Every Step Along the Way
Flynn Fellowship honors oncology nurses by making sure more of them hit the ground running

Mother Knows Best
A shared experience as members of inaugural classes 30 years apart

A Family History
Psych nurses Heather and Rick Caporin have the time of their life while documenting it

TAKE IT FROM THE TOP
Trend toward interdisciplinary research puts nurses at the decision maker’s table and on a trailblazing path
TRAILBLAZING TREND
BY SUE DE PASQUALE

Today’s grant funding organizations, from the National Institutes of Health to the National Institute of Nursing Research, increasingly apportion their sought-after dollars to projects that cross disciplines and demand collaboration. “If you try to do any [research] work in quality and patient safety without nurses having a voice, you’re dead in the water,” insists Elliott Haut, MD, PhD, a Johns Hopkins trauma surgeon.

ON THE ISSUE
It has been a remarkable year for nursing, with the Affordable Care Act upheld, a crucial NP law passed, and the Master’s Entry into Nursing welcoming its first class.

ON THE PULSE
NP law aids the underserved, Fulbright scholarship for DNP grad, and meet Nyuma Harrison, career services specialist (if you somehow haven’t already).

CELLS TO SOCIETY
Alcohol and the older adult woman, HIV and churches, IPV and birth outcomes.

HOPKINS NURSE
Combo transport/delivery room nurses make a quick impact, radiology nursing’s role, family portrait of psych nurse couple, the great infusion pump search, and more.

VIGILANDO
Alumni Update, Class News and Church Notes, meet Alumni Relations Director Erika Juengst and centenarian alumna Louise Jefferys Morse.
Andrew Bannecker (“Trailblazing Trend,” Page 20) is an illustrator whose warmth and wit have been recognized by Communication Arts, American Illustration, The Society of Illustrators, and the One Show, among others, and he was included in Luerzer’s 200 Best Illustrators Worldwide. He’s also been featured in books such as Illustration New, Coca-Cola 125th Anniversary, and Creative Inc., and his art has been showcased in exhibitions around the world. More of his work is at andrewbannecker.com.

San Antonio, TX-based freelance writer and blogger Ashley Festa makes her Johns Hopkins Nursing debut with a look at the Susan D. Flynn Oncology Nursing Fellowship started by a widower grateful for the compassionate care received by his wife (“Every Step Along the Way,” Page 26). Learn more about Festa, who has interviewed everyone from authors and astrophysicists to CEOs of multimillion-dollar companies, at ashleyfesta.com.

Johns Hopkins-trained freelance writer Kim Polyniak (“Precious Cargo,” Page 32) catches up with a new breed of nurses jumping between transport and delivery roles to improve care for newborns. Polyniak has previously worked in healthcare communications and as a producer for Maryland Public Television and WBFF-TV (Fox 45 News).

Sue De Pasquale (“Trailblazing Trend,” Page 20) is an award-winning writer and editor who specializes in creating new publications and re-thinking existing ones. After a dozen years at the helm of Johns Hopkins Magazine she launched the Johns Hopkins Alumni Magazine Consortium, a consulting group that has worked with many Hopkins publications, including Johns Hopkins Nursing.

Baltimore-based artist Jon Marchione (“One for All,” Page 38 and “For Patients and Families, a Greater Voice,” Page 42) recently graduated from the Maryland Institute College of Art with a BFA in illustration. Born in Connecticut and raised in Upstate New York, Marchione—a printmaker—has a love for nature, alternative comics, music, and an abundance of other things. More of his work is at jonmarchione.com.

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

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

“I have a great deal of love and respect for the nurses who have come before us. It’s important that we continue in their footsteps.”

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.

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

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Follow Johns Hopkins Nursing
For a non–morning person and non–sophisticated coffee drinker in general, it’s a little funny how often your editor’s been called upon to be the creator and bearer of the a.m. java jolt. When I was 10, it was my job to boil water and make instant coffee (remember that?) with milk and sugar, walk it upstairs and wake my dad for work, five days a week. Not until I left for college was it somebody else’s turn.

These days, my wife need only push the button on the already prepared coffee maker for a brew that, if I do say so myself, is way too good for me. It’s been this way for 20–plus years because the arrangement works for us both. For her, the coffee is good, hot, and fresh. And the one small act of giving centers me each morning more than the coffee ever could. (When we visit my in–laws, control over the coffee pot reverts to me, naturally.) Mom the RN always said that doing for others was the best thing you could ever do for yourself. Our hope is that such wisdom—too easy to forget sometimes—flows through the stimulating mix that follows this page.

Take our profile of July grad Rasha Kafi, whose mother’s sacrifice saved her children from the perils of a Sudanese civil war (“A World Away,” Page 18). There’s the Susan D. Flynn Oncology Fellows program, launched by a widower determined to enable more of the skilled, compassionate care that his wife received (“Every Step Along the Way,” Page 26). We celebrate Professor Nancy Glass’s multiple marathons to raise money to help women in the Congo (“Perspire to Inspire,” Page 09) and share a student’s wonder at the trust patients and families willingly place in their caregivers (“Live from 525,” Page 13).

There’s plain old fun in here, too, evidenced by the married psych nurses who make documenting their non–work life a big adventure (“A Family History,” Page 34) and the story of an alumnus who long ago followed a thirst for adventure and a love for midwifery to the Alaskan frontier (“The Indomitable Snow Woman,” Page 49).

And there’s so much more in the Summer 2015 issue of Johns Hopkins Nursing for you to discover on your own. Why not grab a cup of coffee, find a nice, cool spot, and give it a read?

Steve St. Angelo

Letters to Johns Hopkins Nursing

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

Editor, Johns Hopkins Nursing
525 N. Wolfe Street
The House, Room 106
Baltimore, MD 21205

Letters will be edited for length and clarity.

Camden Caporin, son of two Hopkins psych nurses, makes for an adorable hood ornament. Read about the Caporin family’s photographic adventures on Page 34.
Notes from the Dean:
We’ve Got This

It’s been another amazing year for nursing. In May, the Maryland legislature passed a law that strips a mandate that nurse practitioners maintain “attestation agreements” with physicians as a condition of licensing. This had meant that in those areas where NPs are desperately needed, underserved areas with few physicians, they were not allowed to practice. It’s a testament to the determination and persuasiveness—and common sense—of nurses like our own Julie Stanik-Hutt that, after 37 years of pushing, what we’ve always seen as a simple truth has been written into law. (Read more on Page 07.)

And we all celebrated in June when the Supreme Court verdict came down in the King v. Burwell challenge to the Affordable Care Act (ACA). It wasn’t out of a sense that everything in healthcare will suddenly be peaches and cream but a sense that, for the moment, the ground has stopped moving beneath our feet. An opportunity for tremendous growth in the nursing profession, which we sensed was at hand, was indeed upheld. Our new Master’s Entry into Nursing curriculum was part of our anticipation of and initial response to the ACA. We’re thrilled to have just enrolled our first cohort, and our new Master’s Entry into Nursing will grow. The ACA opens the door but also demands models of care that allow nurses to practice to the top of their licenses and promote health along the continuum of life. The new nurse will not care for Americans only when they are seriously ill or disabled but help prevent many, many Americans from ever becoming so. The ACA was a moment 37 years in the making, and it came not one minute too soon, says Julie Stanik-Hutt, PhD, ACNP/GNP-BC, a staunch supporter of a new Nurse Practitioner Law.

The new nurse will not care for Americans only when they are seriously ill or disabled but help prevent many, many Americans from ever becoming so.

Best wishes, and please enjoy the Summer 2015 issue of Johns Hopkins Nursing.
News from
Summer 2015
magazine.nursing.jhu.edu
On the Pulse

Journal Salutes Szanton, CAPABLE

Associate Professor Sarah Szanton was named a Health Care Innovator by the Baltimore Business Journal for her Community Aging in Place—Advancing Better Living for Elders (CAPABLE) program that helps older adults maintain independence at home.

“CAPABLE shows innovation because of its modern, yet common-sense, approach to care,” says Szanton, who arrives to meet both the medical and mobility goals of patients by focusing on housing and its impact on important aspects of healthcare.

Preliminary results of the program showed that older adults who received care visits from a nurse and occupational therapist and had minor adjustments made to their homes experienced improved function and decreased disability. CAPABLE was recognized by HBJ as a program that could have the potential to reduce nursing home admissions and save on healthcare dollars nationally. It often costs as little as $3,000 in comparison to most nursing homes, which can cost $70,000 a year or more. Szanton says this kind of functional care is an important investment for an ever-growing population of elderly Americans. “We’re at a tremendous moment in history to improve lives and save taxpayer dollars at the same time,” she says.

DNP Student Wins Fulbright, Will Study South Korean Obesity

Lorenzo Nava, a 2015 DNP grad, has earned a Fulbright Scholarship to study a startling spike in obesity in South Korea, a nation whose traditional cuisine, he says, has included moving away from a diet that had kept the nation’s obesity and cardiovascular disease statistics among the lowest in the world. Out were plentiful vegetables and very little meat. In were Western-type foods—breads, more meats, and in larger portions. Success went to the nation’s waistline.

Nava sees South Korea as a harbinger of what could happen to other rapidly developing countries if nothing is done. “We want to find ways to help cultures thrive economically without the health consequences that can come along with it.”

“Two things attracted me to the DNP at Hopkins: One, the amazing people who I knew would also be attracted to the program; Nava says. “Meeting and collaborating with these great minds has been very rewarding. Second was the emphasis on the practicality of what we would be doing.”

STTI Honors

Nancy Glass, PhD, MPH, RN, has been awarded the Sigma Theta Tau Edith Moore Copeland Award for Excellence in Creativity.

Jacquelyn Campbell, PhD, RN, will receive the Sigma Theta Tau Episteme Award. Both will be honored at Sigma Theta Tau International’s 43rd Biennial Convention, November 7–11 in Las Vegas, NV.

Faculty Honors

Three more members of the School of Nursing faculty have been selected for induction as fellows in the American Academy of Nursing (AAN): Sharon Koorbusch, PhD, RN, Mary Terhaar, DNSc, RN, and Jennifer Wenzel, PhD, RN.

The inductions will take place during a conference on October 17 in Washington, DC.

“The academy’s fellows are nursing’s most accomplished leaders in education, management, practice, and research,” Dean Patricia M. Davidson, PhD, MEd, RN, said in congratulating the trio. “Mary, Jennifer, and Sharon have been recognized for their extraordinary contributions to nursing and healthcare.”

Over 40 percent of full-time Hopkins School of Nursing faculty members are FAANS.

Perspiae to Inspire

Professor runs with friends for friends in the Congo

What motivates a person to run seven marathons in seven days? For Professor Nancy Glass, PhD, MPH, RN, it was an endless passion for gender equality and a hope for a brighter future for women and families in the Democratic Republic of Congo.

In May, Glass was part of a seven-runner team that tackled the “Run Across Congo,” a trek along the shores of the DRC’s Lake Kivu (nearly 200 miles) to raise money and awareness for women and women’s empowerment programs in the nation. A difficult feat, yes, but to Glass it was a minor challenge in comparison to the struggles residents in the country have endured for many years as a result of war, poverty, and violence.

“I have always been amazed at the kindness, resilience, and hospitality of our neighbors in the Congo. Every opportunity to build relationships and empower these women is worth embracing,” she says.

Through the $7Give campaign, the team asked for $7 donations from supporters across the world to help Congolese families buy food, receive healthcare, enroll children in schools, and pay bills. Glass, associate dean for research at JHSON, raised more than $10,000 through her fundraising site.

She is no stranger to advocating for women in the DRC and has long been involved in the Congo community through her Pigs for Peace and Rabbits for Resilience microfinance programs, but to be able to combine her love for the people and the sport into one experience is what Glass describes as the “event of a lifetime.”
Fernando Mena-Carrasco knows no limits when it comes to advocating for Hispanic and vulnerable populations across the world. In pursuit of his BSN-MSN degree with plans of becoming a clinical nurse specialist, he has long been a champion to the Latino population.

In 2011, Mena-Carrasco worked as a case and clinic manager of a primary care center in St. Louis, using his background in social work to help Latino immigrants find primary and HIV/AIDS care. “I really began to understand the barriers that the Latino population faces when trying to make their way in the U.S., and I wanted to make a difference,” he says. It was also through his involvement with Medicines for Humanity, a non-profit committed to serving poverty-stricken communities, that he was able to make recommendations to government and hospital officials in the Dominican Republic on lowering child mortality rates.

At Johns Hopkins, Mena-Carrasco assists the School of Nursing’s Center for Global Initiatives and the PAHO/WHO Collaborating Center by helping to develop and implement programs that strengthen the school’s global ties. Not only has he been instrumental in managing the redesigned Global Alliance for Nursing and Midwifery blogs hosted by the School of Nursing, but he has revamped the web presence of the International Council on Women’s Health Issues and co-led a campaign to enhance diversity and inclusion at the school, earning him the 2015 Johns Hopkins Diversity Award. This work has taught Mena-Carrasco that one of the best ways to help the Hispanic population is by having a voice and a seat at the table. “Within the next five years, I want to pursue my doctorate degree and further expand my reach as a clinician. It’s critical that we create open dialogue among communities and professions, actively advocate for policies and procedures to improve health, and that we use nursing to pave the way to healthcare innovation.”

Nyuma Harrison of Student Affairs loves the job of matching nurses, opportunities that “nursing” means or what a nursing career looks like. “Our students are in that in-between stage that can be really overwhelming. Nursing was a great idea to begin with, it’ll be a great idea later. But right now they’re having to make these decisions and having to make them very quickly while still acquiring tons of new information. I am here to offer as much support and direction as they need or want.”

When not counseling students (or treating patients), Harrison is building relationships with hospital and clinic administrators that could help student nurses down the line. “Recruiting the recruiters” is how she describes it. Hiring managers have quickly come to “know and trust my instincts with students.”

Harrison’s first post-graduation job was at Howard University Hospital and then it was back to Mass General. Now, when not in her office in the Student House, she works for a temp agency rather than any one hospital. “I basically get to pick my hours. I might call the agency and say, ‘I’m available Saturday for four hours,’ and they’ll say, ‘Perfect. This hospital needs a nurse for four hours on Saturday.’ I really do enjoy taking care of patients and having new stories and perspectives to share with the students.”

The insight she has acquired in 15 years as a working nurse can ease the transition for students who arrive for an accelerated program “in love with the idea of nursing” but with little feel for nursing or get a new summer gig. She changed her major. Not that Mom would have minded her not doing so. Born in Zambia, raised in Kenya, and schooled in the power of positive thinking, Harrison says she got her career philosophy from her mother and father who told her simply, “Figure out what you love and give it everything you have.”

Harrison’s second post-graduation job was at Howard University Hospital and then it was back to Mass General. Now, when not in her office in the Student House, she works for a temp agency rather than any one hospital. “I basically get to pick my hours. I might call the agency and say, ‘I’m available Saturday for four hours,’ and they’ll say, ‘Perfect. This hospital needs a nurse for four hours on Saturday.’ I really do enjoy taking care of patients and having new stories and perspectives to share with the students.”

The insight she has acquired in 15 years as a working nurse can ease the transition for students who arrive for an accelerated program “in love with the idea of nursing” but with little feel for
TRUST AND UNDERSTANDING
By Jasmine Kaneshiro, Accel. ’15

I often feel like I’m still more of a non-nurse than a nurse, that my patient assessments are merely elaborate acts, or my official “Johns Hopkins School of Nursing” scrubs belong to someone else, someone who knows more about all of this than I do. And I sometimes wonder that patients and their families are so brave to trust their care to us, complete strangers who aren’t even done with school yet. They trust us to bathe them when they can’t do it themselves, to advocate for them, to be there when they are at their most vulnerable. They trust us to support them during their first few steps after a major surgery, to be there when they hear that the diagnosis is as devastating as they had feared, and to help during the birth of a child.

But then I remember that though we may not yet completely deserve this trust, it is also not wholly unmerited. To each patient’s bedside, we bring years of experience in fields from case management to finance, understanding of what it’s like to be in unfamiliar and unsettling places, and our own compassion and sensitivity. We bring what we’ve learned from patients, peers, and nurses about maintaining and holding sacred that trust. We bring our knowledge that a good nurse constantly assesses for ways to help patients and is keenly aware of the power of a healing touch or sincerely spoken words: “I will be here for you.”

I hope I can be such a nurse one day, and there is so much to learn. But for now, I know I understand how to make patients feel comfortable, safe, and—perhaps most importantly—heard. The confluence of our abilities and their needs can be beautiful.

Nursing school is preparing me to be a nurse, but it’s also preparing me for the present. It’s teaching me how to embrace the strange delight and burden of being human. By drawing on what I’ve learned in the hospital, I think I’m better at dealing with uncomfortable and distressing situations. I can more easily understand how to communicate in ways that are honest and empowering. I can more skillfully and intuitively anticipate the needs of others, and I know the significance of self-care.

As I graduate from school in December and move into my career, I hope I never forget how unique our roles are. I hope this knowledge is always humbling and never a source of unhealthy pride.

That I can enter a patient’s room for the first time at seven in the morning and, over the course of our brief time together, be allowed to enter into their life—that is an incredible gift.

From the sleep connection to depression and pain, from food insecurity to asthma, from intimate partner violence to men’s health in the U.S. Virgin Islands, a sampling of journal-published faculty research from July 2014–June 2015.

SEPTEMBER 2014
GERIATRIC NURSING
“The Influence of Sleep Disruption and Pain Perception on Indicators of Quality of Life in Individuals Living with Dementia at Home”
NANCY HODGSON*, LAURA GITLIN & COLLEAGUES

MARCH 2015
INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH
“Interventions to Reduce Harm from Smoking with Families in Infancy and Early Childhood: A Systematic Review”
PATRICIA DAVIDSON & COLLEAGUES

APRIL 2015
INTERNATIONAL PSYCHOSOMATICS
“Assessing Neuropsychiatric Symptoms in People with Dementia: A Systematic Review of Measures”
LAURA GITLIN*, KATHERINE MARK, JAN STANLEY, BRIAN HANSEN & COLLEAGUE

JULY 2014
JOURNAL OF THE AMERICAN ASSOCIATION OF NURSE PRACTITIONERS
“Strategies African-American Cancer Survivors Use to Overcome Fears and Fatalistic Attitudes”
JILL HAMILTON* & COLLEAGUES

DECEMBER 2014
HEALTH CARE FOR WOMEN INTERNATIONAL
“Motives and Characteristics of Domestic Violence Homicides and Suicides Among Women in India”
BUSHRA SABRI*, MARIA SANCHEZ & JACQUELYN CAMPBELL

JANUARY 2015
JOURNAL OF THE AMERICAN GERIATRICS SOCIETY
“Preliminary Data from Community Aging in Place, Advancing Better Living for Elders, a Patient-Directed, Team-Based Intervention to Improve Physical Function and Decrease Nursing Home Utilization: The First 100 Individuals to Complete a Centers for Medicare and Medicaid Services Innovation Project”
SARAH SZANTON*, ELIZABETH SLOAND & COLLEAGUE

JULY 2014
JOURNAL OF THE BLACK NURSES ASSOCIATION
“U.S. Virgin Islands Men Talk About Domestic-Violence Homicides and Suicides Among Women”
PHYLLIS SHARPS & COLLEAGUES

APRIL 2015
GERIATRIC NURSING
“Increased drinking among older adult women who are especially vulnerable to alcohol-related health risks speaks volumes about the job cut out for care providers.”
Nancy Goldstein, DNP, ANP-BC

Increased drinking among older adult women who are especially vulnerable to alcohol-related health risks speaks volumes about the job cut out for care providers. Nancy Goldstein, DNP, ANP-BC, report in “Alcohol Use and the Older Adult Woman” that symptoms among at-risk women can be mistaken for age-related conditions. “A problem with balance may be attributed to frailty... confusion or memory changes may be attributed to a dementia syndrome.” A key to preventing further harm is to provide advanced practice nurses with a practical guide to the evidence-based approach SBIRT (for Screening, Brief Intervention, and Referral to Treatment) to help patients identify at-risk alcohol use and motivate a change. JOURNAL FOR NURSE PRACTITIONERS, APRIL 2015
The effects of intimate partner violence (IPV) on maternal and neonatal outcomes are multifaceted and largely preventable. Jeanne Alhusen, PhD, CRNP, RN, Ellen Ray, DNP, CNM, Phyllis Sharps, PhD, and a colleague report in “Intimate Partner Violence During Pregnancy: Maternal and Neonatal Outcomes.” But it takes trust between patient and provider. “The approach of universal screening, patient engagement in prenatal care, and targeted individualized interventions has the ability to reduce the adverse effects of IPV.” Too-likely alternatives are poor nutrition, inadequate weight gain, substance use, and depression for a mother-to-be as well as low birth weight, preterm birth, or maternal or neonatal death. "JOURNAL OF WOMEN'S HEALTH. JANUARY 2015

HIV AND THE CHURCH

African Americans’ faith in churches and their leaders can be a key toward addressing disparate HIV incidence and prevalence rates among the ethnic group, according to “A Multi-Level Approach for Promoting HIV Testing Within African Church Settings.” The study by Jennifer Stewart, PhD, RN, points to imroads with religious leadership as a way to enlist a varied group of churches that has been “a venue for several effective health-related behavior change interventions” but has historically “framed HIV infection as a moral rather than a health issue.” Stewart looks for ways to break down barriers, increase testing, and lessen the stigma of HIV within the community. "AIDS PATIENT CARE AND STDS. FEBRUARY 2015"
A World Away

As a 20-year civil war raged in Sudan, adult casualties spiraled, the ranks of soldiers grew younger and younger, “and the majority of these children never came home,” says Rasha Kafi, Accel.’15, who grew up in Khartoum. “To see the young people dying every day in the news was very, very scary.” The government demanded military service for both boys and girls. In 1998, two brothers were at or near military age, and Kafi was not far behind. Mom Alizabeth Kodi, a physician’s assistant who also ran a nursing clinic for impoverished neighbors from a spare room in her own home, was not about to watch her kids sacrificed in a war that would not end until 2005. But to save them, she had to leave them behind. It was a sacrifice that Rasha Kafi won’t forget.

Mom went first to neighboring Egypt, where a United Nations office seemed to offer a chance at freedom, but it would take time. “It was hard to get out of Sudan,” Kafi remembers. “You had to have very valid reasons to leave.” Undaunted, Mom set in motion the plan that would, eventually, bring her family to the United States, sponsored by Christ Church in Richmond, VA.

Kafi, recipient of the Mary Dent Scholarship, graduates this summer and plans on working for a year or so before resuming her studies to become a family nurse practitioner. From there, she expects her journey to take her overseas once more, as the desperation she sees in images from her native country (“people living literally under rocks”) and elsewhere calls to her. “She feels her time at Hopkins will ‘sharpen my skills, help me learn tools to help people’ out there.”

Always, Mom’s sacrifice illuminates the path.
Increasingly, fellow researchers and funders endorse or even insist on nurses’ presence from discovery to implementation.
In hospitals across the country, venous thromboembolisms (VTEs) pose a significant health risk, affecting more than 600,000 patients a year—despite effective prevention strategies such as blood thinners and compression stockings widely available to prevent these deadly clots.

Why do preventive treatments go unused? At The Johns Hopkins Hospital, Deb Hobson, RN, is part of a research team that is pushing to find out. “I learned that 12 to 14 percent of our patients weren’t receiving the doses of heparin or other blood thinners that their doctors had ordered for them,” says Hobson. “As a nurse, I thought to myself, ‘Wow, that’s a lot!’”

With funding from the Patient Centered Outcomes Research Institute (PCORI), Hobson and nurse educator Dauryne Shaffer, MSN, RN, are developing training sessions for nurses aimed at ensuring more patients receive VTE-preventing medications. Their involvement is crucial to the overall success of the three-year VTE prevention project, notes principal investigator Elliott Haut, MD, PhD, a Johns Hopkins trauma surgeon.

“Without a multidisciplinary team, there’s no way you’re going to get buy-in from frontline providers,” says Haut. “We all want to hear from our peers. Surgeons like to listen to surgeons. Nurses like to listen to nurses. When it comes to teaching and educating and giving advice, nurses want someone like them.”

Haut, who is also an associate professor of health policy and management at Johns Hopkins, says that over the past decade, he’s seen nurses become increasingly valued members of multidisciplinary research teams. “Science without collaboration doesn’t work,” he says bluntly. “If you try to do any [research] work in quality and patient safety without nurses having a voice, you’re dead in the water.”

Haut’s assessment appears to be shared by today’s grant funding organizations, from the National Institutes of Health, to PCORI, to the National Institute of Nursing Research. Increasingly these agencies are seeing the value of multidisciplinary research teams.

Ensuring we are part of the conversation when decisions are being made about research funding is critical. Nurses are an important voice to improve health outcomes for individuals and communities.”

Patricia Davidson, PhD, MEd, RN

Gross’s research focuses on promoting positive parent-child relationships and preventing behavior problems in preschool children from low-income neighborhoods. During her years at Rush University College of Nursing, she and colleagues launched the evidence-based Chicago Parent Program, which aims to strengthen parenting skills and prevent behavior problems in young children. The program is being used in early childhood programs across the country, including Head Start programs in Chicago and New York City. And Gross is now working on several fronts to investigate its effectiveness among families and in schools in urban Baltimore.

At one point, for example, a mental health clinician on her team observed that a mother participating in the Chicago Parent Program seemed to be flourishing—but observed that the mom likely wouldn’t have done so well a year earlier, since at that point she wasn’t as emotionally connected to her child. Through family treatment, the clinician had helped this mother strengthen her emotional connection to her child, though she still lacked important parenting skills.

The observation resonated with Gross and ultimately prompted her to add an additional measure to her study—a measure that evaluates the quality of parent attachment as a predictor of success in the program. “This all came out of having this conversation with another clinician,” says Gross.

Every collaborator on her team brings unique value. Gross says, and as principal investigator, she’s laser focused on keeping patients front and center.

“That’s what makes nursing research so different from a lot of other scientific research,” Gross notes. “We are clinicians at heart. We have an appreciation for the patient perspective—which impacts the way we frame our studies, the way we think about interventions, the way we think about what we need to be analyzing.”

That’s good news for the nursing profession, Davidson says: “Ensuring we are part of the conversation when decisions are being made about research funding is critical. Nurses are an important voice to improving health outcomes for individuals and communities.”

Nurse researcher Deborah Gross, DNSc, RN, says it was precisely the potential for rich collaboration that drew her to Johns Hopkins back in 2008. And she hasn’t been disappointed.

“What makes Johns Hopkins such a great place to be as a scientist is how open people are to collaborating across school divisions,” says Gross, the Leonard and Helen Stulman Endowed Professor in Psychiatric and Mental Health Nursing. “I started doing this from the first day I arrived, working with people from the School of Public Health and the School of Medicine. If you’re doing good work, people want to know about it and be a part of it—whether you’re a nurse or a psychiatrist or a sociologist.”

Her research teams include a developmental pediatrician, psychologists, sociologists, social workers, psychiatrists, statisticians, and an economist. “It’s wonderful working across disciplines—they share perspectives that always make me think differently as a scientist,” says Gross, who holds faculty appointments in the schools of Nursing, Public Health, and Medicine at Hopkins.
**DIRECT CONTACT**

While today’s nurses may be more and more in demand—as both collaborators and principal investigators—on scientific research teams, historically their importance to the team hasn’t been so readily recognized, says Christopher Chute, MD, MPH, DrPh, a newly appointed Bloomberg Distinguished Professor. He joined Johns Hopkins last winter as chief health research information officer of Johns Hopkins Medicine after a 27-year career at the Mayo Clinic. A self-trained informatics expert, Chute is dedicated to “getting the data right,” to make evidence-based clinical practice and translational research possible.

“I’ve always been a strong supporter of nursing engagement in characterizing what’s actually happening with patients,” Chute says. “Nurses have more direct day-to-day contact with patients than most other healthcare providers. They have a unique opportunity to contribute to what we know about patients in their activities of daily living—their sense of well-being, mood, disposition, attitude.”

From his years of experience in informatics, Chute has found again and again that these intangibles serve as “sentinel variables,” alerting healthcare providers to medical decline that might not otherwise manifest itself for weeks or months.

“And yet historically, physicians, and far that matter the entire healthcare system, has diminished attention to what were regarded as these ‘softer’ variables, even though they are powerful predictors,” he says.

That’s rapidly changing. With today’s growing emphasis on accountable care, in which keeping people healthy has become a primary goal, researchers are increasingly looking to such data for answers to better prevention strategies. And who better to capture that data than nurse researchers?

“As you track patients over time, you are getting into the realm of where nurses have been dominant,” Chute observes. “It will be increasingly important to leverage the amount of nursing research that is being done, and to integrate it into comparative effectiveness research.”

This signals a significant shift in what nurse researchers will be bringing to the table, Chute observes. In the past, nurses who were part of clinical research teams most often served as project coordinators for clinical trials, responsible for recruiting patients and gaining consents. “Now we’re starting to see nurses emerging—certainly in the informatics community but also in observational research studies—as peer investigators rather than simply nurse coordinators,” he says.

**SHOW AND TELL**

Twice each week, Deb Hobson and Dauryne Shaffer sit down around a conference table at The Johns Hopkins Hospital with other members of their VTE prevention team for meetings that can last up to two hours.

“There’s so much going on, and everyone brings a different perspective to the group,” says Hobson. “We all feel respected.”

In their research to find out why a significant number of patients at the hospital were refusing doctor-prescribed blood thinners, the team found some surprises. Among them: Some nurses believed that as long as their patients were ambulatory, the risk of blood clots was minimal, so they counseled patients against taking the prescribed medication. In other cases, nurses would make the decision to hold off on blood-thinning doses if patients were about to undergo a procedure (such as having a feeding tube inserted) out of concern that the medication could cause excessive bleeding.

While well intentioned, both courses of action had the potential to put patients at unnecessary risk of a deadly blood clot. To set a record straight and bring floor nurses up to date on the latest evidence-based practice in VTE prevention, Shaffer worked with other members on the research team to create several e-Learning modules. In addition, the team set up a technology-based system (tied to the electronic medical record) that alerts Shaffer or another nurse educator when a patient refuses a dose of prescribed preventive treatment. When she gets paged, Shaffer makes a visit to the patient’s bedside to talk through his or her concerns. She’s found that many people don’t realize how serious a blood clot can be, or that its effects can linger for many months. “I get comments like, ‘Oh my gosh, I don’t want that to happen!’” she says.

Based on what it learned by surveying patients, the VTE prevention team has come up with a one-page fact sheet (available in multiple languages) that is now given to many hospitalized patients. It also produced a short video in which patients who’ve suffered blood clots share their cautionary tales.

“We still have patients who will refuse [the blood-thinning] medication,” says Shaffer. “But at least it’s an educated refusal!”

Now two years into the three-year VTE prevention project, study leader Haut says his team is on track to produce a “blueprint” for multi-tiered strategies that can be adopted by hospitals across the country. The ultimate objective: to reduce the 100,000 deaths caused annually by VTE—more than AIDS, breast cancer, and motor vehicle accidents combined.

“Without nurse representation in our group, it would have been impossible for us to work on any [of this],” says Haut. “When you’re doing quality and safety research on interventions for real patients on surgical floors, where nurses are an integral part of the care being delivered … it’s absolutely critical to have nurses on the team.”
As experienced oncology nurses know, a cancer diagnosis is only the first step on a long and challenging road ahead—for patients and providers alike.

For both, a wide range of procedures becomes part and parcel of every day. Whether it’s a diagnosis, prep and recovery from chemotherapy or radiation therapy, pre- and post-surgery, pain management, blood draws, biopsies, scans, or MRIs, the trials continue through to recovery or to hospice care. For the nurse, mastery of all these facets of care is essential to growth and improved patient outcomes. That’s why a new partnering scholarship between the School of Nursing and The Johns Hopkins Hospital is so eagerly anticipated.

The Susan D. Flynn Oncology Nursing Fellowship Program immerses students from top undergraduate nursing schools in applied oncology training. The hospital and School of Nursing will host two students in three semesters’ worth of direct mentorship and hands-on participation that will accelerate their ability to hit the ground running when they begin work as full-time oncology nurses.

The fellowship’s namesake, Susan Flynn, died of ovarian cancer in 2013 after a three-year battle with the disease. Inspired by the skill and compassion of nurses at the Connecticut hospital where his wife received care, Frederick C. Flynn Jr. created the fellowship to honor her memory and to help develop the next generation of oncology nurses across the nation.

“By partnering with the country’s leading hospitals and best nursing schools through this program, I believe we can inspire, attract, and foster the development of potential oncology nurses,” says Flynn, a retired business executive. “The preceptors in the program play a vital role by taking these aspiring nurses under their wing and acting as mentors.”

The School of Nursing faculty and Sidney Kimmel Comprehensive Cancer Center practitioners committed to creating a customized training experience that allows Flynn Fellows to observe and participate in the full range of oncology specialties and responsibilities. The School of Nursing and hospital expect to select the first two students for the fellowship in September, according to Associate Professor Jennifer Wenzel, PhD, RN.

“By partnering with the country’s leading hospitals and best nursing schools through this program, I believe we can inspire, attract, and foster the development of potential oncology nurses.”

— Frederick C. Flynn Jr.
relying on you. You come to understand the human response to disease and treatment.”

“It’s this attitude that Fred Flynn hopes to nurture through the fellowship. Fellows will receive a $4,500 stipend over the three semesters and guaranteed placement at The Johns Hopkins Hospital during the Transitions Practicum course, which all students take as preparation to shift from classroom to hospital. Faculty members do their best to match all students with a desired specialty, but Flynn Fellows will get a tailor-made experience.

“Oncology is a large specialty with lots of niches within the specialty,” says Wenzel. “Fellows will see the scope of oncology nursing and decide for themselves what they like best, a choice which will likely result in better job placement and satisfaction with their first position.”

She knows firsthand how important it is for nurses to familiarize themselves with a specialty before committing to it. “I had three clinical placements in pediatrics before I finally learned I didn’t want to be a pediatric nurse,” Wenzel says. “We’re helping students decide what they want and don’t want to do so they can shine in their career.”

Wenzel, Krumm, and Flynn call the fellowship a win for all involved—the university, the hospital, nursing students, and ultimately the patients they serve.

Starting in their first semester, fellows will be immersed in oncology nursing, through both observation and hands-on activities. Fellows will rotate among all the challenges nurses have on any given day—for example, caring for one patient with a tracheotomy and another undergoing chemotherapy. They’ll learn about treatment side effects and how to interpret laboratory results, as well as assisting patients fresh out of surgery.

“These specific experiences will expose fellows to the continuum of care in oncology,” says Sharon Krumm, PhD, RN, director of nursing and clinical administrator at the Sidney Kimmel Comprehensive Cancer Center. “We don’t think of caring for cancer patients as you would other patients. This isn’t about a single episode of care.”

Flynn Fellows will experience the breadth of nurses’ involvement, collaborating with an interdisciplinary group of care providers who treat patients’ physical and emotional health. Not only will fellows interact with physicians, specialists, nurse practitioners, and hospital staff; they’ll also work with chaplains, social workers, nutritionists, pharmacists, psychiatrists, palliative caregivers, hospice workers, and researchers. At Hopkins Hospital, doctors or nurse practitioners may consult with nurses on clinical decisions. To be successful, fellows must hone their communication skills to work with all members of a patient’s care team. They must also adjust to the emotional and interpersonal nature of the job.

“One of the many rewards of taking care of patients with cancer is getting to know them over time,” Krumm says. “Our nurses have strong professional relationships with patients and their families. We also see the not-so-nice side of people—anger over a cancer diagnosis or a family member who’s angry over losing someone. The fellows will have the chance to learn how to manage these situations.”

Caitlin Brown is a 2015 Emory University graduate and Flynn Fellow recently hired to join Hopkins Hospital’s hematology oncology and blood and marrow transplant unit. Brown says she was so deeply moved by the emotional aspects of oncology nursing that she completed her fellowship research project on dignity therapy.

“When I first started the fellowship [at Massachusetts General Hospital], I’d had little oncology experience, and I didn’t know that amount of suffering existed in the world,” says Brown. “Within the first two weeks, I saw three horrific and painful deaths, and I thought I’d made a mistake. But soon I realized that even though we can’t save every patient, it’s our job to maintain the patient’s dignity in life and in death.”

In the Undergraduate Research Honors course, Flynn Fellows at Johns Hopkins will also complete a project of their choice, grounded in their fellowship experiences and applicable in a real-world oncology setting.

“Being a fellow is not only an opportunity to gain clinical experience and to perfect the skills we’ve learned in school,” Brown says. “It’s also a chance to grow as a person and be able to relate to people who are sick and
Annina Griggs was teaching windsurfing in Germany in the 1980s when a letter came in the mail that would change her life. It was an application to the Johns Hopkins School of Nursing sent by her mother. She took the hint, soon returning to Baltimore to become a member of the first bachelor of science class to graduate from the program in 1986.

Nearly 30 years later, her own daughter, Marielle, feels a similar wind in her sails as she prepares to become one of the first students in the Master’s Entry into Nursing program that will debut in September. She too, hadn’t originally thought much of nursing, graduating from Towson University with a degree in political science. “I think I actually avoided nursing because I grew up hearing so much about it,” Marielle says. But it was on a trip to Kenya with the Peace Corps that her eyes were opened. “We worked in a maternal/child health hospital, training community public health workers to be doulas. I loved encouraging people and showing them that help was available. I knew then I wanted to pursue an interest in women’s health.”

For Mom, there was no question that “Hopkins was the best,” but Marielle needed to discover that on her own. “I looked at a lot of other schools. I wanted to know my options, but I found that no other school offered the same international opportunities, the support for Returned Peace Corps Volunteers, and the program options that Hopkins did.” And she admits that it was the Master’s Entry program and the opportunity to pursue advanced degrees and midwifery that solidified her decision to come to Hopkins.

“I think the possibilities are endless with this new degree,” says Marielle of the Master’s Entry. Annina agrees, seeing how much healthcare has changed since she first graduated. “The profession has really skyrocketed out, and there is nothing a nurse can’t do. I’ve seen that patients want nurses to explain what the doctor just told them, but in terms they can understand. To have nurses who can guide and comfort and be even stronger leaders in care will be wonderful.”

As an original BSN grad, Annina Griggs got to be a special part of the school’s history. The Master’s Entry into Nursing program is another watershed moment for the school—an innovative curriculum that gives students the knowledge to quickly grow into leaders at the bedside, in global pursuits, and in interprofessional collaboration. “I never could have imagined the opportunities that she would have in front of her,” says Mom. “I am so excited Marielle will be coming here. Hopkins brings out the best in you, brings out dedication, and that’s the reason you’re here.”

Marielle, too, feels like the pieces are falling into place. If it hadn’t been for her Hopkins roots, she might have ended up in Washington pursuing a government or law career, but just as it was for Annina Griggs all those years ago, nursing seemed to find her—with a little help from Mom, of course.
Transport and delivery room nurses jump nimbly between dual roles helping newborns

By Kim Polyniak

Leslie J. Sulpar, MSN, RN, a veteran of more than 25 years in the neonatal intensive care unit at The Johns Hopkins Hospital and elsewhere, was working a 12-hour shift when she received her first transport call—a sick newborn at another location needing special care. Sulpar changed into her black transport polo and rushed out with the team. Their job: bring the baby to the Hopkins NICU.

Sulpar was a bedside nurse and safety officer when she took on the new role of transport and delivery room (or TR/DR) nurse. For her, it was an exciting opportunity. “I like that urgent, spur of the moment, thinking on my feet kind of setting,” she says. And since its inception last July, the TR/DR nurse role has aided newborns, nurses, and the hospital in a major way.

Currently, there are 33 TR/DR nurses who help the team transport newborns to and from facilities around the state, attend births in the delivery room, or serve as an additional resource for NICU nurses. The position addresses several particular needs. It complies with a new state law requiring a second licensed provider on the transport team, which also consists of a nurse practitioner and at least one paramedic. On the delivery room side, a concern was that NICU nurses weren’t getting enough opportunities to go to the delivery room, some only a few times a year, and therefore they didn’t feel comfortable enough when called upon, says Karen Frank, DNP, RN, a clinical nurse specialist in the NICU. The pairing of the roles seemed like a good fit. “Both roles require thinking on your feet in high-stress situations,” Frank says.

Among the goals of the TR/DR program are thermoregulation of newborns and getting babies moved more quickly from the delivery room to the NICU. Thermoregulation means ensuring newborns are warm by adjusting the room temperature, activating thermal mattresses, and other measures. So far, Frank says, results are promising. “The mean temperatures have increased for all of our newborn admissions, and the time from when the baby is born to when the baby is admitted to the NICU is less than 20 minutes, which is really good,” she says.

On the transport side, a goal was to decrease the amount of time the team spends in referral hospitals by 15 minutes. “Just to have the TR/DR nurse available to draw up medications and document while the nurse practitioner might be doing stabilization of the airway has been a tremendous assistance,” says transport nurse Beth Diehl-Svrjcek, DNP, RN, lead neonatal nurse practitioner. A report shows having extra hands has so far led to a seven-minute reduction in the mean in-hospital time at the sending hospital.

During transports, the TR/DR nurse has also improved parent communication. “Now that we have the TR/DR, [she/he] can be talking to the family while the nurse practitioner is busy and while [she/he is] providing care to the baby,” says Diefhl-Svrjcek.

Transport and delivery room nurses jump nimbly between dual roles helping newborns

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— Beth Diefhl-Svrjcek, DNP, RN

Precious Cargo
By Kim Polyniak

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Sulpar was a bedside nurse and safety officer when she took on the new role of transport and delivery room (or TR/DR) nurse. For her, it was an exciting opportunity. “I love doing it. I love the diversity of it and that you never know what’s going to happen next,” she says.

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Other Lives: A Family History
By Steve St. Angelo

Psych nurses Heather and Rick Caporin have the time of their life while documenting it

Rick Caporin, RN, was fully aboard when wife Heather Caporin, RN, decided to pair her love of vintage clothing and photography with that for her adorable children. But he did have his reservations when she decided they should take the show on the road. “You’ve got to be kidding me,” Rick remembers thinking. “We’re going all the way to Connecticut to get a baby photo?”

That shoot, with a photographer whose work Heather admired, was the start of something amazing: a set of family photos featuring her and the kids in fanciful garb in imaginative settings that is as stunning in its whimsy as its execution. Heather has long enjoyed buying and selling vintage clothing. When she had two girls, Madison, 6, and Lilah, 3, it gave her an excuse to do it more. “Oh my gosh, little girls’ outfits are so cute,” says Heather, who rarely buys clothes for herself anymore, especially with son Camden, 2, now part of the family and another girl expected on or about September 25. The rest she just dreamed up as she went, envisioning scenes in her head, corresponding with favorite photographers (often by exchanging ideas on Pinterest), then going ... wherever the photographer is: a junkyard in Atlanta, a field of sunflowers in New York State (during a sudden thunderstorm ... “I could tell you stories,” Rick says), Chicago, Colorado, Charleston, SC.

“Rick plays hard to get, but he loves it,” Heather Caporin says of her “assistant,” whose job includes the logistics of getting the family and the props to the photo shoot on time but mostly staying out of the images themselves. It’s just part of the journey the two psych nurses—she on Meyer 4, he on Meyer 3—began at The Johns Hopkins Hospital. “The way Heather and I met here at the hospital was a love story,” Rick says of a “Hopkins wedding” that brought an outpouring of support from their peers, who today enjoy the family images as much as the proud parents do.

The children also love the adventures, just not always on the same day. “If one of them is having a bad day [aka a meltdown], we focus on the other two,” says Rick. “We never push.”

The buying and selling of clothes is now a business, but the pictures are just for fun. (Heather sometimes allows photographers or clothes suppliers to use the images in their advertising, setting up bartering opportunities down the road.) Told—as Rick says they often are—that his little ones could make a pretty penny as models, he’s firm: “That’s not our goal.” If the kids tire of the experience, that will be that.

Besides, “We love our jobs as nurses, we love Hopkins,” Heather says.

“We’re going all the way to Connecticut to get a baby photo?”
— Rick Caporin, RN

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Trailblazer’s spirit remains as radiology nursing specialty thrives

Today, radiology nursing is a thriving specialty at The Johns Hopkins Hospital and a vital link in the chain of care throughout the Department of Radiology and Radiological Science. The department’s nursing staff is deployed throughout 10 imaging divisions, working closely with technicians and physicians in a fast-paced and constantly evolving environment. Radiology nurses are innovators and problem solvers, encouraged to take initiative to find ways to improve procedures and patient care.

This pioneering spirit in the culture of radiology nursing at Hopkins is the legacy of a woman who was influential in shaping it from its earliest days—the late Charlotte Linton Godwin, RN, one of Hopkins’ first radiology nurses. From the time she joined the Diagnost Division in 1948 to her tenure as director of nursing services in the Diagnostic Radiology and Radiological Science Division from 1977–1987, Godwin was driven to refine the role of the nurse working closely with technicians and physicians in a fast-paced and constantly evolving environment. Radiology nurses are innovators and problem solvers, encouraged to take initiative to find ways to improve procedures and patient care.

This pioneering spirit in the culture of radiology nursing at Hopkins is the legacy of a woman who was influential in shaping it from its earliest days—Charlotte Linton Godwin, fourth from left, was driven to advance radiological nursing practice.

Hopkins Hospital launched its Radiation Department in 1935 with a staff of six that included one nurse, Helen Slade, RN. Her duties were general bedside care and coordination of care among the team. By the time Godwin was hired in 1948, there were just two nurses and one nursing assistant, and the nursing staff also helped in the preparation of supplies and assisted with procedures. Almost immediately, Godwin seized opportunities for change, creating a nursing training class for technicians that led to improved patient satisfaction.

By the 1960s, as the department grew, so did nurses’ responsibilities. Godwin helped to reorganize workflows as the staff increased, relieving nurses of administrative tasks so they could focus instead on patients and participate in procedures and research. Through the end of the decade and into the early ’60s, Godwin successfully campaigned to bring operating room protocols to the Cardiovascular Diagnostic Lab’s procedures, developed patient education materials, and worked with the staff on orientations and technology training sessions. Her efforts focused not only on the expertise of the radiology nurses but also their own safety. Among improvements, for example, was the testing and purchase of restraints for pediatric X-rays that eliminated the need for nurses to hold children during the procedure.

Working with Carolyn Weinberg, RN, in Nuclear Medicine to conduct an extensive study of patients and staff, Godwin led a move to give nurses more time and materials to explain procedures and prepare patients for what to expect, leading to much higher patient cooperation and satisfaction.

Godwin encouraged her nursing staff to take leadership roles on committees and orientations throughout the hospital. At the request of the Joint Commission of Accreditation of Hospitals in 1979, she presented a Radiology Nursing manual that serves as the basis for the one in use today. With Hopkins’ support, she organized workshops for nurses at the Radiological Society of North America’s Scientific Assembly in November of 1981 that laid the foundation for the Association for Radiologic & Imaging Nursing (ARIN), of which Godwin was elected the first president. (Her protégé, Ron Wardrope, RN, CRN, of Pediatric Radiology at Hopkins, was named ARIN’s Nurse of the Year in 2012.)

As a result of Godwin’s work and influence, Radiological Nursing at Hopkins transformed from a general bedside and administrative role to a dynamic, multifaceted specialty that encourages autonomy and initiative. Radiology nurses draw on advanced skills to administer and track medications, perform patient assessments, and respond to emergencies. They are educators both to patients and to staff within and outside their units and are highly involved with committees and initiatives throughout Hopkins. They are those change makers who, in the words of ARIN’s Core Values, “lead with humility, follow with urgency.”

Sources: Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions.

This Way Forward: Clara Noyes (1869-1936)

“We need a strong woman in Washington! There is too much at stake now to take any chances.”

With that plea, from its founder Jane Delano in 1916, Clara Dutton Noyes (Class of 1896) was called to the American Red Cross Nursing Service, faced immediately with the enormous task of preparing nurses for service in World War I. Noyes was responsible for the enrollment, organization, and assignment of 21,000 nurses (by war’s end) to duty.

The truer challenge, perhaps, would have been trying to stop the cool-minded, fastidious Noyes from succeeding. Delano had chosen well. On her mentor’s death in 1919, Noyes became director of nursing service and chairman of the National Committee on American Red Cross Nursing. After the war, she shaped the Red Cross shift to service for veterans, safety training, accident prevention, home care for the sick, nutrition education, and disaster response. Under her leadership, the Red Cross provided relief for victims during the Mississippi River floods of 1927 and severe drought and the Depression during the 1930s.

Noyes suffered a fatal heart attack on June 3, 1936, during her drive to the Red Cross headquarters in DC at age 66. “The swift termination of Miss Noyes’ earthly life came as she would have wished—swiftly, mercifully—with her affairs, personal and professional, all in the expeditious order of the exquisite order of all that she did,” read her obituary in the American Journal of Nursing.

Sources: Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions.

Charlotte Linton Godwin, fourth from left, was driven to advance radiological nursing practice.

Clara Dutton Noyes (1869-1936)
One for All
By Wendy J. Meyeroff

Seeing an opportunity, infusion pump task force refused to go with the flow

At a large facility like The Johns Hopkins Hospital, replacing an essential item like a discontinued infusion pump isn’t as easy as swapping Brand B for Brand A. It’s as much culture change as equipment change. So when it was time to purchase a medical system’s worth of such pumps, which deliver fluids—medications or nutrients—into a patient’s body in controlled amounts, a task force couldn’t afford to be short-sighted.

In this case, an oncology pump had been discontinued and another widely used set of pumps was aging. "At the beginning, the hospital leadership could have said, ‘We’re already with [Brand A], so they’re going to give us the best deal,’” says Elizabeth Zink, MS, RN. “The hospital didn’t take that position.”

Yes, “Money is still an issue,” adds clinical pharmacy specialist Haley Gibbs, PharmD. “But Step One was to come up with a pump that would be suitable for our institution. It would be a huge switch for nursing, anesthesia, and other areas.”

Zink and Gibbs co-chaired the Infusion Pump Task Force. (The third member was Pete Doyle, PhD, human factor engineer.) Already working together regularly on system-wide—even hospital-wide—changes, Zink and Gibbs began collecting “desired specifications from all the stakeholders [and] developed a checklist” of the requests … almost two-dozen pump characteristics. Topping the list? “Wireless library updates,” says Gibbs.

After initial vendor demonstrations, the task force voted on which pumps to bring onsite for hands-on testing. A group of 30 testers (the majority nurses, but also anesthesia providers) spent two days in an auditorium, getting a 10-minute training session from each pump vendor and then putting the pumps through their paces, “a very objective, systematic set of tasks on each pump,” says Zink. “We were able to see safety issues and mistakes that were made.”

The task force then presented its two finalists to the hospital’s financial group for the negotiation phase, comfortable with either choice and satisfied with its painstaking effort. “Staff was heard and we took time to really evaluate safety features, risk of error, and incorporating human factors [among others],” says Zink.

The Sidney Kimmel Cancer Center received the new pumps in 2014, with the rest of the Baltimore facility to get them this fall.
Hopkins Nurse

The Polite Pause

By Steve St. Angelo

Civility counts. It’s right there on the whiteboard as Nurse Manager Brandon Buckingham, RN, gathers his team for the 1 p.m. huddle on Unit 2 South. The most recent audits are in, and while the results of a campaign to improve the patient experience are generally quite encouraging, Buckingham politely chides his crew over red marks (errors) where green ones should be.

Welcome to the Great Greeting, a new protocol being rolled out at HCGH that emphasizes the personal comfort of patients who by nature of their care must surrender much of their privacy upon arrival. “Too often in this profession we do the fly-by-knock,” explains Buckingham of task-oriented nurses bustling into a room to efficiently perform their duties and not taking a moment to acknowledge and respect a patient’s space. The Great Greeting is that moment, in five simple steps: sanitize hands; knock (allowing 10 seconds for a response); pause (taking a breath before entering a room); greet patient by name; state your name and the reason for your visit. “Their room is their safe haven, their domain.”

Skipping any of the steps means a red mark (and perhaps a subtle nudge from a supervisor), and the person keeping score could be almost anyone moving among nurses as they go about their shifts, explains staff nurse Danielle Quigley, RN. Anyway, it’s not about spying—and no one is publicly called out at the whiteboard. “Mostly, they throw themselves under the bus,” says Buckingham. “Usually me,” Quigley jokes of a protocol that exempts no one. “There’s a friendly competition. We all hate seeing those red marks.”

More green marks very likely mean better scores on the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which can attract customers and prevent reimbursement penalties. The Great Greeting also quickly builds patient trust, making for a better workplace, Quigley says, adding that patients soon simply call out, “Just come in, please. You are always welcome.” But a green mark is a green mark.
Communication initiatives empower them to become part of the care team

By Elizabeth Heubeck

SUBURBAN HOSPITAL

For Patients and Families, a Greater Voice

Toby Levin, co-chair of PFAC, knows the critical importance of open and effective communication between patients or attendant family members and hospital staff.

The PFAC at Suburban has been instrumental in helping us see ourselves and our practices from the eyes of a patient, or their loved one.

— Kimberley Kelly, MBA, RN

Recent research released by the *Journal of Patient Safety* suggests that medical errors are the third-leading cause of fatalities, behind only cancer and heart disease. Moreover, roughly one-third of medical errors could be prevented by improved communication. At Suburban Hospital, a recently formed group called the Patient and Family Advisory Council has developed patient- and family-centric initiatives to improve hospital-wide communication and, with it, patient safety.

In just five years, PFAC has turned a feeling that there needed to be a stronger partnership with the patient and family into a formalized, system-wide transformation in how staff members perceive and communicate with them. The council consists of 17 former patients or family members and eight key staff members, including physicians, nursing directors, and other medical personnel.

PFAC patient and family advisers sit on most hospital committees and have been involved in several initiatives that empower patients and their families to receive and share information more readily during the hospital stay, essentially becoming an integral part of the healthcare team.

For PFAC to succeed, Suburban’s hospital staff had to be open to a more patient- and family-centered environment. “The PFAC at Suburban has been instrumental in helping us see ourselves and our practices from the eyes of a patient, or their loved one,” says Kimberley Kelly, MBA, RN, critical care nursing director at Suburban. “They have shared their own personal experiences and their stories are quite powerful.”

This information sharing is central to the PFAC process. “For me, working on the Advisory Council is a full-time commitment,” Levin says. “I am happy to do it as we can see that a cultural change between patients, their families, and staff is occurring.”

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PFAC patient and family advisers sit on most hospital committees and have been involved in several initiatives that empower patients and their families to receive and share information more readily during the hospital stay, essentially becoming an integral part of the healthcare team.

For PFAC to succeed, Suburban’s hospital staff had to be open to a more patient- and family-centered environment. “The PFAC at Suburban has been instrumental in helping us see ourselves and our practices from the eyes of a patient, or their loved one,” says Kimberley Kelly, MBA, RN, critical care nursing director at Suburban. “They have shared their own personal experiences and their stories are quite powerful.”

This information sharing is central to the PFAC process. “For me, working on the Advisory Council is a full-time commitment,” Levin says. “I am happy to do it as we can see that a cultural change between patients, their families, and staff is occurring.”

Angola’s Singing Nurses

By Samson Ngonyani

Angola’s Singing Nurses

Nurse-trainer Helena Cumbelembe Inacio was struggling to teach nurses at her health center the correct combination of medicines to prevent pregnant women with HIV from passing the infection to their children. The nurses couldn’t quite master the medication protocol. “The learning is slow, and they could not pronounce well the names of the [antiretroviral] drugs, let alone remember the combination of the drugs,” Cumbelembe Inacio recalled.

Angola’s Institute for the Fight against AIDS had taken the bold step of accelerating a plan to expand Option B+, an approach recommended by the World Health Organization to offer all pregnant and breastfeeding women who are HIV-positive a combination regimen of three antiretrovirals immediately upon diagnosis that they would continue to take for life.

The nurses at the facility in Chorinde, a four-hour ride from the central city of Huambo, had the essential skills to care for patients but had not had refresher training in many years, and this new area of HIV treatment proved to be daunting. “I said, well, maybe through a song they will learn the names and the combination.” So, Cumbelembe Inacio and fellow trainer Denis Cardoso reworked the lyrics of the French nursery rhyme Frère Jacques to follow the three-drug treatment regimen:

*TDF, TDF, Efavirenz, Efavirenz, all combined*.

Participants were taught a song they will learn the names and the combination. “They sang and danced, the names stuck, and they could remember the combination very well,” recalled Cumbelembe Inacio. “When we went back for supervision they recited the [regimen] correctly.”

Jhpiego, in coordination with the Ministry of Health, has been working through the Strengthening

Through SASH, Jhpiego has trained more than 650 nurses in rural health centers in new skills that will better serve the needs of Angolan women and families. The benefit can be seen in the number of HIV-positive pregnant women who received ART in 2014. For example, of the 524 pregnant women diagnosed with HIV in Huambo Province, 343 or 66 percent received ART, an increase from only 13 percent in 2013.

That’s the kind of outcome that is saving lives and giving the next generation of Angolans a healthy start in life.
It has been a busy spring and summer for the Johns Hopkins Nurses Alumni Association, and we’re looking forward to what lies ahead this fall. I would like to share a few of our recent and upcoming activities through which the alumni board seeks to foster a lifelong connection with the University. We are committed to offering professional and social contacts among alumni and students and supporting the activities of the school. Many thanks to members of our board for all of their volunteer hours and talent. We cannot, however, do it alone, so please be in touch with your ideas!

In May, Jay Lenrow, president of the Johns Hopkins University Alumni Association, came to our board meeting and shared with us his mission to build a more unified Johns Hopkins alumni community. Jay has enhanced communication on social media platforms and through one-on-one meetings with student and alumni boards in all divisions. Be on the lookout for more collaborative events in the coming year as we work with Jay and other divisions within the University.

During National Nurses Week, the JHNAA was proud to celebrate with our students and Johns Hopkins Hospital nurses to honor their hard work and dedication. The week’s festivities provided by the JHNAA included a Quick Connect Alumni Panel event, a campus-wide cupcake social, and an event for all nurses at the hospital. The events were well attended and much appreciated. The JHNAA was pleased to donate $250 toward supplies for the nursing students traveling to Haiti last month. Cecile Carson, one of our student representatives on the board, participated in this exciting project that provided public health services to local communities surrounding the city of Jeremie.

Coming up soon, we have Homecoming 2015: September 24–26. Weekend highlights include the Bond Street Social Happy Hour; Hospital, Archives, and School of Nursing tours; a Faculty Lecture eligible for continuing education credits; class dinners, and more. Come visit your alma mater and catch up with your classmates.

Thank you for allowing me the opportunity to serve as your alumni association president. Please do not hesitate to share your updates, achievements, thoughts or suggestions. I truly enjoy the opportunity to hear from everyone and am excited to continue to strengthen and grow our association.

If you’d like to stay in touch, please update your email address now to receive the quarterly alumni e-newsletter and annual Dean’s message. Share your address at JHNAA@jhu.edu.

The nominations are in and the votes are being counted ahead of An Evening With the Stars, the annual sparkling celebration of all that is good about Hopkins Nursing. There’s plenty new about the fourth-annual edition of An Evening with the Stars, including an entirely new Shining Star category to recognize the often unsung yet indispensable Preceptor Star. There’s also plenty you’ll recognize: dinner and cocktails, smiling faces, good conversation, the usual spiritlifting mixing of faculty, alumni, students, and friends of nursing under the stars. Graciously returning to emcee the affair is traffic and entertainment reporter Candace Dold of WBFF Fox 45 (inset). And the 6 p.m. September 26 event should once again supply a perfect excuse to point to Alumni Weekend.

Shining Star nominations recognize excellence in patient care, mentorship, community outreach, or education. In addition to Preceptor, Shining Star categories include Student Nurse, Faculty Nurse from the Johns Hopkins School of Nursing, and Hospital Nurse (two awardees) from The Johns Hopkins Hospital and its affiliates. All Children’s Hospital (in St. Petersburg, FL), Johns Hopkins Bayview Medical Center, Howard County General Hospital, Sibley Hospital, and Suburban Hospital. Hospital Nurse winners from 2014 were Grenenee Chane, DNP, RN, of All Children’s and Morning Guitierrez, RN, of Bayview. The faculty winner was Tener Goodwin Vrenema, PhD, MPH, RN, and Cliff Thornton, MSN, RN, was the student star.

The second-annual Cynthia and Peter Rosenwald Star Nurse of the Year Award, to recognize critical care nurses at The Johns Hopkins Hospital who go above and beyond the call of duty, went to Allison Pyles, RN.

Each 2015 finalist and a guest will receive complimentary tickets to the event. Watch for the list of names at nursing.jhu.edu. Proceeds benefit the Hopkins Nursing-led coordinated school health program at Henderson-Hopkins School, a transformative model for education and health.

BUY A STAR
Recognize your favorite nurse, faculty member, or nursing student by purchasing a star on one of three levels: Gold ($100), Silver ($50), and Blue ($25). Stars purchased by August 10 will be featured in the event program; all must be purchased by September 17 for display at An Evening with the Stars.

TO BUY A STAR, PURCHASE TICKETS, OR LEARN MORE ABOUT THE EVENT, VISIT NURSING.JHU.EDU/STARS

Other News: 1940 After a long career beginning as a hospital nurse and ending as a school nurse, Alice Anderson Dickinson, now 98, lives with her daughter and enjoys keeping up with family and friends. 1963 Susan Hufert Carman is now retired from a long career in mental health services in the Boston area, where she has lived for 45 years. Her final career stop was as founder and director of an outpatient counseling center.

1977 Pat Sullivan has been a nurse manager in Psychiatry at Hopkins Hospital for 25 years. Her life as a nurse and her love of food and the arts were featured in the Spring 2015 issue of Johns Hopkins Nursing.

1990 Pamela Klein works for Boston Health Care for the Homeless Program, where she created and runs the Transgender Program and works as an HIV nurse case manager.

1995 Paul Buttrin has worked as a wound ostomy nurse specialist in Baltimore, Maine, and now Philadelphia, where he also enjoys leading a large inner-city community garden.
1997 Janet Morrison has worked as a research assistant at the University of Texas at Austin, School of Nursing since graduation, and is now a doctoral candidate with a National Research Service Award grant from the National Institute of Nursing Research.

2000 Elizabeth Bartram, who received both a master’s in public health and her nursing degree from Johns Hopkins, started at the National Institutes of Health, where she has worked in a number of positions—she’s been a staff nurse, an NP for the neuro consult service, and is currently doing Institutional Review Board work.

Lindsay Corrigan, ’09, with husband Sean and friends in Vanuatu.

Johns Hopkins
IN MEMORIAM

Marjorie Riblet Swift ’39
Betty O. Hansen ’40
Susan P. Tippett ’44
Elizabeth J. Weiler ’46
Margaret Jean Wolland Newman ’47
Jane Bailey Baum ’49
Dorothy J. Button ’49
Margaret A. James ’49
Anna Clare Junkin ’50
Matilda Snelling Smith ’53
Mary E. McCleary ’55
Miriam G. Miller ’55
Sue A. Brandelman ’60, ’64
Jocins Block Wise ’60
Anne M. Cowan ’61
Karen S. Chandler ’63
Mary D. John ’62

1997

Salina Clow is a family nurse practitioner living in Key West and working in a cardiology practice. After graduation, Christina Fusco O’Garro traveled all over the United States as an Emergency Department RN, then interned with the World Health Organization (WHO) in Geneva. After meeting her now husband, she moved to California and co-led a successful program to improve patient flow in the ED. Now, Christina is the proud mother of two, and continues to consult for the WHO.

2001

Jessica Hancock is living in Colorado and working as an epidemic intelligence service officer with the Centers for Disease Control and Prevention. She recently traveled to Sierra Leone, joining the effort to control the Ebola outbreak.

2009

As a new grad, Chun-Yi Chen worked at the University of Washington Medical Center in stem cell bone marrow transplant, and is currently working in the ICU at Providence St. Vincent Medical Center in Oregon.

2008

WHERE ARE YOU FROM?

I grew up in a small town in Colorado and received my bachelor’s degree from the University of Colorado in Boulder. I moved to Baltimore to pursue my graduate degree in vocal performance from the Peabody Institute, and have been here ever since. (For the record, I’m a soprano and I do still perform on occasion!)

WHAT BROUGHT YOU TO THE SCHOOL OF NURSING?

After graduating from Peabody, I spent many years performing in the area, managing a non-profit arts organization, and having two kids. There came a point about six years ago when I decided to get what musicians call a “real job” and was delighted to find just that in the Development and Alumni Relations department at Peabody. This fall, when I heard the alumni relations director position was available at Nursing, I thought it was the perfect fit! I was looking for a new challenge, and with my experience at Peabody and the Hopkins knowledge I’ve gained over the past five years, I felt like I had something to offer the Nursing alumni community.

WHAT HAS SURPRISED YOU THE MOST IN YOUR TIME AT JHSON?

I am constantly blown away by the diversity of nursing career paths. I am also living in Colorado since graduation, and enjoy the mountains here, skiing, and concerts! (And yes, I grew up a Peabody fan so the performance from the Peabody Institute, and have been here ever since. (For the record, I’m a soprano and I do still perform on occasion!)

WHAT ARE YOUR PLANS FOR THE COMING YEAR?

I have three areas of focus right now.

1. I intend to honor the traditional activities of the alumni association, while keeping my eyes open to new engagement opportunities both in Baltimore and throughout the country. To start, I’m looking forward to Alumni Weekend on campus in September, during which we’ll have a lecture eligible for Continuing Medical Education credits, and I’m planning to collaborate with the dean, faculty and Student Affairs to host regional alumni events.

2. Consistent communication and information will be sent through an annual Dean’s Update letter and quarterly Alumni e-newsletter. (Please send me your updated email!)

3. Finally, I want to make sure the students know they are part of a strong network of Hopkins Nurses. Through the mentor program, alumni panels, alumni networking, and even a cupcake social or two, I want to help provide a foundation of support of the students from the moment they walk on campus.

Mark Your Calendar for Alumni Weekend! September 24–26, 2015

The weekend kicks off with Happy Hour at the Bond Street Social and continues with many opportunities to see the school, receive Continuing Medical Education credits, and most importantly enjoy time with your classmates. School of Nursing students, faculty, and Dean Patricia Davidson. For more details, go to nursing.jhu.edu/alumniweekend

Meet the Alumni Relations Director: Erika Juengst
Alumni News
Summer 2015

M. LOUISE FITZPATRICK
EDD, DRL (HON), RN, FAAN, ’63

“I HAVE NEVER FORGOTTEN THAT I AM A HOPKINS NURSE AND THAT IT ALL BEGAN IN BALTIMORE.”

PAULA S. KENT
MSN ’05

“I NEVER IMAGINED WHEN I GRADUATED FROM NURSING SCHOOL IN WESTERN NEW YORK THAT I WOULD BE ABLE TO HAVE THE BEST OF BOTH WORLDS.”

TINA CHIKOVANI
BSN ’11

“The clinical experiences during my time at Hopkins showed me all that I could accomplish as a nurse and inspired my interest in critical care transport nursing. When I was a student at Hopkins, my pediatric clinical instructor was a former transport nurse and I learned so much from her during that rotation. I graduated from Hopkins in 2011 and began working in the Pediatric Intensive Care Unit at The Johns Hopkins Hospital! I enjoyed being a PICU nurse from the start, and with each year I enjoy it more and more. After a few years of ICU experience I joined the pediatric critical care transport team, which by far is where my heart is as a nurse. I have grown immensely both personally and professionally and feel so lucky to love what I do.”

The Indomitable Snow Woman

Bertha Louise Bloomer Johnson, ’44, took healthcare to the hinterlands

If this parka could talk, it would probably have to stop and catch its breath a bunch of times while telling the story of adventure and caring that has been the life of Bertha Louise Bloomer Johnson, ’44. Bloomer Johnson trudged off from Johns Hopkins in the Fifties to the backcountry of Kentucky, where she reached underserved patients by horseback. From there she embarked for an Alaska even more harsh and remote than today’s 49th state and never looked back.

By jeep, small plane, boat, sled, and on foot, Bloomer Johnson traversed the frontier to share her midwifery skills with native Alaskans (often in a gorgeous fur parka with wolfie ruff that remains in lovely shape). “Most of the babies in those days were born in the villages and they had untrained women as their midwives,” Bloomer Johnson notes. So she wrote and hand illustrated a library of nurse/midwife training booklets and pamphlets that were published by the State of Alaska and spread like apple seeds as far west as Nome.

Bloomer Johnson got her own midwife training through the Frontier Nursing Service in Kentucky, providing prenatal and maternal care for women in the state’s backcountry. Hired by the Teritoriality of Alaska as a public health nurse, she worked to slow alarming death rates among mothers and babies. “She drove up to Alaska in her jeep with just a backpack, boots, and one of her good girlfriends the first year the Alaska Canada Highway was open to civilians,” remarks granddaughter Elizabeth Morrow, who is writing a book about Bloomer Johnson, now age 93. The trip took more than a week, Bloomer Johnson remembers. “The Alaska Highway then was kind of the end of the earth, so to speak, and you could hardly find anything about it! It wasn’t as bad as I thought it was going to be. We had a lot worse roads in Kentucky than the Alaska Highway.”

“She’s one of the most adventurous women I’ve had the pleasure of knowing,” says Morrow of her grandmother, who lives at the Pioneer Home in Sitka with husband Martin, a carpenter she met during a rehab project on her house/clinic in Naknek and married 63 years ago. Now the recipient of far more care than she gives, what does Bloomer Johnson think of the healthcare in Alaska that she helped lay the groundwork for?

“I think about what the village clinics are now and wonder! That would’ve been really something!” Bloomer Johnson explains. “The village nurses on the Internet can send pictures [to larger health centers] if they have something with a bad wound or something like that. If you have a rash, they can send that in and get some help with what’s really causing it. We just went by guess and by golly and whatever we could explain in words, you know?”

In Naknek, on Bristol Bay, and would travel around to the villages in that area, teaching midwifery and leading general health clinics. It was the perfect life for someone with an aversion to administrative work and little interest in the traditional nurse manager track. “A lot of the trouble with any of those things is that the people who get promoted to those jobs are often the ones that have been wonderful working with people, and they don’t like really doing the administrative work,” she explains. “I can’t picture me ever having been successful at that.”

Upon graduating from Johns Hopkins, Bloomer Johnson got her own midwifery training through the Frontier Nursing Service in Kentucky, providing prenatal and maternal care for women in the state’s backcountry. Hired by the Teritoriality of Alaska as a public health nurse, she worked to slow alarming death rates among mothers and babies. “She drove up to Alaska in her jeep with just a backpack, boots, and one of her good girlfriends the first year the Alaska Canada Highway was open to civilians,” remarks granddaughter Elizabeth Morrow, who is writing a book about Bloomer Johnson, now age 93. The trip took more than a week, Bloomer Johnson remembers. “The Alaska Highway then was kind of the end of the earth, so to speak, and you could hardly find anything about it! It wasn’t as bad as I thought it was going to be. We had a lot worse roads in Kentucky than the Alaska Highway.”

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Photos show her cheerfully instructing local women on maternal care with mannekins. She was stationed in Naknek, on Bristol Bay, and would travel around to the villages in that area, teaching midwifery and leading general health clinics. It was the perfect life for someone with an aversion to administrative work and little interest in the traditional nurse manager track. “A lot of the trouble with any of those things is that the people who get promoted to those jobs are often the ones that have been wonderful working with people, and they don’t like really doing the administrative work,” she explains. “I can’t picture me ever having been successful at that.”

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Louise Jefferys Morse doesn’t distinguish between colors very well. That’s got nothing to do with her age and everything to do with who she is as a nurse, alumnus, and a person.

Raised and trained in the days of segregation, Morse became fascinated with racial inequalities and then steely in her determination to fight them during the Civil Rights Movement of the 1960s. She made it her mission to provide the same level of care to the poor and the disenfranchised as to the better-off, at The Johns Hopkins Hospital and elsewhere. Her activism has never wavered, through service as a head nurse at JHH’s Phipps and Osler units after graduation, at a Honolulu, HI hospital for wealthy patients, through marriage and a move to Princeton, NJ with math professor Marston Morse, and through service to her children, grandchildren, great-grandchildren, and those in need anywhere in the world. (Well into her 90s, she continued to write letters on behalf of the human rights organization Amnesty International.)

The Princeton Committee of the NAACP Legal Defense and Educational Fund Inc. honored her with a Lifetime Achievement Award at her 100th birthday in 2010. Though not as active today, according to her daughter, Louise Morse still recalls as strongly as ever the Hopkins Nursing experience.
Tea and Sympathy: First lady Eleanor Roosevelt stopped at Hampton House on February 13, 1945 for tea and to update nurses on the war effort and how their peers were faring in the South Pacific. The post-World War II years would challenge the profession as the Cadet Nurse Corps folded, federal aid to nursing schools shrank, and many wartime nurses left the industry. PHOTO FROM THE ALAN MASON CHESNEY MEDICAL ARCHIVES
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The Johns Hopkins School of Nursing, situated within an extraordinary four-block radius of top-ranked schools of Medicine, Public Health, and The Johns Hopkins Hospital, provides students and faculty with interprofessional opportunities and resources unparalleled in scope, quality, and innovation.

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