

# JOHNS HOPKINS NURSING

## Sound and Safe

Fuld Fellows are empowered to question practices, improve care

## Master's Entry into Nursing

School makes up for lost time with an innovative approach that should put its grads far ahead

## Student Profile

Brittany Kelly finds her way home to East Baltimore, where she knows she can make a difference

# CORPS CURRICULUM

HIV program begins recruiting an army of caregivers as nurses take the lead

# JOHNS HOPKINS NURSING

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



**Tapping Core Knowledge:** Lindi Hobongwana tests a patient's reflexes during an HIV and Comorbidities Health Assessment Clinical, which sharpens physical assessment skills. "For many years these specialty training programs in HIV have been available for physicians," says Associate Professor Jason Farley, PhD, MPH, CRNP. "This is the first time we're offering them to non-physician providers. It's quite an important development." (Article on P. 22) PHOTOGRAPH BY WILL KIRK

## Features



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### HIV CARE CORPS

BY JIM DUFFY

HIV can't tell physicians from nurse practitioners. Seeing a need, and an opportunity to innovate, the Hopkins School of Nursing developed a new HIV curriculum, launching in September as a specialized degree option within the Adult Geriatric Nurse Practitioner and MSN/MPH/AGNP programs.



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The managing editor has traditionally served as the soul and spirit of *Johns Hopkins Nursing*, and so we welcome **Chris Atkins Godack**, marketing and communications director at the school, to that role. She assumes it at a very important time for the publication as we work to serve an increasingly web-based readership while maintaining the relevance of a printed periodical that has served the nursing community so well through the years. We look forward eagerly to her input and guidance.



**Oliver Weiss** is an illustrator and designer working in mixed media for publishers and packaging producers in Europe, North America, and Asia. For this issue, he adds color and light to a report on HIV/AIDS care and how Hopkins Nursing is taking an innovative role in its future (P. 22). A Native of Munich, Germany, Weiss divides his time between New York and Berlin. Clients who have featured his whimsical, style-shifting work include *Scientific American*, Random House, houseware designer Ritzenhoff, CBS, the *Christian Science Monitor*, *Der Spiegel*, *Prospect Magazine*, and Deutsche Bank. More at [oweiss.com](http://oweiss.com)



Regular contributor **Elizabeth Heubeck** writes on topics from health to parenting to the business of higher education, healthcare systems, tourism, and energy. Here, she looks at the Fuld Fellows, a diverse group of Hopkins students and former students looking to make an impact in quality of care and patient safety (P. 28). The Baltimore native's writing also has appeared in *Newsweek*, the *Baltimore Sun*, *Baltimore Business Journal*, *Maryland Life Magazine*, *Baltimore Magazine*, *Johns Hopkins Engineering*, and in various other local print and online publications. More at [elizabethheubeck.com](http://elizabethheubeck.com)



**Nicolet Schenck**, a May 2013 graduate of the Maryland Institute College of Art (MICA), is greatly influenced by magical realism and seeks to portray the miraculous as ordinary, yet the ordinary as miraculous. Her moving illustration captures the beauty and wonder of a nurse-led program at Suburban Hospital seeing to it that No One Dies Alone (P. 43). More at [nicoletschenck.com](http://nicoletschenck.com)



Fellow recent MICA grad **Jordan Sondler** is an illustrator and jewelry designer now based in Brooklyn, NY. Her work spans digital, print, and three-dimensional forms with a particular interest in pattern. Her assignment: Capture the irrepressible wit and wisdom of Fannie Gaston-Johansson, who retires this summer after a legendary career (P.13). Mission accomplished. More at [jordansondler.com](http://jordansondler.com)

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*Johns Hopkins Nursing* is a publication of the Johns Hopkins 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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# OPPORTUNITY, SECURITY, EXCELLENCE

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Sally Sample, Nurs '54  
Johns Hopkins Distinguished alumnus  
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Sally Sample credits Johns Hopkins for launching her extraordinary, 40-year career in nursing. Now she returns the favor with a charitable gift annuity, creating opportunities in the School of Nursing while providing her with steady income in retirement.

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## LETTER FROM THE EDITOR:

One Foot  
in Front  
of the Other

*The editor as a young boy at Boston's Fenway Park, photographed by his peripatetic dad.*

I don't remember the sting of all those blisters on my feet but, to this day, you could throw me in a car trunk, drive to Boston, MA, dump me out, spin me around three times, pull off the blindfold, and I might just be able to tell you how many little boy steps we are from that crazy old steaming kettle sign, or Boston Common, "Old Ironsides," and the nearest T stop ... on my brain's best days, anyway.

See, my dad has always been a walker: to the bus stop for his commute to Providence, RI; around any golf course (in any weather); through the woods; mowing the lawn—always in motion. Dad's job sometimes put him in line for Boston Red Sox and Celtics tickets. He'd take them, and me, to Beantown. We'd get there ridiculously early and we'd walk and walk and see *everything*. These were many of the best days of my childhood, even one that ended with Mom the RN pulling off my sneakers and bloody socks and snapping at Dad: "Wally! What did you do to this kid?"

Something rubbed off ... much more than those layers of skin. I tend to show up way too early for things, for instance. And when I'm feeling anxious or frustrated, watch the door ... *there he goes again*. Walking stirs the blood, awakens the brain, breaks the logjam. Try it: There's a conflict at work. Storm away with an angry head of steam and be darned if you don't amble back in a bit with a fresh attitude and a much better response than that, um,

ultimately counterproductive thing you were about to say.

In thinking about a theme for this issue, what kept coming back was the notion of "walking the walk," getting out there, taking action, and not just talking about doing it. How better to describe Associate Professor Jason Farley's HIV curriculum that will put students face to face with their biases in order to overcome them ("HIV Care Corps," P. 22)? Or "Other Lives" nurse Barbara Maliszewski's efforts to feed the hungry ("From Swamp to Surplus," P. 36)? Or student Brittany Kelly's determination to make a difference on the East Baltimore streets she walked as a kid ("Staying Power," P. 20)? Or Instructor Mary Donnelly's community- and health-building hikes ("Walking the Walk," P. 14)? Or even writer Danielle Kress and Orange Element designer Nicolette Cornelius' efforts to catch up—and keep up—with Donnelly's Wald Walkers?

Welcome to Johns Hopkins Nursing. Please "let your fingers do the walking," as they used to say when I was a kid. But take it slow. There's a lot to take in. And we wouldn't want blisters, would we?

Steve St. Angelo



## 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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# CURIOUS INGENUITY SHEDS LIGHT ON PUBLIC HEALTH

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than 120 online courses and a host of specialty-focused institutes and certificate programs.

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NOTES FROM THE DEAN:

# Number One: The Experience



*“What makes our school of nursing distinctive is the ‘experience’ our students and faculty receive.”*

A few weeks ago, as I was meeting with my leadership team, we strayed into a fascinating discussion on what makes us truly different from other schools of nursing, especially given the fact that we are ranked in a three-way tie as the number one graduate school of nursing by *U.S. News & World Report*.

We quickly (and proudly, I might add) began to throw out words like leadership, research, patient-centered care, globalization, transitional healthcare, and quality and safety. But if we were really being honest with ourselves, we admitted that these content-driven strengths were representative, albeit in slightly varying degrees, of most top-ranked schools of nursing. And then it hit us.

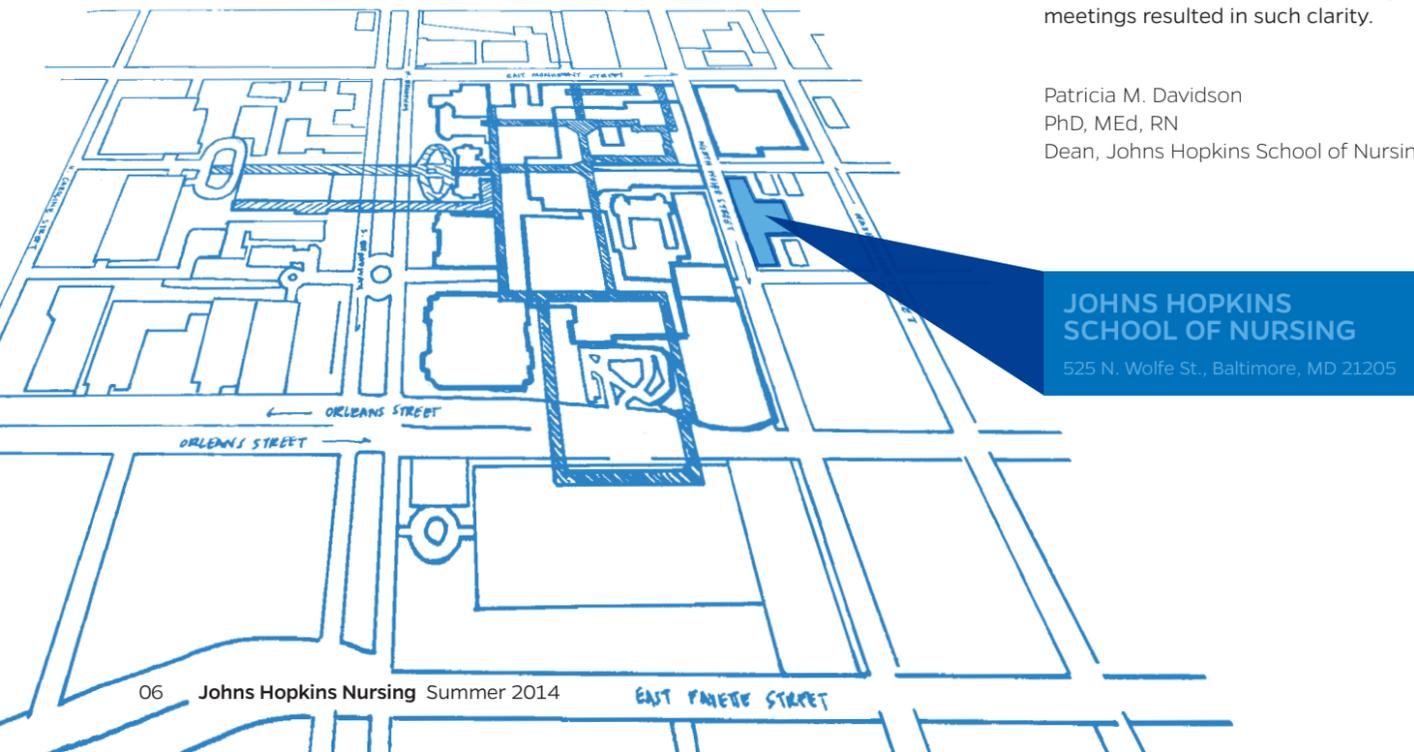
What makes our school of nursing distinctive is the “experience” our students and faculty receive. It starts by virtue of our location—a one-of-a-kind healthcare setting including the top-ranked Johns Hopkins schools of Medicine, Public Health, and Nursing and The Johns Hopkins Hospital. This four-block radius of healthcare excellence provides an extraordinary interprofessional environment in which to learn and work. Our students and faculty can immerse themselves locally to globally, with real-world

opportunities and resources that are unparalleled in scope, quality, and innovation. It’s the experience that brings the content deeper meaning. Whether that experience is gained from the streets of Baltimore City, the rural farm communities of Maryland, across the globe, in a large hospital, community clinic or international health organization, our students and faculty are on the ground as leaders in interprofessional teams, adapting to and driving healthcare reform, and improving the lives of individuals, families, and communities.

This issue of the magazine features just some of the hundreds of experiences taking place at our school every day—students in our Helene Fuld Leadership Program who are improving quality of care and patient safety alongside medical and pharmacy students; faculty and DNP students advancing patient care based on their work in both Baltimore and Africa; and our many students who are returning Peace Corps volunteers and whose previous work in helping communities across the world makes for a much richer experience for all of us.

No matter what path our students or faculty take, they will lead and be impactful. Why? Because the experience they have with us is simply unmatched. I wish all my leadership meetings resulted in such clarity.

Patricia M. Davidson  
PhD, MEd, RN  
Dean, Johns Hopkins School of Nursing



# ON THE PULSE

News from **Around the School**

Inside this section:

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## FAAN FAVORITES: 6 FACULTY CHOSEN

Six more faculty members are named American Academy of Nursing fellows. Now, “almost half of our full-time faculty are FAANs,” said Dean Davidson, herself a fellow.

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WALKING THE WALK IN EAST BALTIMORE

## ACHNE Sweep

When the dust settled in San Antonio, three from Hopkins Nursing had taken all the awards handed out and another had taken the helm of the Association of Community Health Nurse Educators (ACHNE).

“It was a great showing for us,” said Christine Savage, PhD, RN, CARN, director of the Department of Community-Public Health, who attended the ACHNE’s annual institute in Texas. With Savage were two faculty award winners (Tener Goodwin Veenema, PhD, MPH, RN, and Lori Edwards, DrPH, RN, APRN, BC), a student winner (Angela Fulmer) and the new president of ACHNE, Joan Kub, PhD, MA, PHCNS, BC.

Veenema’s award was for Outstanding Contributions to Community/Public Health Nursing Practice; Edwards’ for Outstanding Contributions to Community/Public Health Nursing Education; and Fulmer’s for Outstanding Graduate Student in Community/Public Health Nursing.

“What better way to get going than to preside over awards for two great nurse leaders from Hopkins and another who’s well on her way?” asked Kub, who offered the closing remarks for the event and will serve as the organization’s president through 2016. “It was pretty special.” ■



Lori Edwards, left, and Tener Goodwin Veenema at the Association of Community Health Nurse Educators meeting.



## Dean Joins Clinton in Fight on Rx Drug Abuse

Prescription drug overdoses now kill more Americans than heroin- and cocaine-related deaths combined, according to numbers provided by the Clinton Health Matters Initiative. Former President Bill Clinton visited Baltimore May 13 for the town hall “Prescription Drug Abuse: Evidence Informing Action” at the Bloomberg School of Public Health.

In opening the event, Dean Patricia Davidson, PhD, MEd, RN, called prescription drug abuse a public health crisis. “Johns Hopkins is uniquely positioned to meet this crisis,” Davidson said, “and we embrace a moral obligation to help lead the way.” ■

## Faculty, Student and Staff News

### COMMUNITY-PUBLIC HEALTH

**Jeanne Alhusen**, PhD, CRNP, RN, was awarded the Villanova University College of Nursing's Medallion of Distinction as an Emerging Scholar for her research in maternal attachment and early childhood outcomes.

**Marti Andrews**, PhD, is serving as Assistant Dean for Academic Affairs.

At the Annual International Family Justice Center Conference, **Jacquelyn Campbell**, PhD, RN, FAAN, received the National Family Justice Center Lifetime Achievement Award for her service and passion toward stopping violence against women and children.

**Laura Gitlin**, PhD, presented "Caregiving of Older Individuals Who Have Cognitive Decline" at the 2014 National Nursing Research Roundtable. She also gave two talks at the University of Oklahoma: "Developing a Center on Aging—What Does it Take?" and "Can Research Change Practice—Designing Behavioral Interventions with Real World Application."

Awarded with a National Institute of Child Health and Human Development (NICHD) Research Project Grant (RO1), **Nancy Glass**, PhD, MPH, RN, FAAN, began a new intervention—"Effectiveness of a Safety Intervention for Dating Violence"—to evaluate the MyPlan application and the impact on

safety for college women in abusive intimate relationships.

**Tener Goodwin Veenema**, PhD, MPH, RN, FAAN, was selected to be part of the 2014 class of the women's development group Leadership America. She is also serving on the Robert Wood Johnson Executive Nurse Fellows (RWJF ENF) Alumni Board.

**Joan Kub**, PhD, MA, PHCNS, BC, presented "New Tools for Accurately Planning for the Future of Your Health Ministry: Community Assessment and Formative Evaluation" at the Holy Cross Hospital Faith/Community Nurse Program.

At the Southern Nursing Research Society's 28th Annual Conference, **Phyllis Sharps**, PhD, RN, CNE, FAAN, presented "Engaging and Retaining Abused Women in Perinatal Home Visitation Programs."

**Nicole Warren**, PhD, MPH, CNM, presented "Family Planning Among Couples in Eastern DRC" as part of the Bill and Melinda Gates Institute for Population and Reproductive Health Seminars at the Johns Hopkins School of Public Health.

### ACUTE AND CHRONIC CARE

**Dean Patricia Davidson**, PhD, MEd, RN, FAAN, was elected to serve on the Executive Committee of the Consortium of Universities for Global Health (CUGH) to help standardize global health curricula, bring balance to resources among institutions in poor and rich countries, and create partnerships among academic institutions.

**Cheryl Dennison Himmelfarb**, PhD, RN, ANP, FAAN, was announced as the Preventive Cardiovascular Nurses Association President-Elect at the Preventive Cardiovascular Nursing Association's (PCNA) Annual Symposium.

**Deborah Finnell**, DNS, PMHNP-BC, CARN-AP, FAAN, was awarded the Johns Hopkins Primary Care Consortium 2014 Small Grant Award for her submission "Comparing Two Brief Interventions for Alcohol Use: A Feasibility Study."

**Cynthia Foronda**, PhD, RN, CNE, presented "Use of Virtual Clinical Simulation to Improve Communication Skills of Baccalaureate Nursing Students: A Pilot Study" at the 28th Annual Conference of the Southern Nursing Research Society.

**Linda Gerson**, PhD, RN, served as co-chair of the 2014 International Society of Psychiatric-Mental Health Nurses Conference.

As part of an inaugural cohort, **Deborah Gross**, DNSc, RN, FAAN, will serve as an Ambassador for the Friends of the National Institute of Nursing Research (FNINR) to educate state and federal policy makers on the importance of nursing research and how funding will benefit Americans' health.

**Nancy Hodgson**, PhD, RN, gave the keynote lecture "A Journey of Dignity and Purpose: End of Life Care for People with Dementia" at the Inaugural Karen A. Armacost Annual Lecture on Geriatric Care and presented "Comfort Care in Advanced Stage Dementia: A Palliative Approach" at the 2014 Annual Alzheimer's Association Conference.

**Pamela Jeffries**, PhD, RN, ANEF, FAAN, will be a Leadership Mentor in the Sigma Theta Tau International and Elsevier Foundation 2014-2015 Nurse Faculty Leadership Academy. Her publication "Simulation in Nursing Education: From Conceptualization to Evaluation" (second edition) received third place in the American Journal of Nursing's Book of the Year Awards "Nursing Education/Continuing Education" category.

**Shawna Mudd**, DNP, CPNP-AC, PNP-BC, is President-Elect of the Maryland Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners. Mudd, **Andrea Parsons Schram**, DNP, CRNP, and **Cynthia Foronda**, PhD, RN, CNE, were also

selected to serve as leadership scholars in the 2014 National League for Nursing LEAD cohort.

**Marie Nolan**, PhD, MPH, RN, FAAN, is serving as Associate Dean for Academic Affairs.

**Andrea Parsons Schram**, DNP, CRNP, received a joint appointment in the Johns Hopkins School of Medicine and was elected 2014-2015 President of the Nurse Practitioner Association.

**Cynda H. Rushton**, PhD, RN, FAAN, was awarded the Center for Health Care Ethics (CHCE) Milestone Award for Bioethics Leadership in honor of her international leadership and professional practice.



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## Geriatrics Society Salutes Tanner



"I've said to students, 'Don't go into geriatrics if you just want a simple nursing job,'" Elizabeth "Ibby" Tanner, PhD, MS, RN, said recently in accepting the American Geriatrics Society's Dennis W. Jahnigen Memorial Award for outstanding leadership training for students in geriatrics. "Caring for older adults is only for those top-notch nurses who are really smart, like challenges, are caring and compassionate, and can care for the most complex patients. Not just anyone can do that."

Few do it as well as Tanner.

Since joining the Hopkins School of Nursing in 2004, she has been instrumental in enhancing the baccalaureate and master's curriculum so all nurses are prepared to care for older adults. Tanner also co-directs interprofessional education with colleague Laura Hanyok from the Hopkins School of Medicine. One project involves teaming students from the schools of Medicine and Nursing with peers from the Notre Dame of Maryland University School of Pharmacy for home visits to low-income, older adults in Baltimore City.

"Without exaggeration, Dr. Tanner has taught and inspired several thousand nurses to recognize the care of older adults as a special and necessary skill," said Samuel Durso, MD, AGSF, director of the Division of Geriatric Medicine and Gerontology at Hopkins Medicine. ■

At the National Association of Clinical Nurse Specialists Annual Conference, **Kathleen White**, PhD, RN, NEA-BC, FAAN, presented "The Challenge of Integrating Outcomes Education and Research in a Curriculum" and **Julie Stanik-Hutt**, PhD, ACNP/GNP-BC, CCNS, FAAN, presented "Educational Innovations to Increase the Visibility of Clinical Nurse Specialists."

**Marisa Wilson**, DNSc, MHSc, RN-BC, was recognized as a "Nursing Informatics Leader" at the 12th International Congress on Nursing Informatics in Taipei for her extensive work with Technology Informatics Guiding Education Reform (TIGER).

### STUDENTS

PhD students **Martha Abshire** and **Melissa Kurtz** were awarded a TL1 training grant from the Johns Hopkins Institute for Clinical and Translational Research to receive training in team science and career development.

Accelerated student **Abby Dowling** received funding through the Provost's Undergraduate Research Award to conduct her research project "Caribbean Men's Study."

Accelerated student **Brynn Huffman** received the Chesapeake Urology Award Scholarship for passion and determination in the medical field.

Through the American Pain Society's Young Investigator Travel Support Program, PhD Candidate **Gyasi Moscou-Jackson** received funding to attend its 33rd Annual Scientific Meeting. She presented "The Moderating Effect of Sleep Fragmentation on the Association of Sleep Duration and Pain in Adults with Sickle Cell Disease" and "Adaptive Positive Affect Regulation Attenuates the Effect of Poor Sleep on Pain in Sickle Cell Disease."

DNP student and Robert Wood Johnson Foundation Fellow **Lisa Sgarlata** was selected to chair the Leadership Development and Certificate of Need committees for the Florida Nurses Association.

### STAFF

Associate Director of Development and Alumni Relations **Chanel Newsome** achieved the Certified Fund Raising Executive credential recognizing her commitment to the highest standards of professionalism in philanthropy.

Center for Global Nursing Manager **Kevin Ousman**, RN, BSN, MSN, was chosen to help launch the Global Nurse Executive Leadership Institute—a new educational track that expands the Jonas Nurse Leaders Scholar Program.

Former Academic Affairs Administrative Coordinator **Shanna Spearman** was promoted to Payroll Coordinator in the Office of Finance and Administration.

Former Senior Administrative Coordinator for the Office of Nursing Research **Chasmine Stoddart** was promoted to Budget Analyst.

Former Associate Director of Financial Aid **Sherrod Wilkerson** began a new position as Director of Student Financial Services.

### GROUP

Accelerated students **Bethany Allen** and **Nyadia Griffith** were honored at the Student Outreach Resource Center (SOURCE) Service Scholarship Poster Presentation for their work in Baltimore City community-based organizations. **Beth Sloand**, PhD, RN, PNP-BC, FAAN, and **Carolyn Cumpsty Fowler**, PhD, MPH, were also recognized for being part of

the Service-Learning Faculty and Community Fellows program.

**Jackie Campbell**, PhD, RN, FAAN, and **Cynda Rushton**, PhD, RN, FAAN, were listed among The Daily Record's 2014 list of Maryland's Top 100 Women.

**Ellen Ray**, DNP, CNM, RN, **Brigit VanGraafeiland**, DNP, CRNP, **Jo Walrath**, PhD, MS, RN, and **Susan Immelt**, PhD, RN, **Cheryl Dennison Himmelfarb**, PhD, RN, ANP, FAAN, and PhD student **Yvonne Commodore-Mensah's** poster presentation "Evaluation of a Service-Learning Course for Pre-Licensure Nursing Students to Provide Leadership Development in Quality and Patient Safety" won first place in the Academic/General category at the National Quality and Safety Education for Nurses conference.

**Elizabeth "Ibby" Tanner**, PhD, MS, RN, **Kathryn Kushto-Reese**, MSN, RN, **Nasreen Bahreman**, MSN, RN, and **Duane Herbel**, MS, RN, co-presented "Interprofessional Education: Culture, Best Practices, Assessment and Evaluation" with School of Medicine faculty **Michael Barone**, MD, MPH, **Laura Hanyok**, MD, and **Robert Dudas**, MD, at the Institute for Excellence in Education (IEE) Education Conference and Celebration. ■

## Johns Hopkins' Trautman Takes Helm of AACN

Deborah E. Trautman, PhD, RN, executive director of the Center for Health Policy and Healthcare Transformation at the Johns Hopkins Hospital, is now CEO of the American Association of Colleges of Nursing (AACN).

Trautman, who holds a joint appointment at the Johns Hopkins School of Nursing, took office June 16, replacing Geraldine "Polly" Bednash, who retired after 28 years as head of the AACN.

"My goal is to bolster AACN's longtime mission of finding new ways to improve the quality of nursing care by re-envisioning traditional nursing roles, strengthening nursing education programs, and striving to create a more highly educated nursing workforce," Trautman said.

"Dr. Trautman's strong background in health policy, interprofessional engagement, and nursing leadership make her an excellent choice as CEO," Bednash said. "I know that my very capable successor will continue this important work on behalf of nurses and the patients we serve."

In her role at Johns Hopkins, Trautman has worked with industry leaders across the health professions to increase public and congressional understanding of complex health issues. The Center for Health Policy and Healthcare Transformation was created through a partnership between the university's Schools of Medicine, Public Health, and Nursing to foster strategic collaborations with policy makers, health practitioners, and the general public to advance solutions to improving healthcare nationally and internationally. ■



### Julie Stanik-Hutt's Flame of Excellence

National leader in nurse practitioner practice and policy, **Julie Stanik-Hutt**, PhD, ACNP/GNP-BC, CCNS, FAAN, was awarded the American Association of Critical-Care Nurses Flame of Excellence Award for her advocacy in practice, education, and certification.

The award recognizes "consistent high-level outcomes with a broad reach in acute and critical care nursing," and is given to those whose communication, collaboration, and decision making drive excellent care and patient-centered results. As a clinician, educator, and colleague, Stanik-Hutt has achieved this honor through her research, publications, leadership, and work

at the Johns Hopkins Hospital's clinical practice in inpatient cardiology. She has collaborated with legislators, colleagues, professional organizations, and governmental agencies to remove barriers to care and advanced practice nursing.

Stanik-Hutt received her award at the national Teaching Institute & Critical Care Exposition in May. ■



## Student Q&A

### Ashley Blocker, Returned Peace Corps Volunteer

The annoying rooster was a wakeup call, as was the constant, searing heat. But what really opened up Ashley Blocker's eyes in Togo, West Africa, was interacting with the people, a group whose openness and generosity helped Blocker see that her own future lay in nursing. She recently shared the story of her journey to Hopkins Nursing.

#### WHAT GOT YOU INTO NURSING?

Three weeks after I began my studies at Tulane University for a master's in public health, New Orleans was devastated by Hurricane Katrina. I immediately relocated to Houston and volunteered at the Astrodome conducting rapid health assessments of evacuees. This experience piqued my interest, but it was solidified in the Peace Corps working with incredible health professionals for over two years.

#### WHAT DID IT FEEL LIKE TO BE IN TOGO?

I remember stepping off the plane and being completely overwhelmed by the heat, and it was already late in the evening! I lived in a compound of nearly 16 people, depending on the week, who spoke four different languages. One little girl, Afi (who I nicknamed "Morsel," because she was so cute), was my first teacher in the local language. We would have full conversations in a completely different language for hours, not knowing exactly what the other was saying yet simultaneously understanding everything. It was beautiful.

#### WHAT TYPE OF WORK DID YOU DO?

I started working with a small NGO that worked primarily with people living with HIV/AIDS. Hearing stories of people unable to provide food for their families or pay for long trips to pick up medications, I helped develop an idea to create a community plantation. Not only would they be able to generate income,

but by planting protein-rich crops (corn, soy, peanuts, and Moringa) they would also improve their diets.

#### WHAT WAS A TYPICAL DAY LIKE?

A typical day started with my alarm clock (I mean rooster) followed by breakfast with "family" or friends. A typical week consisted of two to three days at the hospital, two days of meetings, and one day of work on our land. My friends would laugh so hard when I was in the field until I could prove myself worthy of manual labor. We would walk or ride the 3 kilometers to the field with all of our tools and spend the day. On hospital days, I would work with a local nurse on vaccination campaigns and assist members from the ministry of health on large-scale prevention programs.

#### WHAT PART OF BEING A PEACE CORPS VOLUNTEER IS GOING TO MAKE YOU A BETTER NURSE?

The two most critical skills I acquired were flexibility and adaptability. And I quickly found that a good sense of humor can transcend even the most challenging of obstacles.

#### FINALLY, WHY HOPKINS NURSING?

I was excited for the opportunity to study in Baltimore and particularly intrigued at the prospect of being part of the Community Outreach Program, gaining experience in providing health services to vulnerable and underserved populations throughout the city. ■

## Writing Her Name in the Sky

Gaston-Johansson jets into retirement with the humor that marked a lofty career

Fannie Gaston-Johansson PhD, RN, left them in stitches, reminding a globe-spanning crowd of family, friends, students, and colleagues gathered for a May 19 farewell party in her honor that she's not the retiring type. Take her idea of piloting jumbo jets ... please.

The first African-American woman to be a tenured full professor at the Johns Hopkins University and a University Distinguished Professor told of a call to one airline about lessons on flying a 777. It did not go well, as a representative questioned her age and abilities. "What is this?" she finally demanded. "It's not like I'll be flying my good friends to Iran and Afghanistan ... at least not in the beginning."

The next voice on the line, she said, was an FBI agent's. "Oh no," she told him. "I was just thinking about observing a pilot



ILLUSTRATION BY JORDAN SONDLER

fly a helicopter. As for my three friends, I have no idea what they have on their minds right now. Their names are Phyllis Sharps, Jackie Campbell, and Martha Hill. You can catch all three of them at the School of Nursing, 525 North Wolfe Street, Baltimore MD, 21205."

The audience roared.

"Sorry, Phyllis, Jackie, and Martha, but my mother told me, 'When it comes to the FBI ... tell them everything they want to know the first time you talk to them. That way, you will never see them again.'"

Indeed, the School of Nursing may never see another quite like Fannie Gaston-Johansson. ■

## JHSON Adds Six FAANs

Six more Johns Hopkins School of Nursing faculty members have been accepted as fellows of the American Academy of Nursing, "and it now means that almost half of our full-time faculty are FAANs," said Dean Patricia M. Davidson, PhD, MED, RN, herself a fellow. "This is one of the ultimate professional recognitions."

The six are Jill Hamilton, PhD, RN (who joined the school this summer); Nancy Hodgson, PhD, RN; Joan Kub, PhD, MA, PHCNS, BC; Hayley Mark, PhD, MPH, RN; Sarah Szanton, PhD, ANP; and Elizabeth "Ibby" Tanner, PhD, RN.

"As clinicians, researchers, educators, executives, and leaders

in all sectors of our society, they are joining the nation's thought leaders in nursing and healthcare," said Diana Mason, PhD, RN, president of American Academy of Nursing.

Selection criteria include evidence of significant contributions to nursing and healthcare and sponsorship by two current academy fellows. Applicants are reviewed by a panel of elected and appointed fellows, and selection is based, in part, on the extent the nominee's nursing career has influenced health policies and the health and well-being of all.

New fellows will be eligible to use the credentials FAAN after their induction in October. ■

“The two most critical skills I acquired were flexibility and adaptability. And I quickly found that a good sense of humor can transcend even the most challenging of obstacles.”

— Ashley Blocker



PHOTOS BY NICOLETTE CORNELIUS

## Walking the Walk

By Danielle Kress

Group builds community a step at a time

To Assistant Professor Mary Donnelly, DNP, MPH, ACNP-BC, ANP-BC, healthcare is all about heart. And a cardiac assessment is one of the first steps for her patients. Donnelly, who has her own family history of hypertension, hyperlipidemia, and diabetes, believes that to truly serve her patients, she must also understand the heart of their neighborhood—one long-stressed by poverty, blight, racial disparity, and lack of access to health services and knowledge. So rather than just talking the talk, Donnelly is walking the walk, and welcoming all who are able to join in.



From left: Mary Donnelly, Jessica Savage, Linda Whitner, and Sheila Solomon.

In the heart of the East Baltimore neighborhood that houses the Johns Hopkins medical complex and the neighboring Lillian D. Wald Community Services Center where she is site supervisor, Donnelly has assembled the Wald Walkers—a group that treads a two-mile loop twice a week. She wants to show the community the importance of maintaining good cardiovascular health, and do it in a way that is visible and real. “We have to model the behaviors ourselves. And we need to earn their trust. I want to show them that I’m a regular person who does regular things ... that I’m not just hiding somewhere in my health center,” says Donnelly.

With anywhere from four to 10 walkers on a given day, Donnelly and Linda Whitner, the Wald Center’s

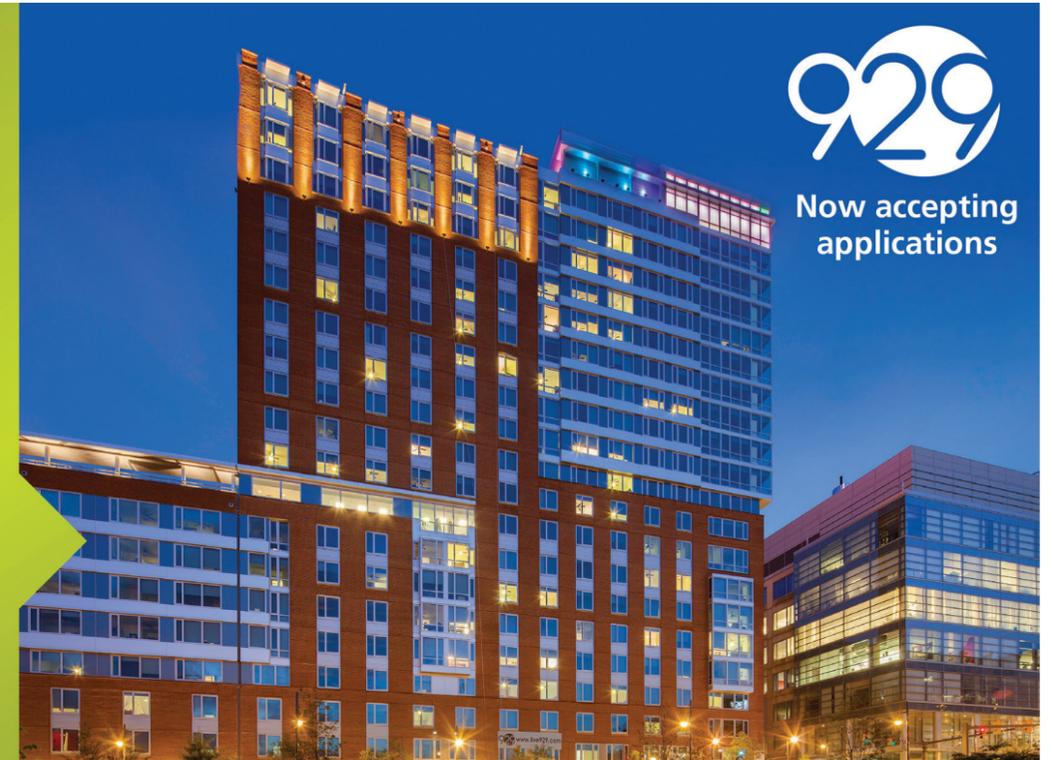
clinic coordinator (who also walks), are proud that some in the group have shown significant health improvements. “We had one gentleman lose a great amount of weight, and we were so proud of him,” recalls Donnelly. “There was even a man who, after joining, went through rehabilitation to break an alcohol addiction.” But she says Wald Walkers is about more than just individual successes like these. “The community hasn’t always welcomed support from organizations like Hopkins, but I’d like to show them that we care and that there’s hope.”

“There’s an older gentleman who lives on the corner of our route, and he’s usually sitting outside when we walk by,” says Donnelly. “We stop and say hello, and it’s about the personal connection we have with him.” Donnelly believes it’s about each opportunity to make a difference, even if it’s just a small group that walks.

The Walkers walk the neighborhoods, among the cars, buses, workers, and fellow pedestrians filling the streets. They realize that having a presence is important. To Donnelly, it’s also about the chance the group has to talk about common concerns or issues, and to see what’s going on around them. From carpenters building an apartment complex to students taking a break in the shade of a tree, there are invitations to walk just waiting to happen. “It’d be great to just have a passer-by join in one day,” says Donnelly. “I’m always here to exercise.”

Beyond the Wald Walkers, the Wald Center is growing fruit and vegetables at various city plots and working closely with two local residential complexes to provide fitness classes and group discussions on a variety of health topics. “We can transform the well-being of the city through the smallest of things—a group walk, an extra garden, or a smile when you pass by a stranger,” comments Donnelly. “We’re not just about improving health, but hopefully through our work, we’re transforming lives and the city around us.” ■

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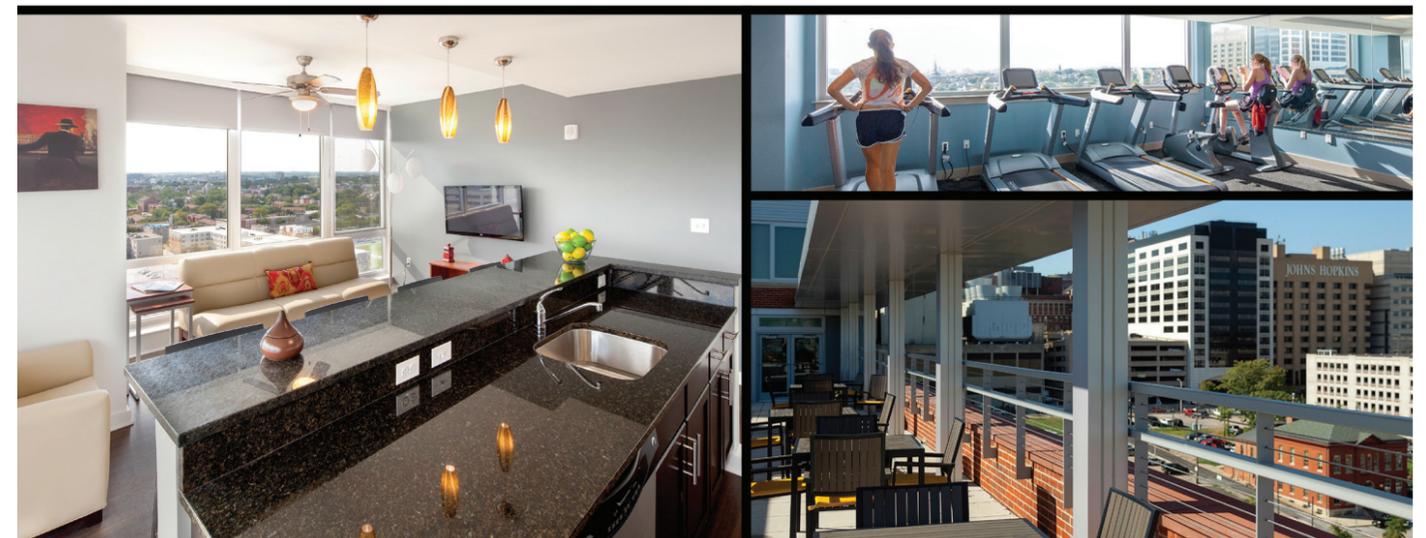
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# BENCH TO BEDSIDE

The Latest in **Nursing Research**

Inside this section:

P. 16

## A SAMPLING OF FACULTY RESEARCH

Young patients and “natural” supplements, poor self-care and hospital readmissions for heart failure, sexual violence against female war refugees, and more from health journals.



### SAFE SUPPLEMENTS?

The Food and Drug Administration recently reported that there are over 85,000 natural health products (NHP—vitamins, minerals, herbals, homeopathic and traditional medicines) already on the market, with more coming. About 31 percent of U.S. children take them as supplements. In “the first known review to synthesize pediatric NHP clinical management guidance in primary care,” doctoral student **Emily Gutierrez\***, RN, MSN, CPNP, Assistant Professor **JoAnne Silbert-Flagg**, DNP, CPNP, IBCLC, and a colleague examine the literature and suggest guidelines for ensuring the safety of young patients in “Natural Health Product Use and Management in Pediatrics: An integrative review.” *EUROPEAN JOURNAL OF INTEGRATIVE MEDICINE*, APRIL 2014

## Scholarly Publications July 2013-June 2014

From hypertension to addiction, from dementia care to pain management, from depression to violence to safer intershift handoffs, a sampling of journal-published faculty research from July 2013 to June 2014.

(asterisk\* denotes lead author)

**JULY 2013**

### AMERICAN JOURNAL OF GERIATRIC PSYCHIATRY

“Correlates of Quality of Life for Individuals with Dementia Living at Home: the Role of Home Environment, Caregiver, and Patient-related Characteristics”

LAURA N. GITLIN\*, NANCY HODGSON & COLLEAGUES

**JANUARY 2014**

### ANNALS OF INTERNAL MEDICINE

“Evidence Supporting a Systolic Blood Pressure Goal of Less Than 150 mm Hg in Patients Aged 60 Years or Older: The Minority View”

CHERYL DENNISON HIMMELFARB & COLLEAGUES

**JUNE 2013**

### ARCHIVES OF WOMEN’S MENTAL HEALTH

“A Longitudinal Study of Maternal Attachment and Infant Developmental Outcomes”

JEANNE L. ALHUSEN\*, DEBORAH GROSS & COLLEAGUE

**MAY 2014**

### CLINICAL JOURNAL OF PAIN

“Caregiver’s Perceptions of the Relationship of Pain to Behavioral and Psychiatric Symptoms in Older Community Residing Adults with Dementia”

NANCY HODGSON\*, LAURA GITLIN & COLLEAGUES

**JULY 2013**

### CONFLICT AND HEALTH

“Development of a Screening Tool to Identify Female Survivors of Gender-Based Violence in Humanitarian Setting: Qualitative Evidence from Research Among Refugees in Ethiopia”

NANCY GLASS & COLLEAGUES

**JULY 2013**

### FORENSIC SCIENCE, MEDICINE AND PATHOLOGY

“Evaluating Change in Bruise Colorimetry and the Effect of Subject Characteristics Over Time”

DANIEL J. SHERIDAN, JACQUELYN CAMPBELL & COLLEAGUES

**JULY 2013**

### INTERNATIONAL EMERGENCY NURSING

“International Residency for the Development of the Emergency Department Clinical Nurse Specialist Role”

SHAWNA MUDD\*, NASREEN BAHREMAN, JULIE STANIK-HUTT & COLLEAGUE

**JANUARY 2014**

### INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY

“Factors Associated with Caregiver Readiness to Use Nonpharmacologic Strategies to Manage Dementia-Related Behavioral Symptoms”

LAURA GITLIN\* & COLLEAGUE

**SUMMER 2013**

### INTERNATIONAL JOURNAL OF HEALTH SERVICES

“Perceived Racial Discrimination and Mental Health in Low-Income Urban-Dwelling Whites”

KELLY M. BOWER\* & COLLEAGUES

**DECEMBER 2013**

### JAMA, CLINICAL REVIEW AND EDUCATION

“2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee”

CHERYL DENNISON HIMMELFARB & COLLEAGUES

**JUNE 2013**

### JAMA PEDIATRICS

“Asymptomatic Sexually Active Adolescents and Young Adults Should Not Be Screened for Herpes Simplex Virus”

HAYLEY D. MARK\*

**OCTOBER 2013**

### JOINT COMMISSION JOURNAL ON QUALITY AND PATIENT SAFETY

“Using ‘Best-Fit’ Interventions to Improve the Nursing Intershift Handoff Process at a Medical Center in Lebanon”

MARYANN FRALIC & COLLEAGUE

**JANUARY 2014**

### JOURNAL OF ACQUIRED IMMUNE DEFICIENCY SYNDROMES

“Optimizing the Protection of Research Participants and Personnel in HIV-related Research Where TB Is Prevalent: Practical Solutions for Improving Infection Control”

JASON FARLEY\* & COLLEAGUES

**DECEMBER 2013**

### JOURNAL OF ADDICTIONS NURSING

“Alcohol and Health Content in Nursing

Baccalaureate Degree Curricula”  
CHRISTINE SAVAGE\* & COLLEAGUES

**JANUARY/MARCH 2014**

“Care of Women Who Use Opioids During Pregnancy and the Immediate Postpartum Period”

KARA PLATT\* & CHRISTINE SAVAGE

**JULY 2013**

### JOURNAL OF THE AMERICAN ACADEMY OF NURSE PRACTITIONERS

“Group Cognitive Behavioral Therapy to Improve the Quality of Care to Opioid Treated Patients with Chronic Non-Cancer Pain: a Practice Improvement Project”

JULIE STANIK-HUTT & COLLEAGUE

**APRIL 2014**

### JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

“Management of Neuropsychiatric Symptoms of Dementia in Clinical Settings: Recommendations from a Multidisciplinary Expert Panel”

LAURA GITLIN & COLLEAGUES

**JULY 2013**

### JOURNAL OF THE ASSOCIATION OF NURSES IN AIDS CARE

“Knowledge, Attitudes and Practices of OB/GYN Nurses and Auxiliary Staff in



## HEARTS AND MINDS

Hospital readmissions of patients who experience heart failure cost the U.S. millions of dollars yearly. In “Predictors of Heart Failure Self-Care in Patients Who Screened Positive for Mild Cognitive Impairment,” **Cheryl Dennison Himmelfarb, Sarah Szanton, Jerilyn Allen,** and lead author **Karen Davis** (director of nursing at The Johns Hopkins Hospital) suggest that cognitive screening for all heart failure patients will reduce readmissions by identifying those least likely or able to perform proper self-care after they’re discharged. Patients with heart failure can suffer from such mild cognitive impairments as decreased memory, psychomotor speed, and executive function.

*JOURNAL OF CARDIOVASCULAR NURSING, JANUARY 2014*



## REFUGEES AT RISK

About 1 in 5 refugee or displaced women and girls will experience sexual violence, although social stigma, lax justice systems, lack of access in war-torn regions, and other barriers to reporting such crimes mean that figure might be far too low, say **Nancy Glass, PhD, MPH, RN, FAAN,** and colleagues in “The Prevalence of Sexual Violence Among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis.” Many survivors will find the climate too inhospitable to disclose their experiences and seek help. The authors suggest developing strategies for improving identification of survivors, predicting where violence is most likely, and expanding prevention efforts. *PLOS CURRENT DISASTERS, MARCH 2014*

the Care of Pregnant Women Living With HIV”

JASON FARLEY\*, HAYLEY MARK, JEANNE MURPHY & COLLEAGUES

FEBRUARY 2014

### JOURNAL OF ASTHMA

“Improving Preventive Care in High Risk Children with Asthma: Lessons Learned”

ARLENE M. BUTZ\*, JOAN KUB & COLLEAGUES

MARCH/APRIL 2014

### JOURNAL OF CARDIOVASCULAR NURSING

“New Cardiovascular Prevention Guidelines Offer a New Approach and Effective Strategies”

CHERYL DENNISON HIMMELFARB\*, YVONNE COMMODORE-MENSAH & COLLEAGUE

OCTOBER 2013

### JOURNAL OF CLINICAL NURSING CARE

“Editorial: Looking to the Future with Courage, Commitment, Competence and Compassion”

PATRICIA M. DAVIDSON\*, MARTHA HILL & COLLEAGUE

MARCH 2014

### JOURNAL OF HYPERTENSION

“Hypertension and Overweight/Obesity in Ghanaians and Nigerians Living in West Africa and Industrialized Countries: a Systematic Review”

YVONNE COMMODORE-MENSAH\*, LAURA J. SAMUEL, CHERYL DENNISON HIMMELFARB & COLLEAGUE

MAY 2013

### JOURNAL FOR NURSE PRACTITIONERS

“Kawasaki Syndrome and Streptococcal Scarlet Fever: a Clinical Review”

ELIZABETH SLOAND & COLLEAGUE

SEPTEMBER 2013

“The Quality and Effectiveness of Care Provided by Nurse Practitioners: a Systematic Review of U.S. Research Studies, 1990-2009”

JULIE STANIK-HUTT\*, KATHLEEN M. WHITE & COLLEAGUES

SEPTEMBER 2013

### JOURNAL OF PALLIATIVE MEDICINE

“Addressing Moral Distress: Application of a Framework to Palliative Care Practice”

CYNDA RUSHTON\* & COLLEAGUES

JULY 2013

### JOURNAL OF PEDIATRIC HEALTH CARE

“Current Guidelines for Weight Loss Surgery in Adolescents: a Review of the Literature”

SHAWNA MUDD & COLLEAGUE

MAY/JUNE 2013

### JOURNAL OF PROFESSIONAL NURSING

“A Clinical Academic Practice Partnership: a Clinical Education Redesign”

PAMELA R. JEFFRIES\*, LINDA ROSE, ANNE E. BELCHER, DEBORAH DANG, BETTY T. JORDAN, JO M. WALRATH, LINDA GERSON, JO FAVA HOCHULI, SUSAN SARTORIUS-MERGANTHALER & COLLEAGUES

FEBRUARY 2014

### JOURNAL OF TRANSCULTURAL NURSING

“Heart Disease and Depression: Is Culture a Factor?”

PATRICIA M. DAVIDSON & COLLEAGUES

AUGUST 2013

### JOURNAL OF URBAN HEALTH

“Intimate Partner Sexual Violence: a Comparison of Foreign- Versus U.S.- Born Physically Abused Latinas”

JACQUELYN CAMPBELL & COLLEAGUES

JUNE 2013

### JOURNAL OF VASCULAR NURSING

“Wire Vascular Closure Device: Evaluating an Evidence-Based Protocol for Post-Endovascular Procedure Patients”

SUSAN APPLING & COLLEAGUES

JUNE 2013

### LANCET

“The Global Prevalence of Intimate Partner Homicide: a Systematic Review”

JACQUELYN CAMPBELL & COLLEAGUES

AUGUST 2013

### NURSE LEADER

“Upskilling for New-era Healthcare”

MARYANN FRALIC\*

SEPTEMBER 2013

### NURSING CLINICS OF NORTH AMERICA

“Providing Information About the Neurobiology of Alcohol Use Disorders to Close the ‘Referral to Treatment Gap’”

DEBORAH FINNELL\* & COLLEAGUE

JANUARY 2014

### OCCUPATIONAL THERAPY IN HEALTH CARE

“The Role of the Occupational Therapist in the Management of Neuropsychiatric Symptoms of Dementia in Clinical Settings”

LAURA GITLIN & COLLEAGUES

JANUARY 2014

### PREVENTIVE MEDICINE

“The Intersection of Neighborhood Racial

Segregation, Poverty, and Urbanicity and Its Impact on Food Store Availability in the United States”

KELLY M. BOWER\* & COLLEAGUES

JANUARY 2014

### PSYCHOSOMATIC MEDICINE

“Depression and Oxidative Stress: Results from a Meta-Analysis of Observational Studies”

LAURA J. SAMUEL, SARAH L. SZANTON & COLLEAGUES

JANUARY/FEBRUARY 2014

### PUBLIC HEALTH REPORTS

“The Health Resources and Services Administration Diversity Data Collection”

KATHLEEN M. WHITE\* & COLLEAGUES

SEPTEMBER 2013

### QUALITATIVE SOCIAL WORK

“‘Having Housing Made Everything Else Possible’: Affordable, Safe and Stable Housing for Women Survivors of Violence”

AMBER CLOUGH\*, JESSICA DRAUGHON, NANCY GLASS & COLLEAGUES

SEPTEMBER 2013

### SAFETY AND HEALTH AT WORK

“A Training Intervention for Supervisors to Support a Work-Life

Policy Implementation”

NANCY GLASS & COLLEAGUES

AUGUST 2013

### SOCIAL WORK RESEARCH

“Culturally Competent Intimate Partner Violence Risk Assessment: Adapting the Danger Assessment for Immigrant Women”

NANCY GLASS, JACQUELYN CAMPBELL & COLLEAGUES

MAY 2014

### SUBSTANCE ABUSE

“Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an Integral Part of Nursing Practice”

DEBORAH FINNELL\* & COLLEAGUES

MARCH 2014

### TRIALS

“Study Protocol for a Comparative Effectiveness Trial of Two Parent Training Programs in a Fee-for-Service Mental Health Clinic: Can We Improve Mental Health Services to Low-Income Families?”

DEBORAH GROSS\*, CHAKRA BUDHATHOKI & COLLEAGUES ■

@ LINKS TO INDIVIDUAL SCHOLARLY ARTICLES LISTED ABOVE PLUS ADDITIONAL FACULTY PUBLICATIONS CAN BE FOUND AT [MAGAZINE.NURSING.JHU.EDU](http://MAGAZINE.NURSING.JHU.EDU)

## Staying Power

“East Baltimore is my old neighborhood,” says Brittany Kelly, Accel. ’14. It’s where she grew up giving back, volunteering with her grandmother through her church and other local organizations. It’s what she thought of as she worked with young girls in South Carolina at risk for gang violence, “a population very similar to Baltimore—I felt a connection.”

Proud of her heritage, she chose Benedict College for its status among Historically Black Colleges and Universities. In choosing where to obtain her nursing education, Kelly saw Hopkins as the perfect choice based on its reputation and location alone. “With my connections to East Baltimore, I know I can give back. I can make a difference.”

Kelly plans to stay in Baltimore after her studies (she hopes to become a master of public health and nurse practitioner). For now, she’s up to her ears in the summer BSN curriculum. “I’m pushing myself harder than I’ve ever pushed myself,” Kelly says.

A recipient of the John I. and Marilyn S. Mandler Scholarship, Kelly wants to combine community outreach with a holistic approach to nursing, caring for patients “physically, emotionally, even spiritually.” Being home to study nursing is a dream come true. And the scholarship, she reports, “is an added blessing.” ■

### John I. and Marilyn S. Mandler Scholarship

The John I. and Marilyn S. Mandler Scholarship was established for graduate or undergraduate nursing students by Marilyn Mandler, ’56, in memory of her husband, John I. Mandler, a 1956 graduate of the School of Medicine.

PHOTO BY CHRIS HARTLOVE



## Labor Daze

By Taiwo “Tia” Ajao, Accel. ’14

Birth Companions is an exciting training opportunity that equips student nurses to support, educate, and advocate for pregnant women in our community. It is wonderful. It has also revealed for me an interesting way to assess the most challenging academic experience that I have ever faced.

You see, I am discovering that Nursing School is in fact a lot like labor. Does that sound like a stretch? Bear with me as we explore the two Stages of Labor, nursing school version.

### STAGE 1

#### Latent Phase (Just Breathe)

My first semester was fun and engaging. I embraced this new world of studies and discovered my best ways of learning. I felt the “labor pains,” but with them came excitement, anticipation, and a hunger to learn. Tough patches? Sure. But I engaged the support of others, met the challenge head on, and overcame.

#### Active Phase (Surprise!)

It’s kind of like when a seasoned mom tries to explain the experience of labor, but we don’t really “get it” *until we finally get there ourselves*. Everything seemed normal as I registered for fun electives, took on new opportunities, and still ran home by early afternoon most days to *chillax* with my family. Then, whoa! Suddenly an old *I Love Lucy* episode (with Lucy and Ethel frantically trying to box chocolates from a speeding conveyor belt), shared strategically with the Fall 2014 Cohort during our first semester, began to make perfect sense. It was getting real. Too real?

#### Transition Phase (Strong, Painful, and Frequent)

The labor pains came one on top of the other. Breathe? Are you kidding? Contractions (exams and critical assignments) were due every week and I could not keep up! My old way of managing no longer worked. *I can’t do this anymore!* I found myself complaining when really *there are people who dream night and day of partaking in this experience*. I faced a real struggle, serious self-doubt, awaiting a new semester that many said would be even worse.

But my birth *doulas*—my husband; my mentors, advisers, and counselors; my colleagues—all reminded me:

*You’ve already come this far;*

*You are further than you were before.*

*The baby is closer now than ever before.*

*You are doing something that is very, very hard;*

*Take a deep breath: you can do it.*

### STAGE 2

#### (Push!)

Now just thinking about seeing my baby—passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) makes me want to do whatever it takes! No more fear and regret, no worries that the past will repeat itself. I must, and will, do everything possible to succeed. I am pushing. Sure it hurts, but it’s worth it. The dream of graduating is ours to receive. So close: a triumphant journey from the first thought of possibly wanting that baby to finally—*finally*—having him!

Push! Dreams do come true! Feel it. Imagine it. Make it happen. ■

📍 READ MORE ABOUT JHSON LIFE AT [BLOGS.NURSING.JHU.EDU](https://blogs.nursing.jhu.edu)

STORY JIM DUFFY | ILLUSTRATION OLIVER WEISS

# HIV Care Corps

Associate Professor Jason Farley and his crew chart a course toward a future where nurses lead HIV/AIDS care. Their vessel is now accepting passengers.

The 31-year-old Moore Clinic operated by the Johns Hopkins AIDS Service at the School of Medicine is a historic operation—the second-oldest AIDS clinic in the country. But when Jason Farley, PhD, MPH, CRNP, looks nowadays at the makeup of Moore’s caregiving staff, he worries that he’s seeing too much history.

“There are 12 non-physician providers, and I am one of the two youngest. And I’ve been there for 11 years now,” notes Farley, an HIV/AIDS nurse practitioner at the clinic since 2003.

The situation is not isolated to specialty clinics like Moore. A 2014 survey sponsored by the nonprofit HealthHIV found that half of primary care physicians in the U.S. do not provide HIV care because they don’t feel qualified to do so. Of those who do offer care, most are physicians, and 55 percent are over age 50. “We really need to get new young people in,” says Farley, associate professor at the Johns Hopkins School of Nursing.

## Patient Outcomes

HIV can't tell physicians from nurse practitioners. Neither can studies that look at outcomes among patients treated by the two different groups. So, seeing an opportunity to innovate, the Hopkins School of Nursing developed a new HIV curriculum, launching in September as a specialized degree option within the Adult Geriatric Nurse Practitioner and MSN/MPH/AGNP programs. Those enrolled in these programs can earn an HIV Primary Care Certificate at the same time.

"For many years these specialty training programs in HIV have been available for physicians," says Farley. "This is the first time we're offering them to non-physician providers. It's quite an important development. When you look at data comparing patient outcomes with physician care and with nurse practitioner care in HIV, whether in the United States or in sub-Saharan Africa, those outcomes are the same."

One factor, Farley says, is that nurse practitioners routinely spend more time with patients than physicians do: "In many studies, we see that patient-provider interactions are especially strong with nurse practitioners, and that results in improved adherence by patients to their treatment regimens."

The development of the HIV curriculum track is being financed by a five-year, \$1.5 million grant financed by the Health Resources and Services Administration (HRSA).

Farley opted to place the Hopkins training module inside the nurse practitioner degree program in response to current trends in HIV care. Slowly but steadily, that care has been migrating into primary care settings and out of specialized clinics. The trend is likely to accelerate, both because HIV patients in this country continue to live longer, healthier lives than in years past and because the Affordable Care Act and other public policy efforts are seeking to link more HIV patients with health insurance and, hence, primary care providers.

"The design of our program starts with the recognition that HIV care cannot be provided in a silo, that it needs to be integrated holistically into primary care," Farley says. "We want our students to get this training right at the same time they're getting their advanced training in primary care."

## Societal Benefit

The new curriculum grew out of the application process for the HRSA grant, which made Hopkins one of four schools of nursing (of five awardees) to be funded as a National AIDS Education and Training Center. The Hopkins program is unique in the fact that it will offer the HIV certificate program to adult geriatric nurse practitioner students only.

“For many years these specialty training programs in HIV have been available for physicians. This is the first time we’re offering them to non-physician providers. It’s quite an important development.”

— Jason Farley, PhD, MPH, CRNP

The idea is to build an HIV care program that is sustainable beyond the five years of the grant. "There's an overarching, societal benefit to treating and maintaining someone in HIV care," Farley says. "Through this curriculum, students learn how to immediately take the latest findings of research in evidence-based practice and put them to use."

Farley, Principle Investigator for the grant, also serves as clinical core co-director of the Johns Hopkins Center for AIDS Research, which seeks to develop and nurture a new generation of



researchers with an emphasis on interdisciplinary work. He also has an adjunct appointment on the faculty at Stellenbosch University in Cape Town, South Africa. There, he is studying treatment outcomes for HIV-positive patients with multi-drug resistant tuberculosis on a grant funded by the National Institutes of Health. In the U.S., Farley is assessing the dangers posed to HIV/AIDS patients by the multi-drug resistant *Staphylococcus aureus*, or MRSA. And he is evaluating adherence in the Johns Hopkins AIDS Service to newly issued guidelines for cardiovascular care.

## Time in the Field

One innovative twist in the new curriculum track extends the time students spend on field placements. Most nurse training programs operate on a semester model, but students on the HIV track will work in one location for an entire year.

"In the semester model, you may see a patient just twice before it's time to move on, maybe three times at the most," Farley says. "That makes it difficult to really know if you're managing their hypertension well, for example, or their diabetes."

The longer stay will put students and their physician preceptors in a better position to evaluate their work at the end of the placement.

"We are striving here to offer a continually reflective model of training," Farley says. "That will be a big help to students when they get out

in the field. They'll be prepared to do the work of implementing interventions in ways where they can really measure progress going forward and see what's succeeding and what they need to work on."

Farley hopes to have as many as 20 sites where students will be working, ranging from specialty care rotations to prevention-oriented programs and primary care clinics. "I expect that the continuity of care that comes with the year-long HIV primary care schedule will have real productivity benefits for our field sites," Farley explains.

Another key component of the program is a type of sensitivity training that pushes students to identify negative preconceptions they hold about the patient populations they'll be serving, notions that could affect care. Early on, students will go out in the field doing "harm-reduction walks" that involve distributing condoms and health information to sex workers, as well as offering HIV testing. "We really want them to reflect about what their preconceptions were and what the reality was," he says.

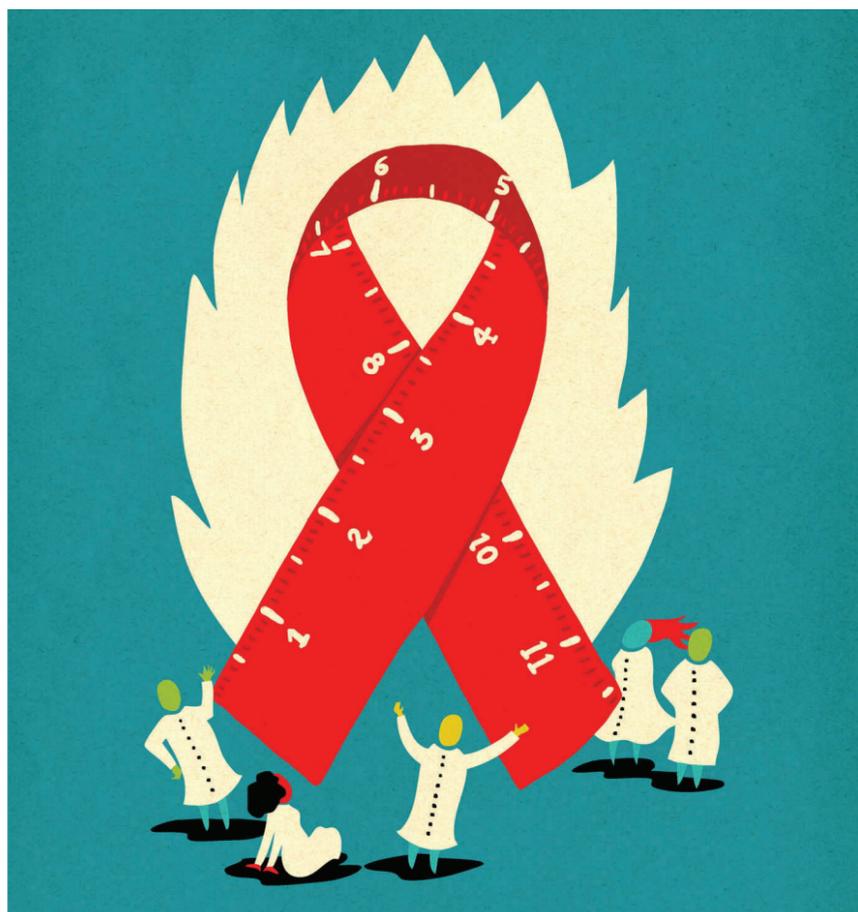
Farley prefers the phrase "culturally relevant" to the more popular "culturally competent" when it comes to training students to deliver care to members of different social and cultural groups.

"If you see one transgendered patient during your training, that's not going to make you 'competent' in caring for the transgendered," he says. "But if we train you to be open and flexible and amenable, if we train you in the skill set you need to learn and understand and react to a new culture, that's going to make you a better provider."

## Measures of Success

That “continually reflective” approach is not something that moves only in one direction, from teacher to student. It also moves in the opposite direction, most notably when faculty members seek input from students in evaluating the success of the new program and making improvements.

“Before they even go through an orientation, actually, we’ll be asking them about their expectations of the program, and about what they see as gaps in their knowledge and training they need,” says Assistant Professor Caroline Fowler, PhD, MPH. “The philosophy that we are embracing here is multilayered. It’s one in which everything we do in the program, from the selection of students to post-graduation follow-up with them, provides us with an opportunity to learn about what we’re doing and about how to do it better.”



## The First Class

Farley expects the new track to launch with an enrollment of eight to 10 and grow from there. Connecticut native Amit Dhir, who earns his BSN from the School of Nursing this summer, will be joining that first class after spending a couple of months abroad on a research project that will evaluate HIV/AIDS intervention strategies in South Africa.

Dhir’s journey toward the program began while he was studying for a master’s in business administration. He landed in an internship doing cash-flow reports at the Central Area Health Education Center, an HIV care facility in Hartford, CT with a focus on underserved patient populations.

“I was there for six months, and I was just so amazed at the care the nurse practitioners were providing to their patients,” Dhir says.

One thing that appealed to Dhir is the new curriculum’s focus on multidisciplinary approaches and treating patients in a holistic manner that goes beyond traditional clinical

care and reaches across the psychosocial spectrum of their lives.

“Eventually, I want to work internationally, in places where they don’t have access to the medications that we do here,” he says. “I want to be a part of bringing to those places more access to the kind of normal lives that HIV-positive patients are living here in the West.”

That’s another quantifiable outcome that Farley and Fowler plan on tracking—the jobs students land upon earning their degrees. He expresses hope that many students will choose remain in the Baltimore and Washington regions, both of which rank in the top 10 in the country for both the number of individuals with HIV and the number of new infections per year.

But he is confident that wherever they land, they’re going to be ready to make a difference for patients and institutions alike.

“Our students at Hopkins are, bar none, some of the best in the country,” Farley says. “They’re really poised to make a difference in this field, and we want to make sure that happens.” ■

## Bringing the HIV Message Home

Associate Professor Jason Farley says one reason he’s confident that the new HIV/AIDS degree program at the Johns Hopkins School of Nursing will draw plenty of interest from prospective students is that so many of the current students and alumni he’s met over the years arrive on campus with a strong interest in HIV.

“I’ve met students who have been Peace Corps volunteers in sub-Saharan Africa, or they’ve been working in harm-reduction programs with persons living with HIV in the District of Columbia,” he says. “I could go on and on.”

A current student, Willa Cochran, is a case in point. A former Peace Corps volunteer in the West African nation of Guinea, she worked before coming to Hopkins as a case manager for a New York City organization that supports HIV-infected immigrants from Africa and the Caribbean.

That experience is what sparked her interest in “social remittances,” the notion that many immigrants send much more back to their home countries than wire transfers of cash. They send knowledge unavailable in developing nations. It’s a concept that’s often talked about in areas like financial literacy and educational achievement, but Cochran believes it has potential in healthcare as well.

“We’d be working with these women, and, completely unprompted, they’d report conversations they were having about HIV with family members back home,” Cochran says. “Some of them were sending condoms. Or they were talking about the importance of getting tested before marriage.”

At Hopkins Nursing, Cochran earned her bachelor’s degree, and she’s now in the HIV Primary Care Certificate program as she works toward becoming a nurse practitioner. Along the way, she won a Provost’s Undergraduate Research Award for taking her preliminary notions about social remittances and turning them into a successful proof-of-concept study. Over three days back in New York, she interviewed 28 immigrant women from



We’d be working with these women, and, completely unprompted, they’d report conversations they were having about HIV with family members back home.”

— Willa Cochran

16 African nations and found that they were indeed relaying information and advice about HIV and AIDS to family members and friends back home.

“They’re uniquely positioned to do so, too,” Cochran says. “These are women who have gained a lot of knowledge in migrating here. They’ve also gained social power and prestige, so they have the ability to deliver messages in particularly powerful ways.”



Cochran, who hopes to one day work in a primary care setting that serves both HIV-positive patients and immigrants, thinks this notion of “social remittances” deserves more attention from researchers and practitioners alike. “When you’re a nurse and you’re talking with an immigrant patient, the audience you’re speaking to could potentially include a sister back home, a whole family, friends—and through that, an entire village,” she says. ■

# SOUND & SAFE

STORY ELIZABETH HEUBECK | PHOTOGRAPHY WILL KIRK

## Fuld Fellowship Trains Eyes on Patient Safety & Quality

As many as 440,000 people die from preventable medical errors every year, according to a study recently published in the *Journal of Patient Safety*, making it the third-leading cause of death in the United States, behind only cancer and cardiovascular disease. Few understand the urgency behind these startling statistics better than Fuld Fellows, a team of Johns Hopkins School of Nursing students charged with addressing what ails the healthcare industry.

Funded by a grant from the Helene Fuld Health Trust, the program aims to prepare 200 new clinical nurses over five years (beginning in 2012) to develop the leadership skills and solid

clinical foundation to improve care. “The Fuld Fellows are making an immediate difference in terms of contributing to the patient safety and quality engine at Hopkins. They’re having a direct impact on improving healthcare delivery—now,” says Associate Professor Cheryl R. Dennison Himmelfarb, PhD, RN, ANP, director of the Helene Fuld Leadership Program.

Fuld Fellows are empowered to question existing safety and quality practices and emboldened to recommend new ones. Four Fuld Fellows, past and present, reveal how the program prepares them to make informed decisions that lead to positive change.



“I’ve always been interested in quality and patient safety, but I didn’t know the process of improving things in these areas. It was very important to see how these projects are developed, how the process worked,” Carreras says.

## LEE GILMAN

(BSN, RN, '13)

After undergraduate school, Lee Gilman worked in Cambodia on HIV-related policy issues. He also spent time in San Francisco coordinating HIV studies. “I was trying to decide whether I wanted to work on the broader population side of things or whether there was something missing that could be filled with clinical expertise,” Gilman says. As a Fuld Fellow at Hopkins, he found what he was looking for.

“We created this cohesive, core group. The other people selected were really phenomenal,” Gilman says. “On top of that, the program focuses on patient safety and quality. As someone who has worked on the policy side of health care, I feel that quality and safety is of supreme importance.”

With this preliminary understanding, Gilman dove into his Fuld Fellow project. The charge? To assess

## NICOLE CARRERAS CALDERON

(BS, RN, '14)  
CURRENT FULD FELLOW

Nicole Carreras Calderon received a bachelor’s degree in chemistry and a master’s in biology and seemed to be on a steady track as a research professional. Employed at several research laboratories, Carreras enjoyed the work but felt she’d be happier doing something else long term. “I became attracted to nursing because I knew it would allow me to help people and effect change more quickly than my research could. Working with zebrafish in the laboratory was fun, but I wanted to make a difference in people’s lives,” Carreras says.

She was admitted to Hopkins Nursing and offered a Fuld Fellowship and her first-choice Fuld project, which aimed to eliminate a dangerous and preventable problem: ventilator-related pneumonia on the surgical intensive care unit. Daily, for about eight months, Carreras recorded patient data on the unit that would help inform clinicians about whether the evidence-based interventions they’d applied to reduce the risk of pneumonia were having an effect.

Only one patient developed a possible case of ventilator-related pneumonia in her time on the unit. The experience left her with a greater sense of confidence about her future career.



an existing protocol on managing delirium in an acute setting—in this case, Hopkins' Oncology Department—and to recommend ways for improving it.

Gilman began by schooling himself in the process of conducting evidence-based research, following guidelines set forth by JHSON. Next came a robust literature review, as Gilman sifted through years of protocols. Then, he compared them with current protocol and “made recommendations based on where the synergy and gaps were for how to update Hopkins' protocol,” Gilman says.

Many nursing professionals wait years, even decades, to gain the authority to make significant recommendations to how patient care should be managed. Gilman and the other Fuld Fellows do it while they're students.

Beyond the hands-on research they conduct, Fuld Fellows also undergo a broad education in patient safety and quality models via four courses and a three-day interprofessional course for nursing, medical, and pharmacy students. The blend of classroom learning and practical experience served Gilman well.

“When I discussed quality improvement and patient safety in interviews with potential employers, a light automatically went on across



the desk,” said Gilman, who secured employment post-graduation as a nurse clinician in Hopkins' Department of Medicine.

## CLAIRE LEVINSON

(BSN, RN, '13)

Claire Levinson had barely embarked on her career as a medical device representative when she realized the need for change in hospital settings. “I witnessed wrong-site surgeries as a 24-year-old. It was an eye-opening experience in how care can break down. I was like: ‘I can improve this; I know I can,’ ” she says.

She was admitted to JHSON's accelerated, second-degree nursing program. Simultaneously, she was selected to join the Fuld Fellows Program's first cohort. Soon after being assigned to her Fuld project, Levinson knew she had made the right decision.

“I'm kind of an adrenaline junkie. I knew I wanted a project in a setting that was exciting, fast-paced,” Levinson recalls.

She was tasked with assisting a new hospital-wide initiative for developing an algorithm practitioners could use to decide if a patient should stay on blood thinners before undergoing surgical procedures. She credits her mentor with giving her the freedom to “own” the project. “He had the idea for the project, and I ran with it,” Levinson says, referring to Sean M. Berenholtz, MD, MHS, FCCM, an anesthesiologist, critical care physician, and patient safety researcher at Hopkins.

The challenging project required Levinson to consider multiple factors from a patient safety perspective. Having patients stop taking blood thinners prior to surgery may increase the risk of blood clots. But excessive blood loss is a risk among patients on blood-thinning medicines during surgery. There's also the consideration of when to re-introduce blood thinners post-surgery.

Despite the complex project, Levinson flourished with faculty support. “People were so helpful,”

she says of the mentoring, another critical piece of the fellowship program. When she had trouble with data templates and understanding certain elements of the algorithm, she sought help from faculty. “I met with four different teachers; they each gave me an hour, easily,” she says.

At the culmination of the project, Levinson presented her findings to 20 surgeons and nurses at Hopkins' 2013 Patient Safety Summit. In a 25-page PowerPoint presentation, she demonstrated the project's breadth: input from 12 different disciplines; the paring down of hundreds of pages of pre- and post-surgical anti-coagulant guidelines into one; and observations of 22 patients undergoing elective surgery at Hopkins over the course of 14 months.

Levinson now works in a hospital intensive care unit as a surgical nurse, just as she had planned. Because of her intense experience as a Fuld Fellow, she brings a perspective to her job that's unique to a recent nursing school graduate. “I'll be told a patient needs to go to surgery. They'll say: ‘Stop the anti-coagulant 24 hours before.’ I'll say: ‘Wait. Let's have a discussion,’ ” Levinson says. “I bet I'm one of the only nurses that questions a protocol.”

## NEISHA WILLIAMS

(BS, RN, '14)  
CURRENT FULD FELLOW

As a pharmacist in her native Jamaica, Neisha Williams witnessed adverse situations in the hospital setting that she felt powerless to change. “Patients can die because of poor care. I thought, ‘If ever I have the chance to effect change, I want to,’ ” Williams says.

Fast forward to May 2013. Williams had moved to the U.S., researched career options, and enrolled in Hopkins' accelerated nursing program.

Through her Fuld research project, Williams once again found herself on a hospital unit. But this time, she was actively involved, helping to improve patient outcomes. Her Fuld project centered on creating electronic software to replace the paper-based process used in



discharging patients from the obstetrics/postpartum unit. Implementation of the electronic system resulted in an 86 percent drop in discharge errors. But what Williams gleaned from the experience extended beyond the success of the immediate project, which has since been implemented in a unit at Johns Hopkins Bayview Medical Center as well. It was the communication methods Williams honed during the project, and through the curriculum taught to the Fuld Fellows, that made a lasting impression.

“We had to relate to different professionals. Knowing the right things to say, and trying to get things going at the right time, was essential,” Williams says. She effectively applied the communication methods she learned—such as CUS, short for “I am Concerned, I am Uncomfortable, This is a Safety issue!”—to her clinical rotation in obstetrics.

Williams sees the very specific methods of communication she learned as pivotal to the success of her future career. “I want to be effective in my communication. Knowing how to work as part of an interprofessional team—with doctors, occupational therapists, speech therapists, and others—all of these people could be necessary for the care of one patient. We have to find ways to communicate with them,” Williams says. ■

# BEDSIDE AND/OR BEYOND

## MASTER'S ENTRY GRADS WILL BE TOP PATIENT-CARE NURSES WITH UNLIMITED CHOICES

STORY STEVE ST. ANGELO

The question was raised soon after the Johns Hopkins School of Nursing announced its Master's Entry into Nursing, an all-graduate curriculum launching in September 2015 that promises students an accelerated path to healthcare leadership: What about care at the bedside?

The answer is that Master's Entry graduates will be, first and foremost, the best bedside nurses in the world, says Dean Patricia Davidson, PhD, MEd, RN. They will also be uniquely positioned: enter nursing at the bedside with the tools to grow into a leadership role or continue toward a doctoral degree. "It's a golden ticket, really,"

says Davidson. "This doesn't mean that the essentials of nursing will be in any way diminished. What we're doing is removing any ceiling from our students' potential as caregivers, leaders, and nurse educators."

Master's Entry Director Kathleen White, PhD, RN, NEA-BC, explained in a recent online chat with Hopkins Nursing alumni that the five-semester

program was built to answer calls from the Institute of Medicine and state and national healthcare councils to raise the level of education for nurses providing more advanced patient care required under the Affordable Care Act.



It was a way to "respond to what is needed in this new nurse, for healthcare reform, for a different system." There are also gaps to be filled at the bedside, in hospital leadership, and in faculty ranks as a wave of experienced nurses approaches retirement age. Never before have "competent, credentialed, and confident nurses" been as badly needed, White says.

As for why students should choose the Johns Hopkins School of Nursing program, Davidson goes into realtor mode: Location, location, location.

"The Johns Hopkins physical real estate in East Baltimore—the schools of Medicine, Nursing, and Public Health, and the Hospital (the Four Corners)—offers a seamless, immersive experience for our students," Davidson says. "There's a desperate need for interprofessional education and cooperation in healthcare. Our students can scarcely go 10 feet without interprofessional interaction. That's an amazing advantage." In addition, she says, the nursing school's proximity to rural and shore areas in Maryland as well as beachheads across the globe give students access unlike anywhere else.

"This unparalleled healthcare experience sets us apart," Davidson says.

"There are other schools that have been out of the gate a little before we are [with a Master's Entry program]," Associate Dean Marie Nolan, PhD, MPH, RN, explained in the online chat. "However, we feel very confident we will place our own stamp on it that will emphasize what we're known for: global nursing, leadership, interprofessional practice, and many other aspects."

Davidson cites a successful precedent. "When we got ready to launch our Doctor of Nursing Practice [DNP] program, people wondered if perhaps we were a little late to the party," she says. "We didn't worry about that, but instead focused on building a program we'd be proud to put the Johns Hopkins name to. Look at the DNP program now." ■

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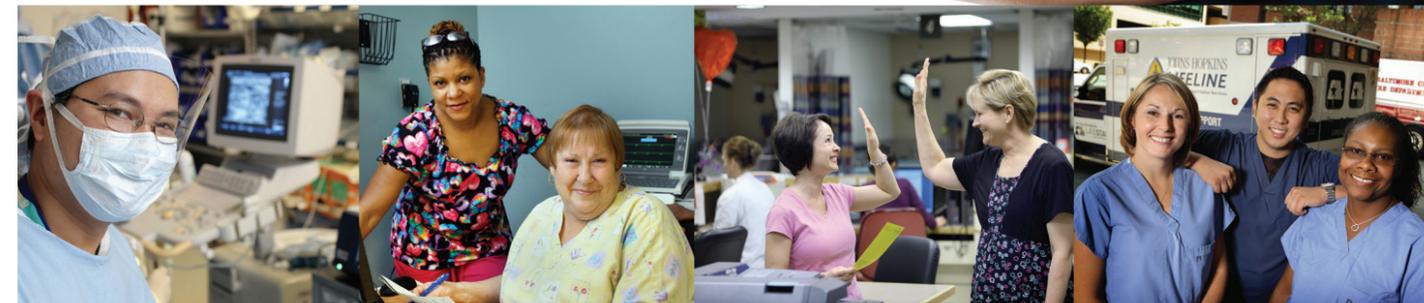


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# HOPKINS NURSE

News from the Johns Hopkins Hospitals

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## OTHER LIVES: BARBARA MALISZEWSKI'S VICTORY GARDEN

In a swampy area behind a church, Barbara Maliszewski found a place to begin addressing hunger and educating a community on sustainability. It's the same blend of caring and teaching she uses in her day job as leadership development coordinator in the Adult Emergency Department.

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IN PAKISTAN, 'HELPING BABIES BREATHE'

P. 43 SUBURBAN HOSPITAL  
VOLUNTEERS OFFER COMPASSION,  
COMPANIONSHIP SO NO ONE DIES ALONE

P. 44 JOHNS HOPKINS BAYVIEW MEDICAL CENTER  
OPENING LINES OF COMMUNICATION

P. 46 ALL CHILDREN'S HOSPITAL  
NURSES PREP FOR SAFE STEM CELL  
TRANSPLANTS

## Here's to a Speedy Recovery

By Rebecca Proch

ERAS protocols empower nurses and improve patient's journey

Checkered flags line the hallways of Surgical Oncology's Marburg 2, evoking images of Indianapolis 500 and Grand Prix racers growling across the finish line. It may look whimsical, but the victory symbol serves a patient-centered purpose: helping post-operative colorectal surgery patients measure their ambulatory progress while reminding them that every flag they pass is another triumph to celebrate in a difficult recovery process. It's just one of a whole host of changes sparked by the implementation of Enhanced Recovery After Surgery (ERAS) protocols.

ERAS, a care pathway aimed at improving and expediting the recovery process for those undergoing major surgery, represents a complete rethinking of the patient's journey from the time a procedure is ordered all the way through post-operative care. Deb Hobson, BSN, patient safety specialist, remembers attending a session about it at the American College of Surgeons' Clinical Congress last year

with Elizabeth Wick, MD, associate professor of surgery, and Chris Wu, MD, division director in the Department of Anesthesiology and Critical Care Medicine, and pushing the idea for Hopkins. After about six months of research and planning, the program was ready for rollout.

ERAS represents a complete rethinking of the patient's journey from the time a procedure is ordered all the way through post-operative care.

One of the bigger changes was creating an education package that includes a checklist of actions for patients to complete throughout their surgical journey. In a face-to-face meeting shortly after surgery is ordered, a clinical nurse goes through the packet with patient and family, reviewing the checklist to make sure all questions are answered and enlist everyone's participation. "The patient is really the partner now," says Deborah Baker, DNP, MSN, CRNP, director of nursing for the Department of Surgery. "The family is also able to follow along with the progress tracking and understand it."

At the same time, nurses are able to identify small adjustments that make a big difference, even as simple as providing a stick of gum. Chewing it provides the same gastrointestinal reflex as eating for patients unable to do so, which can speed recovery from surgery. "The nurse managers

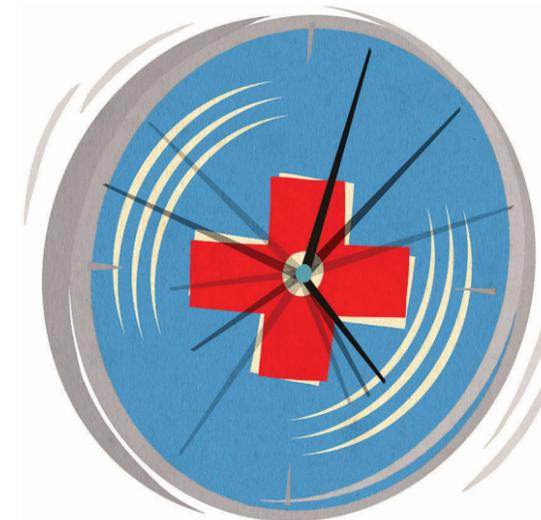


ILLUSTRATION BY OLIVER WEISS

told us they were buying gum in the gift shop to have available," Hobson says. "With executive support, we were able to get it bar-coded and supplied through the pharmacy."

In the pilot cohort, patient stays have seen a two-day decrease while satisfaction scores have risen. Other units, like Urology and Hepatology, are looking at how ERAS could work for them. Says Hobson, "Patients who have had surgery with us before are particularly enthusiastic about the changes. They're telling us that their experiences are so much better this time."

"There are some projects you do that are especially rewarding for nurses, and this is one of them," Baker reflects. "They're thrilled to see their patients happier and safer, and they're teaching and working closely with the patients and families. They've been incredibly vocal champions for this work, and they've been integral to every step of the process." ■

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## Other Lives: From Swamp to Surplus

By Cierra McDonald

In a soggy patch, an answer to community hunger takes root

Sometimes the solution to a problem is right under one's nose. Or, in the case of the Middle River Baptist Church, right in its backyard. Giving food to 20 to 30 families a week through its food pantry ministry, the church was having trouble meeting the needs of all the others who lined up at the building each week. Upon learning of the problem, Barbara Maliszewski, leadership development coordinator in the Adult Emergency Department, quickly saw a solution. She decided to plant and tend a 6,000-square-foot garden behind the church that would provide enough food to keep the families in the community fed.

"There are so many residents in the community who aren't financially able to buy fresh and healthy foods and so few grocery stores to even buy from," says Maliszewski. "I wanted to help feed those families." She planted potatoes, onions, tomatoes, squash, lettuce, spinach, cauliflower, green beans, and other vegetables to give the neighborhood a feast of healthy foods.



PHOTO BY CHRIS HARTLOVE

With high school students, church members, Girl Scouts, and others coming out to volunteer on the project, Maliszewski grew to see the garden as an opportunity to teach the community about sustainability—something she lives and breathes as a nurse. "I could have planted the garden and just moved on," she says. "But that wouldn't help sustain anyone for the future. I taught all of the volunteers how to prepare the ground and plant the seeds. This way they can keep the food coming, maybe plant their own gardens, and hopefully begin to eliminate some of the hunger in the area."

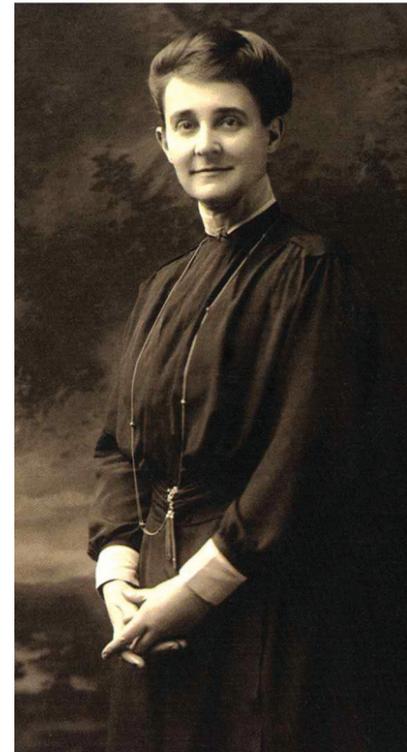
She also hopes that as the garden is replanted through the years, the wet soil surrounding it will become dry enough that children in the area can someday use it as a baseball field.

Maliszewski says the way she handles the garden is really no different from what she does at the hospital. "I could help my patients while they're in the hospital and then consider my work done. But that's not where the job ends. I make sure each patient knows how to care for their wound or manage their stress before they leave. It's important to provide them with the knowledge that will help them sustain their good health even after they leave the hospital bed," she says.

Accomplishing more than one goal at once, Maliszewski was also able to use her work on the garden as a way to complete her senior project at Towson University, where she recently earned her master's degree.

Just like the ones she planted in the swampy field, Maliszewski believes she plants a seed with each patient she cares for. "It's all about providing them with knowledge," she says. As for what she gets from the garden, Maliszewski says that though she thoroughly enjoys nursing, the garden can provide a welcome respite.

"Working with students and volunteers of all ages is a nice step away from 'normal life.' I feel a great energy being outside with everyone, working together to make a difference." ■



## This Way Forward: Alice Fitzgerald (1876-1962)

A restless sort with a quick mind and a knack for languages, Hopkins Nursing grad Alice Louise Florence Fitzgerald seemed destined for the international career that would earn her a Florence Nightingale Medal from the Red Cross as well as decorations from China, England, France, Serbia, Poland, Italy, Russia, and Hungary.

The daughter of American parents who left Baltimore for a honeymoon in Italy and stayed forever, she became fluent in French, German, Italian, and English, and spoke some Spanish as well.

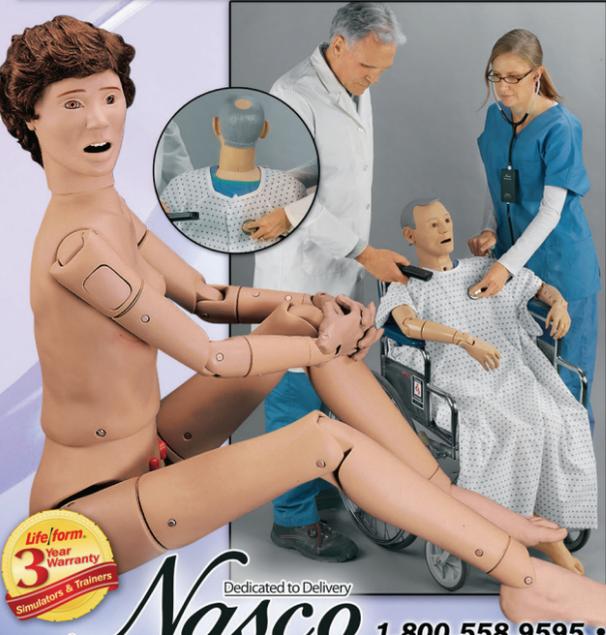
At 19, Fitzgerald decided to go to Baltimore for her debut and then, to her parents' dismay, attend Hopkins' School of Nursing. The 1906 graduate went on to practice at The Johns Hopkins Hospital, Bellevue Hospital

in New York City, and in Indianapolis, IN, where she established a school of nursing. Fitzgerald joined the British Expeditionary Force for World War I, switched to the American Red Cross when the U.S. entered the fight, and stayed on as chief nurse of the American Red Cross Commission in Europe.

Much of her later career was focused on examining the practice of nursing across the world and establishing public health nursing programs wherever she went. Her final position was as housemother to nurses at Shepard Pratt Hospital in Baltimore. She retired in 1948 and died in New York City on Nov. 10, 1962. ■

Sources: Alan Mason Chesney Medical Archives; The Johns Hopkins Hospital School of Nursing 1889-1949

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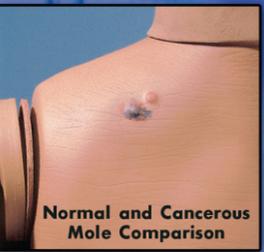
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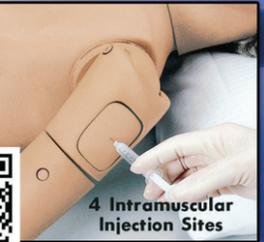
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## Culture Change

By Jennifer L.W. Fink

Teamwork leads to excellence in the Emergency Department

It sometimes isn't easy to remember that far back, but there was a time when the emergency department at The Johns Hopkins Hospital struggled to meet a pair of key benchmarks for excellence. What's far easier to remember today, after a roughly five-year run of near perfection at handling blood cultures, is how the team pushed its grades from A to A-plus.

The benchmark for blood cultures is no more than 3 percent contamination. The department was close, but not close enough. "And we couldn't consistently meet the goal of being compliant 97 percent of the time with the core measure for antibiotics, which requires us to obtain blood cultures before administering antibiotics for patients with suspected pneumonia," says Paula Neira, JD, RN, clinical nurse educator in the Department of Emergency Medicine.

Instead of pointing fingers at one another, staff analyzed the situation to get all fingers pointed in the same direction, and maybe get a few out of the pot.

In 2009, approximately 200 people who worked in the emergency department (ED) could draw a blood

culture, and "different people were using different techniques," Neira says.

Lab techs drew most cultures, so Neira worked with them to create a group of dedicated blood culture technicians. Neira then set up an education program and personally taught each blood culture tech to draw them in an identical manner each time. Meanwhile, ED staff received training on the importance of obtaining blood cultures prior to antibiotic administration. Hospital leadership also threw its weight behind the initiative.

Communication was another key. Timing blood culture draws and antibiotic administration "requires a little bit of choreography," Neira says. So staff created a system that turns nurses and techs into dance partners. Now, nurses who recognize the signs of a worsening illness know right where to turn to both help the patient and meet the blood-draw requirements: the dedicated techs. It's as easy as, "Hey, I have a patient who might be really ill. The antibiotics are ready. Can you come do the cultures so I can hang the antibiotics as quickly as possible?" says Dave Nowosielski, BSN, RN, team leader in the ED.

Within a year, the ED had reduced the blood culture contamination rate by more than 60 percent. Staff obtained blood cultures before antibiotic administration 20 percent more often. And the efforts saved the hospital and, ultimately, patients "several hundreds of thousands of dollars," Neira says, due to the reduction in the number of contaminated specimens.

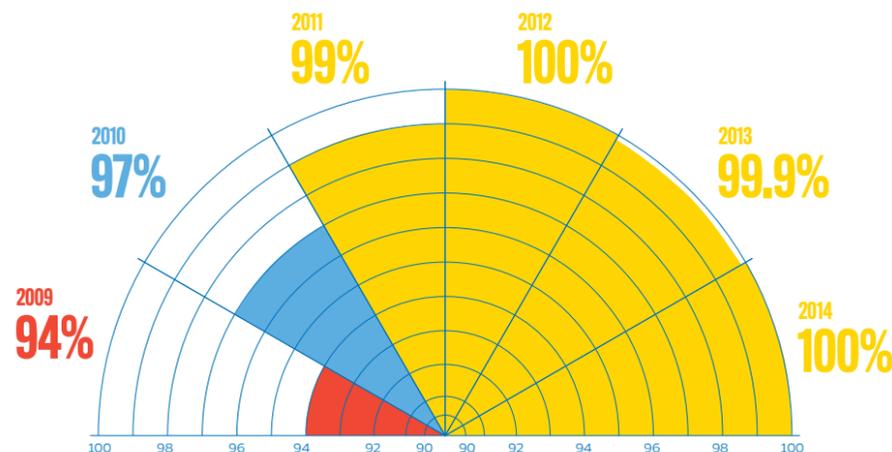
In February 2014, the department reached the top of the mountain—zero percent contamination—and it isn't looking down. The compliance rate for antibiotic administration, meanwhile, has dipped below 100 percent—to 99 percent—just once since January 2011.

"Our success can be summed up in one word: Teamwork," Nowosielski says. ■

CORE MEASURES AS OF 6/5/14

### BLOOD CULTURES OBTAINED BEFORE ANTIBIOTICS GIVEN

Year Average of % Compliance  
Goal: 97%



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## No Replacement for Preparation

By Rebecca Proch

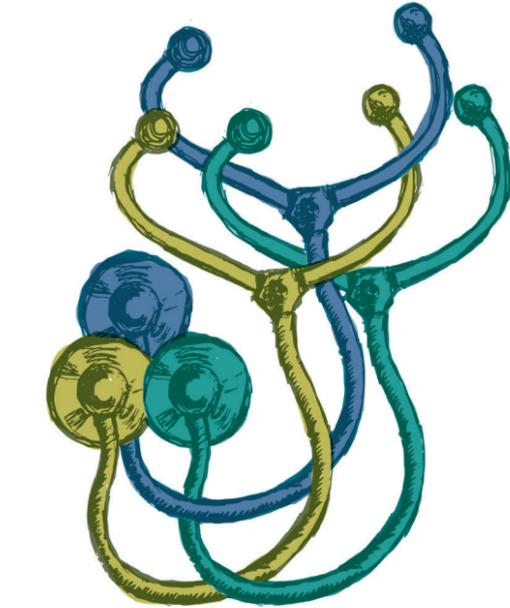
Cross-department kidney-marrow transplant breaks ground and communication barriers

This February, Johns Hopkins became one of very few leading medical centers in the country to perform a groundbreaking procedure: the combined transplant of bone marrow and a kidney from the same donor. Nursing played a key role from the beginning as teams across departments including Surgery, Oncology, and Hematology coordinated care amid a host of special circumstances.

The procedure was the first of six to be performed as part of the ACCEPTOR study, sponsored by the Immune Tolerance Network and led by Lode Swinnen, MD, Ephraim Fuchs, MD, and Robert Montgomery, MD. The goal is to induce tolerance in transplant patients and ideally eliminate the need for lifelong immunosuppression by allowing the host and donor immune systems to be simultaneously present in the patient, reducing the risk of solid organ rejection.

“The best approach that we can take for clinical trials is to integrate it into our existing systems,” says Tracy Douglas, MSN, RN, nurse manager at Weinberg 5C and 5D and consultant on the study. “We don’t want to reinvent the wheel. At the same time, we knew it would require a lot of education and planning to collaborate across specialties in order to meet the special needs of the patient.” Six months before the transplant, nursing leadership began working to review protocols and to meet regularly with nurses and clinical staff to prepare seamless care.

Lori Tony, BSN, RN, senior research nurse in Hematology, was tapped to facilitate the process. “We did 16 in-services to make sure that we reached every department that would touch the patient’s experience. It was so critical that we educate each other thoroughly.” Nurses compared standard procedures for renal and bone marrow transplant care, working together to



resolve incompatibilities. Notes Tony, “Things are so different for the two transplants. But everyone was really willing to go outside their comfort zones to make this work.” Solutions included making special arrangements to send Weinberg nurses to Zayed to deliver chemo infusions without having to move the patient. Tony often worked on a laptop in a break room near the patient so that she could be available to the clinical nurses for questions.

Each day, physicians and nurses rounded together to ensure that someone from each team made a daily visit, and teams communicated every day in person and in writing brief patient care summaries. “We’ve been a cross-check for each other,” says Tony. “I might point out something that worried me about the kidneys, and it might turn out to be normal, but that kind of dialogue gave us confidence that nothing would be overlooked.”

As the study team prepares for the next procedure, the nursing cross-team structure that emerged from this first transplant will provide a model for future collaboration. It’s also inspired new thought about workflow outside the trial. “It’s opened up new avenues of communication,” says Douglas. “We can improve care for patients and donors when our departments continue to learn from one another.” ■

JHPIEGO

## The Golden Minute

By Bibi Ara

Pakistani nurse revives infant with “Helping Babies Breathe” techniques

Khairpur, Pakistan—The 36-year-old woman arrived at the Lady Wellington Hospital in labor, exhausted and anxious that her baby would not survive. Abida, the mother of one previous child, had a history of miscarriages and failed pregnancies.

“It was a prolonged labor at home. ... The staff performed a vaginal examination and found that she was 10 centimeters dilated but the baby was in distress,” recalls Tasleem Mirani, the only nurse in the labor ward that morning. “I quickly assessed her condition and ... prepared her for delivery.”

As Abida gave a last push, “there it was, a tiny baby girl, quite a bundle of joy, except she was pale and almost lifeless,” says Mirani.

The nurse recognized the problem immediately—birth asphyxia, a leading cause of newborn deaths worldwide. Mirani knew she had 60 seconds to resuscitate the newborn before the condition would cause irreparable harm or death. She was among 121 nurses and midwives from Sindh province who had participated in an innovative newborn resuscitation program supported by the U.S. Maternal and Child Health Integrated Program (MCHIP), led by Jhpiego.



Helping Babies Breathe (HBB) is an evidence-based program designed to teach resuscitation techniques to midwives in healthcare facilities that lack sufficient health professionals.

Under HBB, the quality of care administered within the first 60 seconds of a baby’s life—“The Golden Minute”—can determine whether or not the newborn will survive.

Although preventable, birth asphyxia contributes to 920,000 newborn deaths a year, approximately 28 percent of the estimated 3.3 million babies who die within the first month of life, according to the *Ending Newborn Deaths: Ensuring Every Baby Survives* report published by Save the Children, an MCHIP partner. It can lead to serious neurological conditions ranging from cerebral palsy and mental retardation to epilepsy. In Pakistan, approximately 280,000 newborns die at birth, due in part to limited access to skilled birth attendants.

Once Mirani noticed the ashen color of Abida’s baby girl, she sprang into action. She lifted the baby off Abida’s stomach, where she had been placed as part of skin-to-skin contact and mother-to-child bonding, and rubbed the infant’s back. She used a sucker bulb to remove any mucus clogging the baby’s airways. When that did not help, Mirani cut the umbilical cord and rushed the baby to the labor room’s HBB table, where an Ambu bag—a manual resuscitator—and pictorial instruction chart were waiting.

As the nurse pumped the Ambu bag, the tiny baby girl’s skin began to turn pink and she cried out with life. An exultant Mirani returned the baby to her mother to keep the infant warm. “I was so proud when I gave the crying baby to her mother for skin-to-skin care,” she recalls.

And Abida was overjoyed, knowing that her small family had a new addition—a healthy girl. ■

*Nurses and midwives in Pakistan’s Sindh province attend a Jhpiego-supported training on Helping Babies Breathe, a program designed to address birth asphyxia and reduce newborn deaths.*



The best approach that we can take for clinical trials is to integrate it into our existing systems. We don’t want to reinvent the wheel.”

— Tracy Douglas, MSN, RN

# “They saved my kids’ lives. I’m forever grateful to both of them.”



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THE CAMPAIGN FOR JOHNS HOPKINS

Born at 23 weeks’ gestation, Mark and Isabella Stewart weighed less than two pounds each and were diagnosed with pediatric pulmonary hypertension—a complex condition with a 20 percent mortality rate.

Today, the twins are active two-year-olds. An innovative multidisciplinary approach to their care, involving Drs. Michael Collaco and John Coulson and supported by the Eudowood Board and others, has given real hope to their parents. It also suggests a reduction in the condition’s mortality rate to 12-15 percent.

Courtney Stewart believes her children’s progress is a direct result of the doctors’ close cooperation. “They saved my kids’ lives,” she says. “I’m forever grateful to both of them.”

#HopkinsRising   

SUBURBAN HOSPITAL

## A Friend at the End

By Joan Davila

No One Dies Alone volunteers offer compassion, companionship

When it’s all said and done, the ultimate hope is to have loved ones by our bedside, to be surrounded by our closest friends and family in that final moment, reflecting on a lifetime of memories, finding comfort at the end of life’s journey.

But for some dying patients, that final moment can be a lonely one.

Volunteers at Suburban Hospital are working to change that, making sure more patients who are facing death with no family or friends nearby have someone to hold their hands. Funded by nursing, the No One Dies Alone program trains compassionate companions who will sit bedside with such patients.



Our volunteers are there to be in the moment, at that final moment, as a sense of offering to the dying. Most volunteers are there to give back, to return the comfort that someone else has offered their loved one in the past.”

— Mary Aguilera-Titus

“Our volunteers are there to be in the moment, at that final moment, as a sense of offering to the dying,” explains Mary Aguilera-Titus, a licensed massage therapist at Suburban who was instrumental in bringing the program to Bethesda. “Most volunteers are there to give back, to return the comfort that someone else has offered their loved one in the past. They know what a profound experience it truly is.”

The nurses at Suburban support the program because they can care for all of their patients with peace of mind that

those who need companionship will get the compassionate presence they need and dignity they deserve. “I think this program epitomizes patient-centered care—supporting patients when they are most at need and not even able to ask,”



ILLUSTRATION BY NICOLET SCHENCK

explains Barbara Jacobs, MSN, RN-BC, CCRN, chief nursing officer at Suburban.

Begun in Eugene, OR in 2001, No One Dies Alone has since been adopted and refined by hospitals nationwide.

“It is really moving to the nursing staff to see so many non-clinical staff members volunteering their time,” Jacobs adds. “For those who don’t have loved ones close by, this is an extremely powerful program. The volunteers who have been bedside understand what it means to share this time with patients and to experience for the first time [for many] such a moving moment.”

“We care so much about and do so much for childbirth, the first phase of life. So why not do the same at the end of life’s journey for those in need?” says Aguilera-Titus. “To me, that’s an amazing gift to give.” ■

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

## Open Lines of Communication

By Jennifer L.W. Fink

Move to bedside report increases patient safety and nurse satisfaction

When Ammini Ninan, MSN, CMSRN, proposed moving change-of-shift report from the nurses' station and break room to patients' bed-sides, her colleagues on Med B thought she was nuts.

For years, they'd shared information about patients and their care in huddles, away from the eyes and ears of patients. They spent the first 30 to 45 minutes of each shift exchanging information, then went forth to care for their patients. Ninan's proposal—to include patients and do report nurse to nurse, room to room, bedside to bedside—was a drastic departure from the usual procedure.

But Ninan, then an MSN student, knew that the evidence was solid. Bedside report has been linked to increased patient safety and patient and nurse satisfaction. Units that have implemented bedside reporting often note a decrease in patient falls, a decrease in medication errors, and an increased sense of inclusion among patient and family members—without increasing nurse stress or overtime.

Michele Applegate, MSN, RN, NE-BC, nurse manager of Med B, was intrigued by Ninan's proposal and told her to take it before the unit's Shared Decision Making Committee. At the time, most nurses on



“We took a vote, and the vote was 100 percent in favor. It wasn't, 'Should we do this?' but 'When do we start?' ”

— Michele Applegate, MSN, RN, NE-BC

the unit were adamantly opposed to the idea. Their thinking, Applegate says, was “that will never work.”

Ninan met the objections head-on. She brought a PowerPoint presentation and articles showing the effectiveness of bedside reporting to the meeting; she also showed the group YouTube videos of nurses demonstrating bedside report.

“By the time she finished her presentation, we took a vote, and the vote was 100 percent in favor,” Applegate says. “It wasn't, 'Should we do this?' but 'When do we start?' ”

That was a little over a year ago. In June 2013, after months of preparation, Med B launched bedside report.

The groundwork prior to the official launch was crucial. In order to assure patients' privacy, the nurses created a report sheet template. The template includes the patient's past medical history, current diagnoses, and details of care, including test and lab results. Nurses fill out one report sheet for each patient, beginning on admission, and privately and silently share the report sheet outside of patients' rooms before beginning the “bedside” part of bedside reporting.

Patient care techs also do rounds about 45 minutes before change of shift, helping patients to the bathroom and tending to their needs so they are ready to participate in report. (Nurses also offer pain meds before change of shift.)



Ammini Ninan, on facing page and above right with CUSP safety champion Rossana Oakley, swayed her colleagues with evidence. Nurse manager Michele Applegate, right, was also sold.

The unit also adjusted charge nurses' hours; they now come in (and leave) a half hour earlier than bedside nurses, so they can provide patient coverage while the nurses move from bed to bed.

During report, the outgoing nurse introduces the incoming nurse to the patient. Together with the patient, they discuss the plan of care for the shift. The nurses also check the patient's IV site, lines, and fluids, assess pain control, and perform an overall safety check.

Med B staff quickly realized that bedside report fit well into their Comprehensive Unit Safety Program (CUSP). “Previously, most of our staff was tied up for the first 30 minutes of a shift,” Applegate says. “Now, they're right there in patient rooms. If something is wrong, they're going to be able to catch it.”

Three months after starting bedside reporting, patient satisfaction scores were up and “nurse



PHOTOS BY CHRIS HARTLOVE

satisfaction scores were 100 percent,” Ninan says. One year later, satisfaction scores remain high, Ninan has been named Bayview's Nurse of the Year and representatives of Med B are preparing to present a poster detailing their experience with bedside reporting at the 2014 Academy of Medical-Surgical Nursing conference.

“Everybody is happy,” Ninan says. ■

ALL CHILDREN'S HOSPITAL

## Practical Practice

By Steve St. Angelo

Handbook, sims lab prep nurses for unique challenges of stem cell transplant

A hematopoietic stem cell transplant (HSCT) leaves nurses little margin for error. The procedure can create healthy new blood and bone marrow but leaves a patient's immune system extremely fragile. For those new to caring for HSCT patients, the process can be intimidating. Even for established nurses, keeping skills and knowledge sharp is essential.

As the HSCT program at All Children's Hospital became the largest in Florida, and the need for additional nurses grew with it, leaders and frontline nurses sought a way to turn a potential problem into an opportunity.

As a bedside nurse, Julie Navarro, BSN, RN, began working on an HSCT handbook that clearly and simply walks staff through the incredibly delicate care of children undergoing the cancer or autoimmune disease treatment, during which something as simple as giving ice to a patient or allowing a visitor could introduce a deadly infection.

Navarro, who is now blood management coordinator and transfusion safety officer at All Children's and who has a "passion for working with complex HSCT patients," was supported by Amy Spence, MS, RN, an advanced nursing education specialist, and Bethany Harmon, ARNP, in making the handbook the starting point for nurse orientation. Then it was off to the simulation lab, where the team helped create scenarios that mimicked the challenges of HSCT care without the error and infection risks.

The first simulation begins with the patient-admission process and continues with the preparative regimen through the infusion of stem cells—including specifically timed lab draws, medication line set-ups, chart reviews for documentation, and counting drip rates for the stem cell infusion. In the sims lab, nurses can practice complex skills, ask questions, get comfortable with equipment, correct errors, and learn from peers.



"Combining classroom education and simulation validates competency and ensures that the knowledge and skills required to care for HSCT patients are hard-wired and readily transferred to providing superlative patient care," says Deborah Del Favero, MSN/ED, RN, director of Hematology-Oncology-HSCT.

The team is currently working to develop Session Two of the orientation, focusing on potential post-transplant complications and their treatments. ■

From left: Hematology-Oncology nurses Nicole Robertson, Amy Spence, Tina Suarez, and Julie Navarro in the simulation lab.

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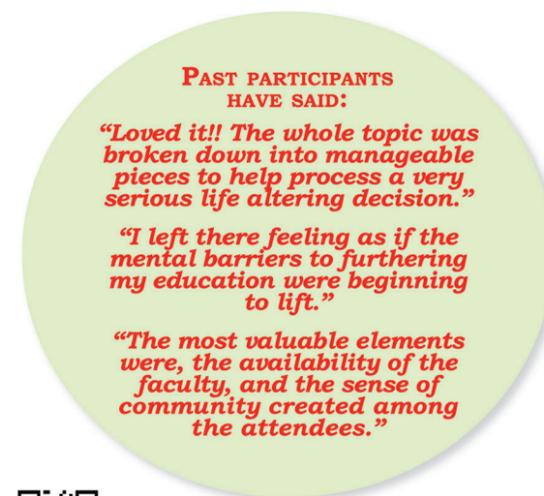
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Assistant Professor  
Johns Hopkins University



Dr. Mary F. Terhaar  
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JOHNS HOPKINS  
SCHOOL OF NURSING



# VIGILANDO

News from **the Johns Hopkins Nurses' Alumni Association**

Inside this section:

P. 48

## CLASS NEWS

New additions, continuing education, and a new forum for old and new favorite reunion stories—notes from the Classes of 1959 through 2014.

P. 51

## CHURCH NOTES

The Freda Creutzburg Scholar, a 110th anniversary for Church Home alumni, a plaque unveiling, and blowing the lid off an amazing find for the Archives.

## Alumni Update

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



I hope you are all enjoying the summer! Some exciting changes have been happening with the School of Nursing and the JHNAA. We have been collaborating a great deal with Dean Patricia Davidson, and she has some really wonderful ideas about engaging with our alumni. (By the way, if you're on Twitter, follow her: @nursingdean.) I know you'll enjoy getting to know her better at Alumni Weekend (September 25-27).

I hope you're planning to attend Alumni Weekend 2014, which will include great events such as the cocktail party at Bond Street Social, the celebratory lunch on Saturday, and *An Evening with the Stars* on Saturday night. In addition to these fantastic annual events, we'll also be discussing some important issues and changes to the School and the Alumni Association

at the annual meeting on Saturday morning, September 27. Dean Davidson will be there to answer all your questions about recent curriculum changes involving the Master's Entry into Nursing program, and we will also discuss future changes to the structure of the JHNAA. It should be an informative, fun, and exciting weekend.

This will be my final letter to you as president of the JHNAA. It has been such a pleasure to lead this incredible alumni association over the past two years. I know you will be in great hands with Susan Kulik, current JHNAA vice president and incoming president. I am still on campus, so I hope to see many of you at future Hopkins Nursing events! ■

## CLASS NEWS

**1959** Penelope Brindley is working as a psychologist in her home. After JHSON, she received her master's in creative writing (1974) and her PhD in Psychology (2000). She enjoys reading, writing, spending

time with her family and her Italian greyhound puppy. **Jean L. Hamlin** retired in 2002 and enjoys gardening, orchids, quilting, reading, and traveling. She is very proud of her family, which includes her husband (Mike), children (Lee Margaret, Michael, and Neil), and her grandchildren (Michael and Kylie).

**1964** The class of 1964 is planning for its 50th year reunion in September. Currently 37 classmates have

stated an intent to attend. We encourage those who have not made that decision to consider joining us in the celebration. **Sue Gormley Buchanan** and **Mary Jo Steenbergen Kubeluis** have planned a wonderful dinner for Friday evening at the Hopkins Club. **Diane Demarest Becker** has developed our website for you to tell your story and share photos. **Barb Lutz** and **Eileen Sweetland Leinweber** will be calling those we have not heard from to connect and invite you to attend and share your life stories. Our goal is 50 for the 50th and 100 percent participation in the class gift. Any questions about the class

gift should be directed to **Gerry Pignato Peterson**. Please come and be honored as a graduate of the JHSON.

University-Pueblo in the Department of Nursing. She also has a husband (Jude) and two children (Rose and Michael).

**1969** Sandy Stine Angell's son and wife had a baby boy on April 24 at GBMC. Their nurse on the postpartum unit was **Abby Adams**, an '08 grad. Sandy took a picture of Abby and 1-day-old Cameron Bissell Angell (right).



**1977** Ruth Johnson Depalma is completing her PhD at Capella University and is working as an associate professor/undergraduate chair at Colorado State

**1997** Susan Clime Herndon was accepted into the Duke School of Nursing Oncology Nurse Practitioner Program, which starts this fall. She is very excited to continue her nursing education in the specialty she loves!

**2009 ACCELERATED** Jessica Verrillo Hoort worked at the R. Adams Cowley Shock Trauma Center for five years (multitrauma critical care and critical care resuscitation units). She married fellow JHSON classmate **Andy Hoort** in May 2013. She currently attends Oakland University in Detroit, MI for her master's in nursing anesthesia

# ALUMNI

## 20 WEEKEND 14

### Johns Hopkins Nurses' Alumni Weekend 2014

# SEPTEMBER 25-27, 2014

**THURSDAY, SEPTEMBER 25TH, BOND STREET SOCIAL, FELLS POINT**  
6:00-8:00 p.m. Cocktail party with great food, drinks, music, and friends!

**FRIDAY, SEPTEMBER 26TH, SCHOOL OF NURSING**  
9:00 a.m. Continental breakfast and registration  
9:30 a.m. Medical Archives or Johns Hopkins Hospital/Hampton House tunnel tours  
Noon Lunch  
1:00 p.m. Class without quizzes featuring JHUSON faculty  
3:00 p.m. Simulation activity and school tour  
4:00 p.m. Alumni research presentations and cocktails  
6:00 p.m. Class dinners

**SATURDAY, SEPTEMBER 27TH, JOHNS HOPKINS CAREY BUSINESS SCHOOL**  
9:00 a.m. Continental breakfast and registration  
10:00 a.m. Annual Johns Hopkins Nurses' Alumni Association business meeting and Dean's address  
11:00 a.m. Off-campus run or coffee break  
11:30 a.m. Reunion class photos  
Noon Alumni luncheon  
6:30 p.m. *An Evening with the Stars: A Celebration of 125 Years of Hopkins Nursing*

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and will be graduating in December 2016. **Twila Lee Starosciak** spent the first three years of her nursing career working in the emergency department of a community hospital in Baltimore,

Bon Secours. She worked with both underserved and Department of Corrections populations. The past two years she has been working at the University of Maryland's Shock Trauma ICU, while completing her family nurse practitioner degree at the University of Maryland. In the past five years she has served on medical missions to India, Sri Lanka, Haiti, Ecuador, and Egypt. She plans to work as an FNP in immigrant health in Washington, DC this summer. **Trisha Neuman** recently moved to the Bay Area of California and began a new job at Lucile Packard Children's Hospital at Stanford. She spent the past four years working at a rural hospital as a Pediatrics Unit RN in Clovis, NM. She has two daughters: Elyse will be 3 in July and Eden is 17 months. She and husband Craig celebrated seven years of marriage this year. **Anne Steele** completed the MSN program at JHSON in 2013 and

passed the ACCNS-AG exam in April 2014. She is working as a critical care nurse in the MICU at the Johns Hopkins Hospital. Her second son Joshua was born February 26, 2014; other son Zach is 3. **Anna Van Dyke-Johnson** and husband Kyle recently welcomed their third baby! They have a 3- and a 2-year-old already. Anna has been working part time as a birth assistant for a midwife in Bend, OR for three years. **Vanessa Bruce Waldrep** works as a pediatric nurse practitioner in the Diabetes/Endocrinology Clinic at Seattle Children's Hospital.

**2014** **Carin Goodall Rogosky** got married in November 2011 and gave birth to boy, Noah Joseph, on January 13, 2014. ■

JOHNS HOPKINS  
IN MEMORIAM

- M. Grace Hunter '45
- Lynn Reed Jackson '46
- Hildred G. Merrill '48
- Priscilla Gray Teeter '51
- Mildred M. Heigley '54
- Carol C. Kealey '55
- Mildred Anne Thawley '64



Church Notes

By Deb Corteggiano Kennedy, '73

Freda Creutzburg Scholar Named

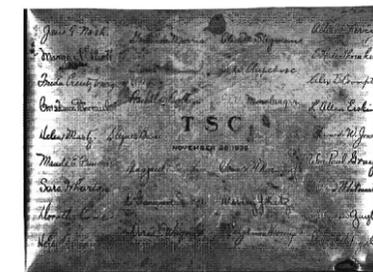
**Kerri Calloway**, the 2014 Freda Creutzburg Scholar, is a former music teacher who decided to become a nurse. Kerri received hearty congratulations at the Annual Scholar Luncheon.

110th Anniversary for Church Home Alumni

2014 is a momentous year indeed! This is the 110th Anniversary of the CHH Alumni Association and the 10th Anniversary of our merger with Hopkins. It is also the 125th Anniversary of Hopkins Nursing and the 30th Anniversary of the actual Hopkins School of Nursing. With this in mind, the reunion weekend will most likely have a large turnout. Consider booking a room at the Courtyard Marriott so you can be close to the Carey School of Business, where the luncheon will take place on Saturday, September 27. I am delighted to have connected with **Rae Disney**, '64, who shared an updated class list for the CHH 50-year honorees.

Exciting New Addition to the Archives

Recently, **Kay Kaufman**, '61 called to pass along items that had been given to her by **Anne Failing**, former administrator of Church Hospital. The most exciting of the items was a sterling silver box. The lid to the box had the monogram "TC." Research showed that the initials and the box had belonged to Dr. Thomas Cullen. The lid was also signed by many other Church Home historical individuals such as Misses Nash, Elliott, and Creutzburg.



Plaque Unveiling Set for September

The Plaque, a tribute of the mutual dedication to nursing education by Church Home and Hopkins Alumni, will be unveiled September 25. The ceremony, which will precede the kick-off event to the 2014 Reunion Weekend at Bond Street Social, will begin at 4:30 p.m. at the Johns Hopkins School of Nursing. I hope to make another addition to the Freda Creutzburg Scholarship at that time, so please consider making a donation. Since the 2013 Reunion weekend, approximately \$35,000 has been raised to add to the fund on the occasion of our 10th Anniversary. ■

CHURCH HOME  
IN MEMORIAM

- Mary Mann Mullican '60
- Mary Ann Bowman Hook '70

MARK YOUR CALENDAR

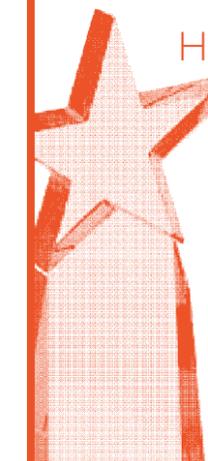
FOR THE 2014 EDITION OF  
Evening With  
the Stars

September 27 | 6:30pm

The Johns Hopkins School of Nursing will transport guests back into nursing history and into its future as the school celebrates 125 years of the best Hopkins has to offer at the third-annual Evening With the Stars gala.

Tickets are \$85 general admission, \$65 for alumni, \$40 for recent alumni (1999-2014), and \$20 for students. All proceeds benefit the School of Nursing-led coordinated school health program at Henderson-Hopkins School, a transformative model for education and health.

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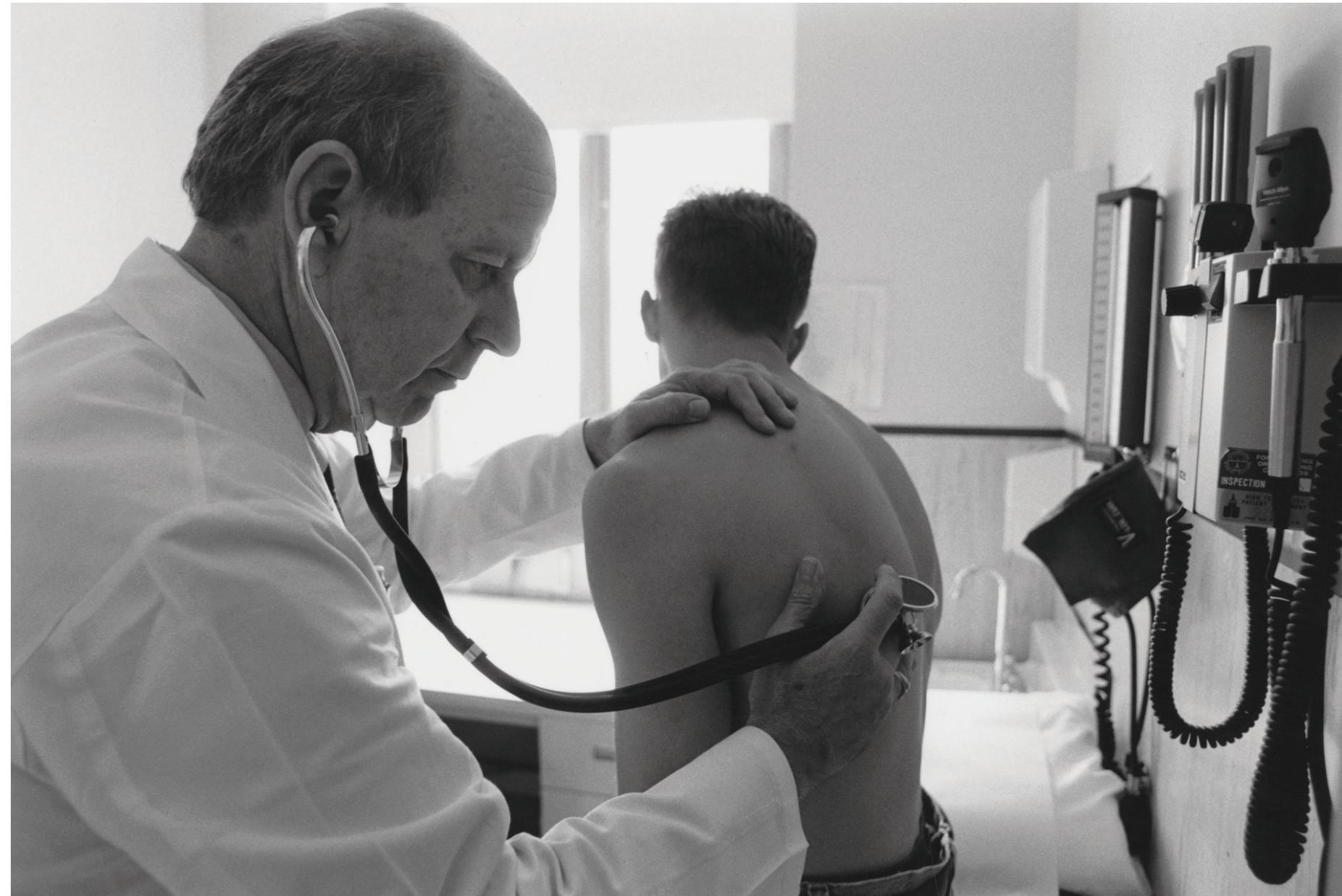
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**Vital:** John G. Bartlett, MD, a pioneer in Johns Hopkins' research on and treatment of HIV/AIDS, examines a patient in 1994. Bartlett and Frank Polk, MD, started a one-room unit within the Moore Clinic to care for early AIDS patients in 1984. It would become the largest program for HIV care in Maryland. Learn how Associate Professor Jason Farley, a nurse practitioner at the Moore Clinic since 2003, hopes to build on that legacy on P. 22. PHOTO FROM THE ALAN MASON CHESNEY MEDICAL ARCHIVES

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