

JOHNS HOPKINS NURSING

The Alcohol Question

What caregivers don't know could hurt aging baby boomers

Student Profile

Reiko Asano, Accel. '14, swapped a comfortable career in finance for a chance to save lives

Other Lives

Seven CNOs share what makes them tick and helps them build teams that operate like clockwork



PSYCHIATRIC CARE PIPELINE

In the face of a crisis, nurses prep for greater role in mental health

JOHNS HOPKINS NURSING

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



A Moment to Reflect: The Accel. '14 class at the Lighting of the Lamp ceremony marking the end of the pre-clinical portion of the BSN program. The tradition was rekindled by the Student Government Association in hopes of establishing a bond among class members that will last forever, says student Emily Dawes in this issue's Live from 525 blog entry on P. 17. PHOTOGRAPH BY KATHERINE WHITMAN

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A CALMING FORCE

BY REBECCA PROCH

The influx of newly insured people seeking mental health services under the Affordable Care Act has exacerbated a shortage of psychiatrists and other qualified professionals to treat them. One answer is to enhance the role of the nurse in psychiatric care. The Johns Hopkins School of Nursing is stepping up.

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Lynn Schultz-Writsel, Marketing and Communications Director at the Johns Hopkins School of Nursing, will retire on April 15. Schultz-Writsel was a guiding voice behind this magazine for a decade, helping to make it the best in the business, a thought leader. Her large shoes will be filled by Chris Atkins Godack, previously Assistant Dean for Communications and Public Affairs at the Johns Hopkins School of Education.



Rebecca Proch, a regular contributor to *Johns Hopkins Nursing*, is a freelance writer based in Northern Virginia who also manages technology and multimedia-resource projects for the arts-education programs at the Wolf Trap Foundation for the Performing Arts.



Jennifer Walker is a freelance writer based in Baltimore, where she writes about health and medicine, food, business, and education. Her work has appeared in *Saveur*, *Baltimore Style*, *Johns Hopkins Magazine*, and *ENT Today*, among other publications. She is also the author of the second edition of *Moon Baltimore*, a travel book that will be released in June.



Trained at the Parsons School of Design in New York City, **Cheryl Chalmers** has spent many years working to achieve a watercolor technique that captures the translucency and brilliance of light and water. Illustration clients include the Penguin Group, *New York Magazine*, and the *Wall Street Journal*. She lives in New York's Finger Lakes Region. More of her work is at cherylchalmers.com.



James Steinberg of Amherst, MA has illustrated CD covers, books, software programs, and even a postage stamp. Works by the Rhode Island School of Design graduate have appeared in the *American Illustration*, *Society of Illustrators*, and *Print Regional Award* annuals. Clients include *Time* magazine, *Business Week*, the *New York Times*, *Wall Street Journal*, and *Newsweek*. More of his work is at james-steinberg.com.

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Editorial Mission

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

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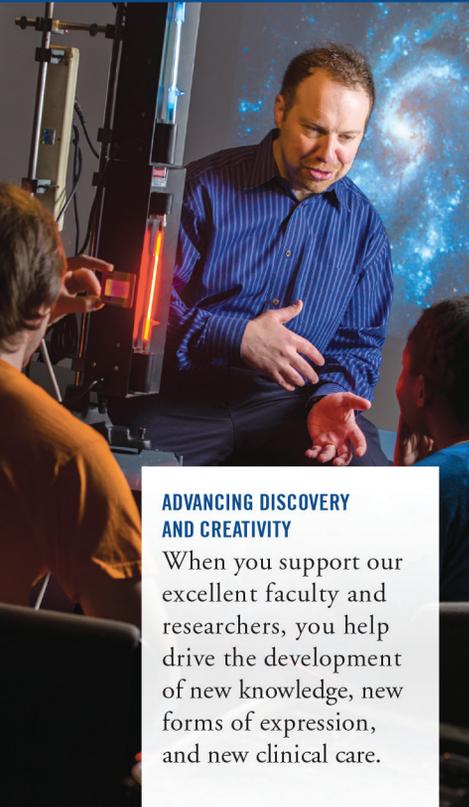
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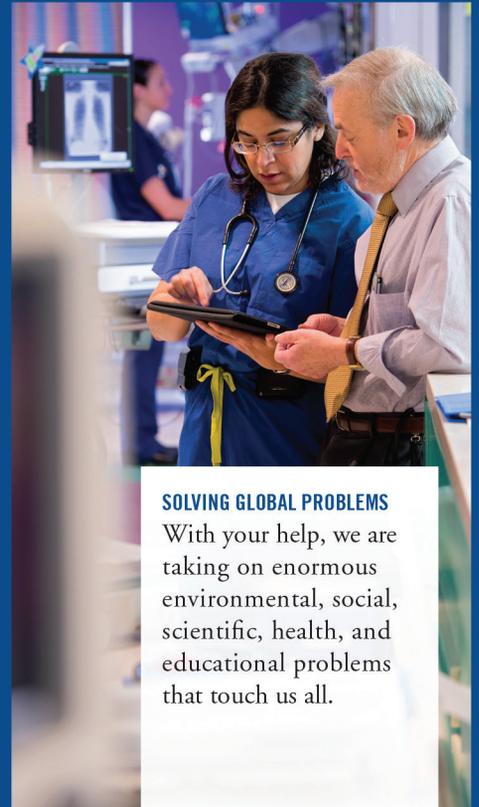
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ENRICHING THE STUDENT EXPERIENCE

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Sustained by the Johns Hopkins Parents Fund, the annual "High Table" event brings freshmen together to dine with faculty mentors and friends.



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With your help, we are taking on enormous environmental, social, scientific, health, and educational problems that touch us all.

Handelsman Professor of Abdominal Surgery Nita Ahuja and Ludwig Professor of Cancer Research Stephen Baylin work across disciplines to advance individualized cancer care.

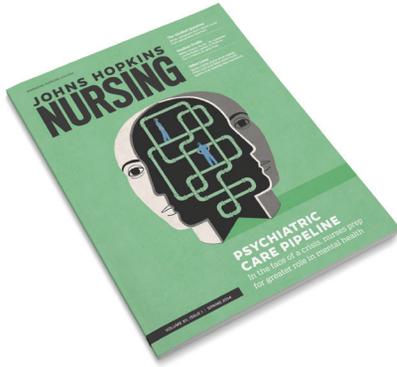
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THE CAMPAIGN FOR JOHNS HOPKINS

LETTER FROM THE EDITOR:

Fresh Look for the Spring



We celebrated when this magazine marked its first decade of existence, looking back at the creative and smart ways it had delivered 10 years' worth of thought-provoking news, features, and notes on nursing to our alumni, faculty, staff, students, and potential students. Then we started thinking about next decade. How could it be even better?

Midwifery being such an important part of the Hopkins Nursing story, we weren't inclined to throw the baby out with the bath water. And this magazine being the baby of Martha N. Hill, recently named Dean Emerita, we sure as heck weren't going to dismiss all that it and she stand for. But we did think we could start by freshening up the look. Oh, it's still *Johns Hopkins Nursing*—your magazine as much as ours—so you will find all of the familiar and favorite parts: On the Pulse, Bench to Bedside, Live From 525, Hopkins Nurse, Vigilando, plus

a robust features section.

What we hope is that, with a clearer, cleaner, bolder look, we can entice even more eyes to take a moment or 30 to discover what made this magazine so great in the first place: Hopkins Nurses.

Our lead feature article this issue takes a look at a gap in psychiatric care and how nursing is poised to make a difference ("A Calming Force," p. 18). Another tackles challenges raised as baby boomers reach their golden years with a dark secret ("The Alcohol Question," p. 24). Then, we check in with Laura Gitlin, PhD, whose Center for Innovative Care on Aging is reimagining geriatric care ("Clear-headed Interventions," p. 28).

Take a look around. If you'd like to offer feedback, use the contact info below. And thanks, as always, for reading.

Steve St. Angelo

LETTER TO THE EDITOR:

RNs and Rankings

As an alumnus of the School of Nursing, a former employee of The Johns Hopkins Hospital, and someone who works in quality and safety, I know the caliber and quality of education and care that is provided in these institutions, attributes not adequately captured in national rankings. So I am compelled to provide clarification on the article "Strength in Numbers: Nurses Behind the No. 1 Ranking" (Fall/Winter 2013).

It is not accurate to imply that nursing is the reason for the No. 1 ranking. This is not an indictment of the writer but more a message to draw attention to a flawed methodology so that my colleagues across the country in organizations that are both ranked and unranked can have informed conversations with our peers and those who entrust us with their care about what these rankings really mean.

A few quick points about the *U.S. News & World Report* methodology:

- The purpose of the survey is to identify the best medical centers for the most difficult patients—those whose illnesses pose unusual challenges.
- The data are three years behind, so



this year's rankings are based on data from around 2009-2011.

- There are four scoring domains: reputation (based on physician surveys); mortality; patient safety (based on the AHRQ Patient Safety Indicators); and other care-related indicators (RN-to-patient ratio, patient volumes, and some items from the AHA survey from 2011).

There are so many components that go into the rankings. The methodology is complex. So it is difficult to suggest a direct relationship to the clear drivers behind the No. 1 spot.

Leslie Mason, RN, MSN, Accel. '99
Chapel Hill, NC

Letters to Johns Hopkins Nursing

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

Editor, *Johns Hopkins Nursing*
525 N. Wolfe Street
The House, Room 107
Baltimore, MD 21205

Letters will be edited for length and clarity.

CHANGING LIVES, TODAY AND TOMORROW



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

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

Through her current giving and lasting bequest, Elaine Neely Schelle is committed to providing scholarship support to promising School of Nursing students—changing their lives, so they can go out and change the world.

What will your legacy be?

To learn how you can make a bequest to the School of Nursing or a gift that also provides income to you, contact the Office of Gift Planning today. We look forward to creating a plan for you that achieves your goals, and to welcoming you into the Johns Hopkins Legacy Society.

NOTES FROM THE DEAN:

Time Has Come for Master's Entry



“Here at Hopkins we recognize the need has arisen for not only a new type of nurse but a new type of nursing education.”

There are times when being a leader doesn't necessarily mean being first. Hence when we began considering our adoption of a Master's Entry into Nursing—and a switch to an all-graduate student body at the Johns Hopkins School of Nursing—the School's leadership knew we had better take our time to get it right.

Consider the Doctor of Nursing Practice program here at JHSON, which, for any of you keeping score, was not the first such program in the U.S. but has grown to become a model for many. Check out our existing master's programs, which prepare nurses to become leaders. Or our PhD program, which shapes research and researchers who advance the science of nursing and healthcare. And our growing Professional Programs explore new platforms from which we deliver lifelong learning and nurture minds across the healthcare spectrum.

The nursing profession has undergone changes almost unimaginable 15 years ago, and the science of preparing nurses has had to change right along with it. Just as the Hopkins diploma school 125 years ago faced healthcare challenges and laid the foundations of modern nursing education, the SON is again poised to implement transformational changes and ready to launch the latest innovations in nursing education that impact and even lead system change.

With our Master's Entry into Nursing program we will address the increasingly complex changes in healthcare that now impact the manner in which nurses are prepared. The future of healthcare demands that nurses have a solid foundation in evidence-based practice, strong leadership skills, and a commitment to lifelong learning. Our

students will graduate more agile and resilient, able to adjust to constantly changing environments, and better prepared to provide transitional and chronic care management.

We have planned well for our new program, carefully considering the painstaking work of a forecasting task force, curriculum planners, and focus groups. We looked at the hospitals and the healthcare employment market and conducted market research. We considered the Future of Nursing recommendations of the Robert Wood Johnson Foundation and Institute of Medicine. We examined our faculty and curricula and found the excellence, the ability, and the dexterity. And we unanimously agreed that we are ready to launch.

The plan now is for a first cohort of 120 to 150 students to enter in Fall 2015. Our accelerated Baccalaureate programs will be transitioned into the Master's Entry. We need to ensure that the Hopkins Nurse and the Hopkins brand are at the forefront of advancement and innovation. Timing the entry into graduate education has been carefully planned.

As we prepare, we admit that doing anything you haven't fully done before is a challenge. But we Hopkins Nurses aren't easily intimidated. We know that if we build the Master's Entry into Nursing, they will come—and we will deliver to them the quality education that drives the power of nursing in healthcare.

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

Postscript

Dean Emerita Martha N. Hill

I am delighted to share with you Martha N. Hill's appointment as Dean Emerita of the Johns Hopkins School of Nursing. Unanimously supported and endorsed by the Johns Hopkins Board of Trustees, this recognition is a tribute to a phenomenal nurse leader, a recognition of her contributions to our School, and another pivotal milestone in 125 years of nursing at Johns Hopkins.

We are enormously proud of her and delighted by her continued contributions.



ON THE PULSE

News from **Around the School**

Inside this section:

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TWELVE REASONS FOR OPTIMISM

A dozen new faculty in the past year or so represent an infusion of talent and a blend of experience that promise to keep the School moving forward.

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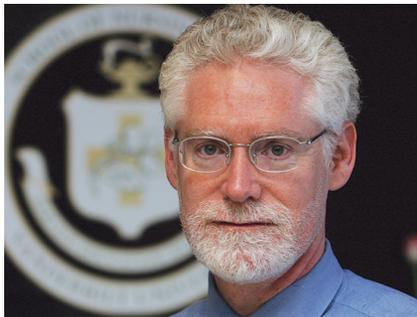
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TEACHING THE TEACHERS

Top Minds Dig into DNP



*Keynote speaker
Peter Buerhaus
of Vanderbilt*

It'll be an impressive room when the best and brightest gather to map out the future of the doctorate of nursing practice, and not just because it'll be at Baltimore's Four Seasons Hotel.

From Start-up to Impact: A DNP Conference (July 8-9) will be an opportunity for healthcare leaders, educators, and those seeking to advance nursing practice outcomes to examine the depth and breadth of the DNP programs.

Vanderbilt University School of Nursing's Peter Buerhaus, PhD, RN, whose research focuses on nurse staffing ratios and their effects on patient care, will give a keynote speech. And faculty members Mary Terhaar, DNSc, CNS, RN; Martha Sylvia, PhD, MSN, MBA, RN; and Laura Taylor, PhD, RN, will lead presentations, panel discussions, and breakout sessions. A networking lunch and reception will round out the conference.

The event is for deans, executives, employers, and other healthcare professionals to initiate meaningful conversations about DNP practice and education. Key conference objectives include illustrating successful shifts from process-orientation to data-driven decision making and interprofessional education, and aligning outcomes of DNP education with the demands of DNP practice. ■

© REGISTRATION IS NOW OPEN AT NURSING.JHU.EDU/DNPIMPACT. BOOK BEFORE JUNE 14 FOR A DISCOUNTED ROOM RATE.

Page and Glass Join STTI Hall of Fame

Gayle Page, RN, DNSc, and Nancy Glass, PhD, MPH, RN, have been chosen for induction into the International Nurse Researcher Hall of Fame. They will be the 10th and 11th from the School to be inducted.

Page, director of the PhD program at the Johns Hopkins School of Nursing, is known for her scientific inquiries into the biological effects of unrelieved pain and stress on cancer resistance and immune function. Glass, a global leader on preventing violence against women, is also an expert on public health and health disparities.

Glass and Page will be among 25 nurse leaders from Australia, Taiwan, the United Kingdom, and U.S. to be inducted.

"This international recognition by peers is very highly prestigious and well deserved," Patricia M. Davidson, herself a member of the STTI Hall of Fame, wrote in a congratulatory note.

The nurse researchers will be officially inducted during STTI's 25th International Nursing Research Congress in Hong Kong, July 24-28. ■

Faculty, Student and Staff News

ACUTE AND CHRONIC CARE

At the 2013 National Doctors of Nursing Practice Conference in Arizona, **Diana Baptiste**, DNP, MSN, RN, and **Laura Taylor**, PhD, RN, presented “Self-Care Management and Heart Failure Education: A Nurse-Guided Intervention.”

Anne Belcher, PhD, RN, AOCN, ANEF, was selected for a two-year term on the steering committee of the National League for Nursing Commission on Nursing Education Accreditation. She is also co-director, with Interim Assistant Dean for Academic Affairs **Marti Andrews**, PhD, of the School’s Office of Teaching Excellence.

Chakra Budhathoki, PhD, was appointed Assistant Professor on the Practice Track.

Dean **Patricia Davidson**, PhD, MEd, RN, received the 2013 University of Wollongong Outstanding Alumni award at the inaugural University of Wollongong Fellowship and Alumni Awards dinner on December 5.

Cynthia Foronda, PhD, RN, was appointed Assistant Professor on the Practice track.

Specialist in simulation education **Pamela Jeffries**, PhD, RN, ANEF, was chosen as the University’s first Vice Provost for Digital Initiatives.

Laura Taylor, PhD, RN, was appointed to the International Transplant Nursing Society Scopes and Standards of Practice Revisions Task Force—a group examining

IN THE NEWS

Kelly Bower, PhD, MPH, RN, APHN-BC, was fairly new to the idea of media coverage when the calls began coming in response to her study of supermarket availability in neighborhoods with different racial demographics. A month, 10 radio interviews (six live!) and 750,000 listeners later—not to mention a *Los Angeles Times* article—the assistant professor is a pro.

The study, “The intersection of neighborhood racial segregation, poverty, and urbanicity and its impact on food store availability in the United States,” was published online in the journal *Preventive Medicine* in October 2013. It was boosted by press releases to local, national, and nursing media, and, of course, Bower’s series of radio interviews, which reached listeners in large urban markets like Atlanta, Dallas, Seattle, Philadelphia, Minneapolis, Baltimore, and Washington, DC.

The study reported that living in a poor, mostly black neighborhood presented “a double disadvantage” in supermarket access. “Our study found that it’s not simply an issue of poverty,” Bower told the *Los Angeles Times*. “In fact, a racially segregated poor black neighborhood is at an additional disadvantage [for supermarkets] simply because it is predominantly black.”

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national and global perspectives on quality of practice, education, and collegiality in the transplant arena.

Brigit VanGraafeiland, DNP, CRNP, was appointed Assistant Professor on the Practice Track.

Kathleen White, PhD, RN, NEA-BC, was chosen to co-chair of the 2013-2014 American Nurses Association (ANA) Nursing Administration Scope and Standards Revision Workgroup. She will lead the group in updating old measurement criteria and evaluating the applicability of nursing administration standards.

Marisa Wilson, DNSc, MHSc, RN-BC, is a new member of the department.

COMMUNITY-PUBLIC HEALTH

Jeanne Alhusen, PhD, CRNP, RN, and **Kelly Bower**, PhD, MPH, RN, APHN-BC, were included in OnlineLPNtoRN.org's list of 100 inspiring nurses to watch for in 2014. Nurses on the list were selected for their success in "carving out a place for themselves in the changing nursing landscape."

At the 2013 Institute of Medicine's Annual Meeting, **Jacquelyn Campbell**, PhD, RN, moderated the panel "Exposure to Violence in the Community, in the Home, in the Media, and on the Battlefield."

Carolyn Cumpsty-Fowler, PhD, MPH, participated in the Johns Hopkins School of Public Health panel "Children in Danger: Gaps in Policy & Implementation Across Developed and Developing Countries" on February 10.

At the American Public Health

Association's 141st Annual Meeting and Exposition, **Lori Edwards**, DrPH, RN, APRN, BC, presented "Vietnamese Nail Salon Workers and Occupational Health and Safety Practices."

Jason Farley, PhD, MPH, CRNP, was promoted to Associate Professor on the Research Track.

Laura N. Gitlin, PhD, is co-investigator of a \$324,000 two-year National Institutes of Health grant funding the project "Mechanisms of Intervention Impact for Diverse Dementia Caregiving Populations," in collaboration with principle investigator and Director of the Johns Hopkins Center for Aging and Health David Roth, PhD.

In Bangkok, Thailand, for the Sexual Violence Research Initiative Forum, **Nancy Glass**, PhD, MPH, RN, in collaboration with colleagues from the Democratic Republic of Congo, gave presentations on livestock assets and health effects of rural women in the Democratic Republic of Congo, HIV prevention, and gender-based violence in Ethiopia, Uganda, and Colombia.

Disaster Nursing and Emergency Preparedness: for Chemical, Biological, and Radiological Terrorism and Other Hazards, 3rd edition, edited by **Tener Goodwin Veenema**, PhD, MPH, RN, received first place in the American Journal of Nursing's (AJN) Book of the Year Environmental Health category and second place in Community-Public

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CARROLL CARDS FOLD RESOURCES INTO HANDY PACKAGE

When residents of Carroll County, MD need advice on health, employment, or legal issues, they know right where to find it: their pockets.

“Carroll Cards,” an effort by students from the Johns Hopkins School of Nursing, offer a county’s worth of handy information in a format that fits wallets, purses, and pockets.

They are the brainchild of Keith Fischer, Jan Gaspar, Caitanya Min, Mariel Otter, Emily McWilliams, Emily Smith, Jamie Stowe, and Steven Wright, students in the January to March public health nursing rotation at the Carroll County Health Department. The group sought a compact, easy-to-use resource card to let people in the community know where to find not only healthcare but also Social Security resources, mental health counseling, housing, and even legal advice.

“We saw that the county had a wide variety of resources available to its residents, but no concise way of distributing the information,” says McWilliams.

The students devised the list of beneficial resources and decided on a foldable and durable card—something residents could carry with them at all times.

To date, there have been almost 6,000 cards given out at doctor’s offices, urgent care sites, and emergency departments, and they are available for any agency, office, or medical site that wants to distribute them. Dianna Davis, RN, MSN, CRNP-F, clinical instructor for the JHSON Baccalaureate program, reports the card is on its third printing. “It’s really amazing the power of knowledge,” Davis says. “When the information and resources are there, people are empowered to help themselves.”

Health. Goodwin Veenema was also appointed a faculty member in the Johns Hopkins School of Public Health’s Center for Refugee and Disaster Response.

Joan Kub, PhD, MA, PHCNS, BC, served on an expert workgroup revising the American Nurses Association’s (ANA) Public Health Nursing: Scope and Standards of Practice.

Hayley Mark, PhD, MPH, RN, was promoted to Associate Professor on the Practice Track.

Phyllis Sharps, PhD, RN, CNE, was the Davis-Sams Visiting Professor at the Indiana University School of Nursing, October 23-24. She presented “Maternal and Infant Mortality Health Disparities Research: Striving and Striving” and “Culturally Competent Research.”

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

Nicole Warren, PhD, MPH, CNM, and **Joan Kub**, PhD, MA, PHCNS, BC, spoke at the American Association of Colleges of Nursing webinar “Incorporating Population Health into Geriatric Education.”

GROUP

At the 2nd U.S.-Sino Forum, Dean **Patricia Davidson**, PhD, MEd, RN, FAAN presented a response to the keynote presentation “Closing the Gap: Global Leadership in Evidence-Based Nursing Practice and **Pamela Jeffries**, PhD, RN, ANEF, presented “The Challenges We Face in Higher Education and Educational Innovations.”

Accelerated students **Audrey Mills**, **Alexa Dougherty**, and midwifery student **Allison Boyle** moderated sessions and provided support for the first School of

Nursing Global Alliance for Nursing and Midwifery (GANM) online conference.

MSN/MPH students **Teresa Pfaff** and **Soohyun Kim**, and MSN/MPH graduate **Sara Larson** received the American Public Health Association (APHA) Public Health Nursing Section Student Scholarship allowing them to work with mentors during the APHA business sessions and Quad Council events.

Laura Taylor, PhD, RN, Clinical Instructor **Nasreen Bahreman**, Accelerated students **Jolene Valdez**, **Elizabeth Murphy**, **Holly Newbold**, **Laine Needham**, JHH Nurse Clinician **Christa Oakes**, and School of Medicine Professor **Dorri Segev** won Best Abstract Award at the 22nd Annual International Transplant Nurses Society Symposium for their presentation “Information Technology: Addressing Barriers in Living Kidney Donation with Education and Social Support for Donor Candidates and their Family Caregivers.”

Roseann Velez, DNP, CRNP, FNP-BC, **Brigit Van Graafeiland**, DNP, CRNP, **Jennifer Stewart**, PhD, RN, **Cynthia Foronda**, PhD, RN, **Kelly Bower**, PhD, MPH, RN, APHN-BC, **Diana Baptiste**, DNP, MSN, RN, and **Jeanne Alhusen**, PhD, CRNP, RN, received New Nursing Faculty Fellowship Program grants funded through the Health Services Cost Review Commission and administered by the Maryland Higher Education Commission.

The SON Diversity and Inclusion Committee, co-chaired by Associate Director for Financial Aid **Sherrod Wilkerson** and **Sarah Szanton**, PhD, CRNP, received the Johns Hopkins Diversity Innovation Grant to organize a “Diversity Panel Series.”

STAFF

At the Inaugural Joint Maryland Public Health Association & Metropolitan Washington Public Health Association

Conference, Research Program Coordinator **Gena Craemer** won third prize in the Dr. Donald O. Fedder Graduate Student Poster Competition for her poster “In Sickness and in Health.”

Senior Research Service Analysts **Ruth Hurd, Areh Howell, and Ann Evans** were recognized by Johns Hopkins University’s Garland Hall for their efforts in improving completion of financial reports and achieving targets.

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

Senior Research Nurse **Sandy Swoboda** is the 2014 recipient of the Society of Critical Care Medicine Norma J. Shoemaker Award for Critical Care Nursing Excellence.

STUDENTS

Accelerated student **Nyadia Griffith** was selected as the SOURCE Champion of the Month for her volunteer service to Baltimore’s Soccer Without Borders.

PhD Candidate **Kyounghae Kim** was awarded a \$5,000 grant from the

Fahs-Beck Fund for Research and Experimentation to help support her dissertation study “Health Literacy and Cervical Cancer Screening Behavior among Korean American Women.”

PhD Candidate **Jeanne Murphy** was selected as a 2014 Cancer Prevention Fellow at the National Cancer Institute. The post-doctoral fellowship will provide opportunities for cutting-edge research on prevention, drugs, biologics, medical devices, and more in line with her dissertation research on cervical cancer prevention in women living with HIV.

Accelerated student **Ria Rodney** presented the poster “HIV testing among Baltimore adolescents: Understanding differences by race and gender” at the Inaugural Bridging the Gap Symposium.

PhD candidate **Janna Stephens** was awarded funding to provide support for her research on smartphone technology and weight in adolescents.

PhD Candidate **Jiayun Xu** received an \$84,464 pre-doctoral training grant from the National Institutes of Health to study heat failure decision making before re-hospitalization and a \$5,000 American Nurses Foundation grant for her dissertation work on geriatrics, chronic disease, and transitions of care. ■

Research Honors Program Swells

The Research Honors Program, begun in 2005 with an initial cohort that saw only eight students complete the program, today can’t keep students away.

The program has placed 44 new research honors students out of the class that entered the baccalaureate program in September 2013, the largest group enrolled in the enrichment program to date, says Jerilyn Allen, ScD, RN, associate dean for research and director of the program.

Research Honors Program members learn the entire research process—from writing the initial proposal to reporting the results. Over three semesters, students carry out a research project under a mentor. The goal: to foster an appreciation of research and its value to the nursing profession.

“I continue to be amazed at the quality, enthusiasm, and sophistication of these students,” says Allen. “They encourage me about the future of our profession.”

Safe Magazine Heroes



With 1 in 3 women expected to experience gender-based violence in her lifetime, there’s never been a more important time to look for heroes. *Safe* magazine went looking for 50 to launch its premiere issue and not surprisingly found two at the Johns Hopkins School of Nursing: Nancy Glass, PhD, MPH, RN (image at right), and Jacquelyn Campbell, PhD, RN.

Singling out her Pigs for Peace program, which helps survivors of gender violence in Africa gain economic independence, *Safe* called Glass “a champion of trying to empower and protect women in the Democratic Republic of Congo—an area of the world known for its astounding rates of brutal rape and violence against women and girls.”

Safe also celebrated the One Love DA phone app based on Campbell’s work with the Danger Assessment Tool and used to warn women of danger signs in relationships and guide them toward help.

“These heroes are the light bringers,” the editors write in introducing their list of 50. “They are the whistle-blowers, risk takers and the lawmakers. They question social norms, provoke conversations and tell it like it is. They are watchdogs, media hounds and meticulous researchers, hot on the scent of fresh data. They are, alternately, diplomats or disturbers of the status quo.” ■



Teaching the Teachers

Not too long ago, common wisdom held that anyone who graduated from a doctoral program was capable of teaching, explains Pamela R. Jeffries, PhD, RN, Vice Provost of Digital Initiatives. “In recent years, however, it has become apparent that teaching is not an intuitive behavior,” she explains. “To develop the ‘art’ of teaching, professors require guidance and support.”

University Teaching 101, a new Johns Hopkins University massive open online course, or MOOC, will see to it that more PhD candidates—the next generation of faculty—are prepared to “jump in feet first,” she says. University Teaching 101 is a free, six-week, six-module course developed by the *U.S. News & World Report* top ranked Johns Hopkins schools of Nursing and Education and designed to introduce the strategies and skills necessary to meet the demands of teaching at a university level. It launched

March 17 on the Coursera platform, with a Signature Track option available for \$49.

University Teaching 101, led by Jeffries and David Andrews, PhD, dean of the School of Education, engages participants through discussion forums, case studies, peer review of cases, quizzes, and the like, “all with the intent that we want people to be successful and complete it,” explains Jeffries of a course that draws expertise from not only Nursing and Education but across the divisions of Johns Hopkins.

The MOOC springs from an innovation award Jeffries and Candice Dalrymple, Associate Dean of University Libraries, earned in 2013 for their Preparing Future Faculty Teaching Academy (PFFTA) for PhD students across the university. University Teaching 101 is the key to phase one of PFFTA: supplying a foundational knowledge in teaching. The MOOC is a way to capture students “who don’t have time because they’re doing clinical work or whatever. They can do the MOOC in their off hours,” Jeffries says.

Phase two of PFFTA adds immersion workshops; phase three puts PhD students in a classroom with a mentor. ■



Farewell to Distinguished Professor

Fannie Gaston-Johansson, PhD, RN, the first African-American woman to be a tenured full professor at Johns Hopkins University, the first member of the School of Nursing to be named a University Distinguished Professor, and the Elsie M. Lawler Chair, will be celebrated in a retirement reception at the School on May 19. An advocate for health disparities research and pain and symptom management, Gaston-Johansson has served the Johns Hopkins community since 1993, and currently leads the Minority Global Health Disparities Research Training Program.

The reception will be held at 4:30 in the School’s Courtyard Garden. RSVP to son-events@jhu.edu by May 9 to attend.



PHOTO BY WILL KIRK / HOMEWOOD PHOTOGRAPHY

Feeling at Home

Students at Henderson-Hopkins K-8 school in East Baltimore enjoy a look around the new digs on opening day in January. The School of Nursing will be involved in student and family wellness programs at Henderson-Hopkins.

@ MORE PHOTOS AT MAGAZINE.NURSING.JHU.EDU

TWELVE REASONS FOR OPTIMISM

Faculty building can be a challenge in the best of times. For schools of nursing (and much of academia), these are not the best of times. Yet Johns Hopkins Nursing has 12 reasons to celebrate: one dozen additions to our faculty over the past year or so who represent the best of the best. They represent an infusion of talent and a blend of experience that promise to keep the School moving forward. Meet the “new kids.” ■



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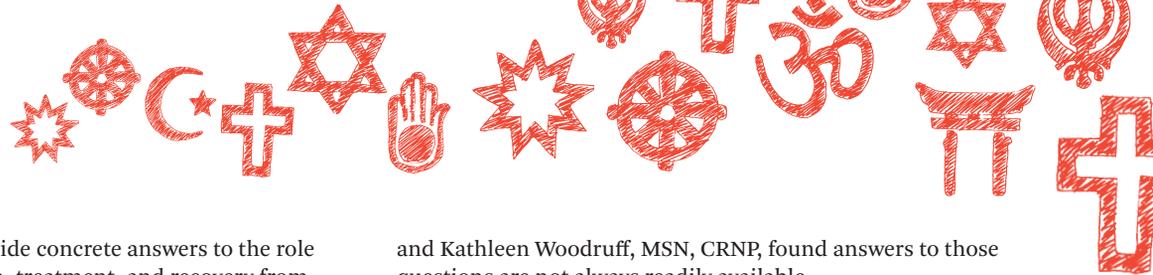


MARISA WILSON
DNsc, MHsc, RN-BC

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Spirituality and Addiction

Contributions to care remain hard to define



A higher power has yet to provide concrete answers to the role spirituality plays in prevention, treatment, and recovery from substance abuse. Until one does, mere mortals will struggle even to define “spirituality” and differentiate it from “religion.” But try we must, argues Associate Professor Joan Kub, PhD, MA, PHCNS, BC, in a guest editorial (with P. Ann Solari-Twadell, RN, PhD, MPA, of Loyola University Chicago) in the December 2013 *Journal of Addictions Nursing*.

“Because it is difficult to differentiate religion from spirituality, conceptualization and measurement issues often result in conflicting as well as confusing findings,” the editorial says.

Spirituality is a central tenet of 12-step recovery programs like Alcoholics Anonymous. Its value, particularly regarding alcohol addiction, has been recognized by many healthcare practitioners as well. But what does research science say about the role spirituality plays in addictions care? The issue of the *Journal of Addictions Nursing* co-edited by Kub, an addictions expert at the Johns Hopkins School of Nursing, was dedicated to that very topic. Featured articles by Kub and Hopkins Nursing colleagues Benita Walton-Moss, DNS, RN, CRNP, Ellen M. Ray, DNP, RN,

and Kathleen Woodruff, MSN, CRNP, found answers to those questions are not always readily available.

But if hard data are difficult to come by, in a question-and-answer session with Fran Ludwig, MS, RN, who has been actively engaged in integrating spirituality into healthcare for decades, Kub learns that at least attitudes have begun to change.

“I graduated with my Bachelor of Science degree in the 1970s and immediately went into psychiatric nursing. The mention of spirituality or God was rather taboo in that area, and rarely did I hear or see any aspect of this on the unit except if the clergy came to visit a patient,” Ludwig tells Kub. “Today, the importance of spirituality and health is much more acceptable throughout healthcare. ... We are beginning to realize that we cannot just care for one part of the patient but, instead, must view the patient in a holistic manner: mind, body, and spirit.”

Kub concludes, “With more information, practitioners in the addictions field can gain a better understanding of spiritual resources and provide information about them to patients at risk for or trying to overcome an addiction.” ■

A Quick Study: Daughter of Nurse, Doctor Makes JAMA



The apple didn't fall far from the tree in the Bernstein family. Jillian, a ninth-grader, was recently published in the journal

JAMA Internal Medicine with her father Joseph, a physician, to the delight of her mom, Hopkins Nursing doctoral student Kirsten Hickerson.

The Pennsylvania teen helped turn a mealtime discussion of medical cost transparency into a research project on what an uninsured patient could be expected to pay for a common procedure at various local hospitals.

From the *Philadelphia Inquirer*:

It all started at the dinner table ... when Joseph Bernstein told his daughter (then in eighth grade) about a study of how difficult it was for consumers to find out the cost of a hip replacement.

They decided that ... she should try asking 20 area hospitals for the price of an electrocardiogram (EKG), a generic procedure that should cost about the same regardless of the patient's age and condition. Yet just three of the 20 revealed their price for an EKG. And those prices varied widely: \$137, \$600 and \$1,200. "It was pretty astonishing," the younger Bernstein said.

“Jillian did conduct a wonderful study, but I believe she learned a more important lesson,” says Hickerson. “She often said how badly she felt for people who had to navigate the system; specifically calling departments, being put on hold, getting disconnected. She said she could not imagine being sick and having to make these calls and not get clear information. I believe this really shows who our daughter is—someone who really wants to empathize and care for others.”

Asked by the *Inquirer* whether Jillian is destined for a career in medicine, Joseph Bernstein said, “We haven't talked her out of it.” ■

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For Ticker Tracker, a Change of Heart

Instead of saving the world, Reiko Asano, Accel '14, was solving the world financial markets. The bond trader thrilled to the idea of waking up to news from the New York markets, acting on it in Tokyo, then passing the results along to London. "Every day was so different, so fast-paced," she says. "It was a dream job," especially to parents who had paid for the private Jesuit college in Tokyo, her hometown.

That all changed on a transoceanic flight from Michigan to Tokyo. A nearby passenger, a diabetic, began lapsing into a coma. Asano could only watch. "I felt ... not powerless but useless," she remembers (fellow passengers trained in medicine instead saved the day). Poof! The spell of high-finance was broken: "Just realizing that you can have that ability to save a life with your hands ..."

She decided to quit her "secure, happy life" on the spot. That would be the easy part. In Japan, medical schools wanted to pigeonhole her as a researcher. And Japan's nurses are far less empowered. So when her acceptance arrived from the School of Nursing with news that she'd also earned a Conway Scholarship, Asano says she cried with joy "for days, weeks, months!"

Now, Asano gets her old adrenaline rush from the sound of an ambulance or a medical chopper. One day, as she shadowed a nurse in a frenzied acute care setting, an accident victim arrived unconscious. "You could see that she was trying to live," Asano remembers, still clearly moved by the moment, "and the nurses were trying to help her try to live."

All of the world's money can't buy that feeling.

Joanne and William Conway Endowed Nursing Scholarship Fund

The Joanne and William Conway Endowed Nursing Scholarship Fund, established in April 2013, supports multiple students each year in hopes of addressing the shortage of nurses.





LIVE FROM 525

Light at the End of the Tunnel

By Emily Dawes, Accel. '14



Students come to the School of Nursing from so many different backgrounds that often the first thing that binds us together is a feeling of being fish out of water. As we learn, work, succeed, and yes, struggle under the demands of a Hopkins education, we form other bonds as friends, study buddies, and colleagues. Then, soon, many of us will return to wherever we came from,

set out to discover new places, or settle in Baltimore, a place we have come to call home, and go about our business as nurses.

What will bind us then? As members of the Student Government Association, we decided that we wanted to create a moment of reflection on what brought us all to the Johns Hopkins School of Nursing. The general consensus was: We all want to be exceptional nurses and join the legacy of brilliant nurses who have come from this Institution. We want to continue the legacy of excellence in clinical practice, education, leadership, and research. The discussion turned to nursing traditions, and we decided upon a “Lighting of the Lamp” ceremony to bind our cohort together and seize this special moment as we embark on the final semester of our BSN program. The lamp symbolizes the tradition of nurses carrying a lamp to care for patients after dark, but also our many late nights studying.

We are almost there. We can take a deep breath and reassure ourselves and one another that July 18 is quickly approaching,

and shortly we will all begin our own journeys. However, no matter where we go, we will always be bonded together as Hopkins Nurses. The pin is a way to remind us that as Hopkins Nurses we always strive to be better. We’re no longer fish out of water, but we’re all still in this together.

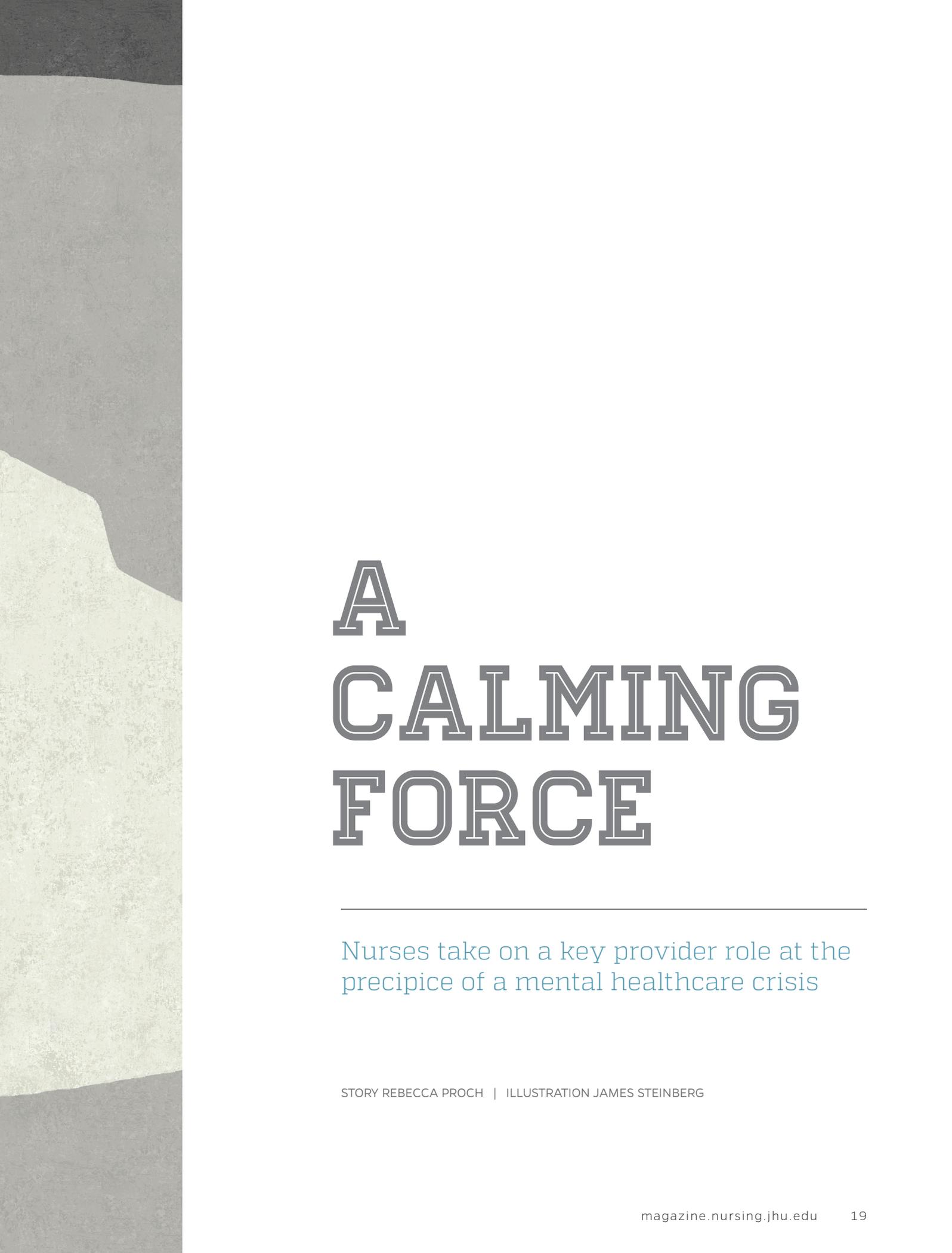
Our amazing professors and instructors have welcomed us into a profession they hold so dear. The summer cohort faculty adviser, Nasreen Bahreman, has been there especially to support us and encourage us every step of the way. When Dean Patricia Davidson lit the candles for our cohort and together we stood in the flicker of their light, it was an indescribable moment of pride in everything that we had accomplished to date.

As a newcomer herself, Dean Davidson has inspired us to seek and set new traditions that we hope will inspire future generations to reflect upon their nursing school journeys.

You can’t force a tradition into existence. Like a flame, it must be tended. We must entrust the Lighting of the Lamp ceremony to the next cohort of nursing students and hope that they carry on as a tradition a moment that was so special for our class. My great wish is that all who come through the Hopkins School of Nursing program will share a moment like we did that evening, and remember it always. ■

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A CALMING FORCE

Nurses take on a key provider role at the precipice of a mental healthcare crisis

STORY REBECCA PROCH | ILLUSTRATION JAMES STEINBERG

Imagine being one of the tens of millions of people in America who have lived for years without health coverage or access to care outside of emergency room visits, one of those who struggled to manage everyday life while coping with an untreated mental health or substance abuse condition.

Imagine ringing in the new year by enrolling in a healthcare plan, perhaps for the first time ever, through HealthCare.gov's online marketplace. Finally, there's a light at the end of that long, dark tunnel. Or is there?

For the mental healthcare community, the influx of newly insured people seeking services puts the spotlight on a challenge that long preceded the Affordable Care Act: a huge population of patients with mental health needs and a shortage of psychiatrists and other qualified professionals to treat them. It's a complex challenge without a single solution, but it's also an opportunity for nurses to emerge as leaders in helping to bridge that gap. At the Johns Hopkins School of Nursing (JHSON), faculty and researchers are doing just that, enhancing the role of the nurse in psychiatric care, and creating more nurses who can fill it.

The 2010 U.S. National Survey on Drug and Health estimated that 46 million adults in the United States suffered from mental disorders but only 40 percent had received treatment in the previous year. Further, the Jonas Center for Nursing Excellence stated that in 2013, there were 90 million Americans in federally designated Mental Health Professional Shortage Areas. With HealthCare.gov now live, as many as 10 million more people will have coverage for mental health and substance abuse issues. Complicating matters are the many intertwined needs of that population. Specialized assessments and treatments are required for

geriatric, pediatric, and military veteran patients. Many require treatment for medical issues in addition to psychiatric or substance abuse issues. Pharmaceutical treatments can bring side effects that then need to be managed as well.

Linda Gerson, PhD, RN, researcher and assistant professor in the Department of Acute and Chronic Care, calls the psychiatric nurse a lynchpin in the patient's mental healthcare team and support network, one that includes family members and community. "Nurses who are providing psychiatric care are considering the whole patient, including physical, emotional, and social needs," she says. "The mentally ill are a complex group to care for. We spend a lot of time trying to educate our patients and help them live on a daily basis."

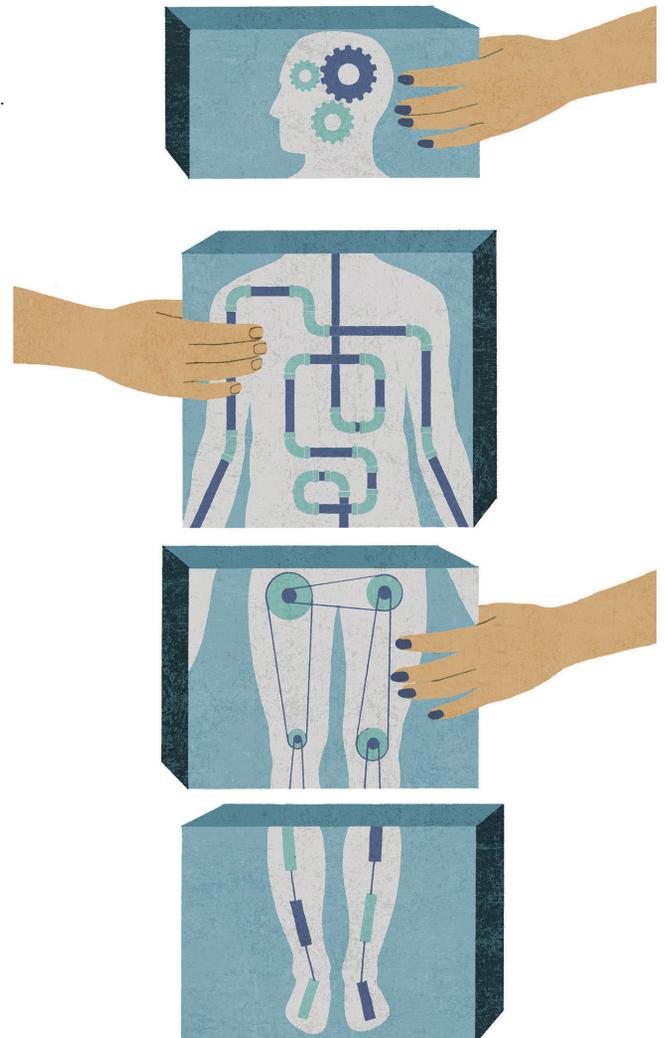
Gerson designed a study to assess the needs of the chronically mentally ill—and their families—to seek ways in which nurses could help reduce readmissions and smooth the transition from hospital to home. In addition to medication management, she cites a need to help patients connect with social support and assist families in finding support resources for themselves.

"Unless they're already involved with a local organization, they may have trouble finding ongoing resources or aid," she explains.

Social Stigma

Deborah Gross, DNSc, RN, professor and chair in Mental Health and Psychiatric Nursing, points out that even with insurance, parents may have difficulty finding affordable care for children with behavioral problems. And many fear that a psychiatric diagnosis could label their child for life.

That same worry over the social stigma not only prevents many people suffering with mental health issues from seeking care in the first place but makes the transition from hospitalization



back to the community more difficult. Gerson feels it's important to introduce her nursing students to groups that are working within communities, groups like the National Alliance on Mental Illness (NAMI) and other mental health organizations. An upcoming luncheon at the School will bring together students with participants in the American Foundation for Suicide Prevention's Out of the Darkness walks, events that promote public awareness of depression and suicide, to talk about ways to reinforce each other's work.



People are going to go where they're comfortable, which usually means their primary care provider. Instead of having them shuttle between healthcare systems, we want to have nurse practitioners who can provide integrated care for physical, social, and mental health across a range of settings and services. The focus on integrated care is new and relevant to the healthcare system today."

— Karan Kverno, PhD, PMHCNS-BC, PMHNP-BC

Gross, meanwhile, works with Baltimore schools on implementing her Chicago Parent Program, a skills and support effort that helps parents of 2- to 5-year-old children who have or are at risk for behavioral problems. (Gross launched the program in Chicago before joining JHSON.) She believes parents may be more likely to seek help for troubled children when preventative or health promotion services can be found in schools or other non-stigmatized community settings. Early intervention is key. "If you don't treat problems early, they build on each other. There's so much that we as nurses can do to change that trajectory in those first five years by working with parents. And when you can help the parents, you're not just helping one child—you're helping all their children."

The Provider Pool

In Maryland alone, there are over 700,000 residents without access to the mental health services they need, primarily in rural areas of the state. In response, Karan Kverno, PhD, PMHCNS-BC, PMHNP-BC, and Deborah Finnell, DNS, PMHNP-BC, CARN-AP, spearheaded the Psychiatric Mental Health Nurse Practitioner certificate program, a one-year, post-master's intensive for primary care nurse practitioners that will prepare NPs to provide integrated mental healthcare services, including assessment and prescriptions.

Designed as an online course, it will include clinical training partnerships with facilities in

underserved areas of Maryland where the students are located. The priority is to keep NPs in those areas, providing much-needed services while they earn the certificate. All core courses are completed in the first semester, followed by two semesters of practice.

"People are going to go where they're comfortable," says Kverno, "which usually means their primary care provider. Instead of having them shuttle between healthcare systems, we want to have nurse practitioners who can provide integrated care for physical, social, and mental health across a range of settings and services. The focus on integrated care is new and relevant to the healthcare system today."

The curriculum launches in May with 10 students in its first cohort and an anticipated 15 per year after that. "There will be considerable interaction between faculty and students," says Finnell. "We have developed the curriculum so that we can really personalize the experience and tailor it to the students' needs." JHSON is one of the first nursing schools to use this kind of intensive online instruction to train nurse practitioners in integrative mental healthcare.

Nurse-Driven Research

Since her arrival at Hopkins in 2008, Gross has met monthly with psychiatric nurse clinicians to talk through questions addressing quality of care and managing costs. With her advice and guidance, groups of nurses design studies that lead to

The mental health curriculum will feature “considerable interaction between faculty and students,” says Deborah Finnell, with staffers Beverly Winter (top) and Kristen Bartelmes.



PHOTO BY CHRIS HARTLOVE

evidence-based practices. Projects on which she’s helped include evaluating the reduced use of restraints and seclusions on psychiatric patients.

“It’s been so interesting,” she says. “Nurses are wonderful observers and really natural scientists. They’re always looking for ways to improve processes and fix problems at the bedside. There’s a lot that nursing care can do that improves outcomes and decreases costs, and the way you find that out is through these research projects.”

Gerson likewise works with her students to develop skills in gathering evidence—evaluating the existing research as well as learning to develop studies of their own where the literature is slim. “We have to design models of care that will address the needs of patients and their families. There isn’t a lot of literature on nursing intervention in this process, but nursing is critical to breaking the cycle of hospitalization. We need to do that research to support our interventions. We build credibility when we build evidence for our nursing actions.”

A Common Goal

Few would suggest that psychiatric nursing is a replacement for physician care, or that nursing alone can fill the demand for mental healthcare services. However, by identifying areas where nurses are poised to contribute more to the delivery and continuity of care, Hopkins keeps pace with the national and global recommendations for the role of nurses in healthcare reform such as those endorsed by the World Health Organization and the Substance Abuse and Mental Health Services Administration.

“Mental healthcare is crucial to the well-being of society,” says Gerson. “In light of the Affordable Care Act, we as nurses have an obligation to carve out our role, to look at how we can inform health policy, to understand how we’re going to best serve the needs of our patients. To me, this is not in isolation but as part of an interprofessional team. Together, we will be able to improve the patient’s quality of life.” ■



The Alcohol Question

What caregivers don't know could hurt aging baby boomers

STORY NORINE SCHILLER | ILLUSTRATION JAMES STEINBERG

A 70-year-old man suffers a heart attack and is brought into the Emergency Department. His medical history reveals cardiovascular disease, high cholesterol, and a previous heart attack in his 50s. On aspirin therapy for a year, he had stopped it three weeks earlier on his physician's advice after reporting more cardiac discomfort and using more nitroglycerin just to get through the day.

He needs a cardiac bypass, which should take about five hours. But once surgery begins, so does uncontrolled bleeding. Finally, after 13 hours, the patient's life has been saved, but he faces a complicated recovery, and the exhausted surgical team is left to wonder what went wrong.

Blame a potentially deadly and all-too-common cocktail, says Christine L. Savage, PhD, RN, CARN, professor and chair of the Department of Community-Public Health at the Johns Hopkins School of Nursing (JHSON). Alcohol is an anticoagulant. The patient had been a lifelong drinker and was still drinking daily. The doctor didn't know about it because he didn't ask. In addition, the patient had heard only "aspirin," not "children's aspirin," so he had been taking

a higher-than-prescribed dosage of that blood thinner. (Nitroglycerin also opens blood vessels to improve flow.)

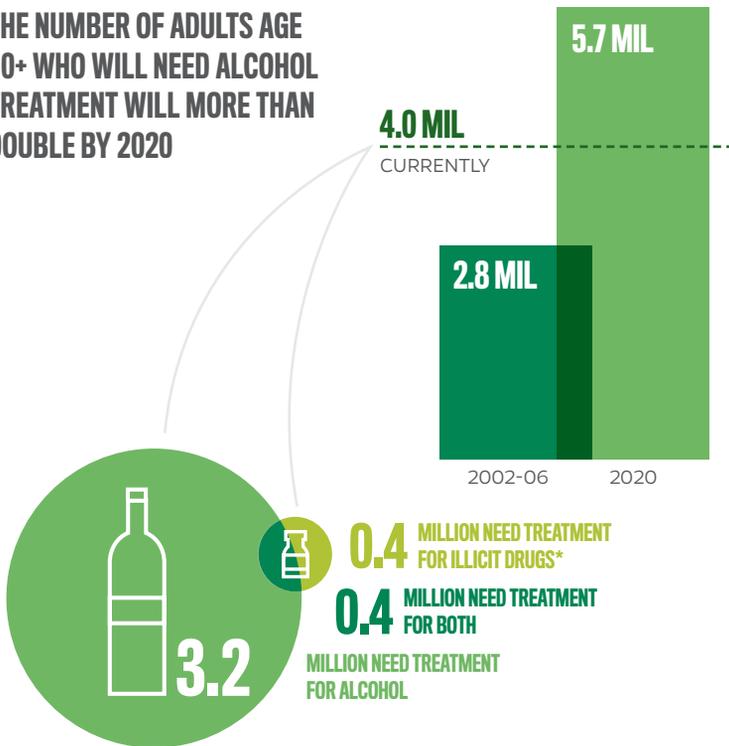
Savage says this case study illustrates just one of the healthcare perils that lie around the corner for an aging baby boomer population, many of whom will bring substance use and its complications with them into their golden years. She explains that while misuse of prescription drugs or use of illicit drugs makes better headlines—and might be a legitimate and growing concern for the generations following boomers—alcohol overuse is a far greater and more widespread danger for this group and a significant challenge for caregivers today.

Baby boomers are more apt to be prescribed medications for various medical conditions, and these have the potential to interact with alcohol and thus increase the risk for adverse outcomes, Savage explains. "A separate issue is that though illicit drug use—including nonmedical use of prescription pain medication—is low in the 65-plus age group, it will increase as the baby boomers reach 65, with the majority of the use being marijuana." She adds, "As we loosen

the restrictions and it becomes culturally more accepted, do we really understand what happens to marijuana when you're older and are less able to metabolize that?"

THE 2012 NATIONAL SURVEY ON DRUG USE & HEALTH ESTIMATES

THE NUMBER OF ADULTS AGE 50+ WHO WILL NEED ALCOHOL TREATMENT WILL MORE THAN DOUBLE BY 2020



*Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Simple Questions, Hard Answers

By 2015, all baby boomers will be 50 or older. In an editorial slated for the *Journal of Addictions Nursing*, Savage writes that, unlike members of previous generations, many of these individuals have been using alcohol and other drugs for their entire adult lives. There are consequences.

"Alcohol is a dirty drug, and it causes all kinds of long-term problems," Savage says. Quoting a 2013 National Institute on Alcohol Abuse and Alcoholism report, she says alcohol contributes to increased risk for more than 65 diseases and conditions, including pancreatic, breast, and ear, nose, and throat cancers, liver disease, injuries, and cognitive impairment.

"It's an equal opportunity problem that cuts across socioeconomic and gender lines," adds Deborah Finnell, DNS, PMHNP-BC, CARN-AP, associate professor in the Department of Acute and Chronic Care at JHSON. "When people come in to healthcare, the best practice is to ask questions related to alcohol, tobacco, and other drug use. There are reliable and valid measures—very simple measures—that can be used" to screen for these issues. Unfortunately, she says, "those are not being widely implemented."

Savage says, "We tend not to think about the older patient in front of us as somebody whose alcohol use may be putting them at risk, and we're uncomfortable asking the cute grandmother or the stately older man about their alcohol use."

Nancy Hodgson, PhD, RN, assistant professor in the JHSON Department of Acute and Chronic Care, emphasizes the importance of making the effort. That older patient could be experiencing "bereavement, isolation, loneliness, an underlying depression or pain, so they're self-medicating as a numbing agent, using alcohol."

Just as a pediatrician spends time talking to a child's family, older patients need to be examined "so the person is understood within their context," says Laura N. Gitlin, PhD, professor and director of the Center for Innovative Care in Aging at JHSON's Department of Community-Public Health. The system incentivizes an acute-care approach, she says, when what is needed takes more time. "Insurers, what are they paying for? They're paying for a six-minute visit. They're paying for tests," she says. "These aren't tests. They are ways of talking to people and coming up with strategies that don't require a chest X-ray or an MRI."

Substance use disorders are a chronic problem, Gitlin says, much like diabetes or heart disease, but the healthcare system is unresponsive to chronic problems. Yet, chronic diseases and conditions are "the major health problem that will confront people as they age."

In addition, she explains, "The doctor knows the person but is not necessarily attentive to how age, in and of itself, can make a difference in how the person metabolizes medication."

One useful approach to screening and intervention is SBIRT (for Screening, Brief Intervention, and

Referral to Treatment), which identifies patients with risky substance use, engages them in a brief conversation about that behavior, and refers those who need it to further treatment.

Finnell says this kind of screening should be standard practice, just like taking a patient's blood pressure, pulse, and weight. She describes the brief intervention as a five- to 10-minute conversation that starts with "asking for permission to talk about it. Because of how society views alcohol and other drug use, it's important to put people at ease."

Hodgson says the nurse is the perfect person to start this conversation.

"Nurses can be the point of care," she explains. "They have the rapport with the patients, they have the key assessment skills necessary to pick up the subtle changes—things like fall history, or unexplained lethargy or confusion—and dig deeper."

"Older adults are probably more likely to talk to the nurse about more sensitive issues than they would perhaps the physician," Hodgson adds. Nurses "are the eyes and the ears; they typically are the person that has a more intimate understanding of the patient."

"The SBIRT model works really well," Savage explains, but screening for current use has its limits. "The older adult who has used alcohol for a long period of time in their life, whether they are using currently or not, is at increased risk." In her editorial, Savage writes that "the risk for medical complications may remain, even after the alcohol use has stopped."

Savage describes a case in which an elderly patient in a physician's office was "disoriented, acting weird, with their limbs going all over the place." The physician assumed the patient had dementia. But a family member told the nurse that the patient had a long history of alcohol use.

"So this is the clue to the nurse," Savage says. "The nurse says, 'What about thiamin deficiency? Could this be Wernicke-Korsakoff?'" Over time, alcohol reduces the body's ability to absorb and use thiamin, which can lead to Wernicke-Korsakoff syndrome. In this case, the nurse recognized the acute symptoms, alerted the physician, and helped the patient receive the necessary care.



We have over 3 million nurses in the nation. If those 3 million nurses had all been appropriately educated, then we could make a huge impact."

— Deborah Finnell, DNS, PMHNP-BC, CARN-AP

Leading the Way

Ultimately, Finnell says, the goal is for nurses to be able to identify every patient with risky substance use and to raise awareness. Patients "may say, 'I'm going to continue to drink at the same level I've been drinking.' But if I can get them, at least, to begin to think about that, then I see that as a real success." And if they agree they should decrease their alcohol use, she says, "then that's a greater success."

Savage and Finnell are part of a team working on a Substance Abuse and Mental Health Services Administration-funded training grant to integrate more content about alcohol and drugs into the graduate curricula to prepare nurses to meet this challenge. (For a current study, Finnell has developed a 20-minute video illustrating how alcohol affects the brain. She hopes to use it with patients in primary care who are identified with at-risk alcohol use.)

"We want for nurses who graduate from the Johns Hopkins School of Nursing to be leaders in the nation for moving this set of clinical strategies ... across all healthcare settings, all populations, all settings," Finnell says, adding that working nurses also need this education.

"We have over 3 million nurses in the nation," Finnell says. "If those 3 million nurses had all been appropriately educated, then we could make a huge impact in terms of the global harm associated with alcohol use." ■

BOOMERS, ALCOHOL, AND DRUGS

Those interested in alcohol and drug use among baby boomers and learning how to prevent negative outcomes can look forward to a five-week massive open online course, or MOOC, to be taught in June by Christine Savage, PhD, RN, CARN. The target audience for the as-yet-untitled course includes clinicians, but also those who are living with or through the experience.

④ INFORMATION ON MOOCS AND OTHER COURSES OFFERED THROUGH PROFESSIONAL PROGRAMS AT JHSON IS AT LEARN.NURSING.JHU.EDU



Clear-headed Interventions

Change agent Laura Gitlin develops powerful partnerships in care for the aging

STORY STEVE ST. ANGELO | PHOTO CHRIS HARTLOVE

Professor Laura N. Gitlin, PhD, sees no reason to stick to the tried and (perhaps not always) true in geriatric care.

She is an international leader on treatments that engage rather than simply sedate dementia patients who exhibit troubling behavioral symptoms, a sea change for healthcare if not a revolution. She has a well-received massive open online course, or MOOC, under her belt (with colleague Nancy Hodgson, PhD, RN). And her team at

the Johns Hopkins School of Nursing is called the Center for *Innovative Care in Aging*, after all.

So the chance to help lead a groundbreaking John A. Hartford Foundation and Gerontological Society of America (GSA) initiative to build and nurture a network of geriatric-care innovators—called Hartford Change AGENTS—and enhance the standing of her School of Nursing (JHSON) center at the same time? This looks like the

beginning of a beautiful partnership. “There’s a lot of important synergy,” Gitlin says.

The Change AGENTS Initiative will initially focus on bringing together “anyone affiliated with Hartford-funded projects to make real change in the way healthcare is delivered to older Americans,” according to the foundation. The expertise Gitlin has built with her own interprofessional research and practice teams will help to inform the initiative; in turn, the successes of the Change AGENT networks will inform how best to make inroads in healthcare for older adults and their families. The initiative’s leadership team consists of the Hartford Foundation, the GSA, the consulting firm Strategic Communications and Planning (SCP), former GSA President Nancy Whitelaw, PhD, and Gitlin, a GSA fellow. The Hartford Foundation’s \$5 million grant funded the initiative. Asked what the association means for her, Gitlin explains that it will allow her to “look at practice change from yet a different angle.”

At JHSON, she leads a team of

occupational therapists seeking ways to treat dementia-related behaviors like physical or verbal aggression without drugs. The team has shown that teaching families to introduce activities like crafts and exercise that match a patient's interests and capabilities can reduce agitation and offer caregivers more stress-free time. In addition to a National Institute on Aging-funded trial in Baltimore, this approach is being tested in a Hopkins Hospital unit, in Kentucky, Texas, through the Veterans Administration in Florida, and Australia, Scotland, and Brazil.

A recent MOOC (Care of Elders With Alzheimer's Disease and Other Major Neurocognitive Disorders) by Gitlin and Hodgson reached more than 25,000 individuals from 140-plus countries and sought to provide a comprehensive understanding of dementia and its impact on patients, families, and caregivers.

In addition to her work on dementia treatment, Gitlin, who joined JHSON in 2011 from Thomas Jefferson University in Philadelphia, also has developed and tested interventions that ease depression among elderly African Americans and improve daily function of physically frail older adults. And she is preparing the third Summer Research Institute, which helps researchers and health professionals from any discipline move their behavioral intervention projects toward the trial and grant stages (see neighboring article).

"I'm an applied sociologist," Gitlin explains. "I bring to healthcare a social-ecological perspective that views the health of older adults and their families within the context of their everyday lives. Hartford Change AGENTS was an opportunity for me to learn and think through new ways of changing the practice of health and human services for older adults and their families, and that's ultimately what I'm interested in." ■

The SRI Success Story

With the third installment of the Center for Innovative Care in Aging's Summer Research Institute (SRI) set for June 11-13 at the Johns Hopkins School of Nursing, Laura N. Gitlin, PhD, was asked to describe what success has looked like so far for the program.

Her answer: "real."

The researcher then pulled a binder from a shelf. It held the titles of projects SRI participants had been engaged in. "Just look at the titles of their projects—it will give you a real-life sense of what SRI participants are really working on," Gitlin explains. "They're working on critical social and health problems that real older adults, their families, and communities face. They are proposing novel strategies for solving them."

SRI is meant to foster interventions that have the potential for "real impact on real people," says Gitlin, a national expert on home- and community-based non-pharmacological interventions. For over 27 years, she and her team have developed, tested, and implemented a wide range of interventions that address issues such as depression in older African Americans, functional disabilities in frail older adults, behavioral symptoms and functional decline in persons with dementia, and family caregiver distress.

Participants in SRI have included junior faculty, post-doctoral students, researchers, or investigators with limited experience in health-related behavioral intervention research. Most have an idea for an intervention and have previously engaged in solid research but "now they are not sure how to build an intervention and put it all into play," Gitlin says. "They leave the SRI with a concrete plan for taking their interventions forward by either writing a grant application or refining their study designs."

The program offers participants hands-on, practical knowledge and skills, according to Gitlin. Those who complete it learn to identify strategies for enhancing and measuring treatment fidelity, advancing an intervention protocol using different trial designs, involving community and practice-based partners, and writing a grant proposal.

"We hear from participants that their participation is having a strong impact on their research careers," Gitlin says. Alumni "have advanced their interventions, submitted for or have been awarded grants including K awards from the National Institutes of Health, and they are developing manuscripts and testing their interventions. They are all advancing."

(Gitlin and colleagues will take the SRI on the road in August, offering it in as a weeklong course in Basel, Switzerland.)

In the U.S. version, registrants from within Johns Hopkins University are eligible for tuition remission. Fellowships for investigators in nursing are also available as part of a mentorship program awarded to the Center for Innovative Care in Aging from the John A. Hartford Foundation.

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For several months starting last April, Epic was introduced in over 600 ambulatory care settings throughout Johns Hopkins Medicine and at inpatient settings in Howard County General Hospital and Sibley Memorial Hospital. Nursing played a key role in that process.

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Other Lives: The Hopkins CNOs

PROFILES JENNIFER WALKER | ILLUSTRATIONS CHERYL CHALMERS

The chief nursing officers of the Johns Hopkins Hospital system perform a job that demands creativity, communication, and calm under withering pressure. The system has chosen well: Karen Haller of the Johns Hopkins Hospital; Joan Vincent of Sibley Memorial; Sharon Hadsell of Howard County General; Leslie Mancuso of Jhpiego; Maria Koszalka of Bayview; Barbara Jacobs of Suburban; Cindy Driscoll of All Children's in Florida.

In the hours away from Hopkins—their “other lives”—they follow passions as varied as photography, world travel, sailing, hiking, and horse racing, with these experiences contributing in many ways to their professional success.

Over the next seven pages, the CNOs of the Johns Hopkins Nursing system share what makes them tick, and how that has helped them build teams that operate like clockwork.



Trail Blazer

THE JOHNS HOPKINS HOSPITAL

Through hiking, **Karen Haller** has found respite, beautiful scenery, and an unexpected lesson for other nurses

Walking down a strenuous trail from the top of Yosemite Falls on 60 boulder-covered switchbacks without railings, lifelong hiker Karen Haller, PhD, RN, came across a woman in her 20s—“vivacious and cute in her short shorts”—who had an above-the-knee amputation with a prosthetic leg. Haller watched this woman concentrate as she made her way up a switchback akin to a steep flight of stairs, slowly crossing each boulder by swinging her leg laterally over the jagged rock.

In that moment, Haller, Vice President for Nursing and Patient Care Services at The Johns Hopkins Hospital, thought about the nurses, doctors, therapists, and equipment makers who may have supported this woman in achieving this unorthodox goal. “No clinician would have advised her to go on that trail,” she says. “This reminded me that patients need to set goals for themselves [too], and that we need to help them achieve those goals.” Haller said as much to Hopkins nursing graduates when she told this story during last summer’s commencement.

This wasn’t the first time hiking has complemented Haller’s career. Being in the woods outside of cell phone range allows her to take a “digital fast” from her daily life of meetings, teaching, and overseeing standard practices and clinical protocols for a nursing staff of 3,000. “Being a CNO is a 24/7 job, so I’ve never really drawn lines between work time and personal time,” she says. “Hiking controls any tendencies I might have toward being a workaholic.”

Yosemite is just one of dozens of trails that Haller has hiked since she was a girl. Then, Title IX hadn’t

passed yet, so school sports for girls did not exist. Girl Scouts was the only option, and Haller was one from childhood through high school. She became inspired by her constant and demanding troop leader, who encouraged the girls to challenge themselves physically by sailing, hiking, and becoming Red Cross-certified canoeists. Haller, who says she is not a “knitting or crafts type,” was drawn to the physical challenge and spectacular scenery on the hikes.

Since then, she has gone on several hiking trips a year, from a 55-mile backpacking vacation across the Isle Royale archipelago in Lake Superior to snowshoeing in the Berkshires to short day hikes with her husband and daughter. Haller has an “enduring love affair” with national parks—some of her favorite hikes are Haleakalā Crater in Hawaii and Mount LeConte in the Smoky Mountains—because of their breathtaking vistas and long trails, often at least 10 miles.

“The beauty about hiking for me is that it takes absolutely no talent,” she says. “You can do it with your kids, you can do it with your husband, you can do it when you’re an empty nester, you can do it alone. It’s an activity that you can carry with you over your lifetime.” ■

“

This reminded me that patients need to set goals for themselves [too], and that we need to help them achieve those goals.”

— Karen Haller, PhD, RN

The Proper Angle

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Photography has taught **Maria Koszalka** to embrace patience and diverse perspectives



Photographing animals, prone to suddenly flying off or stepping outside of a shot, has also taught Koszalka patience.

In her office at Johns Hopkins Bayview Medical Center, Maria Koszalka, RN, Ed.D., has a photograph of a swan, “majestic and big and beautiful,” water still dripping from its feathers after it breaks the surface of Prospect Bay on Maryland’s Eastern Shore. Koszalka, Vice President of Patient Care Services, says this is her most cherished photograph, in part because it reminds her of *Swan Lake*, a favorite ballet. It also happens to be a photograph she took herself, one of many animals and flowers captured over the years with her D5200 Nikon digital SLR camera, among other models.

Koszalka’s father introduced her to photography. As a child, she joined him in the family’s dark room developing black and white pictures of relatives. After beginning her nursing career, she enrolled in recreational photography classes, including a memorable course aboard a whale-watching boat in Maui. From these courses, she has learned to think about different angles when framing her shots. In Maui, for example, where Koszalka travels once a year, she took a shot of a hibiscus flower with the ocean in the background, but the sky or the sand could just as easily have surrounded the flower.

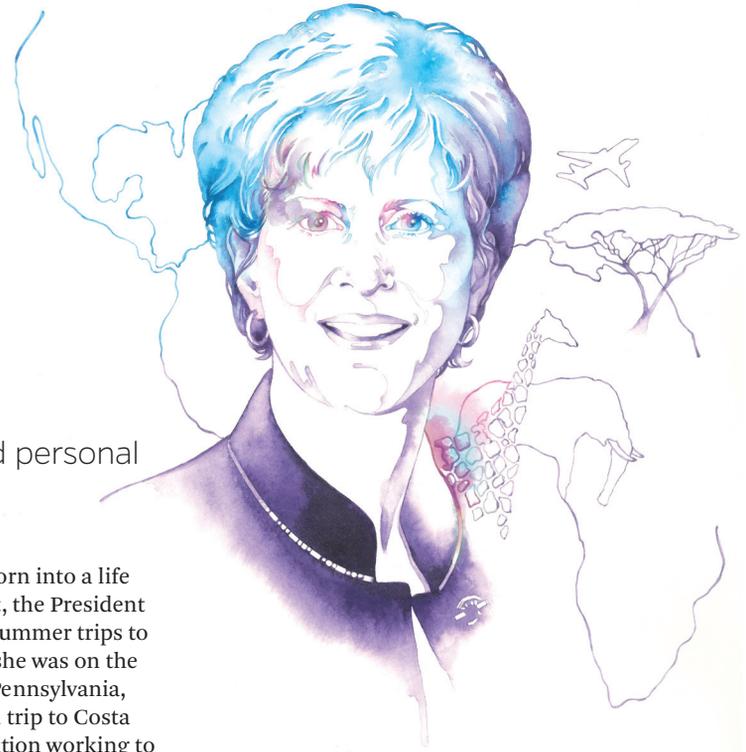
“That’s what management is all about too,” says Koszalka, who has 12 direct reports and is the leader of a department with 700 nurses. “You have to listen to different perspectives to really understand an issue.”

Photographing animals, prone to suddenly flying off or stepping outside of a shot, has also taught Koszalka patience. “When you’re taking pictures of birds, and it’s not the right bird or you want to capture it in flight, you have to spend a lot of time just sitting there and waiting and taking lots of pictures,” she says. Last year, while at the beach with some friends and their dog, she took 700 photos of the poodle swimming in the water before choosing one shot and making a nice portrait as a gift.

During an impending trip to Maui, Koszalka planned to exercise patience as she hopes to capture one photograph that has eluded her: the perfect whale shot. Her annual trips to the island correspond with whale birthing season. Afterward, Koszalka takes pictures of females teaching calves to swim and jump. This time, she’d love to capture a whale herd gliding through the water, at just the right angle. ■

Well Grounded JHPIEGO

For **Leslie Mancuso** of Jhpiego, work and personal passion collide on her frequent travels



Leslie Mancuso, PhD, RN, was not born into a life of travel. Growing up in Connecticut, the President and CEO of Jhpiego primarily took summer trips to nearby Cape Cod. Years later, when she was on the nursing faculty at the University of Pennsylvania, Mancuso took her first international trip to Costa Rica with Project HOPE, an organization working to improve healthcare worldwide; later, she worked as a consultant in Indonesia and China, developing the skills of local nurses. “This exposure to other countries made me realize that travel is something that energizes me,” she says.

Today, Mancuso spends much of her year in the air. In 2013, she clocked in 300,000-plus airline miles while visiting 10 to 12 countries—a distinction that has landed her a *New York Times* profile as a “Frequent Flier”—to see Jhpiego’s maternal and child health and education programs in action. Most recently, she traveled to Burkina Faso—a poor, landlocked African country that “holds a special place in my heart,” she says—to tour a new Jhpiego program designed to reduce the high incidences of malaria among pregnant women.

On all of her trips, Mancuso also meets with Jhpiego’s partners, from U.S. Ambassadors and Ministers of Health to doctors and midwives. “I’m a nurse first and a CEO second,” she says, adding that she always makes time to meet nursing leaders. “The nurses have so little in many of our countries,

whether it’s equipment or tools, but they are so innovative. I’ve learned so much from them about the strength and kindness of individuals.”

Although travel is completely tied to Mancuso’s career, it’s also a personal passion. “It’s all intertwined,” she says. “Traveling has taught me that there are cultural and social practices that you have to be mindful of. It’s all about respect and understanding.”

Mancuso even takes the less-than-thrilling aspects of travel in stride. Long plane rides offer hours of uninterrupted time when she can think strategically about Jhpiego’s future. And multiple airport checkpoints—the Democratic Republic of the Congo had 18 of them—don’t phase her. “When I meet women who live six hours away from a clinic and who need to deliver a baby, I think, ‘[These checkpoints] are nothing compared with what some mothers go through.’”

Her hectic schedule leaves Mancuso with only one weekend a month at home. Still, in addition to having dinner and seeing a movie with her husband during the first weekend in February, she also traveled, heading to Philadelphia to speak at the National Conference on Girls’ Education.

“If you were to meet me on a Saturday night, I’d be talking to you about Jhpiego,” she says. “It can sound like a one-note song, but I am passionate about meeting these people [around the world] and understanding how we can help them.” ■



Traveling has taught me that there are cultural and social practices that you have to be mindful of. It’s all about respect and understanding.”

— Leslie Mancuso, PhD, RN



An Even Keel

ALL CHILDREN'S HOSPITAL

On the water or the ward, a calm demeanor helps **Cindy Driscoll** navigate rough spots

A decade ago, Cindy Driscoll, RN, BSN, MS, NEA-BC, and her husband came across a mission that was selling its wooden 1920s Chesapeake Bay Buyboat that it used to take supplies to those in need on Florida's neighboring islands. Once used for fishing—there was a long well in back where fishermen could throw their catch—the yacht reminded Driscoll's husband of the Buyboats he often saw on the Chesapeake Bay as a child. So the Driscolls bought the boat then started the long process of rehabbing it. They rebuilt the transmission, worked on the engine, and turned the fishing well into a living space with a microwave, a refrigerator, and a sink.

When the boat was ready, Driscoll, Interim Chief Nursing Officer at All Children's Hospital, and her family often drove it to the picturesque St. Petersburg waterfront in Florida. It was here that she had her most unforgettable boating experience: She got stuck in the water. The tide was low at the time, so the Buyboat wedged into a sandbar close to the shore. After calling a coworker, who looked up the tides in the newspaper, Driscoll realized that the boat wouldn't be moving for several hours. In that moment, she simply thought, "I guess we're spending the night out here."

This ability to remain "even keel" in stressful situations serves Driscoll well both on the boat and in the hospital. "Things can happen in a split second [on a boat]," she says. "Our steering goes out or our water hose breaks, and you have to stay calm and make decisions quickly. That's a lot like what I do [at work]."

Twenty-five years ago, for example, Driscoll had to quickly think on her feet when a fire erupted outside of the NICU in All Children's old hospital building. Having first seen the flames from across the street, she immediately ran to the NICU and kept staff and parents calm while they evacuated the babies to an adult hospital next door.

More recently, Driscoll, the All Children's on-call administrator at the time, learned that a baby, born at a community hospital and requiring surgery for gastroschisis, needed a bed in the NICU, which was completely full at the time. "I didn't hesitate to take that baby," Driscoll says. But she then had to quickly decide which baby was ready to leave the NICU to make room.

For the most part though, Driscoll feels a sense of peace on boats. Having since donated their Buyboat to the Clearwater Marine Aquarium, the Driscolls now own a 40-foot Albin Trawler that they often take on Friday night jaunts to nearby Weedon Island Preserve. There, Driscoll likes to watch the dolphins swim, eat dinner with her family, and enjoy the serenity that boating brings her. ■



Things can happen in a split second on a boat. Our steering goes out or our water hose breaks, and you have to stay calm and make decisions quickly. That's a lot like what I do at work."

— Cindy Driscoll, RN, BSN, MS, NEA-BC



It's about building a team to make a race happen, and there's a lot of satisfaction there."

— Sharon Hadsell, RN, MSN, CNA-BC

Full Speed Ahead

HOWARD COUNTY GENERAL HOSPITAL

Lifelong sailor **Sharon Hadsell** puts varied teams on a common path

Whether setting up the U.S. Women's Match Race Championship sailing course at St. Thomas in the U.S. Virgin Islands or managing more than 1,000 caregivers at Howard County General Hospital, Sharon Hadsell, RN, MSN, CNA-BC, often must turn groups of people with various responsibilities and backgrounds into high-functioning teams. Hadsell, a national certified race officer, has to be ready to "walk cold" into a location where the waters and equipment may be unfamiliar and quickly pull together a race committee from the assembled volunteers.

Similarly, when starting a new unit at a hospital, Hadsell, senior vice president of patient care services, works with experienced staff as well as new hires to make optimal patient care the standard

from the get-go. For a new bone and joint program, "we had to pull together perioperative services, the surgery floor, physical therapists, and orthopedic surgeons—a whole group of people who hadn't worked together before and who needed to become a team," she says. "As a national race officer, I've learned how to make people feel valued and how to listen to people, and those are the [skills] I have applied in [hospital situations]."

Having sailed since she was young, Hadsell jumped at the opportunity to get involved with race management before the 1996 Olympics in Atlanta. Training was rigorous: For three years, she alternated between classroom and on-the-water training, learning to read winds, waves, and tides; how to set up and pick up marks; how to tow sailboats, handle and dock powerboats, and rescue capsized sailors. The training team also traveled to Miami and other locations to run regattas.

At the Olympics, Hadsell was the only female mark boat captain, leading a team that assisted the principal race officer in setting and monitoring the course. "I met people from all over the world, and I got to learn from some of the best race officers out there," she says.

Her interest in race management cemented, Hadsell progressed through the hierarchy, moving from club race officer to regional race officer to national race officer. Today, she travels across the country, to Bermuda, and to St. Martin to manage races like the Star Class Western Hemisphere Championship and the Bermuda Ocean Race.

The opportunity to meet great people from around the world and to pull off a fair and competitive event keep Hadsell in racing. "[Race management] is about building a team to make a race happen, and there's a lot of satisfaction there," she says. ■



World View SUBURBAN HOSPITAL

Avid traveler **Barbara Jacobs** finds kinship among cultures

Old alleyways wind through the Mutrah Souq, a colorful, 200-year-old market in Muscat, the capital city of Oman, a country on the southeast coast of the Arabian Peninsula. Barbara Jacobs, RN, MSN, CCRN, CENP, vividly recalls the spices and fabrics, jewelry, and pottery stacked, bundled, and displayed in inviting rows. Jacobs also remembers the warm welcome, despite the language barriers, as she and her husband traveled to small towns on paved roads, a relatively recent addition to the Omani landscape.

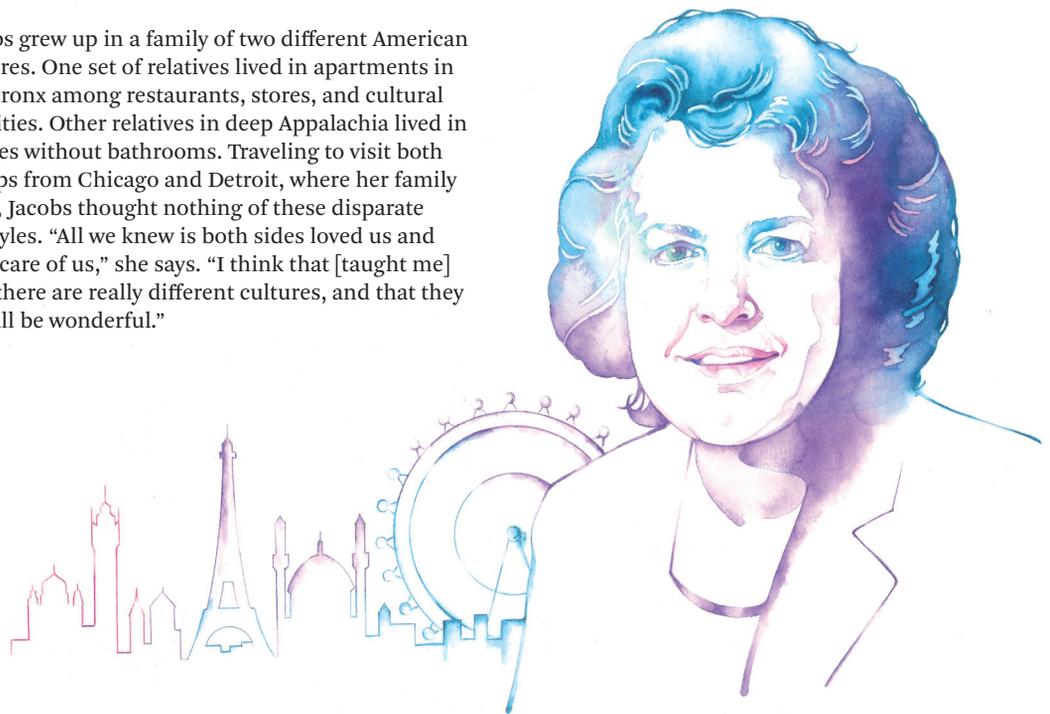
Although she is most drawn to the mingling of the old and the new on her travels, Jacobs, chief nursing officer and senior director of nursing, also finds that being immersed in unfamiliar cultures helps her bond with Suburban Hospital's diverse patient population. "When I talk to families who are from different parts of the United States or the world, I can often say that I've been there, and that I was treated so nicely there," she says. "It gives you more of an understanding [of their culture] that you wouldn't have otherwise."

Jacobs grew up in a family of two different American cultures. One set of relatives lived in apartments in the Bronx among restaurants, stores, and cultural activities. Other relatives in deep Appalachia lived in houses without bathrooms. Traveling to visit both groups from Chicago and Detroit, where her family lived, Jacobs thought nothing of these disparate lifestyles. "All we knew is both sides loved us and took care of us," she says. "I think that [taught me] that there are really different cultures, and that they can all be wonderful."

Jacobs instilled this interest in the rest of the world in her own three children during family vacations to Europe, South America, Brazil, and Argentina, and road trips across the United States. Recently, she and her husband traveled to Beijing, where her son has lived for four years. There, villagers with grass fastened on their backs shared the roadways with "millions of cars"—a mix of old and new that continues to fascinate Jacobs, who plans at least one international trip a year.

"When we just see the United States, we don't realize how incredibly different the world is," she says. Just as important, we don't see the commonalities. For Jacobs, who loves finding new spots to visit, learning that people everywhere share similar human values never gets old. ■

Despite profound differences across cultures, Jacobs has seen that many commonalities exist too.





Root Cause

SIBLEY MEMORIAL HOSPITAL

In sports and nursing, **Joan Vincent** has learned that effort is everything

On September 6, 1995, Joan Vincent, MSN, MS, RN, cheered from the upper level at the sold-out Oriole Park at Camden Yards, watching her idol, Cal Ripken, Jr., jog slowly around the field while a banner emblazoned with “2,131” unrolled across the adjacent warehouse. Vincent, a longtime sports fan and senior vice president for patient care services and chief nursing officer at Sibley Memorial Hospital, didn’t think she would get the chance to see Ripken’s record-breaking 2,131st consecutive game. But her husband managed to track down a gas station attendant in a small Maryland town willing to sell the tickets for around \$250 each. Seeing Ripken reach his milestone now counts as her most memorable sports moment. “Cal was such a team player,” she says. “He came to work every day, and I loved that.”

Vincent, a former cheerleader and a current fan of the Washington Nationals, Baltimore Orioles, and George Washington University women’s basketball team, has also seen plenty of games when athletes

and teams play hard but finish second nonetheless. Finding a way to work around a loss is a lesson that Vincent, who oversees 800 nurses and healthcare professionals, keeps in mind as a nurse leader. “You may win and you may lose, but as long as you do a really good job with the groups you are working with, that’s [what matters],” she says.

Vincent remembers when Sibley began a campaign to improve the hospital experience for patients. After a few ideas offered mixed results, Vincent and her team kept brainstorming until they found strategies that worked, such as instituting daily “leader huddles,” a practice they learned about from Suburban Hospital. Now Sibley’s hospital leaders meet daily after rounds to talk about patient issues, and the appropriate department jumps in to fix them—a tactic to which patients have responded positively.

In addition to baseball and basketball games, Vincent and her husband also like to watch horse races, particularly the annual Pacific Classic at the Del Mar Thoroughbred Club near San Diego, CA. In 1937, Bing Crosby built this track “where the turf meets the surf,” but Vincent likes to come here to watch the “accomplished, beautiful horses” run and the jockeys maneuver the animals. “It’s a strategy, and you never know who is going to come out on top,” she says.

Baseball is the same way. “People sometimes get bored with baseball, but it’s a game where you really have to think,” Vincent adds. “Healthy competition in sports, as well as in life, demonstrates what can be accomplished when people work together.” ■



You may win and you may lose, but as long as you do a really good job with the groups you are working with, that’s what matters.”

— Joan Vincent, MSN, MS, RN

Getting Along Epically

By Rebecca Proch

Symbiotic relationship allows ambulatory nurses to redefine role

A transition as major as the enterprise-wide rollout of the Epic electronic medical record system brings with it a host of expected changes to workflows, protocols, and many other procedural details. What was unexpected—though not at all unwelcome—was how much the first phase of implementation would lead ambulatory nurses to redefine their role in delivering quality care.

For several months starting last April, Epic was introduced in over 600 ambulatory care settings throughout Johns Hopkins Medicine and at inpatient settings in Howard County General Hospital and Sibley Memorial Hospital. Nursing played a key role in that process, beginning with the additions of Renay Tyler, DNP, RN, ACNP, and Bryan Barshick, RN, MS, to the implementation planning team. Nurses reviewed workflows and served as conveners and intermediaries to ensure that all points of view—from patient to physician—were heard and addressed. When the time came to recruit and train “superusers” to guide colleagues through the transition period, “Nurses really saw the need and

stepped up to take a role,” says Barshick, Ambulatory Clinical Informatics Program coordinator. Good teams found ways to get even better.

“It’s changing how we operate in ambulatory nursing,” says Barshick. “As we’re learning to use the system correctly and to adapt to changing procedures and rules, it’s making us rethink and re-examine how we’re going about taking care of patients, how to ensure billing compliance, how to enhance processes to provide doctor and clinician support.”

Epic allows nurses to be identified in patient records as schedulable resources, something that has created a shift in nurses’ self-perception. Now, with patients specifically scheduled to see them, and the resulting accuracy in documentation of services, Tyler observes that “it’s not only increased transparency, it’s allowed nurses to define their role more clearly and encouraged them to see themselves as providers of care. I think nursing was really ready for that.”

But nursing also plays critical parts in the ongoing optimization of Epic. “It’s come to light how much we need to create protocols for ancillary services like radiology and phlebotomy, and that’s an area where nurses are a valuable resource,” notes Tyler, director of nursing for Ambulatory Care. “It has exposed some incredible assessment skills on their part. They know these specialties so well that they can think like a physician and see the most logical way to establish protocols.”

An added bonus is that ambulatory nurses are exceeding expectations on meeting so-called Meaningful Use measures that bring federal dollars to their clinics. The money is an incentive for using technology and better tracking to improve patient care. “Nurses need to wear many hats in ambulatory these days,” says Tyler. “They are the arbiters of getting the job done.” ■

Epic “superusers” were recruited to guide fellow nurses through the transition period.

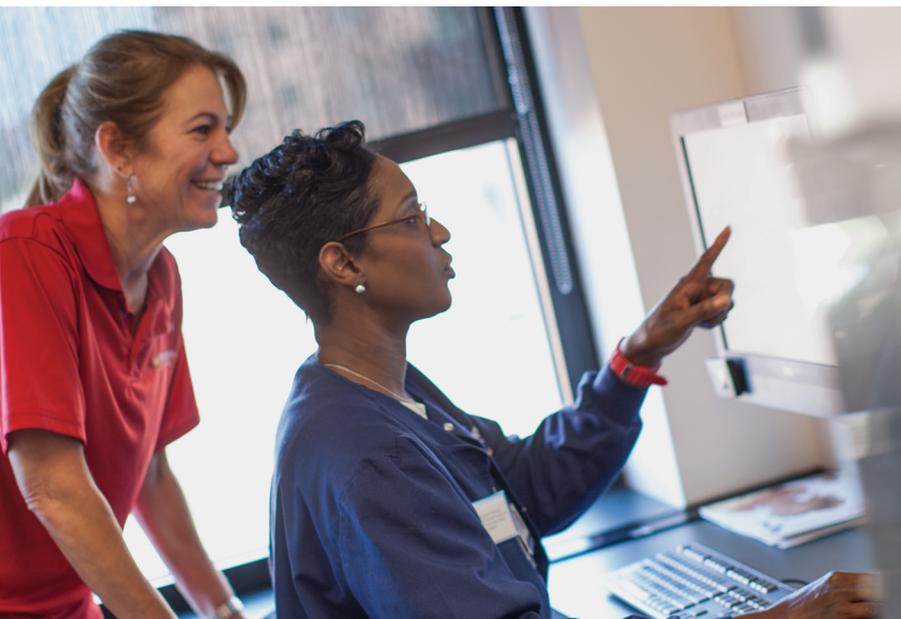


PHOTO BY CHRIS HARTLOVE

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PHOTO BY CHRIS HARTLOVE

The evolving field of cardiac surgery ensures that nurses will always have more to learn.

Fast, Fluid Nature of Cardiac Surgery Keeps Nurses Engaged

By Elizabeth Heubeck

When she graduated 16 years ago, Julia Pardue, RN, BSN, entered a workforce overflowing with nurses. She took a job at The Johns Hopkins Hospital, on the Cardiac Surgical Intensive Care Unit (SICU), because it was the only available position she could find. Today, in spite of its rigors, Pardue remains happily ensconced in the job by choice.

“It’s still exciting for me to come to work every day,” Pardue says. “That’s how I feel most rewarded—taking care of patients from the time they leave the operating room to the time they leave my unit for the step down unit. And I still have so much to learn.”

The evolving field of cardiac surgery ensures that nurses like Pardue will always have more to learn. During her tenure at Hopkins, some of the major changes to which Pardue has adapted include a broader mix of patients, such as those with complex congenital heart conditions; rapid-fire changes in technology; a more inclusive model of care that draws families into the fold; new methods of improving coordination of patients through the system; a broadening base of hospital affiliates; and the integration of advanced practice nurses on the unit.

The multitude of changes could seem overwhelming. But essentially, they all focus on providing the best care for patients and the smoothest movement of patients through the hospital system. Sharon Owens, PhD, CRNP, plays a pivotal part in making this happen. Assistant Director of Nursing for Cardiac Surgery, Owens is spearheading a pilot program that will facilitate the transport of more patients in need of such surgery to Hopkins.

“There is a lot of immediacy to this type of surgery,” explains Owens, ardently tracking and exploring ways to facilitate the transition of cardiac surgery patients into and out of the Hopkins system and ultimately home to resume their active lives. The task requires her to be flexible, and to look beyond the Hopkins Hospital doors when necessary. “If we can’t get a patient in here quickly, we’ll look at [Bethesda-based affiliate] Suburban Hospital,” she says.

This immediacy, evident in Owens’ voice as she describes the pilot program, offers a clue as to why she too is dedicated to the field of cardiac surgery. “There’s always something new; it’s different every day. I don’t ever feel bored,” she says. ■

Why Magnet Matters

By Jennifer L.W. Fink

The irresistible attraction of excellence

Sarah Afonso moved to Baltimore from Florida because she wanted to work in a progressive environment that valued nurses. That's exactly what she found at The Johns Hopkins Hospital, a Magnet-designation institution since 2003.

Created in the 1990s by the American Nurses Credentialing Center, Magnet designation underscores the link between great nursing care and excellent patient outcomes. To get (and maintain) Magnet designation, a hospital must involve nurses in all levels of decision-making. It must achieve excellence. And it must constantly strive to improve patient care.

Afonso noticed the impact of Magnet designation almost immediately. "Coming to work at Hopkins was like fast-forward from all of the nursing environments I'd seen in nursing school, in terms of how empowered the nurses are," says Afonso, MSN, RN, a radiation oncology nurse and Magnet Ambassador.

"Every nurse here is involved in committees that are geared toward creating better working environments and better patient care," says Stephanie Wilmer, MSN, RN, nursing coordinator for the Magnet Program. "At Hopkins, our bedside nurses are looking at evidence-based practice; they're using best practices every day to improve patient outcomes. They're not just being told what to do; they're at the table, contributing to clinical decisions and standards of practice."



At Hopkins, our bedside nurses are looking at evidence-based practice; they're using best practices every day to improve patient outcomes. They're not just being told what to do; they're at the table, contributing to clinical decisions and standards of practice."

— Stephanie Wilmer, MSN, RN



Karen Haller, Vice President of Patient Services at The Johns Hopkins Hospital, at a Magnet celebration

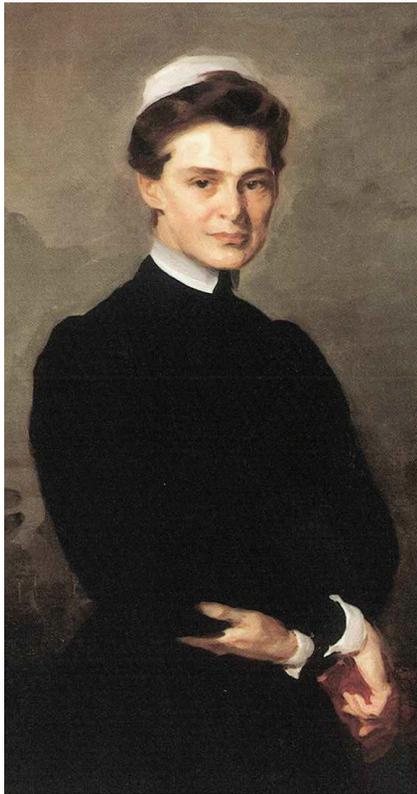
Because Magnet hospitals value nurses' insights and education, they create schedules that allow nurses to be actively involved in process and practice improvement. At Hopkins Hospital, committee time is built into nurses' work schedules to improve patient care and workflow.

Paid time away from the bedside is not typical at non-Magnet institutions. In many hospitals, directives and initiatives come from the top, with little nursing involvement. Not so at Hopkins. Because Hopkins is a Magnet facility, nurses are involved in every major initiative. Currently, bedside nurses are providing feedback to IT personnel regarding the new electronic health records.

"We have nurses helping to build the system so it is friendly for nurses, physicians, and other care providers," Wilmer says. "We have nurses who are saying, 'It's taking too long to put in one vital sign. How we can make this work better?'"

Nurses at all levels have the opportunity to improve practice and patient care, Afonso says, and that matters to nurses who care deeply about their patients and profession.

"Magnet designation is about sharing best practices," Wilmer says. "It allows us to assess our nursing practice and make changes to our practice that are evidence-based, and that helps us attract and retain clinicians. People know that their patients are going to get the best care possible here." ■



This Way Forward: M. Adelaide Nutting (1894-1907)

M. Adelaide Nutting knew a nurse's place, and as long as the leading men of the medical and military establishments knew and respected it too, they were going to get along just fine. The professional status of today's nurses springs in large part from her steadfastness. A member of the first graduating class of the Johns Hopkins School of Nursing in 1891, and by 1894 its superintendent of nurses and principal, Nutting would prove a worthy successor to Isabel Hampton Robb, and not simply because both were Canadian.

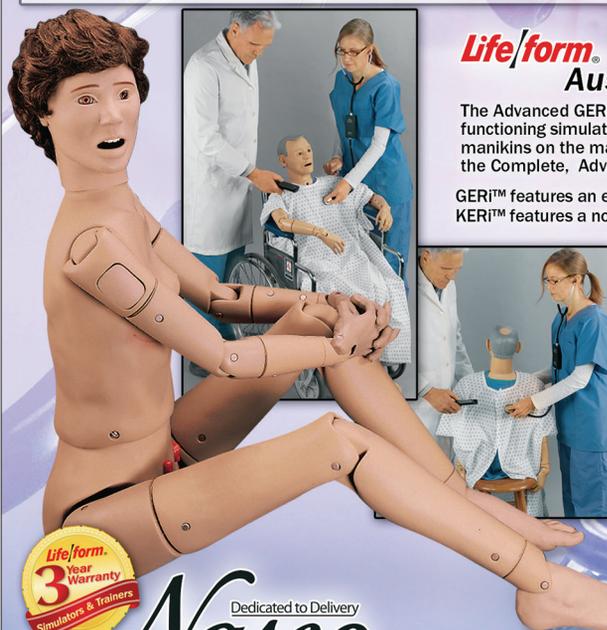
To most male leaders of Nutting's day, women nurses were an inconvenience, especially anywhere near the battle front, except in dire circumstances. The inconvenient truth, however, was that soldiers were dying unnecessarily of war injuries—or illness. After the grim

casualty counts of the Spanish-American War, she helped get a congressional measure passed (as much through force of will as strength of argument) that created the Army Nurse Corps, officially organized in 1901.

Nutting, who favored work over the idea of marriage, wrote several books, including *The Education and Professional Position of Nurses*, a first-of-its-kind research study on schools of nursing in the U.S. She left Hopkins in 1907 for Teachers College at Columbia University in New York City, becoming the world's first professor of nursing. Born in 1858, she died in 1948. ■

Sources: *The Johns Hopkins Hospital School of Nursing 1889-1949; Our Shared Legacy, Nursing Education at Johns Hopkins 1889-2006*

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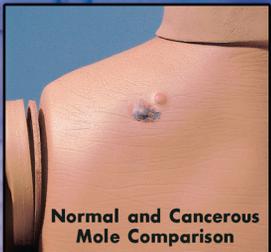
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News from **the Johns Hopkins Nurses' Alumni Association**

Inside this section:

P. 48

A NOTABLE ACHIEVEMENT FOR BETTY SCHER

Building a complete, searchable index of the entire history of Hopkins Nursing alumni news and notes is not a job for the weak-willed.

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ALUMNI UPDATE

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CHURCH NOTES

Alumni Update

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



In January, we received the exciting news that Dr. Patricia Davidson was officially appointed as dean of the Johns Hopkins University School of Nursing. We are delighted and know she will be a tremendous asset to the school. I noticed how much she connected with alumni during Alumni Weekend, and hope you will have the chance to meet her in the coming months. We are also very grateful to former Dean Martha Hill, recently named Dean Emerita, for her remarkable tenure at the helm of the School

of Nursing. She has done such great things for the School, and I know she will continue to do so in her role as a faculty member.

I hope to see you September 25-27 for Alumni Weekend 2014! We will be celebrating 125 years of Hopkins Nursing, 30 years since the School of Nursing officially opened, and 10 years since Church Home joined the JHNAA. It's going to be a big one, so please join us and make plans to attend! ■

CLASS NEWS

1955

Kay Smith Burr heard from Thomas Hebble—husband of **Jan Powell Hebble**—that Jan passed away the day before their 58th wedding anniversary in July. **Carol Straub Guilbert** and husband Dick have moved to Atlanta to be closer to their children. **Betty Myers Hadidian**

is busy with music lessons, playing bridge, church work, and renovating her house. **Sandy Harvey** is now married to John Eugene Brown, a retired minister. They have many things in common and have gone on various travels together. **Pat Bennett Nicholson** checks her leukemia at the M.D. Anderson Cancer Clinic in Houston every six months. She visits **Barbie Denny** while there. She finished work on the pastor nominating committee and continues to work in the food pantry, church groups, and proctoring bar exams for attorneys. **Kathie Anderson** and husband Art are still examining pilots in their home,

and I don't think they'll ever quit. **Char Lee Williams's** husband Bruce had a neurological attack affecting his ability to stand and walk, and they decided to move from Albuquerque after 27 years to their daughter Carol's in Antonia, TX, where they will live in an independent apartment. They are enjoying the activities of their grandchildren. **Jo Rice Marshall** completed a 2,038-mile trip to California and Oregon, but at 81 decided to sell her recreational vehicle. My Bob, whom I met on Osler 3, married and spent 59 years with, died September 11, a victim of Parkinson's disease. He practiced 46 years as a solo internist in

Easton, MD. My next-door neighbor for 55 years, also recently widowed, and I look after each other.

Class Reporter: Margie Barber Trevor,
410-822-0479 | mbtrevor@gmail.com

1958 **Carol Williams** **Mainey** is currently retired and living in Katonah, NY. She enjoys spending time knitting, cooking, and spoiling her three children and three granddaughters. **May Chin Young** is currently living in West Hartford, CT. In June, she traveled with her siblings, husband, and son to Toishan Guagzhou, China to visit the villages where her parents were born and grew up. **Marion Newhart** spends her time caring for her two great-nephews, 9-year-old twins. She lives near her sister and niece, whose husband passed away suddenly last Thanksgiving at age 43. She is also the treasurer of her church and co-superintendent of the Sunday School. **Barbara Greene Murphy** retired from Public Health Nursing a few years ago and had the urge to open a B&B. Currently, she volunteers for CASA, is a Board of Health member, and recently moved from Florida to Colorado to be near her grandchildren. **Carolyn Hodges Balcom** has been working as a faith community nurse and as a volunteer in her church. She recently moved to a retirement community where she is the chairman of the Health Services Committee.

1963 **Sarah Thomson** **Fry** is currently the coordinator of Health and Parish Nursing at the Church of the Holy Spirit in Orleans, MA. She is also an Advisory Board Member of Elder Services of the Cape and

Islands. **Eileen (Peggy) Collingwood** Crooks is currently retired and living in Pennsylvania, where she has been providing nursing care to her husband Ken, who recently broke his leg.

1968 **Gloreen Kenyon** **Brandreth** is currently retired and living in Phoenix, AZ. **Eunice Searles King** is currently working for the Independence Foundation and plans to retire in 2015.

1973 **Sue Newpher Booth** is currently working as a family advocate for children with mental health issues, focusing on autism spectrum disorders. She is also president of the North Dakota Medical Association. **Cathy (Vincenzes) Delligatti** is working as a Press Ganey-Clinical Performer Advisor. **Roberta (Bobbi) Baechtel Gildersleeve** is living outside Ann Arbor, MI with husband David. She is working full-time as a unit manager and evening supervisor at Huron Woods Memory Loss Residences. She was recently named the 2013 Outstanding Nurse from the Saint Joseph Mercy Healthcare System. **Gerianne Byrnes Hahn** works as a visiting nurse and hospice nurse in Ft. Wayne, IN. **Karen Anne Wolf** has been working as an adult NP and as a professor and faculty development coordinator at Samuel Merritt University in Oakland, CA. She is active in the National Academy of Practice, serving as chair of the Spring Forum Program. She also represents NAP at the IOM Forum on Global Health Professions Education Innovations, and does work on the CA Future of Nursing Regional Action Coalition. She has continued her research and writing on nursing history and will be published in MGH Nursing

and Advanced Practice, Nursing as Body Work in an upcoming text by Kagan & Chinn, 2014. **Carol Yoder** is living in Connecticut and works part-time at Norwalk Community College and part-time as an adviser in the Division of Nursing & Allied Health. **Jane Mellor McGee** is working as a discharge planner at Yale New Haven Hospital.

1978 **Barbara Merliss** **Florentine** resides in Stuart, FL. She has been married for 28 years to Isaac, a film director. For two years she has been the medical director of Pathology at the St. Lucie Medical Center in Florida.

1988 **Maria (Luzarraga)** **McDonough** received her MBA from Loyola University in 2003 and is currently working as the chief operating officer at Dallas Renal Group in Oak Leaf, TX.

1993 **Denise Rifkin** **Weinreb** lives in Lakewood, NJ, where she works part time as a nurse practitioner in geriatric care.

1993 **ACCELERATED** **Amy Barlow Britt** works at Southampton Memorial Hospital in the Quality Department. She is also a freelance writer for nursing texts with Cengage Publishing. **Sharon K. (Saquella) Richter** works at UMM Shore Regional Health in Easton, MD, as the coordinator for the Cancer Clinical Trials Program. She says her most rewarding experience has been

as the facilitator of a prostate cancer support group. She started her first group at Anne Arundel Medical Center in Annapolis in 1995, and still volunteers there to this day. She then started another support group at Georgetown University Hospital in Washington, DC.

Alison Smith recently enrolled in the University of North Carolina's Executive MPH Management & Health Policy Program. She continues to work for the CDC regarding Comprehensive Cancer Control Programs and is also on the Indiana University Center for Law Ethics and Applied Research panel. **Christi Zohlen** obtained a pediatric NP degree and her doctorate in physical therapy. She is currently stationed in Spain, where she works as a physical therapist with the U.S. Navy aboard an aircraft carrier. She has moved 12 times with the military since graduation and enjoys seeing new places.

1998 Nicole Sofranko Goldberg obtained her pediatric NP degree and has been in a group practice for 11 years in Reston, VA. She was previously president of Northern Virginia's Council for Nurse Practitioners, and still enjoys mentoring students to this day.

1998 ACCELERATED Penny Rosenberg Ackerman has worked as a bedside nurse, in community health, and in the hospice setting; however, her passion lies in hospice nursing. She is a member of the Hospice Quality Council Committee, VNA Ethics Committee, and St. Luke's University Hospital Bioethics Committee. **Heidi Bray** lives in Olympia, WA, where she works as

a bedside nurse at Providence St. Peter Hospital. She also has received her MN, DNP from the University of Washington. **Chris Funkhouser** earned a master's in nursing from the University of Mississippi and works as a family nurse practitioner at the Internal Medicine Group of St. Dominic's Hospital in Jackson, MI.

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IN MEMORIAM

Jill Kinnell Niekamp '44

Primrose G. Vining '46

Nadine Luxmore Weiger '47

Jane Garrison Trolinger '48

ALUMNI

20
WEEKEND
14

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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

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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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Cindy Funkhouser works at Johnson & Johnson Biotech. She also is a First Connect Volunteer for the Leukemia & Lymphoma Society and is president of the board of directors of Ballet Mississippi. Chris and Cindy celebrated 14 years of marriage in October.

L. Nitsa Whitney earned a master's degree in nutrition from Teachers College, Columbia University. She is working as a pediatric research nurse at Columbia University Medical Center.

Lisa Meek Purdy is a Nurse Manager on Zayed 9 West, a Comprehensive Transplant Unit at JHH. She is flirting with the idea of a DNP. **Kate Rolland** is the director of nursing at Deerfield Academy in Massachusetts, and is enjoying life with her three daughters, Sally, Daisy, and Charlotte.

2005 **Keira Wickliffe** got married on April 27, 2013 to Jonathan Berger, MD. In May 2013, she started working as a regional epidemiologist for Michigan Department of Community Health's Communicable Disease Division.

2003 **Laura Liberante Hosaflook** is a PRN on the Mother/Baby Unit at Mary Washington Hospital in Fredericksburg, VA. **Sara Carleton Morgan** is a nurse manager in the ER at St. George's Hospital in London.

2003 **ACCELERATED** **Elizabeth Johnson Kaiser** works as a nurse for the Sonoma County Public Health Department in California. She is also raising two young children, running an award-winning ecological farm, and teaching the intersection of health and nutrition in farming practices. She and her husband are also researching new modes of farming that create nutrient-dense foods.

2008 **ACCELERATED** **Sarah Camilla Balensiefer** resides in Citrus Heights, CA, where she works as a nurse for the Cancer Center at Sutter General Hospital. **Chun-Yi (Jenny) Chen** recently moved outside Portland, OR, where she is working for Providence St. Vincent Medical Center. She is involved in CVICU and recently got her CCRN certification. ■

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For Betty Scher, a Notable Achievement



Building a complete, searchable index of the entire history of Hopkins Nursing alumni news and notes is not a job for the weak-willed. And so every Tuesday from 2005 to 2013, Betty Scher, '50, brought her determination—and sometimes brownies or other baked goodies—to the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions and got to work indexing the Johns Hopkins Nursing Alumnae Magazine (1901-1990), Vigilando (1991-2003) and Nursing News (1985-2002).

Her persistence and keen focus have left the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions with more than a century of nursing alumni history at its fingertips.

For Scher, who passed away in November, it was as much passion as mission. “She would always say, ‘I got far more out of it than I ever put in,’” remembers Phoebe

Evans Letocha, who oversees the Johns Hopkins Nursing Historical Collection at the Archives and finds that assertion hard to imagine. “There is a whole publication that covers the entire history of the Nursing Alumni Association and School of Nursing that is now indexed and discoverable.”

Scher did love digging up stories and sharing them, turning the more off-beat or fascinating into *Who Is This Alumna?*, a feature she wrote for *Johns Hopkins Nursing* magazine until her death.

“Anna Wolf [who directed the Nursing School from 1940-1955] instilled in Betty a pride in the school,” says Letocha, “and she loved the history. When we had a question about a nurse, we would turn to her for help with finding things. She had this institutional knowledge as well as knowledge gained through doing the index project. She was a wonderful, wonderful resource.”

While calling Scher “irreplaceable,” Letocha (pletocha@jhmi.edu) says the Archives is hoping to recruit another nursing alumnus to carry the project into the future. ■

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Church Notes

By Deborah Corteggiano Kennedy, '73

Class of 1953 Celebrates 60 Years!

The class of '53 held its 60th reunion in October 2013. Yes, every October over the last 60 years, this very special class has come together to celebrate. For its 60th, the class held a dinner at Oakcrest. Fourteen of the remaining 32 members of the class were in attendance. Gifts for the attendees included an embroidered hand towel with the CHH Pin logo. Extras were sent to me for the archives thanks to Mary Lou Hiortdahl, '53.



Calloway. Kerry is a member of the Accelerated Class of 2014. Prior to entering Hopkins, Kerry worked as an elementary school music teacher but has always had a desire to become a nurse. Kerry is most grateful to serve as the 2014 Freda Creutzburg Scholar.

Freda Creutzburg Scholar Named!

The 2014 recipient of the Freda Creutzburg Scholarship in memory of Church Home & Hospital School of Nursing is Kerry

Donations to the Archives

The Class of '67 held a 45th reunion and to mark the occasion, beautiful lead crystal paperweights with the CHH logo were made. Nine classmates and two former instructors attended. Thank you to Susan Love, '67 for the donation of one of these for the archives.

CHURCH HOME IN MEMORIAM

Patricia Cornell Mannion '51

Margaret Miller Nourie '56

Margaret Beggs Turner '59

Thank you to Mildred Lazaga Shinnick, '53 for the donation of her CHH pin and her sister's pin for the archive collection. This was a very special donation.



Picture Yourself at Alumni Weekend

Save the Date! It's never too early to put the 2014 Reunion Weekend on your calendar! Please try to attend the festivities on September 25-27 as we celebrate the 10th anniversary of our joining Hopkins as consortium members of the Alumni Association. A beautiful plaque will be unveiled to be hung in

the School of Nursing as a permanent reminder of the joint commitment to nursing education and excellence. The fund drive to add to the existing scholarship during the Reunion Weekend continues to grow. Please make a donation so that our impact is a big one in September.

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Eternal Flame: The Class of 1954 at its candlelight ceremony. The nursing tradition takes its inspiration from Florence Nightingale, who was known as “The Lady with the Lamp” for her regular nighttime rounds to care for the sick and wounded. PHOTO FROM THE ALAN MASON CHESNEY MEDICAL ARCHIVES

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