

JOHNS HOPKINS NURSING

All for One

Boston Marathon bombing survivor Jessica Kensky's circle of nursing friends

Front and Center

Capacity Command Center drives improved care and communication at hospital

Pregnant Pause

Bayview team helps babies by helping mothers get clean



THE DNP PATHWAY(S)

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2017

JOHNS HOPKINS NURSING

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



First of their kind: Doctor of nursing practice students in Saudi Arabia are welcomed with a White Coat Ceremony in Khobar. The program is part of a cooperative agreement with the energy firm Saudi Aramco. Inset, Andrea Parsons Schram, DNP, CRNP, at the event ("On the Issue," page 6).



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You don't need a psychic to predict the future of nursing. It's already here in the form of the doctoral degree, fast becoming the surest way for clinical nurses to make their marks as policy makers, thinkers, and leaders of health care systems. And now there is another route to the decision makers' table as well as a leadership role at the bedside.



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Robert John Paterson of Toronto is “proudly Canadian” and “equal parts 1940s science fiction movies and 1960s graphic design illustrator.” For this issue, Paterson grappled with how to look into the future of nursing via a brand-new doctor of nursing practice pathway at the Hopkins School of Nursing (The DNP Pathway[s],” page 22). Paterson’s process includes “exporting the layers onto film, then rescanning them and reassembling in Photoshop. That’s how I get that screen print texture in my work.” See more at robertjohnpaterson.com.



To capture an incredible journey of nursing friendship (“All for One,” page 26), we turned to **Livy Long**, a Kansas City, MO artist whose work “is inspired by a dual appreciation of illustration and graphic design. With a strong analytical side, my artwork is as much about clarity and order as it is about plays on color, movement, and pattern.” Originally from Gettysburg, PA, Long attended Ringling College of Art and Design before accepting a design position with Hallmark Cards. Her website is livylong.com.



Eva Bee is a British illustrator working mainly on editorial illustrations for the *Boston Globe*, the *Guardian*, *Nature*, *Nursing Standard*, *Reader’s Digest*, *Therapy Today*, and others. “I believe the concept behind an illustration is just as important as the image,” Bee says. “Solving problems and creating interesting, eye-catching concepts that bring copy to life is key to my work.” For “Warm Welcome” (page 34), she focuses on the many supportive hands that went into a baby-friendly designation for Johns Hopkins Hospital. Her portfolio is at evabee.co.uk.

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

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FEEL GOOD ABOUT THE FUTURE OF THE HUMAN RACE.

Could a simple anklet be an antidote to a massive vaccine problem in Pakistan? That's the dream that may become reality for Johns Hopkins Bloomberg School of Public Health alumna Noor Sabah, DrPH '13, MPH '08.

Noor developed an innovative vaccine reminder ankle band for infants in her native Pakistan, where only 60 percent of children complete their vaccinations. The Vaccine Indicator and Reminder (VIR) alerts parents when it's time for immunizations. Undeterred by red tape or even terrorism, Noor's field study shows promise, with hundreds of babies now wearing the VIR band in Karachi.

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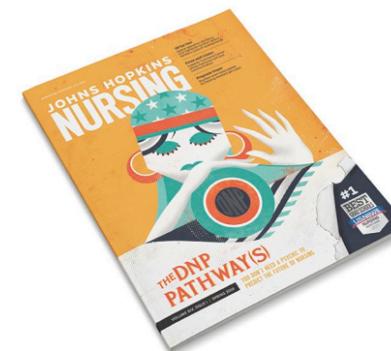
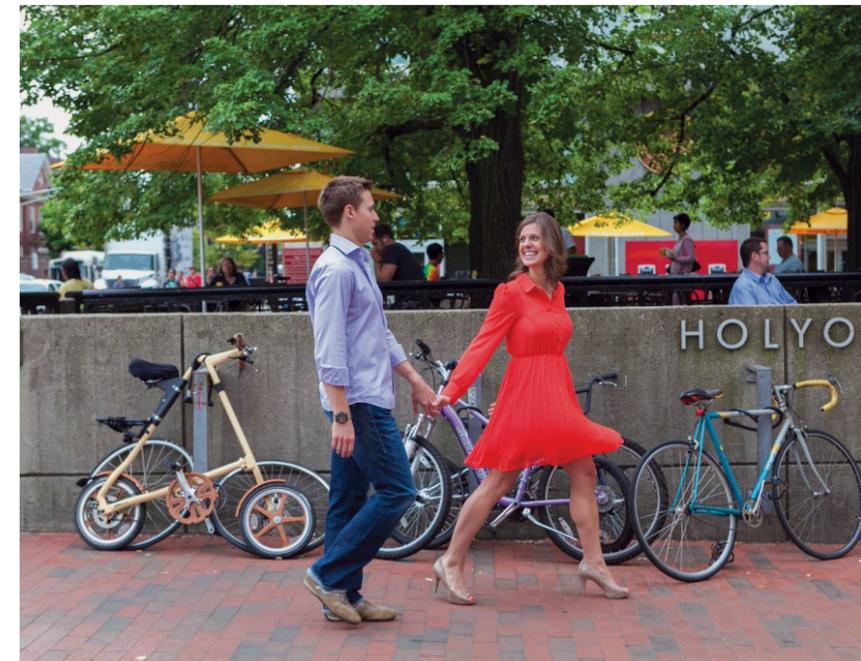
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LETTER FROM THE EDITOR:

You Make the Call



The office phone rang a few days after the Summer 2013 issue of *Johns Hopkins Nursing* magazine had mailed. It was Jessica Kensky's father. He was grateful for the thoughts and prayers for his daughter, injured terribly along with her husband in the Boston Marathon bombing on April 15 of that year. The item in the magazine about Jessica was another thoughtful gesture, he said, adding a simple request: Could we kindly change the misspelling of her name, printed as "Jennifer" in the magazine?

Oh, dear. My heart sank and my pulse surged. It was one of those cringe-worthy moments that tears the bandage off all of your insecurities as an editor. My fault. So dumb. So mortifying. So ... selfish.

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.

For it was absolutely nothing like Mr. Kensky was going through, the horror that his family and his newlywed daughter and son-in-law were enduring. Jessica was still in the hospital, and would eventually lose both legs on a journey filled with about as much courage and pain as a person can muster and endure.

Our exchange that afternoon was unforgettable, a suffering father calmly offering reassurances to a stranger that "these things happen." He even giggled about the silly error as I quickly got over myself, and he promised not to share the item with Jessica until we could get the online version corrected. It was so human. You can see where Jessica Kensky gets it from. And you can read in this issue ("All for One," page 26) about the friendships that have gotten her over and around the numerous hurdles on her road to something like recovery.

She has spoken at commencement, visited campus, and been an inspiration to nursing students as well as her peers. And here in this issue, Jessica Kensky opens her heart and shares her humanity, sense of humor, and wonder at the strength of friendship.

We hope you enjoy her story and the rest of *Johns Hopkins Nursing*. And if you do spot an error, feel free to have your kind, gracious father give me a ring.

Steve St. Angelo

NOTES FROM THE DEAN:

No Resting on Laurels Around Here



"These honors bring with them a great sense of responsibility and humility. We must keep improving, keep moving the nursing profession forward."

Spring has turned into awards season around here. First came the notification from *U.S. News & World Report* that the Johns Hopkins School of Nursing has been named No. 1 in the Best Graduate Schools list for 2017 ("School Returns to No. 1 in *U.S. News Rankings*," page 9). Then JHSON was also ranked the No. 2 nursing school in the world by QS World University (the first time nursing has been highlighted in that global ranking).

It is rewarding to see the hard work of our faculty, staff, students, and alumni being recognized for excellence, especially as the accolades touch on our efforts in the local and global communities. But these honors bring with them a great sense of responsibility and humility. We must keep improving, keep moving the nursing profession forward.

It has been a tremendous year for the school. We launched the first doctor of nursing practice cohort in Saudi Arabia (a bit more on that below), welcomed our first class of Master of Science: Entry into Nursing students, and remained strategically focused on cultivating excellence within our program and advancing our research.

As the top school of nursing for National Institutes of Health and other research funding, we received grants in our various areas of excellence including aging, HIV/AIDS, intimate partner violence, patient safety, palliative care, and others, and furthered our commitment to Baltimore through a newly installed endowed professorship that will focus specifically on community health ("Phyllis Sharps Installed as Lawler Chair," page 11).

Even more, our students were perfect on the nurse practitioner certification exams ("100% NP Pass Rate," page 8), our interprofessional collaborations saw continued expansion through a cancer fellowship program with The Johns Hopkins Hospital, and our PhD program doubled in enrollment and swelled in diversity.

Truth be told, I do have an enormous sense of pride when I see our "#1" banners throughout the school, but I'm quickly reminded that awards are fleeting and our work is enduring. We offer our sincere congratulations to all the schools ranked on the *U.S. News & World Report* list for 2017. All of us are No. 1 in our fierce commitment to nursing's future and what matters most—excellence in nursing education, practice, and research.

A World of Impact

It was quite a thrill to be in attendance for the White Coat Ceremony officially welcoming the first Johns Hopkins Aramco Healthcare Doctor of Nursing Practice cohort (photos on inside cover of this magazine).

Phyllis Sharps, PhD, RN, FAAN, Andrea Parsons Schram, DNP, CRNP, and Chakra Budhathoki, PhD, were with me as we saw and heard about the impact that the program, the first of its kind in the kingdom, is already having. A father of one of the students asked that he be allowed to speak at the ceremony, thanking everybody involved on behalf of the students' families for providing this opportunity for their daughters. It was a wonderful moment on a busy but thoroughly enjoyable trip.

Please enjoy your journey through the Spring 2016 issue of *Johns Hopkins Nursing*.

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

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ON THE PULSE

News from **Around the School**

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MASTER'S ENTRY CLASS SEEKS MORAL COMPASS

100% NP Pass Rate

Every Johns Hopkins School of Nursing student who took the most recent American Academy of Nurse Practitioners Family Nurse Practitioner and Adult-Gerontology Nurse Practitioner primary care certification exams passed. Hopkins scored 70 points

above the national average in the FNP exam and 46 points above the average in the AGNP exam.

On the heels of a new law in Maryland that gives NPs full practice authority, Associate Professor Deborah Finnell, DNS, PMHNP-BC, CARN-AP, FAAN, director of the master's and DNP programs, says this kind of achievement "will help open doors for them as the nurse practitioner role becomes even more essential to provide access to care and fill provider gaps."

NPs—registered nurses with master's or doctoral degrees whose scope of practice ranges from primary to more specialized care—serve as nurse leaders who can provide care autonomously or within an interprofessional setting. In addition to the adult-gerontology primary care and family NP specialties, Hopkins provides tracks in adult-gerontology acute care and pediatric primary care that center on equipping nurses for clinical decision making, health promotion, disease prevention, and assessing, diagnosing, and managing patients in a variety of settings. All of the school's NP tracks have been ranked in the top 10 specialty programs among accredited nursing school graduate programs by *U.S. News & World Report*. ■



PHOTO BY JON CHRISTOFERSEN



School Returns to No. 1 in *U.S. News* Rankings

U.S. News & World Report has named the Johns Hopkins School of Nursing as the No. 1 nursing graduate program in the country in its survey for 2017. The DNP program was ranked No. 2 in the first such rankings ever by *U.S. News*.

Other JHSON rankings highlights:

- **No. 1 in Administration—(tie) up from its previous No. 5 ranking**
- **No. 2 in Nurse Practitioner (pediatric: primary care)—up from No. 7**
- **No. 2 in Nurse Practitioner (adult, gerontology: primary care); (tie) up from No. 7**
- **No. 2 in Nurse Practitioner (adult, gerontology: acute care)**
- **No. 4 in Nurse Practitioner (family)**

The top school of nursing for NIH and other research funding, this year JHSON also launched the first U.S. DNP cohort in Saudi Arabia, welcomed its first class of Master of Science: Entry into Nursing students, and remained strategically focused on cultivating excellence, locally and globally, according to Dean Patricia Davidson, PhD, MEd, RN, FAAN.

"I'm excited to celebrate our success and reflect on a year of accomplishments, but I also hope we keep our focus on the many opportunities still ahead of us," Davidson says. "The rankings are a positive reflection of our hard work and should serve as encouragement for our continued mission of excellence in nursing education, practice, and research." ■

You ~~Are~~ Should Be Here

The Johns Hopkins School of Nursing already has a great reputation. But sometimes its students, faculty, and staff can't help again showing why, to anyone who'll listen.

So Accepted Students Day is always eagerly anticipated around these parts, as much a validation to those who previously made the choice to join the school as to those accepted and waiting to make the final decision. Prospective students who attend the day's events meet potential peers, faculty, and maybe even the Blue Jay as they learn about what it's like to live, study, and grow as nurses and people in East Baltimore. On this page, photos from the April 1 event. ■



Phyllis Sharps Installed as Lawler Chair



PHOTO BY WILL KIRK

Phyllis Sharps with students from the Henderson-Hopkins School in East Baltimore

Professor Phyllis Sharps, PhD, RN, FAAN, has been installed as the Elsie M. Lawler Endowed Chair at the Johns Hopkins School of Nursing, and she feels right at home with the chair's mission to address community health in Baltimore, calling it a great opportunity to continue to make an impact.

"We all saw last spring what happens when communities are hurt and broken," Sharps, who was born at Johns Hopkins Hospital, said of unrest over the death of Freddie Gray in police custody. A domestic violence/maternal health researcher and diversity champion, Sharps will revitalize the school's strategic community vision, solidify a plan for sustainability, and continue Hopkins' work with its nurse-run health and wellness centers and community partners.

"It was a short search," said Dean Patricia Davidson, PhD, MEd, RN, FAAN. "Phyllis Sharps embodies the essence of this chair."

As associate dean for community programs and initiatives, Sharps directs three health and wellness centers operated by the School of Nursing, provides care in a Baltimore shelter for homeless battered women and their children, and conducts ongoing community-based, participatory research. With a \$3.5 million grant from the National Institutes of Health, Sharps is testing the Domestic Violence Enhanced Visitation Program (DOVE), which works to shield abused women and babies from intimate partner violence.

"I've wanted to say this since they told me about the chair," Sharps said at the February 18 installation ceremony, "so I'm going to let it out now: Wow!"

Lawler, an 1889 graduate of the Johns Hopkins Hospital Training School for Nurses, was its superintendent from 1910 to 1940, through a World War, a devastating flu epidemic, and the Great Depression, never wavering from her push to obtain university status for the nursing education program. ■

“It was a short search. Phyllis Sharps embodies the essence of this chair.”

— Dean Patricia Davidson, PhD, MEd, RN, FAAN



PHOTO BY WILL KIRK

Nu Beta Reintroduces Itself

Honor society chapter works to increase its campus presence

How do you make the experience of belonging to an honor society feel inclusive when it's invitation-only and the minimum GPA requirement for membership can be pretty close to a perfect 4.0? Assistant Professor Diana Baptiste, DNP, MSN, RN, realizes it's a nice challenge to have. And she's determined to make more nursing students aware of the benefits of Nu Beta, the Johns Hopkins chapter of the Sigma Theta Tau International Honor Society, or STTI.

From left, PhD students Ruth-Alma Turkson-Ocran, Sabianca Delva, and Françoise Mbaka Mouyeme

Baptiste, president of Nu Beta, doesn't set the GPA rules, which vary for undergraduate, graduate, and doctoral students—STTI does. For one previous JHSON undergraduate cohort, the qualifying line was 3.81 (based on 11 GPAs of 4.0 among the group). But Baptiste will not necessarily be unhappy if students are kicking at the door, because she wants Nu Beta to be relevant, to attract and nurture the best in nursing. She wants Nu Beta to drive students like her (she earned her DNP at the school in 2013) to excel and then share their successes with others. “The benefits of membership, just the networking opportunities alone ... it's amazing.” Still, she

worries that the group isn't as visible on campus as it could and should be.

“I've been a Nu Beta member here since 2010 and have been well involved in the activities and the community service that we do, but I had never



I'd go to events, and the person standing next to me was the chief nursing officer of a hospital. Having that kind of influence all around you pushes you to be a great nurse.”

— Sabianca Delva, RN

even considered leadership as an option,” Baptiste explains. That changed somewhere in 2014-15. “Nu Beta was still standing, we were still having induction ceremonies, we would still do the community projects, but it was becoming a little bit quiet. It wasn't being talked about as much ... the value of being in Sigma Theta Tau.” Baptiste decided to change that, and gathered her team.

PhD student Sabianca Delva, RN, the chapter's publicity/newsletter chair, has no trouble selling the organization: “I'd go to STTI events, and the person standing next to me was the chief nursing officer of a hospital. Having that kind of influence all around you pushes you to be a great nurse.” For the record, Delva feels Nu Beta already has the inclusiveness part down. An STTI member since her undergrad days at Boston College, she attended an

event as a new JHSON student in September and felt like she was home. “They were, like, ‘We're here if you're open to joining our chapter. If not, you're still welcome at our events.’” Delva remembers. “I really appreciate that.”

So the word is out. In December, the group honored 104 students and nurses with membership, it continues to award two research scholarships a year to help fund dissertation or capstone projects, and in May will add to its international reach by inducting its first students from the school's new Saudi Arabian DNP program. Baptiste hopes that's just a (new) beginning for Nu Beta. ■

© READ MORE ABOUT NU BETA MEMBERSHIP AND GOALS AT MAGAZINE.NURSING.JHU.EDU/NUBETA



PHOTO BY WILL KIRK

Tamryn Gray, right, with Gertrude T. Hodges as Gray receives a scholarship established in Hodges' honor.

challenges of watching pediatric patients and their families wrestle with end-of-life treatment decisions. She also knows the struggles of nurses to be a part of that process, to provide care, and to show empathy day after day without eventually burning out. “I wouldn't say it's a poker face,” Gray explains. “I would say that it's a self-awareness, being able to know your limits, your boundaries, and what the patient needs and what you can provide. It's a balance, because you want to be genuine.”

Tools to Navigate Difficult Conversations

Tamryn Gray can empathize on end-of-life decisions

PhD student Tamryn Gray, MSN, RN, would like to talk with you about dying. And if her research as a Robert Wood Johnson Foundation Future of Nursing Scholar takes her where she expects, that conversation could have significant meaning for both you and your loved ones.

Gray, who joined the PhD program after seven years as an oncology/bone marrow transplant nurse at Duke Children's Hospital in Durham, NC, knows the

That's a message she shares with students as a teaching assistant for an elective course, Death and Dying, at the Hopkins School of Nursing. As for her own research area—patient and family treatment decision making related to cancer clinical trial participation—Gray is seeking ways to give nurses the skills to build trust and offer patients and those who support them the information and tools they need.

For example, “I'm hoping that by understanding what influences the decisions of minority patients to pursue clinical trials, we'll be able to help eliminate a lot of health disparities for cancer and other illnesses. When patients are better informed, they make better decisions.”

Gray, who grew up in the small town of Graham, NC, says working on the edge of life and death can be as rewarding as it can be difficult. “It takes a unique person to do any job in nursing,” she says. “For me, these patients [and the challenges they face] inspire me rather than scare me away.” ■

© SEE A SET OF VIDEOS OF TAMRYN GRAY AT MAGAZINE.NURSING.JHU.EDU/TAMRYN

Pardon Our Dust



As you perhaps have seen or heard, renovations are under way on the Anne M. Pinkard Building, home of the Johns Hopkins School of Nursing since 1998.

When built, Pinkard was a state-of-the-art facility and it remains a lovely structure. But few could argue that several of the spaces it contains could not be better utilized to meet significant changes in technology and nursing education. Outside signage could also do a better job of letting the rest of the community know we're here, and so it will in the very near future.

The renovations are part of a larger plan to analyze how we can transform the campus into a more flexible and forward-looking environment focused on the student experience and bolstering the research mission of the School of Nursing. JHSON administrators are working with Hord Coplan Macht and William Rawn Associates, architectural firms that have teamed up to conduct a feasibility study to improve the Pinkard Building.

Watch for updates. ■

Lighting of the Lamp



Basking in the glow: The Lighting of the Lamp Ceremony marks a transition for each cohort as students make a commitment to themselves, to their colleagues, and to the ideals of nursing. These images are from the January event.

PHOTOS BY SARAH ENGEL



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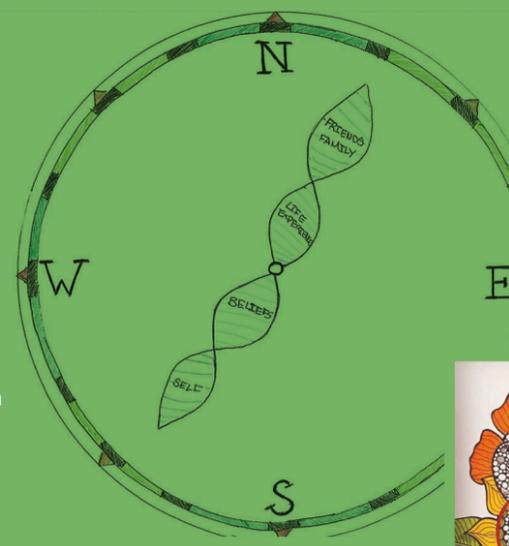
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Headed in the Right Direction

Students in the MSN: Entry into Nursing program were challenged by Professor Cynda Rushton, PhD, RN, FAAN, to seek their own "moral compasses" and portray them as art—poetry, music, or images. Rushton, Anne and George L. Bunting Professor of Clinical Ethics, used the exercise to get students thinking about values that will guide them when they confront ethical challenges as nurses. ■



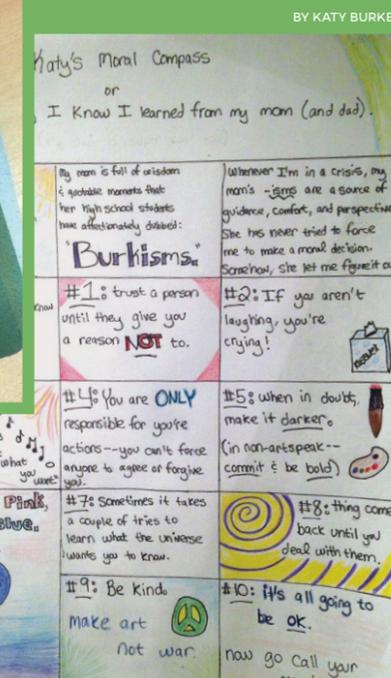
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CELLS TO SOCIETY

The Latest in **Nursing Research**

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In Trouble Before They Even Get Started

By Danielle Kress

Not being socially and behaviorally ready for kindergarten has future consequences



ILLUSTRATION BY LINDSEY BALBIERZ

Children who enter kindergarten behind in social-behavioral development are more likely to be held back, need more individualized supports and services, and be suspended or expelled, write Deborah Gross, DNSc, RN, FAAN, Grace Ho, PhD, RN, and Amie Bettencourt, PhD, in “The Costly Consequences of Not Being Socially and Behaviorally Ready by Kindergarten: Associations with Grade Retention, Receipt of Academic Support Services, and Suspensions, Expulsions.”

The study of more than 9,000 young students in Baltimore City Public Schools examined the relationship between kindergartners’ social-behavioral readiness and key educational outcomes, showing that by the time they reached fourth grade, students who were considered socially and behaviorally “not ready” were:

- Up to 80% more likely to be retained in their grade and to receive services and supports through an Individualized Education Plan (IEP) or a 504 Plan geared toward children with disabilities;
- Up to seven times as likely to be suspended or expelled at least once.

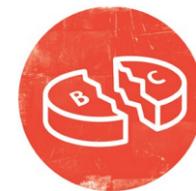
Boys were also more likely to be assessed as not socially and behaviorally ready in kindergarten and to experience all three academic difficulties.

“These results are important,” says Gross of the study. “They show how critical social and behavioral skills are for learning, how early the struggle begins for young children, and how important it is to address the problem of social behavioral readiness well before children enter kindergarten.”

The study also points to the additional costs associated with providing educational support, lost wages among parents needing to supervise children who have been suspended or expelled, and juvenile justice involvement that often follows school dropout.

The researchers’ comprehensive strategy calls for schools and cities to expand and enhance early childhood programming and strengthen supports for parents and teachers. ■

Publication: *Baltimore Education Research Consortium*, February 2016



Pressured on Reproduction

Midwives key to thwarting or at least undermining abuse

Women experiencing pressure about reproductive health decisions may not always recognize the patterns of an intimate partner’s behavior as reproductive coercion. Factors like age differences, previous violence, or romantic feelings may prevent a woman from seeking help.

In “Caring for Women Experiencing Reproductive Coercion,” PhD student Karen Trister Grace, MSN, stresses the role of midwives in screening for and thwarting such abuse, which can include withholding contraceptive pills, tampering with condoms, or using threats.

Cultural norms, gender roles and expectations, and interpretations of masculinity impact how men and women experience and understand decisions and pressure regarding reproductive health.

For women who screen for or report reproductive coercion, midwives and other providers may

consider undetectable contraception such as IUDs, implants, or injectables, the article suggests.

“The dissemination of a wallet-sized information card on healthy relationships and coercive tactics in relationships has been shown to have a significant impact on reproductive coercion, as well as the ability of women receiving the intervention to end unhealthy relationships. The intervention was found to reduce the odds of pregnancy coercion by 71% and to significantly increase the odds of ending a relationship due to perceptions that it was unhealthy,” writes Grace, a certified nurse midwife.

The article also offers advice for providing a safe space away from abusers who insist on attending health care sessions and children older than 3 who might be prompted to repeat what they have heard. ■

Publication: *Journal of Midwifery & Women’s Health*, January 2016



Decision Control, Support a Key in Early Breast Cancer

Patient uncertainty can lead to poorer quality-of-life outcomes

A breast cancer diagnosis triggers a flood of physical and emotional challenges as well as uncertainty about treatment options, and support for patients’ decisions can have significant outcome implications. “An evidence-based practice (EBP) change that supports the patient decision-making preference during the critical period of treatment decision making is substantially supported in the literature because of the associated increase in patient confidence and satisfaction in the treatment decision,” write Mary Donnelly-Strozzo, DNP, MPH, and Anne Belcher, PhD, RN, FAAN, in “Decision Support for Women with Early Breast Cancer.”

Approximately 100,000 new cases of lymph node-negative, estrogen receptor-positive breast cancer are diagnosed each year in the United States. Age, gender, and educational level can influence

“preferences regarding decision control, but these covariates do not account completely for the differences in decision-making preferences among patients,” Donnelly-Strozzo and Belcher report. Patients who feel a lack of control over their care, on top of their uncertainty, can experience worse quality-of-life outcomes. Patients who are not satisfied with their treatment decisions have “had to contend with more difficulties with treatment side effects.”

Their review of the literature suggests that “women with early breast cancer can benefit from nursing interventions targeted at supporting their preferred level of decision control when making decisions regarding treatment choices.” ■

Publication: *Clinical Scholars Review*, October 2015

Sunny Side Up

A sunny outlook can take you a long way, no matter where or at what point of life you begin, says McKenzie Connors, a member of the MSN: Entry into Nursing program. For Connors, it began early, in the scenic old mill town of Uxbridge, MA. “Growing up I was told, and it made a world of difference: Always be yourself. Appreciate others for who they are. And be proud of who you are, whatever that is,” she says.

Later, at Teach for America, it led her to confidently “check the box” that meant working with students with special needs—many with emotional disabilities—in grades 6 to 10. She loved it.

It lit her path to a master’s at George Mason University, where she later volunteered as a research assistant on a study of inmates that sought ways to put troubled lives back on track. And as a DC bartender, she met her share of characters. She embraces the good in all. “I don’t ever look at somebody like there’s something wrong with them,” Connors explains. “All of our experiences make us who we are, and even bad experiences can always be turned to a positive, an opportunity for growth.”

Connors would like to become a nurse practitioner. As for specialty, she figures she’ll know it when she sees it—and check that box.

She says she could see herself in pediatrics, adding, “Psych care is going to be huge in nursing.” Then there’s working with underserved populations and who knows what else. All are in play, and all make sense. “When I reflect on the patchwork of experiences I’ve had, it all kind of comes together.” ■

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PHOTO BY CHRIS HARTLOVE



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Virginia Henderson
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Mr. Johns Hopkins, in a letter to the trustees of the hospital on March 10, 1873, set forth that a school of nursing be established in conjunction with the hospital to “benefit the whole community by supplying it with a class of trained and experienced nurses.”



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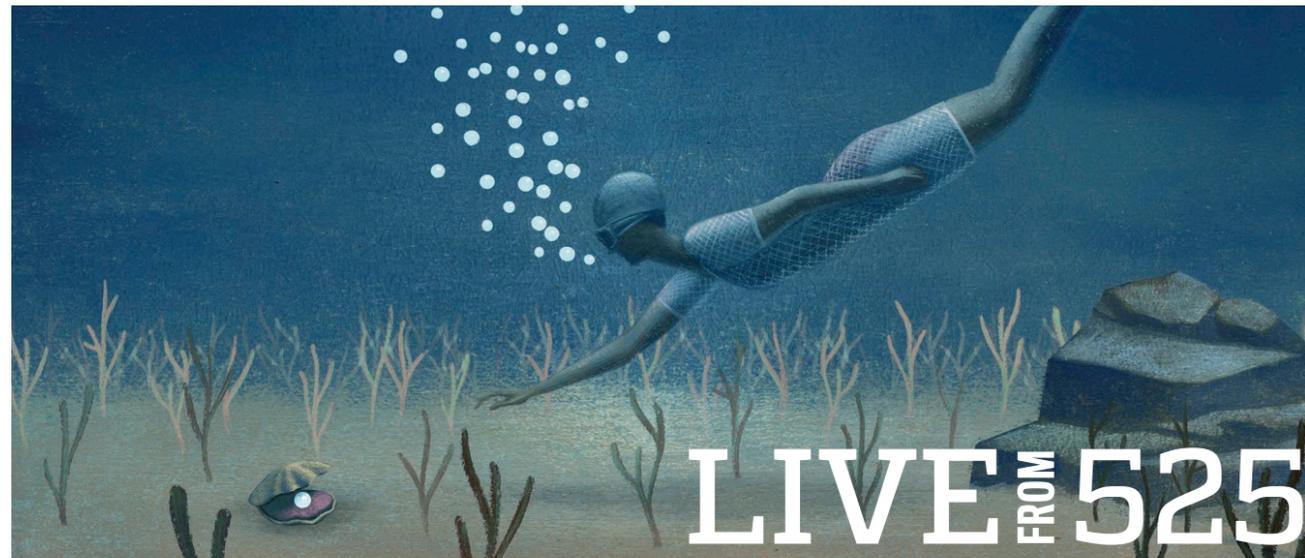


ILLUSTRATION BY JON KRAUSE

DISSERTATION DISSEMINATION

By Paula Nersesian, PhD candidate



It was not my intent to spark intellectual curiosity outside my academic circle. I had no idea that my studies would provide collateral benefits to the community. But it seems that intellectual curiosity is contagious!

One sure way to increase the number of high-quality email messages you receive is to tell your friends about your dissertation research topic. The pattern is

predictable: You deliver your 30-second elevator speech, observe a few curious head tilts and maybe receive a question or two. Then, within a few days, the emails will begin rolling in. The people you thought of as tennis mates or fellow book group members begin looking more like collaborator wannabes! They send articles, share essays that relate to your topic, and invite you to events connected in some way—directly or tangentially—to your research topic.

An important reason for the “reliability” of my topic—or rather, topics, since I’ve bounced around a bit—is the fact that I’m a budding researcher in nursing science. Had I been pursuing an advanced degree in quantum physics, my hunch is that I’d get a lot more head tilts and far fewer follow-up articles, essays, and invites. But because I’m working to advance my knowledge of nursing science, people can connect with and relate to the questions I pose. They may even be personally affected.

For example, one neighbor was interested in my examination of inflammation in people with traumatic brain injury; she was recovering from a TBI. Months after our discussion, she sent me an invitation to a community event for people who sustained a head injury and their friends and family. Then there is my friend with a family history of heart attacks at a young age. From him, I get peer-reviewed literature on familial hypercholesterolemia. And my spouse is simply interested in any and all of my topics. He shares high-quality mass media newspaper articles and essays from the *New York Times* and the *New Yorker* demonstrating public interest in the topics and providing me with new perspectives to consider.

Sometimes I feel like I’m drowning in reading material, grant applications, and manuscript preparation. Then I remember how lucky I am to be a member of the most respected profession. I feel fortunate to have the opportunity to develop lines of inquiry and examine questions that people can relate to, feel connected to, and reflect upon as they go about their daily routines.

The relatability and applicability of nursing science to people’s lived experience punctuates the importance of nursing research. We nurse scientists are asking questions that matter on a personal level. Most people think of nurses as direct caregivers, which is logical since a majority of nurses fulfill that important role. By comparison, nurse scientists comprise a much smaller proportion of the nursing workforce, and even though we don’t “lay hands” as our primary function, nurse scientists make meaningful differences in people’s lives ... in more ways than we may have imagined. ■

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

THE NEW PATHWAY TO DNP

ILLUSTRATION ROBERT JOHN PATERSON

Now there are two routes to be a nurse health care leader or policy maker

This is a historic and exciting period for nursing as a shortage of physicians and changes brought by the Affordable Care Act offer the profession tremendous growth opportunities. One that is exploding in popularity is the doctor of nursing practice (DNP) degree because of new and convenient pathways for nurses to earn this advanced degree and have greater impact.

The SON's DNP program was ranked No. 2 in *U.S. News & World Report's* first-ever DNP rankings for 2017. And this advanced degree is changing the world, evidenced by the launch of the first DNP program in Saudi Arabia by the Hopkins School of Nursing.

"It's exciting to see the DNP added to the rankings as nursing leadership has become imperative to meeting the needs of our changing populations and health care systems," says Dean Patricia Davidson, PhD, MEd, RN, FAAN.

WHAT IS NEW

The NP role has focused on delivering the best possible care to individual patients within the constraints of a given health system.

Now the DNP equips nurses to use advanced knowledge in population health analytics, health services management, and evidence-based practice to improve the health care delivery system and to develop innovative ways to care for groups of patients with chronic illnesses. DNPs are uniquely qualified to promote safety and quality of care, reduce disparities in care, improve outcomes, cut costs, and lead interprofessional problem-solving teams. The DNP prepares nurses to make their marks as leaders of health care systems and policy makers.

The existing DNP pathway at the Johns Hopkins School of Nursing is a two-year “Executive DNP” route for nurses who have a master of science in nursing (MSN) degree in a specialty area and are actively practicing in a health care setting.

A new pathway to the DNP, due to launch in the fall of 2017, is for nurses who have

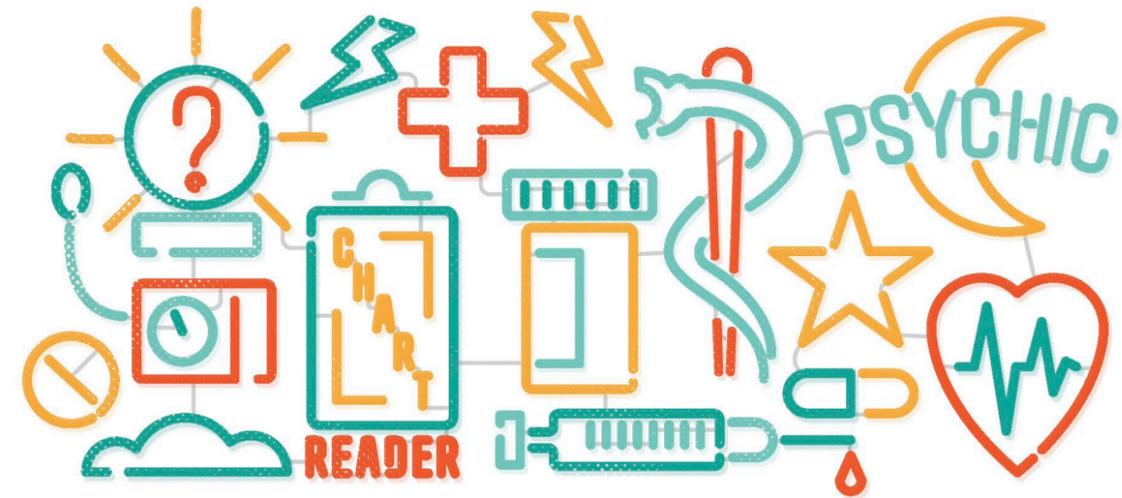
a bachelor of science in nursing (BSN) or a generic MSN and are seeking to prepare for the doctoral level role of nurse practitioner (NP) or clinical nurse specialist (CNS). This pathway combines face-to-face and online courses so students can engage in hands-on clinical and health care leadership experiences with colleagues while maintaining the flexibility of online learning. There are three-year and four-year plans of study that will be available pending MHEC approval. The new pathway offers those with a nursing license the option to move to the top of their profession in a relatively short time with the analytical skills they will need to lead the health care industry.

Both routes lead to a DNP degree and a chance to help define the future of nursing, explains Instructor Michael Sanchez, DNP, ARNP, who earned his degree in 2010. “The impact of DNP is still relatively new,” he says. “While the nursing profession as a whole has done a good job of identifying the role of the DNP-prepared nurse, its integration into health care as a larger system continues to evolve.”

This is opening doors for DNPs, and medical systems are waiting eagerly on the other side, according to Deborah Trautman, PhD, RN, FAAN, president and CEO of the American Association of Colleges of Nursing.

“Over the years, requirements for the nursing profession have evolved, consistent with needs of the health care environment,” explains Trautman, formerly executive director of the Center for Health Policy and Healthcare Transformation at Johns Hopkins Hospital. “The DNP prepares nurses for the highest level of clinical practice, which is essential for those looking to make a real impact on transforming systems of care.”

EMPOWERING GRADUATES



“DNP nurses are at the forefront of leading change since they are able to design, evaluate, and continuously improve the context within which care is delivered,” Trautman explains. “Nurses prepared at the doctoral level with a blend of clinical, organizational, economic, and leadership skills are well-positioned to significantly impact healthcare outcomes and promote a culture of good health.”

Upon completing the DNP program, the graduate is prepared to:

- Demonstrate mastery of the role of the advanced practice nurse and population competencies;
- Integrate the art and science of nursing with ethics and the biophysical, psychosocial, analytical, organizational, and public health sciences to improve patient and population health outcomes;
- Demonstrate organizational and systems leadership for quality and safety in care;
- Critically appraise clinical scholarship and analytical methods for evidence-based practice;

- Apply information and technology for the provision and/or transformation of care;
- Leverage interprofessional and multi-sector collaboration for the improvement of individual and population health outcomes;
- Utilize strategies of risk reduction/illness prevention, health promotion, and health maintenance to reduce disparities and improve outcomes for diverse populations;
- Develop leadership for policy and advocacy that shapes health care financing, regulation, access, and delivery.

As for why DNP seekers should choose Hopkins, Sanchez says, “The support from faculty here instills and empowers students to meet these challenges.”

He adds, “Here, we do a good job of encouraging collaboration not only within the DNP and PhD realms but also with other disciplines outside of nursing.” ■

LEARN MORE AT [NURSING.JHU.EDU/DNP](https://nursing.jhu.edu/dnp)
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STORY JIM DUFFY | ILLUSTRATION LIVY LONG

For all the destruction wrought by the Boston Marathon bombing, it only tightened Jessica Kensky's circle of nursing friends

Friendships born in nursing school often take shape under great duress. The pressure isn't just a matter of having so many things to learn in such a short, intense stretch. It's the knowledge that each new morning might be a make-or-break affair when it comes to doing right someday down the line by a future patient in crisis.

But what happens when that patient is herself a nurse? On April 15, 2013, Jessica Kensky was standing with new husband Patrick Downes at the finish line of the Boston Marathon, his arms wrapped around her, when a bomb went off.

Both of them lost a leg that day. Kensky would lose her other leg down the line. The shrapnel that tore through their bodies left wounds that will last a lifetime. Both are still working to recover. These days, that process has them enrolled in a special program at the Walter Reed Army Medical Center.

Nursing school classmate Leah Pike was the first of Kensky's nursing friends to arrive by her side after the bombing, but she would not be the only one. The list of angels is a long one,

full of classmates from Kensky's Wolfe Street days, colleagues from her time at the Weinberg surgical intensive care unit at Johns Hopkins Hospital, and co-workers at Massachusetts General Hospital in Boston.

Now more than ever, Kensky believes that nursing friendships are different from others, not least because of the profession itself and the quality of the people drawn to it.

Kensky's visit to the School of Nursing on this day was prompted by her desire to share that idea with students and colleagues in her field. She arrived fresh from speaking at a commencement ceremony. "To come back here to this community and to talk about the things I've learned, it's just perfect," Kensky says.

Two other nurses shared thoughts about the bombing and Kensky's journey in separate conversations. Kathy Hilburn, a 2009 classmate, is a research nurse with the National Institutes of Health in Bethesda. Erin Gilfeather became friends with Kensky while they worked together at Weinberg.

“My nursing friends played an enormous role in my recovery. I could give you a super long list of things...” —JESSICA

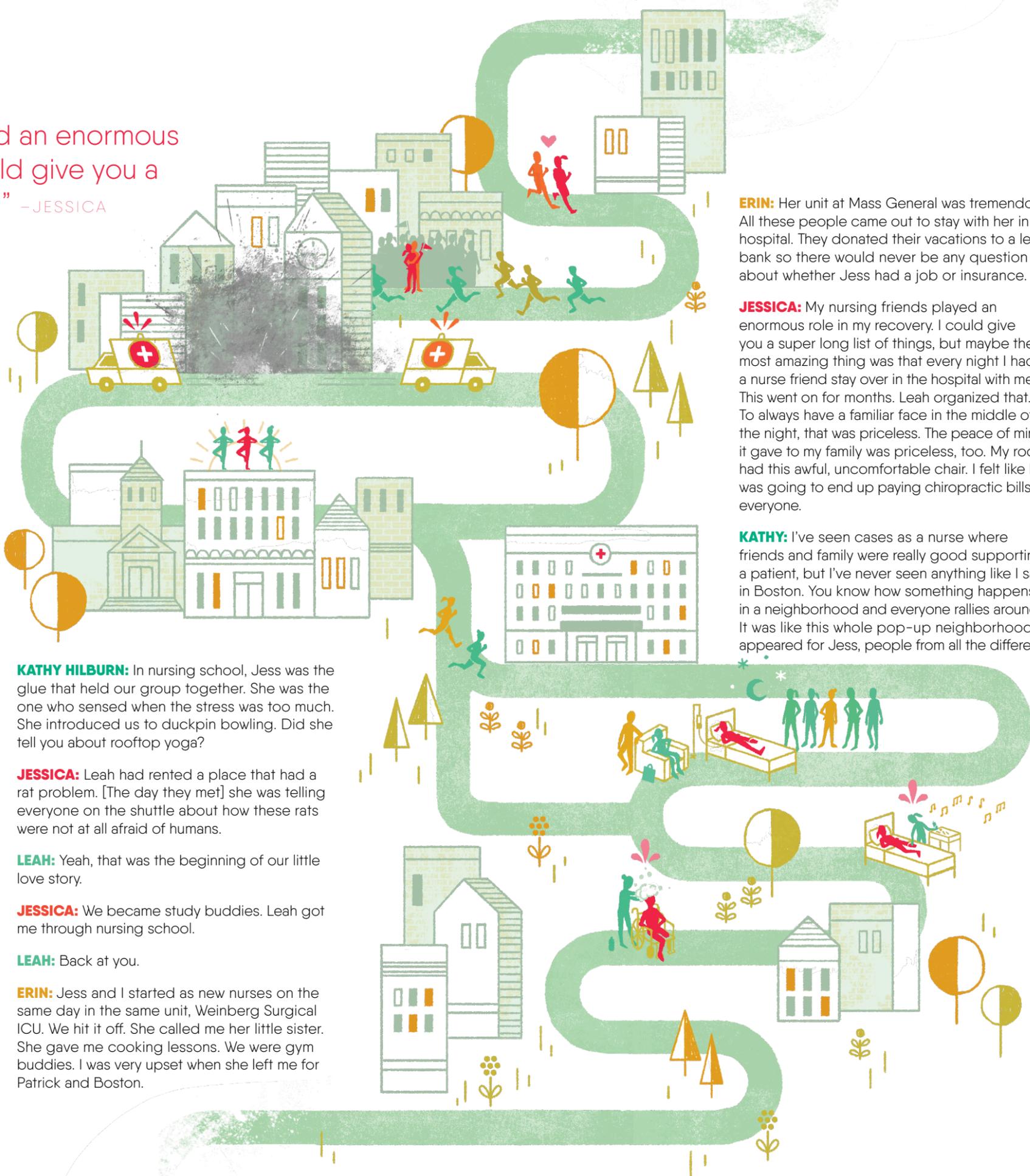
LEAH PIKE: One thing I learned that day is that scrubs can get you anywhere you want to go. The whole city was in a panic. I ran down to Boston Medical Center to find Jess. Everybody saw my scrubs, and then they just let me go wherever I wanted to go. I guess they figured I had come to help.

JESSICA KENSKY: I have little glimpses in my memory from those first days. I have stories people told me later. But the really painful stuff, it kind of fades away. It's just too much. I remember writing the words "Patrick's foot." I had no idea at that point that I had lost a leg. The only thing I could think about was Patrick's foot, laying on the ground. Then he wasn't there. He was taken to a different hospital, and we didn't see each other for five weeks.

ERIN GILFEATHER: I texted Jess, and tried to call. It was kind of normal not to hear back. She is notoriously bad about responding on the cellphone. I heard what happened later that night from a friend. I was so scared for her. Her family is in California. Her husband is in some other hospital. Who is with her? Is she by herself?

LEAH: Trauma patients, especially when they're intubated, don't look like themselves. It can be a shock. If I wasn't a nurse I would have freaked out at the way Jess looked. ... You never panicked. You didn't fight the ventilator. At one point, you actually made me write down what the vent settings were.

JESSICA: That was the thing that stayed with me from my training—that the calmer I stayed, the better people would be able to take care of me. I was definitely worried about dying. That was part of why I needed to keep talking. One minute I wanted someone to find my husband. The next minute I wanted to tell everyone my blood type ... whatever came into my mind.



KATHY HILBURN: In nursing school, Jess was the glue that held our group together. She was the one who sensed when the stress was too much. She introduced us to duckpin bowling. Did she tell you about rooftop yoga?

JESSICA: Leah had rented a place that had a rat problem. [The day they met] she was telling everyone on the shuttle about how these rats were not at all afraid of humans.

LEAH: Yeah, that was the beginning of our little love story.

JESSICA: We became study buddies. Leah got me through nursing school.

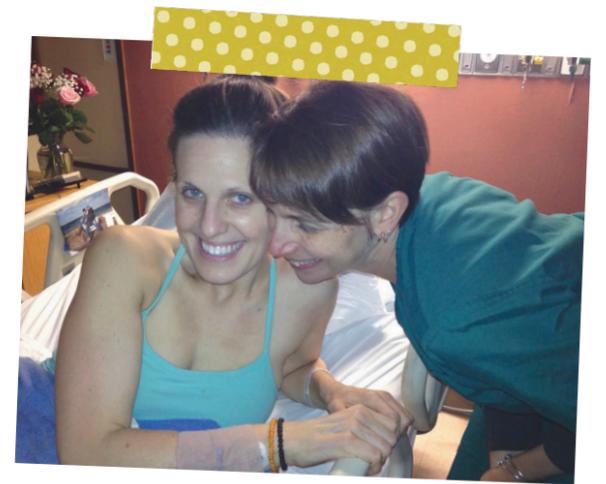
LEAH: Back at you.

ERIN: Jess and I started as new nurses on the same day in the same unit, Weinberg Surgical ICU. We hit it off. She called me her little sister. She gave me cooking lessons. We were gym buddies. I was very upset when she left me for Patrick and Boston.

ERIN: Her unit at Mass General was tremendous. All these people came out to stay with her in the hospital. They donated their vacations to a leave bank so there would never be any question about whether Jess had a job or insurance.

JESSICA: My nursing friends played an enormous role in my recovery. I could give you a super long list of things, but maybe the most amazing thing was that every night I had a nurse friend stay over in the hospital with me. This went on for months. Leah organized that. ... To always have a familiar face in the middle of the night, that was priceless. The peace of mind it gave to my family was priceless, too. My room had this awful, uncomfortable chair. I felt like I was going to end up paying chiropractic bills for everyone.

KATHY: I've seen cases as a nurse where friends and family were really good supporting a patient, but I've never seen anything like I saw in Boston. You know how something happens in a neighborhood and everyone rallies around? It was like this whole pop-up neighborhood appeared for Jess, people from all the different



places she had been in life. I remember thinking, "Wow, this is incredible."

LEAH: It wasn't that we didn't trust her nurses. It wasn't a question about their skills or commitment. It's just that we know from experience that hospitals can be crazy places. What if another patient in the unit starts to have trouble? What if there is some kind of emergency? Nurses are human, you know?

ERIN: So many people were so selfless. I think that's a real testament to the kind of person Jess is, to her character and to Patrick's character and to their families.

JESSICA: What did I learn about nursing? It's interesting, the things that really stand out in my mind are simple acts of kindness, little above-and-beyond things. I had burns all over my back that were full of dirt and metal. The pain during dressing changes was excruciating. I'll never forget the nurse who kept singing to me during this—the Fleetwood Mac song "Don't Stop [Thinking About Tomorrow]."

LEAH: That first night, Jess's nurses let me go everywhere with her. They even let me stay while she was getting pan-scanned, which is really unusual. The nurse kept saying to everyone who asked, "No, she stays. My patient is more stable when she's around." ... I remember one time when she was still intubated and they were working on those wounds, I said "Jess, I can step out of the room." She made this gesture, pointing to her eyes. It was like, "Stay! You are my eyes here!"



JESSICA: Patrick and I were separated for five weeks. I was the one who got stable enough first. My nurses helped me get ready to go see him. I remember a nurse washing my hair for my “big date.” You can imagine what this is like. We are both missing limbs. He is looking so very sick. I had to go to the bathroom during this. It was his nurses who helped me get up on a commode. I’m not their patient, but here they are working so hard to make everything as comfortable and as dignified for me as possible.

LEAH: Your commode, that’s a whole topic by itself.

JESSICA: I didn’t know until this happened that there is a hierarchy of bedside commodes. The one I had at first was very cushioned and very plush. They are super expensive. When I got to rehab, they didn’t have any commodes like that. It turned out that I had started with the Mercedes of commodes, and then I had to make do with a regular one. My old nurses from Boston General showed up one day, on their own time. They had loaded up my old commode and brought it to me.

KATHY: There is something about being a nurse and then seeing a nurse go through something like this. You see yourself in there. You want to do everything you can.

JESSICA: I have a million acts of kindness I could tell you about. They made this video with

friends from all these different places, and they each filmed themselves doing a yoga pose that I could do in a hospital bed.

ERIN: I thought I had prepared myself for the first visit. I was a nurse, you know? ... She had shrapnel pieces in places no one should ever have shrapnel. Seeing her was a lot harder than I ever thought it would be.

JESSICA: I lost so much privacy. The way my nurses helped me maintain my dignity and the way they made me laugh through everything, these are just priceless gifts.

ERIN: I’ve always tried to go the extra mile for my patients, but now I can feel myself getting a little more involved, trying to be more in tune with their needs. I hope maybe I am being more attentive to things that tend to get overlooked, like how good it feels after you wash your hair, and painting people’s nails, that’s another one.

JESSICA: It’s natural for newly graduated nurses to focus at first on doing the basic things, getting the dose and the medication right. But you are going to hit a point in your career where you have the time and energy to do some of these extra acts of kindness. You are going to need to learn to read the patient—and the family. You’ve got to get really good at picking up on social cues.

ERIN: I was in Boston when she was just getting into rehab, and it was very apparent that she was at one of the lowest points she could be at. She was really struggling.

PHOTO BY DANIELLE KRESS

Jessica Kensky, left, and Leah Pike during a visit to the Johns Hopkins School of Nursing. Other snapshots courtesy of Jessica Kensky.

“ I’ve always tried to go the extra mile for my patients, but now I can feel myself getting a little more involved...” –ERIN

JESSICA: In the hospital, you tend to try and pump your patients up as they move through the system. It’s like, “You’re getting out of ICU—that’s so great!” My nurses told me things like that. I remember saying things like that to my patients. Sometimes the experience is really different for the patient. ... In the ICU, I had nurses bathing me. When I got out of there I was forced to look at my injury. Literally, I had to wash and clean it. I was in denial for a while. The first time I took a shower, it was so weird. My leg wasn’t just atrophied or broken. It was gone. Your head literally cannot take it in. Everybody around me would be celebrating



the progress I was making, and yet it was a devastating time for me.

ERIN: After Jess went into rehab, I didn’t hear from her for a long time. It seemed like she needed time to herself. When I saw her again, she and Patrick were picking me up at the airport, both of them standing up and vertical. It was such a gift, seeing that.

LEAH: Jess got her new running legs yesterday. We’re all very excited.

JESSICA: I have a video on my phone of me running around the track. Here, let me call it up. It was the first time, so they had me in a harness. ... They don’t mess around at Walter Reed. ... It’s not about how to work your wheelchair or how to transfer your body over to a shower chair. No, it’s about them helping you to become all you were before—and more. ■

SEE A VIDEO AT MAGAZINE.NURSING.JHU.EDU/JESSK

AWARD FOR HEROES

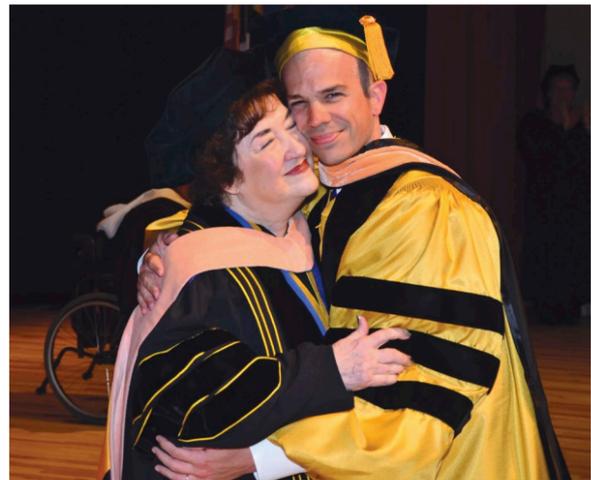
On May 5, Jessica Kensky and husband Patrick Downes will be given Hero of Military Medicine Ambassador Awards by the Center for Public-Private Partnerships at the Henry M. Jackson Foundation for the Advancement of Military Medicine.

The couple, seriously injured in the 2013 Boston Marathon bombing, have received extensive care at the Walter Reed National Military Medical Center in Bethesda, which treats thousands of soldiers who have lost limbs in combat.

The event begins at 6:30 p.m. at Andrew W. Mellon Auditorium, 1301 Constitution Avenue NW, Washington, DC.



FRONT —AND— CENTER



Drive to improve care, efficiency, communication yields Capacity Command Center

By Steve St. Angelo | Photography by Chris Hartlove

The first thing you notice about the brand-new Johns Hopkins Hospital Capacity Command Center is its location: steps from the main entrance at North Wolfe Street. Next is its footprint: 5,500 square feet. That is prime real estate at one of the nation's very best hospitals.

Then, when you step beyond a wall of opaque windows and into the center, which controls just under 700 beds and tracks which patient goes where and (ideally) for how long, what's striking is the sense of calm. That's because calm was built in from the start. And nursing's fingerprints are all over it.

"The story here was that this was nurse-led," insists Scott Newton, DNP, RN, standing in the middle of it all looking not unlike a conductor preparing to lead four units in one performance designed to, among other things, improve communication, expand access for patients from referring hospitals, speed response, and address backups in the emergency room. The four parts: bed management, admitting, the Hopkins Access Line, and Lifeline. Each has its own area and jumbo video screens, but all are designed to blend seamlessly.

Newton, director of nursing for emergency nursing, already knew a thing or two about making the trains run on time without sacrificing patient care as the head of Lifeline, the hospital's emergency transport team. And he wanted to bring that approach—"It takes a team" and "colleagues across many disciplines"—to a larger operation. Also like a conductor, Newton knows that without buy-in from key players, he's just another guy waving his arms.

"Nursing is seen as a convener for quality. That's pretty high praise," explains Maryann Fralic, DrPH, RN, FAAN, former vice president of nursing at the hospital and Newton's adviser at the Johns Hopkins School of Nursing on the capstone project that became the Capacity Command Center. She's pleasantly surprised at the center's location ("Oh my gosh, right in the front

door") and size ("I was telling Scott, 'Space is often more important than money'"), but not shocked that Newton was the right glue for the project ("Engaging with others is something that Scott does very well because of his leadership, integrity, and commitment").

Not one to crow, Newton instead talks about the 10 trips his team made across the country observing and learning from other health care facilities. Then he marches through the center ticking off the thoughtful, creative, and common-sense features born of those efforts. From easy-on-the-feet flooring to louvered ceilings that improve acoustics and enhance sight lines; from stand-or-sit desks that glide up or down at the push of a button to personal lockers in interlocking "L" shapes that save space and look really cool; to moveable glass walls that shrink or expand meeting rooms based on need; to floor panels that pop up in 18-inch squares so wiring can be added or updated in a flash; to an energy grid that, should one side lose power, allows workers to simply switch desks and keep going; to secure communication lines and a "panic button" that could transform it into a secure fortress in a crisis, the Capacity Command Center is a modern wonder. And all of it is completely accessible, down to a microwave oven at wheelchair level.

Lest you think all this technology might create a barrier between nurses and patients, Newton won't hear it: "There's a patient on the other end of each process. ... We are advocates for patients and their families." And hospital staff are welcome and encouraged to stop by, their badges allowing sweep access.

Now that the center is up and running, Newton is asked if there's a next phase in his capstone project. "To infinity and beyond," he jokes, adding that he figures the Capacity Command Center should be operational for at least the next 20 years. The mission, and Newton's mantra, won't change. "It's about getting the right patient in the right bed at the right time." ■

Team builder: Clockwise from lower right, Scott Newton at the Capacity Command Center, with members of his Lifeline unit, with Diana Mahoney, and with mentor Maryann Fralic at his DNP graduation.



HOPKINS NURSE

News from **The Johns Hopkins Hospital & Affiliates**

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OTHER LIVES: BEEKEEPER ROBERTA JONES

Warm Welcome

By Ashley Festa

Push to improve infant care earns hospital baby-friendly designation

A nurse's capstone project spurred The Johns Hopkins Hospital to finalize its certification as a baby-friendly facility—a designation that less than 20 percent of hospitals in the country have achieved.

Joan Diamond, MSN, RN, a registered nurse and nurse manager at the hospital, will complete her Doctor of Nursing Practice degree in May. For her final project, she tackled one of the requirements to earn the baby-friendly designation: one hour of uninterrupted skin-to-skin contact between baby and mother immediately after birth, with an emphasis on breastfeeding.

The Baby-Friendly Hospital initiative was launched by the World Health Organization and the United Nations Children's Fund in 1991 to recognize birthing centers that offer an optimal level of care for infant feeding and mother-baby bonding. Earning the baby-friendly designation is a rigorous and lengthy process, one the hospital's obstetrics department had been working toward for several years.

Diamond proposed that the pathway to achieving the skin-to-skin requirement was a team of pediatricians, obstetricians, staff nurses, physicians, lactation

consultants, and administrators working together to rewrite the hospital's newborn care policy based on medical and nursing evidence for superior care.

Nurses were engaged "to redesign how they could best support mothers to nurse their babies," Diamond says. "Strong evidence supports these practices, but we continued to do things differently because we have checklists."

Now, newborns are no longer taken to a central nursery after birth. Instead, nurses delay assessments until after the first hour of life. Immediately necessary procedures, such as attaching the name bracelet, are handled during skin-to-skin contact. After the first hour, the baby remains in the mother's room. Babies given immediate skin-to-skin contact have been shown to not only more effectively breastfeed but also maintain a more normal body temperature and heart, breathing, and glucose rates. For mothers, it can trigger maternal instincts more quickly.

Early adopters, such as perinatal staff nurse Katharine Giancola, RN, took on extra shifts and worked nights and weekends to bring peers up to speed.



ILLUSTRATION BY EVA BEE

"It's one thing to be on board with it and another to put it into practice, so we invited staff to watch us put the babies skin-to-skin with mothers," said Giancola, also a certified lactation consultant. "On the night shift, nurses might get the information, but only through emails. They needed someone to be there at night for practical, hands-on application."

Hopkins nurses also took an additional 20 hours of training on how to teach and support new moms in the logistics and benefits of breastfeeding.

"Most of us in the obstetrics world knew about baby-friendly, but it seemed like a far-reach," Diamond said of the designation, awarded in late December. "We needed to do this." ■

Karen B. Haller Endowed Scholarship Fund Established



In 2016, Dr. Karen Haller, esteemed vice president for nursing and patient care services and chief nursing officer at The Johns Hopkins Hospital for the last 17 years, assumed a new role as the vice president of nursing and clinical affairs for Johns Hopkins Medicine International.

Dr. Haller's greatest legacy is her commitment to and advancement of patient-centered care, long before it became a common phrase. To honor this commitment, the Johns Hopkins School of Nursing has established the Karen B. Haller Endowed Scholarship Fund in patient-centered care. Each year an award will be made

to a Johns Hopkins School of Nursing student in the MSN: Entry into Nursing program who has demonstrated an exceptional commitment to patient-centered care.

This scholarship represents a calling to Hopkins health care professionals to fortify the position that exceptional nurses are desperately needed as we reform the health care system to be more accessible and flexible to meet patients' needs. ■

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JHPIEGO

Back to Basics in Ethiopia

By Ann LoLordo

Nurses provide essential surgical care to prevent needless deaths

Katie Kloss may be a surgical nurse, but she's never wanted to be a surgeon. Her passion is providing primary health care to families. That's why she became a nurse practitioner. But a visit last summer to Ethiopia gave Kloss an inside look at the dearth of surgical care in developing countries and a new appreciation for the role nurses can play in addressing this overwhelming need and in preventing millions of deaths.

“

In the United States, much of what is used in the operating room is thrown away after each surgery; in Ethiopia, the only things thrown away are gloves.”

— Katie Kloss



From left, Alison Wong, Katie Kloss, Stacie Zwolski, Kelly Lacob, and Madeline Wilson of Jhpiego's safe surgery working group.

Kloss was part of a safe surgery working group convened by Jhpiego that visited four hospitals in Ethiopia, two in urban areas and two in the countryside. It had a profound impact on her: “I realized that if someone plucked me from my work at Johns Hopkins Hospital and placed me in Ethiopia, I would become a surgeon—not a medical doctor but an integrated emergency surgical officer who would live in a remote area of the country and provide safe and essential surgery to the women and families in the community.”

The need for essential surgical care in low- and middle-income countries has been largely unrecognized by the global health community until recently. According to the *Lancet* Commission on Global Surgery, an estimated 16.9 million lives were lost due to a lack of urgent surgical interventions in 2010 alone. That's about 32 percent of deaths worldwide. The primary reasons for this unnecessary loss of life are a lack of trained surgeons and anesthesiologists and the concentration of trained providers in urban areas.

In three of the four operating theaters the safe surgery group visited, the operating lights did not work, said Kloss, who will graduate from the Johns Hopkins School of Nursing in May with a master's degree in advanced nursing practice. “In the United States, much of what is used in the operating room is thrown away after each surgery; in Ethiopia, the only things thrown away are gloves,” she explained.

“At first glance, I was overwhelmed at the idea of surgeries taking place in these spaces. However, as I listened to each surgeon, observed them at work, and studied their outcomes, I was amazed at how much good, safe care was being provided with such limited resources.”

At the Tulu Bolo District Hospital in the Oromia region, Kloss met Birtukan Bizuayehu, one of the first graduates of a three-year postgraduate program to train providers in common and essential surgical skills such as emergency cesarean section, appendectomy, and laparotomy. This strategy of task sharing basic surgical duties among trained and mentored providers has proven effective in decreasing morbidity and mortality in Ethiopia, Malawi, Mozambique, and Tanzania.

“After personally seeing and hearing how the emergency surgical officers changed the landscape of rural health care in Ethiopia, I have a new appreciation of the potential for advanced practice nurses worldwide,” Kloss said. “Birtukan and her fellow emergency surgical officers don't need just a working light, they need the recognition that they are performing miracles.” ■

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Opening Access to Organs

By Jennifer L.W. Fink

Outreach nurses spread the word to ease disparities and save lives

Over 120,000 Americans are currently in need of a life-saving transplant; 101,000 of them need a kidney. Over half are African-American or Hispanic, despite the fact that only just a bit over one-third of Americans are African-Americans or Hispanic.

Two years ago, Johns Hopkins staff took a long, hard look at the data and decided to do something. “When we looked at the demographic data for this area, we realized that there are a very high number of patients who are on dialysis—meaning they have kidney failure—who are not getting transplanted. They’re not even on the waiting list for transplants,” says Brigitte Sullivan, MBA, administrative director of the Johns Hopkins Comprehensive Transplant Center. “We saw it as a real health disparity issue and decided to intervene.”

The result: the Johns Hopkins Transplant Outreach Program, headed by dedicated Johns Hopkins nurses.

Spreading the Word

Johns Hopkins Medicine and The Johns Hopkins Hospital have long been leaders in transplantation.

In 1968, the first kidney transplant in Maryland was performed at Hopkins Hospital. In 1983, its physicians performed the first heart/lung transplant in the mid-Atlantic region and, in 1988, the first liver transplant in the mid-Atlantic region. The world’s first laparoscopic kidney donation was performed here in 1995; other world’s firsts include the first triple domino kidney paired donation in 2004 and the first five-way kidney paired donation transplant in 2005.

The Comprehensive Transplant Center is recognized worldwide as a leader in the field of transplantation, yet too many local people continue to suffer and die from organ failure. The Transplant Outreach Program was established to educate and inform local residents and physicians about transplant options and alternatives.

“When we started, we focused our efforts on southern Maryland counties, D.C., and Northern Virginia, because we could see that’s where the health disparities were the worst,” Sullivan says. “We sent nurses into the community to meet with patients and referring physicians and help them understand what our program offers and how it works.”

Two nurses, Mary Rudolfi, RN, and Allison Brown, RN, now work full-time as nurse navigators with the Transplant Outreach Program. Rudolfi previously worked on the inpatient transplant unit and as a transplant coordinator, caring for patients both before and after transplantation. Brown worked in the neuro critical care unit; her interest in transplant was piqued when she cared for patients who suffered traumatic injuries and brain death, and ultimately became organ donors.

As nurse navigators for the Transplant Outreach Program, Rudolfi and Brown work directly with patients, families, and health care providers, providing accurate transplant information in one-on-one, personalized conversations.

“Our nurses go to dialysis centers and talk to patients,” Sullivan says. “They’ll



ILLUSTRATION BY GREG CLARKE

ask patients if they’ve heard about transplant and give them a good overview of what it is. They also talk about living donation and how people can become living donors for kidney transplant, and provide them with information about how to be evaluated.”

Shattering Myths

The outreach nurses spend a lot of their time correcting misconceptions and explaining the logistics of transplantation. Many people still think that advanced age precludes them from consideration for a transplant, for instance, but that’s not necessarily true. Similarly, advances in medical science have expanded the pools of people eligible to donate or receive an organ. Rudolfi and Brown tell people about Hopkins’ incompatible kidney transplant program, which helps people receive transplants even if the donor and recipient are not a perfect match. They also talk about protocols that can be used to increase liver transplant options and outcomes for patients with hepatitis C.

“Telling people about that has helped people who might not have otherwise been transplanted access transplantation, because they know it’s possible,” Sullivan says.

Perhaps most importantly, outreach nurses help patients get on the short list. “There’s a very long wait time for organs in the D.C. area,” Sullivan says. “At Georgetown, the median waiting time for a kidney is five years. Here at Hopkins, because of our specialized protocols, our median wait time is 19 months.”

Just one year after the Transplant Outreach Program’s initiation, referrals for liver patients had tripled. Kidney, blood, and bone marrow transplants were up as well. Rudolfi says the hard work is all worth it: “It is so rewarding when we are able to list a patient and get them transplanted after they were turned down somewhere else.” ■

From Transplant Patient to Transplant Nurse

When Clint Burns, RN, was 25, he received a liver transplant at The Johns Hopkins Hospital. Up until that point, he had been ill more than he’d been healthy. His transplant changed everything, immediately. “I went from being terminally ill to being cured,” says Burns.

Three months later, he started nursing school. Upon graduation, he accepted a job at Hopkins Hospital, working alongside nurses who had cared for him a few years earlier. Today, he’s the in-house coordinator for organ and tissue donation.

“I’m a liaison between our organ procurement organization, Living Legacy Foundation, and the hospital,” Burns explains. “My role is to make sure the staff is aware of the donation process. I can also clinically manage donors and have the donation conversation with families, if needed. A big part of my job is transcending protocols and policies, and inspiring and educating people.”

© TO SEE A VIDEO OF CLINT, VISIT MAGAZINE.NURSING.JHU.EDU/CLINTB

Hopkins 1st in U.S. Approved for HIV-positive Transplants

Johns Hopkins recently received approval from the United Network for Organ Sharing to be the first hospital in the United States to perform HIV-positive to HIV-positive organ transplants. The announcement follows a two-year effort by Dorry L. Segev, MD, PhD, associate professor of surgery at the School of Medicine, to help draft and push through the 2013 HOPE Act.

Approximately 122,000 people are on the U.S. transplant waiting list at any one time. Thousands die each year without getting an organ. Segev estimates that each year, 500 to 600 HIV-positive would-be donors have organs that could save more than 1,000 people.

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

First Things First

By Ashley Festa

New CNO Veronica Martin shows individuals that they count with her



PHOTO BY ALLYN DIVITO

As Veronica Martin knows well, establishing relationships is a major part of being an effective leader, which may be why she's been so successful just six months into her new position.

"It's important when you go into a new organization to get into the hearts of the staff and to build relationships with direct reports and peers," says Martin, vice president and chief nursing officer at Johns Hopkins All Children's Hospital in St. Petersburg, FL. "It's very important to me to have close connections with the staff and to be an approachable leader they're proud to have."

To achieve that, Martin makes a point to be around the nurses, not just in her office, hearing their voices about work-related issues. Recently she had the opportunity to award a staff member her 35-year work anniversary pin. Rather than having a director make the presentation, Martin wanted to congratulate the nurse personally and celebrate her achievement.

"It lets them see I care about them," she explains. "They're people first and employees second."

Martin came to All Children's in September 2015 with more than 20 years of nursing experience. Previously she worked in leadership positions at Shriners Hospital/Health System, WellStar Cobb Hospital in Georgia, and at Tampa General Hospital, among others.

"Veronica is such a compassionate person who always keeps the patients and families at the core of how she approaches everything," says Roberta Alessi, vice president and chief operating officer at All Children's Hospital. "She takes a multidisciplinary approach to improve care, partnering with physicians, advance practice providers, nurses, and all ancillary and supportive staff. She is a mentor and role model and is respected by all."



She takes a multidisciplinary approach to improve care, partnering with physicians, advance practice providers, nurses, and all ancillary and supportive staff. She is a mentor and role model and is respected by all."

— Roberta Alessi

Martin is particularly pleased to return to pediatrics. After speaking at a recent fundraising event, she was approached by a former patient—10 years old—who had just finished chemotherapy treatment. "She raved about our wonderful nursing staff," Martin says. "That reminded me that we make a difference in the lives of so many patients and families."

One of Martin's goals for the hospital is to earn Magnet Recognition from the American Nurses Credentialing Center, the most esteemed distinction an organization can receive for excellence in

nursing. Being a Magnet hospital speaks to the facility's leadership, quality care, commitment to safety, and professional practice of nursing.

"In my role as chief nursing officer, I'm fostering an environment that supports those things," Martin says. "My responsibility is to develop future leaders, encouraging and motivating them, so they can function at their full potential." ■



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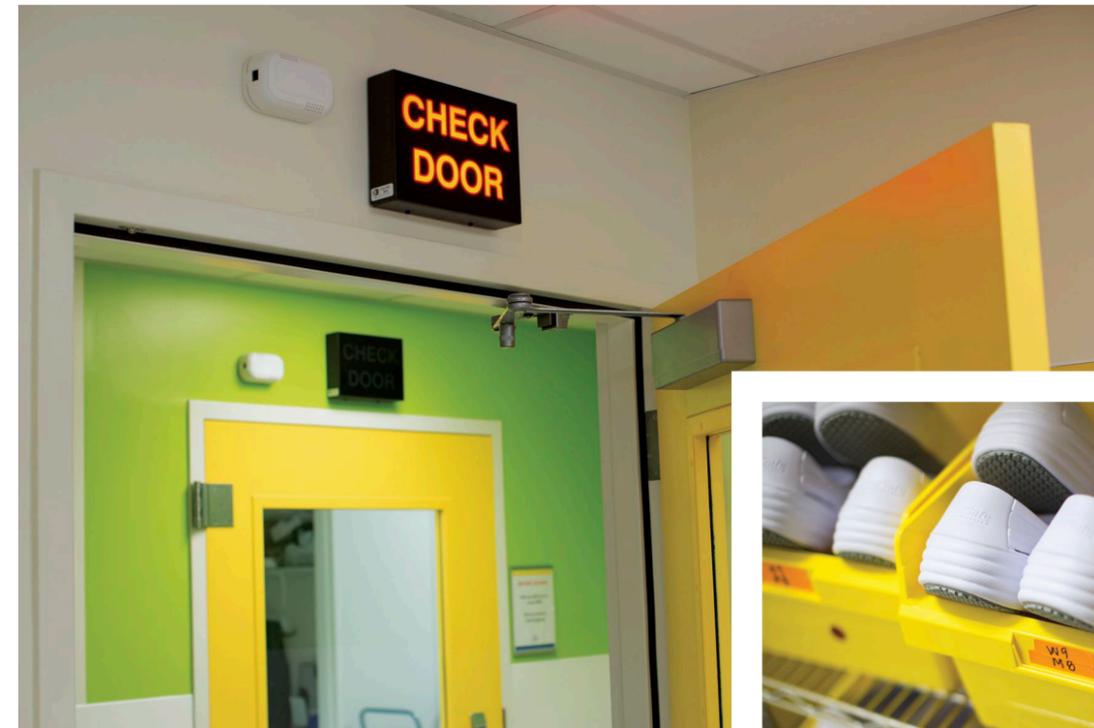
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PHOTOS BY CHRIS HARTLOVE

Ready for Anything

By Steve St. Angelo

Staff self-select for training in new Biocontainment Unit

What sort of professional commitment does it take to volunteer to provide care for the sickest patients with the most contagious infections for as long as it takes?

Just ask Jade Borrromeo, RN, who jumped at the chance to train for the new Biocontainment Unit at The Johns Hopkins Hospital. No fear? “I think it was more intrigue. Nursing is definitely based on altruism,” Borrromeo explains of her self-selection for the BCU. “[The possible danger] never occurred to me. My fiancé is a cop. He said, ‘Why are you doing this? I’m the one who’s supposed to be in danger on the job.’”

Her eagerness was not lost on Neysa Ernst, MSN, RN, who organized like-minded nurses to train for a potential crisis assignment on top of their regular jobs. (Borrromeo is a nurse clinician in the Neuroscience Critical Care Unit.) Volunteers were told the work would be exhausting but also rewarding. Borrromeo, who has been at the hospital since January 2012 and with the BCU team for just

over a year, was sold. “I could feel how excited [Ernst] was to start this unit. And I was excited to join her in pioneering this.”

The 7,900-square-foot BCU has only three patient rooms. There’s also a lab, showers, and “don and doff” areas where any of the 100 self-selected caregivers put on and remove personal protective equipment. Two machines sterilize waste and the ventilation system is separate from that of the hospital. “We have the all the processes in place to keep us safe,” Borrromeo insists.

So far, the BCU, built where a pioneering HIV/AIDS clinic once stood, has had one admission and two lab activations to rule out infection, Ernst says. That lack of action is good news, of course, but Borrromeo admits to a heightened sense of awareness when the phone rings late at night. “I don’t wish ill on anybody, ever, but the anticipation [of need] is there. We are in constant readiness.” ■

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Pregnant Pause

By Lester Davis

Center helps babies by helping mothers get clean

Amanda Seldomridge was in search of a miracle when she walked through the doors at the Center for Addiction and Pregnancy at Johns Hopkins Bayview Medical Center. Close to nine months pregnant with her third child, a girl she'd already named Faith, Seldomridge, 35, said she had unsuccessfully battled an addiction to heroin and cocaine and desperately wanted to break the cycle before giving birth.

Seldomridge's small hometown didn't have the type of treatment options found at the Bayview center, known as CAP. So, she packed a bag and headed to Baltimore in search of help. "I prayed and prayed for this program and for someone to save me," Seldomridge says. "But I just couldn't stop on my own and I had to think about my baby."

Many of the mothers who turn to CAP have a similar story, according to Freddie Jenkins, MSN, RN, a patient care manager. "The positive is that they're here and they're trying to do something right," Jenkins says. "Most of us wouldn't have survived what some of these mothers have been through."



PHOTOS BY CHRIS HARTLOVE

For the women fortunate enough to make it to CAP, the program serves as a refuge of last resort. The facility serves about 50 women at any given time, and includes a 16-bed inpatient shelter for individuals who are homeless or who can't live at home because of abuse, a non-supportive family, or others in the house who are using drugs, Jenkins says.

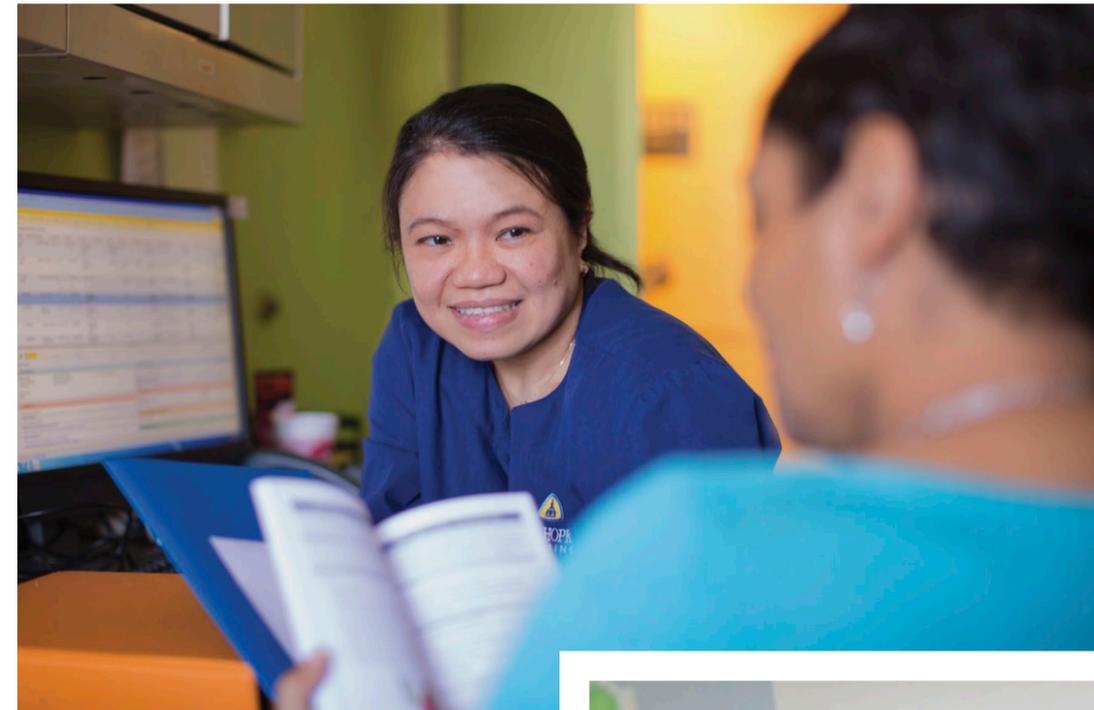
“The positive is that they're here and they're trying to do something right. Most of us wouldn't have survived what some of these mothers have been through.”

— Freddie Jenkins, MSN, RN

Patients are provided with counseling and attend multiple group sessions per day. The expecting mothers are also provided with access to a psychiatrist and with expert prenatal care, according to Jenkins. The program, she adds, has served pregnant women in their teens to their early 40s. Some are court-ordered to join the program but many others come of their own volition.

In addition to providing prenatal care and mental health screenings, the center helps expecting mothers understand that every cry, twitch, or spasm from a newborn is not necessarily a result of their addiction.

"It's very important to help the new mothers distinguish between typical newborn behavior and symptoms related to withdrawal," says Martha Valez, parenting coordinator. "If the mother feels insecure or anxious, the baby feels that. So we have to work with the mothers to calm them. And in two or three months you'd never know that their baby was exposed to drugs."



Christine Lewis, left, and Cheryl Harrow, below, at the Center for Addiction and Pregnancy. Freddie Jenkins, on facing page, says the center serves about 50 women at any given time.

Cheryl Harrow, CRNP, a family nurse practitioner in the newborn nursery, explains that infants experiencing neonatal opiate withdrawal syndrome are extremely hyper-responsive and often react strongly to a ringing phone or strong smells like perfumes or cigarette smoke. "Every baby can tell you exactly what they want and need," and it's the job of the nurses to help the mothers balance their feelings of guilt with the real needs of their infants, she says.

"After mom delivers they will be so upset and just start crying if the baby shakes a little. I just hug them and tell them, 'Sure, you made some wrong decisions, but let's move forward.'"

“After mom delivers they will be so upset and just start crying if the baby shakes a little. I just hug them and tell them, 'Sure, you made some wrong decisions, but let's move forward.'”

— Cheryl Harrow, CRNP

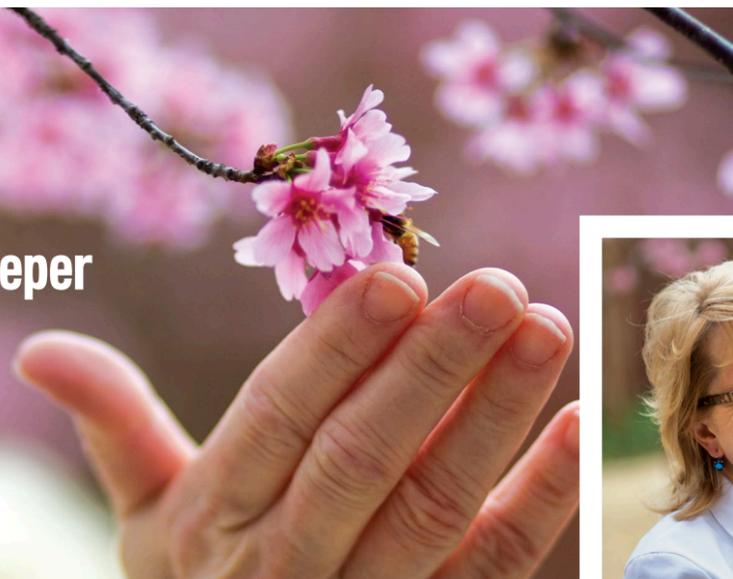


Seldomridge credits the staff with going above and beyond to help her recover from addiction and care for her baby.

"I want my daughter to know that I tried to turn it around and be a good mom," she says. "I fought to bring her into the world healthy and with the support she needs. I made a lot of mistakes but I'm trying to better myself." ■

Other Lives: The Busy Beekeeper

By Danielle Kress



PHOTOS BY CHRIS HARTLOVE

Roberta Jones stumbles upon a sweet spot in caring for hives

Six years ago, Roberta Jones, MSN, RN, went to a beekeeping class with little clue about what she was getting into. Now, with eight hives and more than 600,000 bees, she says “her girls” provide not just a hobby but a passion for the relaxing yet thrilling job of raising honeybees.

“I did wonder if I was crazy,” she admits about getting her first hive. “But it was something that I started with my dad and brother, and it was important to me since bees have been in such decline across the world.”

Jones, who lives in Baltimore, keeps her bees on her parent’s farm in Pittsburgh. She makes trips home at least two weekends a month to look in on the health of her eight hives, listen to the busy buzz, and make sure no bears have discovered the honey store. While she wouldn’t say she’s an expert yet, she has picked up some tips and tricks along the way to help keep the hives in good shape.

“Bees have a tendency to drift to the right, so if you keep their hives in a line, they may leave their own for another. I put mine in a diamond shape, and we’ve had no drifting,” she says. Jones even



It’s just like health care. Beekeeping is dynamic. You’ve got to be willing to change and adapt.”

— Roberta Jones, MSN, RN

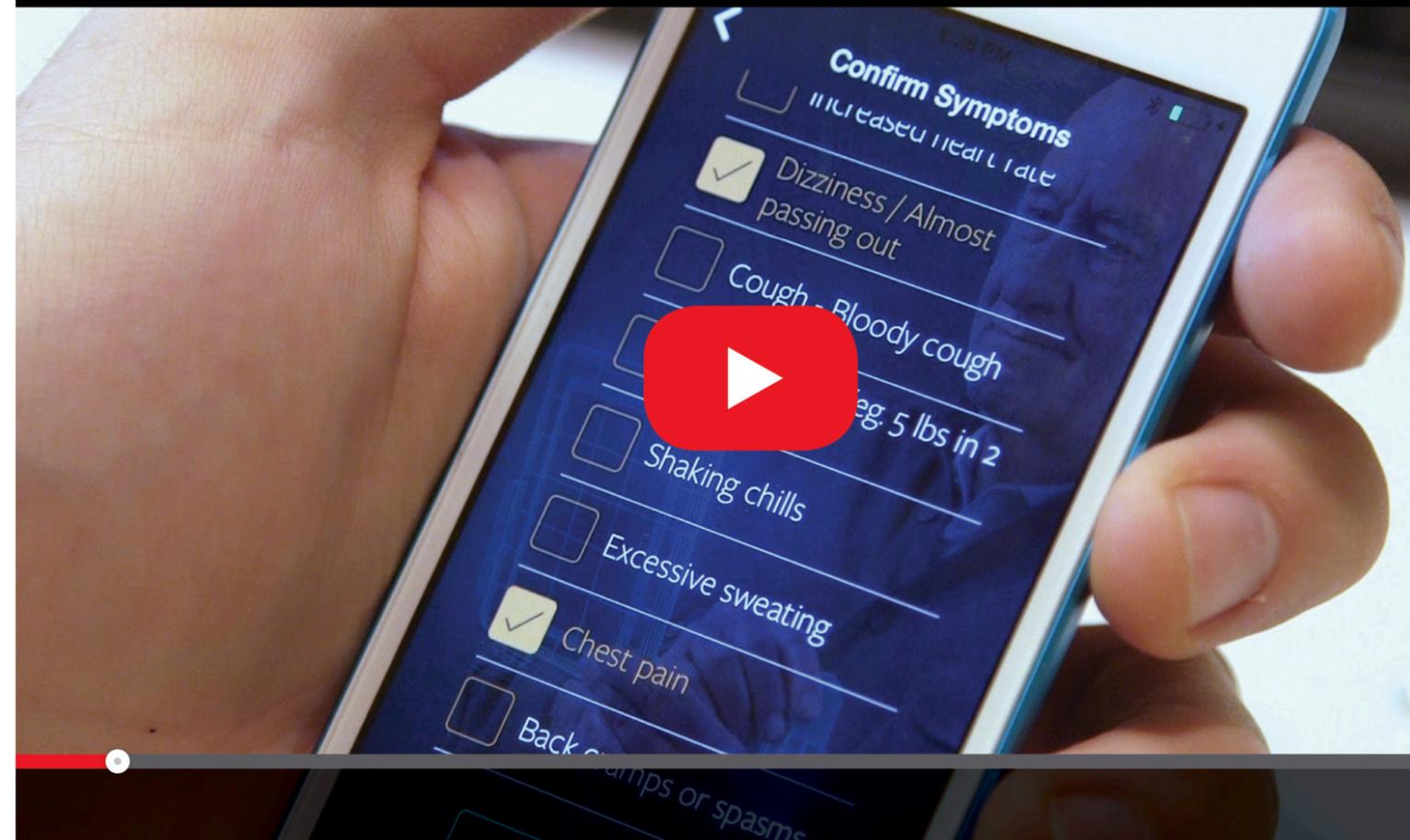
helps the bees keep full bellies during the winter by mixing fondant icing, bee protein, and probiotics to make fortified honey. “Sometimes if their honey is even just a half of an inch away from them, the bees can starve. I make up honey, put it in their box, and it’s easy for them to reach.”

Not unlike her work as a perioperative nurse, Jones’s main job as a beekeeper is ensuring the safety and good health of her bees. In the hospital, where she also holds a CNOR credential, she examines frontline processes and tests new technologies to facilitate patient-centered and quality care, and at the farm, she keeps close watch on the bees to help protect them from disease and infection. “It’s just like health care. Beekeeping is dynamic. You’ve got to be willing to change and adapt.” From making sure the queen is laying eggs to doing an autopsy when a hive is lost, Jones says she’s not afraid to make changes, question care options, and get stung a few times for the sake of the hive.

“They’re adorable, I just love them,” she says. It’s hard work, but for Jones, keeping her bees is a pastime that makes her smile. And it has started paying for itself, too. At local farmer’s markets and craft shows, she sells honey and homemade beeswax candles and hand creams, and some of her honeys have even won prizes at the Pennsylvania State Farm Show.

“I would recommend anyone get a hive and take a beginning beekeeping course,” she says. “There is so much to learn and it’s something everyone can do to help our bee population.” ■

“I’m still taken aback by it. We’re top-seven XPRIZE finalists!”



The global \$10 million Qualcomm Tricorder XPRIZE contest started with 300 teams. Each built a portable device enabling consumers to self-diagnose 13 conditions and help reduce billions of dollars in unneeded emergency room visits.

Of the seven teams left, all are corporate except one: the undergraduates of Johns Hopkins’ Team Aezon.

However the contest goes — winners will be announced early in 2017 — alumni Marci and Larry Kenney have played a significant part in this incredible achievement. Their scholarship helped the team’s industrial designer, biomedical engineering major Ryan Walter, stay at Hopkins and work with the team.

“I’m still taken aback by it,” says Walter of the opportunity and support. “We’re top-seven XPRIZE finalists! This could happen only at Johns Hopkins.”



Cheer for Team Aezon and Ryan Walter — and watch his video — at rising.jhu.edu/XPRIZE

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VIGILANDO

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

Inside this section:

P. 55

AT THE CENTURY MARK, STILL SHARP AS A TOOTHPICK

Sylvia Hartman long ago adopted glass and ceramic containers to save them from the trash. Today, she counts the collection among her blessings at her Harper's Ferry home.

P. 49 'BIG THINGS' IN DEVELOPMENT

New Associate Dean Scott Greatorex jumped at "a compelling opportunity"

P. 49 CLASS NEWS

Wedding and engagement photos, Alumni Weekend save the date, and more

P. 52 WHAT IS A HOPKINS NURSE?

Reginald E. Bannerman Pays It Forward

THE MOTTO "VIGILANDO," INSCRIBED ON THE ALUMNI PIN, IS LATIN FOR "FOREVER WATCHFUL."

Alumni Update

Susan Kulik, BSN '86, MSN/MBA '06, DNP '12



Dear Alumni,

I hope everyone is well and enjoying all that 2016 has to bring. We had quite a winter here on the East Coast with the epic snowstorm and welcome spring. Despite the winter doldrums, the alumni association stayed busy with activities including the student mentoring program, providing mock interviews for current students, participating in alumni and student panels, and welcoming the new MSN: Entry into Nursing students to campus. Our vision is to have our alumni engage even more frequently with the students, and we encourage your participation. The students look to us to provide them with our experiences and inspiration.

The JHNAA is partnering with the SON Admissions office to celebrate all nurses working at the Hopkins

hospitals in the Baltimore/DC area during National Nurses Week. Last year's events were well attended and all were most pleased with our participation. Please contact the alumni office if you would like more information on the events.

Sue Appling, '73, and Jean Shulman, '64, are working with archivist Phoebe Latocha to write a series of magazine articles to begin in the Summer 2016 issue surrounding Hopkins Nurses in World War I. Please contact the alumni office with your personal stories.

As you can see, there are many ways to be involved as a Hopkins Nurse. Please do not hesitate to contact myself or Erika Juengst in the alumni office if you want to join in the fun! ■

STAY IN TOUCH

Update your email address now to receive the quarterly alumni e-newsletter and annual Dean's message. Share your address at JHNAA@jhu.edu.

'Vital Role'

Scott Greatorex Leads Development, Alumni Relations



PHOTO BY DANIELLE KRESS

"This is a compelling opportunity, both personally and professionally," says Scott Greatorex, who recently joined the School of Nursing as associate dean for development and alumni relations, responsible for fundraising, alumni relations, and overall development strategy. "It's a chance to continue building on the university's reputation as a leader in global problem-solving and the vital role the School of Nursing plays in that process."

Greatorex joined Johns Hopkins in 2008 as a major gift officer on the Regional and International Programs team. In 2011, he was appointed director of development for the Regional Major Gifts Program, which raised on average \$8 million-plus and conducted well over 600 visits every fiscal year under his leadership.

Previously, he worked in undergraduate admissions, financial aid, graduate student recruitment and marketing at Goucher College and then Loyola College (now Loyola University Maryland). He has a bachelor's degree from the University of Maine and master's degrees in liberal studies and business administration from Loyola.

Part of the implementation team for the university's multiyear, multibillion-dollar Rising to the Challenge campaign, Greatorex adds that he took notice of Dean Patricia Davidson's arrival in 2013. "Out of the gate, she left an impression that she was an entrepreneur and very interested in promoting the importance of nursing as a profession that is so essential to the enterprise of health care. She is years ahead in her thinking. She wants to do big things in research, education, and collaboration. Promoting that vision as associate dean puts me right in the center of all the action here." ■

CLASS NEWS

1943 An energetic 96 years old, **Helen Wilcox Gordon** keeps in touch with the Alumni Association through email. Most of her career focused on public health and school nursing, but now she claims to be an expert in geriatrics as she interacts with all her friends at her retirement community in California.

1955 **Ann Rae Timanus Erickson** earned her Nurse Anesthetist diploma at the Johns Hopkins Hospital, where she worked before moving to Pennsylvania and working as an instructor at the Chestnut Hill Hospital. She is now involved in the historic preservation of her hometown.

1963 This fall, **M. Louise Fitzpatrick**, Villanova University College of Nursing's Connelly Endowed Dean and Professor, was honored with the Lifetime Achievement Award from the Student Nurses' Association in Pennsylvania and had a scholarship established in her name by the Nurses Educational Funds Inc.

1970, 2012

Judith McLeod has been named dean of the new School of Nursing at California Southern University in Irvine after a long and successful nursing practice that included patient care, education, and management positions.



2006 Classmates **Lindsay Bischel** and **Jes Deputy** were married in a beautiful outdoor ceremony in Graeagle, CA. Lindsay works as an inpatient clinical nurse specialist on a surgical oncology floor at Stanford and Jes recently graduated with her MBA/MPH from Berkeley. *Photo left.*

2009 **Lauren Underwood** is using her master's degree in public health nursing as an appointee in the Obama Administration working as a special assistant for the assistant secretary for preparedness and response.

JOHNS HOPKINS
IN MEMORIAM

- Lucille G. Wahrenbrock '40
- Katherine Benica Bowman '41
- Jerry Williamson Horn '42
- Ruth D. Hearn '43
- Mary Anderson Stiver '45
- Barbara V. Drucker '46
- Edith F. Friedman '47
- Helen F. Frisk '47
- Liz Y. Krause '48
- Mary B. Parran '51
- Teresina Bifano Walton '51
- Helen M. Gaines '52
- Joan H. Abashian '53
- Adelene L. Darr '53
- Barbara J. Brown '54
- Patricia Gill Gibbs '55
- Janet L. Ehrlich '56
- Sandra Wilt MacKinnon '57
- Miriam S. Miller '60

1981 After graduating from the Hopkins Evening College, **Margaret Carol Kaufman Heinlein** went on to receive a master's degree from Towson University and is now retired from a public health career at both the Baltimore County Department of Health and the Maryland Health Department.

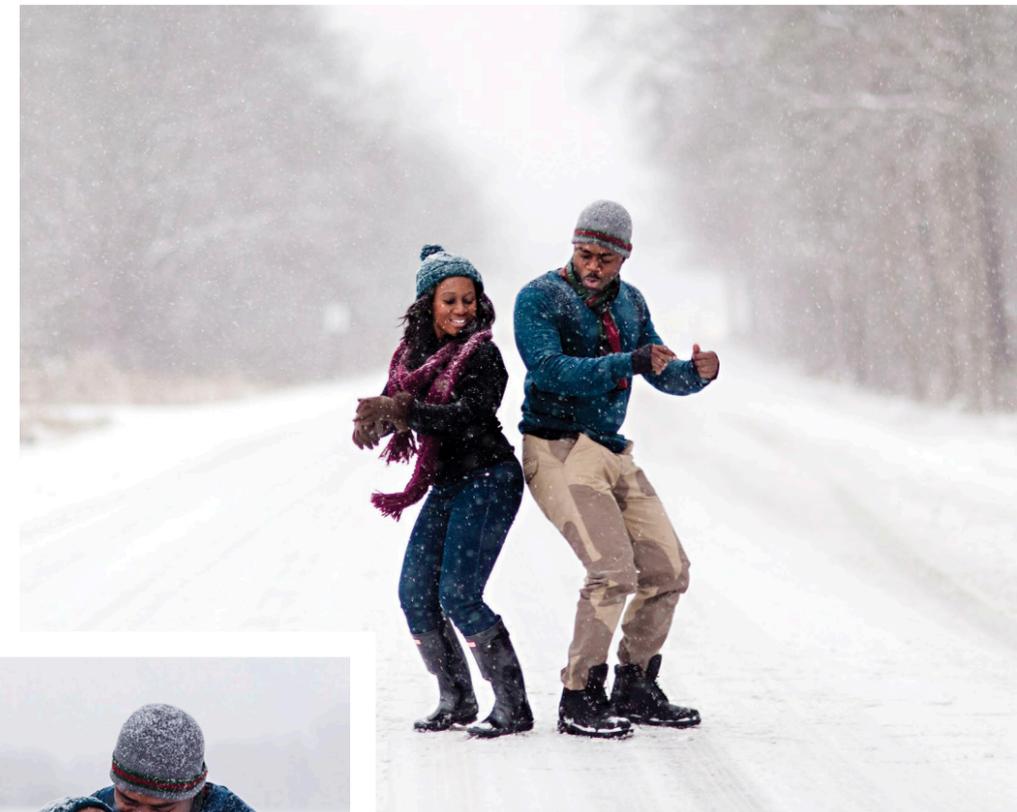
1995 Before retirement, **James Buzzard** worked in occupational and environmental health at a VA Medical Center. Now he enjoys volunteering at a musical instrument museum and with a local church to develop a senior group home and assisted-living center.

1994 **Suzannah Sabin**, who has worked in medical-surgical, acute care rehabilitation, public health, outpatient and private office settings as well as in the field of pharmaceutical research, is now a self-employed Integrative Nurse Coach at Princeton Integrative Coaching, LLC.

2005 **Ray Blush** recently earned his DNP from Oakland University and now leads the acute care nurse practitioner program at University of Michigan School of Nursing, where he has been a clinical instructor since 2009. He lives outside of Ann Arbor with his wife and three children.

2010 Even though officially retired, **Margaret-Rose Agostino** is still doing work with the Delaware state government to improve perinatal outcomes and is working with the National AWHONN as part of an expert panel developing an interview tool to be used in analysis of severe maternal morbidity/mortality.

2011 After several years as an assistant professor at the Johns Hopkins School of Nursing, **Jeanne Alhusen** began a new position at the University of Virginia in January, where she is a tenure track associate professor and assistant dean of research.



PHOTOS BY DOTUN AYODEJI

2014 Engagement photos of **Felicia Sam** and her fiancé, David Nartey, went viral during the blizzard that rocked the East Coast in January. Felicia, who is currently working at the Johns Hopkins Hospital neurosciences critical care unit, recently returned to campus as part of a Recent Alumni Panel for current students. ■

SAVE THE DATE FOR ALUMNI WEEKEND!
SEPTEMBER 22-25, 2016

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

WHAT IS A HOPKINS NURSE?



REGINALD E. BANNERMAN

MBA/MSN '03, BSN '97, RN, NE-BC

Johns Hopkins afforded me a great foundation to build my career and also to give back. The essence of teamwork and dedication to help others was ingrained in me during my tenure at the school. Alumni Director Melinda Rose was one of my unsung heroes. Her support and guidance was very reassuring and gave me confidence to pay it forward. As director of nursing of the Psychiatry Department of Children's National Medical Center in Washington, DC, I am proud of my part in the recent publication of the Bully Awareness Intervention Feasibility study in the Archives of Psychiatric Nursing 29 (2015) 426-433 and I also find it quite professionally rewarding to see students excel as I assist them through the career process. "To whom much is given, much is required," and I always ask the students to pay it forward.

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...and eat it too.



Church Notes

By Deb Corteggiano Kennedy, '73

Save the Date: Reunion Weekend 2016

September 22-25 are the dates set for another wonderful Reunion Weekend. The Reunion Weekend Committee is hard at work to plan activities that will afford for another not-to-miss event. There is a room block reserved this year at the Hotel Indigo in Mt. Vernon. This will be an enjoyable change and will still allow alumni to enjoy the traditions to renew and reminisce with fellow classmates. More details to follow. When your invitation arrives, call and make your reservation.

Thank you to **Donna Royster Swope**, '66 and **Yevive Hull Habicht**, '66 for agreeing to serve as the liaisons for their class's 50th celebration.

Please think about making a donation to the **Freda Creutzburg Scholarship** as we celebrate our continued relationship with Johns Hopkins Nurses' Alumni Association.

Iron Mountain Holder of Records

Since the closure of Church Hospital, the student records have been stored at three different facilities. In fall 2015, the records became the property of Iron Mountain Records. Several alumni have contacted me asking for assistance in getting their student transcripts. The process for getting records from Iron Mountain is still not perfected, and so I would ask that anyone else in need of records continue to contact me to assist you.

Fino Jewelers Closes

After 50 years in the jewelry business, Fino Jewelers closed in December. Fino's holds the mold to the CHH pin, ring, and charm. Vinny Fino has assured me that he will continue to assist in creating CHH gifts when needed. ■

CHURCH HOME IN MEMORIAM

- Phyllis Jean Clingan '65
- Anna Noel Sipple '38
- Patsy Snyder Titus '59

CENTENARIANS

Sylvia Hartman, Class of 1937



Sylvia Hartman has a collection of toothpick holders that contains at least one for every birthday she's celebrated.

Hartman, a 1937 Church Home graduate, turned 100 on February 3, telling the *Journal News* of West Virginia that the vast row of little glass and ceramic containers that fills the front windows of her Harpers Ferry home wasn't really her idea at first. "I was teaching a Sunday school class in Baltimore, and one of the ladies came in weeping," she told the newspaper. "She said, 'I have a collection of toothpick holders, and they're sending me to a home and my granddaughter is going to throw them out.' So that's how I got started."

After graduation, she began working at Johns Hopkins Hospital, soon met Harry, a garage owner, and they married in 1939. He died in 1976. Hartman also worked at Union Memorial Hospital in

Baltimore and Newton D. Baker Veterans Hospital in Martinsburg, WV.

Hartman recently lost her sight and doesn't hear well, but her mind is as sharp as ever. These days she counts her blessings and thrills at the chance to share her memories and keep up with the news of the day. Close neighbors visit regularly, and son David calls every night to catch her up on headlines. She has two grandchildren: Ashley Hartman of Baltimore and Heather Remillard of New York.

"There have been so many good days, I don't think I could choose a best day," Hartman told the *Journal News*. ■

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Under construction: Anne M. "Nan" Pinkard, left, and former Dean Sue Donaldson tour the Pinkard Building before its completion in 1997 and opening in early 1998. The building is currently undergoing renovations to accommodate the continued growth of the school ("Pardon Our Dust," page 14).

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