Nursing’s Blueprint for the Future

Inside: 26 Doubling the Number of Nurses with Doctorates 32 Interprofessional Education Initiatives at Hopkins

1. Remove scope-of-practice barriers.

2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

3. Implement nurse residency programs.

4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

5. Double the number of nurses with a doctorate by 2020.

6. Ensure that nurses engage in lifelong learning.

7. Prepare and enable nurses to lead change to advance health.

8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.
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26 Higher Education
by Jennifer Walker

The data is compelling. The American Association of Colleges of Nursing predicts the country will lose 260,000 nurses by 2025, including thousands of nursing faculty needed to educate new nurses. In response, the Institute of Medicine recommends universities double the number of doctoral-prepared nurses. How are nursing schools and doctoral programs across the country—including many led by Johns Hopkins alumni—mobilizing to attract and prepare tomorrow’s nurse educators, practitioners, and researchers?

32 From Silos to Synergy: Interprofessional Education Initiatives Find Warm Welcome at Hopkins
by Rebecca Proch

Eye-opening. Important. Exciting. Innovative. Barrier-breaking. “A-ha!” moments. When the Hopkins community talks about interprofessional education, enthusiasm and energy pour forth. This is no dry mandate; this is synchronicity, ideas cropping up across campuses and departments and blooming in the fertile soil of emerging alliances and innovative partnerships. Throughout the School of Nursing and the School of Medicine, new and expanding initiatives are bringing fruitful transformation to Hopkins healthcare education.

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Nursing student Lauren McGivern, Accelerated ’12 (right), and medical student Emily Miller (center), join pediatric resident Stephanie Chin-Sang, MD, on rounds at the Harriet Lane Clinic.

As part of the Doctor-Nurse Alliance, a student interest group at Johns Hopkins University, students from the Schools of Nursing and Medicine shadow nurses and doctors to learn how healthcare professionals from different disciplines provide care.

[Photo by Christopher Myers]
With more than a decade of experience in healthcare, Whitney L.J. Howell is a freelance reporter who writes about all aspects of the industry, from policy to practice to research. She enjoys writing about the interplay among all providers, highlighting how each contributes to and bolsters patient care. It’s always satisfying, she says, to inform audiences, in both trade and mainstream publications, about new advancements or system changes that will affect both scope of practice and how services are provided.

Robert Rosswater
Director of Public Affairs
American Association of Colleges of Nursing
Sharon Sopp
Sr. Communications Manager
Howard County General Hospital

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

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It's not easy to improve healthcare and outcomes for patients and families. But as nurses, our knowledge, resiliency, and experience on the front lines of providing care position us well to evaluate what is working, what isn’t, and to make the changes needed to achieve this goal. As we tackle transforming healthcare, we also need to transform nursing. The recent Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health* and its “blueprint for action” is a powerful guide. The eight recommendations listed within the blueprint break down what must be done to help us improve how we lead, educate, practice, build infrastructures, and partner with other healthcare professionals. In this issue and the upcoming two issues of Johns Hopkins Nursing magazine, we will look internally and externally—calling upon our faculty, students, alumni, staff, fellow nurses, partners, and friends—and show how nursing is implementing the recommendations and working toward transforming our profession.

To start, I reached out to Robert Wood Johnson Foundation senior advisor for nursing, Susan Hassmiller, PhD, RN, FAAN, and asked what she views as nursing’s top priorities. Her thoughts on education, leadership, and collaboration follow.

Martha N. Hill, PhD, RN, FAAN, ’64
Professor and Nursing, Medicine and Public Health

**Nurses play such a critical role in improving the health and healthcare for all Americans. With this understanding the Robert Wood Johnson Foundation (RWJF) was proud to have sponsored the Institute of Medicine’s (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. Though all of the recommendations need to be advanced to transform nursing and improve patient care, RWJF is taking the lead in nursing education, nursing leadership, and interprofessional collaboration—areas that provide the best fit with the Foundation’s mission, priorities, assets, and resources.**

**Nursing Education:** The IOM report emphasizes that if nurses are to be as effective as possible in helping to provide high-quality patient care, they’ll need to be better prepared as care becomes more complex and shifts to the home and community. We also need more nurses with advanced degrees to provide primary care and teach the next generation of nurses. A bachelor’s degree in nursing (BSN) best prepares nurses to take on increasingly complex roles. RWJF is starting a new National Nurse Education Progression initiative that will help more nurses to earn a BSN degree or higher and help to advance the ICM recommendation to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. We’re also helping to advance the ICM recommendation to double the number of doctorates by 2020 through our Nurse Faculty Scholars’ program and our New Jersey Nursing Initiative.

**Nursing Leadership:** Nurses bring an important voice and point of view to management and policy discussions. We need to prepare more nurses to help lead improvements in healthcare quality, safety, access, and value, whether at the bedside, in the community, or in the boardroom. RWJF has long promoted nursing leadership through our Executive Nurse Fellows program, and through our Nurse Leaders in the Boardroom and Transforming Care at the Bedside programs.

**Interdisciplinary Collaboration:** Studies have demonstrated how effective coordination and communication among health professionals can enhance the quality and safety of patient care. Health professionals working collaboratively as integrated teams draw on individual and collective skills and experience across disciplines. They seek input and respect the contributions of everyone involved. That allows each person to practice at a higher level. The result is inevitably better patient outcomes, including higher levels of patient satisfaction. We also need to foster interprofessional education, training and practice. RWJF is holding meetings with physician and nursing stakeholders to find common ground on the roles that each profession plays in healthcare and to move beyond differences that divide nurses and physicians.

Susan B. Hassmiller, PhD, RN, FAAN, is the Robert Wood Johnson Foundation senior advisor for nursing, where she is tasked with shaping and leading the Foundation’s strategies to address the nurse and nurse faculty shortages in an effort to create a higher quality of patient care in the United States.
I want to compliment you on the Winter issue of Johns Hopkins Nursing, which featured several of our practice track faculty members in the Department of Acute and Chronic Care: Anne Belcher, Shawna Madd, Julie Stanka-Hurt, Beth Slosand, and Joyce Vazzano. I especially appreciated your focus on their practices. This lets our readers know about the exciting things that our faculty members are doing, highlights how we value faculty practice, and shows how faculty practice informs our teaching mission. Well done!

Marie T. Nolan, PhD, RN
Professor and Chair, Department of Acute and Chronic Care
Johns Hopkins University School of Nursing
Lillie Shockney honored by an amazing nurse during the 2011 CNN Heroes: An All-Star Tribute show in Los Angeles on December 11, 2011.

“The title really made me feel good,” Shockney says. “I hope one of the outcomes is that more people making a career decision will consider nursing.”

Shockney, a two-time breast cancer survivor and registered nurse who has been employed by Johns Hopkins since 1983, has worked tirelessly to improve the care of breast cancer patients around the world. She is responsible for the quality-of-care and patient-education programs; the survivor volunteer team; community outreach at a local, regional and national level; and the Breast Center’s Website and patient advocacy.

Shockney is also a guest lecturer and distinguished speaker at the Johns Hopkins University School of Nursing. Marie Nolan, PhD, RN, School of Nursing professor and chair of the Department of Acute and Chronic Care, has known Shockney for 25 years and nominated her for the award. She says as soon as she learned of the competition she thought of Shockney, who has exhibited exceptional leadership skills throughout her career.

“She is a phenomenon, an unstoppable force, a living example of how much good can be accomplished,” Nolan wrote in her nomination letter. “Like a whirlwind, she has changed breast cancer treatment and survival at Johns Hopkins, in the U.S., and globally.”

Shockney initially was selected as one of 20 semifinalists from several thousand nominees. Johnson & Johnson asked voters to pick their favorite nominee on their contest’s Facebook page. “It became the cause celebre at the School of Nursing,” Nolan says. “We were really behind her nomination and we wanted her to win.”

Shockney made the next cut to five finalists and was then selected as the top winner by a panel of five national nursing experts.

To post congratulations or to view the “Amazing Nurse” video featuring Shockney, visit www.nursing.jhu.edu/shockney.

Half a Dozen for the Hall of Fame

by Kelly Brooks

When told that six of the fourteen inductees to the 2012 International Researcher Hall of Fame were Johns Hopkins University School of Nursing faculty, dean Martha Hill, PhD, RN, said, “It demonstrates how exceptional our nursing faculty is,” and called it “an impressive achievement.”

The prestigious International Researcher Hall of Fame award honors nurses whose research has influenced the profession, benefited patients, and achieved significant professional recognition. “It takes extraordinary dedication, intellect, ingenuity, and perseverance to become a successful researcher, and the bar is set even higher to be inducted into the Hall of Fame,” Hill added.

The six School of Nursing Hall of Fame inductees include:

• Jerilyn K. Allen, ScD, RN, associate dean for research and M. Adelaide Nutting Professor
• Patricia Mary Davidson, PhD, MEd, RN, adjunct professor
• Deborah Gross, DNSc, RN, professor and Leonard and Helen Stulman Endowed Chair
• Pamela Jeffries, PhD, RN, ANEF, associate dean for academic affairs

The Adult Acute Care NP curriculum, renamed Adult-Gerontology Acute Care Nurse Practitioner, will transition in the spring 2012 semester to a format that integrates the full range of gerontology expertise. In the fall 2012 semester, the Adult Nurse Practitioner program will become the Adult-Geriatric Primary Care Nurse Practitioner.

“The changes will prepare NP graduates to provide acute, critical, and chronic care services across the entire spectrum of adult health,” says associate professor Julie Stanik-Hurt, PhD, ACNP/GNP, director of the master’s program. “Graduates will continue to focus their practice on the care of individuals who are physiologically unstable, technologically dependent and vulnerable for complications.” These modifications reflect nursing’s need for increased depth of expertise in addressing the expanding population of older adults.
Recent policy changes regarding the role and population focus for certified registered nurse practitioners have been identified in the new NP competencies and outlined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (2008). The new model has been endorsed by over 45 national nursing organizations and provides the framework for these new population foci.  

Stepping It Up  
Hopkins Nursing Starts Fitness Program  
by Jon Eichberger  
Between promises made at New Year’s and with beach season around the corner, many people have resolved to lead a healthier, more active life. To help turn those resolutions into results, the Johns Hopkins University School of Nursing P30 Center of Excellence for Cardiovascular Health has a fitness program in place. The “SON Fit” program, which includes yoga, Zumba, a “Biggest Loser” competition, and a stair-climbing club called “Step it Up!,” was launched by the Center of Excellence for Cardiovascular Health in fall 2011 in response to a school-wide survey of School of Nursing faculty, staff, and students. Respondents (n=304) reported that their workload and nature of the faculty, or staff “definitely” affected their level of stress (78%) and health (47%). Furthermore, 60% of respondents reported gaining some weight over the past year, with about half of those respondents gaining more than five pounds. These results duplicate much of the evidence shown in the longitudinal Nurses’ Health Study, which suggests that nurses tend to put their own health and well-being second to the care of others and/or professional development. Over time, this makes them increasingly vulnerable to cardiovascular disease. “People are well aware of the risks of cardiovascular disease, but a large percentage still don’t take active steps to reduce that risk,” notes doctoral student Tam Nguyen. “The idea of SON Fit was to give people with busy schedules a chance to engage in physical activities that were both fun and healthy. It’s been a tremendous success.” The SON Fit program serves as a catalyst toward improving not only the culture of wellness in the SON, but also creating lifelong commitment toward becoming living ambassadors of health and well-being. Through support from the University and the School, all the activities are free of charge for all participants.  

No More Swabbing  
Spit Sampling Gets a Whole Lot Easier  
by Jon Eichberger  
Researchers are constantly finding new ways to figure out what makes us human beings tick, and one of the newer methods makes you want to spit-literally. Saliva is full of analytes and biomarkers that create a biological journal of exposure to chemicals and disease, and of genetic variability. However, the collection of oral fluid has always proved cumbersome, with researchers depending on swabs or collection cups. A new tool developed by the Johns Hopkins University School of Nursing Center for Interdisciplinary Salivary Bioscience Research (CISBR) in collaboration with SalivaBio, LLC, improves the ease of oral fluid collection, while maintaining the integrity of the biospecimen. “Our studies show that swabs used to collect saliva can retain analytes, cause interference with assays, result in inaccurate estimates of saliva flow rates, and may even produce inaccurate assay results,” explains Douglas A. Granger, PhD, director of CISBR and professor of Medicine, Nursing, and Public Health at Johns Hopkins University. The Whole Saliva Collection Device is a small polypropylene collection tube with an integral adapter that comes individually wrapped in a clean foil pouch with ready-to-go instructions, and it is a universal fit with common cyro vials. “It’s not rocket science,” Granger says, “it’s a practical solution that will enable saliva analytes to be integrated effectively into basic and clinical studies and consumer applications.”  

New Leader for Hopkins Nursing  
by Jon Eichberger  
As the new chair of the Johns Hopkins University School of Nursing’s Department of Community–Public Health, Christine Savage, PhD, RN, CARN, enjoys working with a motivated and talented team of nurse educators. Savage joined the School of Nursing on January 1, 2012, replacing Phyllis Sharps, PhD, RN. “The [School of Nursing] faculty finds her to be passionate and enthusiastic about public health nursing, with an exciting and clear vision for the Department and for advancing the School’s role in community nursing,” says dean Martha N. Hill, PhD, RN, “I wholeheartedly agree with them.” Savage has worked with vulnerable populations for a majority of her career, beginning as a community maternal child health nurse in the 1970s and 1980s. Based on these experiences, she became interested in the role alcohol and drugs played in increasing vulnerability in certain populations. She later became involved in the field of addictions nursing and was president of the International Nurses Society on Addictions from 2003-2006. She has conducted funded research related to alcohol use during pregnancy and management of health for the solitary homeless adult, and she was on the National Quality Forum’s steering committee related to best practices for substance abuse prevention and treatment. Currently she is editor of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) BSN curriculum on alcohol and health and is working with NIAAA in promoting the inclusion of alcohol and health content in nursing curricula. Prior to Hopkins, Savage was a professor in the College of Nursing and in the College of Medicine, Department of Public Health Science, at the University of Cincinnati and was the director of the master’s program in public health nursing. She was also the associate director of the University Hospital Institute of Nursing Research.  

Sharps Leads Community and Global Programs  
Phyllis Sharps, PhD, RN, successfully led the Department of Community–Public Health for four years. She is now the School of Nursing’s associate dean for community and global programs. In an email sent to Department of Community–Public Health faculty and staff, she reflected upon her time as the Department’s chair: Together, over the four years we have accomplished a lot. We have formed a department with a unique identity and culture. We have created a mission, objectives, and a vision. We have at least accomplished one of our goals—to be the #1 School of Nursing for Public Health Nursing. We have implemented several signature events and activities unique to this Department and we can be very proud of that. I have thoroughly enjoyed serving as your department chair over these past four years, sharing with you your accomplishments, achievements, your challenges and sometimes your sadness and losses. I am looking forward to working with and supporting our new chair, Dr. Christine Savage, as well as being fully committed to my new role as associate dean for community and global programs. Thank you all for the privilege of providing leadership and guidance.  

—Phyllis Sharps, PhD, RN
Critical research conducted by Johns Hopkins University School of Nursing faculty and doctoral students earned the School a No. 4 national ranking among schools of nursing receiving federal research funding awarded by the NIH for 2011.

“What a wonderful accomplishment for our faculty and PhD students,” says associate dean for research JerriAnn Allen, ScD, RN. “Congratulations to the nurse researchers whose funding directly contributed to our total dollars.”

Over the past several years, the School has climbed in the rankings from seventh in 2006 and 2007 to No. 6 in 2008, to No. 5 in 2009, and then to No. 4 in 2010. For 2011, the School’s faculty and doctoral student researchers received more than 6.5 million dollars to fund research about cardiovascular health, violence prevention, end-of-life care, symptom management, effective parenting, cancer prevention, and elder care.

From Idea to Intervention

Summer Institute Offers Research Training for Older Adult Care

by Kelly Brooks

One in every eight Americans is aged 65 years or older and, by 2030, it is expected to be one in five. As the number of older Americans increases, healthcare providers and researchers must understand and address the needs of this growing population.

A new, three-day training program at Johns Hopkins University School of Nursing, the Summer Research Institute on Developing Behavioral Interventions, does just that. The program, offered by the School of Nursing’s Center for Innovative Care in Aging, is June 14–16, 2012, in Baltimore, Maryland.

At the Institute, researchers will create and test novel interventions—efforts that change patient behavior, improve self-management, and promote better health and quality of life—and can eventually be implemented in diverse healthcare environments for older adults. They will also learn from intervention experts through lectures, small-group consultation, and one-on-one collaboration.

“The program is designed for researchers and health professionals from any discipline who seek to create and test an intervention to help older adults, their family members, or communities live healthier lives,” says Laura N. Girlin, PhD, director of the Center for Innovative Care in Aging. She notes that junior faculty, post-doctoral students, researchers, or investigators with limited experience in health-related behavioral intervention research will benefit most from participating.

For more information, including a day-to-day overview of the training and a list of the experts, visit www.nursing.jhu.edu/inst.nder/suit.

At Your Service

Interprofessional Expertise Creates New “Retail” Care Team Partnerships

by Kelly Brooks

The growing demand for “retail” clinics—walk-in clinics conveniently located in shopping areas and other easily accessible sites—is offering new opportunities for interprofessional teamwork and corporate partnerships at Johns Hopkins.

Working with Walgreens, the largest drug retailing chain in the United States, an interprofessional Johns Hopkins HealthCare team is providing guidance and consultation on the existing evidence-based guidelines at the company’s Take Care Clinics—sites that are more and more frequently being used now to treat common illness like respiratory infections, ear aches, sore throats, and flu symptoms.

School of Nursing assistant professors Kathleen Becker, DNP, CRNP, and Andrea Parsons Schram, DNP, CRNP—along with Hopkins Medicine colleagues Fred Brancati, MD, chief of the Division of General Internal Medicine, and Madhul Goyal, assistant professor—are currently reviewing guidelines for the conditions most often treated at Walgreens Take Care Clinics. The Hopkins team’s role is to utilize evidence-based research and national care standards in their reviews and to recommend additional best practices for management and treatment of conditions such as influenza and sinustis.

Take Care Clinics at select Walgreens have a healthcare delivery model primarily provided by nurse practitioners. “With our shared mission, we can promote this model of care delivery and impact standards of care delivered through this Walgreens channel,” says Schram.

Since 2005, more than 6.5 million patients have been treated at the more than 360 Take Care Clinics nationwide operated by Take Care Health Systems, a wholly owned subsidiary of Walgreens, the Clinics are walk-in, professional healthcare centers where board-certified family nurse practitioners and physician assistants treat patients 18 months and older for common illnesses, offer preventive services such as vaccines and physicals, and are licensed to write prescriptions.

The Clinics have followed evidence-based guidelines for quality patient-care delivery since they opened, and in 2009 Take Care Health Systems received full certification from the Jefferson School of Population Health for adhering to the Convenient Care Association’s quality and safety standards for retail clinics.

Becker sees the partnership as a win-win for both organizations. “Walgreens is looking to Hopkins to provide best-practice guidance for the clinics, and Hopkins sees this as an opportunity to engage with a proprietary organization and influence best-care practices,” she says. “There’s a big future for partnership here, and this is one of the first steps.”

Members of the Hopkins team also see their work as an opportunity to improve care for millions—and one that is only expected to grow. A recent study released by the Rand Corporation showed that the use of walk-in retail clinics is on the rise—having increased ten-fold in the past two years.

“Working closely with a prestigious and respected institution such as Johns Hopkins helps to further the role that retail clinics can play in providing positive patient outcomes in today’s healthcare system,” says Sandra Ryan, RN, MSN, CPNP FAANP, chief nurse practitioner officer for Take Care Health Systems.

“The partnership also continues to further Take Care Health’s goal of ensuring nurse practitioners have the ability to practice quality care to the full extent of their education and expertise.”

Go Team!

Hopkins Nursing Ranks No. 4 for NIH Funding

by Pamela McComas

Pamela McComas

The Johns Hopkins University School of Nursing Ranks No. 4 for NIH Funding. Go Team!!

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By Pamela McComas

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Pamela McComas
Celebrating Scholarship
by Chanel D. Newsome

School of Nursing donors experienced firsthand the impact their philanthropy in support of financial aid is making at the Johns Hopkins University School of Nursing’s Scholar-Donor Luncheon. On March 6, 2012, 75 donors and scholars attended the annual event which celebrates the achievements of the School’s outstanding scholars and recognizes the generosity of its donors. Student recipients of named scholarships and their donors were able to meet, learn about one another, and share their experiences.

Grace Ho, a second-year doctoral student and one of the speakers at the event, said, “The donors’ support plays a crucial role in building character and preparing future nurse leaders.” Ho also expressed her appreciation for the opportunity to participate in research projects made possible by the financial support she receives through the Ellen Levi Zamoiski Doctoral Fellowship.

Teaching the Teachers
Maryland’s Nurse Educators Get High-Tech at Hopkins
by Kelly Brooks

To secure a state-of-the-art education for tomorrow’s nurses, Maryland’s nurse educators must become masters of simulation technology. Faculty from 10 Maryland nursing schools learned how to incorporate simulation training in their teaching at the Maryland Faculty Academy for Simulation Teaching in Nursing (M-FAST), held on January 9–13, 2012, at the Johns Hopkins University School of Nursing.

“Simulations provide students a safe, simulated clinical environment to hone their skills, develop their problem-solving abilities, and get experience within their scope of practice,” says Pamela R. Jeffries, PhD, RN, associate dean for academic affairs at the School of Nursing. “It’s absolutely an essential part of today’s nursing education.”

Simulated patient scenarios are most effective when facilitated by an educator who understands the technology, the pedagogy, and the way that students learn—and all of these topics are taught to faculty who attend the M-FAST Academy. They learn to facilitate the student learning experience and then share their knowledge, becoming faculty trainers for their own schools and universities. In this way, M-FAST continues to improve simulation education throughout the state after the Academy is over.

The result, says M-FAST principal investigator Linda Rose, PhD, RN, will be a cadre of nursing graduates who are well-prepared for the rigors of a nursing career. The techniques taught at M-FAST “are great for assessing student competencies, so teachers can better identify student strengths and weaknesses and develop targeted teaching to address them,” she says. The results are better rates of student retention, graduation, and passing licensure exams.

An added benefit of the program, according to M-FAST project manager Jennifer Haire, is easing the state’s nursing shortage. Nursing schools often limit their student enrollment—and therefore the number of new nurses entering the workforce each year—based on the number of clinical assignment positions available. When students spend some of their clinical time in simulation scenarios instead of real-time clinical care of patients, schools can potentially accept more students and graduate more qualified nurses.

The 10 M-FAST schools represent a wide range of nursing schools: small- and large-enrollment programs, associate and baccalaureate degree programs, and programs with varying levels of simulation expertise and resources. As they move forward, implementing new technology and pedagogy, the schools will continue to collaborate with one another and have continuing support from M-FAST instructors. Schools will also have access to aggregated data showing the impact of simulation training across the participating institutions. The consortium includes the nursing programs of:

• Bowie State University
• Carroll Community College
• Copin State University
• Harford Community College
• Howard County Community College
• Johns Hopkins University
• Montgomery College
• Stevenson University
• Towson University
• Wor-Wic Community College

M-FAST is a three-year program, funded by the Maryland Higher Education Commission in 2010. Learn more about simulation at www.nursing.jhu.edu/simulation.
In the News

Faculty member Jerilyn Allen, ScD, RN, comments that “All healthcare professionals, especially nurses, need to become more aware of opportunities to use social media and technology to promote healthy behaviors and the prevention of cardiovascular disease,” in the article “Success with support.” The article published in Nurses.com News on November 28, 2011, discusses a recent research study which found that a remote weight-loss counseling program with Website and email support was as effective as one delivered in person.

Faculty—Acute & Chronic Care

The article “Keeping victims of domestic violence safe,” credits faculty member Jacqueline Campbell, PhD, RN, for determining a number of high-risk factors that may have common traits and might be indicators as to whether a domestic violence case presents factors of lethality. The article was published in Wicked Local Stow on January 20, 2012.

Faculty member Doug Granger, PhD, is making news around the globe. Recent research by Granger and colleagues reveals surprising findings about how the hormone cortisol affects babies versus adults. The research also shows a correlation between mother and baby cortisol levels. Publications in Belgium, Canada, India, and the United Kingdom carried the news, in addition to two media outlets in the United States: Bio Medicine and Science Codex.

In the February 24, 2012, edition of Medical News Today, associate dean for academic affairs and faculty member Pamela Jeffries, PhD, RN, comments on how schools of nursing are addressing the faculty shortage problem by reexamining how to provide clinical education to undergraduate students. Jeffries says she sees “the integration of clinical simulations to combat the nursing faculty shortage as one of most impactful new models on the forefront of addressing the Future of Nursing Education report.”

Faculty—Community—Public Health

Jodi Shafer, PhD, RN, was the distinguished speaker for the third Annual Nursing Research Conference held on November 3 at Shepherd University in Shepherdstown, WV. Her topic was “Johns Hopkins Nursing Evidence-Based Practice Model: Excitement in Clinical Practice.” She also presented a poster at the 2012 Prematurity Prevention Symposium on January 19 in Washington, DC.

Nicole Warren, PhD, MPH, CNM, received one of nine faculty grants in global health from the Johns Hopkins Center for Global Health for the 2011–2012 cycle. The study will be co-funded by The Bill and Melinda Gates Institute for Population and Reproductive Health. The study aims to improve access, knowledge, and utilization of family-planning services for survivors of sexual and gender-based violence and their partners in the Eastern Democratic Republic of Congo.

Faculty—Health Systems & Outcomes

Laura Gitlin, PhD, spoke about “Living at Home with Dementia: Practical Strategies that Can Make a Difference in Quality of Life,” at the National Association of Professional Geriatric Care Managers Mid-Atlantic Chapter 2011 Conference in Philadelphia, PA, on November 8.

Students

Postdoctoral student Jeanne Alhusen, CRNP, MSN, received a 2012 Travel Award from the Hon. Ruth D. Vogel Fund for Professional Development. Traditional and accelerated students Bethany Ackerman, Emily Biser, Heath Coleman, Lesley Dokes, Christina Dorsey, and Daniel Mertz, participated in the Maryland Independent Higher Education Day in Annapolis on February 9. Matthew Palmer, associate director of State Affairs for the Hopkins Government, Community and Public Affairs Office, said, “The students were amazing and did a great job of putting a human face on the issues that our office advocates for each day.”

Graduate students Joahnna Fournier, Lea Marineau, Jacqueline O’Connell, and Emily Speide won awards at the annual Nurse Practitioner Student Poster Presentation on December 8.

Patricia Abbott (left) has a long history of involvement in national and international informatics initiatives.

Team Efforts

Faculty members Laura Gitlin, PhD, Nancy Hodgson, PhD, RN, Sarah Szenton, PhD, CRNP, and Elizabeth (Bby) Tanner, PhD, MS, RN, traveled to Boston, MA, to present at the Gerontological Society of America meeting from November 18–22. Presentation topics included depression, innovative collaborative trial methodologies, dementia care, family caregiving, and function in older adults. In early February, faculty members Diane Aschenbrenner, MS, AFRN, RN, Pam Jeffries, PhD, RN; Sharon O’Neill, BSN, MSN, CRNP; and doctoral student Christine Keenan visited La Source School of Nursing in Lausanne, Switzerland. Jeffries delivers a presentation about the challenges, issues, and future direction of simulation while Aschenbrenner, Keenan, and O’Neill conducted a faculty development institute on implementing simulations and debriefing.

Faculty member Betty Jordan, DNSc, RNC, staff member Rachel Brennan, and students Teresa Pfaff and Samantha Schneider attended the mHealth Summit in Washington, DC, in December. The Summit featured conference sessions discussing the benefits and challenges of mobile healthcare technology.
The study shows that direct intervention by nurses with cardiovascular disease (CVD) patients has a positive effect on improving cardiovascular care in underserved populations. The trial randomly assigned patients with documented CVD, type-2 diabetes, high cholesterol, or hypertension into two groups: a nurse practitioner/community health worker (NP/CHW) group and an enhanced usual care group. The NP/CHW team focused on lifestyle changes based on behavioral interventions and the prescription of appropriate medications. Strategies to improve adherence were also integrated. After 12 months, the NP/CHW patients had a significantly greater reduction in total cholesterol, bad LDL cholesterol, triglycerides, systolic and diastolic blood pressure, and HbA1c—a test that measures sugar in the blood. The NP/CHW patients also had an improved perception of the quality of their chronic illness care.

“Due to the popularity of forensic crime-lab television shows, a vast majority of Americans know that body-fluid samples can put criminals behind bars. What most people don’t know is that measuring a certain protein, called C-reactive protein (CRP), also may help save lives. CRP blood tests are invasive, take a test when measuring high CRP levels. Nonetheless, the implications are tantalizing. If you test with low CRP levels in oral fluid it is pretty certain you would be stress- and pain-free, minimally invasive, and could be self-collected, lowering the barriers to having it checked for many individuals.”

In a two-year, longitudinal exploration of more than 100 women seeking help from domestic violence shelters and community agencies, the researchers collected and compared CRP samples from saliva and blood.

They found that saliva CRP measurement was accurate and precise, and that salivary and blood CRP levels were stable across a period of two years. Also, the pattern of correlations with body mass index was identical for both blood and saliva CRP measurements. Moreover, the saliva test measured women with low levels of CRP—low risk for heart disease—with the same precision as the comparable blood test. It was not as accurate as the blood test when measuring high CRP levels. Nonetheless, the implications are tantalizing. If you test with low CRP levels in oral fluid it is pretty certain you are in the “low-risk” group, but if you test high, then you would need a follow-up blood test.

Managing Diabetes

Best Practices Can Lower “Multiplier Risks”

by Teddi Fine

Nearly 17 percent of U.S. adults are affected by chronic kidney disease (CKD), a significant underlying cause of cardiovascular disease, and diabetes-related CKD also accounts for nearly 28 percent of Medicare expenditures. Adults with diabetes are at increased risk for both CKD and high blood pressure. Any one of these problems can be serious; together they exponentially raise the likelihood of cardiovascular and cerebrovascular morbidity and mortality.

The good news is that controlling high blood pressure can slow the progression of diabetes-related CKD and decrease the incidence of heart attack, stroke, and the progression to end-stage renal disease. Unfortunately, best practices for diagnosing and managing chronic kidney disease and blood pressure often are not followed by primary care providers. A study by doctoral graduate Bernadette Thomas, DNP ’11, MPH, APRN, reports on the use of individualized action lists and electronic health record (EHR) technology to help boost provider adherence to best practices. “Improving Blood Pressure Control Among Adults with CKD and Diabetes: Provider-focused Quality Improvement Using Electronic Health Records,” Advances in Chronic Kidney Disease, November 2011.

The study tracked 3,173 diabetic patients across 6,781 separate clinician visits. EHR-based scorecards and real-time feedback significantly increased provider adherence to best practices in screening, diagnosis, and treatment.

“Using reminders and action lists helps keep evidence-based guidelines on a provider’s radar screen and increases our capacity to deliver quality chronic disease management,” Thomas notes.
Opening Eyes Through Volunteering

Graduate Students Provide Care in Haiti

by Jan Schwegar

The life of a graduate nursing student is busy. It’s so busy that one might not expect students to think about anything besides getting through their clinicals and classes without collapsing in exhaustion. Yet, for one week this past October, four Johns Hopkins University School of Nursing graduate students passed to look outside of their studies and East Baltimore. The group traveled to a remote part of Haiti as volunteers, offering vital medical care to more than 1,000 patients.

While much relief work has been done since the January 2010 earthquake wreaked havoc in south-central Haiti, most Haitians in rural areas still lack good medical care and many necessities of life.

School of Nursing faculty member Elizabeth “Beth” Sliound, PhD, CRNP, a veteran of numerous trips to Haiti, described the work as “definitely the most valuable clinical practice. Marineau and many others faced the reality that “the resources were incredibly limited there,” said Lea Marineau. While much relief work has been done since the January 2010 earthquake wreaked havoc in south-central Haiti, most Haitians in rural areas still lack good medical care and many necessities of life. After setting up the small amount of equipment they had brought from Baltimore to supplement the clinic’s basic supplies, the volunteers offered primary care to members of the local community. In some cases, the group provided emergency care as well. By giving their time and skills to the residents of Leon, the students also gained valuable clinical practice. Marineau described the work as “definitely the best clinical experience I have ever had. It was eye-opening to experience firsthand their healthcare system and living conditions.”

Messaging New Moms Around the World

Text4baby Joins Global mHealth Initiative

by Kelly Brooks

More than 300,000 pregnant women and new moms are giving their babies a healthy start in life using text4baby, the first free health text-messaging service in the United States. In a new partnership, text4baby is now working with the Johns Hopkins University Global mHealth Initiative to reach out to mothers worldwide. Text4baby’s first international initiative launched in November 2011, reaching out to Russian moms. “I believe text4baby can benefit women worldwide,” says Betty Jordan, DNSc, RNC, Johns Hopkins University School of Nursing assistant professor and text4baby program evaluator. “Partnering with the mHealth Initiative, which includes both domestic and international mHealth programs, is a great first step.”

Text4baby is a perfect example of the mHealth Initiative’s work to improve global health using mobile information and communications. Pregnant women and new moms who sign up (by texting BABY or BEBE to 511411) receive three text messages each week full of health tips and resources.

In the two years since text4baby began, Jordan has been the program evaluator, working to measure text4baby’s impact. “We recognize that doing scientifically rigorous program evaluation and research is critical,” says Jordan, who is also the deputy director of the mHealth Initiative. The lessons learned from text4baby could help the mHealth Initiative develop more successful projects worldwide.

“Whether international or domestic, we need evidence to move forward with implementing mHealth technologies.”

A recent evaluation of text4baby in San Diego, California, found that mothers who receive the text messages are more likely to take action—calling hotlines or talking with their doctor—than other mothers. And 96 percent of text4baby users would refer the service to a friend. Text4baby is so popular that the Centers for Medicare & Medicaid Services have partnered with text4baby to drive enrollment in the Children’s Health Insurance Program, Medicaid, as well as text4baby.

Since February 2010, text4baby has reached out to women in all 50 states, the District of Columbia, and U.S. territories such as the Virgin Islands, where Johns Hopkins nursing students conduct public health practicums each year. In February 2012, Jordan traveled to St. Croix where Eleanor Hirsh from the Island’s Family Connection program was promoting text4baby at Agrifest, an annual agriculture and food festival. With terrain that makes text messages easier to receive than phone calls, the Virgin Islands are fertile ground for text4baby, and today, more than 320 women there are enrolled.

Betty Jordan (center) shows Global mHealth Initiative student leaders, Teresa Pfaff ’12 (left) and Samantha Schneider ’13 (right) how text4baby can reach more moms around the world using mobile devices.

New from Around the World

News from around the world

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Betty Jordan (center) shows Global mHealth Initiative student leaders, Teresa Pfaff ’12 (left) and Samantha Schneider ’13 (right) how text4baby can reach more moms around the world using mobile devices.
Jhpiego Assists Lesotho to Strengthen Nursing Education
by Ann Loardo

Jhpiego, an international health non-profit and affiliate of Johns Hopkins University, has partnered with a faith-based health organization in Lesotho to strengthen nursing education and increase the numbers of these essential health workers who provide lifesaving care to women and families.

Known as the Kingdom in the Sky, the southern African country of Lesotho has the third-worst HIV prevalence rate in the world—23.6 percent. The average life expectancy is 41 for men and 39 for women. The World Health Organization estimates that this landlocked nation of 2 million people has only 43 percent of the nurses and midwives that it needs.

To address this dearth of frontline health workers, Jhpiego has launched a multipronged effort to ensure that more nurses are educated and nursing students receive a quality education and the hands-on clinical experience they need.

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to provide competency-based care. This action plan focuses on developing the skills of preceptors, providing continuous supportive supervision to ensure the integration of skills into their teaching, upgrading skills labs and equipment, updating learning materials, and establishing a monitoring and evaluation system for nursing education. Jhpiego is working in collaboration with the Christian Health Association of Lesotho (CHAL) and its four nursing schools.

“In Lesotho, Jhpiego is committed to helping our partners strengthen nursing education and develop a growing work force of skilled nurses who will deliver care competently and humanely,” says Leslie Mancuso, PhD, RN, Jhpiego’s CEO and president, who began her career as a pediatric intensive care nurse.

“The people of Lesotho deserve no less,” Jhpiego staff have trained 71 preceptors thus far. Of those, eight are receiving additional training and mentoring to become “qualified trainers”—proficient providers who are able to train others in clinical skills.

Nursing instructor Isabel Nyangu, a participant in the training, says the course gave her new insights into preparing lesson plans and adapting different teaching methods to her courses. She finds the emphasis on providing feedback to students and the supportive supervision by Jhpiego staff both critically important. “Our knowledge base is going to improve and we will maintain our teaching skills up to standards,” she says.

In its efforts with CHAL to graduate competent nurses and keep them qualified, Jhpiego is helping the Lesotho Nursing Council strengthen regulatory and educational standards and improve professional development.

Jhpiego’s work in Lesotho has the support of the Ministry of Health and Social Welfare and is funded by the U.S. Agency for International Development’s global flagship Maternal and Child Health Integrated Program (MCHIP).
An Ambassador of Nursing

Thaissa Davila was always fascinated with how the body works, but it took a tragedy to "seal the deal" for her nursing career.

Growing up in Brazil, Davila says she did not have much exposure to nursing within her culture. Becoming a doctor was her idea of being involved in the medical field.

Upon moving to the United States, she interacted more with nurses and found she identified with them. Then, out of a tragedy came a defining decision. “My husband was involved in a car accident and was hospitalized for a few weeks,” she explains. “The way the nurses treated us and the experiences during such a difficult time sealed the deal. I realized nursing would fulfill me.”

She was accepted into the Johns Hopkins University School of Nursing, but with a growing family and a mortgage, finances were a concern. Thanks to the Class of 1944 Scholarship, Davila, a student in the Traditional 2012 class, can focus on her education without the worry. “It takes a huge amount of stress and burden off of my shoulders, and allows me to focus on school,” she says. “It also gives me time to take care of myself and my family.”

After graduation, she plans to work in an adult critical care unit and aspires to eventually hold a leadership position within a hospital. Pursuing an advanced nursing degree is also a long-term goal.

However, Davila’s goals extend beyond credentials and career path. Her limited exposure to nurses during her childhood and the experience of her husband’s hospitalization resonate in her higher aspirations. “I want to give back by being an ambassador of the nursing profession to patients and their families. I want to provide emotional support for patients, as well as their family members, in a time when they are vulnerable and sometimes even lost. I want to utilize my life experiences to pioneer a cultural change about diversity within the nursing profession.”

The Class of 1944 Scholarship was established in 1994 by members of the class in honor of their 50th reunion, through the leadership of Kathryn Holman Osberman of Alexandria, Virginia.

After graduation, Gina Colaizzo plans to seek publication for her book, How to Be a Winner for Dinner.

The Power of a Paintbrush

Art Offers an Outlet for Creation and Healing

by Gina Colaizzo

Nursing school can be stressful. To deal with stress, I turn to my paintbrush. I’m inspired by my love of artistic creativity and mesmerized by the beauty of scientific structures viewed through the microscope. Upon leaving a research lab, I have always found a way to incorporate and amplify these images into my artwork. Doing so not only allows me to share the artistic beauty of science with others, it also serves as a healthy coping mechanism and an emotional outlet when I’m stressed.

With time and toil, I began compiling some of my illustrations and thoughts into an organized format. As my literary prose transformed into rhythmic verse, my passion for children and healthy living resulted in the creation of How to Be a Winner for Dinner. This children’s book takes the reader on a journey with a young boy whose mission is to make his mother’s dinner vegetables taste better so that he can enjoy eating them and follow his doctor’s recommended daily diet.

Understanding how I have personally benefitted from the artistic process, I want to share my experience and show others how artistic expression can in fact be therapeutic. This is particularly true for those who are confined to the hospital setting and dealing with long-term illnesses.

In 1977, Dr. George L. Engel proposed the biopsychosocial model; the theory proposes that psychological and social aspects of life influence wellness and disease to the same effect that biological factors do. I found my own experiences in artistic creations and the associated psychological benefits to be in full support of this theory.

My book allows me to send a positive message about healthy diet to the pediatric population and also demonstrates how stress can manifest into positive outcomes if it is dealt with in a constructive and productive manner. As I continue through my career, I hope to produce a series of children’s books to integrate the creative process of art as a form of holistic therapy within my nursing practice. ■

Read more about Gina’s passion for art and nursing on her blog: www.nursing.jhu.edu/ginablog.

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Even in the sophisticated hospitals of this nation, patients suffer from afflictions that cannot be relieved by technology or pharmacology. For these patients, compassion and creativity in any form should be called into play.”

—Hunter Doherty “Patch” Adams, MD
the respective directors of the Johns Hopkins University School of Nursing’s Doctor of Philosophy (PhD) and Doctor of Nursing Practice (DNP) programs, Hae-Ra Han, PhD, RN, and Mary Terhaar, DNSc, RN, see a Catch-22 in nursing’s future. The field is paced to have 260,000 fewer nurses than it needs by 2025, according to the American Association of Medical Colleges of Nursing (AACN). Yet, if universities continue to graduate doctoral nursing students at the same rate, there will be a dearth of faculty to teach potential new nurses who could fill the gap.

“We’ve got to get schools producing more nurses,” Terhaar says. “But we know that one of the reasons schools can’t accept all of the applicants is because they don’t have enough faculty.”

Han agrees, pointing out that many current nursing faculty members will retire in the next 10 years. “Without more doctorally prepared faculty, schools cannot expose a larger class of students to the health sciences, translational research, and evidence-based practice that will prepare them to become frontline health professionals,” she adds.

The Institute of Medicine (IOM) issued a recommendation for universities to double the number of nurses with a doctorate by 2020 as part of its 2010 report, The Future of Nursing: Leading Change, Advancing Health. Accordingly, nursing schools should strive to matriculate 10 percent of their undergraduate students into master’s or doctoral programs within five years of graduation.
innovators in healthcare systems. “We’re focused on the quality, the rigor, and the scholarship of our program,” Terhaar says. “We’re producing scholars DNP who will be experts in their area of specialization and, while they’re there, be mentors for all those nurses who are going into practice. Our graduates go out with an impressive new skill set and will be able to make practice better.”

Three Johns Hopkins University School of Nursing alumni—who have gone on to become deans of other nursing schools—are also responding to the IOM’s recommendation. At the University of Colorado College of Nursing, dean Patricia Moritz, PhD, BSN ’73, RN, is expanding her faculty to attract more students to the school’s PhD and DNP programs. “It’s a combination of adding additional faculty for more depth in our existing science and specialty areas in the programs that enables broader opportunities for students,” she says. In Oklahoma, Luzelle Benefeld, PhD, RN ’72, dean of the University of Oklahoma Health Science Center College of Nursing, wants to increase the speed at which students complete their doctoral degrees. “Often, it takes seven years for people to finish,” she says. “That’s much too long.” To help, the college offers scholarship opportunities to support students who want to study full-time, and the school provides an online PhD program.

The College of Nursing at Villanova University in Villanova, Pennsylvania, is looking for alternative funding opportunities to help students finance their education. “We’re going to have to look to the private sector,” says dean M. Louise Fitzpatrick, PhD, BS ’63, RN, FAAN. Independence Blue Cross, for example, has contributed funding to support scholarships for doctoral nursing students in the greater Philadelphia area.

The past and current Ellen Levi Zamoiski Fellows and Jonas Scholars are living up to the expectations set for them. From helping vulnerable populations to providing researchers with access to research, they are recognizing problems, asking tough questions, making a difference, integrating research, advocating, and educating future nurses.

Jessica Roberts Williams, PhD ’08, MSN/MPH ’05, RN
Ellen Levi Zamoiski Fellow, 2005-2006

From the moment a healthcare researcher decides on a topic of study, it takes an average of 10 years before the results will impact patients, says Jessica Roberts. “That’s too long,” she continues. “So how can we shorten this gap and help make findings more relevant for the patient population?” As a consultant with MANILA Consulting Group in McLean, Virginia, Williams is currently synthesizing research literature on topics such as HIV/AIDS prevention and reproductive health, and testing strategies for dissemination so that this information can be seamlessly distributed to practitioners in the field. Williams first became interested in evidence-based practice while she was in the PhD program. Her dissertation focused on the relationship between relational aggression and dating violence among urban middle school youth, a part of an arts-based initiative for the prevention of dating violence funded by the Centers for Disease Control and Prevention.

Sara Rosenthal, MSN ’08, BS ’04, RN
Ellen Levi Zamoiski Fellow, 2006-2007

As an undergraduate in the Johns Hopkins University School of Nursing Research Honors Program, Sara Rosenthal learned that the observations a nurse makes in her work can also become fascinating research questions. “That opened me up to the possibility of research,” she says. “After I graduated and I entered the field, I started thinking about what I was seeing in my practice.” As a neonatal intensive care (NICU) nurse, Rosenthal was struck by the way parents make decisions in high-stress situations. Some wanted to maintain control over how their baby was treated, while others preferred to let the hospital staff take charge. For her dissertation, she studied the factors that influence parent decision-making in the NICU, from education and race to the amount of trust that parents have in their healthcare providers. It’s a topic that continues to fascinate her. Rosenthal is expected to receive her PhD this coming May and plans to teach. She also wants to further investigate parent decision-making in the NICU.
Christine Keenan, MSN, RN
Jonas Scholar, 2008-2012

Your patient is crashing. Quick—what do you do? Christine Keenan is using simulation technology to investigate how clinicians make decisions in time-sensitive situations. In addition to teaching after graduation, she plans to continue looking at simulation’s impact on patient outcomes.

Yvonne Commodore-Mensah, RN
Jonas Scholar, 2010-2012

Yvonne Commodore-Mensah wants to educate the next generation of nurses about cardiovascular health in vulnerable populations. Her research centers on cardiovascular disease risk factors and behaviors among West African immigrants.

Jan Kaminsky, Accel. ’04, RN
Jonas Scholar, 2010-2012

“The most horrible thing is for a mother to be separated from her newborn, whether you’re a prisoner or not,” says Jan Kaminsky, a part-time pediatric intensive care unit nurse at Saint Barnabas Medical Center in New Jersey and a clinical instructor at Hunter College in New York City. For her dissertation Kaminsky is part of a Columbia University research project that focuses on attachment issues between incarcerated mothers and their babies at Bedford Hills Correctional Facility in Bedford Hills, New York—a prison that allows mothers to keep their babies with them in a special part of the facility for up to 18 months. Kaminsky uses a conflict tactics scale to research child discipline tactics among mothers after their release from the facility. After she graduates in August, she hopes to start a full-time tenure track position at a New York university.

Vinciya Pandian, MSN ’04, CRNP
Ellen Levi Zamoiski Fellow, 2008-2009

When Vinciya Pandian became an intensive care unit nurse practitioner, she saw many clinical problems that were not yet being studied. “I decided I needed to go back to school to learn research skills if I really wanted to affect how patients are cared for,” she says. Pandian focuses on helping healthcare providers and patients’ family members understand the benefits of tracheostomy. “For patients who get a tracheostomy, their quality of life improves because now they are able to talk,” she says. “Tracheostomy is actually a step forward that can help patients get off of the ventilator.” Pandian has interviewed patients who are still able to communicate while on a ventilator and developed a quality-of-life questionnaire geared specifically toward patients who are both intubated and who receive a tracheostomy. After she receives her PhD in 2013, she plans to pursue a combination of clinical work, research, teaching, and administration.

Bryan Hansen, RN
Jonas Scholar, 2010-2012

Bryan Hansen wants to “straddle the line” between research and direct practice. Currently a part-time forensic nurse examiner at Mercy Medical Center in Baltimore, Maryland, his research focuses on preventing pressure ulcer development among older adults who are vulnerable to neglect. He also hopes to impact U.S. policy development that can improve this population’s quality of life. Read more about Hansen online at www.nursing.jhu.edu/bryanhansen.

Tom Gano, RN
Jonas Scholar, 2010-2012

Tom Gano focused on understanding how research can be translated into practice through his research. At Sinai Hospital in Baltimore, Gano found that nurses often don’t use the protocols they develop. For his dissertation he tried to identify methods that could improve the use of evidence-based practice. After he graduates in August, he hopes to join a hospital in a clinical role.

Grace Ho, BS ’09, RN
Jonas Scholar, 2010-2012 and Ellen Levi Zamoiski Fellow, 2010-2011

After volunteering in two child abuse clinics, Grace Ho found her clinical and research interests: child abuse and corporal punishment. For her dissertation she is examining the way parents differentiate physical discipline from child abuse and anticipates that this topic will continue to inform her research. Then, as a clinician, Ho wants to use her research to educate parents about child abuse. Read more about Ho online at www.nursing.jhu.edu/graceho.
Interprofessional education, or IPE, is a collaborative approach to healthcare education that brings together students from across disciplines to interact with each other before entering their respective professions. It’s an approach that has been gaining widespread attention and international interest. The World Health Organization addressed the subject with a study group for global practice that convened in 2007, and the Institute of Medicine’s 2010 report on the future of nursing laid out recommendations that included IPE as well as increased partnerships with other healthcare professions.

When the Hopkins community talks about IPE, enthusiasm and energy pour forth. This is no dry mandate; this is synchronicity, ideas cropping up across campuses and departments and blooming in the fertile soil of emerging alliances and innovative partnerships. Throughout the School of Nursing and the School of Medicine, new and expanding initiatives are bringing fruitful transformation to Hopkins healthcare education.


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**A Fitting Tribute**

The phrase "working in silos" comes into almost any conversation with Hopkins students or faculty about the value of IPE. For Elizabeth (Ibby) Tanner, PhD, RN, associate professor in the School of Nursing's Department of Community Public Health and School of Medicine's Division of Geriatric Medicine and Gerontology, it’s how she describes the earliest challenges facing the cross-disciplinary faculty group that eventually envisioned the Daniels Initiative. “We [medical and nursing faculty] met to discuss how we might jointly educate prelicensure nursing and medical students, as well as advanced practice nursing students and residents about caring
In the Dean’s Words
Paul B. Rothman, M.D. arrives in June as the new CEO of Johns Hopkins Medicine and the incoming dean of the School of Medicine. He succeeds dean Edward Miller, MD, who retires in June. Rothman shared his thoughts about the role of IPE within Hopkins and in the field of healthcare.

As healthcare moves into a new era, we want to collaborate across the professions to provide safe, high-quality patient care. That needs to begin when our future professionals are students.

Hopkins has the top nursing school in the country, and as we look at ways to incorporate interprofessional education, I look to the School of Nursing and the School of Medicine to work closely together to provide these important opportunities to our students. From the start of each student’s education, we need to teach them how to coordinate care and how to build and work in teams. That’s going to be increasingly vital to delivering top-quality healthcare to the American people.

Dean Martha Hill [of the School of Nursing] and I are already discussing the future of IPE at Hopkins, and I look forward to working together to ensure that Hopkins continues to be a national leader in healthcare education.

—Paul B. Rothman, M.D.

A Collaborative Effort
Jeffries has also been on the front lines of the formation of a faculty group that has come to be known as the Johns Hopkins Interprofessional Collaborative. “We want to create a sustainable model for interprofessional education here,” she says. “It’s important worldwide, and it’s something we can’t take lightly.”

With Dean Hill’s assistance, the collaborative held a retreat this past January to talk about the challenges of an IPE approach, to hear from keynote speakers from other schools with IPE programs in place, and to break into four professional-service groups that would each focus on a key area: culture and infrastructure, undergraduate curriculum, faculty development, and graduate education and practice. The entire group meets monthly, and the sub-groups meet regularly as well.

Pat Thomas, MD, School of Medicine associate dean for curriculum and one of the leaders of the undergraduate curriculum group, points out that the work of the faculty development group is key to their success. “We need to train faculty in these competencies. How do you learn to co-facilitate well?” For the collaborative, their first step was a faculty development workshop that took place in March.

Student Leadership
“Students drive change,” Jeffries believes. Indeed, throughout Hopkins’ IPE work, there is a strong student voice and presence. Students from both Schools have been included in the Collaborative’s curriculum group as advisors, and student leaders joined panel discussions at the March faculty development workshop to share their experiences and views. “It’s imperative to have students involved at this level,” says Tanner.

The success of the Daniels Initiative also inspired a student interest group devoted to IPE. Under the leadership of medical student Brent Potterger and nursing student Paige Griffin as co-presidents and also Daniels Scholars, the Doctor-Nurse Alliance was formed. The Alliance’s first meeting in October 2011 brought 70 students from both Schools, and has been producing events and creating opportunities for its members from the start.

Potterger sees this student interaction as a way to build momentum to help them prepare for their professional environments, and hopes that their programs can be replicated in other schools to innovate healthcare education. “Because of the way our campus buildings are laid out, the analogy we’ve used is that medical and nursing students are on different sides of the dome,” he says. “But in our professions, everyone interacts. We’ve all been really excited about crossing that divide, literally and metaphorically. I think this global perspective can change healthcare.”

Training the Messenger
Finding a need for a better way to train students to work together to conduct quality family meetings, Rebecca Aslakson, MD, assistant professor in the Department of Anesthesiology and Critical Care Medicine in the School of Medicine, approached School of Nursing dean Martha Hill, PhD, RN, with an idea to do simulated experiences. Dean Hill brought together Aslakson and Pam Jeffries, PhD, RN, School of Nursing associate dean for academic affairs. Jeffries’ expertise in developing and deploying simulations provided the remaining pieces. “I had the idea, and Pam had the methodology,” says Aslakson.

In October of 2010, together with a group of roughly 30–40 nurses, physicians, social workers, chaplains, and faculty and students from the Schools of Medicine and Nursing, Aslakson and Jeffries spent two days developing four scenarios in which a patient-care team meets with family members to deliver bad news.

Since then, Aslakson has run the scenarios monthly for interdisciplinary groups of students who take turns playing the roles of the care providers and the family members. “This is new ground for us,” she says. “It’s a hands-on way to learn, and it creates camaraderie. Each group brings in different strengths, and each group is always impressed with what the others bring.”

A national leader in healthcare education.

—Paul B. Rothman, M.D.

Getting ready for paired shadowing. (l to r) Medical student and Doctor-Nurse Alliance co-president Brent Potterger meets with medical student Haritha Shal, nursing student Kenny Chen, Accelerated ’12, and attending physician Maria Test, MD, MPH.

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Jeffries has also been on the front lines of the formation of a faculty group that has come to be known as the Johns Hopkins Interprofessional Collaborative. “We want to create a sustainable model for interprofessional education here,” she says. “It’s important worldwide, and it’s something we can’t take lightly.”

With Dean Hill’s assistance, the collaborative held a retreat this past January to talk about the challenges of an IPE approach, to hear from keynote speakers from other schools with IPE programs in place, and to break into four professional-service groups that would each focus on a key area: culture and infrastructure, undergraduate curriculum, faculty development, and graduate education and practice. The entire group meets monthly, and the sub-groups meet regularly as well.

Pat Thomas, MD, School of Medicine associate dean for curriculum and one of the leaders of the undergraduate curriculum group, points out that the work of the faculty development group is key to their success. “We need to train faculty in these competencies. How do you learn to co-facilitate well?” For the collaborative, their first step was a faculty development workshop that took place in March.

Student Leadership
“Students drive change,” Jeffries believes. Indeed, throughout Hopkins’ IPE work, there is a strong student voice and presence. Students from both Schools have been included in the Collaborative’s curriculum group as advisors, and student leaders joined panel discussions at the March faculty development workshop to share their experiences and views. “It’s imperative to have students involved at this level,” says Tanner.

The success of the Daniels Initiative also inspired a student interest group devoted to IPE. Under the leadership of medical student Brent Potterger and nursing student Paige Griffin as co-presidents and also Daniels Scholars, the Doctor-Nurse Alliance was formed. The Alliance’s first meeting in October 2011 brought 70 students from both Schools, and has been producing events and creating opportunities for its members from the start.

Potterger sees this student interaction as a way to build momentum to help them prepare for their professional environments, and hopes that their programs can be replicated in other schools to innovate healthcare education. “Because of the way our campus buildings are laid out, the analogy we’ve used is that medical and nursing students are on different sides of the dome,” he says. “But in our professions, everyone interacts. We’ve all been really excited about crossing that divide, literally and metaphorically. I think this global perspective can change healthcare.”

Training the Messenger
Finding a need for a better way to train students to work together to conduct quality family meetings, Rebecca Aslakson, MD, assistant professor in the Department of Anesthesiology and Critical Care Medicine in the School of Medicine, approached School of Nursing dean Martha Hill, PhD, RN, with an idea to do simulated experiences. Dean Hill brought together Aslakson and Pam Jeffries, PhD, RN, School of Nursing associate dean for academic affairs. Jeffries’ expertise in developing and deploying simulations provided the remaining pieces. “I had the idea, and Pam had the methodology,” says Aslakson.

In October of 2010, together with a group of roughly 30–40 nurses, physicians, social workers, chaplains, and faculty and students from the Schools of Medicine and Nursing, Aslakson and Jeffries spent two days developing four scenarios in which a patient-care team meets with family members to deliver bad news.

Since then, Aslakson has run the scenarios monthly for interdisciplinary groups of students who take turns playing the roles of the care providers and the family members. “This is new ground for us,” she says. “It’s a hands-on way to learn, and it creates camaraderie. Each group brings in different strengths, and each group is always impressed with what the others bring.”

A national leader in healthcare education.

—Paul B. Rothman, M.D.

Getting ready for paired shadowing. (l to r) Medical student and Doctor-Nurse Alliance co-president Brent Potterger meets with medical student Haritha Shal, nursing student Kenny Chen, Accelerated ’12, and attending physician Maria Test, MD, MPH.
Preparation Pays for Hopkins Nurses

by Elizabeth Heubeck

Almost a decade ago, before blueprints were completed and walls erected for the Sheikh Zayed Tower and The Charlotte R. Bloomberg Children’s Center, The Johns Hopkins Hospital’s (JHH) leaders gave nurses the go-ahead to begin planning.

“We were told to start piloting new processes before the move,” recalls Joan Diamond, MS, RN, NEA-BC, prenatal nurse manager and a member of JHH’s Transition Monitoring Team, a team created to help guide nurses through the transition to the new building. The change was intended to jumpstart preparations for the JHH nurses—more than 2,800—who would be affected, either directly or indirectly, by the spring 2012 opening of the new building.

Since then, nurse managers have worked relentlessly to ensure their nurses feel a sense of control over their new situation. After absorbing recommendations by consultants with expertise in hospital moves and implementing a renowned training program called “Managing Organizational Transition,” which seeks to empower employees confronting change, nurse managers got to work.

“We expect everything to be up and running before the first patient is admitted to the building. We simulated everything ahead of time.”

Twenty hours of mandatory training prior to the move have prepared nurses to demonstrate competency with other new practices and equipment. “They won’t be working in the new building with anything they haven’t touched, seen, or experienced,” Diamond says.

That’s also the idea behind “A Day in the Life.” Debra Case, MS, RN, ’72, director of clinical education, calls the carefully orchestrated practice strategy “the best thing we’ve done.” Just as it sounds, “A Day in the Life” simulates an actual work shift. Drawing expertise from the Hospital’s existing Simulation Center and training more than 200 facilitators—mostly nurses—to conduct practice sessions, participants are familiarizing staff with new locations, work processes, and technologies.

Staff members can choose other tactics to familiarize themselves with the new building based on learning-style preferences. “We are using a multi-modal approach,” Case says.

They can watch a series of orientation videos; sign up for a guided tour of the new building; carry a 4 x 7-inch pocket guide of the new layout; and place a Web-application on their mobile device that offers maps, directories, and information about the building.

Each tool, developed in concert with JHH’s Marketing and Communications Department were assaulted by a patient. The patient wasn’t acting unpredictably but did have a significant history of behavioral issues. The nurse who was attacked, Patch says, suggested that it would be helpful to have notification early in the intake process that a patient might pose a risk.

“If we have this information, it’s buried in a chart. How helpful is that for the front-line receiver in the emergency setting?” Patch questions.

To provide front-line staff with a quick way to know if an incoming patient has a history of violence or disruptive behavior, Emergency Department (ED) nursing staff collaborated with several other hospital departments and disciplines to develop an ED Behavioral Alert program.

With the Behavioral Alert program, a patient who has exhibited concerning behaviors in the past is immediately flagged for triage staff through the electronic patient record.

“We wanted to find a solution to help empower staff to keep the environment safe to the extent that we can,” says Michelle Patch, MSN, RN, ACNS-BC, safety officer for the Department of Emergency Medicine.

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receives the alert icon, a collaborative Adult ED and Psychiatric ED team of nurses and doctors reviews cases based on an algorithm Patch championed. Finding better ways to manage disruptive patients has been a priority among emergency and psychiatric nurses for many years. ED nurses are particularly vulnerable to incidents with disruptive patients. “Patients are coming right off the street,” says Patricia Sullivan, MSN, BSN ’77, RN, nurse manager for the Psychiatric Emergency Department, adding that some patients can be agitated, sociopathic, or have a history of disruptive behavior. “We knew it would be important to identify them from the get-go, even before the patients got in the [care area]. We wouldn’t turn them away, but we needed to manage them.”

A national trend has emerged to reduce restraint and seclusion of these patients, in favor of a more welcoming and calming environment, Sullivan says. Psychiatric Emergency Department nurses took on this challenge in 2005, developing a set of interventions for disruptive patients to ensure their safety and that of the staff. The nurses make a point of letting patients know what to expect while they are at the Hospital and educating staff about how to help the patients, Sullivan says.

On the inpatient side, they implemented family-style cafeteria meals where patients and staff dine together and developed a program. “We're teaching moms to let babies read each other's minds and every move, and worked to an unspoken rhythm that never misses a beat.”

“The incident thrust staff safety to the front lines. They had been working through the Hospital, explains Karen Haller, PhD, RN, NEA-BC, JHH’s vice president for nursing and patient care services. “We're decentralized,” she adds. “This program became apparent to the Emergency Department, and they wanted to do something, so they got a group together and developed a program.”

She adds, “That’s why we have a common saying at the Hospital: Listen to the front lines. They had been working on this problem locally, and created a best practice that the rest of the institution could adopt.”

Remember, Honor, and Share
Sacred Ground Pays Tribute to the PICU
by Elizabeth Heubeck

A few years ago, when Pediatric Intensive Care Unit (PICU) staff members realized the move to The Johns Hopkins Hospital and an attorney for the hospital system. These are the “extreme cases” that are identified, Natterman explains, and about 15 or so have received alerts. The hospital-wide program’s implementation is currently being finalized by the Risk Management Department.

Such programs often start within an individual unit before being expanded through the Hospital, explains Karen Haller, PhD, RN, NEA-BC. JHH’s vice president for nursing and patient care services. “We are decentralized,” she adds. “This problem became apparent to the Emergency Department, and they wanted to do something, so they got a group together and developed a program.”

She adds, “That’s why we have a common saying at the Hospital: Listen to the front lines. They had been working on this problem locally, and created a best practice that the rest of the institution could adopt.”

Sacred Ground—A Tribute: Johns Hopkins Pediatric Intensive Care Unit

From the start, their idea to produce a book for and by the members of the PICU’s interprofessional team was well received by their colleagues. “No one ever hesitated. Everyone said, ‘You must do this.’ It gave us momentum,” Natterman explains.

That support evolved into a substantial written body of work, which includes around 40 heartfelt entries from various PICU team members based on their experiences on the unit. The stories range from uplifting to heartbreaking to hilarious, and certain themes surface throughout—resilience, commitment, teamwork among them.

If there’s a single passage that sums up the book’s significance, perhaps it can be found in Nace’s introduction: “How do we remember all that we have done for these children and all the times we’ve stood by one another year after year? We have built a camaraderie second to none, forged bonds that can never be shattered, mysteriously read each other’s minds and every move, and worked to an unspoken rhythm that never misses a beat.”

“Mentoring Moms
Lactation Specialists Offer Help
by Whitney L. J. Howell

Whether it’s her first child or third, breastfeeding can be difficult for any mother. When something just isn’t working right, Deborah Dixon, BSN, RN, IBCLC, or one of her five board-certified colleagues steps in.

As The Johns Hopkins Hospital’s (JHH) lactation consultant coordinator, Dixon helps mothers and babies master breastfeeding or use supplemental feeding strategies. Since arriving in 2007, she has enhanced the lactation support program to assist mothers with low milk supply.

“We always prefer human milk to formula, so I introduced evidence-based information about supplementing at the breast to obstetricians, midwives, and neonatologists,” she says. “Now, we’re the state’s only hospital with a specified supplemental feeding policy.”

JHH lactation specialists complete 20 hours of basic breastfeeding training through courses offered twice annually. In addition, Dixon mentors one nurse toward international board certification in lactation every semester and accepts lactation consultant interns from other education programs.

Under Dixon, the number of breastfeeding mothers has skyrocketed. Previously, only 26 to 42 percent of mothers at JHH initiated breastfeeding. Today, thanks to seven-day-a-week lactation coverage, between 60 and 92 percent do so.

Dixon also collaborates with JHH’s pediatric nurse practitioners to establish specific feeding plans. Recently, she and pediatric nurse practitioner Shane Ruben, DNP ’11, MPH, MS ’97, CRNP-P, devised breastfeeding plans for late preterm infants and infants with hyperbilirubinemia.

Lactation guidance isn’t limited to post-delivery days. Mothers can attend bi-monthly prenatal breastfeeding classes. After birth, lactation specialists also call mothers at one-week, one-month, and three-month intervals to assess progress. Weekly new-mother meetings also let women discuss concerns.

Lactation specialists offer free consultations to all JHH staff members too. “If a new mom is having a problem, she can make an appointment to see us,” Dixon explains. An employee pump room within the Hospital is also available.

“We’ve made a huge impact,” Dixon says. “We’re teaching moms to let babies lead the dance. It makes breastfeeding so much easier.”

“Lactation consultant coordinator Deborah Dixon helps a new mother with breastfeeding.”
Building Better Lives

Hendrix and her husband created their home improvement company, Building Solutions, five years ago. They focus on renovating older homes, reclaiming each structure’s former beauty. “I love taking something that has been completely wrecked and turning it into something amazing,” she says. As long as a house has a solid foundation, they can make any other repairs, including framing, plumbing, and electrical work. Much of her role includes talking with the customer to determine preferences and pricing out each job.

It’s also been fun for her to watch the Hospital’s new clinical building come together. In fact, one of the building’s most interesting features parallels one of her favorite parts of contracting—the tile. Made partially from recycled glass, the tiles in the new building sparkle. “When you come across a lot of tile, the shimmer is just a nice touch to see,” she observes.

While Hendrix enjoys working as a contractor, she says, “As a nurse, you listen to what your patient needs and use your skills to help them. As a contractor, you aren’t trying to make people feel physically better, but you’re trying to make them feel better emotionally by giving them a lovely home.”

If you ask Kelly Hendrix, RN, her work as a general contractor isn’t too different from her work as a nurse in The Johns Hopkins Hospital’s Emergency Department. Both use a healing touch. “You must also be a people person. You must also be a people person.”

“You must also be a people person.” Hendrix adds. “As a nurse, you listen to what your patient needs and use your skills to help them. As a contractor, you aren’t trying to make people feel physically better, but you’re trying to make them feel better emotionally by giving them a lovely home.”

The WICU Wins Beacon Award

Second Unit at JHH Honored by Whitney L. J. Howell

The Johns Hopkins Hospital’s Weinberg Intensive Care Unit (WICU) is shining with excellence. The WICU, in the Department of Surgery, received the Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN) in November, becoming the only unit in Maryland to receive the award in 2011. The honor, coupled with the Beacon Award won by the Department of Medicine’s Medical Intensive Care Unit in 2010, recognizes individual units that distinguish themselves by improving every aspect of patient care. It also demonstrates the clinical nurses’ dedication to their work says Sam Young, MS, RN, ACNPC, CCNS, CCRN, the WICU’s clinical nurse specialist. The AACN’s report recognized the strengths of the unit as its proven interdisciplinary practice, culture of excellence, and leadership. The WICU’s cultivation of shared governance and patient- and family-centered care is unique. “The unit’s open culture sets us apart,” Young says. “Nurses have opportunities to grow, to be autonomous, and to collaborate with others.”

To facilitate that freedom, WICU nurse manager Donna Frow, BSN, RN, started group meetings. Up to 14 nurses meet for team-building, practice updates, and idea-sharing. “The entire staff has a voice,” says nurse clinician III Carol Maddrey, BSN, RN. “That breeds pride within our unit and gives everyone the confidence that we can make a difference.”

The most significant change has been embracing patient-centered care. The WICU expanded visiting hours to 20 hours a day, making it easier for family and friends to visit. A new “family involvement menu” lets visitors choose ways to help, such as assisting the patient with grooming. Having loved ones nearby also improves patient-nurse-family communication. “Visitors can report subtle personality or behavior changes nurses might not notice,” Young explains.

Young says the WICU receives many thank-you letters, and “performance star” boards posted in the unit allow patients and visitors to recognize staff. “It shows our customers we like what we’re doing,” she says. “The WICU is a good experience for them.”

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Making History

Hopkins Nurse Receives Rare Honor

by Sara Baker

Carol E. Ball, MAS, RN, made history on November 18, 2011, when she became the first nurse within Johns Hopkins Medicine to have an inpatient unit named in her honor.

At a special dedication, the Bridgeview Unit in the John R. Burton Pavilion was renamed the Carol Ball Medical Unit in recognition of Ball’s 47 years of service to the Johns Hopkins Bayview Medical Center.

“People have often asked me, ‘how can you stay at the same hospital for 47 years?’ I tell them that this is not the same hospital. There have been remarkable transformations through the years, and I feel privileged to have played a role in those changes.”

Ball is the senior director of nursing and administration at Johns Hopkins Bayview and holds a reputation among colleagues and patients for being caring, genuine, collegial, loyal, and innovative. “She epitomizes what makes Johns Hopkins Bayview such a special place,” says Richard G. Bennett, MD, president of the Medical Center.

“It’s more common that a unit is named after a donor, a retiree, or someone who is deceased,” explains Ronald R. Peterson, president of The Johns Hopkins Hospital and the Johns Hopkins Health System, and executive vice president of Johns Hopkins Medicine. “It is a special and rare occasion that we honor a beloved colleague who is still working with us.”

Ball began her nursing career in 1964 at Johns Hopkins Bayview (then Baltimore City Hospitals). Through the years, she held many different positions, including staff nurse, head nurse in the emergency department, nursing supervisor, and director of nursing and support services. In each of these roles, Ball has upheld an unyielding principle—to provide the best care to patients. “Johns Hopkins Bayview’s commitment and dedication to nursing started with Carol’s leadership,” says Maria V. Kostalka, EdD, RN, vice president of patient care services at the Medical Center.

In addition to living out her passion of mentoring young nurses and managers, Ball also has collaborated with other disciplines to develop a team approach to patient care at Johns Hopkins Bayview. During her many years at the Medical Center, she remained nursing’s key advocate, ensuring that the unit’s focus was on patient safety.

To honor Carol Ball’s commitment to providing the best possible care for patients, and for her leadership and many years of service, Johns Hopkins Bayview Medical Center named one of its inpatient units the Carol Ball Medicine Unit.

CICU Reaches Patient Safety Milestone

by Sara Baker

The cardiac intensive care unit (CICU) at Johns Hopkins Bayview Medical Center reached a significant milestone on January 18, 2012—one year without a central line-associated bloodstream infection (BSI). To recognize this accomplishment, CICU nursing staff and physicians received the first Group Patient Safety Star Program Award at the Johns Hopkins Bayview Quality & Patient Safety Council meeting also held on January 18.

The CICU has been participating in a statewide collaborative effort focusing on reducing central line infections. The initial goal of the project was to reduce the number of infections statewide by 50 percent. In a 2011 to 2010 calendar-year comparison, the CICU reduced its rate by 68 percent.

Nurses and physicians took early ownership of the effort. Their focus was to ensure that the BSI bundle—a set of evidence-based measures shown to reduce central line-associated bloodstream infections—was always followed. Those measures include:

• Use of the BSI checklist during insertion of the central line
• Appropriate selection of the insertion site, avoiding femoral lines whenever possible
• Full body draping of the patient during the insertion to maintain the sterile field
• Appropriate hand hygiene for all people involved in any way with the procedure
• Gowns, gloves, masks and eye protection for staff involved in the procedure
• Daily review of the need for the line, and removal when the line is no longer required

To continue the effort to reduce infections, nursing staff is empowered to stop the line insertion when there are concerns that the bundle is not being followed.

To honor Carol Ball’s commitment to providing the best possible care for patients, and for her leadership and many years of service, Johns Hopkins Bayview Medical Center named one of its inpatient units the Carol Ball Medicine Unit.
Spreading the Word
Psychiatry Unit Launches Speakers Bureau

by Elizabeth Heubeck

Health education has become a widely popular subject in recent years, but there’s one area of the health sector that remains somewhat of a taboo topic: psychiatry. That hasn’t prevented Tom Schmidt, BSN, RN, nurse manager of Howard County General Hospital’s (HCGH) Psychiatry Inpatient Unit, from establishing both community- and hospital-based speakers bureaus on the topic. In fact, it’s fueled his ambition.

“Psychiatry always has been behind closed doors. Nobody really knows what we do or how we do it. My group is very experienced; most have been here 20 or more years. I thought, let’s share our experience,” Schmidt explains.

Combining his expertise as a public speaker with his desire to promote the knowledge of HCGH’s psychiatry unit staff members, Schmidt decided about a year and a half ago to launch the hospital/community speakers bureau. It’s been well-received by community members and HCGH staff alike.

To date, inquiries for lectures by the community speakers bureau have varied greatly by subject and audience. Two senior groups affiliated with local church organizations have requested and heard lectures on topics relevant to their demographic: sleep disturbances and spirituality in aging. On the other side of the spectrum, the community speakers bureau also has responded to inquiries from school groups. For parents of middle school students at an area public school, Sue Morseman, RN, staff nurse in HCGH’s psychiatry department, led a talk about growth and development among adolescents. She addressed tough topics on the minds of parents, explaining why adolescents tend to make impulsive choices—their brains aren’t fully developed yet—and how to guide them to make good ones. “It’s fun to be out in the community. That’s the people we serve,” Morseman says.

But it’s not the only group the bureau serves. HCGH staff members have benefited from guest lecturers too. “We started with one of the hottest, most dangerous topics: alcohol-withdrawal seizures, which can be fatal,” says Schmidt. Alternate addiction counselor, Sheryl Dulsky, RN, discussed the topic with HCGH staff members during three separate shifts so that all employees had an opportunity to attend. Schmidt’s inclusive attitude inspires his in-house bureau topics. For instance, he explains that while some might look at medical-surgical nurses as requiring a completely different skill set from psychiatric nurses—the former thrive on task completion, the latter on relationships with patients—Schmidt sees room for crossover. “Medical-surgical nurses need to know how to assess behavioral change, aggression, cognitive decline, things like that,” Schmidt says.

“Psychiatry always has been behind closed doors. Nobody really knows what we do or how we do it. My group is very experienced… I thought, let’s share our experience.”

Schmidt and other members of the Psychiatric Unit step in to bridge that gap. “I’ve always been a public speaker. I’m happy to get back into the role,” Schmidt says.

For additional information or to apply online, visit www.workingatjohns Hopkins.org
Leading on the Front Line
The Crucial Role of Leadership at the Bedside

by Kelly Brooks

Amy Peterson, RN, takes extremely good care of her patients and is full of creative ideas to make improvements on her Neonatal Intensive Care Unit. In 2010, she says, “I had reached a point in my career where I wanted to be a part of the solution and step outside the box.” Inspired by Peterson and other nurses like her, Joan Vincent, MSN, MS, RN, Sibley Memorial Hospital’s senior vice president of patient care services and chief nursing officer, envisions a greater potential for error or contamination.

To help achieve her vision, Vincent became the executive champion for the Frontline Nursing Leadership Program, and in February 2011, 30 Sibley nurses launched into a year of specialized leadership training. The schedule included four full-day intensive classroom sessions, regular meetings with a leadership coach, and undertaking a project to improve safety and patient care.

“I’ve been a nurse for a long time. [The Frontline Leadership Program] reenergized me,” says operating room (OR) nurse Jill Kalaris, RN. After observing OR physicians mixing an intra-articular injection, she launched a Frontline project to have the mixture made by the pharmacy instead. She worked diligently for a year to have the procedure changed. “Nothing is as quick of a fix as you think it is,” she says. But Kalaris’s persistence will pay off in saved time, improved safety, and decreased potential for error or contamination.

Along the way, Kalaris, Peterson, and other Frontline nurses received mentoring and guidance from coaches like staffing manager Meg Kris, RN, who found herself “inspired by the nurses’ creativity, their determination, and support for one another.” Each coaching group was formed with nurses from different clinical specialty units, giving them new opportunities to form such strong relationships with their colleagues that “now they’re resources to each other,” says Susan Ohnmacht, MSN, MS, RN, associate chief nursing officer and director of critical care and senior coordinator for the Frontline program.

Kalaris, Peterson, and 44 other nurses graduated from the program in January 2012, earning continuing education credits and certification in Clinical Excellence (PACE) program.

The improvement is obvious to Vincent, who sees that Sibley nurses are now “more engaged in their practice and have a vision for their professional development.”
Averting Patient Falls
Suburban Hospital Takes Big Steps
by Susan Middaugh

Patients wearing yellow socks or yellow gowns. A yellow sign outside a patient’s room. These “flags” remind nurses and staff at Suburban Hospital that these patients, most age 65 and over, are at great risk of falling. The signs and accessories represent just one dimension of a recent initiative by Suburban’s bedside nurses to reduce their inpatient fall rate.

Before the policy change, “we reviewed falls on a retrospective basis in committee,” says Leigh Ann Sidone, MSN, RN, OCN, CENP, director of professional practice and nursing quality. “We didn’t always have all the information we needed and lost an opportunity to teach.”

Now, a group of responders called the Morse Team goes to the unit where a fall has happened within minutes of an occurrence. The team—a registered nurse, a nursing assistant, and a nursing supervisor from a different unit—speaks with the patient and the patient’s nurse and nursing assistant to find out what happened and what corrective steps might avert a future mishap. “The goal is to assess the situation, look for opportunities to improve, and educate their peers on the spot,” says Sidone. The team, which also includes a pharmacist, gathers data to identify potential contributing factors such as the patient’s mental status and medications; hazardous conditions, such as lighting and floor surface; staffing; interventions made or not; and caregivers’ awareness of the patient’s risk level. The data is recorded on a form and shared with the unit director and with that group’s representative to the Nursing Quality Safety Service Council (NQSSC). The Council has the responsibility for identifying trends.

Prevention is also intrinsic to the nurses’ agenda. Finding solutions to help prevent falls and to better understand why falls happen was shared by Suburban’s four nursing councils. The councils included bedside nurses every step of the way. What emerged was a need for education across a spectrum of caregivers. “Nurses wanted to better understand the circumstances leading to a patient fall,” explains Sidone. Each nursing unit also had to recommend an action plan. One unit, for example, found that falls were more likely during a shift change. Now nurses help their patients with toileting before the hour before.

Sidone considers the new policy a success. Since it began last August, Suburban’s inpatient fall rate has been below the national benchmark for five straight months. She credits Intensive Care Unit nurse Carolee Beckford, RN, CCRN, who chairs the NQSSC, with spearheading the change, implementing the new protocol, and making tweaks, such as rotating the implementing the new protocol, and making tweaks, such as rotating the Morse Team members and unit nurses respond to a patient fall. Pictured from left to right: Jessica Larsen, Rosemarie Gurion, Carolee Beckford, Huratu Savage, Jennifer Morfino.

The goal of this continuing education activity is to provide nurses and nurse practitioners with knowledge and skills to recognize and manage blood transfusion reactions. Below is an introduction of the topic. Read the article in full online. After reading this article you will be able to:

- Identify risk factors, signs, and symptoms of blood transfusion reaction
- Describe goals of care for a patient with a blood transfusion reaction
- Describe evidence-based nursing and medical management of a blood transfusion reaction

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Blood transfusion therapy can be a life-saving measure for patients; however, there are a variety of complications that can occur both during and after a transfusion that pose serious risk to the patients receiving this therapy. Some of the risks associated with blood transfusions can be life-threatening, and it is for this reason the Food and Drug Administration, the American Association of Blood Banks, and the Joint Commission regulate how blood products are procured, stored, prepared and administered to the recipient. Historically the largest risk posed to a patient receiving a blood product transfusion was the potential for an infectious disease being transmitted. However, with the implementation of nucleic acid testing (NAT) and other advanced infectious disease screening methods, this risk has significantly decreased. Currently, the risk of Hepatitis B virus (HBV) transmission is estimated to be 1 in 282,000 to 1 in 357,000; the risk of Hepatitis C virus (HCV) transmission is estimated to be 0.03–0.5 in 1,000,000, and for Human Immunodeficiency virus (HIV) the transmission risk is estimated to be 1 in 1.5 to 1 in 4.3 million1. With the decline in the infectious disease transmission risks, the focus on blood transfusion therapy complications has shifted to those of a non-infectious nature, such as blood transfusion reactions. The role of nursing in the identification and management of non-infectious complications related to blood transfusion therapy is absolutely crucial.

Blood transfusion reactions...
Alumni Update
Tina Caefo, MSN '97, RN President, JHNAA

I am pleased to report that Linda Dorantine is the new director of alumni relations for the School of Nursing. In the near future, she will work with the Alumni Association to form a strategic planning group to determine our future direction.

Our alumni weekend event in 2012 will remain similar to past years with a few minor and exciting schedule changes. The Alumni Weekend Committee is also in the early stages of exploring several new events to engage alumni. Some ideas include a community project with students (“A Day of Service”) and an event to coincide with the University’s alumni weekend in May 2012.

In Memoriam

Helen Cunningham Crocker ’40
Rosanna Deadricker Boudou ’41
Evelyn Conran Purdy ’44
Beatrice Copeland ’45
Darthea Bell Keith ’45
Wilma Jean Palmer Bloom ’46
Laura Brautigan June ’46
Jean Douglas McNab ’46
Leila Cornett Souders ’47
Miriam Haugh Conner ’48
Mary Moseley McDowell ’53
Mary Jane Beck Reynolds ’54
Kathleen McCormick Daughter ’55
Robert Steinberg Daughter of Sandy
Harvey Steinberg ’55
Francelle Wilkinson ’55
Son of Shirley Carenbauer Reichman ’67
Mildred K. Thornton ’75
Bessie Flowers Barranger ’77
Encinae Ebele Sliwinski ’77
Robin Wantz, MSN ’97

The Johns Hopkins Alumni Association announced a strategic decision to eliminate annual dues across the entire University. It is our hope that you, our nursing alumni, will remain active and generous in supporting our School for School and students. We continue to seek nursing graduates, both past and present, to join our efforts to lead our alumni association into the future. Those of you who live and work in the Baltimore area or the mid-Atlantic region can be especially helpful by offering your time and talents. We are looking for committee members and chairs to lead initiatives and assist in the engagement of alumni and students.

The Membership Committee will continue to work with the Alumni Office to present networking events for students. These events allow graduates to participate in an informal panel and discuss their post-graduation professional experiences, offer advice, and answer questions. Let us know if you are interested in participating in any of these panels. The Membership Committee’s other important initiatives include sponsoring the pinning ceremonies for our nursing graduates as well as supporting the work of regional alumni groups.

Please continue to submit your current information, such as contact details and your nursing specialty, to the Alumni Office. This enables the office to provide contacts for students in various cities. It also expands our nursing community, provides resources and mentors to students, and keeps you informed about events and updates from the School. You may send your information and offer comments and suggestions to JHNAA@jhu.edu or call 410-955-4285. Be a mentor, a regional alumni leader, or committee member. Most important, be an active member of JHNAA.

Hopskins Engages Nursing Alumni in Florida
by Jon Eichberger

Three top nursing schools—Johns Hopkins University, University of Alabama at Birmingham, and Duke University—visited southwest Florida in January to mix and mingle with alumni and to present current views about the changing role of nurses in disease prevention and coordination of healthcare.

At networking luncheons in Naples and Tampa, the three deans—Hopkins’ Dr. Martha Hill, Alabama-Birmingham’s Dr. Doreen Harper, and Duke’s Dr. Katherine Gillis—updated alumni on issues facing nurses and nursing schools today. They noted that as baby boomers age and the need for more healthcare providers grows, and as healthcare reform takes shape, it is increasingly important for schools of nursing to prepare nurses to effectively lead and deliver quality healthcare.

Each described their school as thriving by focusing on the ever-changing healthcare needs of the populations their graduates serve and by collaborating with alumni who play vital roles in front-line healthcare delivery. Their most effective nursing education programs are those in which students, faculty, and alumni work together—sharing critical information and observations that often lead to new partnerships and observations—to make communities healthier and provide greater access for patients, from primary to critical care.

“Nurses and nurse educators have an incredible opportunity to address the critical issues that currently face our nation’s healthcare system,” said Hill. “Medical advancements have changed healthcare and made nurses more essential than ever before. People are living longer and are living with chronic illnesses that just a few decades ago would have shortened their lifespan. More and more, nurses and nurse practitioners are the healthcare professionals caring for these patients.”

The deans also led a panel discussion and a Q&A session during the event. The panels comprised current students and recent graduates from each of the three schools.

James Kelley, Johns Hopkins School of Nursing associate dean for development and alumni relations, said the events were such a success that the School of Nursing plans to hold similar events in the Florida area next winter. He adds, “We have also begun to explore partnering with other peer nursing institutions to offer events around the country. We hope to see alumni at these events, too.”

For a list of upcoming alumni events visit www.nursing.jhu.edu/alumnievents.

50 Class Reporter—Betty Borenstein Scher, (410) 449-5934, bbshock@comcast.net. Cora Jane Lawrence has a new address, having moved to a retirement community for a “wonderful new home and life.” She is still active, sings in the vespers choir, and enjoys a fabulous view of the mountains and bay nearby. She says, “This is the best decision I ever made.” Marion Bee is still enjoying retirement with family, gardening, reading, and relaxation. She is glad she lives up and away from the busy city, and keeps busy. Bob Hunter is still enjoys life in NC, where he was a patient several times, and he and daughter Karen, who has spent 15 years as a nurse there, were among those chosen in the planning.

55 Class Reporter—Margie Barber Trevor, (410) 822-0479, rbtrevor@gmail.com. Art Brechter, husband of Laura syman Brechter, was one of the most faithful correspondents, sent word that she would no longer be able to write us, now being in a care facility, the victim of vascular dementia. She had worked as a licensed nurse before her retirement and had spent time since volunteering to help former patients so they could remain in their homes. Their two adopted children, a son—an opera tenor, and daughter—have an incredible view of the mountains and bay nearby. She says, “This is the best decision I ever made.”

59 Class Reporter—Robert Steinberg, Daughter of Sandy, (828) 687-6878. The panels comprised current students and recent graduates from each of the three schools.

3 Class Reporter—Betty Borenstein Scher, (410) 449-5934, bbshock@comcast.net. Cora Jane Lawrence has a new address, having moved to a retirement community for a “wonderful new home and life.” She is still active, sings in the vespers choir, and enjoys a fabulous view of the mountains and bay nearby. She says, “This is the best decision I ever made.” Marion Bee is still enjoying retirement with family, gardening, reading, and relaxation. She is glad she lives up and away from the busy city, and keeps busy. Bob Hunter is still enjoys life in NC, where he was a patient several times, and he and daughter Karen, who has spent 15 years as a nurse there, were among those chosen in the planning.

55 Class Reporter—Margie Barber Trevor, (410) 822-0479, rbtrevor@gmail.com. Art Brecher, husband of Laura syman Brecher, was one of the most faithful correspondents, sent word that she would no longer be able to write us, now being in a care facility, the victim of vascular dementia. She had worked as a licensed nurse before her retirement and had spent time since volunteering to help former patients so they could remain in their homes. Their two adopted children, a son—an opera tenor, and daughter—
a great mom, and five grandchildren: son Matthew, daughter-in-law Sarah, daughter Charlene and husband Bob. She was raised in Philadelphia and worked for a time as a Jehovah’s Witness. She has three nieces and two nephews and enjoys spending time with family and friends. She also loves to travel. She is survived by her mother, Linda Crockett; her father, Charles Crockett; her husband, Bob; her son, Matthew; her daughter Charlene; her granddaughter, Samantha; and her dog, Sadie.

Dr. Carol Landis, professor at University of Washington School of Nursing, received the 2011 President’s Award at the annual Friends of the National Institute of Research Night in November. The award recognizes a nurse researcher whose long-standing commitment has made a difference in the lives of community members and their healthcare needs.

Carol and their two talented grandchildren in San Antonio, amazed with all the outside activities in which they are engaged, and feeling very blessed. Carol Straub Glubert is now retired but has services and other memorial functions at the nursing homes in the area. Dick still plays tennis and keeps busy with his business. Helen Bardick Sloat has retired after 24 years as a supervisor at a long-term nursing facility and is writing her memoirs. John has just published another book, Moving Beyond the Christian Myth: The Next Step in Our Spiritual Evolution. If anyone wants a free copy, inquire at www.beyondreligion.com. Married 56 years, the Sloat clan has grown from two to 23, including grandchildren and great-grandchildren. Most are not near by, but they still enjoy getting together when their schedules coincide. Though Parkinson’s keeps Bob, my husband, from doing what he used to, he is able to walk our dog on the local Rails-to-Trails every day. He is up to 1½ miles now. Bob has learned how to access info on the Internet and enjoys watching old movies. Please take a look at Sandy’s picture on the inside back cover of the Winter 2011 Johns Hopkins Nursing magazine. She was working in the orthopaedic outpatient department at the time. Kay Smith Burt continues to wear an obturator for a hole in her upper palate. Further surgery is not advised.

Charlotte Danilher Writer recently retired as a pediatric nurse practitioner in Veneta, OR. During her years of service she managed a Healthy Tomorrows grant and initiated a fluoride varnish program in the community. She would love to hear from classmates.

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67 Class Report—Barbara Jo Glynns, (410) 243-5591, glynnsbarbara@hotmail.com. Pattie Wilcox-Honnold was diagnosed with a rare disease called calciphylaxis in July. She is currently undergoing treatment at the Mayo Clinic and asks her classmates for their thoughts and prayers. Shirley Careen Bush lost her 36-year-old son to a heart attack early last year and also lost two close friends. She recently retired and is living at her home in Pensacola, FL, where it’s warm! Gail Gerstner Rathburn will not be able to attend the reunion but is still excited to hear from her classmates.

Deadline for the next issue of Vigilando is May 21, 2012.

She has been living in Albuquerque since 2004 and working in IT Project Management for Computer Systems for Presbyterian Healthcare. Gail had a successful knee replacement in 2010. However, afterwards she developed a pathological artery clot in that leg, which led to some significant health issues. Although she was not planning on leaving her job at this point, Gail is starting to settle into retirement. Anne Bienvenu Broussard retired from nursing after a 44-year-long nursing career, with the last 28 years in nursing education. She was a professor and the BSN coordinator at University of Louisiana at Lafayette for the last six years. Her retirement plans include travel, time with family and two grandchildren in Austin, as well as creative and spiritual pursuits.

98 Master’s Sharon Ann Myers worked as the director of quality management at the King Abdulaziz Medical Center in Jeddah, Saudi Arabia, and successfully led the facility through its first Joint Commission Accreditation. She also served in senior consultant to the Makkah Region Quality Program and the Central Board of Accreditation of Healthcare Institutions (CRAHI) in Saudi Arabia, where she assisted in the development of the first Hospital Standard Manual, which has been approved by the Ministry of Health for implementation. Subsequently, she assisted CRAHI in developing their national survey process. She was the assistant director of Nursing at Johns Hopkins Continuing Care Center in Baltimore, where she led nursing groups to develop a career ladder for nursing assistants in long-term care, which won the Innovations in Nursing Practice award. Ms. Myers is currently the quality management officer at Midlothian Healthcare Network in the VA and is also an adjunct associate nursing professor at Vanderbilt School of Nursing. She is a recognized international speaker on indicators and measurement, quality concepts, and patient safety. She holds numerous certifications and memberships in healthcare, quality, and risk management, and is an author in the areas of patient safety and accreditation. She has recently published an academic book based on her clinically tested systems model for patient safety and hospital accreditation. Patient Safety and Hospital Accreditation: A Model for Ensuring Success is published by Springer and available at bookstores.

New Director of Alumni Relations

Lindsay Dorrance, the new director of alumni relations at the Johns Hopkins University School of Nursing, joined the School in February and is now designing opportunities for alumni to remain involved with the School and to connect or reconnect with fellow Hopkins Nursing graduates and students.

“Lindsay’s proven track record of engaging alumni with each other and with students through programs and events will benefit the School of Nursing and our alumni from around the country,” says James Kelley, associate dean for development and alumni relations.

In the coming months Dorrance hopes to have many conversations with School of Nursing alumni. “I want to gain a sense of their needs and interests so the alumni office can serve as a resource to develop the academic and social interactions that strengthen relationships,” Dorrance notes. Among the many such opportunities she is now planning with alumni are regional networking events, social media groups, alumni-student mentorship programs, and Alumni Weekend.

Prior to Hopkins, Dorrance worked for the Graduate School of Architecture, Planning, and Preservation at Columbia University in New York. At Columbia she was responsible for the strategic planning and implementation of the alumni relations programming for the school, which included seven degree programs.

She holds a master of science in fundraising management and nonprofit administration as well as a master of arts in modern art from Columbia University. She earned her undergraduate degree from Trinity College in Connecticut.

Dorrance can be reached at 410-955-4285 or ldorran1@jhu.edu.
Freda Creutzburg Scholar Announced
It is my pleasure to announce the 2012 recipient of the Freda Creutzburg Memorial Scholarship, Caitlin G. Weinberg is a traditional BS student who expects to graduate in May. Weinberg holds a bachelor’s degree in international affairs and Spanish from James Madison University, with a minor in Russian studies. After working five years in the advertising industry, Weinberg decided to return to school to pursue her passion of becoming a nurse. In the future she hopes to specialize in pediatrics. In her letter to the CHH alumni, Weinberg expressed her sincere appreciation. “I am greatly honored and appreciative. I hope my work as a nurse honorees Miss Creutzburg’s strong legacy,” she said.

Who was the first nurse in any school of nursing to be appointed as a full-time nursing instructor?
By Betty Borenstein Scher ’50

In 1897, when M. Adelaide Nutting appointed Ada M. Carr, class of 1893, as a full-time instructor in the Johns Hopkins Training School, it was an innovation in the field of nursing education. Previously, nursing students were taught by nursing staff members—who also carried heavy administrative duties—or by physicians. This was not the first time Carr was a trailblazer. Upon graduation she became a head nurse, and in 1897 Nutting appointed her to assistant superintendent of the Johns Hopkins Training School for Nurses. She left Hopkins later that year to become superintendent of the Instructive Visiting Nurse Association of Baltimore and led its expansion from a single visiting nurse to six nurses who provided home care to patients. She also organized classes for poor and undereducated Baltimore residents to help them gain employment. In 1912, the National Organization of Public Health Nursing was formed. Carr joined this national movement, becoming the first editor of its magazine, The Public Health Nurse. But that, too, was not new to her because Carr had also been the first editor of the Johns Hopkins Nursing Alumni Magazine when it was created in 1901. Before her interests led her to the public health field, she gained significant nursing experience. In addition to her positions at Hopkins, Carr held superintendent of nursing positions at hospitals in New York City, Rhode Island, and New Jersey. Carr’s sister recalled that Ada was rarely seen without a book. She also wrote poetry, which frequently found its way into the alumni magazine, along with the many other articles she wrote.

For more information visit www.medicalarchivists.jhu.edu/papers/carr.html.

‘07 Accelerated Maura Carroll is living in rural Lichinga, Mozambique, for a year and is working with HIV/AIDS patients with a team from Doctors Without Borders. She is currently providing technical support for nurses and midwives while supervising and evaluating the quality of treatment and care of pregnant women infected with HIV. This project is a part of the United Nations Global Plan to eliminate mother-to-child transmission by 2015.

‘08 Accelerated Amanda Staub Rossman is currently a CRNA student at York College of Pennsylvania and recently won the American Association of Nurse Anesthetists (AANA) student writing contest. Her paper, titled “The Physiology of the Nicotinic Acetylcholine Receptor and Its Importance in the Administration of Anesthesia” was published as an article in the October 2011 issue of the AANA Journal.

In Memoriam
Myrtle Miller Watson, ’35
Jean Frankland DeHoff ’52
Mina B. Hansen ’40
Joan Hurley Murphy ’52
Mary Ann McLin ’45
Deborah J. Lewis-Miller ’68
Suzanne L. Richard ’51
Vickie Dufour Sarasullo, ’75

For alumni of the Church Home and Hospital School of Nursing
3rd Annual Tea
On Wednesday, May 9, 2012, the Third Annual Alumni Tea will be held at “The Octagon” at Mount Washington. This is the lovely building and venue where the Church Home and Hopkins archives are kept. Please see the Upcoming Events announcement on page 52 for details and information about how to register.

Please call me (Deb Kennedy, 410-893-2421) if you want to attend but are in need of transportation. I will try and assist with getting you a ride. I’m looking forward to seeing lots of hats again this year. So, get out your favorite chapeau and plan to attend.

Transcripts Quinlan Storage (888-416-5353, ext. 7550 or 3907), Contact Aniese Gentry.

Send your news and address changes to: Deb Kennedy, 1990 Gullstream Court, Forest Hill, MD 21050; 410-893-2421, debkennedy29@hotmail.com.
Interprofessional Education—Yesterday

Johns Hopkins nursing students participate in teaching rounds with an assistant resident physician. Nursing students spent time with medical residents in each department to learn about the complexities of various cases they could encounter as nurses.

The photo, taken in 1959, was published in a recruitment brochure called “Student Nurse at Johns Hopkins.” (Pictured from left to right: Jill Ward ’59; Donna Hayes ’60; unidentified nursing student; Marlene Lowder ’60; unidentified resident physician.)

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