed, the 29-year-old set out on foot.

Namara was greeted by the familiar face of midwife Pulkeria Kyorasiime, one of a dozen health care providers who staff the center in Isingiro District, where Namara had attended prenatal classes. “Pulkeria and another health worker would examine me during my visits to the health facility and they gave me my expected delivery date so I was prepared for the birth and had everything in place,” says Namara.

Namara had a healthy girl and returned home. A week later, Kyorasiime was at her door. One-third of Ugandan mothers receive such visits within two days of a birth. Kyorasiime discussed nutrition and hygiene and made sure the baby was breastfeeding properly, especially important in a country with an under-5 mortality rate of 56 deaths per 1,000 live births. Kyorasiime also talked about postpartum family planning and the benefits to mother and baby.

The midwife is among nearly 100 health care providers in Isingiro District who have strengthened their emergency

obstetric and newborn care skills with support from Jhpiego and the GE Foundation, in partnership with the Ministry of Health.

Women in Uganda often avoid seeking care in health facilities out of fear of mistreatment. As part of this project, Jhpiego introduced and emphasized the concept of humanistic or respectful care. “We have been encouraged to develop a new attitude to our patients so that we treat them better and they feel more respected,” says Kyorasiime. “This encourages women to come to the health clinic, which is what we want.”

One of 12 children, Namara knows the hardships of a large family. The average monthly income of a rural family is 222,600 Ugandan shillings (\$86). Her husband, John, is a farmer. “I think now I have enough children and don’t really want more. Two of our children go to school and each child costs us around 35,000 Ugandan shillings (\$13) per term,” says Namara. “I went to school up to grade seven but couldn’t continue because my parents didn’t have enough money to pay the school fees. With five children at least we can look after them properly. I want them all to go to school and get a proper education.” ■

*From top left: Gertrude Namara with midwife Pulkeria Kyorasiime during a home visit; Kyorasiime with her award; and the baby girl.*

## Bone & Joint Center Helps Patients Connect the Dots

By Jennifer L.W. Fink

The orthopedic nurses who work in the Sibley Institute of Bone & Joint Health program know that their patients' experiences begin (and end) outside of the hospital setting. They don't wait for a patient to show up for surgery to begin the caring process.

Sibley nurses and physicians combine forces to offer an orthopedic seminar series for the public, says Cathy Pulford, nurse practitioner and program coordinator for the Bone & Joint Health program. Sibley nurses also lead pre-operative joint replacement classes for people who will be undergoing the procedure. "We cover, soup-to-nuts, what it's like to get your joint replaced, what will happen in the hospital the day of surgery, what will happen after surgery, what will happen if you go to the rehab unit, and what will happen when you come home," says Suzanne Honchalk, nurse navigator.

Pulford and Honchalk talk to patients prior to surgery to determine if they have any special needs that will affect their surgery or recovery. "We want to know if someone has an insulin pump, or if they've had a previous stroke and have weakness on one side, or if they have pain management issues and are on narcotics," Pulford says. "We pull that information together and share it in a weekly multi-disciplinary meeting, so we're prepared."

If the pre-assessment reveals a specific need, staff handle

the situation proactively. "If someone has underlying dementia, we may talk to the family about having a sitter at the bedside, to watch that person, for safety reasons," says Christine Inglisa, nurse manager of orthopedics.

While the Sibley Institute of Bone & Joint Health has long had an excellent reputation, staff members are

constantly striving to improve patient satisfaction and outcomes. The team recently pooled efforts to decrease heel ulcers, a common complication after joint surgery.

"One of our front line leaders brought the problem to my attention," Inglisa says. "Our numbers weren't bad, but we set a goal to reduce our heel ulcers by 50 percent. We decided we would adopt whatever practices were necessary to prevent heel ulcers, and that we would work toward consistency across the patient continuum."

Sibley staff now use a specialized pillow to relieve pressure on patients' heels. Anesthesia practices have been tweaked to allow increased sensation of the

heel area. Repositioning is stressed. Heel ulcers have since decreased and patient satisfaction rates have increased. The Institute of Bone & Joint Health hasn't had an infection in nearly a year.

"We're a committed team," Inglisa says. Pulford agrees: "We are in it for the patients, and as long as your focus is always the patients, you can't do anything wrong." ■



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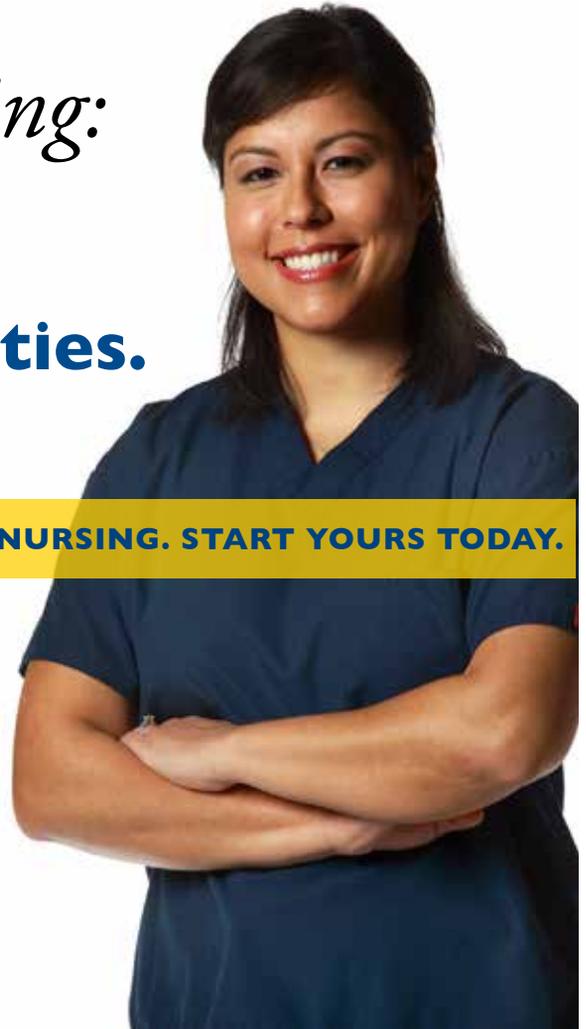
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## Clinic Weans Infants Born in Drug Withdrawal

By Sara Michael

When 7-month-old Enzo DeCicco began having scary “episodes” of inconsolable crying and screaming, diarrhea, and tremors, he was quickly diagnosed with neonatal abstinence syndrome (NAS)—he was in withdrawal from the narcotic suboxone, which his birth mother took while pregnant. Enzo’s adoptive parents, DeAnne DeCicco and her husband, Bill, took him to the new NAS clinic at All Children’s Outpatient Care Center in Sarasota, FL, where he had made great strides after just two visits. Among them, Enzo now straightens what was a perpetually clenched right leg and

responds more quickly to external stimuli. “A lot of children [with NAS] come out remarkably fine when they have resources like the clinic that they can use,” DeAnne DeCicco says.

Started in May of this year and funded by a \$70,000 grant from All Children’s Hospital Guild Sarasota/Manatee Branch, the NAS clinic provides comprehensive assessment and screening services like physical, speech, and feeding therapy and behavioral assessments to children exposed to drugs in utero and who exhibit withdrawal symptoms after birth. This service is especially needed in Sarasota County,

where All Children’s reports a nearly 700 percent increase in the NAS population. As of September, 28 children were enrolled.

Clinic staff begin their relationship with babies in the NICU, where making that initial connection with the families can be a challenge. “A lot of these moms know what they’ve done and are just nervous,” says Jaimee Gray, BSN, RN. “Forming a trust with them is really important.” Staff also have to connect with grandparents and foster

care guardians, who often take in the babies after they leave the hospital.

But “once we capture them into this program,” says Clinical Outreach Manager Shirley Storo, BSN, RN, “we usually are successful at keeping them engaged.” Storo also points out that not all of these babies’ mothers were addicted to drugs. One mom took a prescription narcotic after she

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“A lot of children [with NAS] come out remarkably fine.”

—DeAnne DeCicco

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was injured in a car accident. “It was completely legitimate,” she says. “But she had this baby who was born and had to withdraw from the medication.”

Once enrolled, children come to the clinic every three months for their first year of life, then at 15 and 18 months and at 2, 3, 4, and 5 years of age. Staff perform a medical exam and screen and assess each child’s physical, social, emotional, cognitive, and behavioral development. They also address the parents’ needs and work to build healthy mother-infant relationships.

DeAnne DeCicco is especially grateful for this piece of advice: Create a stress-free home environment. “We learned that as long as we were calm and gave Enzo love and support, we could work through [his episodes],” she says. “When we see the remarkable changes Enzo has made, there is no better feeling.” ■



*DeAnne and Bill DeCicco at home with Enzo*

## Memory Clinic Nurses Provide Support, Education for Caregivers

By Sara Michael

Such routine activities as bathing, taking medications, or even navigating the route to the bathroom can become great challenges for patients suffering from dementia and memory loss.

Armed with some simple coping strategies, caregivers can make daily life a bit easier for these patients, and for themselves. At the Johns Hopkins Memory and Alzheimer's Treatment Center, nurses provide families and caregivers with tips and approaches for managing the deteriorating cognition—just one of the many ways nurses are having a major impact on care at the center.

“The patient might not want to get a bath, and they have agnosia where they don't recognize what soap is,” says Joan Krason, MSN, RN-BC, one of the center's three nurses. “We work with the families to have things set up in front of them and work it out step by step.”



From left: Jennifer Mason, RN, BSN, Kathy Rehmman-Buchman, MAS,BSN, RN-BC, and Joan Krason, MSN, RN-BC, look over a file at the Memory Clinic.

Caregivers might not realize how simple tasks take more time, or their loved one might be confused, Krason explains. “Family members feel a lot of stress,” she adds.

Providing these strategies, gleaned from experience and a deep knowledge of the illness, is a critical piece of care at the clinic, which is a partnership between the departments of psychiatry, neurology, and geriatric medicine.

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“There is so much information out there on the Internet, and families have a difficult time finding out what to pay attention to and what is the most accurate information.”

—Joan Krason, MSN, RN-BC

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Patients, who are either self-referred or referred from their physicians, come to the center for a comprehensive evaluation and treatment for a range of cognition and memory conditions.

“We provide the support for patients and their families throughout their journey,” Krason says.

The care starts with the initial visit, where clinicians rule out other potential causes for memory loss, such as migraine headaches, sleep apnea, or overmedication. Once a diagnosis is made—often for Alzheimer's, the most common cause for dementia—nurses work with the families to provide resources and help them understand care options. Is home care an appropriate choice? Have they considered power of attorney with their loved ones? Where can they access more information or support groups?

“It can be overwhelming for the patients or their families to be given a diagnosis of Alzheimer's disease or any kind of dementia,” Krason says. “There is so much information out there on the Internet, and families have a difficult time finding out what to pay attention to and what is the most accurate information.”



*Joan Krason consults with Dimitrios Kapogiannis, MD, at the Memory Clinic. The care starts with the initial visit, where clinicians rule out other potential causes for memory loss, such as migraine headaches, sleep apnea, or overmedication.*

The nurses' role has evolved to one of collaboration, as they team with physicians for the initial appointment and the plan of care for subsequent visits, says Jennifer Mason, RN, BSN. If a patient is diagnosed with dementia, the patient and caregiver return for a nurse-run educational visit, where the nurse conducts a needs assessment and provides support and information for the patient and caregiver. This is unique to the center, as caregivers often are unprepared for the diagnosis, and nurses fill that need for support, Mason says.

Every three to six months, the team meets with caregivers to assess their symptoms, and they may decide to set up additional time with the nurse to explore new coping strategies, depending on the stage of the disease. Perhaps they need help modifying the home to be more comfortable and manageable for the patient, such as reducing clutter or using color to attract the patient to the bathroom.

Mason also runs a monthly caregiver group class dedicated to a specific topic, such as how to manage difficult behaviors or what to do after a diagnosis. This allows the caregivers to informally ask questions and connect with each other.



“It’s hard to see what they’re going through. The caregivers are really struggling,” Mason says, adding the silver lining is in seeing the caregivers thrive and then offer support to other families. “We feel good when we can actually see it make a difference.” ■

# Alumni News

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*From top: Church Home and Hospital alumna Berkie Bevans '42 at an Alumni Weekend luncheon; Mary Bartlett Dixon's Class of 1903; and alums getting social on Bond Street*



## Alumni Update

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

I am happy to report that Alumni Weekend 2013 was a terrific success! There were over 275 people in attendance, ranging from current students to members of the Class of 1944.

Favorite events were the Thursday night cocktail social at Bond Street; "Class without Quizzes" with Professor Dan Sheridan, who lectured on forensic nursing with great insight and humor; the annual luncheon; and an address from our dean-designate, Dr. Patricia Davidson. I know those of you who met Dr. Davidson at Alumni Weekend and other events this fall were impressed by her genuine warmth and her

commitment and vision for the School. I was also struck by how much she values alumni input! I know she wants to hear from each of us, and I hope you make the opportunity to meet her shortly.

Johns Hopkins is doing exciting work with affinity groups. These groups bring alumni from all Johns Hopkins schools together over a shared interest. A healthcare affinity group was recently formed, so please let Lindsay Dorrance, Director of Alumni Relations, know if you are interested in getting involved (LDorrance1@jhu.edu).

Finally, I am very excited by the work being accomplished through our JHU Nursing mentorship program. It is a great resource for students, and so rewarding for alumni! If you are interested in applying, please visit [nursing.jhu.edu/mentor](http://nursing.jhu.edu/mentor). ■

## The Alan Mason Chesney Medical Archives Annual Report

Phoebe Evans Letocha

September 28, 2013

Researchers from around the world contacted us this year seeking biographical information on nurses including Olive Berger, Louise Cavagnaro, Lavinia Dock, Caroline Hampton, Ellen LaMotte, Lucile Petry Leone, Adelaide Nutting, Dorothea Orem, Isabel Hampton Robb, Ellen Wood, and Lillian Wu. This year we continued to see use of the archival holdings by various nursing staff for histories of Psychiatric Nursing at Phipps and Ophthalmological Nursing at Wilmer.

New material has been added to the Johns Hopkins and Church Home nursing collections at the Archives this year from a variety of sources. Institutional records include material from Martha Hill and the Dean's office, the flipbooks of class photos that had been on display at the School of Nursing, back issues of the *Hopkins Nurse: A Newsletter of The Johns Hopkins Hospital*, and records from the Alumni Association and the Development office, particularly from Jackie Gray before she retired. Collections from individual alumni include a nursing cape from Anna Mary Stull Snyder '45, materials from Eleanor Crawford

(JHH 1945), Mildred E. "Bunny" Barnard (JHH 1950), materials used in the creation of the Class of 1962 memory book, including from Judith Bush Carlson, the Class of 1967 memory book, and student lecture notes from Martha Rabicoff Schlenger (JHU 1993, 1997). We received additions from the family of Louise Cavagnaro (JH Hon) to her collection. Church Home highlights from our accessions included materials from Anita Cabello Shauk (CHH 1942) and a nursing cap from Dorothy Twigg Grumbine (CHH 1938). The Archives continues to welcome additional donations to the Church Home and Johns Hopkins nursing collections.

We will all greatly miss Betty B. Scher '50, who this year completed the indexing of all the articles and alumni news and notes in the *Johns Hopkins Nurses Alumnae Magazine* from 1901 to 2003. Betty then turned her skills to indexing the articles in the School of Nursing's newsletter, *Nursing News*, 1985-2002.

The Medical Archives has continued to add new nursing content to its website (<http://www.medicalarchives.jhmi.edu>), including a complete finding aid to the Alice Fitzgerald Collection.

Outreach activities this year included a presentation at the Fourth Annual Johns Hopkins and Church Home Alumni Spring Tea in May. Archives Director Nancy McCall and Material Culture Archivist Andrew Harrison

coordinated the commission and presentation of Martha Hill's portrait. The Medical Archives also continued its work on an exhibit on the history of the buildings on the Johns Hopkins Medical Institutions campus, including those of the Hospital and School of Nursing.

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

## Finance Committee Report

Gerry Peterson

September 28, 2013

The Alumni Association remains financially sound. The Board approved an updated investment policy that reinforces the objectives of the funds asset allocation to provide the highest return consistent with a moderate level of risk with a long-term horizon. The University Development Fund awarded us \$19,624.17 to replace funds previously received from dues as the Alumni Association no longer requires dues-paying memberships.

As of August, the alumni association budget was on target. ■

## CLASS*News*



Class of 1963

**'50** Reported by **Betty Borenstein Scher**, who sadly passed away just before this issue was printed. The Class of 1950 will miss her dearly as will the rest of the Hopkins Nursing family (Appreciation, p. 53): A phone call from **Anna Clair Junkin** gives us news that she is recuperating nicely from her minor stroke. She has little energy, but is trying to stay positive. **Cora Jane Lawrence** wrote a nice, long letter describing how much she loves living in her residence near Seattle, WA. She has a beautiful view of Puget Sound and Mount Rainier. She stays busy hosting



Class of 1948

lunches for former classmates, attending the State Fair, and enjoying the rides and exhibits there. In her words, "It is so great to be independent and yet have all the essentials provided." As for me, **Betty Borenstein Scher**, I was at the Alumni Homecoming on September 28 and had a really good time seeing a few gals from different classes. I shared the lunch table with two lovely graduates from the Class of 1948 and with **Connie Cole Waxter** (1944). It was great being with them and not being the oldest alumna there! The rest of my life is going well—volunteer days, lunches with good friends, and many weekends in DC with my son and his family.

**'53** Reported by **Carolyn Boykin Clarke** and **Doris Zimmerman**: Ten members of the Class of 1953 gathered for dinner at the Johns Hopkins Club to celebrate our 60th reunion. Attending the dinner were: **Marian Jones Brennan, Erma Guy Caldwell, Carolyn Croker Boykin Clarke, Jane Williams Cole, Shirley Hale, Joan Tunicliffe Hurlock, Nancy Loubell Neal, Carol Dolly Schmid, Joan Williams, and Doris Perkinson Zimmerman**. We had a great time catching up and reliving some of the funnier experiences of our nurse's training. I was amazed at how involved and active our classmates are, with such vigor and love of life. We had the opportunity to meet the new Dean of the School on Saturday and were impressed with her address. We felt fortunate to have a new strong leader for the School.



Class of 1953

**'58** Reported by **Ruth Barnard**: The Class of '58 had a great time at the Reunion. **Phyllis Banister Abendschoen, Mildred Scheiner, Ruth M. Barnard, Joann McClung Flower, Mary Houwink Browning, Shirley Hall, Carolyn Hodges Balcom, Barbara (Bobbie) Kaufman Harrison, Harriet Brodtkin Saidman, Bettie Brown Wastler, and Barbara (Tommie) Thomas Yinger** were all in attendance. We had dinner at Red Star in Fells Point on Friday night and enjoyed the rest of the Alumni Weekend's activities.

**'63** Reported by **Genie Wessel**: Greetings, Girls of the '60s! I was asked to do a paragraph about our 50th Reunion to go with our class picture. But as I started to write, it came to me that the reunion was different for each of us. So I ask you to look at the picture,



Class of 1958

then close your eyes and see your favorite memory, remember the smiles of friends, the warmth of hugs, listening to the tour guides who led us through the tunnel or the hospital, but seeing our old familiar places through the new facades, remembering those not with us, feeling that medallion in our hands honoring us. Now open your eyes and remember the words from graduation. ... You will be better women for the life you have led here. But what I mean by better is that the eyes of your soul have been opened, the range of your sympathy widened and your characters molded. So hold on to your memory of our 50th, stay well, be blessed, and see you at the 55th!

**'64 Class Reporter—Gerry Peterson** (pete7517@gmail.com): I couldn't make it to this year's Alumni Weekend, but I will definitely be at next year's. Can you believe 50 years? I believe that everyone who is reachable has been found by now by **Eileen Sweetland Leinweber, Diane Demerest Becker, Susan Gormley Buchanan, and Mary Jo Steenbergen Kubeluis** are our Baltimore contacts for planning purposes. With luck, **Martha Norton Hill**, having retired from the Deanship but not her faculty position, will



Class of 1968

be with us throughout. Tell us about yourself and your school memories and catch up with classmates at [www.jhh1964.com](http://www.jhh1964.com). (Use Members Login box, your email is your login, osler is your password.) The Class of '64 will, once again, show them how it's done. Contact me any time, and see you in September 2014.

**'68 Reported by Melinda Rhoads and Sandy Zeiler:** Twenty members of the Class of 1968 returned to Hopkins for the 45th Reunion. In attendance were:

**Gloreen Kenyon Brandreth, Jean Davis (Buchholz); Amy Gibson Davis; Susan Muchemore DelRosario; Sue Dietrich Derrenbacher; Joanne Batzinger Frank; Susan Gardner; Janie Kline Gruenebaum; Judi Mandik Hall; Ruth Mosley Hall; Linda Renninger Jonides; Linda Cloxton Kaufman; Eunice**

**Searles King; Joy Hofstad Kruger-Asche; Melinda Rhoads; Jane Kirk Roberts; Jean Stauffer Roberts; Marsha Lutton Slivka; Mary Marziotto Sweeney; and Sandra Bollinger Zeiler.** We had a wonderful time looking at old photographs and reminiscing about our student nursing escapades. Everyone agreed we should strive for a larger turnout in 2018 (our 50-year mark!!). Many of us are now retired and quite a few professed to a degree of skill with social media (Facebook). So if you didn't make it back to Baltimore this year, please reconnect and join in next time.

## '70

**Geraldine Fitzgerald** was appointed to lead the team for the International Lactation Consultant Association at the United Nations. They are members of the United

Nations Breastfeeding Advocacy Team of the UN NGO Committee and are currently working on a UN document on the Rights of the Child.

**'73 Reported by Sue Appling:** Sixteen members of the class of '73 (and a few brave husbands) met for tapas, wine, and dinner at Pazo Restaurant at Inner Harbor East on Friday evening to catch up, share stories and pictures of children and grandchildren, and



Class of 1973

to sing our favorite song (Oh it's beer, beer, beer...). We gathered on Saturday for our class picture and toured the old and new hospital as well as the School of Nursing, including the Simulation Labs (a step up from Ms. Chase!). Several classmates were unable to attend due to illness or last-minute events. For those and all who were able to come this year...mark your calendars for September 2018 ... our 45th!!

**'88 Reported by Kate Shaver:** We had a tiny turnout at our 25th JHUSON reunion. **Jamie Maher, Renee Love, and Kate Shaver** (aka Kathy Miller) were the only attendees. The Bond Street Social event was fantastic! The food was excellent and the venue very comfortable. It provided an opportunity to meet new students, and get the news of our instructors (who was still teaching, who was retired, and who had passed away). Chatting with Sue Appling was a highlight! The Class

**Deadline for the next issue of Vigilando: Jan. 17, 2014**

of '88 attended the Friday morning breakfast then went on a private hospital tour provided by Jamie, who still works at JHH. Renee is at the VA in Maryland, and Kate at Kaiser Sunnyside in Clackamas, OR.



Class of 1993

**'93 Jacqueline (Jackie) D'Amico Good** recently completed her MSN and Pediatric Nurse Practitioner program at the University of New Mexico and is currently waiting to take her boards and find a job as a PNP.

**'93 Accelerated Reported by Alison Paige Smith:** We had a wonderful weekend with glorious weather and ate our body weight in crab cakes and shrimp. I had a chance to meet the dean-designate, Patricia Davidson, and hear her address the alumni. I think the future of the SON is in great hands. I also had the chance to meet many current students, a very sharp and ambitious bunch. Know that your generous gifts are funding very bright futures. We missed everyone who was unable to attend, but understand this is a busy time in our work and/or family lives.

**'98 Lorinda Fontaine Farris** is currently working for the Department of the Army at Fort Meade in Maryland and has also served as Lieutenant Colonel of the U.S. Air Force at Andrews Air Force Base. Her best class memory is of "the gang"—Carole, Barbara, Gwen, Leslie, and Kathleen. **Chris Stainton** is currently doing outreach at an abused women's shelter in Philadelphia. She educated Caribbean men and women on birth control and disease and her writing was published by Saunders Publishing.

**'98 Accelerated Cynthia Henry Thurlow** recently completed training as a Wellness Coach through ACSM & Harvard University. She works part-time for Virginia Heart, a large private-practice cardiology group in Northern Virginia. **Esmeralda Liu Matthews** earned a Master's Degree and Acute Care Nurse Practitioner from the University of Maryland Baltimore. She is currently working in the Department of Cardiac Surgery at the University of Maryland Medical Center.

**'03 Jhodie delos Reyes Garcia-Martinez** said, "After tying the knot in Hawaii in 2011 and spending our first wedding anniversary in the Philippines in 2012, my husband and I finally decided to move to O'ahu last April. I'm currently working as a RN Case Manager for Hawaii Pacific Health. So far it's been an adventure living in Waikiki, going up to North Shore for shave ice, my husband surfing right before work, snorkeling with the honus

(turtles) at Hanauma Bay, day trips to the Big Island & Maui, and simply having dinner with friends by the ocean. **Julianna Kim** is living in Los Altos, CA, where she works in the Neonatal ICU at Lucile Packard Children's Hospital. Since graduation, she has also earned her MSN in Nursing Administration from San Francisco State University. **Bethany Frazier** earned an MA in Intercultural Studies and works in community health in Southeast Asia. **Sarah Payne Smith** received an MS in Health Services Leadership and Management in Nursing Education from the University of Maryland. She is currently working at Johns Hopkins Hospital as a Nurse Educator for the New Graduate Residency Program.

**'03 Accelerated Jill Ibox** earned her MS in Community and Public Health Nursing from the University of Maryland in 2009. She currently works as a Nurse Consultant at the Centers for Medicare & Medicaid Services and recently married Ben Garver.

**'08 Andrea M. Lopez (Young)** graduated with her MSN as a Psychiatric and Mental Health Nurse Practitioner in June and passed the board for certification in July. She is working in private practice in Media, PA, still finds time to work a few hours per diem at the University of Pennsylvania, and has returned to the SON to teach public health nursing clinical this fall—all of this while balancing her family of three boys (2, 5, and 12)!

**'08 Accelerated Sarah Camilla Balensiefer** currently resides in Citrus Heights, CA, where she works as a nurse at the Cancer Center at Sutter General Hospital. **Mikyong Hong** worked on Weinberg 4C at Johns Hopkins Hospital but recently relocated to Missoula, MT with her husband and young son in July 2013. **Suceep Piyasirisilp** is currently enrolled in the CAMC School of Anesthesia in Charleston, WV. She is looking forward to becoming a Nurse Anesthetist in 2014. **Jeri Hanly** is currently living in Grand Junction, CO, where she works as a bedside nurse at St. Mary's Hospital. ■



**In Memoriam | Johns Hopkins**

- Mary Callahan '37
- Ruth Jackson Ragan '39
- Ruth Edmunds Shepherd '39
- Pauline Bristol Noonan '40
- Frances Huckestein '42
- Eloise Brinkman Rice '45
- Mary Maguire Storen '45
- Elizabeth Purnell Carlson '46
- Margie Gilliam Watkins '47
- Betty Borenstein Scher '50
- Marjorie McGinnes Park '53
- Marianne Grube Hughes '54
- Janice Powell Hebble '55
- Judith Fraser Parente '58
- Patricia Ransom Robinson '59
- Susan Moore Franks '63
- Janice C. Larsen '64
- Cynthia Cohen, MSN '93
- Jocelyn Anne Farrar, Grad Studies Certificate 2009

# Who Is This Alumna?



**What early alumna was admitted to the School of Nursing because the director of the school wanted something from her father?**

By Betty Borenstein Scher '50

**Mary Bartlett Dixon**, Class of 1903, was admitted to the School because her father was president of the hospital and Adelaide Nutting wanted the hours of work for student nurses reduced to 48 hours a week. Mary would be the example she needed. When she admitted Mary as a student nurse, Miss Nutting told her she did not think Mary would last, that Miss Nutting was going to get her way, that Mary would work longer and harder than any other student because of her father's position, and that her dad would come to see the light. As Mary told the story, "and she did and I did and he did." Mary did last, did graduate, and became one of our most active alumnae.

Most of us remember her as Mrs. Cullen, editor of the *Alumnae Magazine*, which she brought up to the highest standards. She was also a consistent presence on the Alumnae Board, acting as though she was there in case someone wanted to ask her something, not as though she always knew what to do.

Mrs. Cullen was active in non-Alumnae activities as well. During World War I, she worked tirelessly to get officer rank for nurses. Suffrage was another issue very close to her (she even spent time in jail for her enthusiasm).

When her hearing began to deteriorate, Mrs. Cullen became a "leading spirit" for the League for the Hard of Hearing. She began to withdraw from being very active with the Alumnae Association but also began a very happy and relaxed "retirement" to her beloved home on the Eastern Shore of Maryland. ■



*Appreciation:*

## **Betty Borenstein Scher '50**

**'A Role Model for All of Us'**

Betty Borenstein Scher '50, an energetic nurse, tireless historian, past president of the Alumni Association and editor of its magazine, *Vigilando*, hospice volunteer, and beloved member of the Johns Hopkins Nursing community, passed away at age 87 as this issue was about to be published.

Betty, awarded the Johns Hopkins Heritage Award in 2000, was working with the Johns Hopkins University School of Nursing on an archival project up to the last week of her life. She was also a Director Emeritus on the Johns Hopkins Nursing Alumni Association (JHNAA) Board and a member of its Archives Committee.

Gerry Peterson '64, who worked with Betty on the JHNAA Board, said, "Betty was a role model for all of us. She was passionate about the strength of the school and the alumni, and she generously donated her time to the Archives, for which we are all grateful. She will be missed."

Born in Baltimore, Betty Borenstein graduated from Western High School. Her father told her to attend Goucher College, but she had decided on the College of William and Mary, and enrolled behind his back. "She was fiercely independent," daughter-in-law Danielle Ewen told the *Baltimore Sun*. She then enrolled in the Johns Hopkins School of Nursing, where she met Sidney Scher. Later, colleagues at Sinai Hospital would nickname her the "Bionic Woman."

The mother of two daughters and two sons, Betty had incredible energy, her children said, playing soccer and baseball with her grandchildren. At 81, she went whitewater rafting in New Mexico with them.

"She was active. She was fit. She wanted to be part of her grandchildren's lives in a way that was meaningful to them," her daughter-in-law told the *Sun*.

In addition to her sons, David Scher of North Carolina and Bob Scher of Washington, DC, Betty is survived by her daughters, Linda of New Mexico and Susan of Baltimore, and five grandchildren. Sidney Scher died in 1977.

There will be an article in the next issue's *Vigilando* section about Betty's remarkable contribution to the Alan Mason Chesney Medical Archives. ■

# Alumni Weekend

2015



*Above and at right: Alumni take tours of new and old areas of The Johns Hopkins Hospital on Friday morning.*



Clockwise from top left: JHNAA President Paula Kent, MSN '05, addresses the Alumni Weekend luncheon attendees; Church Home alumni sing the school song; Louise Fitzpatrick '63 receives a medallion on her 50th from Dr. Patricia Davidson, dean-designate; alumni from all classes mingle and reminisce at Bond Street Social. Center: Julia Bolton '61 receives the Distinguished Alumna Award during the luncheon.



## SUMMER RESEARCH INSTITUTE

Developing Behavioral Interventions: A Summer Research Institute (June 11-13, 2014) is designed to advance the skills of junior faculty, post-doctoral students, researchers, or investigators with limited experience in health-related behavioral intervention research. It is offered by the Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing.

Participants gain hands-on, practical knowledge and skills, learning to:

- Understand the continuum of intervention research from efficacy to implementation and sustainability
- Identify strategies for enhancing and measuring treatment fidelity
- Implement different strategies for advancing an intervention protocol
- Examine how to involve community and practice-based partners
- Advance a trial design including measurement, fidelity, and economic models
- Write a grant proposing a randomized trial or test of an intervention

Fellowships for investigators in nursing are available as part of a mentorship program awarded to the Center for Innovative Care in Aging from the John A. Hartford Foundation. Learn more or register at [nursing.jhu.edu/aginginstitute](http://nursing.jhu.edu/aginginstitute).



## IN THE WORKS: Employment Survey 2013

**Classes of 2013:** Please keep an eye out for the JHUSON employment mini-survey, a great way for the School of Nursing to gather information on national employment trends and graduation outcomes used by the nursing organizations that accredit us. It also gives the School a chance to watch with pride as your nursing careers take off.

Enjoy filling out surveys? Neither do we, but getting these results is critical to the Hopkins Nursing mission. We hope you'll watch for the survey, then take a few moments to complete it. And once more, congratulations!

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**Homecoming a Big Success**

Throughout the Reunion Weekend, many CHH alums enjoyed the variety of events celebrating Homecoming. The Bond Street Social had perfect weather in Fells Point and it was an opportunity to meet and greet the new dean, Patricia Davidson.

The alumni who attended lectures on Friday raved about the tour and hearing Dan Sheridan speak. On Saturday, it was very exciting to see 11 members of the Class of 1963

celebrate their 50th anniversary and become the newest "Golden Girls." Also, nine members of my own class enjoyed the festivities as we celebrated our 40th milestone. There was representation from 1942-1976 with everyone having a great time.

The raffle basket was won by the new dean, who promptly donated it to the Development department to enjoy. The jewelry donated by Martha Wheeler Addison '75 generated over \$300!

**10th Anniversary Fund Growing!**

The response to the letter that was sent asking for support for the 2014 10th Anniversary Fund is growing. Please send in your contribution as soon as you can. No donation is too small and every dollar is appreciated. To date, we have approximately \$26,000. Let's really make an impact next September when the Plaque is unveiled and our relationship as consortium members of the Alumni Association is set forever! ■



Church Home Class of 1963

**A Gift to the Archives**

Thank you to Nancye Ross-Bogardy '53 for her donation of two framed pictures and 12 additional etchings of Johns Hopkins Hospital done by Emge. Thank you to Jane Marks '76 for the donation of a CHH men's tie and aerial view of Baltimore with Church Home and Hopkins in the distance.

**In Memoriam | Church Home**  
**Patsy McIntosh '45**  
**Lyla Pardoe Sander '45**  
**Lucille Webster Hardee '47**  
**Mary Reeves Leroux '57**  
**Helena Stratton '63**

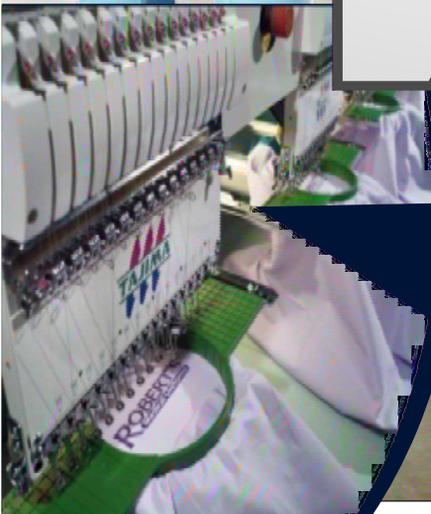
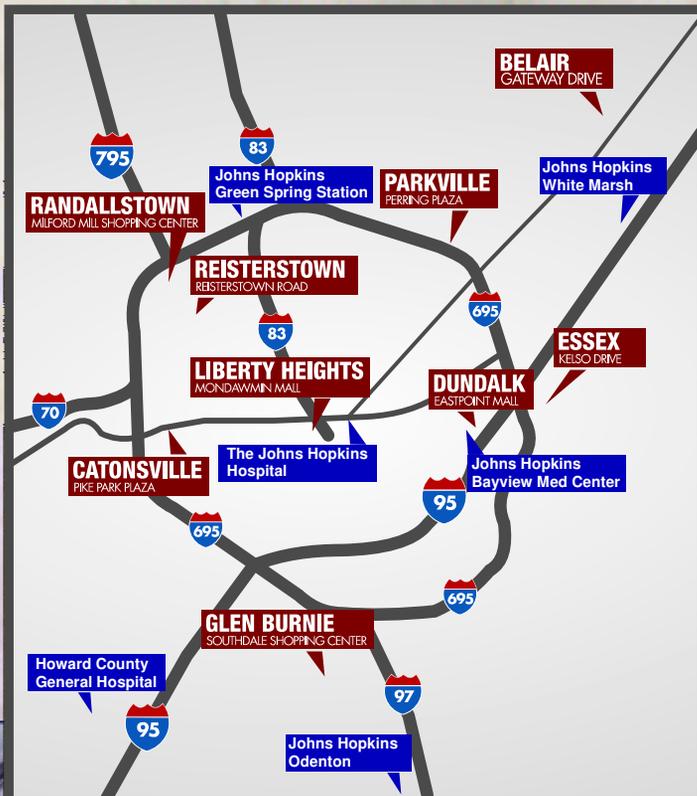
Top: Church Home alumni gather at the School of Nurisng during Alumni Weekend.

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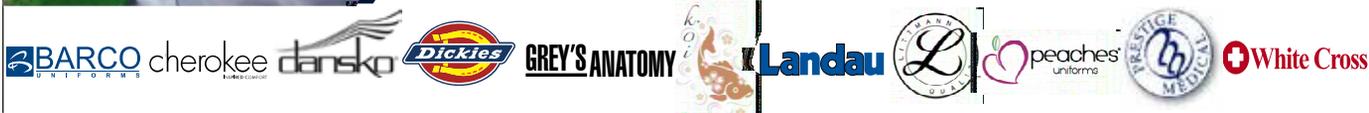


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**Doses of reality.** A nursing student applies hot compresses to the eyes of a patient at the Wilmer Ophthalmological Institute in a pre-1940 photo. Learning and practicing skills by the bedside on live patients had its limitations, not the least of which was a fear of soiling pristine white cuffs and apron, according to *Our Shared Legacy: Nursing Education at Johns Hopkins 1889-2006*. For more on how nursing education differs today, see p. 28.

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