‘Make Good Choices’
DNP graduate’s advice to her son helps guide him toward Master’s Entry program

1st Time’s the Charm
A glance down lets nurses keep track of blood draws and watch CLABSI rates fall
When we reach historical milestones, it is great fun to look back at where nursing was, assess where it has been, and set a course for where it’s going. Our great benefactor Johns Hopkins was a man of vision, insisting that nurses were an essential part of health care at a time when they were considered much less. But if he could have seen what we see, the impact his decisions have made, Johns Hopkins would have been as amazed as anyone at what nurses have done with his gift and his vote of confidence.

This issue, which marks the 130th year of Johns Hopkins Nursing, is about the impact nurses continue to have, about responsibilities they embrace in areas—Politics, Ethics, Business, Reach—he could have scarcely imagined their presence. It is an extraordinary time to be a nurse. It always has been, of course, but the avenues open to our highly motivated, incredibly skilled nurses today would have been unimaginable even to us mere decades ago. We have built this opportunity for ourselves. Our impact as nurses has never been greater. What a thrill to be on the leading edge of such change.

“JOHNS HOPKINS WAS A MAN OF VISION, INSISTING THAT NURSES WERE AN ESSENTIAL PART OF HEALTH CARE AT A TIME WHEN THEY WERE CONSIDERED MUCH LESS.”

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

FROM THE DEAN
ON THE COVER
The many faces and uniforms of Johns Hopkins Nurses through 130 years by Baltimore Illustrator Paige Vickers. More highlights from the school’s history are at HOPKINSNURSING130.ORG.
“There are no limits on what you can do. If you can think of it, you can do it.”
A young man with sickle cell disease presents to the emergency department reporting that his leg and back pain is a 9 on a 10-point scale. “Really?” The nurse responds in disbelief—he is not grimacing, sweating, or crying out in pain. One of the first things nurses learn about pain is that it is “whatever the person experiencing it says it is.” Yet when individuals with sickle cell disease (SCD) report severe pain, they are frequently met with disbelief and their pain is often inadequately managed. Also, most individuals with SCD are black (though the disease can affect any race or ethnicity) and many report experiencing discrimination during such interactions. In fact, race-based discrimination for patients with this disease contributes to negative provider attitudes, longer emergency department (ED) wait times, insufficient treatment, and lack of research funding.

SCD describes a group of inherited blood disorders that often cause hard, sticky, and sickle or C-shaped red blood cells. It affects 90,000-100,000 Americans and millions globally. The most prevalent clinical complication of SCD is sickle cell crisis, an episode of severe, acute pain caused by occlusion of small blood vessels by the sickle-shaped cells. This accounts for approximately 230,000 ED visits and over $1.5 billion in health expenditures annually.

Over time, most patients with SCD have developed mechanisms to cope with severe pain that result in atypical, minimal, or nonexistent objective displays of pain. That’s why it’s important to consider the psychosocial complexities of SCD—or any disease—when assessing pain. Otherwise, the subtle influence of stigma and implicit bias related to race and the disease itself can creep into care.

Sixty-three percent of nurses incorrectly believe addiction is prevalent among patients with SCD. In reality, they are not more likely to misuse opioids than patients with other chronic painful conditions. SCD patients average two to three hospital visits a year. Each time, they become more familiar with what medications and doses work best. Unfortunately, requesting a specific medication and dose is considered a drug-seeking behavior. This stereotype contributes to delays in relief.

Guidelines published by the American Pain Society and the National Heart, Lung, and Blood Institute call for early and aggressive pharmacological treatment of sickle cell crises. But providers are increasingly reluctant to prescribe opioids due to the abuse epidemic. This puts nurses in a tough spot, but we must check our biases and use our best judgment. We cannot let patients suffer in our care.

Nurses have a critical role in improving pain management and quality of life. When assessing pain, believe the patient. As we search for alternatives to opioids for treatment of moderate to severe pain and develop new policy and practice guidelines, it is imperative that we keep in mind the unique needs of patients with SCD.
130 YEARS OF IMPACT

JOHNS HOPKINS SCHOOL OF NURSING CONTINUES TO LEAD

Meeting the need where it lives: Johns Hopkins nurses are the trusted face of the university’s medical campus in its long-disadvantaged neighborhood of East Baltimore. Faculty and students work and volunteer in various community centers and schools throughout Baltimore, seeking innovative ways to end suffering, reduce inequality, and improve quality of life.
Johns Hopkins understood the impact that nurses could have—needed to have—on the health of Baltimore 130-plus years ago when he ordered the creation of a school for nurses alongside his namesake hospital. Nursing care was rudimentary then. Without a cadre of nurses trained to be more than they had ever been before, he realized, Johns Hopkins Hospital could become one more warehouse for the sick. He demanded that it do more: Provide top care to all those who came through its doors but, more important, keep its community healthy enough to avoid hospitalization in the first place. Nurses would be the key. The impact of his decision was immediate, immense, and has since only grown as nurses realize and embrace their impact on business, politics, ethics, and global reach.

Opened with the hospital in 1889, the Johns Hopkins Hospital Training School for Nurses quickly established what would become the national model for nursing education and leadership through the strength, discipline, and resilience of women like Isabel Hampton Robb, Adelaide Nutting, Elise Lawler, Anna D. Wolf, and so many who followed in their footsteps. These were leaders who realized that to establish equal footing on health care teams, nurses needed to be prepared to practice to the full extent of their licenses, to brave great dangers in service to sick patients, to innovate where caregiving precedent had not yet to be established, to be the face and caring hand of medical institutions across the United States and the globe.

Today, the Johns Hopkins School of Nursing is recognized by U.S. News & World Report as the No. 1 graduate school of nursing in the land. And as it marks its 130th year of sculpting leaders, the school also celebrates the foresight of its benefactor and each of the nursing leaders who at every step and with every breakthrough have marked a path to the future of nursing.

These pages capture only a sampling of a story that is still being written.

More mementos and milestones are gathered on a brand new website: hopkinsnursing130.org
Unlike traditional programs, the Master of Science in Nursing (Entry into Nursing) emphasizes leadership, global impact, quality and safety, and evidence-based interprofessional education.

The school earns the No. 1 spot for graduate schools of nursing as U.S. News & World Report releases its rankings for 2017.

In 2017, the first-ever Johns Hopkins-trained DNP cohort in Saudi Arabia completed its graduation.

Meet Nancy Poultney Ellicott (1872-1944), who among many, many other innovations came up with that sliding privacy curtain between beds on the hospital ward. She was also the first woman in Baltimore to own and drive her own car, not really all that surprising (she was a Hopkins Nurse, after all). Her life and career form just one of hundreds of stories of innovation, leadership, and excellence in patient care that had their beginnings in East Baltimore. Many of the names are familiar, some we were amazed could ever be forgotten. Over the course of the next year, the Johns Hopkins School of Nursing will bring back the stories of 130 nurse leaders, thinkers, and tinkerers who set the course we still follow toward the future of Johns Hopkins Nursing.

New legends are made every day at the Johns Hopkins School of Nursing. It has been this way for 130 years.

Memories and More
Watch for stories here as well as on our 130th Anniversary website (JOHNSHOPKINSNURSING.ORG) and on social media (#HOPKINSNURSING130).
Assistant Professor Kamila Alexander works to promote equity in sexual and reproductive health among marginalized or disadvantaged groups. Her goal is to understand how partners’ decisions impact violence and HIV risk: to ask why, to listen, to empathize, and to turn what she and her colleagues learn into policy—into help. “Nurses are in a position to assist with policy-making to change the trajectory of inequities affecting our most economically disenfranchised citizens,” says Alexander, who represented the Johns Hopkins School of Nursing at the inaugural Hopkins on the Hill event, showing DC decision makers the direct impact of federally funded research.

“Once we adopt an approach that allows people to live the way they want, but also provides opportunities and strategies for health, we’ll be better off as a society.”

READ MORE STORIES OF IMPACT: HOPKINSNURSING130.ORG
FALL 2018 RESEARCH HIGHLIGHTS

Recent scholarly publications from faculty and students of the Johns Hopkins School of Nursing

“Gender-Based Violence and Trauma in Marginalized Populations of Women: Role of Biological Embedding and Toxic Stress,” Kushal Saha and Douglas Adams—Health Care for Women International

“Unwanted Sexual Experiences in University Settings: Survivors’ Perspectives on Effective Prevention and Intervention Strategies,” Bushra Sabri, Nicole Mariner, Jacqueline Campbell, and colleagues—Journal of Aggression, Conflict, and Trauma


“Living in Fear and Prioritizing Safety: Exploring Women’s Lives After Traumatic Brain Injury from Intimate Partner Violence,” Phyllis Sharp, and colleagues—Qualitative Health Research

“Pro-and Anti-Inflammatory Biomarkers and Traumatic Brain Injury Outcomes: A Review,” Natasha Szymczak and colleagues—Cybermedi


Vincaya Pandian, PhD, MSN, FAAN, has earned a Sigma/American Nurses Credentialing Center Evidence-Based Practice Implementation Grant for her project “Development, Implementation, and Evaluation of an Evidence-Based Nurse-Led Rapid Response Program in a Low-Resource Setting.” Pandian explains: “The findings of this critical ethnographic research will facilitate humanitarian agencies to recognize gaps in the offered services to the internally displaced mothers who wish to sustain their breastfeeding efforts. It will, therefore, facilitate related agencies to recognize gaps in the offered services to the internally displaced mothers of young children and strive for protecting the breastfeeding practices of internally displaced mothers who wish to sustain their breastfeeding practices in the setting of disaster relief camp(s).”

Vincaya Pandian is an Assistant Professor of Nursing at the Johns Hopkins School of Nursing. Her research focuses on the effects of humanitarian crises on breastfeeding practices and on the role of breastfeeding in maternal health. She has conducted research in Democratic Republic of the Congo and is currently working on a project in a low-resource setting. Her work aims to improve the outcomes of breastfeeding in humanitarian contexts and to support mothers who wish to sustain their breastfeeding efforts in the setting of disaster relief camps.

Cells to Society: Final report of a collaborative cross-campus list of research projects and summative. MAGAZINE.NURSING.JHU.EDU

[“Material denotes lead author.”]
Returning a Favor

Beloved gift to a distraught child finds its way back to Johns Hopkins

Isabel is a stockinette doll who has been in the family of Marcia Moore since the early 1900s. “Sometime, probably between 1906 and 1909, my grandmother, Marcia Godfrey Davis, was hospitalized at Johns Hopkins after a mental breakdown. My mother, Cornelia Patten Davis, who was born in 1902, stayed at Hopkins while her mother received treatment. Throughout her life, Mother remembered her time there, and that ‘they wouldn’t let me see my mother.’ Her main, and maybe only, consolation was a doll the nurses gave her.”

The exact historical and medical details are fuzzy, Moore reports, because the hospitalization was never spoken of within the family. But her mother loved the doll, as did she. “My daughter, now in her 40s, preferred Cabbage Patch Kids,” explains Moore, a former journalist and author of the children’s book Wind and Oyster Jack. Rather than have her linger in a box somewhere, Moore wrote to Dean Patricia Davidson asking whether the school would like to have Isabel as a reminder of an act of kindness that lasted “not only for a lifetime but for generations.”

And so Moore brought the doll from the Eastern Shore in September to “live” at the School of Nursing.

Marcia Moore with Isabel at the Johns Hopkins School of Nursing.
Jacquelyn Campbell Named Edge Runner; Living Legend

Professor Jacquelyn Campbell, PhD, RN, FAAN, has been named an American Academy of Nursing Edge Runner for her program Danger Assessment: An Instrument to Help Abused Women Assess Their Risk of Homicide.

“This is an extraordinary honor and another opportunity to shed light on domestic violence,” says Campbell. “I am grateful for the Academy’s recognition and for the commitment of so many colleagues and organizations that have prioritized research and funding for this distressing public health problem.”

Campbell was also recently named a 2018 Living Legend by the American Academy of Nursing: “Her accomplishments have positively impacted health and health care of people in the U.S. and around the globe. Her legacy will endure the test of time.”

Through the Danger Assessment, women are provided a tool to help determine the likelihood of being injured or killed by an intimate partner.

Users are guided through 20 questions to prompt awareness of risk factors like death threats and partner’s access to a gun. Based on the level of danger, the Danger Assessment helps with safety planning measures and provides resources for abused women to learn about shelters, family justice centers, and medical advocacy. The tool also provides a calendar to help identify frequency of abuse and when injuries occurred, which can serve as evidence for possible court proceedings.

Campbell developed the Danger Assessment in 1986 using her research, clinical knowledge, and expertise as a nurse combined with the input of law enforcement and domestic violence survivors. It is free to the public in a variety of languages and available to health care professionals who want to be certified to use the tool within their own practices and organizations. It has served as the framework for a number of other interventions including the Lethality Assessment adopted by police forces across the U.S., and the MyPlan relationship safety app developed by colleague Nancy Glass, PhD, MPH, RN, FAAN.
The School of Nursing this fall adds five new members to its FAAN faculty ranks:

Assistant Professor Nada Lukkahatai, PhD, MSN, RN; Assistant Professor Janiece Taylor, PhD, MSN, RN; Assistant Professor Brigit VanGraafeiland, DNP, CRNP; Assistant Professor Nicole Warren, PhD, MPH, CNM, and Associate Professor Chao Hsing Yeh, PhD, MSN, RN.

The honorees will join the 2018 class of AAN Fellows for their significant contributions to nursing, health care, and policy. All five will be officially inducted at the AAN’s annual policy conference, November 1–3 in Washington, DC.
Pain is universal. Descriptions of what it feels like to the person you might be examining are not. Fannie Gaston-Johansson helped remove such barriers with her Painometer, a plastic wand with tabs, diagrams, and sliding markers that helps patients wordlessly translate what they’re feeling—and where. Her simple, patient-centered brainstorm went global, one moment from a brilliant career that saw her become the School of Nursing’s first JHU Distinguished Professor, an Elsie M. Lawler Endowed Research Chair, a Living Legend of the American Academy of Nursing, the first nurse ever elected to the Royal Swedish Academy of Letters, History and Antiquities, and dean and founder of the doctoral program in nursing at Sweden’s Gothenburg University. She has remained a tireless collaborator, locally and globally.

"THE BEST SCIENTISTS IN THE WORLD ARE CONNECTED TO OUTSTANDING COLLABORATIVE NETWORKS AND COLLEAGUES."

FANNIE GASTON-JOHANSSON, PHD, RN, FAAN

READ MORE STORIES OF IMPACT: HOPKINSNURSING.JHU.EDU
Susan Giscombe is proud that her three sons are not followers. Her one rule: “Make good choices.” She ends each phone call this way—right after “I love you.” “Having to raise and counsel three wonderful young men has been very rewarding,” she says. (Translation: Her sons are smart enough to listen, and to watch her example.)

It was the no-followers idea that made son Brandon Brown initially hesitant to join her at the Johns Hopkins School of Nursing, where she had just completed the Doctor of Nursing Practice Executive track and is part of the adjunct faculty. He’s a member of the MSN (Entry into Nursing) program, having stepped away from a budding career in TV and media production.

It was witnessing “the freedom that being a nurse practitioner brought” his mother that awoke his interest in nursing. In her career, he saw “the leadership and autonomy I would need in order to achieve the goals I have set.” There are six nurses on his father’s side of the family, including a cousin who just finished nursing school. And there was also his fascination with mental health issues and perhaps mixing nursing with TV and media “to educate and uplift.” A psychiatric NP approach would fit that bill.

All signs pointed to Johns Hopkins, so he jumped at the school’s offer. “I figured if I was going to do nursing, I was going to do it right,” Brown says. Good choice.

“His’s like a carbon copy of me,” Giscombe beams. He says it was hard not to be: “I was always around her career. I could see it, every day, she put other people before herself.”

Giscombe admits that she’s a bit envious of the head start he’ll get through the MSN (Entry into Nursing) program. “Millennials have so many resources at their fingertips, and these young people who already have their degree in something else, all these life experiences, they bring so much perspective to nursing.”

In her earlier days in the profession, “It was older nurses teaching you: ‘This is just how we do it.’ … It was not research-based. And self-care wasn’t the thing to do. You were just 100 percent into the patients. Millennials ask questions. They don’t just do it. And they’re more into self-care.”

For Brown, nursing might one day actually provide a path back into media. He dreams, in fact, of his own television/media channel, “a mix between the motivational and awareness-provoking media found on the Oprah Winfrey Network and the adventure, travel, and exploration-themed media on the Discovery Channel.”

Giscombe has no doubt that, if he keeps making good decisions, her son could indeed be a leader in both fields: “There are no limits on what you can do. If you can think of it, you can do it.”

One good choice begets another as a son makes his own smart decision to follow his DNP mom to the School of Nursing

“I FIGURED IF I WAS GOING TO DO NURSING, I WAS GOING TO DO IT RIGHT.”
Looking to add more flexibility to the top-ranked support, opportunities, education, and leadership preparation of its doctoral tracks, the Johns Hopkins School of Nursing has launched a state-of-the-art Doctor of Nursing Practice Primary Care NP online learning format.

The new format offers clinical learning experiences where students live and work, including an “online local” option that offers Baltimore residents clinical experiences within the Johns Hopkins network of partners, including at Henderson-Hopkins (a JHU community partnership school), the House of Ruth (a Baltimore domestic violence center), or in a Johns Hopkins Health System hospital or practice. And onsite immersions for all students are designed to take advantage of the rich and varied learning opportunities found at Johns Hopkins.

“With the new format options, we hope to expand and enhance the way we engage with students and meet the needs of working professionals who have great potential for health care leadership and advocacy,” says Rita D’Aoust, PhD, ACNP, ANP-BC, FAAN, associate dean of teaching and learning.

CHRISTINA KANG, MSN, RN

“I was drawn to Johns Hopkins because I already learned enough about nursing to recognize a chance to make a bigger difference as a leader and essential teammate. A DNP Advanced Practice degree says, ‘Hold up, I know what I’m talking about.’”

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NEWS ROUNDUP

RUSHTON JOINS NATIONAL COMMITTEE ON BURNOUT

Cynta Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics, has been chosen to serve on a newly formed National Academies of Science, Engineering, and Medicine committee to seek systemic solutions to clinician burnout. Rushton was one of only two nurses selected for the committee, named Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being.

“Increased severity of illness, patient volumes, pressures to reduce costs, and moral distress are just a few of the factors putting additional stress on health care providers today,” says Rushton. “To turn the tide of burnout, we must commit to fundamental systemic changes in health care along with expanding tools to support the resilience and integrity of frontline clinicians.”

NEW RESEARCH CENTER

Managing multiple chronic conditions, studying social determinants of health, and providing community-driven care will be pillars of the new PROMOTE research center at the Johns Hopkins School of Nursing, funded through a National Institutes of Health P30 grant.

“With 2 out of 3 adults in the U.S. experiencing multiple chronic conditions, the need for relevant research and scalable programs is urgent,” says Sarah L. Stanton, PhD, ANP, FAAN, center director and JHSON endowed professor for health equity and social justice. “Our center takes a holistic view of the person, their environment, and their goals. [PROMOTE is shorthand for Promoting Resilience in Persons with Multiple Chronic Conditions.] The center will prepare clinician-researchers to design solutions that are relevant to the family, social, and financial ecosystems that people live in. We want to change the question from ‘What is the matter?’ to ‘What matters most?’ to the patient.”

“WE WANT TO CHANGE THE QUESTION FROM ‘WHAT IS THE MATTER?’ TO ‘WHAT MATTERS MOST?’ TO THE PATIENT.”

EXPANDED LEADERSHIP

The Johns Hopkins School of Nursing has hired key leaders to identify and seize opportunities in education, practice, business, and collaboration.

Michal (Miki) Goodwin, PhD, RN, NEA-BC, associate dean of clinical practice (student clinical placements, faculty practice development)

Gloria Ramsey, JD, RN, FAAN, associate dean for diversity, equity, and inclusion

Bruce Schneblbrom, PhD, MHs, CRNA, FAAN, associate dean for practice, innovation, and leadership

Deborah Baker, DNP, ACNP, NEA-BC, associate dean for health systems partnership and innovation

Kenneth Dion, PhD, RN, MSH, MBA, assistant dean for business development and strategic relationships

THE NEXT GENERATION ARRIVES

MSN (Entry into Nursing) students begin the 2018 fall semester with an orientation session.

HENRIETTA LACKS MEMORIAL AWARD

The CHECC-uP Cervical Cancer in Minority Women with HIV Project has earned the 2018 award. Project leaders included faculty members Patty Wilson, Jason Farley, Hae-Ra Han, and Phyllis Sharps.

NEW RESEARCH CENTER

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"WE WANT TO CHANGE THE QUESTION FROM 'WHAT IS THE MATTER?' TO 'WHAT MATTERS MOST?' TO THE PATIENT."
“The health status of a country is embodied by its nurses. No model will be successful or achievable without nursing input.”
Pressures injuries, once called bedsores or pressure ulcers, are nearly as bad for hospitals’ bottom line as they are for patients’ sensitive areas. Dragging down service ratings as well as reimbursement rates, they’re a pain for all involved.

Beating them begins at admission, says Carla S. Aquino, DNP, MSN, RN, coordinator for clinical quality at Johns Hopkins Hospital. Because no matter where the pressure injury was acquired, it’s the hospital’s fault if not noted by the time a patient is admitted. For nurses, that’s not about blame but treating sores quickly and effectively.

“You want to look not only for hospital-acquired pressure injuries but anything that can become them,” she says. “For example, scabs are seen as tougher than skin but it’s the opposite. It’s easy for a scab to become a pressure injury.”

So, “You note it and put it down.” Then, you help make it go away.

There are several weapons in the nurse’s arsenal to prevent pressure injuries:

• **HYDRATION.**
  It’s a challenge when illness makes taking in water difficult or a patient refuses hydration altogether, but it is essential.

• **NUTRITION.**
  If a patient can’t eat by mouth, consult a dietician on a best source for the calories, Aquino says.

• **PRESSURE PADS.**
  “We apply a protective foam dressing, probably as big as your hand on bony prominences like the coccyx and sacrum.”

• **POSITIONING.**
  Turning patients is a long-established strategy for avoiding hospital-acquired pressure injuries, but nurses need to make sure they are not pulling or dragging patients when repositioning or transporting them. “They’re coming out with many different products that indicate how much pressure the body or skin is under so it helps you make better decisions,” she says. “The standard may still be every two hours to change a position but you could do it more often unless it interferes with the care of the patient.”

• **MICROMOVING.**
  This relieves pressure without fully turning the patient. “For us, micromoving is usually done in ICUs because patients are very sick and may not tolerate the larger turning,” Aquino says. “It’s just about relieving the pressure without compromising breathing, for example.”

• **THE BED ITSELF.**
  A Johns Hopkins Hospital project is replacing traditional mattresses with more forgiving surfaces. “We’re moving to where the norm for our mattresses is what many hospitals would have if a person already had the [pressure injury] problem,” says Amanda Owen, RN, a wound care specialist. “Both our ICUs have this type of mattress and all but two or maybe three of our nursing units have it.”

• **A ZERO GOAL AND A REALISTIC APPROACH.**
  “We have elderly patients at higher risk because of age alone,” Owen explains. “The public has concern that if a hospital has pressure injury rates above a benchmark that patients are getting substandard care or are being neglected. But the skin is the largest organ in our body—people think a lung and kidney can fail but the skin can’t, and that’s wrong. We’re fighting the problem of these injuries as much as possible and will continue to.”

A Sore Spot

Stopping hospital-acquired pressure injuries starts at hello

BY ERIC BUTTERMAN

ILLUSTRATION BY ANDY SNAIR
Kevin Sowers, the first nurse ever to serve as president of the Johns Hopkins Health System, isn’t afraid to fail. What he worries about is not being able to use evidence gained through an unsuccessful project—or an error—to get it right next time. It all begins with empowering and building trust among nurses, who touch so many parts of the business model as they provide the pivotal patient care at its core. And he expects it to continue with a secret weapon: nurse practitioners. In the NP, Sowers sees a largely (and inexplicably) untapped answer to patient safety, to a physician and nurse shortage, to morale and staff retention issues. He’s not afraid to say he doesn’t yet know exactly what a new NP-enhanced business model would look like—one that better prepares nurses, physicians, and all hospital staff to work interprofessionally. But Sowers will assure you he’s going to try to find out, by trial and error if need be.

“My first goal is a listening tour. I don’t underestimate that I come to this organization not knowing everything.”

KEVIN Sowers, MSN, RN, FAAN
Central Line Associated Blood Stream Infections (CLABSI) result in thousands of deaths each year and billions in added costs to the U.S. health care system, according to the Centers for Disease Control and Prevention. Preventing them is often a matter of following protocol every shift, every day, to the letter. Or in the case of 56 Johns Hopkins Hospital inpatient units, to the color.

Blood collection can involve multiple tubes, several containing additives. The simple color guides the lab—mis-ordered tubes skew results; repeated draws multiply the infection risk.

Units Look Down, See CLABSI Rate Fall

Johns Hopkins Hospital nurses developed a fashionable and fun way to keep track. Today, hanging from ID badges are strings of colorful beads that end in a charm. Bead colors mirror the tube stoppers. A quick glance provides a reminder.

Unit champions led by Mikaela Olsen, MS, APRN-CNS, FAAN, and the CLABSI Reduction Team created the charm hangers with simple art store supplies and the goal of reducing infections—another battle won in the continuing war. “We keep taking little bites with these initiatives,” reports Olsen.

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For the Children, for the World

Jayson Gopiechand (JG): The health status of a country is embodied by its nurses. No model—certainly not the patient-centered approach championed by the NMCH—will be successful or achievable without nursing input.

Stacie Stender (SS): Are nurses recognized as leaders, as essential in health care?

Letennewe Morudu (LM): I think we are blessed to be working at NMCH, where we are now applying interprofessional collaboration in terms of nursing. At some of the hospitals where we come from, nurses seem to still be subservient, which is what gives them a challenge to give the necessary care, because their voices are not heard.

SS: What is your vision of incorporating research into nursing strategy for NMCH?

JG: We want staff to be participative—to feel part of a team that’s contributing toward quality and standards at NMCH. We have ideas about how we want to care for patients, but there needs to be room for innovation, for adaptability. Research is a fundamental and significant component of our nursing strategy.

LM: We encourage NMCH nurses to identify problems, write about them, and bring them into the bigger picture.

Hamida Ebrahim (HE): Sometimes we think research has to be on this big, grand level. We say, “If there is a problem in your unit, bring it up, let’s work it out, look at the options, and be part of the solution.”

How far will nurses go to ensure that South African children have access to state-of-the-art care for complex illnesses? At least 8,000 miles—roughly the round-trip distance from Johannesburg to Baltimore. And that’s just for starters.

Three nurse leaders from the new Nelson Mandela Children’s Hospital [NMCH] recently visited Jhpiego and Johns Hopkins Hospital (JHH) to observe, learn, and share nursing strategies.

Stacie Stender, a family nurse practitioner and senior technical adviser for Jhpiego, accompanied the Johannesburg-based NMCH team: Jayson Gopiechand, nursing director; Letennewe Morudu, deputy director, nursing clinical education; and Hamida Ebrahim, infection control manager. As part of a three-year professional exchange, they participated in a patient safety program at the Armstrong Institute and visited JHH pediatric and neonatal intensive care units. Stender and the team also sat down at Jhpiego to talk nursing.

An excerpt of the conversation:

Stacie Stender (SS): Can you talk about the role of nurses in South Africa?

Nurse leaders in South Africa empowered, driven by ubuntu

HE: I started nursing years back. The [nursing experience at] NMCH is completely different from [days when] nurses were giving baths to patients. Here, now, nurses are doing research, nurse practitioners are prescribing medications. It’s completely on the other end of the world. I see myself doing research, designing innovations.

SS: Looking ahead at nursing, 10 years from now…what do you see?

LM: NMCH nurses are embracing the chance to influence how nursing evolves not just at this one, world-class facility, but beyond. We are driven by ubuntu [a “oneness of humanity” philosophy embodied by the hospital’s namesake]. Our dream is to make sure we go beyond…beyond being compassionate, beyond being understanding. Ubuntu is having respect, the utmost respect, for everybody. Then you can give selflessly.

Read the full interview at MAGAZINE.NURSING.JHU.EDU/NMCH
Rounding with Kevin Sowers

Q&A with nurse and president of Johns Hopkins Health System

INTERVIEW BY CATHERINE GARA

Kevin Sowers, MSN, RN, FAAN, is the president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. He comes from Duke University Hospital, where he worked for 32 years, including the last eight as president and CEO. He was asked the following questions at a press conference in December and an interview in March.

Why did you decide to become a nurse? I grew up on a farm in rural Ohio and no one in my family had ever gone to college. I started in voice and piano. Because my family grew up below the poverty line, we did not have the resources to pay for me to go to college. So, I worked two jobs—i.e., in the morning I would go to the country nursing home and do music therapy. In the afternoon I was an orderly, bathing people and putting them to bed. It was in those summer months I really found my passion for caring for human beings. While I was in nursing school my grandfather was diagnosed with glioblastoma. It was a difficult diagnosis with a difficult outcome. I remember our family did not have the best experience, so I wanted to be a nurse to make sure no other family went through what we went through.

What does your new position involve? I’ll give you broad strokes. As president of the Johns Hopkins Health System, I’m responsible for the overall performance of the health system. That includes quality and safety, work culture, patient experience and financial performance, and all four of those pillars are important.

As executive vice president of Johns Hopkins Medicine, I partner with leadership to assure that all the decisions we make support our missions of clinical care, education, and research. We have to balance what we do on the health system side to ensure that we can support research and education on the school side.

How does your training as a nurse help you? I know what it means to take care of a patient, to deliver care. And I know the models that have to be put together to be able to sustain that. I come from the front line and there’s a great value to that in my leadership role. I draw upon it often.

Do you miss the bedside? There is something I miss. When I was seeing patients, I would go home from my shift knowing I had done to make a difference in somebody’s life. In executive roles, the outcomes don’t come as quickly and you have to make sure people along a journey of transforming an organization.

One third of newly licensed RNs leave the field after just two years. How can we turn that around? The issue of burnout and resilience is a health care provider issue, it’s not just nurses. There are multiple layers to the problem. As a nurse, people are dealing with some really complex issues in their personal lives. And then you start layering on the changes we’re going through in health care, and the complexity of the patients we’re caring for, and all of that together begins to create the issues of burnout and resilience.

At the system level, we should provide employees access to counselors—financial counselors, addiction counselors, grief counselors, whatever they need.

But there are simpler things that can help, too. At Duke, we developed a course where we taught faculty and staff to write down three good things they did each day, before they went to bed. They learned that every night were more resilient. We all tend to focus on what went poorly and forget about what went well. There are incredible things that happen every day at our hospitals. People shouldn’t lose sight of the difference they’ve made.

How did you gain your leadership skills? I started at Duke in 2005 as a staff nurse in oncology. Then I got my MSN and I became a clinical nurse specialist. During that time, I was asked to lead an in-patient unit, which was a big deal back then.

What’s interesting is that I didn’t raise my hand and say, “Pick me!” I was told. And look back on that story and I realize that the person who pushed me was my supervisor and mentor Brenda Naxon. I saw something in me that I didn’t see in myself. When I look back on my career, there were incredible mentors who touched every aspect of my life. They taught me finance, revenue cycle, and a whole cadre of other skills outside of nursing that I needed to be successful.

What can we turn that around? The issue of burnout and resilience is a health care provider issue. We need to create the issues of burnout and resilience.

What inspires your sense of fashion? I have always loved bright colors. And I have always loved the color blue especially. The bow ties have been a signature piece for me. They’re just fun. This one [pale blue decorated with pink crabs] was a gift from the people at Duke who helped me develop a year-long leadership program for people from all disciplines. They thought I’d like some Maryland crabs.

What else do you like about Baltimore? It has all the things that attracted me to Durham [North Carolina]. Both are foodie towns; both embrace the arts and the diversity of their people.

But there are other—less savory—parts of Durham and Baltimore. We need to partner with the city. We need to partner with the city’s leaders think through its health care needs, but also partner with them around violence, which isn’t much different than in Durham. We accomplished a lot in Durham by partnering with the mayor and the City Council. Baltimore has so much opportunity. It really does; it’s a great city.
“It is a thrill ... that we remain an inspiration to those who will stand on our shoulders.”
Dear Alumni,

The greatest gift of Alumni Weekend is the new memories that we add to those we’ve shared and celebrated through our years as members of the Johns Hopkins Nurses’ Alumni Association. And so one final time as your JHNAA president, I want to offer thanks to the 50th Anniversary Class of 1968 from Johns Hopkins and Church Home and to all those who made the trip back to Baltimore for Alumni Weekend 2018. It is always wonderful to see familiar faces, and new ones, each autumn.

The nature of magazine deadlines means we can’t show and tell you everything that happened that weekend in early October. (As if we ever could.) But we’ve tried to give you a taste of the fellow-feeling, nostalgia, and love that fill Alumni Weekend, because we hope that you will add it to your annual travel and social calendars. The changes within our industry, and within nursing education, are breathtaking. It is a thrill that so many of us can proudly claim to be part of what brought nursing this far and that we remain an inspiration to those who will stand on our shoulders.

Alumni Weekend also brought to a close my term as JHNAA president. It has been an honor and an experience I will always treasure. Best of luck to Jane Ball, UC ’69, BSN ’74, MPH ’78, DrPH ’80, as your new JHNAA president. I can assure you that we are in good hands.

A special thank you as well to Akudo Anyanwu, Katie Damaroda, and the rest of the Development and Alumni Relations team—and all the volunteers and students—for making Alumni Weekend such a success.

More news, notes, and images from Alumni Weekend 2018 are at magazine.nursing.jhu.edu. For more information on volunteering and giving, contact Katie Damaroda: kdamaro1@jhu.edu.

Get Our E-Newsletters
Stay in touch! Update your email address now to receive the quarterly Alumni E-newsletter and annual Dean’s Update. Send a message to JHNAA@jhu.edu.

ALUMNI UPDATE

SUSAN KULIK, DNP ’12, MSN/MBA ’06, BSN ’86

CLASS NEWS

LOREN BALL HAD A LOT TO CELEBRATE IN AUGUST.

In addition to graduating from the MSN (Entry into Nursing) program, Loren married Steven Bonn in front of family and friends in New Jersey. Loren accepted a position working as a RN in the Labor and Delivery Unit at University of Maryland Medical Center.

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CLASS NEWS

CONTINUED

58 Carolines Brown Bentley celebrated her 83rd birthday with one of her daughters on the Camino de Santiago in Spain. She hiked 10 miles a day for 12 days to mark the occasion.

08

THERESA MEDICUS WELCOMED MIRABELLE INTO HER FAMILY IN MAY 2018.

Mirabelle is a proud future Hopkins Nurse. Theresa works for Johns Hopkins International as a family nurse practitioner at Green Spring Station.

08

Janet Stone Brandler '56
Sarah Nowcomer Hennesberger '55
Dorothy Schock Homs '44
Norma McCullough Hardner '44
Elizabeth Monte Harley '63
Alan Boldman Liebether '65
Nancy Wheeler Matias '61
Jane M. Parker '58
June C. Persson '59
Helen Holodnak Shukinski '45
Margaret Ann McLearon White 47

KERRI CALLOWAY SPENT AUGUST VOLUNTEERING AT THE ROMANIAN CHILDREN’S HOSPITAL.

Kerr worked providing care to babies from various gypsy villages around the city of Oradea, Romania. She currently works in the Emergency Department at Northwestern Memorial Hospital in Chicago, and looks forward to going back to Romania in the winter.

Tell Us About It
Please help us share the milestones of your lives with fellow alumni of the Johns Hopkins School of Nursing. Send news and notes to Alumni Relations Officer Katie Damascus or katie.damascus@jhu.edu or use the simple form at NURSING.JHU.EDU/CLASSNOTE.
Susan Matthews Epstein, ‘66, has long stood up for the voiceless and powerless, with 10 years in hospital and community nursing and then an impactful career as a legal aid attorney. She has witnessed the power of each profession to make a difference. And she is committed to building nurses to continue the fight for what is right, establishing and funding the Endowed Professorship in Health Equity and Social Justice to do just that. The professorship will solidify the school’s influence and leadership in advocating for universal health access, equity in care locally and globally, and understanding how gender, race, and other social determinants impact health and well-being.

“I’m thrilled and proud to have this opportunity to bring the school forward in an area that is so critical to nursing and today’s health care environment.”

Susan Matthews Epstein, JD

Read more stories of impact: hopkinsnursing130.org

ETHICS
ALUMNI WEEKEND 2018

THE PASSING OF A TORCH... AND SO MANY MEMORIES.

Another Alumni Weekend has come and gone far too quickly. And the next one can’t get here soon enough. So here is a look in pictures at events from the weekend as the Johns Hopkins Nurses’ Alumni Association welcomed its new president, Jane Ball (with a huge thank you to outgoing President Susan Kulik); as the 50th-year Class of 1968 toasted years and careers well-lived and full of pride and accomplishment; as generations of Hopkins Nurses shared in their history and hopes for the future.

THANK YOU!

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I want to give nursing scholarships and receive extra income in retirement.

We all want to find that balance, a means to give back to the Johns Hopkins School of Nursing and still meet our own financial goals. When you establish a charitable gift annuity, you benefit now and enable the next generation of students to share in a Johns Hopkins School of Nursing education.

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DEB CORTEGGIANO KENNEDY, ’73

REUNIONS GALORE!

The Class of 1958 held a 60th Reunion Luncheon at Oakcrest in August. Class member Janet Plakatos organized the event and was thrilled to have 16 of her classmates attend. One member even came from Florida!

The Class of 1971 held a luncheon recently at Vinny’s Restaurant, and it was wonderful to have 11 members attend, even our “token Man of the Hour,” Mike Friedman, came and updated everyone on the last 45 years.

I also received a book of news articles and photos that captures the history of the Church Home and Hospital Hospice. As many of you know, this was the first hospice in the State of Maryland. The book was put together by Mrs. Maureen Mason and was donated to the Archives by Becky Galloway. Thank you also to Lorraine Szetela Paine, ’73, for donating her “Pinkie” Cap to the Archives! It is in perfect condition.

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CHURCH NOTES

DEB CORTEGGIANO KENNEDY, ’73

TREASURED GIFTS TO THE ARCHIVES

I am always thrilled to receive additions to the archives from alumni who also know the importance of preserving our history. Mary Ellen Short, ’67, passed away last year and, as the former treasurer to the Alumni Association, let me say she saved EVERYTHING! Mary Ellen’s brother and I met one morning when he shared nine boxes of reports, photos, and more. The most unique items from Mary Ellen’s collection will be passed along to the Archives this fall.

I also received a book of news articles and photos that captures the history of the Church Home and Hospital Hospice. As many of you know, this was the first hospice in the State of Maryland. The book was put together by Mrs. Maureen Mason and was donated to the Archives by Becky Galloway. Thank you also to Lorraine Szetela Paine, ’73, for donating her “Pinkie” Cap to the Archives! It is in perfect condition.

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Barbara Richards Sharratts, ’63
Sylvia Lammi Sievers, ’59

IN MEMORIAM

IN MEMORIAM

IN MEMORIAM

IN MEMORIAM

IN MEMORIAM

IN MEMORIAM

IN MEMORIAM
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MAGAZINE’S NEW LOOK

Johns Hopkins Nursing has long been regarded as a top magazine in its field for its blend of storytelling and images from the life of the School of Nursing. But we thought we could make it stronger, bolder, and a little more fun. We wanted bigger, more colorful images and infographics that grab readers. We sought a more modern-looking use of type. And we wanted the magazine to feel “intentional” and “finished,” down to the seam that holds all the pages together.

We hope our readers like the feel of the “new” Johns Hopkins Nursing. Please feel free to share feedback at son-editor@jhu.edu.

The friendly green face that has greeted—and comforted—so many generations of students in our beloved Courtyard left its toadstool perch for a few moments to take up residence in the shaded glen of the Student House.
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