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**Amber Zupancic-Albin** graduated in 2001. "I gradually became fascinated with the relationship between medicine and the law. So I did what any overachieving Hopkins nurse would do and enrolled in law school." She now runs Zupancic Albin Law PC in Portland, OR, and in "What Nurses Need to Know" (Page 15) discusses do's and don'ts of the Nurse Practice Act. "Little did I know when I was an impressionable and eager nursing student that I would later represent the providers with whom I have shed blood, sweat, and tears. ... Sweat and tears, anyway."



"Only one purpose, draw." Working from Ascoli Piceno, Italy, **Andrea De Santis** is an illustrator and former graphic designer with magazine, fashion, and toy industry clients in the United States and across the globe. For this issue's cover and main feature ("The Space to Change Nursing Education & Research," Page 24), he creates a conceptual model of a "building" to house all the aspects of learning and research at the Johns Hopkins School of Nursing. His colorful portfolio is at the website [desantis.it](http://desantis.it).



**Marylou Faure** is London-based illustrator and art director who fills her work with quirky characters, curvy shapes, and vibrant colors. Faure's art represents everyday life, people, and situations in a fun or provocative way. Faure's whimsical illustration accompanies a Letter from the Editor ("Alphabet Soup," opposite page) on the overuse of nursing acronyms—of which many have been guilty around here. (A second illustration appears on Page 09.) More of her work is at [maryloufaure.com](http://maryloufaure.com).

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

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ILLUSTRATION BY MARYLOU FAURE

## LETTER TO THE EDITOR:

### Alphabet Soup

*I've written before re: initials in your magazine and you reduced them a lot but not enough!*

*Reading the first 11 pages I came across 15 CAPITAL LETTERS. It disturbs the relaxing flow of reading for me. I'm 85 now (Class of '53) and always look forward to what's included in your improving publication.*

*Perhaps you might include in a box at the very beginning of pages a dictionary of all the INITIALS. That way I can review and not have to think, "What does that MEAN?"*

*Thanks for the other content.*

Mary Cobb, Jackson, MS

**Editor's note:** Including some sort of a glossary of initials used as abbreviations throughout the issue is an interesting idea. Knowing the volume of acronyms favored by nurses, though, the glossary could become thicker than the rest of the magazine. OK (oops, I mean "All right"), we're having a little fun there.

But alumna Mary Cobb's point is extremely valid: Acronyms are a cheat that we should use far more sparingly, and always we should spell out somewhere in the same article what they mean. Doing a better job of that should make a glossary unnecessary.

Credentials after a name are trickier, as each set of capital letters on a CV (sorry, curriculum vitae) has been hard-earned and is thus jealously guarded.

We have struggled to be consistent here. Under a previous administration, we had a rule that the acronym FAAN (for fellow of the American Academy of Nursing), should not be included in the magazine. The designation is quite like making it into the Hall of Fame, though, and it is a very big deal that so many on the school's faculty have earned it. So we loosened that rule.

Also, we often do not include capital-letter certifications and "sub-credentials" after a nurse's name. All are legitimate, and we mean no disrespect, but boy can those extra initials throw a reader off the scent.

I have read ahead and can tell you that you will see places in this issue with too many acronyms. We promise to keep working on it.

Reader feedback is vital and welcome. If you notice a strange quirk or bothersome pattern in how we're sharing the news and notes, please don't hesitate to write or email at the addresses below. Please be nice, but be direct. And we will stop, think, and (where appropriate) respond.

Until then ... enjoy the Spring 2017 issue of *Johns Hopkins Nursing*.

Steve St. Angelo

### Letters to Johns Hopkins Nursing

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

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

Letters will be edited for length and clarity.

NOTES FROM THE DEAN:

# Foundation for the Future



*"Every journey in nursing begins with a commitment."*

The other day as I was walking down the main staircase of the Pinkard Building, I looked right and admired the beauty of spring's arrival just beyond the wall of windows. To my left, the absolutely best and brightest of nursing students quizzed and urged each other on in makeshift hallway study spaces on the building's first three floors. I'd earlier passed a cluster of PhD candidates working on a literature review in a small side room and visiting high school students scrambling to address an "emergency" in the simulation lab. And I thought, "We pack a lot of learning into this space."

Walk that walk with me every day and you will understand why there's not just talk of improving and expanding our physical space at the School of Nursing. We've got a smart, solid plan to build onto the home that opened in the late 1990s so that it will meet the educational and nursing needs of the future. Today begins a journey, as the Johns Hopkins School of Nursing lays the groundwork for a new addition on the East Baltimore medical campus that will change nursing education forever.

Every journey in nursing begins with a commitment—to the profession, to ourselves, to our communities, and to the future. And this new structure, essentially adding five stories, a gleaming façade, a community presence, and spaces for innovation, interprofessional cooperation, contemplation, and so much more, helps fulfill a commitment we make to any and all faculty and nursing students who arrive here. You will not find a better learning environment anywhere else.

A state-of-the-art facility at its ribbon-cutting in 1998, the iconic Pinkard Building has remained a hub of nursing education mostly through the creativity and resolve of the faculty, students, and staff who have made it our home.

It has been the dreams, ideas, vision, and selflessness of so many in our family—some of whom will not even work, teach, or study in East Baltimore by the time the addition is finished—that have brought us to this point. To the students who will have graduated and the faculty and staff who might no longer be here by the time work is finished: Your spirit will remain in the walls, the open spaces, the innovation, and the education, for it is you who inspired us to make an even better space for those who will walk in your footsteps. And it is the generosity of our donors that will carry us forward.

Future members of the Johns Hopkins Nursing community will stand on their shoulders and be awed at the view.

We've got work to do between then and now, of course. But I am personally thrilled by the possibilities and cannot wait to say, "Pardon our dust."

Read on for more on the building plans and what the addition will mean to our community and to nursing. And of course, enjoy the rest of the Spring 2017 issue of *Johns Hopkins Nursing* as well.

*Crish*

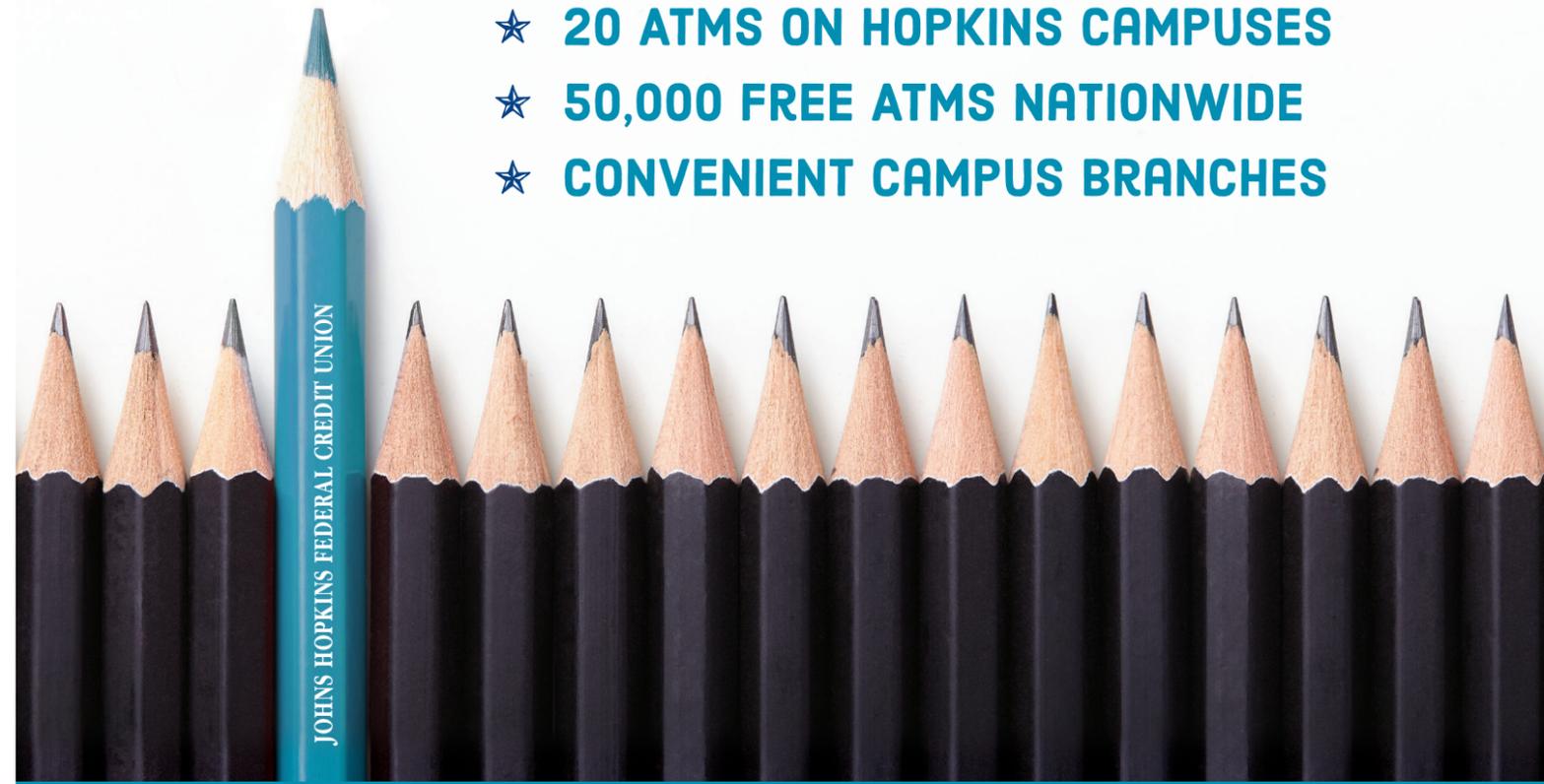
Patricia M. Davidson  
PhD, MEd, RN, FAAN  
Dean, Johns Hopkins School of Nursing

# It's a Hopkins thing...

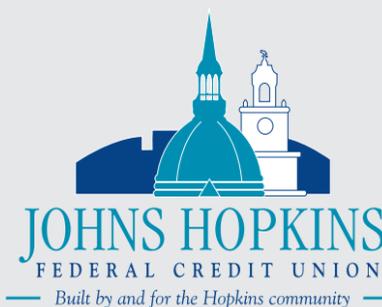
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# ON THE PULSE

News from **Around the School**

Inside this section:

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**NURSE PRACTITIONER AMONG TOP JOBS**

For salary, opportunity, *U.S. News & World Report* puts NP with the very best jobs in the country

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**FACULTY HIRES BRING A WEALTH OF EXPERTISE**

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**DEAN APPOINTED AMBASSADOR FOR SCIENCE**

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**FAMILIES EAT UP "MEALTIME MAKEOVER"**

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**STUDENT SENATE DEBUTS; MERIT MENTORS**

## Dean Emerita Martha Hill to Retire

After more than five decades of service to the nursing profession, Dean Emerita Martha Hill, PhD, RN, FAAN, will retire at the end of this academic year. Her extraordinary career and accomplishments will be celebrated on June 7 at the school.

An internationally recognized researcher, administrator, mentor, educator, and clinician, Hill will leave deep footprints on the evolution of the Johns Hopkins School of Nursing and health care worldwide, according to Dean Patricia M. Davidson, PhD, MEd, RN, FAAN. "On a personal level, I am sad that she will no longer be as actively involved with our school but excited for her to be entering this new phase in her life. It is also heartening to know that she will always remain an integral part of our Hopkins Nursing community."

Hill, who served as dean from 2001 until early 2014, is a fellow of the American Academy of Nursing and a member of the National Academy of Medicine. From 1997 to 1998, she served as president of the American Heart Association, the first non-physician to hold that position.

In 2010, she was named the inaugural member of the Sigma Theta Tau International Nurse Researcher Hall of Fame and in 2016 earned the American Academy of Nursing's Living Legends Award. ■

*Dean Emerita Martha Hill has been a noted expert on cardiovascular disease and a pioneer in nursing education.*



## Dennison Himmelfarb Joins Hall of Fame

Professor Cheryl Dennison Himmelfarb, PhD, RN, ANP, FAAN, an expert in cardiovascular care and patient safety, will be inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame at its 28th International Nursing Research Congress in Dublin, Ireland. On July 29, Dennison Himmelfarb will be among 23 inductees—representing Australia, Canada, Finland, Taiwan, the United Kingdom, and

the United States—presented with the International Nurse Researcher Hall of Fame Award.

Created in 2010, the International Nurse Researcher Hall of Fame recognizes individuals who have achieved significant and sustained national or international recognition and whose research has improved the profession and the people it serves. ■

## New Faculty Members Bring Wealth of Experience

The Johns Hopkins School of Nursing has continued to add talented faculty to its ranks. Another round of faculty hires brings experts in patient ventilation and tracheostomy, pediatrics, dementia care, psychiatric nursing, suicide prevention, maternity, and work-life balance and workplace violence.

New hires include: Assistant Professors Deborah Busch, DNP, MSN, RN; Valerie Cotter, DRNP, AGPCNP-BC; Ginger Hanson, PhD, MS; Victoria Hughes, DNS, MSN, RN; Vinciya Pandian, PhD, MSN, RN; and Research Associate Teresa Brockie, PhD, RN.

"With nurses ever in demand and a dire need for more faculty, I am excited to be able to combine the experience and expertise of our current and new faculty to help fill the need for nurses and teachers across the world," says Dean Patricia Davidson, PhD, MEd, RN, FAAN. "The caliber of knowledge and competence of our faculty is both impressive and important to fulfilling our mission as a leader in nursing and health care." ■

### PROMOTIONS

*Six faculty members have been promoted to full professor:*

- Hae-Ra Han, PhD, RN, FAAN
- Sarah Szanton, PhD, ANP, FAAN
- Elizabeth Tanner, PhD, RN, FAAN
- Deborah Finnell, DNS, PMHNP-BC, CARN-AP, FAAN
- Cheryl Dennison Himmelfarb, PhD, RN, ANP, FAAN
- Kathleen White, PhD, RN, NEA-BC, FAAN



*Left, Deborah Busch, an expert in human lactation. Below, Teresa Brockie works with tribal youths on America's reservations.*





PHOTO BY WILL KIRK

## NP Named One of the Very Best Jobs in America

*U.S. News and World Report* has ranked the nurse practitioner, also known as an advanced practice registered nurse, as No. 2 of the 100 Best Jobs. The median salary for a nurse practitioner is \$98,190, with a 0.7% unemployment rate and some 45,000 expected openings in the United States, making it one of the most in-demand jobs on the market. Nurse practitioners have many of the same capabilities as physicians, such as performing physical exams, prescribing medicines, and authorizing treatments.

From the news outlet: “Over the next decade, health officials are projecting a severe shortage of health care professionals, brought about by health reform and an aging baby boom generation. The Bureau of Labor Statistics predicts that by 2024, the field will grow by 35 percent, opening up a whopping 44,700 new positions. This growth rate is five times the national average for all occupations, making job security for nurse practitioners very good.” ■

## Two for 2 in the Rankings

School places second in 2018 *U.S. News* survey, *QS World* 2017 list

The Johns Hopkins School of Nursing has been ranked as the No. 2 graduate nursing school by *U.S. News & World Report* for 2018 and No. 2 in the world by *QS World University* for 2017.

“The rankings are a testament to our strength and consistency as a top performer within local and global nursing education, practice, and research,” says Dean Patricia Davidson, PhD, MEd, RN, FAAN.

The 2018 *U.S. News* ranking includes a score of 98 out of 100 possible points. *U.S. News* ranked the Johns Hopkins School of Nursing No. 1 for 2017. The school was No. 2 for 2016 after holding the No. 1 ranking from 2012 to 2015.

Although not widely known in the U.S., the *QS* rankings are at the forefront of gathering and sharing comparative data, like academic reputation and research impact, which highlight the strength of institutions worldwide.

Key areas of faculty expertise at the Johns Hopkins School of Nursing include cardiovascular health, women’s health, community and global health, mental health, pediatrics, administration, ethics, aging, education, and more. Faculty are widely published in a variety of national and international journals, and the school remains No. 1 among U.S. nursing schools for total research funding. ■

## Dean Appointed Ambassador for Nursing Science



ILLUSTRATION BY MARYLOU FAURE

A chance to ‘translate our knowledge into sustainable measures of change’

Patricia Davidson, PhD, MEd, RN, FAAN, has been named a Friends of the National Institute of Nursing Research Ambassador to advocate and advance nursing science. The dean was chosen for her ability to advance health professions and policy-maker awareness of the “critical research agenda linked to the National Institute of Nursing Research.”

“This opportunity is critical at a time when health care reform is imminent and nurses are key players in the future of care,” says Davidson. “Nursing science impacts clinical decision making and how we implement evidence into practice to improve the health of our communities. This is another chance to work with sectors outside the profession and translate our knowledge into sustainable change.”

Davidson will focus specifically on educating congressional leaders about high-impact and cost-effective treatments and quality-of-life enhancements coming from nursing science. The goal is to advance research funding to ensure the training of scientists at a time of such major scientific breakthroughs.

“Nurses are key players in the future of care.”

— Patricia Davidson, PhD, MEd, RN, FAAN

The dean has been a proponent of nursing’s correlation to the science, technology, engineering, and math (STEM) fields and strong ties to the scientific community.

Davidson has received numerous nursing research awards and was the first nurse to earn the prestigious Australian Museum’s Eureka Prize for Outstanding Mentor of Young Researchers. ■



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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.”

### *What Will Your Legacy Be?*

The School of Nursing is committed to transforming nursing education and setting standards of excellence that improve the health of our communities and our world. Your gift for the future will help us preserve our mission for generations to come. Consider these opportunities to leave a meaningful legacy while taking into account your personal goals.

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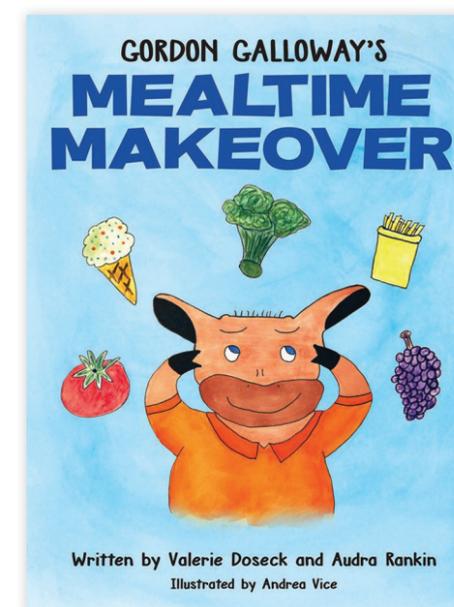
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*Gordon Galloway loves junk food and struggles to get enough exercise.*

childhood obesity, but techniques like handing out healthy recipe cards and exercise pamphlets weren't yielding the results she hoped to see. That was until the idea came along to write a children's book that would encourage families to set practical and attainable goals for their health.

Rankin co-authored *Gordon Galloway's Mealttime Makeover*, a tale about a young cow who loves junk food and struggles to get enough physical activity. The book threads principles of healthy eating and exercise into the story of Gordon—whose adventures in school and on the farm lead him to make positive changes—and encourages families to come up with their own ideas for merging healthier habits into their lives.

“The handouts I offered weren't providing a clear path to help families make sustainable changes,” says Rankin. “As clinicians, we have a responsibility to translate evidence in a way that makes sense. The book does so in a non-threatening way and empowers families to take action for themselves.” It helps break down big goals into baby steps, such as cutting out one soda a week or committing to a daily walk after dinner.

Rankin has enjoyed watching children relate to Gordon but knows that there is more to the story when it comes to preventing childhood obesity. She is helping to launch a new initiative called “Lit and Fit” in a school system in Kentucky that has

## Healthy Nutrition in Small Bites

By Danielle Kress

Children's book inspires lifestyle changes for families

“Eat more fruits and vegetables, and exercise 30 minutes a day,” read the nutrition card.

If it were that easy, everyone would be fit, says Instructor Audra Rankin, DNP, APRN, who admits she was often guilty of using a similar mantra that rarely sparked change within her pediatric patients and their families. Her passion was preventing

been targeted for its high childhood obesity rates. During the four-week program, kids and families will receive a copy of *Gordon Galloway's Mealttime Makeover*. In addition to improving literacy, the program will provide healthy lifestyle education and community resources that can help keep families on track to meeting their goals. Hands-on activities such as preparing healthy foods and exercising together will make the story of Gordon Galloway come alive and offer strategies to encourage those behaviors at home.



As clinicians, we have a responsibility to translate evidence in a way that makes sense. The book does so in a non-threatening way and empowers families to take action for themselves.”

— Audra Rankin, DNP, APRN

“It's often an issue of what families can afford, in both time and money, as to why they may choose a 99-cent hamburger over a three-dollar avocado,” says Rankin. “Meeting people where they are, and equipping them with the resources to get them where they want to be, is the ultimate goal.”

The way Rankin sees it, the success story of Gordon Galloway doesn't have to live only in the pages of a children's book.

“Kids and families have the ability to make significant changes to their health. There is tremendous opportunity to influence change, from providing individual encouragement to major policy discussions. Kids can lead happier and healthier lives and that's exciting and humbling—and makes me proud to be an advanced practice nurse.” ■

# Too impatient to wait 17 years

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## Student Senate Announces Its Debut

The Johns Hopkins Nursing Student Senate, a year in the planning, is now a reality.

Student Affairs worked with students from a variety of programs to develop a structure and constitution that allow for a unified student voice and a greater sense of community among the student body. The Senate will advocate for students, act as a liaison with School of Nursing administration, and promote a cohesive student environment.

In the past, each cohort and program had its own student government association. Missing was a central connection.

All students will have the opportunity to run for positions on the Senate. Students

may also attend Senate meetings and propose ideas to the group.

**The Executive Board:** Joseph Crowley, president; Demetrius Marcoulides, vice president for communication; Meg Nunez, vice president for finance; Sarah Kendall, vice president for interschool relations.

**Senators:** Alex Amato; Dakota Bayard; Brandon Campbell; Amy Cutino; Sabianca Delva; Allie DeMoncada; Kaiden Dyke; Annie Guan; Jack Kluesner; Irina Koefman; Janet Lee; Kieran McGuigan; Marit Medefind; Manka Nkimbeng. ■



## Advancement Based on MERIT

MERIT is a nonprofit “health career pipeline” program that aims to eliminate health disparities by guiding students at 19 Baltimore City high schools toward health care careers. Mentees of the program—promising but often at-risk kids—have seen a rise in their school GPA and SAT scores and even gone on to earn college scholarships (100 percent get into four-year colleges, many becoming the first in their families to do so).

Saturday college prep classes at the Johns Hopkins School of Nursing pair volunteer mentors with their MERIT scholar. The high schoolers also experience paid summer internships in hospitals and labs, college counseling, and longitudinal mentorship.

“I came to school to learn how to be a nurse, but I felt disconnected from the community. So, I became a MERIT mentor to foster that connection,” explains Ben Roberts, a Hopkins master

of science in nursing student. “I set out to be a role model, but I discovered from my mentee that mentorship is a partnership. MERIT will give him the extra push necessary to rise above the many challenges he’ll face through high school and beyond. I can’t wait to see where he goes from here.”

Current MERIT mentors from the School of Nursing include Joycelyne Absolu, Emilie Casselle, Christine Choi, Sabianca Delva, Caitlin DiMaina, and Kasey Faulkner. ■

© MORE INFORMATION ON MERIT IS AT [MERITBALTIMORE.ORG](http://MERITBALTIMORE.ORG)

**SAVE THE DATE**  
NOVEMBER 11, 2017

## AN EVENING WITH THE STARS

Join in the fun as we add more of the best nurses from the Johns Hopkins family to the galaxy of nursing stars. Watch for updates—and your chance to nominate a colleague, a teacher, or a mentor—at [nursing.jhu.edu/stars](http://nursing.jhu.edu/stars).



It can take 17 years to bring faculty research into practice.\* Through startups, it can take as little as three.

That’s a prime motivator for LifeSprout, a new company supported by the Thalheimer Transformational Research Fund and the Cohen Translational Engineering Fund.

Its founders, Hopkins engineers and surgeons, have developed a synthetic replacement for human tissue. Combining injectable, biodegradable nanofibers in a hydrogel, it forms a slowly-dissolving scaffold for the body’s own tissue to fill.

That scaffold will spare thousands of breast cancer survivors, burn victims, and wounded soldiers the pain and suffering of tissue transfer.

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#HopkinsRising

\*Crossing the Quality Chasm, The Institute of Medicine, 2001



Together, there’s more we can do to help our faculty entrepreneurs turn ideas into products.

Watch the LifeSprout video at [rising.jhu.edu/LifeSprout](http://rising.jhu.edu/LifeSprout) and join us in *Rising to the Challenge*.



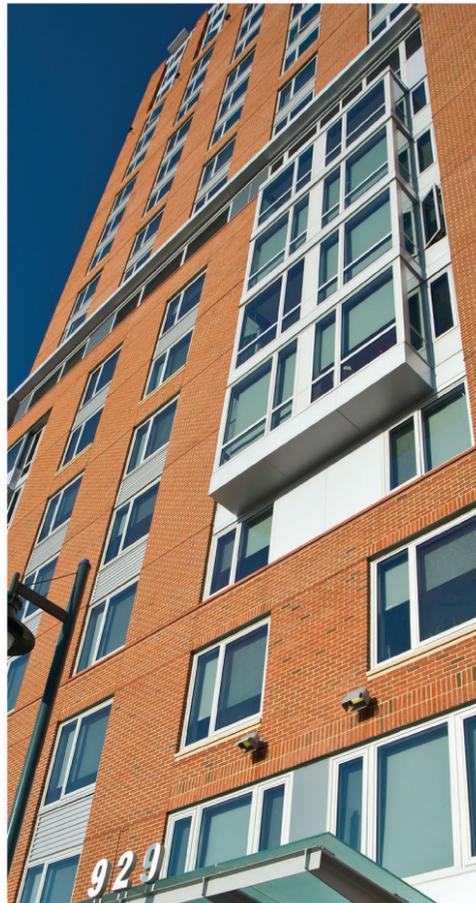
THE CAMPAIGN FOR JOHNS HOPKINS

Each issue, a member of the Johns Hopkins Nursing community will address a workplace or classroom concern in straightforward terms.

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## WHAT NURSES NEED TO KNOW

# THE NURSE PRACTICE ACT: LEARN IT, KNOW IT, LIVE IT

By Amber Zupancic-Albin

There are several lectures from nursing school that reside somewhere in the foggy abyss of my brain, yet I distinctly remember the lectures regarding the Nurse Practice Act.

Mostly, I recall feeling confused. Of course I will be ethical and act within my scope of practice. Why do we need to be tested on such seemingly intuitive rules?

I memorized what I needed to know to pass the NCLEX. Fast-forward 15 years, and here I am, emphatically stressing to you, my fellow nurses: Learn It. Know It. Live It.

Essentially, the act is your nursing rulebook. Each state has its own act, which lays out its rules of professional and ethical conduct that nurses must adhere to.

In my practice, I represent a number of nurses and other providers being investigated or disciplined by a nursing board for allegedly violating the act. Common violations include:

- 1 Failure to promote patient safety.**  
Rightfully, patient safety is of utmost importance. Errors that result in patient harm are more likely to be reported. Be proactive in maintaining your competency, education, and training.
- 2 Dishonesty.**  
Thou shalt not tell a lie on your application for licensure or during the course of your employment. If you have a criminal history, disclose it. Triple check before affirming that you have the required hours for renewal. Be honest, always.

**3 Controlled substances.**  
Do not engage in illegal drug activity. If you have a valid prescription for a controlled substance, this is generally allowable.

**4 Improper delegation or supervision.**  
When mentoring or supervising students, new graduates, or new nurses, be aware of their experience and do not delegate tasks outside of their scope or skill level. It's the same when delegating tasks to nursing aides or other assistive personnel.

**5 Poor documentation and communication.**  
Be thorough, accurate, and never alter the patient record. Amending a previous entry or adding a late entry is acceptable, so long as the documentation is appropriate. Regularly communicate with supervisors, colleagues, patients, and families on a plan of care.

This article is not meant to incite worry or paranoia but to encourage mindfulness and forethought in your practice. Utilize your superior critical thinking skills in handling professional or ethical dilemmas. Never underestimate the power of intuition. Stop and think. Ask questions. And know that support is out there.

Finally ... a word of gratitude. I know how challenging nursing can be. Your work is so important and often unacknowledged. So I salute you, my fellow nurses, for doing what many cannot. ■

*Amber Zupancic-Albin, '01, is a nurse attorney at Zupancic Albin Law, PC in Portland, OR.; amber@zalbinlaw.com*



# CELLS TO SOCIETY

The Latest in **Nursing Research**

## ONLINE NEWSLETTER: CELLS TO SOCIETY

Our online newsletter captures the best of research publications from faculty and students at the Johns Hopkins School of Nursing. To receive a copy by email, send a request to [son-editor@jhu.edu](mailto:son-editor@jhu.edu).



## Things That Go 'Oops' in the Night

"Night shift work has historically been associated with circadian rhythm changes, health risks, and even emotional effects." It also, apparently, can lead to more nursing errors, according to "Is There a Relationship Between Night Shift and Errors? What Nurse Leaders Need to Know," a review of literature by Assistant Professor Vickie Hughes, DNS, MSN, RN.

Medical errors and preventable patient infections and injuries together make up the third-leading cause of death in the United States, a startling statistic. A search of literature published between May 1, 2005 and May 1, 2015 suggests the error rate on night shift was consistently higher than that of day shift nurses. Contributing factors in "both near misses and adverse events" included years of exposure to night work, increased frequency of night shifts, and time pressures, according to Hughes' study.

She notes that previous studies have also shown that night shift nurses complain significantly more about difficulties falling asleep, daytime sleepiness, headaches upon waking, anxiety, and depression. Hughes explains, however, that "there was not any significant association between the 'adaptive nurses' and the 'non-adaptive' nurses in regard to reported clinical error and adverse patient incidents. In other words, the nurses who developed symptoms of poor coping with rotating night shift work did not commit any more errors than the nurses who adapted well to night shift work."

In fact, previous studies have suggested that the rotating nature of shifts might be as big a factor as the time change, including research that showed nurses who worked only two consecutive night



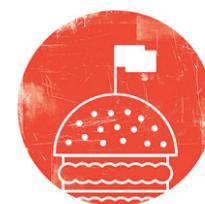
In other words, the nurses who developed symptoms of poor coping with rotating night shift work did not commit any more errors than the nurses who adapted well to night shift work."

— Vickie Hughes, DNS, MSN, RN

shifts suffered greater "perceptual and motor ability impairment" than colleagues who worked four consecutive night shifts.

The good news is that hospitals and nursing organizations are waking up. "The [American Nursing Association in 2014] published a position statement on the nurse responsibility regarding fatigue. Some hospitals are beginning to implement fatigue management programs that focus on a shared responsibility between nurses and supervisors to prevent incidents related to fatigue. Some of these fatigue management programs restrict the number of hours the nurse can work during a shift or during a work week. Most programs are restricting the hours a nurse may be on call outside the normal work day." ■

**Publication:** *Athens Journal of Health*



## Quest for Greener Pastures Brings Health Risks

The United States has long been a magnet for immigrants seeking employment and a better, safer life, despite the challenges and stress that are often part of the transition. But the longer they are here, the more likely it becomes that immigrants will assimilate in ways that are actually harmful to their heart health, writes Assistant Professor Yvonne Commodore-Mensah, PhD, RN, with colleagues in "Length of Residence in the United States Is Associated with a Higher Prevalence of Cardiometabolic Risk Factors in Immigrants: A Contemporary Analysis of the National Health Interview Survey."

In an ethnically diverse sample of immigrants, those residing in the U.S. for more than a decade were more likely to be diagnosed with hypertension, diabetes, and be overweight/obese. This may be attributed to the adoption of such unhealthy behaviors as poor diet, diminished physical activity,

and smoking. "Dietary acculturation—shifts from traditional diets of vegetables, meats, and whole grains to highly processed, high-fat, and high-sugar foods that are popular and readily available in the US—occurs when immigrants migrate to the US."

Interventions must be tailored to specific immigrant groups, the authors say, and should include screening for cardiometabolic risk factors and education on healthier diet and lifestyle choices. "Future longitudinal studies of diverse immigrant groups may provide crucial information on which socioeconomic, behavioral, environmental, and epigenetic factors contribute to cardiometabolic risk in immigrants to inform the development of culturally tailored interventions." ■

**Publication:** *Journal of the American Heart Association*



## More Diversity in Simulation

There's little question about the need of more diversity in the nursing workforce to match that found increasingly among patient populations. But how do you build a nursing education environment that will attract such diversity? For starters, stop using all-white manikin "patients" for simulation training, according to former faculty member Cynthia L. Foronda, PhD, RN, Assistant Professor Diana-Lyn Baptiste, DNP, MSN, RN, and Simulation and Nursing Lab Manager Jessica Ockimey. That can be a challenge, though, they report in "As Simple as Black and White: The Presence of Racial Diversity in Simulation Product Advertisements."

The U.S. Census Bureau reported in 2012 that 37 percent of those in the general population identify as minority. Yet only 19 percent of registered nurses do the same.

The authors report that the National League for Nursing has called for "action to create inclusive

academic environments that foster recruitment, retention, and graduation of diverse students." But try finding the non-white manikins:

"Of the catalogues/brochures reviewed, 2,035 body parts were identified. Ninety-four percent of the body parts were White and 6% were Black. The catalogues/brochures included 395 full-sized manikins. Again, 94% of the manikins were White and 6% were Black. When evaluating the materials to consider the people or models in the background, either holding a body part or demonstrating use of a product, 92% were White and 8% Black. In reviewing the photos of the manikins on exhibit, 90% were White and 10% were Black. Forty-seven body parts were on display and 96% were White and 4% were Black. Four virtual simulators or avatars on computer screens were captured and 100% were White." ■

**Publication:** *Clinical Simulation in Nursing*

# DOOR OPENERS

Story Danielle Kress | Photography Chris Hartlove

Student ambassadors show Baltimore youths the opportunities of nursing and enrich their own education in the process



While in nursing school, it's difficult for students to find time for things aside from studying, exams, and clinical hours. But for MSN: Entry into Nursing Practice students Nikki Akinleye and Chijioke Okeke-Ekpe, hours spent outside of the classroom have taught them some of the biggest lessons of all.



### THE COMMUNITY ADVOCATE

As coordinator of the Dunbar Hopkins Enrichment Program, Nikki Akinleye has rebuilt and enhanced an initiative that introduces juniors and seniors from Baltimore's Paul Laurence Dunbar High School to the profession of nursing. Faculty and students work with Akinleye to give the high schoolers five to six weeks of classes covering clinical skills, degree options, resume building, job opportunities, and more. For most students, it's their first introduction to skills needed for a health care profession, and it makes a lasting impact.

"They love this program, and it's an investment in their future," says Akinleye. "Many high schoolers focus on grades, but the confidence they gain by working hands-on with nurses is just as important to their success. There are not enough people in the world who say 'you can do this,' but I've seen the mindset of these students change as they see where knowledge and determination can take them."

Two of the most exciting days of the program are when the students learn CPR and the "Entry into Nursing" class where students discover there is no one single path to the profession. "I tell them they can customize their own dream and still get to the same place in the end, and you can just see the excitement growing."

For Akinleye, the program has become a passion and added immense value to her own education. "You get a feeling of rejuvenation even though you're juggling to do your own school work. I do it because I know someone is watching me, looking to know they can do it too. I try to follow what I tell the high schoolers—be academically strong, but learn to balance. It's your time to be young, but the decisions you make today affect your lives tomorrow."

**" I TELL THEM THEY CAN CUSTOMIZE THEIR OWN DREAM AND STILL GET TO THE SAME PLACE IN THE END, AND YOU CAN JUST SEE THE EXCITEMENT GROWING."**

— Nikki Akinleye

### PAYING IT FORWARD

When Chijioke Okeke-Ekpe isn't meeting with the Men in Nursing Club or the Black Student Nurses Association, he is often helping faculty, students, and staff with new student orientations, simulations, speaking engagements, or other projects. He says everything he does outside of the classroom is to improve his insight into nursing.

"Education is more than a list of facts you're absorbing. It's a huge collection of people, ideas, and evidence, and the more perspective I can acquire, the better off I will be," he says. "After all, why not take advantage of everything Hopkins has to offer me?"

Okeke-Ekpe also volunteers time to the Hopkins Dunbar program where he talks

about men in nursing and helps students with mock interviews. He says it's his space to give nursing a bigger voice. It was just a few years ago when, for lack of better-known options, he was on the road to medical school, but the guidance of a nurse encouraged him to look into becoming a family nurse practitioner.

"I wonder how many others are defaulting to medicine because they never thought of nursing as an option? That was me, but now I'm here, and I want to represent, to show them there are so many possibilities. To me, the best part of learning is not just knowing the language and skills in your own head but being able to teach it to someone else for their benefit." ■



## Choose Alternate Route

Sally Rives doesn't do straight lines. A very suburban kid from Greensboro, NC who'd never really been outside her home state, Rives nonetheless has thrown herself into opportunities to serve needy communities in West Africa and Peru. And of course, here she is in urban Baltimore, working her way through the MSN: Entry into Nursing Practice program and toward what she expects will be a career in nursing research.

"In some ways I feel like my path has been linear," she explains, "but it really hasn't been at all."

A lifelong athlete herself—"soccer, swimming ... whatever was out there"—Rives had set herself on a path toward a career in sports-related physical therapy. It made sense. "Then I went abroad for a summer in West Africa ... Benin." There, she got to sit in on community public health education activities "and that got me excited." Scratch the PT. It was on to health research.

First, an undergraduate adviser at Wake Forest University got her involved with a diabetes study. Then she joined a company working on research funded by the National Institutes of Health. "As the entry-level person, they let me test out a few different things," Rives says, meaning, of course, that they "let" her do the grunt work. "I got to learn all these little details, and so that helped me develop even more of a passion for research, just this idea that we can always improve our policies and our practices."

But what really caught her attention? "We worked with a lot of research nurses, and their protocols—they are really at the intersection of the health care research and delivery. That really appealed to me."

The patient-care part? That's growing on her too. "Clinical days are the most terrifying days of the week for me," Rives explains. "Just because I don't have as much past experience in patient care, I feel out of place sometimes—but also very supported. I begin each clinical day terrified, and I leave with the biggest sense of accomplishment. So it's a good kind of scared."

She's learned to embrace her own emotional nature, and even channel it in her caregiving.

"These patients are letting you be with them at some of their most emotional times, the highest highs and the lowest lows," Rives explains.

After her MSN, Rives figures she'll move into research and teaching. Both parents are in higher education: Mom teaches innovation and entrepreneurship and Dad's a chemistry professor. "I like to think my goal has always been the same: to work in health care and promote health. But where I thought I was going with that has changed a little bit." ■

## LEGACY: Louise G. Thomas Cooley

Louise Goldsborough Thomas of Frederick, MD lived a love story that began when, as head nurse on Halstead 9 at Johns Hopkins Hospital, she met dashing young resident surgeon Denton Cooley. Though she and Denton would soon marry and move to Texas, Hopkins Nursing and Maryland remained deep in her heart.

Louise G. Thomas Cooley, '49, died October 21 at age 92 just after this magazine's Fall 2016 issue was published. From her family obituary:

*Louise was proud of her "roots" in Frederick, Maryland; a historic town famous for its church spires and the burial site of Francis Scott Key. She would regale her family with tales of the swinging bridge, visits to Braddock Heights, the oyster barrel in the cellar where her chore was to keep the live oysters fed. All her life, oysters, served any style, were her first choice on a menu. ...*

*Her training as a nurse proved invaluable when she was among the first responders at the Poe School bomb in 1959 [in Houston] where three of her children were students, just as it did in raising five daughters. She always said, "Nurse's training is training for life!" ...*

*Denton often said, "I always wanted to be captain of my ship, but I married an admiral. She is my life line. Without her, I would have been lost."*

### The Louise G. Thomas Cooley Scholarship Fund

The Louise G. Thomas Cooley Scholarship Fund was established in 2004 by her friends.

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

STORY BY STEVE ST. ANGELO | PHOTO BY CHRIS HARTLOVE

# **THE SPACE TO CHANGE NURSING EDUCATION & RESEARCH**

*Building plans make room for the future*

ILLUSTRATIONS ANDREA DE SANTIS



In academia, we say that learning can happen anywhere, but we never really expected to see it in back stairwells, mini-kitchens, printer rooms, or on the floors of long hallways. But indeed this is where we often find our students studying and collaborating. While we're heartened by their ingenuity and focus, this is not the ideal learning environment for a top-ranked school that attracts the best and the brightest.

A need for more space and even bigger thinking was clear long before the Johns Hopkins School of Nursing could take the leap.

The student body has expanded from approximately 500 individuals at the 1998 opening of the Pinkard Building to 1,200. The school needs to keep recruiting the students and faculty required to address the critical nursing workforce shortage. It seeks to become an even stronger magnet for global scholarship and cooperation. And, most principally, the school lacks the collaborative and research spaces that contribute to graduate-level education. Designed mainly as an undergraduate learning environment, Pinkard is underprepared for that role, its beauty notwithstanding.

So in Autumn 2018, shovels will once again break ground in East Baltimore as the school embarks on a roughly \$45 million project featuring a five-story, 41,000-square-foot addition and the renovation and reimagining of 24,810 square feet within the 93,290-square-foot Pinkard Building. Over the next several pages are architects' renderings of what the finished project could look like and more

information on how the project will transform the school into a hub for research, a magnet for global collaboration, an equal partner on the East Baltimore medical campus, and a beacon to the best and brightest students and faculty in the world.

In addition to students, the existing space demands imagination and flexibility from

**“ We promise—and deliver—the best graduate education available. But we find ourselves making quick fixes so that people don't feel the squeeze. This plan is a more permanent solution.”**

— DAVID NEWTON

teachers, clinicians, visiting scholars, and staff. To stay competitive, and to fulfill the promise to the next generations of Hopkins Nursing students, would require a significant reimagining of the type and size of spaces. And without a doubt, the building needed to grow, a lot.

“You get to a point where you start thinking about your competitive edge,” explains David Newton, associate dean for finance and administration, who has taken a lead role on the project. “We are one of the top graduate nursing schools in the world today, and that's not an accident. We promise—and deliver—the best graduate education available. But we find ourselves making quick fixes so that people don't feel the squeeze. This plan is a more permanent solution.”



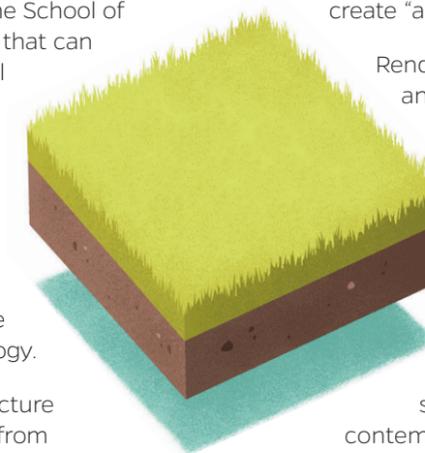
HORD CAPLAN MACHT + WILLIAM RAWN ASSOCIATES

## ‘STUDENT-CENTRIC’

Graduate students learn differently, and are taught differently. They require and insist upon better access to faculty—for mentoring and for collaboration. To continue recruiting the best and brightest, the School of Nursing needs a building that can catch the eye of potential grad students, then wow them with its educational amenities. And to attract more of the globe's thought leaders for study, research, and partnership, there must be contemplative, flexible space and ready technology.

Newton believes the structure envisioned by architects from Hord Coplan Macht and William Rawn Associates, which eliminates the SON House and conjoins five floors worth of space to the Pinkard Building, more than

meets that lofty goal. “The phrase ‘student-centric’ has been at the top of the drawing board since the beginning of this process,” he says, adding that the addition would create “a ‘Welcome’ sign to the world.”



Renderings include glass surfaces and entrance spaces that offer a glimpse of all that is going on within the school to the community of nursing, to colleagues and collaborators on the East Baltimore campus, and to the neighborhood itself. Internally, the building features spaces for collaboration and contemplation, creates synergies between clinical and research faculty, and provides ample space for student and faculty collaboration on health care solutions for the future.

A few particular features:

**STUDENT HUB**

where extracurricular activities and out-of-classroom learning occurs and where seeds of collaboration are planted.

**STUDY CUBE**

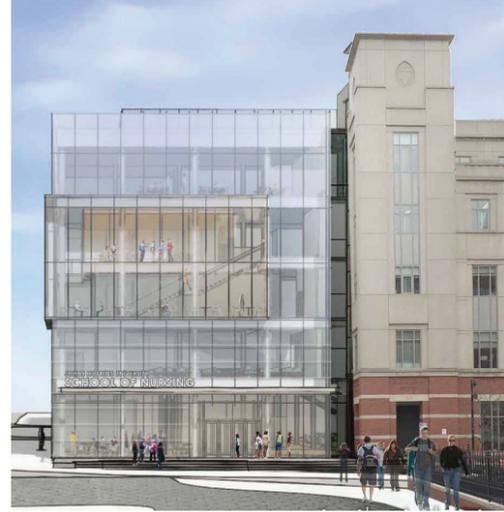
where students can maximize their learning potential alone and in groups.

**THINK TANK**

an interprofessional hub to house research faculty and staff.

**CONFERENCE CENTER**

that could bring perhaps 10,000 visitors to the school each year for innovation and collaboration.



HORD CAPLAN MACHT + WILLIAM RAWN ASSOCIATES

It wasn't only physical constraints that the architects sought to relieve in their initial plans but emotional barriers as well. For instance, architect Cliff Gayley of William Rawn Associates pointed to student complaints about feeling out of their element anywhere above the third floor of Pinkard. Most faculty offices are on the fourth floor, with the dean's staff and (until recently) Development and Alumni Relations inhabiting the fifth. New plans call for a far more mixed-use structure with student-centric features from the street level up, the Center for Research Excellence (or Think Tank) on the fifth floor, "right-sized" classrooms throughout, and a genuine flow of people and information.

**ECONOMIC IMPACT**

Besides its obvious and immediate impact on the Johns Hopkins School of Nursing, the building project will have a positive impact for Maryland, for Baltimore, for research, and for nursing care across the nation and the world:

- The reputation of the No. 1 master of science in nursing program (*U.S. News & World Report* 2017 rankings) and the No. 2 nursing school in the world (*QS World University* 2018 rankings) attracts world-class talent to the state as well as millions of dollars in annual research funding. These factors will only be enhanced.
- The project supports the state's growing reputation as a leader in health care research and practice.
- The School of Nursing produces some 250 master's-prepared nurses and NPs annually.

- The school could produce 30 percent more graduates annually by 2021.
- Hundreds of construction jobs will be created during an 18-month building phase (expected to end in winter 2020).
- Through HopkinsLocal, there will be a minimum of 20 percent participation by minority- and women-owned firms and 8 percent participation by business enterprises with offices in Baltimore city.

"We are determined to keep putting the best students, researchers, faculty, alumni, and staff into the right facility," says Dean Patricia M. Davidson, PhD, MEd, RN, FAAN. "This is a bold commitment to the future of health care and nursing education. We couldn't wait any longer, and we can't wait for the day we cut the ribbon." ■



**'ONE FLEXIBLE ENVIRONMENT'**

It was a powerful snapshot. On a walk-through of the Pinkard Building, Paul Lund, principal of the architecture firm Hord Coplan Macht, was struck by the buzz and the ingenuity of students in creating study spaces, as well as the lengths to which they needed to go. When he spied a young woman seeking a quiet zone in a back stairwell, he had an inspiration.

"Clearly, the building has served the School of Nursing well," Lund says of his impressions of Pinkard. "It is a nice building, but when you enter you are struck by

how much activity there is and how little gathering space there is."

That can happen when you become the top school in the nation and the student body grows, then changes radically. "The building was designed for undergraduate education," Lund explains. "Over time, the changes in pedagogy as the school shifted to an all-graduate format have required more student-centric learning spaces." He adds, "The school is No. 1 in research, but try to find evidence of that in the building."

Large lecture halls, now three quarters empty at times, had become outmoded. Architect Cliff Gayley of William Rawn

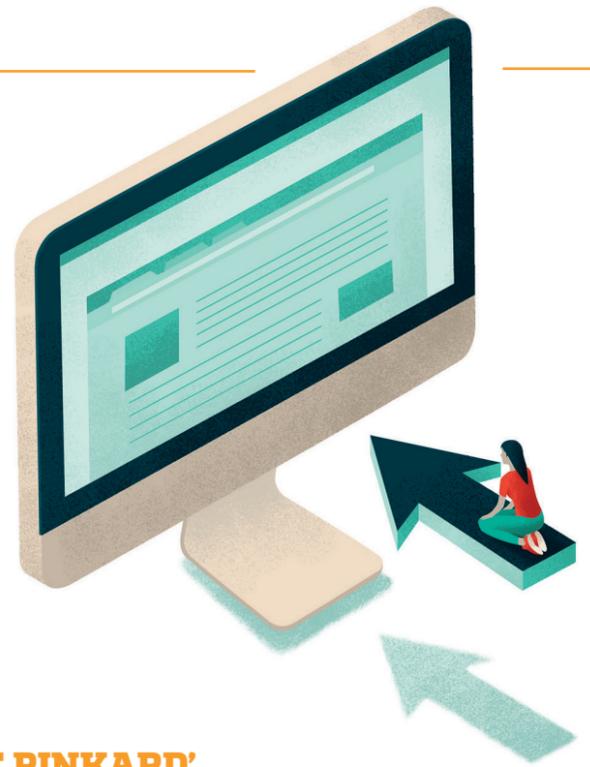
Associates says a separation from faculty and research opportunities—actual as well as perceived—was clear from interactions with students. A five-story layout had come to function as very separate zones of activity. And the stairwells weren't built as learning modules.

Lund worked with Gayley to address the needs of modern nursing education, collaboration, and research with "right-sized classrooms," a student hub, a "study cube for collaboration beyond the classroom," and the Think Tank—a research center—expanding Pinkard by about 41,000 square feet, and the possibilities of education and research well into the 21st century.

One of Dean Patricia Davidson's goals in the construction and remodeling of Pinkard is to further establish the School of Nursing's "presence." Internally, this means seamless clinical, research, and learning as well as a sense of community—"one flexible environment." Externally, this means a building that can stand shoulder to shoulder with the Bloomberg School of Public Health and Johns Hopkins Hospital while projecting an openness to the East Baltimore community they all serve.

Gayley and Lund had plenty to go on, including one indelible image of what didn't work.

— Steve St. Angelo



### 'MEET ME AT PINKARD'

There's a space with your name on it at the Johns Hopkins School of Nursing.

Or there could be soon enough. Unnamed areas of the School of Nursing expansion project include everything from a conference center and classrooms to the commons and the courtyard. These are the areas whose names will become shorthand and compass points for students into the future.

And naming rights are but one way to contribute to the future of nursing education and the profession itself as we transform the Pinkard Building for the opportunities and challenges of the 21st century. Collaboration is being built into the structure, including the relationships with our supporters at every level of giving.

A brick campaign, currently slated as a wall of the courtyard, will allow donors to contribute at smaller levels and be a part of this historic building transformation. More details will be announced as the designs are formalized.

Money for the \$45 million project will come in part from a blend of operating cash and debt, the latter of which shrinks of course as more supporters join the effort. A big boost has already come from benefactors including the France-Merrick and Blaustein foundations. The rest will come through continued fundraising as we begin to show the progress and impact we are making in East Baltimore and beyond.

To learn more about the Johns Hopkins School of Nursing construction project, its value to students and the community, and how you can be a part of building the future, visit [building4jhunursing.org](http://building4jhunursing.org).

To learn more about naming rights and giving opportunities or to make a contribution, please contact the Office of Development and Alumni Relations at **410-955-4284** or by email at [nursdevel@jhu.edu](mailto:nursdevel@jhu.edu).



# FEEL GOOD ABOUT THE FUTURE OF THE HUMAN RACE.

Fresh from the farm has a re-energized meaning for Native American communities, thanks to *Feast for the Future*, a Johns Hopkins Center for American Indian Health program. Capturing the Native American spirit and tradition, *Feast for the Future* reintroduces indigenous foods to the community to help combat preventable illnesses like diabetes and obesity.

The community farming and education program is taught by community elders and involves children in efforts to promote healthier, native diets. Food grown on the land is sold throughout the tribal community.

Now an integral part of life and health in Native communities, the Center's outreach and discoveries have saved lives on a global scale. Exchange of knowledge between faculty researchers, students and partner communities is a powerful combination for protecting health and saving lives—*millions at a time*.

Won't you join us?

[jhsp.hopkins.edu/feel-good](http://jhsp.hopkins.edu/feel-good)

Scholarships and financial aid options are available.



JOHNS HOPKINS  
BLOOMBERG SCHOOL  
of PUBLIC HEALTH

ED CUNICELLI



# HOPKINS NURSE

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

Inside this section:

**P. 37** JHPIEGO

## A DREAM IS JUST A CLICK AWAY

Online nursing school applications in rural India increase educational and job opportunities for girls

**P. 36** SUBURBAN HOSPITAL

PILLOWCASES A LOVELY GESTURE FOR NEWLY DIAGNOSED

**P. 38** JOHNS HOPKINS BAYVIEW MEDICAL CENTER

NURSE ATTENDING POSITION BREAKS BARRIERS

**P. 40** JOHNS HOPKINS DEPARTMENT OF NURSING

NURSE CLINICIAN BALANCES LIFE AS A RACQUETBALL PRO

“ We were ecstatic with the response [to the job fair]. We think it says a lot about the level of interest in the local community about Hopkins.”

– TERRY BENNETT, JOHNS HOPKINS BAYVIEW MEDICAL CENTER

# Golden Ticket

Story Lester Davis | Photography Chris Hartlove

Johns Hopkins Hospital affiliates' job fair puts opportunities within reach

**In October, Angela Orovich was busy preparing to graduate from Carroll Community College's nursing program when an online advertisement for a Johns Hopkins Hospital job fair caught her attention.**

With a December graduation fast approaching, and no job on the horizon, Orovich decided to give it a shot and attend the event. She put on her best business suit and spent time practicing her elevator pitch in the mirror. Still, Orovich purposely kept her expectations low. "I had two goals going in," she remembers. "I wanted to get information about employment possibilities at Johns Hopkins and I wanted to make connections with recruiters. That's it."



And after a round of on-the-spot, informal chats with nurse recruiters from various enterprises throughout Hopkins, Orovich left the Sheraton Columbia Town Center Hotel, where the job fair was held, believing that she'd gained valuable experience that would help her as she began the more formal interview process at hospitals throughout the state.

Several weeks after attending the job fair, though, Orovich got a call from a recruiter. Johns Hopkins had been so impressed by her that it wanted to schedule a formal interview at the hospital. "I was pleasantly shocked," she says.

She interviewed around Thanksgiving and was hired in early December for a nursing position on the Johns Hopkins Hospital's surgical oncology unit.

"I was one of only three people at my graduation who had landed a job and it was all because of that recruitment fair," Orovich says. "Getting a job would have been much harder without the fair because it's



so tough to get past the computer to an actual person. The Hopkins job fair cut out that step and put us in contact with a real person."

The inaugural RN job fair held by the Johns Hopkins Health System was billed as a one-stop-shop for



*The event featured 10 Johns Hopkins entities and drew people from as far as Connecticut and Florida. Organizers were thrilled by the response.*

prospective nurses looking to gain a foothold, explains Terry Bennett, director of nurse recruitment at Johns Hopkins Bayview Medical Center.

The event featured 10 Hopkins entities—from trauma care to outpatient care, office and home care positions, and adult to pediatric specialties, with locations stretching from Maryland to Florida. It was the first time all 10 system affiliates had come together to host a recruitment fair. The planners expected a few hundred people would attend. The final numbers more than doubled that.

"We were ecstatic with the response. We think it says a lot about the level of interest in the local community about Hopkins," Bennett explains. "People came from Connecticut and Florida and a few came from Delaware and Virginia. It really reached people up and down the East Coast. ... We were really surprised that so many people actually showed up and quite a few offers were made."

Marisa Astiz-Martinez completed her clinical work at Howard County General Hospital, a Johns Hopkins affiliate, so she was familiar with the organization. Still, Astiz-Martinez, who lives in Silver Spring, says she hadn't considered the myriad opportunities available within the Hopkins orbit until she attended the October recruitment fair.

She was also discouraged at first by the number of people already there. "It was nerve-wracking, but I felt really prepared. I just tried to present myself as if I were going for a job interview."

## In Real Life

Recent grads now working full time share insights, reassurance

One day in early February, about 100 nursing students made their way eagerly through a buffet of salads, pizza, cookies, and soft drinks.

But the free food played second fiddle to the main draw—a handful of recent graduates who returned to the Johns Hopkins School of Nursing for a lunchtime chat about the choices, challenges, and rewards awaiting them in the world of nursing.

Chijioke Okeke-Ekpe, currently in the Master of Science in Nursing: Entry into Nursing Practice program, says panel discussions such as "A Day in the Life of a New Nurse" serve as a bonus opportunity to ask questions that might not be covered in the classroom. "The panel discussions fill a mentoring role for students and provide great personal feedback," explains Okeke-Ekpe, who is scheduled to graduate in August.

The regular events are the brainchild of Erika Juengst, director of constituent engagement within the Office of Development and Alumni Relations. "These panels provide a real-world discussion about what to expect," Juengst says.

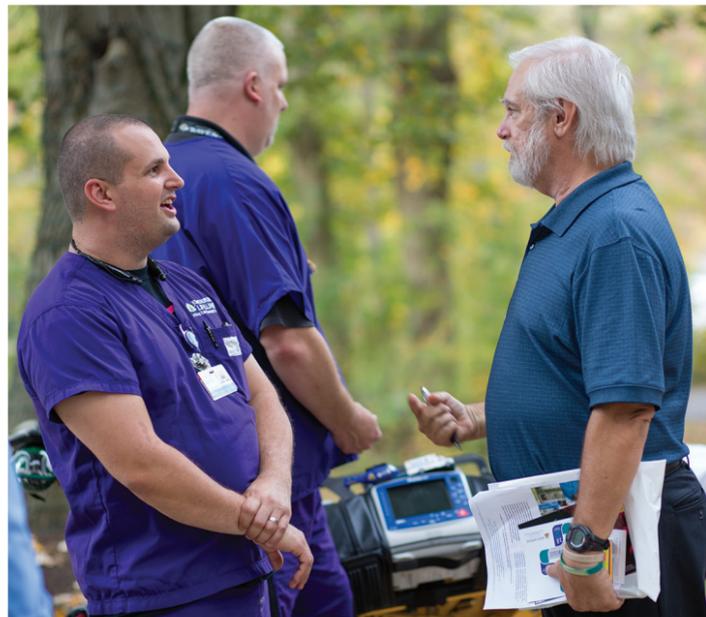
Okeke-Ekpe's classmate Rosa Minier says students spend a lot of time worrying about simply landing a job after graduating. The lunchtime discussions help ease nerves and provide good information from people who've gone through the transition, she says.

"I think the biggest question is always, 'Can a new graduate easily get a job?' And it sounds like as long as you put in the work and craft unique cover letters and resumes, anything's possible."

— Lester Davis

She earned follow-up interviews and was hired in February as a nurse on the adult psychiatry unit at Johns Hopkins Bayview Medical Center.

“I went because I was familiar with Howard General and, as a result, I got exposed to all of the other things Hopkins is doing in various communities as far as health care,” Astiz-Martinez says. “It’s really cool to learn about what the different entities offer in your field and it’s really cool to be able to do that in one setting.”

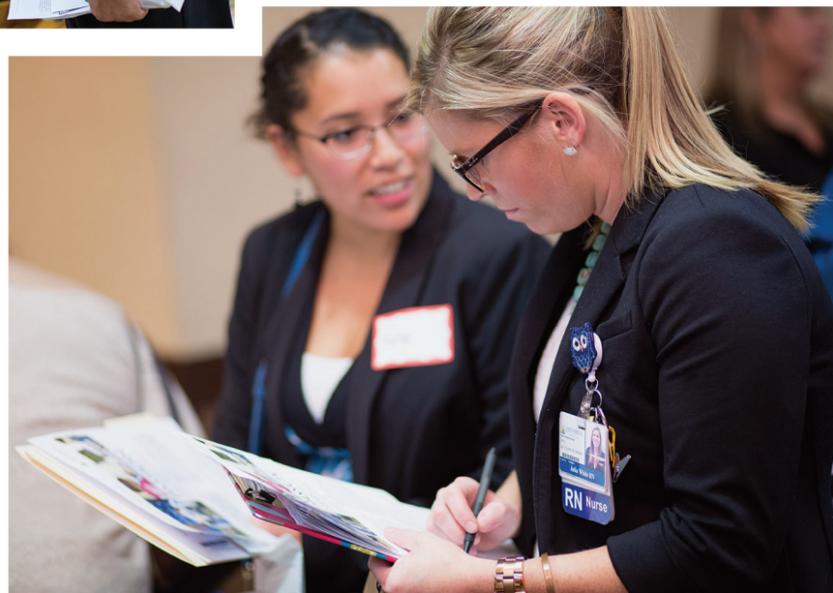


The inaugural RN job fair was billed as a one-stop-shop for prospective nurses looking to gain a foothold.

Modupe Savage, who oversees the nurse recruitment office at the Johns Hopkins Hospital, says managers spent several months planning the job fair. A main goal, in addition to connecting with potential employees, was to heighten awareness of Johns Hopkins Nursing. “We really wanted to help make Hopkins Nursing more prominent in people’s minds and within the nursing field,” Savage says.

Orovich, the newly hired nurse on Johns Hopkins’ surgical oncology unit, credits the recruitment fair for allowing her to land her dream job.

“Honestly, every time I walk in the door at Hopkins I just pinch myself,” Orovich says. “I’ve never enjoyed working somewhere so much. I definitely feel like this is where I’m supposed to be.” ■



## Tech Savvy

By Ashley Festa

### Open minds open pathways to teamwork

If things aren’t working, you need to Evolve.

That’s the idea behind a program of that name launched in the post-anesthesia care unit at the Johns Hopkins Hospital to improve teamwork among nurses, clinical technicians, and other support staff. Evolve builds teams to pursue common goals—both during and outside of working hours. Through success come teamwork, community good, and, according to “clin tech” Angela Hamm, “more smiles.”

Nurse educator Margo Preston-Scott, MSN, RN, credits Hamm’s insight as well as the open-mindedness of unit nurses in embracing an idea from what has become a less and less uncommon place.

Preston-Scott spearheaded a program called SOARING in 2012. It pairs clin techs with nurse champions who help build their confidence and abilities and prepare them for life on a hospital unit, where their value can sometimes be overlooked. “They might not have training on how to work as a team or how to handle communication with someone who has offended you. No one teaches that,” explains Preston-Scott of SOARING, which stands for Success, Ownership, Accountability,

Respect/Responsibility, Independence, iNtegration, and Growth. Part of that growth includes creating posters that spell out suggested initiatives for their units.

This is where Hamm, one of the first clin techs to go through the internship, introduced Evolve. She figured that simple team building could improve job satisfaction for all and improve the unit’s performance.

Rebecca Griffiths, RN, a charge nurse, is a co-captain of an Evolve team that has worked with the homeless, for instance, and collected Beanie Babies for a local children’s center.

Another team arranged an internal group wellness day with massage, reflexology, and yoga.

Griffiths says the experience has built unity, simplifying the sharing of new protocols and policies, helping everyone get on the same page faster. “It doesn’t matter what the job title is, whether it’s nurses or support staff like clin techs,” she says. “We’re all working on one project together.” ■

## 'Baltimore' Magazine's Best Nurses



*Baltimore* magazine has announced its Excellence in Nursing 2017 Awards and, as usual, the Johns Hopkins Hospital and its affiliates are well represented.

Congratulations to Karen Davis of Howard County General Hospital, Elizabeth Russell of Johns Hopkins Bayview, Barbara Case, Jenine Jordan, and Sophia Pemberton of Johns Hopkins University, and Zakk Arciaga, Connie Golding, Aileen Kho, Jeannie Lee, Joseph McCray, and Nancy Sumpter of the Johns Hopkins Hospital. (Davis, Pemberton, and Lee are alumnae of the Johns Hopkins School of Nursing.) ■

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#### SUBURBAN HOSPITAL

## A Lovely Gesture

Pillowcase Project offers comfort to the newly diagnosed

A breast cancer diagnosis and the treatment that follows can be frightening and uncomfortable. Thanks to the efforts of Suburban Hospital's breast cancer Nurse Navigator Jamie Borns, RN, and some talented members of the community, newly diagnosed breast cancer patients are resting a little easier.



Through the Pillowcase Project, Borns has coordinated the creation of more than 100 brightly colored and beautifully patterned pink pillowcases by quilting groups, hospital volunteers, and employees. The cases are distributed to patients at the outpatient radiation oncology office, in the hospital, and at the offices of breast surgeons Pamela Wright, MD, and Bonnie Sun, MD. A generous donation from the Suburban Hospital Foundation provided the initial funding for the project.

According to Borns, "Something so small and simple as a handmade pillowcase goes a long way in comforting a patient. It helps remind them that people care."

More information: If you are interested in making pillowcases, contact Borns at 301-896-6798. ■



Something so small and simple as a handmade pillowcase goes a long way in comforting a patient."

— Jamie Borns, RN

#### JHPIEGO

## The Power of a Dream

By Indrani Kashyap

Online applications in rural India increase educational opportunities for girls

We generally don't think twice about it—most things we may want are just a click away. Need to renew your auto insurance? Click here. Want to apply for that postgraduate program? Click here.

Such ease, however, is not the reality for many people living in rural or remote areas around the world.

As a girl growing up in a farming village in eastern India, Dibyashree Behara, daughter of a farmer and homemaker, dreamed of becoming a nurse to help her community, but she faced significant obstacles.

Behara's parents wished for her and their two other children what they could not achieve themselves—an education and a profession. Until recently, with the initiative of an online admission process, the possibility of making that dream a reality was daunting.

At 18, with an uncle's encouragement and support and the Internet, Behara was able to apply to a nursing school in Berhampur, some 250 miles away, through a computer at a shop in her village in the state of Odisha.

With an uncle's encouragement and the Internet's help, a dream is realized.

For a teenager with limited means living in a remote village, an online application process cleared several hurdles to achieving her dream. "Every student doesn't have great economic power to undertake the cost of travel again and again [to properly submit her application]. The online admission process saved a lot of trouble for me and my family," she says.

After a few more steps and a trip later to a state processing center, Behara learned that she had been accepted to the 2016 fall class at the school in Berhampur. She is one of over 6,700 students admitted to general nursing schools through an online process developed for the government of Odisha with Jhpiego's technical assistance. More than 50,000 students applied online, a milestone in the government's efforts to expand educational opportunities for girls in remote areas.

"I am really grateful to have got the chance to get into this profession," Behara says. "I want to do everything in my capacity to be of help and make valuable use of my education to help my community and my family in the future. We are studying the



fundamentals of nursing and I love it!"

L.R. Mishra, former director of nursing for the Government of Odisha, says the online process led to a more diverse applicant pool and, he hopes, greater placement of nurses in locations with few health care providers. "There was an exceptional increase in the number of applications received from tribal areas and this will ensure retention of a nursing-midwifery workforce at these hard-to-reach areas, once these students join the health services," he says, adding, "Nurses are the pillars of the health care delivery system."

Other girls may now follow in Behara's footsteps—it starts with a dream and a "Click here." ■

*Jhpiego's Rashmi Kochuveetil, Manaswini Biswal, and Alisha Horowitz also contributed to this article.*



JOHNS HOPKINS BAYVIEW MEDICAL CENTER

## Breaking Barriers

By Ashley Festa

The nurse attending position at Johns Hopkins Bayview Medical Center is transforming patient care.

When Alphie Rahman, DNP, APRN-CNS, makes her rounds at Johns Hopkins Bayview Medical Center, the nurses are eager to join her.

Rahman, a clinical nurse specialist and nurse attending for Johns Hopkins University, fulfills a special role educating nurses and doctors as well as improving patient satisfaction. As a nurse attending, she teaches medical professionals to communicate better and emboldens nurses to share their unique perspective on patient care.

The problem in typical hospital settings, Rahman says, is that the patients' health care team members often aren't all on the same page.

"We work in silos," she explains. "For example, when doctors change a patient's medication, nurses aren't involved, so the nurse doesn't have any clue why it was changed. The patient doesn't know, and the nurse has no answer for them."

To change that silo mentality, Johns Hopkins Bayview created the nurse attending position in 2016 to help doctors and nurses work together more efficiently. The model is an extension of the Aliko Initiative, a program established in 2007 by the Johns Hopkins Center for Innovative Medicine that emphasizes patient-centered care. In this curriculum, medical students and residents learn to tailor treatments to each patient's specific needs.

"Dr. Rahman models interprofessional collaboration for nurses and students alike," explains Elizabeth "Ibby" Tanner, PhD, RN, FAAN, director of interprofessional education for the Johns Hopkins schools of Nursing and Medicine. "This role is making a difference in improving teamwork and patient outcomes and serves as an example for improving team-based care."

Adding the nurse attending position facilitates communication with nurses and helps them understand a nurse's role as the patient's closest caregiver.

"As nurses, we are at the bedside 24 hours a day," says Natalie Davis, a nurse in Medical Unit B. "Doctors are

looking at objective data, numbers, lab values, and protocols. But patients are unique, and we have to individualize care plans to meet their needs."

“We work in silos. For example, when doctors change a patient's medication, nurses aren't involved, so the nurse doesn't have any clue why it was changed. The patient doesn't know, and the nurse has no answer for them.”

— Alphie Rahman, DNP, APRN-CNS

Davis usually has at least one patient assigned to the Aliko team, which includes two interns, two residents, two medical students, one medical attending, and Rahman, the nurse attending. When the team rounds on one of her patients, Davis gets a call to join them. With everyone in the same room, doctors update



PHOTOS BY CHRIS HARTLOVE

Alphie Rahman, left and on facing page, uses her position to improve communication on the Johns Hopkins Bayview Medical Center care team. Below, Olutomi Sodeke, MD, and Natalie Davis, RN.



nurses and patients at the same time. Nurses who are often more familiar with the patient can ask questions and make recommendations.

"Sometimes there are orders that don't make sense," Rahman says. "If the nurse isn't comfortable with any procedures or intervention, she educates the team at that time."

Davis, who has been a nurse for two years, says she's trying to become more comfortable raising concerns and asking for rationale from providers. Rahman makes a point to ask for the bedside nurse's input, which boosts Davis' confidence and acknowledges her vital role in patient outcomes and satisfaction.

"Seeing the nurse attending at the bedside empowers nurses to speak up," says Dianne Campo, a charge nurse at Johns Hopkins Bayview. "Alphie gives them cues to ask questions they typically wouldn't ask. It helps them be better patient advocates."

Davis recalls a time when she disagreed with a prescribed medication.

"The medication concerned me for that patient's situation," she says. "I can ask for rationale, and you get the explanation, so it's a good learning experience. In that case, they ended up canceling

the medication. It would have had a bad interaction for the patient.

"Nurses think one way, and doctors think a different way. We bring different points of view to the table. I feel like the doctors are learning a lot, too."

Rahman would love for each rounding team to have a nurse attending, but budgets can't cover the cost. Still, teams rotate every two weeks, so new students, interns, and residents get to experience the Aliko model with a nurse attending present.

"My hope," she says, "is that what they learn from this team and interprofessional experience, they will carry that with them." ■



## Other Lives: Wall to Wall

By Stephanie Shapiro

Samantha Simmons balances life as a racquetball pro

*Samantha Simmons says her nurse training has made her a better athlete.*

Few of her colleagues realize that Samantha Simmons, a nurse clinician on the neonatal ICU at the Johns Hopkins Hospital, is a nationally ranked professional racquetball player. Or that some weeks, she may work three overnight shifts on the neonatal ICU, go home and train for two hours, and then fly across the country for a tournament on the weekend.

Simmons can't imagine making an unpredictable living as a full-time athlete. "They're totally different careers," Simmons says. "I get to potentially save lives and change people's lives here at work, and I also get to take personal satisfaction in sports." What's more, each pursuit counterbalances the other. "People ask why I don't work less and dedicate myself to racquetball," Simmons says. "Nursing makes me sane enough to go train."

She says her nurse training has also helped her become a stronger athlete. "I'm more cognizant that going to the gym and drilling over and over is not the only aspect of becoming a professional athlete. Cardio and strength are also important. I didn't realize a lot of that until nursing school."

As a young girl, Simmons and her two sisters would accompany their father to the racquetball club he owned in Severna Park and play hide and seek.

Gradually, though, the sport drew them all in. By age 12, Simmons, coached by her father, was competing around the country. At 14, she made the Junior National Racquetball Team for the first of four times. Simmons and her teammates drilled every summer at the Olympic Training Center in Colorado Springs, CO and competed internationally in the Dominican Republic, Bolivia, and elsewhere.

When she aged out of the junior team, Simmons joined the Ladies Professional Racquetball Tour, the highest level of international professional play for female racquetball players. She's ranked No. 26 among nearly 1,500 competitors on the tour.

When it comes to her job, Simmons says it's best to think optimistically and be positive for the families she works with. "Obviously, it's our job, but we just see it as something we love to do," she says. "My favorite part is when the babies finally get to go home. We have some babies who come for a week and some are here for three to six months. These parents experience such high stress, and there's nothing more exciting than walking a baby downstairs to the front door and putting them in the car." ■

*This article appeared previously in Hopkins Insider.*



# VIGILANDO

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

Inside this section:

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From the Archives, unflinching accounts from the field poignantly describe the hardships and horrors faced by both soldiers and caregivers

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Bryan Hansen, MSN '12, PhD '16

P. 43 **CLASS NEWS: AIDING REFUGEES**  
Alumna Mary McQuilkin helps medically vulnerable refugees in Greece

P. 47 **CHURCH HOME AND HOSPITAL**  
Teamwork that built a strong foundation

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,

It was a busy start to the new year for both the Johns Hopkins Nurses' Alumni Association board and the alumni office at the School of Nursing. Winter featured alumni visits by Erika Juengst, our director of constituent engagement, to Portland, Seattle, Philadelphia, and West Palm Beach, FL. If you are interested in developing an affinity group in your area, let us know and we might be dropping in on you. Meanwhile, Board Secretary Jane Ball and I had the opportunity to meet with the JHSON's student leadership to discuss the Alumni Mentor Program and how to better engage our students as alumni. The board is also in the process of reviewing the bylaws to ensure compliance and any necessary updates.

We welcome new board members Bryan Hansen and Meghan Schultz. Bryan is a JHSON assistant professor with a psychiatric and gerontology health focus. Meghan, a 2014 MSN graduate, works as a research nurse.

Plans are under way for Alumni Weekend 2017. Save-the-dates have been mailed and we look forward to seeing everyone October 5-8.

To our most recent graduates, be sure to stay connected. The JHNAA was established to provide a means to network with graduates of the School of Nursing as well as other parts of Johns Hopkins University. If you would like to join the board or serve on a committee, we are happy to speak with you regarding options you might find most rewarding.

Finally, the generosity of alumni has an incredible impact on the next generation of nursing leaders each year. If you are interested in learning more about ways to support the SON, please contact Erika (ejuengst@jhu.edu). Together, we can help sustain the legacy that is Hopkins Nursing! ■

### GET OUR E-NEWSLETTERS

Stay in touch with the School of Nursing! Update your email address now to receive the quarterly Alumni E-newsletter and annual Dean's Update. Send a message to [JHNAA@jhu.edu](mailto:JHNAA@jhu.edu).

## WHAT IS A HOPKINS NURSE?



**BRYAN HANSEN**  
MSN '12, PHD '16

*"IT IS MY HOPE THAT THE MENTORSHIP I HAVE RECEIVED AT JHSON, AND THE SCHOOLS BEFORE, WILL BE DEMONSTRATED IN THE KIND OF NURSE AND MENTOR I AM IN RETURN FOR OTHERS."*

My experience as a student, and now faculty, at the Johns Hopkins School of Nursing has been rich with strong and thoughtful mentorship, extraordinary academic rigor, and dynamic education. I started my path to nursing in Minnesota, taking courses at North Hennepin Community College, where I met some of my initial role models in higher education. After entering the BSN program at Morningside College in Iowa, I began contemplating what my long-term goals in nursing would be. Johns Hopkins Hospital and University both beckoned to me as prime places to develop as an expert nurse. Since completing my BSN in 2009, I have worked as a psychiatric nurse at JHH, a forensic nurse examiner at Mercy Medical Center, and a psychiatric clinical instructor at JHSON, all in Baltimore. I had the privilege to complete my MSN and my PhD in nursing at JHSON, and am on faculty as an assistant professor as well as practicing as a clinical nurse specialist with expertise in gerontologic, psychiatric, and forensic nursing.

## CLASS NEWS

**1956** For nearly 60 years, **Nancy Jane Hendrix** maintained a current nursing license and worked or volunteered in hospitals, home health, with the American Red Cross and the Virginia Medical Corps around the world. In her retirement, she enjoys genealogy, gardening, and volunteering at her local library.

**1961** **Julia Gooden Bolton** had a long and diverse career, including clinical nursing, nursing education, school health education, and hospital administration. She has continued her commitment to health care as a member of the Board of Trustees for her local hospital.

**1963** **Kathie Bramlette** serves as the community nurse at the Hazel Hill Healthcare Project, which provides medical and social referrals to support the 400 underserved, low-income residents of the Hazel Hill Apartments in Fredericksburg, VA.

**1978** **MaryAnn Knott-Grasso** recently returned to campus to participate in an Advance Practice Nursing Panel for current students. She is a pediatric nurse practitioner at the Harriet Lane Clinic in East Baltimore.

**1986** **Karen Shumar** has focused her career on occupational health,



*Mary with a patient in the clinic.*

## The Refugee Crisis Firsthand

Mary McQuilkin, BSN '09, MPH '15, volunteered as manager for a clinic run by Team Rubicon at a camp for medically vulnerable refugees in Greece. The clinic provides primary care to 175 residents and sees an average of 20 patients daily. Outside of clinic hours, teams of two volunteers are on call to respond to medical emergencies. This work has demonstrated the importance of continuity of care and medical case management that can take place in a primary care setting, which differs from the intermittent access to services at traditional refugee camps.

Volunteers have been able to assist with medication management and monitoring of a boy who needed a mechanical heart valve, have been helping a girl with cerebral palsy learn to walk by assisting with physical therapy every day, and have administered vaccines to help prevent the spread of infectious disease. Team Rubicon clinic staff are able to coordinate care with specialists in local hospitals for residents who have had surgeries or recent hospitalizations, and they work with non-governmental organizations that provide care out of the clinic on a rotating basis to increase access to services such as dental care and psychiatry.

Most of the residents have been living at this camp for more than six months, and most are likely to remain in Greece for the foreseeable future due to the backlogged asylum system.

© FOR MORE INFORMATION: [TEAMRUBICONUSA.ORG](http://TEAMRUBICONUSA.ORG)

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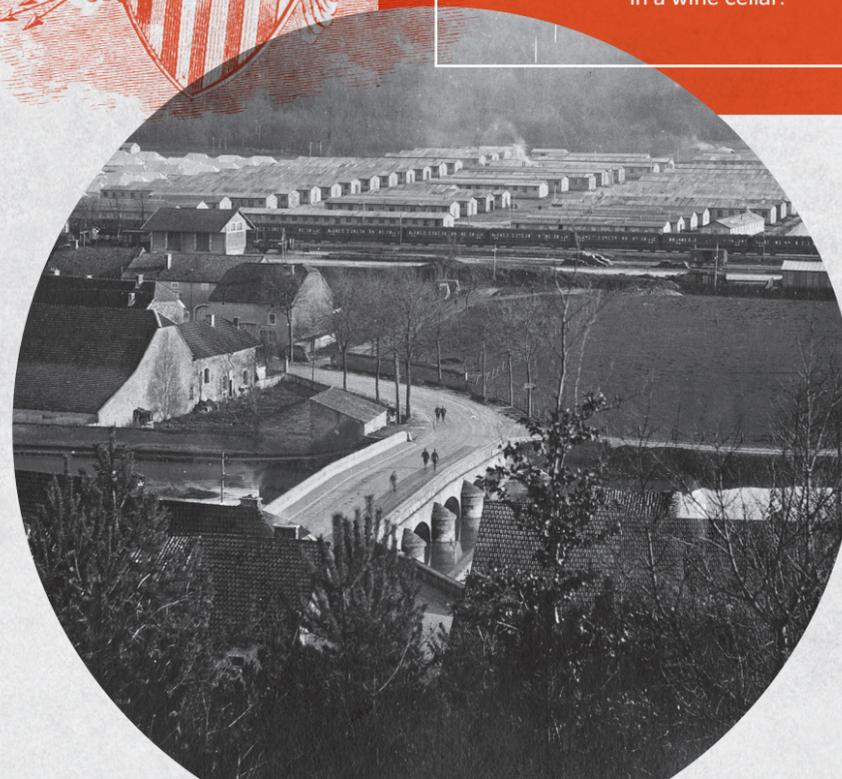
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# HOPKINS NURSES IN WORLD WAR I: A UNITED EFFORT TO SERVE

BY SUSAN E. APPLING



The United States officially entered World War I on April 6, 1917. In response, numerous hospitals across the country established units in Europe under the auspices of the U.S. Army. Johns Hopkins' Base Hospital 18 opened with Bessie Baker, Class of 1902, as the chief nurse. Sixty-seven nursing graduates of the school as well as 40 nurses from other hospitals sailed to Europe in June 1917 to staff a French Hospital in Bazoille-sur-Meuse, bringing equipment for a 500-bed hospital only to learn it would have 1,000.

Through the next winter it was the only hospital in the area providing care to the sick and injured. One or two nurses would be charged with the care of 50 to 60 patients and hours worked ranged from eight to as many as could be endured when battles raged. The nurses worked without heat, soaking their feet in cold water to "warm" them before returning to duty, several developing frostbite. They joked of forming a "Chilbains (frostbite) Club."

By the summer of 1917, many more hospitals joined the 18th, expanding care to 20,000 soldiers. "Shock teams" consisting of a physician, two nurses, and two enlisted men were sent close to the front to provide more immediate care to the most seriously wounded.

Above, Christmas on a patient ward at U.S. Army Base Hospital 18 in Bazoilles, France. Right, an overview of the hospital complex.

Appointments on teams were hoped for... it was a privilege to be 'sent up.'

To us [the shock team] fell the care of those patients too ill and too seriously wounded to survive transportation further back, or too badly shocked either from exposure, loss of blood or wounds, to be operated on without our pre-operative, resuscitating care.

**Gertrude Bowling**, Class of 1915, was a shock team member.

Together with small OR teams, shock teams were the link between First Aid Stations and Base Hospitals, providing medical and surgical interventions within one to several hours of injury.

As the front lines moved forward so did the shock and OR teams, enduring bombs exploding near their tents. The work seemed endless. Ms. Bowling noted:

*You forgot all about nursing etiquette. ... You only remembered that it was no place for any but those who would roll up their sleeves and dig in and work, and work and work. ... You thought not so much how you could nurse as how many you could keep from dying.*

They set up shop in churches, cow stables, and abandoned houses, worked with minimal or no light, slept in dugouts and, when bombs fell, donned gas masks and tin helmets to shelter in a wine cellar.

**Pauline Stock**, Class of 1913, also served on a shock team and described the treatment routine:

- Wet clothing was removed, a blanket wrapped around the patient and hot water bottles or canteens surrounded them.
- Shock beds provided additional warmth. Stretchers on trestles were covered with blankets and "beside these stood a kerosene stove with a stovepipe ... this served to convey the heat in between the blankets which draped the trestle and kept in the heat."
- Conscious patients without abdominal injuries were given coffee with a teaspoon of bicarbonate soda to counteract acidosis and this was repeated in all hot drinks every two hours.
- Transfusion of blood (from soldiers suffering from gas exposure) or sterile salt solution with gum acacia were given.
- Drugs commonly administered were morphine, atropine, and as stimulants—strychnine and caffeine sodium benzoate.

Ms. Stock concluded her account of the teams' experience noting that in the small town of Cohan, 5 miles from the front lines, "a Colonel from Headquarters appeared, and after expressing surprise at finding women so close to the line, ordered us back to a quieter section of the country."

Most nurses would not return to the U.S. until February 1919. While proud of the services rendered, at times they expressed frustration that they did not have military rank and authority to determine best nursing practices and efficiencies. And so, many Hopkins nurses joined with the American Nurses Association to secure rank for those in the Army Nurse Corp; in 1920, officer-equivalent rank was gained. They also supported the establishment of the League of Nations, noting in an editorial in the *Alumnae Magazine* that "Nurses realize more deeply than any other group of women the hideous toll which has been paid to win the war. For this reason their interest in the establishment of a League of Nations is vital ... whose purpose, through cooperative action, must be the promotion of the welfare of humanity throughout the world, regardless of class, race or sex."

**Susan E. Appling, PhD, RN, '73** / Sources: Warren, Mame (Ed.). (2006). *Our Shared Legacy: Nursing Education at Johns Hopkins 1889-2006*. Baltimore, MD: The Johns Hopkins University Press. | The Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions | The Johns Hopkins Nurses Alumnae Magazine

## CLASS NEWS continued from page 43

### JOHNS HOPKINS IN MEMORIAM

Ruth Smith Williams '42  
 Ruth Alexander Ingerson '44  
 Anna "Mollie" Stull Snyder '47  
 Graycie Cameron '48  
 Louise Thomas Cooley '48  
 Ruth Stilz Whitmore '50  
 Lucia Cabot Cipolla '51  
 Zola Watson '51, '59  
 Arianne Schrodel Regester '54, '70  
 Mary Edwards Torsch '54  
 Charlotte (Thomas) Hamilton '59  
 Janice Rieve '59  
 Dolores Dubel Fletcher '66  
 Gwen Gilbert-Foore '67  
 Susan Gehrum Smith '68  
 Barbara Merliss Florentine '78

having earned her Occupational Hearing Conservationist and Occupational Health Nurse Specialist certifications, and she is working at Instrument Transformers/GE.

**1995** In recent years, **Lynda Moyer** has put her years of clinical experience into practice when working with companies designing products and solutions to improve health care efficiency and outcomes while enhancing the lives of patients. She is a product manager for Catalia Health, a care management and behavior change platform that engages patients by delivering conversations through mobile, web, and friendly robotic interfaces.

**2001** **Tonya Appleby** is administrative and clinical coordinator for advanced practice clinicians at the University of Maryland Upper Chesapeake Medical Center and is in clinical practice as a hospitalist. She has recently served as president of the Nurse Practitioner Association of Maryland and as the Maryland state representative for the American Association of Nurse Practitioners.

**2009** The cover of the *American Journal of Nursing* December edition featured **Mary Plumb Senkel** shown at the rural makeshift clinic near Jacmel, Haiti, where she volunteers.

**2010** **Christina Gooding** recently relocated and is working as a nurse practitioner in the newborn nursery of a small community hospital in Missouri. She is also in a post-graduate certificate program and will soon be eligible for dual board certification in both primary and acute care.

**2013** **Suzanne Johnston** is working at Alliance Nursing-Home Health and is secretary of the Northwest Chapter of the National Gerontological Nurses Association. Her chapter recently held a successful community event on "Aging in Place," during which professional experts discussed the continuing nursing/caregiver shortage, community activities, modifying homes, and much more. ■



## Church Notes

By Deb Corteggiano Kennedy, '73

### 2017 Reunion Weekend

The 2017 Reunion weekend planning is well under way. To respect religious holidays, the traditional last weekend in September has been changed to October 5-8, 2017. Alumni were surveyed and many of the activities we have come to enjoy will be repeated. Also, the Hotel Indigo in Baltimore and the Center Club will again be used for the weekend celebration. Look for your Save-the-Date cards soon.

Along with celebrating our 50-year alumnae, this year will be especially poignant with three 75-year honorees! Yes, **Anita Schauk**, **Betty Seward**, and **Berkie Bevans**, our longest-living alumni (from the Class of 1942) will receive special recognition of this Diamond Anniversary.

### Class of 1967 Plans

**Carolyn Massimore Crutchfield** is the contact person for the Class of 1967's 50th Reunion. Carolyn has reported

that she expects 15 classmates to come together to celebrate this milestone.

On October 8, a luncheon is being planned at the home of **Sue Rigler** as a way to end a weekend of memories and friendship.

### CHURCH HOME IN MEMORIAM

Idell Daniels '42  
 Charlotte Nash Etchison '47  
 Gertrude Armstrong '49  
 Wilma Bridger '51  
 Carole Hurley Oden '59  
 Patricia Connor Holt '71

### A Career to Be Proud of

On March 1, Johns Hopkins honored **Susan Riddleberger, '73** for her 35 years of service in the Department of Cardiac Surgery. Sue has been a long-standing member of the Association of periOperative Registered Nurses (AORN), has held state and national office, and has published articles in the *AORN Journal*. Loved and admired, Sue will be sorely missed as she changes to a life of travel, relaxation, and time with her family and beautiful granddaughter. ■

## A Strong Foundation, a Team Approach

By Jane Marks, '76

I learned early on that it really does take a team to provide care. Marion Wallace and Sandy M. are the two social workers I remember were always available to help problem solve. Another department that provided guidance and education included the pharmacists. Many times, Mrs. Greenberg would educate the team about medication concerns or issues. When it came to respiratory needs, Eddie Hill and Joe Hanson were always on top of addressing our questions and often demonstrated techniques at the bedside.

Church Home and Hospital realized the importance of discharge planning and provided a nurse in that position to assist with the transition from hospital

to home. She was a vital part of the team. For a time, I provided patient and caregiver education for a variety of patients (diabetics, hypertensive, post mastectomy and/or post radical neck surgery). Church Home recognized the importance of education to ensure that patients understood the management of their chronic health condition.

There are certainly more challenges today with decreasing hospital days, avoiding readmissions, and trying to avoid emergency room visits. The importance of team care is vital.

My interest in aging and caring for older adults was sparked at Church Home

and Hospital and continued through graduate school and at Johns Hopkins Bayview Medical Center. For the past 30 years working in the Division of Geriatric Medicine and Gerontology at JHBMC, I have had the opportunity to strengthen and broaden my knowledge about health needs of older adults and often reflect on my experiences at Church Home. I have been exposed to new and innovative models of care. My mentor, John Burton, MD, has encouraged and supported my role over the years.

Church Home gave me a strong foundation in many aspects of nursing and caring for older adults. It has been a wonderful 40 years! ■



### ALUMNI WEEKEND SAVE THE DATE OCTOBER 5-8, 2017

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](http://nursing.jhu.edu/alumniweekend).

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**Another New Beginning:** The Pinkard Building rises at the corner of Jefferson and North Wolfe streets. Inset, the groundbreaking in 1996 featuring, at right, building namesake Anne Pinkard and son Wally. In Autumn 2018, construction is scheduled to begin on a five-story addition to the school. (Story on Page 24.)

**Johns Hopkins School of Nursing**

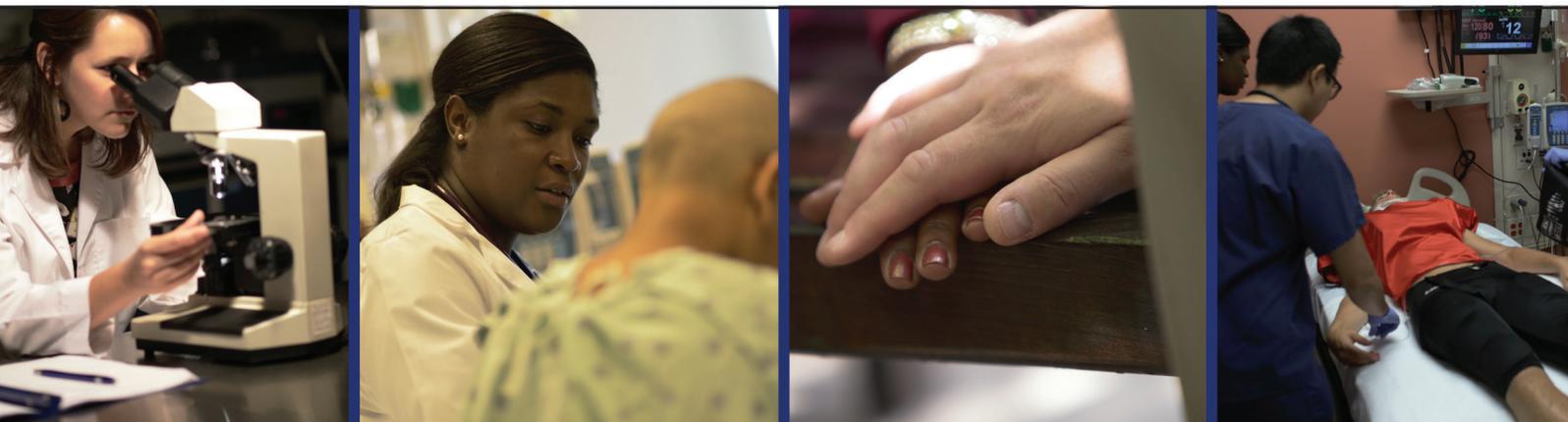
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