Boys Allowed

Nursing has long had room, and the numbers (plus a school award) suggest guys are catching on.

A Reawakening
Word arrived with the new cohorts of students for Fall 2019. And like them, it could not be more welcome: The Johns Hopkins School of Nursing has been named among the 2019 Best Schools for Men in Nursing by the American Association for Men in Nursing. It’s an award born of a consistent, genuine effort to build a nursing community that is open to all, and so we are proud to be recognized. After all, the future of nursing will not be written along gender or color lines but will by necessity and by design include any who would live up to the standards of excellence that define the nursing profession. As our profession broadens its scope and innovation, it is critical that we reflect the diversity and heterogeneity of the populations we serve. Please read more about the increasing volume and role of men in nursing departments and schools across the nation on Page 27.

We also have officially launched our DNP Nurse Anesthesiology curriculum (Page 22) and have begun taking applications from some of the most promising minds in the nursing field. This is an exciting and booming nursing specialty, as certified registered nurse anesthetists (CRNAs) are a valued provider due to the quality and safety of their services as well as cost-effectiveness.

The story of nurse anesthesia at Johns Hopkins is fascinating, headlined by Olive Louise Berger, chief nurse anesthetist and director of the anesthesia school for nurses at the Johns Hopkins Hospital from 1931–69. (Berger was the first nurse to administer anesthesia during the famous “blue baby” operations in the 1940s.) And a partnership today with our School of Medicine’s #1-ranked anesthesiology program offers experienced clinical nurses—and Johns Hopkins Nursing—an unparalleled opportunity to make history once more.

Please enjoy the issue.

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

“AS OUR PROFESSION BROADENS ITS SCOPE AND INNOVATION, IT IS CRITICAL THAT WE REFLECT THE DIVERSITY AND HETEROGENEITY OF THE POPULATIONS WE SERVE.”
Binu Koirala steps up to global cardiovascular challenge

DAISY Award celebrates everyday excellence

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We Are All East Baltimore: Profiles of the people you’ll meet on the Johns Hopkins School of Nursing campus


ON THE PULSE

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ENDOWED CHAIRS.
Attracting and retaining committed professors.

Cheryl Dennison Himmelfarb — the Sarah E. Allison Professor at the Johns Hopkins School of Nursing — is determined to address the socioeconomic factors contributing to health care disparities, to help empower individuals to make healthier decisions that affect conditions like high blood pressure.

There’s no question that the excellence that is Johns Hopkins rests on the quality of our faculty. And our ability to create endowed professorships depends on you, our generous donors. These professorships help us attract some of the greatest intellects and innovators to our institution and provide critical support for their work as teachers, scholars, researchers, and clinicians.

To learn more, visit: https://giving.jhu.edu/Cheryl-D-Himmelfarb

JHSON SNAPSHOTS
More photos from the life of the school are at FLICKR.COM/HOPKINSNURSING.

Clockwise from top: MSN (Entry into Nursing) student Jill Slattery shows her school spirit on a paddle across Lake Eklutna near Anchorage in Alaska; PhD students Samuel Byiringiro and Elaina Parrillo at Orientation; Advanced Practice Simulation Coordinator Kristen Brown leads health care journalists through the paces of the lab.
The misperceptions are out there. What nurses do, and don’t do. What they look like. Who they are and why they matter. Like Florence Nightingale in the 1800s, the Johns Hopkins School of Nursing decided to shed a little light.

Nurses are women and men from all backgrounds working at all levels of health systems to save lives, to save money, to improve policy and the patient experience. They are doctors in the lab or in the boardroom. They are caregivers at the bedside, in the helicopter, or in the tent at the scene of an outbreak. Nurses are administering anesthesia in the operating room and providing full medical care in rural or remote areas where physicians are scarce.

To exclude the nursing perspective is to miss an amazing part of the health care story... and the largest part, in fact.

NURSING’S NEXT BIG IDEA

Check out our new video.

The Johns Hopkins School of Nursing is rewriting the narrative and seeking partners in leading the way to fresh thinking on nursing and its future. Got a big idea for changing the narrative on nursing? Share it with us.

NURSING.JHU.EDU/WE GOT THIS

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GREYSTAR
Determined Path

Research associate steps up to the challenge of improving cardiovascular care

B inu Koirala is comfortable with taking the long way. It is a patience forged in her native Nepal—on long journeys to her parents’ hometown far from the capital of Kathmandu, where Koirala grew up. Getting there meant a 90-minute flight, then the rest of the way on foot, mostly along a path no wider than 3 feet. “You walk from 1 to 8 p.m., stay overnight, and arise at 6 a.m. to begin walking again.” By 2 p.m., the destination would finally be in sight. It was, of course, a hike through picture-postcard scenery, she recalls. “It is so beautiful there.”

Nowadays, a 23-minute (less photogenic) commute from Towson to Baltimore seems a snap. And she feels at home in the city. “I love Baltimore for its cultural diversity. I can see the true uniqueness of the city’s diverse culture, from language and an array of restaurants to art and history.” Her husband, met while earning her master’s in gerontological studies in Ohio, nudged her toward Johns Hopkins. (“He said, ‘They have everything you want there. You have to do this.’”) And she relishes her faculty position at the Johns Hopkins School of Nursing—where she recently completed her PhD.

Koirala, a 2019 finalist in Johns Hopkins University’s 3 Minute Thesis competition, focuses on cardiovascular disease in Nepal vs. the West in hopes of building a stronger foundation for heart (and palliative) care in her home country, a developing nation that has long struggled behind in funding and research. Being among the first on this path makes it even more exciting.

“I have seen that some of the health problems we are struggling with in the West are the same problems that we struggle with in the East,” she explains. “The concern and burden of cardiovascular disease, aging, and increasing multimorbidity are challenging not only to Nepal or the U.S., they are challenging globally.” Development and implementation of effective prevention and management strategies considering social determinants of health is the key.

It won’t be an easy journey. But Koirala is determined to get there.

KOIRALA HAS HOPES OF BUILDING A STRONGER FOUNDATION FOR HEART CARE IN HER HOME COUNTRY.
No Space for Stigma

Master’s Entry students work to open eyes and minds on drug abuse

If you are of the mind that opioid abusers are not worth saving; that giving heroin addicts a safe place to “shoot up” is only encouraging them; that mothers in opioid treatment are unfit; that a habit signals a lack of willpower rather than a disease …

Know that Hillary Woods and Rachael Chrzan are judging you.

Chrzan and Woods, who graduated in August, spent much of their time in the MSN (Entry into Nursing) Program at the Johns Hopkins School of Nursing railing against such stigma. Chrzan, from Portland, OR via Indiana, and Woods, from California, each arrived a couple of years ago to a Baltimore that left them stunned at its health disparities. A Baltimore Harm Reduction Coalition event in Annapolis cemented their desire to act.

“I come from behind the ‘Orange Curtain.’ I was very naïve,” explains Woods, using the insiders’ nickname for her demographically homogenous home of Orange County. Why Baltimore? “It really was the school. I felt like I couldn’t pass up Johns Hopkins.” Then, “I came to Baltimore, looked around and was, like, what is happening here? Why is this [segregation, the opioid crisis] even a thing?”

Studying and working as nurses helped them observe the problem on the ground:

• An addicted patient abusing heroin inside the hospital while awaiting an essential surgery. “You can’t be mad at that person for all the things that led up to this moment in their life. … Punishing them is only punishing ourselves in the long run,” says Woods.

• An expectant mother trying to get “clean” through the Center for Addiction and Pregnancy at Johns Hopkins Bayview Medical Center. “If the mom doesn’t think she’s doing a good job, then she’s probably going to give up, and then that kid doesn’t have a great chance,” Chrzan explains.

• Preventable overdoses, while communities fight supervised “safe spaces” for addicts to inject themselves. “This isn’t the end all be all … but at least it’s something,” says Woods.

Now alumni, both are off to establish what Chrzan calls “a foundational nursing base” and Woods terms on-the-job “research” before deciding where and how best to ultimately make a difference.

It might be best in the meantime to keep your stigmatizing to yourself.
Jonathan Suen can recall moments in his life when it felt as though someone physically took him by the shoulders and pointed him in an alternative direction that suddenly made all the sense in the world. He’s learned to go with it.

Growing up in a multilingual family (English, Mandarin, Taiwanese, and Japanese) on Long Island, NY, he became fascinated with how comparable expressions came to life across each language. That fascination spread to sign language and the nuances of communication among deaf and hard-of-hearing populations. He served two years as a Peace Corps volunteer in Kenya working in deaf education and then earned a clinical doctorate in audiology at Gallaudet University in Washington, DC. “Sign language pushed me to see that just because I’m familiar with a certain way, it doesn’t mean it’s the only way.”

A postdoctoral fellowship brought Suen to the Johns Hopkins School of Medicine, where the advisory board for a community-based hearing care study introduced him to several JHSON faculty. “I was struck by the ways they would answer my questions and by the type of questions they would ask me regarding community health. There was something about the perspectives that they brought to our study that resonated with me,” Suen explains.

A postdoctoral fellowship brought Suen to the Johns Hopkins School of Medicine, where the advisory board for a community-based hearing care study introduced him to several JHSON faculty. “I was struck by the ways they would answer my questions and by the type of questions they would ask me regarding community health. There was something about the perspectives that they brought to our study that resonated with me,” Suen explains.

Suen hopes to begin addressing issues of loneliness, isolation, and hearing loss among older adults. “We know that as Americans age, the number of people living alone tends to increase,” he says. “But even people who are socially integrated express loneliness. This highlights a distinction between social isolation and loneliness. … We don’t fully understand the connections with hearing loss yet nor how we should address them holistically in health care, but we are seeing that age-related hearing loss is associated with adverse outcomes like accelerated cognitive decline and that loneliness can lead to increased stress and even earlier death.”

Additionally, as Suen explains, many who could benefit from hearing aids commonly refuse them for several reasons:

• They can be expensive.
• They often require several follow-up appointments, complicated by transportation challenges.
• They take time getting used to. “It’s like a new pair of shoes … if you keep taking them off too soon, they’ll never break in.”

Another problem Suen sees is a health care approach “propped up by dated notions that hearing loss was a natural part of getting older” and therefore excluded from routine care. The answer? Begin by reframing perspectives and increasing awareness around the value of “hearing health.” He points to physical fitness, once considered a luxury concept, until it was promoted as a fundamental for health and well-being: “This can help you live longer and better.”

So Suen is ready to point health care in an alternative direction.
An indicator of the incredible caliber of faculty

Eight faculty members from the Johns Hopkins School of Nursing (JHSON) are being inducted this fall as fellows of the American Academy of Nursing (FAAN) for outstanding accomplishments in health care. “This is one of the largest numbers of inductees we have had in a given year, and an indicator of the incredible caliber of faculty we have here,” says JHSON Dean Patricia Davidson, PhD, Med, RN, FAAN. In order of appearance clockwise from top left:

JESUS CASIDA, PHD, RN, APP-C: Inventor of the VADCare App—in clinical trials—designed to help patients maintain ventricular assist devices and better manage their health condition.

CATHERINE LING, PHD, FNP-BC, CMN: FAAN: improving access to primary care among vulnerable populations; disease prevention and disaster planning in federal and private sectors.

YEUNNOH KIM: PHD, MSN, RN, FAAN, FCPCA: Reducing the burden of cardiovascular disease among Africans locally and globally.

KENNETH DION, PHD, MSN, MBA: Inventor of the VADCare App—in clinical trials—designed to help patients maintain ventricular assist devices and better manage their health condition.

MIKI GOODWIN, PHD, RN, NEA-BC, CNE: Helped establish the Johns Hopkins School of Nursing as a place for exceptional education and opportunity.

CARMEN ALVAREZ, PHD, CNP, CMBN: Reducing health disparities among racial/ethnic minorities; diversifying the nursing profession and increasing access to care.

KIMBERLY NICOLSON, DNP, CNP, CS: Co-led the first Saudi Arabian DNP class to graduate from JHSON in 2017; served as lead nurse practitioner in pediatric surgery at the Johns Hopkins Hospital.

PETER JOHNSON OF JHPIEGO (PICTURED ON PAGE 37): Senior director of nursing and midwifery for Jhpiego—founder of two health care programs that nurture the next generation of a strong and diverse nursing workforce to advance the health of the nation and the global community; says NLN CEO Beverly Malone, PhD, RN, FAAN. "Centers of Excellence help raise the bar for all nursing programs by role modeling visionary leadership and environments of inclusive excellence. These programs will nurture the next generation of a strong and diverse nursing workforce to advance the health of the nation and the global community," says NLN CEO Beverly Malone, PhD, RN, FAAN.

"Receiving an award that celebrates a ‘lifetime’ of work is incredibly humbling and meaningful,” says Ramsey. “The NBNA is such an important organization that brings together some of the most knowledgeable, influential, and dedicated nurses in the field.”

At JHSON, Ramsey serves as inaugural associate dean for diversity, equity, and inclusion. She works with students, staff, and faculty to bolster and strategically promote excellence and innovation from diverse people and perspectives. She is also co-chair of the school’s Committee on Diversity, Equity, and Inclusion.

Throughout her career, she has worked with racially and ethnically diverse populations and helped to engage faith communities in community-based participatory research. Ramsey has done significant work to expand end-of-life care for African Americans and persons with disabilities by helping to develop APPREAL (A Progressive Palliative Care Educational Curriculum for the Care of African-Americans at Life’s End) with the late Dr. Richard Payne and the Hastings Center Guidelines for End-of-Life Care. She has also made significant contributions to military health care as a member of the Walter Reed National Military Medical Center Ethics Committee, faculty of its Medical Ethics Short Course, and as an End-of-Life Nursing Education Consortium (ELNEC) core and veterans trainer.

GLORIA RAMSEY, JD, RN, FNAP, FAAN, earned the President’s Lifetime Achievement Award from the National Black Nurses Association (NBNA). The honor salutes Ramsey’s varied career as a nurse and attorney who has focused on bioethics, end-of-life care, and promoting high-quality health care and access among minority populations.

“Centers of Excellence will nurture the next generation of strong and diverse nursing workforce to advance the health of the nation and the global community,” says NLN CEO Beverly Malone, PhD, RN, FAAN. 

To read a full profile in the JHSON magazine, visit https://www.nurse.jh.edu/honor-2019/
Professor Sarah Szanton, PhD, ANP, FAAN, earned a 2019 Heinz Award for her work as founder and head of Community Aging in Place—Advancing Better Living for Elders (CAPABLE), an innovative program to improve health and independence while lowering costs for low-income adults aging at home.

Szanton, recently named the inaugural Endowed Professor in Health Equity and Social Justice, has previously been named an American Academy of Nursing Edge Runner, a Baltimore Business Journal Health Care Innovator, and is a member of the Sigma Nursing Hall of Fame.

CAPABLE is a client-directed home-based intervention to increase capacity to “age in place” for older adults. CAPABLE combines home visits from a nurse, occupational therapist, and handyman to equip low-income older adults to live more comfortably and safely in their homes through inexpensive renovations like installing hand rails or lowering shelves or appliances.

It can decrease hospitalization and nursing home stays by improving medication management, problem-solving ability, strength, balance, mobility, nutrition, and home safety, while decreasing isolation, depression, and fall risk.

CAPABLE has expanded from Baltimore to cities across the United States and overseas and received funding from the National Institutes of Health, the Center for Medicare and Medicaid Services Innovation Center, and the Robert Wood Johnson and Rita and Alex Hillman Foundations.

Associate Dean Mona Shattell, PhD, RN, FAAN, was recently named the 2019 Isabel Hampton Robb Distinguished Scholar. She will discuss how health care leaders can use social media to educate the public, influence policy, and connect with patient and provider communities and industry leaders during the 2nd Annual Isabel Hampton Robb Lecture Series on December 2.

At the Johns Hopkins School of Nursing, Shattell works to support advancement and retention of faculty while furthering an environment of diversity, inclusion, and mentorship among teachers and academic leaders. An internationally recognized expert on inpatient mental health nursing, she conducts research on the mental health of underserved or vulnerable populations and is a board member for several community nonprofit mental health advocacy and service organizations. Her published work focuses on therapeutic relationships, various environments of care, and the mental and physical health of long-haul truckers.

The Isabel Hampton Robb Distinguished Scholarship, named for the inaugural superintendent of nurses at Johns Hopkins Hospital and principal of its then-brand-new nurse training school, recognizes achievement at the highest level and the potential for ongoing excellence.

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**2019 EVENING WITH THE STARS WINNERS**

Award winners will be recognized at An Evening With the Stars on Saturday, November 2 at the Center Club in Baltimore. Watch for images from the event in the Spring 2020 issue of Johns Hopkins Nursing.

**ELSIE PEYTON JARVIS STAR NURSE AWARD**
Philomena Costabile, Johns Hopkins Hospital (JHH)

**EUNICE SEARLES KING STUDENT AWARD**
Courtney Garry, Johns Hopkins School of Nursing (JHSON)

**LINDA DAVIES VERSIC FACULTY AWARD**
Catherine Ling, JHSON

**JHSON NURSING DIVERSITY AWARD**
Yvonne Commodore-Mensah, JHSON

**SUZANNE CONCATO NURSE PRECEPTOR AWARD**
Michael Mugo, Johns Hopkins Bayview Medical Center

**JOHNS HOPKINS NURSING INNOVATION AWARD**
Michelle Fanchi, JHH

**ROSENWALD JHH ICU NURSE AWARD**
Amy Stewart, JHH

**STAFF EXCELLENCE AWARD**
Sabrina Scarborough, JHSON campus operations manager

**ALUMNI ASSOCIATION HERITAGE AWARD**
Elise Peyton Jarvis ’47

**DIVERSITY TRAILBLAZERS AWARD**
Professor Jason Farley, JHSON

**DEAN’S AWARD**
Morris Range, Longtime Donor
**RESEARCH SPOTLIGHT**

**CHICAGO PARENT PROGRAM MATCHES ‘STANDARDS’**

A study led by researchers at the Johns Hopkins School of Nursing suggests that the Chicago Parent Program (CPP), a group-based parent management training program developed by Professor Deborah Gross, DSCN, RN, FAAN, is as effective at decreasing child behavior problems as Parent-Child Interaction Therapy (PCIT), the “gold standard” among such programs. The study also found that CPP took less time to complete and cost about 50 percent less to implement.

For the study, published in the *Journal of the American Academy of Child & Adolescent Psychiatry*, 158 mostly low-income parents were randomized to CPP or PCIT. They were selected from among those seeking treatment for behavior problems of children ages 2–5 in an urban health mental clinic between 2012 and 2016. Child behavior problems were assessed at baseline, post intervention, and then four months later using the standardized Child Behavior Checklist.

Researchers found the programs equally effective at reducing child behavior problems. A comparison of per-participant costs showed CPP at $540 vs. $1,669 for PCIT.

“These results are a breakthrough in terms of measuring parenting programs, particularly among low-income families experiencing adversity,” says Gross. “The Chicago Parent Program appears to be a cost-effective alternative to PCIT and targets a segment of the population that has traditionally left out of reaping the benefits from parenting programs.” Gross developed CPP in 2002 to specifically target this population.

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**FALL 2019 RESEARCH HIGHLIGHTS**

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

**EDUCATION**

- **Nurse Leadership Development in Malta**, Victoria Hughes, Rebecca Bright, and Colleagues—*Journal of the American Medical Informatics Association*

**FALL 2019 RESEARCH HIGHLIGHTS**

**PUBLIC HEALTH**

- **Academic—Clinical Service Partnerships Are Innovative Strategies to Advance Patient Safety Competence and Leadership in Prelicensure Nursing Students**, Dr. Yvonne Commodore-Vangraefeiland, Elizabeth Sloand, Joanne Elizabet-Flagg, Kellie Gleason, M. Alkawaldeh, Kelli Frisch, Tener Goodwin

- **Addressing the Resurgence of Measles and Vaccine Refusal in the United States Through Public Health Nursing**, Dr. Valerie Thornton, Alison Ahn, Patricia Himmelfarb, Chakra Budhathoki, and Patricia Himelfarb—*Journal of Public Health Nursing*

**VIOLENCE & TRAUMA**

- **Intimate Partner Violence, HIV, and Sexually Transmitted Infections in Fishing, Trading and Agrarian Communities in Rakai, Uganda**, Bushra Gani and Colleagues—*BMJ Public Health*

**CARDIOVASCULAR**

- **Advancing Cardiovascular Care Through Nursing Research, Quality Improvement, and Evidence-Based Practice**, Dawn Lynn Kapp,performing L. Jennifer L. Malenby, and Rebecca Weir—*Nursing Journal*

**CARING FOR WOMEN**

- **Caring for Women Experiencing BreastEngagement: A Case Report**, Katelyn Green, Kelley Robinson, Clifton Therrin, and Colleagues—*Journal of Community Health*

**ACADEMIC—CLINICAL SERVICE PARTNERSHIPS**

- **Academic—Clinical Service Partnerships Are Innovative Strategies to Advance Patient Safety Competence and Leadership in Prelicensure Nursing Students**, Dr. Yvonne Commodore-Vangraefeiland, Elizabeth Sloand, Joanne Elizabet-Flagg, Kellie Gleason, M. Alkawaldeh, Kelli Frisch, Tener Goodwin

**Palliative Care**


**CANCER**

- **Addressing the Resurgence of Measles and Vaccine Refusal in the United States Through Public Health Nursing**, Dr. Valerie Thornton, Alison Ahn, Patricia Himmelfarb, Chakra Budhathoki, and Patricia Himelfarb—*Journal of Public Health Nursing*
Living the Dream

READY? COUNT BACKWARDS FROM 100 ... 99 ... 98 ... 97 ...

You’ll be asleep long before you run out of reasons why the new Nurse Anesthesia track at the Johns Hopkins School of Nursing is the right program at the right time.
As the anesthetist, you’re the member of the team doing the

And so Schoneboom scoffs at the old joke about the

The light went on for Bruce Schoneboom, PhD, CRNA,

OR can be a very risky place,” he explains. “And

patients,” he says of the role of a certified registered

trust, often in a very short amount of time. They have

team-centered environment. As the anesthetist,

to make sure that the patient is safe.”

The experience it takes to master ever-changing

Do the Math

Advanced Practice Nurse Anesthesiology Program at

it takes to be a

little more mature.”

Good thing. “This program is calibrated to turn out

leaders. Our graduates will be ready from Day One to

contribute, to succeed, because they have to be,”

insists Schoneboom, a retired Army colonel who

commanded a surgical hospital on the Afghanistân-

Pakistan border in 2006, where he cared for soldiers

and provided humanitarian help to local nationals.

“It’s just part of the Johns Hopkins brand that our

Schoneboom is quick to praise the Johns Hopkins

School of Medicine’s Anesthesiology and Critical Care

Department (ACCM) as well as other Johns Hopkins

Medical Institutions, like the Armstrong Institute for

Patient Safety, for recognizing the role JHSON could

play in expanding an anesthesiology workforce while

also elevating the practice.

Do the Math

CRNAs administer local and general anesthetics;

perform epidural, spinal, and nerve blocks; provide

“twilight” sedation and pain management. They work

in collaboration with surgeons, anesthesiologists,

dentists, podiatrists, and other professionals to

ensure the safe administration of anesthesia.

According to the American Association of Nurse

Anesthetists (AANA) 2016 Practice Profile Survey,

they administer more than 43 million anesthetics

each year in the U.S. They are relatively independent

professionals who have direct reimbursement rights

under the Medicare program. They were the first

nursing specialty to have this privilege granted by

Congress in 1986. Yet nurse anesthetists have had to

battle stigma: The AANA has noted that when a nurse

anesthetist administers anesthesia, it is considered

nursing; by contrast, an anesthesiologist’s work is

considered medical practice. There are no procedural
differences between the two.

As the AANA reports, the profession arose out of

necessity during the Civil War, when nurses jumped

in to provide anesthesia as numbers of wounded

soldiers became overwhelming.

A similar numbers game exists today in rural and

medically underserved areas, where physicians are in

short supply. Here, nurses—and in particular, nurse

practitioners—have been called upon to provide

care across the spectrum. In fact, CRNAs are the sole

anesthetists in such places intense: According to

the Bureau of Labor Statistics, Montana ($242,000)

and Wyoming ($233,000) top the pay

scale for CRNAs. (The latest benefits

and compensation survey by the AANA

puts the mean CRNA salary at $190,000.

By comparison, the Bureau of Labor

Statistics lists the 2018 mean salaries of

RN at $72,000 and NPs at $114,000.)

Even where care is more available,

CRNAs are making inroads. For a

number of years and for many reasons,

a nursing shortage has loomed over

all of health care in the United States.

One of these reasons is a simultaneous

shortage of physicians. The Johns

Hopkins School of Nursing has

embraced the challenge of turning

out nurses—NPs, DNPs, and CRNAs—

prepared to close that gap.

Such demand offered an opportunity,

and planning for a doctorally prepared

CRNA program began.

According to a 2017 report by Payscale.

“WE’RE EXCITED TO GET TO

REBUILD A PROGRAM WITH SUCH

A RICH HISTORY.”

“The light went on for Bruce Schoneboom, PhD, CRNA, FAAN, as a teenage orderly in the operating room of a hospital where his mother worked as a nurse. “The OR can be a very risky place,” he explains. “And the stakes are high.” In nurse anesthetists, he saw the confidence, the cool, the smarts, and the experience it takes to master ever-changing technology and complex pharmacology, to employ the communication skills to both lead and collaborate, to be the patient’s most staunch advocate, to succeed, because they have to be,” insists Schoneboom, a retired Army colonel who commanded a surgical hospital on the Afghanistân-Pakistan border in 2006, where he cared for soldiers and provided humanitarian help to local nationals. “It’s just part of the Johns Hopkins brand that our graduates stand out.”

The payoff? Since 2016, CRNA has ranked among U.S. News & World Report’s top career choices for personal satisfaction, collaboration inherent to the job, and unquestioned benefits to health care and society. Hundreds of self-reporting nurse anesthetists gave their profession a perfect score in job satisfaction, according to a 2017 report by Payscale.

Oh, and the money’s not bad either.

The operating room is a very team-centered environment. As the anesthetist, you’re the member of the team doing the reconnaissance, taking in everything all at once to make sure that the patient is safe.”

Schoneboom is quick to praise the Johns Hopkins School of Medicine’s Anesthesiology and Critical Care Department (ACCM) as well as other Johns Hopkins Medical Institutions, like the Armstrong Institute for Patient Safety, for recognizing the role JHSON could play in expanding an anesthesiology workforce while also elevating the practice.

The School of Medicine is already ranked #1 for its anesthesiology specialty for 2019-20 by U.S. News & World Report. He explains that access is what pushes

“THE OPERATING ROOM IS A VERY TEAM-CENTERED ENVIRONMENT. AS THE ANESTHETIST, YOU’RE THE MEMBER OF THE TEAM DOING THE RECONNAISSANCE, TAKING IN EVERYTHING ALL AT ONCE TO MAKE SURE THAT THE PATIENT IS SAFE.”

“We’re excited to get to rebuild a program with such a rich history,” Schoneboom says of ACCM. “We’re excited to get to rebuild a program with such a rich history,” pointing to nurse anesthetist contributions at Johns Hopkins dating back to the 1920s but which slowed in the 1980s.

A similar numbers game exists today in rural and medically underserved areas, where physicians are in short supply. Here, nurses—and in particular, nurse practitioners—have been called upon to provide care across the spectrum. In fact, CRNAs are the sole providers in nearly 100 percent of rural hospitals for some states. Which makes the demand for nurse anesthetists in such places intense: According to the Bureau of Labor Statistics, Montana ($242,000) and Wyoming ($233,000) top the pay scale for CRNAs. (The latest benefits and compensation survey by the AANA puts the mean CRNA salary at $190,000. By comparison, the Bureau of Labor Statistics lists the 2018 mean salaries of RNs at $72,000 and NPs at $114,000.)

Even where care is more available, CRNAs are making inroads. For a number of years and for many reasons, a nursing shortage has loomed over all of health care in the United States. One of these reasons is a simultaneous shortage of physicians. The Johns Hopkins School of Nursing has embraced the challenge of turning out nurses—NPs, DNPs, and CRNAs—prepared to close that gap.

Such demand offered an opportunity, and planning for a doctorally prepared CRNA program began.

CRNAs administer local and general anesthetics; perform epidural, spinal, and nerve blocks; provide “twilight” sedation and pain management. They work in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other professionals to ensure the safe administration of anesthesia.
What It Takes

The 36-month DNP Advanced Practice Nurse Anesthesiology curriculum emphasizes evidence-based practice, leadership skills, and systems-level thinking. Graduates are prepared to respond to changing technology and health care policy landscapes and to manage anesthesia needs across aging and diverse populations. (Official accreditation is due in January 2020 from the Council on Accreditation of Nurse Anesthesia Educational Programs. To put the JHSON program’s faculty over the top, the school hired Victoria Goode, PhD, CRNA, from Duke University as faculty director and Catherine Horvath, DNP, CRNA, CHSE, from Georgetown University as co-director.)

Schoneboom describes the curriculum as “very basic science-focused. Of course, there will be the physical assessment piece, the pathophysiology, and the pharmacology: The Three P’s of the doctor of nursing practice degree.”

“To be a successful applicant, first of all you need to have done very well on your basic science coursework for your undergraduate degree. The other piece that’s very important is the experience. All qualified applicants at a minimum need to have one year acute ICU experience.”

Schoneboom notes that becoming a CRNA isn’t for everyone. But he can’t think of anything better: “If you love science, and you love technology, and you love the pharmacology, and you love the one-on-one patient involvement, I get to do all of these, and it makes my job actually fun.”

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“THE JOHNS HOPKINS DNP Nurse Anesthesiology program out front.

“One thing that’s unique about this program is that it is a partnership, so there will be a lot of different types of experiences for students. ... Our students will get to work alongside the giants of the profession,” Schoneboom says. “We’ll be leveraging the clinical expertise that the Johns Hopkins Hospital System brings to the table.” And through the Armstrong Institute’s participation, students’ DNP projects will put them in line “to identify safety and quality problems they’d like to address and to really make an impact.”

The award wasn’t as much a surprise as an affirmation: The Johns Hopkins School of Nursing (JHSON) has been named among the 2019 Best Schools for Men in Nursing by the American Association for Men in Nursing. The award cited the school’s history, consistency, quality, and commitment to creating an inclusive environment for men who are becoming professional nurses.

It’s a salute to an ongoing JHSON effort to build a robust, prepared, and richly diverse workforce of nurses to deal with the challenges and opportunities of nursing care as well as to more fully represent the patients they serve, no matter the demographic identifiers.

For many years, severe nursing shortages have hovered just over the horizon. In the United States as elsewhere, populations were living longer, experiencing more chronic ailments as a tradeoff. Rural areas that struggled to attract physicians increasingly looked toward nurses to fill the gap. The Affordable Care Act offered many Americans essential treatment and prevention they had long been unable to access.

Still, it took a while for men to know their place—in nursing.

Herb Zinder, the first male admitted to JHSON (with Jim Leyva in 1968), helped set the mold, turning a love for hands-on health care and anesthesia into a nursing career that culminated with building Zinder Anesthesia Associates and then guiding his son, Matthew, into the family business. On Graduation Day 1999, Matthew and his dad became JHSON’s first father/son alumni. Mother-son JHSON graduates have likewise become far less rare.

The questions raised then are still heard on occasion: “Why aren’t you a doctor instead? Isn’t that a woman’s work?” But as nurses of all gender designations

YOU’VE COME A LONG WAY, BUDDY

Nursing has long had room for men, and the numbers (plus a school award as male-friendly) suggest that the guys are catching on

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earn doctoral degrees and MBAs, as they design and implement change at the boardroom level, attack inequities as political representatives, and, yes, save lives at the bedside; these questions are becoming more faint and ... quaint.

“A big part of [choosing JHSON] was being in the Peace Corps and working with the doctors there. They encouraged me to go back to school for medicine and I said, ‘No, I’m going to go back to school for nursing,’” says Jason Boyd, who graduated in August from the MSN (Entry into Nursing Program).

Today, the world’s most trusted profession is roughly 11 percent male, a figure that continues to grow. A male nurse, Kevin Sowers, is president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. Male and female JHSON students work shoulder to shoulder, pushing each other as colleagues and collaborators. The experience has turned male graduates into ambassadors.

“There’s a really big place for everyone in nursing,” says Boyd.

“Nursing needs people of all genders, races, all backgrounds. Not just to get more men into the program but to get more of everyone into the program. … Something that I really like about nursing is it allows me to get in, get my hands on the patient, talk to them, to really sit down, be with them, and get a little bit more into their life and where they come from. I feel that medicine does that, but not to the extent that I get to do it as a nurse,” he explains. “Anybody who has even the tiniest want to be a nurse should come in and try it out.”

The American Association for Men in Nursing honor should help there.

“This is a proud moment to be recognized for our efforts as we strive to provide a diverse environment to educate future nursing leaders of all genders,” says Dean Patricia Davidson, PhD, MEd, RN, FAAN. “As the profession broadens its scope and innovation, it is vital to also expand the diversity and inclusion of its workforce to meet health care needs around the globe.”

Herb Zinder ’71 and Matthew Zinder ’99, the first father-son graduates of the Johns Hopkins School of Nursing.
Grace Babia, RN, the inaugural winner of the Johns Hopkins Hospital DAISY Award, took a Filipino family under her wing.
We care. We influence. We empower. We excel. We achieve. These five statements are the pillars of the Johns Hopkins Hospital’s Nursing Professional Practice Model, the shared values and goals that define our professional nursing practice and help us achieve excellence every day.

As a four-time Magnet-designated hospital by the American Nurse Credentialing Center, you might think excellence comes easy to Johns Hopkins Hospital nurses. On the contrary, it is something they strive for in every interaction, decision, and outcome, in every part of professional practice. They are exceptional caregivers, critical thinkers, and inspiring leaders, no matter their level of experience. They demonstrate an unwavering commitment to make their voices heard, collaborate across disciplines and roles to solve problems, and be advocates for patients, caregivers, and each other.

The Professional Practice Model, written in the words of Johns Hopkins Hospital nurses, articulates those characteristics, values, and practices that drive our nurses to achieve excellence for our patients and their families, and the organization as a whole. It is the focus on patient- and family-centered care, inquiry and interprofessional collaboration, autonomy and mutual accountability, and practice excellence that sets them apart. Given that excellence is so deeply embedded in who we are, it is especially meaningful when individuals and care teams are singled out for exceptionalism.

During our annual Nursing Scholars Day event, for instance, dozens of Johns Hopkins Hospital nurses are selected to present outstanding evidence-based practice, research, and quality improvement projects to hundreds of peers. The Johns Hopkins Medicine Clinical Awards recognize nurses across the health system for their roles on care teams that embody the best in collaboration and clinical excellence. Our JHNN Nursing Facebook group highlights everyday ways nurses make a difference in the lives of patients and peers.

The recognition I often find most meaningful is that which comes from our patients and their family members. Early in 2019, we launched the DAISY Award for Extraordinary Nurses at the Johns Hopkins Hospital. To be picked as that month’s winner, out of 50 or 60 nomination letters, is truly an honor.

During each month’s surprise awards ceremony, I have the privilege of reading the winning nomination letter—sometimes the patient or family members who submitted it are there as well. It is not uncommon for many of us to be brought to tears when hearing about the extraordinary lengths to which our nurses will go to make patients feel comfortable, respected, heard and, most of all, deeply cared for. To call the experience moving doesn’t do justice to the sense of pride and awe felt throughout the room. The nurses, of course, just see it as doing their job.

Meaningful recognition contributes to job satisfaction and helps create a work environment where nurses feel valued, supported, and can excel. To work as a nurse takes great strength, teamwork, and commitment, and I am incredibly proud of all the nurses across our health system who call Johns Hopkins home.
DAISY Award recognizes skilled, compassionate nurses for going beyond the call of duty

Seeking ways to reward its nurses for their everyday excellence—before the most amazing moments get away—the Johns Hopkins Hospital this year adopted the DAISY Award, an international recognition program that celebrates skillful, compassionate care.

The DAISY, which stands for Diseases Attacking the Immune System, was established in memory of J. Patrick Barnes, who died in Seattle of an autoimmune disease in 1999. The Barnes family was struck by the skills and compassion of the nurses who cared for him in his final days.

Patients, family members, visitors, physicians, staff members, or volunteers nominate nurses by sharing a story of outstanding care. For example, Amy Stewart, RN, of the Cardiovascular Surgical ICU, was recognized in May for helping a gravely ill patient realize the dream of attending her daughter’s wedding in a lovely dress for the big day—making it happen at the hospital.

Stewart rearranged her schedule to assist in preparations and helped decorate the unit so that wedding photos would betray none of the seriousness of the patient’s diagnosis.

“It was inspiring to see people from all parts of the hospital come together to orchestrate a magical day,” says Stewart. “Together we were able to help her not just be a patient in the hospital, but the mother of the bride.”

Each month, one Johns Hopkins Hospital nurse will be selected by a committee of peers and be recognized at a public ceremony, receive a DAISY Award certificate, lapel pin, and a stone sculpture titled A Healer’s Touch.

For questions about the DAISY Award or to nominate a nurse, contact DAISY AWARD@JHMI.EDU

FEBRUARY | DANCE BABIA, RN, PEDICULAR SURGERY

Babia, the inaugural DAISY winner, was nominated by her nurse manager for support provided to a patient and his family who traveled from the Philippines for a life-changing surgery. She took the family under her wing during a two-month stay, providing companionship and expert nursing care as well as culturally appropriate food and warm winter clothes.

MARCH | NANCY DING, RN, UROLOGY/THORACIC UNIT

Ding was nominated by a family—“three generations of us”—for his patient explanations on how to administer medications at home by both feeding tube and needle, and for his listening, caring, and upbeat personality.

APRIL | TRENT CUNNINGHAM, RN, OCN, ONCOLOGY

Cunningham was nominated by the family of a cancer patient for his compassionate end-of-life care: “What quickly became apparent, and what was ultimately so remarkable and special about Trent was the very tender humanity and the selfless dignity in his care for Dad.”

MAY | AMY STEWART, RN, CARDIOVASCULAR SURGICAL ICU

Her nurse manager nominated Stewart for helping a seriously ill patient be fully present for her daughter’s wedding day: “Amy’s greatest gift was allowing the patient, for a brief time, to simply be the mother of the bride.”

JUNE | WILLARD WILL, PHD, MSN, RN, ACUTE CARE

A grateful patient told the story of Will going the extra mile—to a remote part of Gettysburg, PA in a rented car—to deliver medications (insulin, transplant antirejection pills, etc.) left behind after a hospital stay: “The fact that he made the attempt to help someone so far away and so remote shunts volumes about who he is.”

JULY | ERIKA FAKS, RN, CHILD AND ADOLESCENT PSYCHIATRY

“Even though I was not physically ill, the compassion and patience that Ms. Erika has shown me, repeatedly, has made all the difference in my recovery. She has given me hope that maybe I can get better.” — Young patient

AUGUST | SUE CHUN, RN, ADULT INPATIENT PSYCHIATRY

Nominated by a patient who remembers Chun as “the kinddest, most sincere individual. ... Although I am glad to be off the unit, I am sad to be leaving the most supportive, caring nurse I have ever had.”

*The September winner had not yet been notified at press time.*
Peter Johnson agreed to a late-day interview and showed up smiling, as if he hadn’t just flown from Singapore to Baltimore, with a stop at World Health Organization (WHO) headquarters in Geneva. Jhpiego’s senior director of nursing and midwifery is unfazed by time zones. Johnson’s very first day on the job in 2006 found him flying to Uganda straight from a Disney vacation with his family. It set the tone for a Jhpiego career spent largely on the road, visiting many of the 40-plus countries served by an organization that he proudly notes is the only nurse-led NGO operating worldwide. He admires Leslie Mancuso’s habit to identify as a nurse first, before introducing herself as Jhpiego’s president and CEO.

We dispensed with small talk: “How are you?”  “Tired.” Then I lobbed a biggie to rev him up.

MY: Explain why you’re not a fan of task shifting, but are a proponent of expanded roles.

PJ: I’d love people to talk more about expanding scope of practice, as opposed to task shifting—which sounds like the role really belongs to somebody else, but a nurse’ll do in a pinch.

One of the first things I worked on at Jhpiego were training materials for voluntary medical male circumcision. At the time, the WHO didn’t want nurses to do anything other than counseling. They didn’t want them in the OR. Fast forward to today: Who’s doing many of the circumcisions, many of the surgeries, and doing them independently? Nurses.

MY: Sounds like you knew all along that nurses’ roles in HIV treatment and care would likely expand, and that nurses would step up?

PJ: Right, but this happened because of supply and demand. Because of a dire need, people gave nurses the opportunity. And nurses performed well.

MY: Just recently you were selected for induction as a fellow of the American Academy of Nursing—a recognition that, according to the AAN, “sets aside nursing leaders as the most highly distinguished within the profession and honors outstanding accomplishments that have significantly impacted healthcare.”

PJ: I owe it to Jhpiego for offering me the platform to make successful contributions over the past 13 years.

MY: Pre-Jhpiego, you worked in both clinical practice and academia, right?

PJ: But it wasn’t until I stepped out of academia and started at Jhpiego that I had the opportunity to shape nursing education globally ... in Ethiopia, Liberia, Botswana, Lesotho, Swaziland, Kenya, India, Myanmar ... There’ve been so many countries I’ve been able to advise and fully use my skill set.

MY: The International Year of the Nurse and the Midwife will be in 2020. How do you intend to celebrate this 200th anniversary of the birth of Florence Nightingale?

PJ: It’s going to set the agenda for the next 10 years, positioning nurses front and center in efforts to meet the WHO’s triple billion goals, which include: 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies, and 1 billion more people enjoying better health and well-being, respectively.

Maryalice Yakutchik manages global communications for Jhpiego.

“A Q&A with PJ”

Jhpiego’s nurse leader Peter Johnson dishes about a big meeting, year, and honor—and the biggest nursing report ever

BY MARYALICE YAKUTCHIK

Peter Johnson agreed to a late-day interview and showed up smiling, as if he hadn’t just flown from Singapore to Baltimore, with a stop at World Health Organization (WHO) headquarters in Geneva. Jhpiego’s senior director of nursing and midwifery is unfazed by time zones. Johnson’s very first day on the job in 2006 found him flying to Uganda straight from a Disney vacation with his family. It set the tone for a Jhpiego career spent largely on the road, visiting many of the 40-plus countries served by an organization that he proudly notes is the only nurse-led NGO operating worldwide. He admires Leslie Mancuso’s habit to identify as a nurse first, before introducing herself as Jhpiego’s president and CEO.

We dispensed with small talk: “How are you?”  “Tired.” Then I lobbed a biggie to rev him up.

MY: Would it be possible, even if you weren’t jet-lagged, to imagine a more monumental moment to be a nurse?

PJ: Not a chance.

[A bit of context: Johnson has just returned from the International Council of Nurses Congress where 5,300 delegates were buzzing about the expanded role of the nurse—a concept almost as near and dear to Johnson’s heart as his grandkids, of which there are four.]

“I’D LOVE PEOPLE TO TALK MORE ABOUT EXPANDING SCOPE OF PRACTICE, AS OPPOSED TO TASK SHIFTING.”

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Maryalice Yakutchik manages global communications for Jhpiego.
“Alumni Weekend 2019 was a wonderful opportunity to reconnect with classmates and add new memories to those we made as students”
Dear Alumni,

Alumni Weekend 2019 was a wonderful opportunity to reconnect with classmates and add new memories to those we made as students. Thank you to all alumni from Johns Hopkins and Church Home schools of nursing who made the trip to Baltimore to share the weekend with each other. It was wonderful to see so many alumni from reunion classes and faculty reconnecting, sharing memories, and observing the changes: the new Johns Hopkins Hospital, the school of nursing under construction, and progress in nursing practice and education.

As a member of the Johns Hopkins Hospital diploma program in 1969, it was wonderful to reconnect with nearly 40 members of my class. Receiving our 50-year anniversary medallion was especially memorable. However, one planned event for my classmates was also special. For the first time during Alumni Weekend, a living history session was recorded with classmates sharing stories about life in Hampton House and as a nursing student 50 years ago. The class of 1964 had a similar opportunity to share their memories from 55 years ago. These living history sessions will be saved in the Archives, but they will also be made available to interested alumni through the JHSON website in the near future.

The Alumni Weekend program was carefully designed to appeal to alumni from all years. Hallmarks of a Johns Hopkins nursing education—excellence in nursing practice, advocacy, and leadership—were well represented in the program. We had a symposium on hypertension and cardiovascular care with continuing education credit offered. One Friday session highlighted financial wellness, a topic of interest to nurses of all ages. Another special session profiled Lauren Underwood, an alumnus who broadened her advocacy efforts by becoming a member of the U.S. Congress.

We are fortunate to have the Johns Hopkins Nurses’ Alumni Association so effectively supported by the JHSON. A special thank you to Akudo Anyanwu, Katie Damaroda, and the rest of the Development and Alumni Relations team—and to all the student volunteers—for making Alumni Weekend such a success.

Clockwise from top left: Student volunteers at the school; a mixer at Bond Street Social; Aniekan Akpokodje ’19 presents a flag to Dean Davidson and Associate Dean Bruce Schoneboon; Aniekan Akpokodje, Diane Jefferson Walker, and Elizabeth McSwain Dodd at Bond Street; Deborah Bouchee Roberts, Ann Bobowick, Louise Furgess-Oler, Therisa Kettner, Marilyn Whitton, Phyllis Dietrich, Betsy Maness, Vineeta Joy, and Cheryl Hughestinen Mitzk; Diane Bigote, Martha McSwain, Dominique Ashen, Cheryl Dennison, Tammie McSwain, and Yvonne Commodore-Mensah.

GET TO KNOW US

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.

The Class of 1969 gathers for the celebration of its 50-year anniversary.
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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**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 Damaroda at katie.damaroda@jhu.edu. Or use the simple form at NURSING.JHU.EDU/CLASSNOTE.

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**CLASS NEWS**

**’73**

Cathy Deilgatti is currently semi-retired, working part time in a remote capacity for the Adventist Healthcare System. She is spending more time with the grandchildren, traveling, and quilting.

**’93**

Sarah Stanton ’93, PhD ’07 received the 24th Heinz Award in the Human Condition category for leading the development of the Community Aging in Place Advancing Better Living for Elders (CAPABLE) program.

**’00**

Myroslava Kotyk teamed up with members of the Johns Hopkins Emergency Department Community Service Committee and Johns Hopkins School of Nursing Men in Nursing group to share their love of nursing with students during Career Day at Joppa View Elementary School in Baltimore County, MD.

**’02**

The National Association of Pediatric Nurse Practitioners installed Rajashree Koppolu as president of the association and NAPNAP Partners for Vulnerable Youth for the 2019-2020 term.

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**JOHNS HOPKINS IN MEMORIAM**

- Iris Wakefield Baker ’46
- Madge Coffman Clark ’47
- Wanda Jaskowski Edwards ’72
- Mary F. Antes Fike ’59
- Joan Weitz Gardner ’56
- B. Elizabeth stalkand Hain ’59
- Rashmi V. Kheret ’11
- Nancy Sheryl Hester ’59
- Barbara Johnson Law ’04
- Emogene Fisher Martin ’46
- Cynthia Allen Swing ’59
- Mary Earnest Weaver ’45

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**WHAT IS A HOPKINS NURSE?**

**RAJASHREE (RAJI) KOPPOLU ’02**

After completing my first undergraduate degree in biology and child development, I knew I wanted to pursue a career in pediatric health care. My path led me to Johns Hopkins.

Not only did I receive a wonderful education in the fundamentals of nursing, but my experience as a Johns Hopkins nursing student confirmed my passion to work with children and their families. At Johns Hopkins, our professors encouraged us to be active in our community and engage in advocacy efforts for our patients.

Since then, I completed my MSN to become a pediatric nurse practitioner and have had the privilege to care for infants, children, and adolescents in the areas of pediatric cardiology and general surgery. I have actively worked with teams to develop clinical practice guidelines, support program development, and nationally present our work to the larger pediatric community.

As a manager of advanced practice, I advocate for my colleagues working in advanced practice pediatric nursing. In all these roles, I’ve had the opportunity to develop leadership skills, collaborate with multidisciplinary teams, and mentor new graduates and students. I am also passionate about the ways in which health policy impacts the way we provide care to vulnerable populations.

I recently completed a master’s of study in law and was elected president for the National Association of Pediatric Nurse Practitioners (beginning July 2019). In this role, I hope to lead efforts that have a greater impact on child health and well-being. I am grateful for my foundational education at Johns Hopkins, which not only solidified my commitment to working in pediatrics but also stressed the importance of allowing our collective voice as nurses to be heard.

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Read more nursing journeys at MAGAZINE.NURSING.JHU/JOURNEYS

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**Alumni and friends break bread at an event in Philadelphia.**

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I want to transform nursing education and leave a meaningful legacy.

**CHURCH NOTES**

DEB CORTEGGIANO KENNEDY, ’73

**2019 MARKS A 15TH ANNIVERSARY**

It is with the utmost pride that I join my fellow alums in celebrating 15 years as consortium members of the Johns Hopkins University School of Nursing Alumni Association. Since 2004, Church Home Alumni have worked to grow the Freda Creutzburg Scholarship that benefits Johns Hopkins students, and have thoroughly enjoyed the joint celebration of annual Alumni Weekend celebrations. To be sure, we look forward to another 15 years.

**DISTINGUISHED ALUMNI AWARD**

Having received an overwhelming number of nominations, it was an obvious choice to award the Second Annual Church Home & Hospital School of Nursing Distinguished Alumni Award to Kathleen Milholland Hunter, PhD, RN-BC, CNE, FAAN, of the Class of 1969. Dr. Hunter will receive the award posthumously. In her 40-year career, Dr. Hunter, recently named a “Visionary Pioneer,” was a true expert in the specialty of informatics and research.

**REUNION WEEKEND RAFFLE A GRAND SLAM**

Each year a raffle is held at the Saturday Reunion Brunch, and lucky winners have enjoyed their wine, chocolates, and more. This year, it was very exciting to have two handmade quilts to raffle off, graciously donated by Barbara Zelenka Spink ’69. Barbara is a nationally recognized quilter and won 1st and 2nd prize at the State Fair this year. Thank you, Barb!

**IN MEMORIAM**

Shirley Jean “Skipper” Korschgen Hanson ’58

Doris Murphy Lytle ’46

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