Supportive Behaviors
Professor Deborah Gross
on Parents and Resilience

A UNITED FRONT
JHSON READIES POLICY INSTITUTE, SCHOLARS, AND A PERCH IN DC
Nurses are leading the way to a new vision of health.

While traditional care systems treat wounds, injuries, and sickness, a shift is happening toward prevention, wellbeing, and whole-person care. This is where nursing has always thrived; and it’s where we now have a timely opportunity to advocate for access and resources for all to live healthy and well.

In this issue, we offer a glimpse at the future: the upcoming launch of a new policy institute at the Johns Hopkins School of Nursing, where we will maximize our roles as researchers, data analysts, entrepreneurs, and problem solvers. You’ll meet our inaugural cohort of Policy Honors Scholars, who are readying to address the world’s most critical health challenges through advocacy. And we will introduce our plans for the school’s presence within the new Johns Hopkins building at 555 Pennsylvania Avenue in Washington, DC, the center of policy and national influence.

The anticipation is building for nursing’s stewardship in this new century of care. The Johns Hopkins School of Nursing educates nurses to lead, conduct unparalleled research, and drive the conversation of health and policy, locally to globally.

Thank you for reading. We hope you enjoy the issue.

Sarah Szanton
PhD, RN, FAAN
Dean, Johns Hopkins School of Nursing
Patricia M. Davidson Professor for Health Equity & Social Justice
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Fannie Gaston-Johansson

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‘You’re Just This Ambassador for Health’
Meet the new chief of staff and associate dean for DEI; U.S. News rankings; STTI Honor Society induction; inaugural Rising Professors; and more.

MSN student Coral Alonso Garcia (front) with the synchronized swimming team she helped lead to national championships at Lindenwood University in Missouri. Meet her on Page 18.

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NEWS FROM AROUND THE SCHOOL
JHSON Welcomes New Chief of Staff, Associate Dean for DEI

This winter, the Johns Hopkins School of Nursing added key leaders in Chief of Staff Mark Procopio and Associate Dean Jermaine Monk, who will head the school’s efforts on diversity, equity, and inclusion.

Procopio fills the position held by Chris Atkins Godack, who retired on February 3. He previously served as senior associate for strategic initiatives in Johns Hopkins University’s Office of the Senior Vice President of Finance and Administration; as interim executive director of the Creative Alliance; founder and principal of Procopio Consulting; and executive director of FreeState Justice, a Maryland-based LGBTQ advocacy organization. In addition, he has held leadership positions with KIPP Baltimore Schools and Teach for America and taught in Baltimore city schools. He is an active member of Leadership for Educational Equity.

He earned bachelor’s degrees in international finance and international economics from Catholic University, is a Maryland State public policy conflict resolution fellow, and made Baltimore Business Journal’s “40 Under 40” list of young professionals to watch.

“Mark is a highly accomplished administrator and problem solver who is deeply committed to building a more equitable and just Baltimore and world,” says Dean Sarah Szanton, PhD, RN, FAAN.

Monk “brings over a decade of experience in higher education in the development and implementation of research, teaching, mentoring, and advisement of first-generation and Black, Indigenous, and People of Color students,” says Szanton. As both an assistant professor and administrator at Lehman College, City University of New York—a federally designated Hispanic Serving Institution—Monk served as co-chair of the president’s Diversity, Equity, and Inclusion Taskforce and as chair of the provost’s Taskforce for Social and Emotional Counseling for Faculty Development.

“Jermaine is a passionate, visionary, and accomplished teacher, scholar, and academic administrator.”

He holds a master’s and PhD in urban systems (a joint program between the Schools of Nursing and Public Affairs at Rutgers University and the New Jersey Institute of Technology), a master’s in business management from the University of Illinois, Urbana-Champaign, a master’s in theological studies from LaSalle University, a master’s in social work from Temple University, and a bachelor’s in urban planning and public policy from Rutgers.

“Diversity, equity, and inclusion are core values of our community and we look forward to Jermaine taking us to the next level as a model of excellence and impact,” says Szanton.

1, 2, 3: JHSON Earns Top Rankings in U.S. and Globally

The Johns Hopkins School of Nursing (JHSON) has once again earned the No. 1 rank for its Doctor of Nursing Practice (DNP) program, according to U.S. News & World Report rankings for 2024. JHSON’s master’s program earned the No. 2 ranking.

In specialty areas, the school ranked No. 1 in Leadership—DNP; No. 2 in Nurse Practitioner (NP) Family—DNP; No. 3 in NP Adult Gerontology Acute Care—DNP; No. 3 in NP Adult Gerontology Primary Care—DNP; No. 5 in NP Pediatric Primary Care—DNP (tied).

“These rankings reflect the impressive leadership of our students, staff, and faculty and the exceptional opportunities that exist at the Johns Hopkins School of Nursing,” says Dean Sarah Szanton, PhD, RN, FAAN.

As a leader in education across the globe, JHSON remains the No. 3 nursing school in the world by QS World University rankings. The school is consistently recognized as a Best School for Men in Nursing by the American Association for Men in Nursing and as a five-time recipient of the INSIGHT Into Diversity HEED Award for enduring commitment to diversity, equity, and inclusion.

Throughout the past year, JHSON appointed numerous faculty leaders including a new executive vice dean, an assistant dean for clinical practice & relationships, an associate dean of diversity, equity, inclusion, and researchers and practitioners in the areas of aging, cardiovascular health, disability, and more. In research, the school welcomed the Johns Hopkins University Disability Health Research Center and established the Center for Infectious Disease and Nursing Innovation and the Center for Immersive Learning & Digital Innovation. JHSON received an all-time high for research funding and increased its number of collaborative and interdisciplinary projects.

In fall 2022, JHSON launched a Policy Honors Program (article Page 26) to help students gain skills in policy analysis and advocacy and identify ways to influence local, state, federal, and global policy issues.

“We are proud to be a school that graduates change agents for the world,” says Szanton.
The Johns Hopkins School of Nursing has announced a new program to accelerate diversity within PhD-prepared nurses. The Pathway to PhD Nursing Scholars will be an eight-week, intensive program to recruit and prepare students from groups underrepresented in nursing with mentorship, resources, networking, and career guidance to facilitate competitive PhD program applications. It will focus on post-baccalaureate nurses and address structural inequities in PhD education.

“The urgency of the nursing shortage and the even greater nurse faculty shortage make this a vital opportunity that aligns with our mission to develop a diverse pipeline of nurse leaders,” says Dean Sarah Szanton, PhD, RN, FAAN.

Nurses selected for the program will engage in research and training activities with mentors and/or research teams and will develop a meaningful contribution to an existing research project. Participants will learn about the nursing research process, how to apply for a PhD, and how to conduct community-engaged research.

“Pathway Nursing Scholars will receive special networking opportunities, research shadowing experiences, and multiple levels of mentorship from faculty, current PhD students, and researchers within and outside the Johns Hopkins network,” says Wenzel.

The program is currently set to run for five years with 10 scholars selected each year. It is funded through a $5 million investment by Johns Hopkins University to support programs that will create pathways for diverse students to enter PhD programs.

Learn more: nursing.jhu.edu/PhDpathway.
Professor Emerita Fannie Gaston-Johansson, PhD, RN, FAAN, an internationally renowned educator and nurse researcher and the first Black woman to become a tenured professor at Johns Hopkins University, died of congestive heart failure January 7 at her home in Baltimore’s Mount Washington neighborhood, surrounded by family. She was 84.

Dr. Gaston-Johansson, a member of the Johns Hopkins School of Nursing (JHSON) faculty from 1993 until her retirement in 2014, focused her research on health disparities, pain management, end-of-life care, and coping strategies for women diagnosed with breast cancer. She is best known for developing the Pain-O-Meter, a tool to help patients find the right words to let clinicians know how much they are hurting.

"Dr. Gaston-Johansson led a remarkable career as a trailblazing scientist, a brilliant researcher who elevated nursing to its rightful place as a science, and as a leader in developing new methods to improve diversity, equity, and inclusion in academia," remembers Dean Sarah Szanton, PhD, RN, FAAN. "She broke barriers, becoming the ‘first’ many times. ... Students and colleagues have benefited from her experience, leadership, and commitment to inclusion."

After growing up in Hickory, NC, and earning a bachelor’s in nursing from Winston-Salem State University, Dr. Gaston-Johansson joined Johns Hopkins as the next big step in a medical, teaching, and research career that included stops in New York, Texas, California, Nebraska, and Sweden, where she earned a PhD at the University of Gothenburg.

In 1998, she was promoted to full tenured professor, the first Black woman to earn that distinction in Johns Hopkins University’s history. She maintained her appointments at Johns Hopkins while also returning to the University of Gothenburg, where she served as a professor and then as dean from 2001 to 2005, dividing her time between Baltimore and Sweden.

"She was a woman and a colleague who set very high standards," says JHSON Professor Emerita Phyllis Sharps, a colleague and friend to Dr. Gaston-Johansson for more than two decades. "She was a very strategic thinker and planner, and she didn’t give up easily—she was always committed to faculty, moving them forward in both research and teaching."

"As hard as she worked, she also enjoyed a good time, parties, music, ... she was just larger than life, a giant who will be missed in nursing."

Dr. Gaston-Johansson was also an advocate for students and oversaw the Minority Global Health Disparities Research Training Program, leading 160 students in finding solutions to health disparities and economic disadvantages across the world.

"She grew up in the segregated South, and during high school, she walked a mile each Sunday to babysit for a white family," her son Christian Johansson, a member of JHSON’s Nursing Advisory Board, told the Baltimore Sun. "The family was so impressed with her that they offered to pay her college tuition on the condition that if you see someone, you help them in some kind of way. It became her lifelong call to action."

In May, the university named a high-profile faculty recruitment initiative in honor of Dr. Gaston-Johansson, a two-time recipient of the Johns Hopkins Diversity Recognition Award. The Fannie Gaston-Johansson Faculty of Excellence Program is part of a $50 million investment that focuses on the recruitment, retention, and advancement of faculty who demonstrate a commitment to diversity and inclusive excellence. The initiative will bring 30 diverse scholars to Johns Hopkins, with a concentration on areas where diversity among faculty has lagged and an emphasis on recruiting scholars in science, technology, engineering, and math fields.

Dr. Gaston-Johansson told the JHU Hub in May, "I think recruiting and promoting diverse faculty scholars makes such an important difference in how you talk to people, how you understand people, and how you treat them. I think you have to have a host of experiences coming together with students and faculty, that’s the way you really grow, not just educationally but socially, and you get a broader perspective on life."

She served on the Maryland Governor’s Task Force on Healthcare Access and Reimbursement and received many awards, including the Links INC International Trends and Service Award, the National Black Nurses Association’s Trailblazer Award, Excellence in Nursing awards, and citations from the U.S. Congress for her research efforts. She was named a Living Legend of the American Academy of Nursing, was inducted into the Sigma Theta Tau Honor Society International Nurse Researcher Hall of Fame, and was an elected member of the Royal Academy of Letters, History and Antiquities in Sweden.
Nursing PhD student Jonathan Suen has been selected as a 2023 inductee into the Edward A. Bouchet Graduate Honor Society, established to recognize and continue Bouchet’s pioneering contributions to doctoral education.

“We believe that you exemplify the five Bouchet qualities of scholarship, leadership, character, service, and advocacy for those traditionally underrepresented in the academy,” wrote Nancy E. Kass, Johns Hopkins University vice provost for graduate and professional education, in her letter of congratulations.

Named for the first African American in the United States to receive a PhD, the Edward A. Bouchet Graduate Honor Society was co-founded in 2005 by Yale University—where Bouchet, a physicist and educator, earned his doctorate in 1876—and Howard University. Johns Hopkins University was inducted as an institutional member of the Bouchet Society in April 2018.

“We know that Jon will continue to represent JHU and the School of Nursing at the highest level in all that he does,” says Jennifer Wenzel, PhD, RN, FAAN, Suen’s co-advisor and director of PhD and Postdoctoral programs.

Previous Johns Hopkins School of Nursing inductees include Lea Marineau (2022), Emerald Jenkins (2021), Kelley Robinson (2020), and Sabianca Delva (2019).

For the 22nd consecutive year, nurses have earned the highest ethics rating from Americans among a diverse list of professions, a distinction they have held since 2001.

In the Gallup poll for 2023, taken November 9–December 2, 79 percent of U.S. adults say nurses have “very high” or “high” honesty and ethical standards, far higher than any of the other professions rated.

The top three most-trusted professions are from health care, with nurses leading the way, then physicians and pharmacists. Sixty-two percent of Americans said physicians have “very high” or “high” honesty and ethical standards, and 58 percent said the same for pharmacists.

Car salespeople, members of Congress, and telemarketers earned the lowest rankings.

When the Johns Hopkins School of Nursing dedicated a wall in Pinkard for a revolving art exhibit, it didn’t have to look far for contributions. Spring 2023 brings the second installation, featuring the faculty and staff-created images presented here and in the Table of Contents on Page 3. (Students created the first installation.) Space doesn’t allow us to show all of the work here. A sculpture by Instructional Technologist Daniel Sherman and pages from a stereotype-busting children’s book by Anushka Jajodia, a social designer with the COMPASS Center, will simply have to be appreciated in person.

For now, we present Magical Dimension by Academic Services Specialist Nakia Taylor and Niña Evelyn (Cartagena, Colombia) from Daniel Martinez, JHSON’s staff photographer. Assistant Professor Melissa Hladek painted Elena (Page 3) after suffering a miscarriage.
Five faculty members from the Johns Hopkins School of Nursing (JHSON) have been selected as the inaugural holders of the Term Professorship for Rising Faculty (Rising Professorship).

The Rising Professorship is a three-year period of funding for emerging and distinguished faculty to grow their research, increase their local, national, or global collaboration, strengthen their policy involvement, and advance their leadership within nursing and beyond. “This significant investment in faculty underscores our commitment to offering rising stars a place where they can both succeed in their careers and build the science, research, and networks needed to further nursing and improve health,” says JHSON Dean Sarah Szanton, PhD, RN, FAAN.

The Rising Professors:

Kamila Alexander, PhD, MSN/MPH, RN, uses health equity and social justice lenses to examine the complex roles that intimate partner violence, HIV resilience, societal gender expectations, and economic opportunity play in the experience of intimate human relationships. Alexander is inaugural chair of the Nursing Initiative of the Mid-Atlantic Center for AIDS Research (CFAR) Consortium, lead faculty for the Violence Working Group at the Johns Hopkins Center for Injury Research and Policy, chair of the HIV/STI Committee of the Society for Adolescent Health and Medicine, and the associate director of the NIH-sponsored Interdisciplinary Research and Training in Trauma and Violence T32 Training Program at Johns Hopkins.

Teresa Brockie, PhD, MSN, RN, FAAN, focuses on achieving health equity through community-based prevention and intervention of suicide, trauma, and adverse childhood experiences among vulnerable populations. Brockie is a member of the White Clay (A’aninin) Nation from Fort Belknap in Montana and leader of the Young Medicine Movement (YMM), which introduces Native youth to health science careers. Her intervention called Little Holy One aims to instill traditional Dakoda and Nakoda cultural values in children as a protective factor against adolescent suicide and substance use.

Yvonne Commodore-Mensah, PhD, MHS, RN, FAHA, FPCNA, FAAN, seeks to reduce the burden of cardiovascular disease risk among Africans in the U.S. and in sub-Saharan Africa through community-engaged research and implementation science. She is a cardiovascular nurse epidemiologist and co-founder and president of the Ghanaian-Diaspora Nursing Alliance, which advances nursing education in Ghana. Commodore-Mensah is principal investigator of the LINKED-BP and LINKED-HEARTS trials, aimed to improve hypertension control and management of chronic conditions in community health centers.

Laura Samuel, PhD, MSN, RN, FAAN, addresses socioeconomic disparities by advancing health equity for individuals and families with low incomes. Her research examines the pathways that link low income and financial strain to physiologic aging. This includes investigating the health impact of policies and programs related to economic well-being for low-income households. Her research also looks at aspects of neighborhood and household environments that may influence health disparities. Her interests stem from clinical experience as a family nurse practitioner where she witnessed the myriad ways that a lack of financial resources can be detrimental to health.

Janiece Taylor, PhD, MSN, RN, FAAN, addresses pain disparities among older women from underrepresented racial and ethnic groups and helps individuals with disabilities increase social participation and independence. Taylor is principal investigator of a study that addresses unmet needs of caregivers. She is co-associate director of JHSON’s RESILIENCE Center and principal faculty of its Center for Equity in Aging. Taylor has received funding from the John A. Hartford Foundation, National Institute of Nursing Research, Mayday Foundation, Robert Wood Johnson Foundation, and Henry M. Jackson Foundation.

“These faculty are already making tremendous impact,” Szanton says. “We can’t wait to see what they accomplish next.”

Visit hopkinsathome.jhu.edu to explore the site and learn more.
The Sigma Theta Tau International Honor Society of Nursing was founded in 1922 by Indiana University students seeking to advance the nursing profession as a science and support nursing scholarships. The society’s name comes from Greek words meaning love, courage, and honor. In 1936, Sigma Theta Tau became the first organization in the United States to fund nursing research. The society was incorporated in 1985 as Sigma Theta Tau International to support and connect the global community of nursing scholars who enhance health care worldwide. It is known today simply as Sigma.

The Johns Hopkins School of Nursing chapter, Nu Beta, was established in 1992. More than 300,000 nurse scholars have been inducted into Sigma Theta Tau. It is the second largest nursing organization in the world. Members are active in more than 90 countries and territories, and the 424 chapters are located in 523 college and university campuses in the United States and countries including Canada, Hong Kong, Pakistan, South Korea, Australia, Taiwan, the Netherlands, and Brazil. Membership is by invitation to baccalaureate and graduate nursing students who demonstrate excellence in scholarship and to nurse leaders exhibiting exceptional achievements in nursing.

To be eligible for membership as an undergraduate, students must have completed half of their nursing curriculum, achieve academic excellence in the form of a 3.0 or higher GPA, rank in the top 35 percent of their graduating class, and meet the expectation of academic integrity.

Registered nurses who wish to become part of the organization must apply for membership and excel in leadership, research, or their professional practice to be welcomed.

Honor society inductees are presented with purple and white honor cords with purple tassels at each end.
Coral Alonso Garcia was born out of sync. There’s a last time for everything. Advised by a physician that exercise would be good for her premature baby’s development, Garcia’s mom found a nearby swimming pool, and it wasn’t long before the child made a splash: “I was really pretty good,” Garcia remembers of what would be a 10-year competitive swimming journey, “but I got bored, just swimming laps and stuff … I was just a little girl.”

One day, Garcia and her mom happened to be watching the Summer Olympics on TV and—what was that? “I thought, ‘Oh, that looks cool! They’re kind of doing gymnastics ... and they’re swimming ... and at the same time there’s music!’” It was synchronized swimming. “My mom was, like, ‘OK, let’s find you a place.’”

“More than anything, it’s remembering why we are here.” It was a perfect fit. Garcia again excelled, eventually joining Team Mexico in Missouri, and, spotted at an international tournament, was offered a scholarship to join Lindenwood University in Missouri. “I had no idea where Missouri was. It’s not one of the places you hear about in Mexico.” In fact, as she learned later, Garcia had become the first Mexican synchronized swimmer ever recruited to the United States, and the first in her family to make the journey. Her English was “OK, not great.” But a scholarship is a scholarship, so she jumped at the opportunity.

Lindenwood wasn’t much on training facilities (a pool at a local high school). “We went to Ohio State and they had this huge, amazing pool, personal coaches for all the swimmers.” But what it lacked in amenities, Lindenwood more than made up for its United Nations recruiting efforts like the one that netted Garcia. “There were Russian swimmers, there were Olympic medalists from Spain ... And there was a universal language: ‘Trust, built on eight-hour days together in the water, in the gym, in ballet or gymnastics training. ‘It can take a whole year to perfect one three-minute routine’—until the teammates know it upside-down, sideways, with music or counting it out by hand. “They have these speaker systems so you can hear underwater,” Garcia says. “They’re very expensive, so usually only at big international events. And sometimes they stop working.” The judges don’t care. “So I’m looking frantically at my teammates [Garcia mimics pounding a hand into her opposite palm]: 1-2-3-4-5-6-7-8!” Garcia’s Lindenwood Lady Lions would beat Ohio State, and Stanford University, and … anybody in their path to four straight national championships and, for her, a lesson in leadership that she has brought to nursing as a master’s student at Johns Hopkins. “More than anything, it’s remembering why we are here. The most important thing I learned while training eight hours a day was, ‘OK, we’re tired. But we are already here. So we need to do the job well.’”

health care setting. “We all have different lives, we all have different problems. ... We are going through stuff outside. Still, we must depend on each other. That kind of leadership I always translate to my classmates: ‘Yeah, I know we’re tired and everything, but let’s do our best anyway. We are there for the patient.’”

She’s no fish out of water at Johns Hopkins, using her cultural background to her advantage and to best serve Hispanic communities. “Spanish has been a huge help because the Latinx community is growing a lot here in Baltimore and everywhere, honestly. Just being able to communicate with them, and culturally I really can understand them.”

Synchronized swimming (and coaching) are now behind her, but Garcia is excited for the opportunities ahead, ready to walk in perfect time through the doors that have opened since she established her U.S. residency. “It’s really true how that changes your whole life.” ◼
A leader doesn’t have to be tough, showy, or cool, though MSN (Entry into Nursing) student Ayla Chase—a former U.S. Army captain and punk-loving skateboarder and forever outdoor-sports enthusiast—can be each. She also describes herself as an introverted student leader, which she doesn’t see as a contradiction or an obstacle.

Chase explains that leadership can simply look like “being the best version of yourself” every day toward colleagues and instructors alike, “and that radiates. Energy is contagious.” Chase considers speaking from experience, embracing physical and emotional challenges, and above all keeping your head as keys to leadership whether as part of Johns Hopkins Nursing or the first group of women ever to train alongside men at U.S. Army Infantry School. “Fort Benning in Georgia,” Chase remembers of the 2017 groundbreaking (and mud splattering) coed training experience. “The program was designed to suck.” It did not disappoint.

Nor did Chase. “It’s meant to build your intestinal fortitude and grit,” she says of an ordeal that left her oddly impressed by the ingenuity of the program’s architects. “We knew it was going to suck, so we have an expression: ‘Embrace the suck.’” Chase tried to squeeze the life out of it. “It was awesome.”

Upon hitting a career wall in the military (and reading the writing on it), “I compared physician assistants to nurses to going the medical doctor route: Which had the least barriers to entry, had the greatest scope of practice, and had the most direct patient-contact care?” Introversion aside, “It was paramount that I get to be with people.” JHSON’s reputation and that of nursing itself helped seal the deal.

“It’s imprinted in us: Nursing is the most trusted profession, and it is for a reason. You say you’re a nurse and wherever you are people ask you questions. You’re just this ambassador for health care.”

A military brat, Chase was born in Italy to an Air Force dad whose career journey took the family to Alaska, South Carolina, Germany, and finally Florida, where he retired as a master sergeant. Such a nomadic life is not for everyone. Ayla Chase could never wait to get to the next stop. New school? No problem: Sports were always a way around any awkwardness, and that has frankly never changed.

“From very early in my childhood it was a sense of adventure,” she explains. “When we found out where we going next, we started researching. ‘What can we get into there? Board sports? Outdoors?’ I did the same thing when I came here for Johns Hopkins. Baltimore meant her first choice of nursing schools, naturally. It’s a place you just have to check it out and see it for yourself.”

Conveniently, it also offers access to ocean surfing, the Appalachian Trail, and various climbing and mountain biking environments, all within a couple of hours. For quieter moments, Chase has her guitars. Music is the one place she admits to having mellowed just a bit from her teen days of shredding on the skateboard and the ax.

Still, if she has her way, Chase—trained as a volunteer firefighter and EMT as well as a soldier—quiet moments will always be the exception.

So, after she earns the MSN in Spring ‘24? “I’m going to immediately apply for the DNP for family nurse practitioner because I do want to work in more rural settings. There’s just a far greater scope of practice you can do with that. I volunteer a lot, so in that role [DNPhNP] you can be part of mission planning for search- and-rescue organizations—Red Cross, Rubicon—there’s just a ton of them that really need these roles.”

And Chase sees only growth for the field. “Regardless of what your stance is on global warming, we have seen and will continue to see an increase in the severity, duration, and frequency of environmental disasters, domestically and internationally. And a huge portion of wilderness nursing is being able to ‘deploy’ to these arenas and provide care with small, very driven teams that can think critically.”

Meanwhile, Chase and a few others in her MSN cohort are founders of Johns Hopkins’ first adventure medicine team. “Think of it as an umbrella term, because there’s a lot that falls under it. There’s disaster relief and humanitarian aid. There’s expedition medical planning management, like being up there on Mount Everest, providing medical care in these austere environments—increasingly unique and resource-minimized situations. That’s wilderness medicine. … It’s acute care in settings that are unpredictable.”

And embraceable, if you’re Ayla Chase.

Leadership is as big a part of Ayla Chase’s nature as the Great Outdoors themselves.
Veronica Lee took a leap of faith into the U.S. and Johns Hopkins. She wouldn’t hesitate to do it again

Veronica Lee could have simply stayed home in South Korea. She’d graduated from Ewha Womans University in Seoul, her hometown, and already earned a Future Nursing Leader Award from the Global Korean Nursing Foundation. An admitted home-body, Lee insists that she gets much of her energy from being in cozy surroundings. Yet there she was, free-falling out of an airplane somewhere high above Australia, then a couple of months later parachuting solo into a new career and life in the United States.

“I had no family, friends, or cousins who were living in the United States. It was just me. I don’t know how I did it at that time. I was brave,” Lee explains of her big move in 2018. “But I know that the decision to be here in the U.S. turned out to be one of the best choices and changed everything in my life.”

If her mother in Seoul wanted to, she could easily say, “I told you so.”

“My mom always told me, ‘You have to go out and meet people.’ The message has stuck, with a few helpful reminders. ‘I explained on my AirPods, ‘Go out and do something! I always kind of push myself to go out and look around.’”

Since before landing in the U.S., Lee has served as a rehabilitation nurse to stroke patients and those with spinal cord injury or coming off orthopedic surgery, and has noticed a clear difference in the prescription of opioids here, where misuse has helped fuel an addiction crisis. Pain medications—the lasting opioids—are of course not bad in and of themselves. With proper use, education, and understanding among patients and caregivers alike, they can be an important tool in pain management.

So, upon joining the family nurse practitioner track at the Johns Hopkins School of Nursing in 2019, Lee’s Doctor of Nursing Practice scholar project has involved a focus on implementing a pain education program for patients discharged after orthopedic surgery. Her project focuses on educating patients on risks and side effects of opioids as well as possible benefits of alternatives like non-opioid analgesics and non-pharmacological methods. She seeks ways to educate them on the proper use of opioids after discharge, where without the controls of inpatient care, “Their pain management falls apart” and the risk of misuse or addiction grows.

She says, “Being able to self-manage pain is an essential part of recovery after surgery. To do so, patients need to enhance their knowledge and confidence in managing pain. Although patient education is a fundamental component of perioperative management, pain education practices remain inconsistent and incomplete in the hospital setting. And this puts patients at risk for developing uncontrolled postoperative pain and negative health outcomes associated with it.”

She has come to understand the stigma that addiction carries in America and the disparities faced by pain sufferers based on social determinants, having navigated enough cultural challenges as an English-as-a-second-language immigrant. (Lee’s given name is Yoon-Jae, but for ease in her adopted country she goes by her Catholic first name. And she has clearly mastered English, despite pre-interview apologies for any miscommunications.)

“That experience of coming to the U.S. has really broadened my perspective,” Lee explains, pointing proudly toward the final stanza of the 1915 Robert Frost poem The Road Not Taken:

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.

“It was not an easy decision for me to live in a completely different country and culture. And of course the language. I think the fact that I took ‘the one less traveled by’ that has really made all the differences in my life.”

As for goals as she looks to graduation in Spring 2023 and beyond: “I aspire to be part of the next generation of nursing leaders, clinicians, and researchers working not only toward advancing pain management but also addressing disparities in pain as well.”

Doing so will mean addressing not only the stigmas carried by patients but those harbored by caregivers who could benefit from further education on pain and pain management themselves. The rest may come down to empathy, getting to know patients, and recognizing that everyone feels pain differently. Though “we have all lived with pain,” Lee explains that nurses often have never experienced the acute levels faced by patients after orthopedic surgery or serious injury in her case it isn’t for lack of trying. A fearless adventurer and world traveler, Lee cites Australia as a favorite spot for its weather, jet skiing, and, yes, skydiving. She has no plans to stop seeking adventure, especially jet skiing, which she’s found is just as pleasurable here in Maryland.

Lee has also thrown herself into community engagement through Johns Hopkins’ natural ties to its surrounding neighborhoods, through the COMPASS Center, as a community fellow, and as a volunteer (providing drive-up free flu vaccinations for the community, for instance) if she’s missed any opportunities, again, it hasn’t been for lack of trying. “For me, the studying is not the only reason for being a Johns Hopkins student.”

And she’s determined to keep going out and doing things as a nurse leader.

“When I look back at my past three years, I can tell you how much I have grown up as a nurse, as a clinician, as a scholar, and as a future leader,” she says.

Look out below.

“I THINK THE FACT THAT I TOOK ‘THE ONE LESS TRAVELED BY,’ THAT HAS REALLY MADE ALL THE DIFFERENCES IN MY LIFE.”
EVENING WITH THE STARS

Congratulations once again to the Shining Stars recognized at An Evening With the Stars in Baltimore on November 10. Images from the event were unavailable for the Fall 2022 issue of Johns Hopkins Nursing, so let’s revisit this great event and its winners.

Elsie Payton Jarvis Star Nurse Award (all Johns Hopkins Nurses)
- Deborah Billings, Howard County General Hospital
- Katie Bryant, All Children’s Hospital
- Jonathan Esparcenac, Bayview Medical Center
- Christine Pennell, Johns Hopkins Hospital
- Eleni Flamigian, Johns Hopkins Hospital
- Linda Simpson, Suburban Hospital

Eunice Searles King Student Award (students)
- Erick Jason Beyo, DNP Psychiatric Mental Health NP student, Johns Hopkins School of Nursing
- Cynthia and Peter Rosenwald Nursing Innovator Award
- Lingerlyn Esparcenac, Bayview Medical Center
- Cynthia and Peter Rosenwald ICU Nurse Award
- Laura Selway, Johns Hopkins Hospital
- Suzanne Concato Preceptor Award
- Natasha Vanhoven, Bayview Medical Center

Linda Davies Versic Faculty Award
- Junxin Li, Johns Hopkins School of Nursing
- School of Nursing Diversity Award (staff, faculty, and students)
- Diana Baptiste, associate professor
- Dean’s Award
- Eunice and David King
- Staff Appreciation Award
- Tyrenesia “Angel” Johns

Learn more about the individual awards at nursing.jhu.edu/stars.
Seize the Day

JHSON jumps at the opportunity to build and share its skills in health policy for all

For so long, policy has been a carrot at the end of a stick. If nursing could just run faster, jump higher, build more leaders with the gumption to overcome hurdles—economic, cultural, pandemic-related—to reach the influencers’ table, it would at last show the world that health care for all is not an impossible dream.

It must be true that carrots sharpen the vision.

For the Johns Hopkins School of Nursing has its sights set on shifting the dialogue on the profession, saluting all who have come before and all the amazing advances they’ve made, of course, and then using it all as a fulcrum on policy. It starts, as does everything at the Johns Hopkins School of Nursing (JHSON), with the students.

“One of the important things, in the policy arena, is making sure nurses have a voice,” explains Professor Jacqueline Campbell, PhD, MSN, RN, FAAN, a mentor for the brand new Policy Honors Program whose own legendary advocacy on preventing violence against women has changed laws and saved lives. “A Policy Honors Program is a place where [students] can learn about that, how that looks, how to do it, how to be mentored in both creating policy and implementing it.”

“The possibilities for nurses in terms of impact and health policy and the world we live in are immense,” adds Dean Sarah Szanton, PhD, RN, FAAN. “If nurses were more involved in policy and advocacy, there would be more access to care, there would be more understanding of people’s structural and social determinants of health and how to change them while seeing people and families as communities. More of health care would happen in the schools and where people are.”

This year, the school welcomed its inaugural cohort of Policy Honors Scholars. Master’s (Entry into Nursing) students Meredith Britton, Shane Currin-Hays, Maureen Gates, Kedrine Gayle, Margaret Gebauer, Kathryn Hodges, Christian Jenkins, Tanya Miller, Melissa Noronha, Kiana Tolentino, and Olivia Walsh.

The program is for students striving to gain experience and foundational skills in policy analysis and advocacy to address critical health challenges. The two-semester program aims to broaden students’ understanding of nursing’s role in policy and expand their skills and confidence to connect with policymakers, effectively communicate policy proposals, and advocate for better health for communities.

“This program offers the opportunity to connect with policymakers and to gain an understanding of how to navigate difficult health care questions,” explains Miller. “I came to the Johns Hopkins School of Nursing because I knew that here I would have the chance to gain experiences that no other program could offer. It is one of those once-in-a-lifetime opportunities.”

“We hope that nurses can start their careers with a sense of how crucial their knowledge is to changing policy and how important policy tools are for changing health,” says Szanton, who is teaching the inaugural 2023 curriculum, which includes discussion-based seminars, regular faculty mentoring sessions, and a policy-relevant project and final presentation. “Discussion and assignments help students identify, evaluate, and influence local, state, federal, and global policy issues. As more nurses are involved in policy and advocacy, more people will have access to care and better outcomes in life.”

“Advocacy is an inherent part of nursing,” adds Jenkins, “and this program does a great job of integrating us into the world of policymaking. It’s a unique opportunity to learn from leading experts, from community-based researchers to congressional lobbyists.”

“My group of Policy Honors Scholars are paired with faculty mentors like Campbell after an interview and matching process. Mentors will rotate to offer access to the breadth of expertise among JHSON faculty.” The seminar course must be taken both semesters that each student participates in the program. Discussions and varied writing and presentation assignments will advance students’ ability to effectively communicate their analyses and policy proposals. In their second semester, students produce a policy-relevant project.

Their successes will be celebrated in part through the annual Dean’s Award for Outstanding Policy Influencer, honoring alumni whose advocacy accomplishments at the local, regional, national, or international level have made a significant impact in their field or whose policy and advocacy work has improved the health of individuals, communities, or populations and demonstrate how nurse leaders are providing outstanding contributions to health policy issues.

Learn more at nursing.jhu.edu/policyhonors.

The Institute

The Policy Honors Program is just one part of a strengthened policy focus.

A JHSON policy institute, so new it has not yet been officially named, is being built to maximize the expertise of nursing beyond the traditional role of caregiver. Utilizing skills in nursing roles as researchers, data analysts, entrepreneurs, health care advocates and—for most importantly—problem-solvers. With a nursing lens, the institute will be interdisciplinary, cross-university, and forward-thinking, with cutting-edge and collaborative research focused on two main pillars of work, Szanton explains.

“Changing how nurses see themselves.” To achieve better health for the United States and the world through greater nursing leadership, the institute will create a policy pathway for implementation of nursing interventions developed at the School of Nursing. These interventions will involve new and existing models of prevention and care (including training initiatives to increase diversity of the field), new payment models, tech-enabled and virtual nursing care, and other initiatives with the potential to change nursing from an undervalued, necessary cost to a fully valued asset.

“Changing how the rest of the world thinks of nurses.” To elevate the policy, communications, and media culture around nursing, the institute will serve as a resource center where policymakers and news outlets can routinely seek nurses’ input. The institute will highlight
nurses as problem solvers and policy experts. The trust the public maintains in nurses—at a time of diminishing trust in other experts in scientific and health arenas—will be an asset. These efforts will include hosting journalists-in-residence, White House fellow alumni, and training for nurses on strategic communications.

The JHSON policy institute arrives at a pivotal moment in the national project around the future of nursing. The National Academy of Medicine and Robert Wood Johnson Foundation’s sweeping report, The Future of Nursing: 2020–2030: Charting a Path to Achieve Health Equity explored the important contributions of nursing to addressing social determinants of health and health equity in the U.S. The report found numerous knowledge gaps relating to what interventions might work in future global pandemics and other disasters, how to advance health equity, address social determinants of health, and meet the social needs of individuals and families.

555 PENNSYLVANIA AVENUE

Talk about perfect timing. “555 Penn” in Washington, DC was purchased by Johns Hopkins University in 2020 as a future hub for learning and to bring more of JHU’s research and expertise to national and global policy-making debates. It is within walking distance of the U.S. Capitol and three Metro stations as well as Amtrak and MARC trains at Union Station.

The building was previously home to the Newseum and, after extensive renovations, will be ready this fall to host the JHU School of Advanced International Studies and three Metro stations as well as Amtrak and MARC trains at Union Station.

The renovated building will provide opportunities for every academic division of the university to pursue research and educational activities in Washington—complementing and drawing on those conducted on our flagship Baltimore campuses and deepening our connections to debates over national and global policy,” says JHU President Ronald Daniels. “Our commitment to contributing our ideas and expertise to these debates lies at the core of what it means to be a vital and relevant university.”

In addition, a recently unveiled, university-wide initiative, the Johns Hopkins Nexus Awards, will be a $15 million fund for faculty-led proposals for research, courses, and convenings at 555 Penn.

TIME TO SPEAK UP

The future of nursing is now, insists Szanton, who on February 16 testified before a U.S. Senate Committee on nursing workforce shortages, clearly laying out the challenges. “I urge the committee to support the Future Advancement of Academic Nursing Act, or FAAAN Act, when it’s reintroduced [Sponsors included: JHSON alumna Lauren Underwood, a congresswoman from Illinois]. It would address all of the areas that I’ve mentioned, solving barriers for students, preceptors, faculty, and enhancing infrastructure. … Today, nurse scientists are developing many models that may soon provide health care for our nation that is both better and less expensive,” she told the panel led by Senator Bernie Sanders of Vermont.

And the rules of engagement with governments, communities, and—most important—patients are being written right now. Szanton and fellow leaders at the Johns Hopkins School of Nursing are determined to make sure that nurses are holding their share of the pen.

“I think that if we as nurses, the nation’s most trusted health profession, don’t raise not only a clinical voice but a scientific voice, in support of people and their autonomy of decision making, we will certainly continue to see such legislative efforts that are based in misguided beliefs,” insists Professor Jason Farley, PhD, MPH, FAAN, a Policy Scholars Program mentor and a trusted voice of reason in conversations at the COVID-19 pandemic. Assistant Professor Janiece Taylor, PhD, MSN, RN, FAAN, recently sat on a panel for the Congressional Black Caucus on “Black Pain Matters” to discuss disparities in pain management among African Americans across the U.S. Trends in nursing, she said, will allow for greater collaboration and flow of ideas and people between Baltimore and Washington.

“When I think about policy, I think of it as being the roots under the ground,” Taylor explains. “And having those strong roots can be a good thing or it can be a bad thing, depending upon what’s growing . . . Our investment in policy is an investment in those roots. It may start off as a seed and take a long time to grow, but just knowing that we can establish these roots to transform health care is so powerful to me.”

TODAY, NURSE SCIENTISTS ARE DEVELOPING MANY MODELS THAT MAY SOON PROVIDE HEALTH CARE FOR OUR NATION THAT IS BOTH BETTER AND LESS EXPENSIVE.

Meet the Mentors

Faculty mentors and areas of policy study for the 2023 Spring and Fall semesters:

Teresa Brooks, PhD, MSN, RN, FAAN—Infectious Diseases

“I love taking students into the field, showing them the impact of a decision, a law, a policy, whether it’s something as basic as health care access and whether someone’s insurance is accepted at one location, and helping them think, ‘Ok, I hope I could do that!’. Those moments are the light bulb moments for those students . . . and that’s a thrill to me.”

Jason Farley, PhD, MPH, FAAN—Domestic and Intimate Partner Violence

“One of the important things in the policy arena, making sure that nurses have a voice. A Policy Honors Program is a place where [students] can learn about that, how that looks, how to do it, how to be mentored in both creating policy and implementing it.”

Jacquelyn Campbell, PhD, MSN, RN, FAAN—Global Health

“Historically, nurses have not been involved in helping to drive the directions of policy. And yet, it is so important to the work they do. With policy, you have the potential to really be affecting hundreds and thousands of lives.”

Meet the Scholars

On previous spread, from left: Christian Aracena, Kristin Tantinatore, Olivia Slech, Kathryn Bouja, Tonya Miller, and Abigail Gates

On this spread, from left: Kedrine Gayle, Margaret Gelovski, Shiree Cumin-Henke, Melissa Hermats, and Meredith Britton

Nancy Reynolds, PhD, MS, RN, FAAN—Global Health

“Historically, nurses have not been involved in helping to drive the directions of policy. And yet, it is so important to the work they do. With policy, you have the potential to really be affecting hundreds and thousands of lives.”

Hear mentors talk more about the Policy Honors Program’s potential impact at nursing.jhu.edu/policyhonors.
Deborah Gross’ research on child mental health puts the emphasis, and decisions, in the right places

The Parent Rap

Professor Deborah Gross, DNSc, MS, RN, FAAN, is rightly proud of her baby.

The Chicago Parent Program (CPP) that she helped conceive at Rush University and brought to Baltimore and the Johns Hopkins School of Nursing is standing on its own today. And walking, from Baltimore to U.S. cities in between and beyond its birthplaces.

“My work to develop, research, and scale the Chicago Parent Program from a small research initiative in Chicago to a program that is being implemented in schools, early childhood programs, child mental health clinics, and human services agencies across the country to support families raising young children in underserved communities has been a labor of love,” Gross explains of a journey that led her to Johns Hopkins in 2008. “It has brought me enormous joy to be able to make a difference in people’s lives.”

CPP has also become a pillar of RESILIENCE RRTC, or the Research and Education to support the Science of Independent Living for Inclusion and Engagement: National Center of Excellence Rehabilitation Research and Training Center, all of that funded by the National Institute on Disability, Independent Living, and Rehabilitation Research. Gross is RESILIENCE RRTC’s director.

The center’s main initiatives have been testing new ways of delivering CPP as well as CAPABLE (short for Community Aging in Place—Advancing Better Living for Elders), a research program long spearheaded by Dean Sarah Szanton, PhD, RN, FAAN, that improves independence while also cutting health care costs. RESILIENCE RRTC is working to expand its reach through both policy initiatives and plain-language fact sheets for health care organizations and the community.

"PARENTING IS THE WORLD’S LARGEST ON-THE-JOB TRAINING PROGRAM."

Gross, the Leonard and Helen R. Stulman Endowed Professor in Psychiatric and Mental Health Nursing, gets to nurture her own research while being handy with indispensable knowledge on how to germinate others’ great ideas, get them into the ground (the communities that need them), water, feed, and watch them grow too.

“As director, I get the chance to work with so many smart and amazing people doing impactful work in the disability community—it’s a great job,” Gross explains. “I’m also really enjoying the opportunity to share what I’ve learned about what makes a program like the Chicago Parent Program scalable across different communities, populations, and human service organizations.”

And it’s a great spot from which to observe CPP doing ... exactly what she’d hoped it would, and more.

Designed for parents of children 2-8 years old, CPP has been proven to lessen behavioral problems at home and in schools, strengthen the bond between parent and child, and offer peer-to-peer support for low-income parents, many whose own upbringing involved violence or other trauma. It does so without talking down to, or over, those parents. “The first thing we tell group leaders is, ‘You cannot be the expert about somebody else’s child. Your job is to help them tailor strategies to achieve their goals.’ It changes the whole dynamic.”

The program entered the Baltimore City Schools as a 2014-2017 study with support from six private foundations, including the Fund for Educational Excellence, a community organization. “It’s turned into this amazing partnership,” Gross says. “When the study was over, the Fund continued to manage the program in the city schools. All of the schools continued to want to run the program, and the district is now helping to pay for it. ... It’s all been managed by the community and the district, not us. And that’s what you want to have happen with research in a community. You want it to be something that, once it’s done, it stays with the community.”

In fact, of the Baltimore schools’ ownership of CPP, Gross says, “I’ve been doing research for decades. It’s probably the thing I’m most proud of.”

Similar initiatives have been greeted with open arms at the Cleveland Clinic, in Cincinnati, in Detroit, Rochester, NY, and elsewhere. “So many agencies feel they’re missing something important from their toolboxes for addressing the needs of families raising young children in low-income communities.”

Next for Gross and her colleagues is to study how the program can be scaled for even greater impact on communities. The signs are there. But as in parenting, the job is never really done.

“[Humorist] Irma Bombeck used to say, ‘Parenting is the world’s largest on-the-job training program.’ And if you had truly great parents, you’re in a small minority of people,” Gross insists. “Most of us have had parents who were highly fallible, who didn’t do the best that they could but could have done a lot better for us. I’m one of them.”

Still, “You cannot change children without parents. Parents are not the cause of the problem. They’re the solution.”

CPP offers those parents a realistic, real-world, and even unique set of hacks.

“There are a lot of parenting programs out there—probably thousands of them,” Gross says. “I think what makes [CPP] most attractive is a few things. It was designed from the beginning with parents from low-income communities. You don’t have to have a graduate degree in order to implement the program. And it expands your workforce tremendously and expands the workforce from the community where you want to have a positive impact.”

“YOU CANNOT CHANGE CHILDREN WITHOUT PARENTS. PARENTS ARE NOT THE CAUSE OF THE PROBLEM. THEY’RE THE SOLUTION.”
Raising children is, has been, and almost certainly will remain one of life’s great challenges. (Ask your parents.) Yet data from the Pew Research Institute show 62 percent of parents across the board and the nation find it even more difficult than they imagined. “Almost half—44 percent—of parents reported that they were trying to parent differently from how they were raised, which may be part of why so many parents also reported that parenting is harder than they expected! It’s harder to parent when you don’t have models or direct experience,” says Johns Hopkins School of Nursing PhD candidate Emily Hoppe.

And their worries for their kids are legion, topped—after years of life under COVID, economic/political uncertainty, and social disparities—by fears that their children’s mental health is at risk. Add in the “enormous influence of social media,” much of it negative, and those worries make sense, says Johns Hopkins School of Nursing Professor Deborah Gross, DNSc, MS, RN, FAAN.

Still, Gross and Hoppe, both mental health nurses, were upbeat at the results of the 2022 Pew questionnaire. Why? The study found parents of all groups still profoundly love the gig and are going to great lengths to maximize their performance as caregivers and their kids’ happiness. After all, parents who want to do better can be offered new tools, strategies, and other assistance—and can make things better for their offspring than they might have experienced themselves. And to Gross and Hoppe, that is the sweet spot for making a meaningful difference.

The catch, as always, is that the playing field is never level. “All parents want the same things for their children, but the roads they need to navigate to get there are very different depending on their incomes, neighborhoods, and access to supports,” says Gross, Leonard and Helen R. Stulman Endowed Professor in Psychiatric and Mental Health Nursing and co-founder of the Chicago Parent Program. For example, parents with lower incomes were four times as likely to worry about kids getting shot or abducted and six times as likely to worry about their children getting into trouble with police compared to parents with high incomes.

“All parents see the role as an important part of their identity,” she adds. “But parents with lower incomes are more likely [41 percent vs. 22 percent for parents with high incomes] to say it is the most important part of who they are as a person. And they’re also more likely than upper-income parents to say that it is rewarding all of the time [33 percent vs. 22 percent].”

For its report, Pew sampled 3,757 parents nationally with kids under 18.

As for what makes raising children seem harder nowadays, Hoppe points to another silver lining: It is far easier to repeat the patterns—good and bad—of one’s own rearing than to change the dynamic altogether once you become a parent. That desire to do it differently is always a welcome sign, explains Hoppe. “This suggests to me that parents who want to do things differently need support and resources, yet experience a lot of judgment, 47 percent of it from their own parents,” whose style they turned away from.

As for what nurses need to know from all this? “Nurses, as so many of us are parents ourselves, should go in with the baseline attitude that all parents may need a bit more support,” says Gross.

“Parents are really thinking deeply about their role as parents and how best to prepare their children for adulthood,” adds Hoppe.

And that’s the most hopeful stat of all.
Letter from Deborah Baker; helping school nurses ‘drowning’ in diabetes cases; breast health via nurses in India; DAISY Awards.

From left, Dean Sarah Szanton at An Evening With the Stars with Elsie Payton Jarvis Award winners Katie Bryant of All Children’s Hospital, Linda Simpson of Suburban Hospital, Eleni Flanagan of Johns Hopkins Hospital, Deborah Billings of Howard County General, Jonathan Esperancia of Bayview Medical Center, and Christine Fennell of Sibley Memorial. Deborah Baker, senior VP for nursing, Johns Hopkins Health System, and VP for nursing and patient care services at Johns Hopkins Hospital, is at far right. (Images and more winners on Page 24.)
Managing diabetes in children involves the near-constant scrutiny of blood glucose levels, carbohydrates, insulin doses and exercise, often with the aid of complex and ever-evolving medical device technology. That’s why pediatric diabetes educators at the Johns Hopkins Children’s Center reached out to help school nurses across Maryland, “who have been drowning in cases of type 1 and type 2 diabetes, especially since returning to school after COVID-19,” says Kylee Gerohristodoulos, nurse manager for Johns Hopkins’ pediatric and specialty care clinics.

Both types of diabetes are on the rise among children worldwide, with medical researchers linking a recent spike to the coronavirus pandemic. Researchers attribute the uptick in type 2 diabetes to the sedentary lifestyle some kids experienced during the pandemic, when closed schools and canceled after-school programs limited opportunities for physical activity. “Emerging studies are showing that the lack of movement and exercise took a toll,” Gerohristodoulos says.

Initial studies indicate, too, that infection by the COVID-19 virus can sometimes lead to type 1 diabetes, an autoimmune disease triggered not by lifestyle factors (like type 2) but by an autoimmune reaction, typically during childhood or adolescence. Type 2 diabetes, on the other hand, arises more commonly in adulthood. But with the halt in activity that occurred during the pandemic, children and teens are now developing the condition at a higher-than-ever rate, creating a challenge for school nurses.

“Many school nurses never learned how to manage type 2 diabetes because it wasn’t a problem in children and teenagers, but that has changed,” says Kelly Busin, a pediatric diabetes educator in the Division of Pediatric Endocrinology and Diabetes at Johns Hopkins Children’s Center, who initiated the effort to help school nurses after fielding, on average, four to six phone calls a day from nurses in need of guidance.

Another challenge for school nurses, and a reason for many of the phone calls, is the wide range of treatment regimens followed by children with diabetes. For instance, some kids with type 2 diabetes can control their condition with diet and exercise alone. Others require oral or injected medications, or insulin shots and finger sticks (to measure blood sugar) multiple times a day. Those with type 1, however, either inject insulin or use medical devices like insulin pumps and continuous glucose monitors (CGMs), but “the pumps and CGMs can differ and change over time,” Busin says, requiring school nurses to stay updated on the myriad options and advancements available.

“When schools shifted to online learning during the pandemic, some students with type 1 started using [newly released] hybrid closed-loop insulin pumps,” Busin explains. Closed-loop pumps utilize algorithms to make micro adjustments in insulin based on blood sugars transmitted by a continuous glucose monitor. After the virtual learning period ended, school nurses returned to their in-person positions to find students treating their diabetes in a new and unfamiliar manner. “Many school nurses hadn’t been trained on closed-loop systems, which aren’t easy to use.”

In addition to the nurse phone calls, “we were hearing reports of kids with diabetes being turned away from school because the nurse didn’t have the training or capacity,” Busin shares. “Parents also reached out with concerns about school nurses who didn’t understand the basics of diabetes.”

All of this prompted Busin to work with her colleagues to take action. They started by reaching out to the Maryland State Department of Education (MSDE) to explain, through a persuasive, data-rich PowerPoint presentation, why school nurses need more diabetes-related training and support. The MSDE agreed to allow them to do a pilot presentation at a virtual meeting for school nurses across Maryland.

After receiving positive feedback on the pilot, the MSDE established a way for Busin and her colleagues to work with individual counties to provide workshops and create resources for nurses to keep on hand. “Our goal is to deliver a bedside resource book for school nurses,” with easy-to-access information about everything from how to use various glucagon kits to treat severe hypoglycemia, to how to troubleshoot popular insulin pumps, Busin explains.

“At this point, none of the diabetes training for school nurses is mandatory in Maryland,” Busin says. “Our shooting-for-the-stars aspiration is to ultimately help the state standardize diabetes education, while making it ongoing, for school nurses.”

“But there’s a lot of work to do.”

By Joan Cramer

“We were hearing reports of kids with diabetes being turned away from school because the nurse didn’t have the training or capacity.”

Photo by Jon Christofersen
Kelly Busin (left) and Kylee Gerohristodoulos
In India, Breast Health Via Wellness Centers

Babli Pal’s posting last year to serve as the community health officer in a small health center in the heart of a farming village in Uttar Pradesh presented no end of challenges for a young nurse. Among the most pressing and hefty: convincing an insular, patriarchal community—one situated far from the influence of city hospitals and medical colleges—to prioritize breast and cervical cancer prevention services aligned with global goals.

“[Women] avoid and procrastinate coming to the health center, either denying that they have any problems or hoping for their issues to resolve on their own,” says Pal.

Undaunted, the 28-year-old nurse aims to make quality health services accessible and attractive to women whose low literacy and workload leads them to prioritize farm and family over personal care. She’s also resolved to expand on what constitutes “primary” care.

Her commitment to broadening that concept manifests itself in the practice of teaching women to do regular self-breast examinations, in informing them that most cases of cervical cancer are caused by long-term infection of certain types of human papillomavirus (HPV), a common sexually transmitted infection; and, importantly, in offering a less invasive, more private screening option that involves the self-collection of samples for genetic testing of HPV.

Delighted to be among 225 health care providers across India to be supported by Jhpiego in screening more than 4,500 women for cervical cancer and conducting clinical breast exams for more than 73,000 women, Pal says, “If a small effort on my part can make a big difference in someone’s life, what can be better than that?”

Reported by Indrani Kashyap, Jhpiego’s India-based associate director of regional communications. Writer-editor Maryjade Yokotzlik also contributed to this article. Photos by Shivani Agrawal.

She feels a sense of urgency given that breast and cervical cancer are the most prevalent cancers among women in India (more than 300,000 new cases and 267,000 deaths in 2020), and especially since the World Health Organization recommends for women age 30-49 (or 25-49 for those living with HIV) to be screened with a high-performance test.

Giving women a sense of ownership and control of their own health care motivates Pal and her team—an auxiliary nurse midwife and eight accredited social health activists (ASHAs)—to go door-to-door, counseling clients and building relationships with husbands, influential elders, and village leaders. These ambitious efforts have resulted so far in 184 women being tested during eight center-based cancer screening sessions, with several being referred for further investigation. Also, ASHAs have distributed kits and provided instructions for HPV self-sampling to women, some of whom were referred to the community health center for treatment.

At Johns Hopkins, our nurses are encouraged to help shape and advance nursing practice and to participate in the design and implementation of quality and practice improvements, and professional development as part of a shared governance professional practice model. This model is replicated at each affiliate hospital where unit- or department-based professional practice councils invite nurses to help shape and advance nursing practice in their care area, including quality and safety, clinical documentation and education. As members of interdisciplinary committees and workgroups, nurses also influence change across our organizations by sharing their ideas and strategies to improve other services and specialties that interact with nursing and impact patient care.

At Johns Hopkins, our nurses are encouraged to ask questions and look for the evidence to support specific care interventions that will yield the best patient-centered outcome. The Johns Hopkins Center for Nursing Inquiry (CNI) is led by our nurse scientist, Heather Watson, and an expert team that helps guide nurses in formulating their questions in ways that can be measured, and gathering and evaluating the evidence. The CNI team also provides nurses with the guidance and resources to help them analyze their work and share their outcomes more widely. These outcomes can have a direct impact on the way care is provided and the strategies we use at the unit, department or even health system level. Our staff nurses demonstrate their clinical leadership through this disseminated work.

The impact of nurses’ voices is also invaluable in creating and sustaining a healthy work environment. We recently completed our 2023 Interprofessional Well-Being Survey, which looks at professional fulfillment, burnout, work efficiency, organizational leadership, peer support, and work-life balance. The thoughts and opinions that nurses and other clinicians shared will help inform health system priorities and investments to create efficiencies in practice, build a culture of wellness, and support well-being efforts.

Nursing’s contributions to innovation and improvement across JHHS are countless and deeply valued. As health care delivery is being reimagined, we are grateful that Johns Hopkins nurses are leading the way during this transformative time.
A Tested Tool Keeps Patients Safe

BY JOAN CRAMER

In any hospital setting, some patients need constant observation. They might be disoriented or delirious, suicidal, aggressive, unable to communicate, or simply very young and can’t be left alone, so busy nurses often elect the assistance of patient safety attendants (PSAs), to sit with those patients.

But as with many health care staffers today, PSAs are a scarce resource. Nurses at The Johns Hopkins Hospital who needed a PSA would call Intrafast (the health system’s temporary staffing service) and negotiate for support. “The process wasn’t transparent, it was stressful and it could seem unfair,” says pediatric nurse educator Lucy Stewart.

Now, a PSA triage tool Stewart discovered in 2019—as a bedside nurse in the pediatric anesthesia care unit working on her master’s degree in health systems management—has been adapted, tested, and fine-tuned, and is being used successfully throughout The Johns Hopkins Hospital. The Constant Observation Resource Assessment (CORA) is a tool nurses now use to put in a request for a PSA. It assesses each patient based on objective criteria and assigns a score based on the level of acuity or need.

Because PSA availability is still limited, nurses don’t always have their request filled, says Stewart. “But they know the process is objective and fair, and resources are being allocated where they are needed most.”

The CORA was based on a tool proven to work for brain rehab patients at Mayo Clinic, Stewart says. Katherine Pontone, nursing coordinator for the Department of Psychiatry and Behavioral Sciences, helped her adapt it to the needs of surgical and trauma patients at The Johns Hopkins Hospital. At Stewart’s request, Heather Watson, a nurse scientist at Johns Hopkins Medicine’s Center for Nursing Inquiry, launched a research project, “who took all of our conceptions and put them into the Epic medical records system. “It’s really a measure of our success,” Batie says. “And it means leadership will have access to the data and a real-time picture of our patient population to better meet our staffing needs.”

Watson’s team is continuing their research project, which was already interrupted by COVID-19. “Change is slow and sometimes challenging,” she says, “but the tool has been shown to work.”

The next step, she says, is introducing the tool to the entire Johns Hopkins Health System. “We do a lot of collaboration with our six affiliates, and they know we have this tool, and they want it,” she says. “We’re just waiting for that final validity piece and then we can share it, which is super exciting. But none of this would have happened if a bedside nurse hadn’t introduced the idea.”

When Stewart first proposed the tool, there was already a work group talking about the issue, which resulted in a community comprising stakeholders from every specialty. At the same time, the Department of Nursing created its own supplemental staffing unit, which took over the role of assigning PSAs (as well as nurses and clinical technicians who float across the hospital). And the hospital introduced a telemonitor program, utilizing remote observers monitoring patients via screens from a centralized location.

“As changes happen, we are always refining the tool,” Batie explains. She also says the community couldn’t have done its work without Alex Tsikerdanos, now a Johns Hopkins University senior systems engineer, who took all of their conceptions and put them into the software system OnBase. … Literally, the CORA was a piece of paper, and we’d sit around at meetings saying, “Where can we fix this?”

Now, she says, the CORA has outgrown OnBase and is ready to be converted for use with the John Hopkins Epic medical records system. “It’s really a measure of our success,” Batie says. “And it means leadership will have access to the data and a real-time picture of our patient population to better meet our staffing needs.”

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Plenty of holdups can get in the way of discharging patients from the hospital in a timely fashion. One patient might face a medication delivery delay, while another waits for imaging or lab results, and a third needs time with a nurse for extensive discharge instructions.

These and other impediments clog the flow of incoming and outgoing patients at hospitals across the country, including The Johns Hopkins Hospital (JHH).

To improve the stream of beds available, Pete Travers, the interim program director in bed management for JHH’s Capacity Command Center, worked with an interdisciplinary team to launch the Aligned Early Discharge Initiative (previously known as Two By Noon), a program that involves discharging two patients on each hospital unit by noon every day. The initiative started with a staggered rollout in June 2022, beginning with Zayed 11 East, where patients recuperate from orthopedic, spine, trauma-related and general surgery; Zayed 11 West, the recovery unit for urology and thoracic surgery; and Zayed 10 West, the cardiovascular progressive care unit. Eventually, Travers and her team plan to implement the Aligned Early Discharge Initiative across the entire hospital.

Most hospitals have an overarching discharge strategy, but “what makes our plan unique is that nurses lead the charge,” explains Travers. “When a patient is identified as ‘early discharge,’ the nurse nudges individuals in other disciplines to complete their part of the discharge process ahead of time, instead of scrambling at the last minute.”

For Leigh Massey, a nurse on Zayed 11 West, the discharge process involves extensive patient education. “Many of our patients have their prostate removed due to prostate cancer, and discharge involves lengthy education on how to care for a catheter at home and what to expect in the healing process,” Massey explains, so she and her colleagues start training patients the day before they are flagged for discharge.

Key to the initiative’s success, Travers says, is gathering data and identifying bottlenecks in the discharge process. “We track every component, and nurses get real-time data on potential impediments that they can use to troubleshoot,” she explains.

So far, the effort to equip nurses with the data they need to lead and coordinate the discharge process is paying off—on 11 West, for example, an average of 17 percent of patients previously left before noon. That jumped 37 percent in December 2022.

In the Department of Medicine, “We’re seeing patients move more quickly from the emergency room to a private hospital room, where they can get more robust care and ultimately have a better outcome,” Travers says. “We’ve also seen a decompression of intensive care unit beds,” meaning that intensive care unit patients can move to lower levels of care once ready. This, in turn, frees up spots for other critically ill patients.

The Aligned Early Discharge Initiative is also improving satisfaction rates for patients and families. “No patient or family likes spending a longer amount of time in the hospital than is necessary,” says Massey. “Now, more patients can go home during daytime hours, when there’s less traffic on the roads and it’s not dark out.”

Plus, the initiative cuts down on “the huge bolus of admissions and discharges that nurses often juggle in the late afternoon or evening,” Travers adds. In this sense, the program helps make the workload of nurses more manageable.

“It’s like the saying goes: ‘A rising tide lifts all boats,’” Travers says. “When units hit their early discharge targets, everybody benefits, creating a win-win for all involved.”

In photo at left, Edna (Pete) Travers.
Learn more about the DAISY Award and how to nominate an amazing nurse at DAISYAWARD@JHMI.EDU.

The Johns Hopkins Hospital (JHH) is proud to honor its outstanding nurses with the DAISY Award—an international recognition program that celebrates the skilled, compassionate care nurses provide to patients and families every day. The DAISY (Diseases Attacking the Immune System) Award was established in memory of J. Patrick Barnes, who died at 33 of an autoimmune disease. The Barnes family was awestruck by the clinical skills and compassion of the nurses who cared for Patrick, so they created this award to say thank-you to nurses everywhere.

Recent DAISY Award winners at JHH:

November 2022 | Charlotte Gary
Charlotte Gary of Bloomberg 4 (pediatric cardiology intensive care) was nominated by a mother who said Gary’s care and friendly demeanor kept her and her son at ease. Along with praising Gary’s nursing skills, she detailed many seemingly small acts that had a profound impact on the patient. “The most meaningful thing she did was take him for a ‘walk.’ Charlotte, along with one of the doctors, got the boy into a wheelchair, hooked him up to all of his monitors, and took him outside to the courtyard to finally see some sunshine after a long couple of days,” the mother wrote in the letter.

October 2022 | Christine Snow
The nomination letter for emergency department nurse Christine (Chris) Snow, written by a fellow nurse, was so moving it brought many to tears when it was read aloud during the awards ceremony. In the letter, her colleague wrote about the depth of Snow’s empathy and support while caring for a patient who had experienced a devastating trauma. “Chris comforted this patient in every way possible, and did not once falter in her support. As the neighboring nurse, I watched Chris suppress the emotion that the entire department felt that day and focused only on the patient’s wellbeing.”

September 2022 | Tyler Evans
Tyler Evans, an RN III working on the Zayed 12 East unit, was nominated by a patient who wrote about the phenomenal care she received with Evans by her side as she was recovering from her 12th surgery: “Tyler was very aware and sensitive to my anxiety. His personality was so empathetic and reassuring. He was delightful to speak with and so informative about what would happen or occur with my recovery.”

August 2022 | Sandy Johnson
A nurse practitioner in the department of surgery, Sandy Johnson was nominated by a lead clinical nurse from the Comprehensive Transplant Unit for her extraordinary efforts to support a patient (and family) in need of palliative care, while serving as the unit’s shift coordinator over a long weekend. After detailing Johnson’s many caring and thoughtful actions, the nomination letter goes on to say, “This family had so much peace, comfort, and support because of you [and] the nursing staff caring for this patient felt so incredibly supported.”

July 2022 | Nichole Rosado
Nichole Rosado, a nurse on Zayed 88, the labor and delivery unit, was nominated by the husband of a patient who wrote about the enthusiasm, warmth, and bedside manner Rosado displayed while caring for his wife. Rosado was also mentoring a nursing student during this time, and the nominator wrote about how the student excelled under the patient and thoughtful guidance, further enhancing the incredible care received. “As physicians, my wife and I understand how difficult it can be to navigate our fast-paced health care system, how easy it is to forget the human side of medicine. Nichole reminded us of the power of connection, the importance of empathy, and the value of patient-centered care.”

2022 Team Award
The Team DAISY Award for 2022 goes to the adult emergency department for selfless, compassionate, life-saving, and life-affirming care throughout the year.
Freshly minted alumnus Lyndsay DeGroot (far right) of Michigan celebrates a successful PhD defense with sister Lauren at JHSON. Learn more about DeGroot on Page 48 and at unitedstatesofnursing.org.
Fernando Mena-Carrasco, MSW, MSN ’18, BSN ’15

Spring provides an opportunity for growth and change—and that’s just what we’re doing with the Johns Hopkins Nurses’ Alumni Association (JHNAA). We’ve recently introduced a slight change to our bi-monthly alumni e-newsletter. With the introduction of One Voice, we look to create a unified voice of all Johns Hopkins Nursing Alumni. One Voice is for you, by you. Your participation in the One Voice alumni newsletter is needed to make it meaningful to our nursing alumni. We ask you to contribute with photos, events, and celebrations for all alumni.

Also occurring this spring is our Reunion Weekend celebration. Taking place at the School of Nursing, class reunions will be celebrated June 1-3. This year marks the 50th reunion of the Class of 1973, which was the last graduating class of the Johns Hopkins Hospital Training School for Nurses diploma program. We invite all alumni to join us as we celebrate our milestone reunion classes and honor the legacy of Johns Hopkins nurses as we lead the way in shaping the future of nursing. You can learn more about Reunion Weekend at nursing.jhu.edu/reunion2023.

Grace Hallenbeck, ’22, has joined Southwestern Vermont Medical Center’s Pownal Campus and SVMC Cardiology.

Jocelyn Anderson, ’16, a member of the University of Arkansas for Medical Science (UAMS) teleSANE Team, has been selected treasurer of the International Association of Forensic Nurses and International Association of Forensic Nurses Foundation.

Kimberly Cuomo, ’03, of the Johns Hopkins Hospital Division of Cardiology, has earned the Miller Coulson Clinical Excellence Award. The award goes to patient-care providers who embody a mastery of: communication and interpersonal skills; professionalism and humanism; diagnostic acumen; skillful negotiation of the health care system; knowledge and a scholarly approach to clinical practice; exhibiting a passion for patient care and explicitly modeling this mastery to medical trainees.

Vinciya Pandian, ’13, associate professor at JHMON, was selected for fellowship in the American College of Critical Care Medicine.

Hannah Jacob, ’20, has joined PeaceHealth Medical Group in Bellingham, WA.

U.S. Representative Lauren Underwood, ’05, was named one of Chicago’s Top Black Women of Impact and interviewed for Better magazine.

Dean Sarah Szanton, ’07, testified before the Senate Health, Education, Labor and Pensions (HELP) Committee at an informational hearing titled “Examining Health Care Workforce Shortages: Where Do We Go From Here?” To watch Sarah Szanton’s testimony, use the QR code.

NOT RECEIVING OUR ALUMNI E-NEWSLETTERS?
Email JHNAA@JHU.EDU to be added to the distribution list!
“I have this empathy for the families,” explains intensive care nurse turned PhD grad Lyndsay DeGroot, ’23, of Michigan. “You walk into an ICU and there are the smells, and all the sounds, and all the machines, it’s just really overwhelming.”

DeGroot saw families paralyzed by decisions, particularly involving older adults with multiple chronic conditions like heart failure. “They’ve had it for many, many years. It wasn’t a car accident or something sudden. And they would be on a ventilator and there are the smells, and all the sounds, and you can’t even go to the bedside. I want to be in the room, having the conversations, being the support person. And as a bedside RN in intensive care, dialysis and telehealth—before shifting to an administrative role with the University of California Irvine Gender Diversity Program. Having cared for many individuals from marginalized groups on his way up the ladder of leadership, Vu is determined to bring their concerns up with him.

At UC Irvine, Vu works to shine a light on these populations and the obstacles they face, not always apparent to the general public or even the providers themselves.

“This may be because of stigma, systematic barriers, or they do not want to be found,” Vu explains. “For example, for almost a decade I have worked in transgender health services as a nurse practitioner, but it was not until I came to be in public health leadership that I found there were pockets of transgender individuals that weren’t being reached.”

As part of his efforts to bring high-quality health care to all groups in his home state, Vu also serves on the State Board of the California Association for Nurse Practitioners, working to earn greater practice autonomy for NPs working there. “As we know, nurse practitioners have a positive impact on patient outcomes and can function in a high level of autonomy. Through my work with this organization, we have reached a point in which we are very close to nurse practitioners being able to practice independently in the state of California.”

“Meet more graduates doing amazing work across the nation at unitde10esofnursing.org.”

Lyndsay DeGroot

PhD ’23, RN

Michigan

“Do you think you can do it? How do you want to live with this condition? How do you want your family to live along with you? Is it the best you can do? Is this what you want to do? And then that’s what palliative care is.”

“Palliative care is happy to start the conversation right now. ‘I’ve seen all the potential interventions that can happen, and I know what ones are, like, ‘Absolutely not!’ … I also have a very strong faith, so I’m not afraid of death. I’m 30, and I have a DPOA (durable power of attorney).”

Until then, for DeGroot, who in February successfully defended her PhD thesis at the Johns Hopkins School of Nursing, palliative care research will remain a passion. “I’m a clinician in my soul. I want to be at the bedside. I want to be in the room, having the conversations, being the support person. And as a researcher I’ll never again get to do that the same way. But I hope that if I can champion other people to get to do that in their work, that’s really a purpose-driven life.”

Champion of the Nursing Workforce

Paula Nersesian, PhD, MPH, RN, CNL, probably could not have picked a worse time to move to Maine. Nersesian, whose research has included the relationship between loneliness, systemic inflammation, and neighborhood quality as well as health care among refugee populations, suddenly felt cut off as the COVID-19 pandemic intensified in 2020.

“We were all locked up!” Separated from her work and students at the University of Southern Maine, “There were so many roadblocks to becoming integrated with the community. And only recently is Nersesian finally able to navigate—and marvel at—the culture shift.

“I’ve never been any place like this,” she explains of Southern Maine, where she is an assistant professor teaching prelicense and graduate courses. Nersesian got her own education at places—the University of Michigan, Johns Hopkins University—that are a world apart, in so many ways. “It is humbling to see what a regional comprehensive university is like, how limited the resources are compared to an R1. At the same time, you see how resourceful people are, and how important this institution is for the students and faculty.”

Even more, she sees an opportunity to make a difference: “In 2012, I made a big change in my life to help fill the need for nursing faculty.”

At Southern Maine, she focuses on another issue limiting the workforce as well as existing nurses’ ability to do their jobs to their fullest abilities: diversity, equity, and inclusion (DEI). While Maine does have areas where refugees and asylum seekers have settled over the years to escape war or hardship in Africa or elsewhere, its population is largely white and very spread out. Many of her students might not know their own blind spots. “We’re trying to advance DEI so our students at all levels will have the opportunity to talk about and be taught about racial inequalities and the importance of disparities in their nursing practice. They otherwise might not recognize how biases can impact their reactions as nurses.”

“Spotlight on the Marginalized”

Jeffrey Vu, DNP/MB&A ’21, began his nursing practice as a bedside RN in intensive care, dialysis and informatics—in primary care, occupational health, and telehealth—before shifting to an administrative role with the University of California Irvine Gender Diversity Program. Having cared for many individuals from marginalized groups on his way up the ladder of leadership, Vu is determined to bring their concerns up with him.

As part of his efforts to bring high-quality health care to all groups in his home state, Vu also serves on the State Board of the California Association for Nurse Practitioners, working to earn greater practice autonomy for NPs working there. “As we know, nurse practitioners have a positive impact on patient outcomes and can function in a high level of autonomy. Through my work with this organization, we have reached a point in which we are very close to nurse practitioners being able to practice independently in the state of California.”

“I’m just so passionate about, how do we want you live with this condition? How do we help you live as long as you can, the best you can, feeling the best you can?”

For her own eventual exit from this world, DeGroot said she is happy to start the conversation right now. “I’ve seen all the potential interventions that can happen, and I know what ones are, like, ‘Absolutely not!’ … I also have a very strong faith, so I’m not afraid of death. I’m 30, and I have a DPOA (durable power of attorney).”

“Until then, for DeGroot, who in February successfully defended her PhD thesis at the Johns Hopkins School of Nursing, palliative care research remains a passion. ‘I’m a clinician in my soul. I want to be at the bedside. I want to be in the room, having the conversations, being the support person. And as a researcher I’ll never again get to do that the same way. But I hope that if I can champion other people to get to do that in their work, that’s really a purpose-driven life.’”
YOU SEE POTENTIAL WHERE OTHERS SEE ROADBLOCKS.

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Reunion 2023

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I am also asking for nominations for the Distinguished Alumni Award. Please send nominations to be by May 15.

Deborah Corteggiano Kennedy is president of Church Home and Hospital Alumni.

Historical Gift

Recently, Mrs. Marianne Whedbee, widow of former Church Home President T. Gill Whedbee, contacted me to inform us that she wanted to donate the beautiful clock that always graced the Church Home Rotunda Lobby to the Alumni Association. The signed Thomas Wagstaffe George III Clock was made in London in 1770. Mr. Whedbee purchased the clock when the hospital closed. He always told his wife that ultimately he wanted the clock “in a place where it would always watch over the wonderful nurses and keep them on time.” An exact location of the final placement of the clock is yet to be determined. Dean Sarah Szanton will keep us informed.

Freda Creutzburg Scholar

The latest recipient of the Freda Creutzburg Scholarship is Aliyn “Ali” Lose. All wrote to me to express her sincere appreciation for the significant gift she received from the scholarship. Ali was inspired to be a nurse after watching the nursing care her mother, who has MS, received. Ali has a passion for surgery and wants to be a part of the OR team. She hopes to eventually become a neurosurgical NP.

*Please keep the Freda Creutzburg Scholarship in mind when you designate your giving dollars!

CHURCH NOTES
DEB CORTEGGIANO KENNEDY, ’73

IN MEMORIAM

Rosa Ruskert Debes Hubbard, ’62
Nancy Bower Walligorski, ’64
Merrill Schramm Briggs, ’63
Claire Kalbfleisch Khattoonian Levin, ’64
Pace Randall Jagodzinski, ’75
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THE BACK PAGE

MOVERS AND SHAKERS: In previous issues, we’ve used the space inside the back cover to add a social media aspect to the magazine’s coverage, for instance, or to share a tribute to a departing university trustee. Always, the idea is to offer a little extra helping of life within (and around) the Johns Hopkins School of Nursing. For this issue, we had three great and fun images by staff photographer/videographer Daniel Martinez that really didn’t fit anywhere—until we thought about it. Why not? From top are faculty, staff, and students gathered on the stairs for Nurses Wear Red Day, part of February’s focus on cardiac care and research; after a successful PhD defense, Ashley Gresh blows a kiss to the Courtyard’s good-luck charm; and dancing away the early evening at the Office of Diversity, Equity, and Inclusion’s Black History Month event “Friends Don’t Let Friends Line Dance Alone.” Keep watching this space as we look for more surprises and pure JHSON moments to share.

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SNAPSHOTS FROM THE SON

Images by Daniel Martinez
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