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Cover Story

Solving Ghana's nurse migration issue can benefit all, if what goes around comes around.

GOLD STANDARDS





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STEPPING UP

You don't simply replace a Living Legend like Professor Jacquelyn Campbell, PhD, RN, FAAN. So, when she decided to step down from the Anna D. Wolf Endowed Chair after 30 years of innovation, Johns Hopkins School of Nursing leadership knew it had better find someone pretty amazing to take Dr. Campbell's seat.

(She is not retiring yet, lest anyone around here think all that mentoring, vital research, and those pointed, common-sense questions on health equity are going to stop.)

It turned out that the best person to next fill the Anna Wolf Chair was already at the school. Robert Atkins, PhD, RN, FAAN, executive vice dean since 2022, is the same type of visionary leader as Dr. Campbell—and Anna D. Wolf herself.

FROM THE DEAN



The chair's namesake was a staunch advocate of raising nursing education to the baccalaureate level. Now, Dr. Atkins is leading the charge to redesign nursing education for the next generation, focusing on the core competencies students will need to practice. He also knows how to boost the real-world impact of our research; for many years his own initiatives have worked to improve the health and well-being of marginalized children and families in distressed neighborhoods.

"Bob" Atkins has big shoes to fill. Lucky for us, he's got a running head start. Meet him on Page 8, and please enjoy the rest of the Spring 2024 issue of *Johns Hopkins Nursing* magazine.

Sarah Szanton

Sarah Szanton
PhD, RN, FAAN
Dean, Johns Hopkins School of Nursing
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Health Equity & Social Justice



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No. 1 U.S. News rankings; most trusted profession (again); snapshots from around the school; Endowed Professor Robert Atkins follows a legend; service-learning in Guatemala, and more.



Mayor Brandon Scott, center, with students from the Birth Companions program at a Baltimore Urban League event. (Photo courtesy of Master's Entry student Katharine Tilmes)



ON THE PULSE

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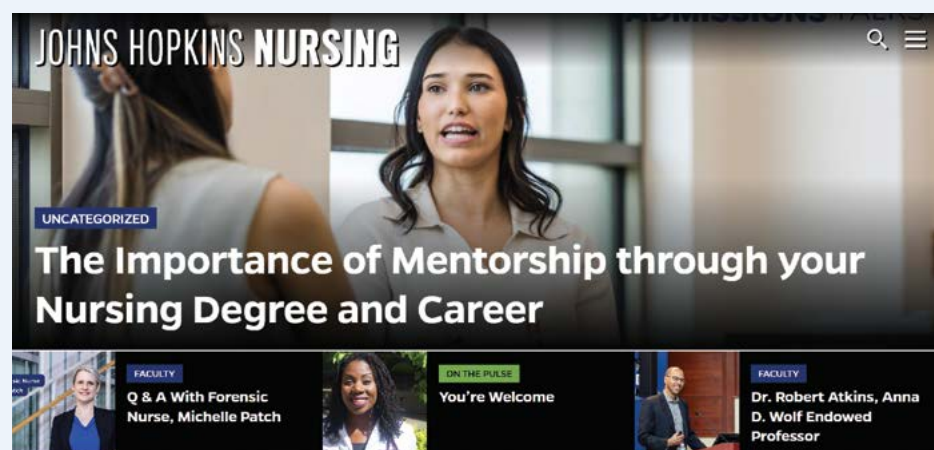
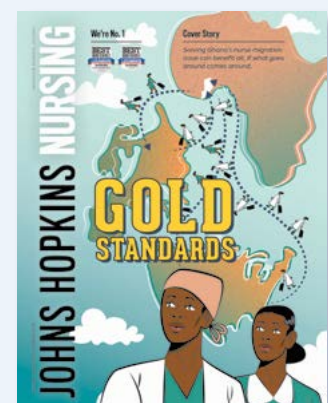
Most Trusted, 22 Times Running

Nursing has been ranked as the most trusted profession in America for 22 consecutive years, according to Gallup Poll's Most Honest and Ethical Professions survey released January 22. The American public rated nurses the highest among a host of professionals, including medical doctors, engineers, and veterinarians.

According to the poll, 78 percent of Americans rated nurses' honesty and ethical standards as "very high" or "high." The second highest-rated profession, veterinarian, was rated 7 percentage points behind nursing. Physicians were ranked the fourth most trusted profession.



"Given the considerable hardship and obstacles the nurses we advocate for are facing ... this recognition is a true testament to the positive influence of nurses on their patients and their undeniable impact on the health care system," Jennifer Mensik Kennedy, PhD, RN, president of the American Nurses Association, said in a news release. ■



NEW JOHNS HOPKINS NURSING MAGAZINE WEBSITE!

Having designed this magazine to be informative and useful but also fun, with big pictures and a few surprises sprinkled in, we wondered if we could tune up our website—magazine.nursing.jhu.edu—to match that "feel." The recent redesign of the Johns Hopkins School of Nursing's companion website—nursing.jhu.edu—gave us the excuse to tag along and find out.

Now, it's your turn. Give it a spin at magazine.nursing.jhu.edu.



Associate Dean for Simulation

Kristen Brown's knowledge and experience key 'as we reimagine nursing education.'

Associate Professor Kristen Brown, DNP, CRNP, FAAN, has been appointed associate dean for simulation and immersive learning. Brown had served in the interim role since October 2023.

"Dr. Brown is an innovative leader in the simulation and immersive learning sector," says Executive Dean Robert Atkins, PhD, RN, FAAN. "Her wealth of knowledge and experience will be of tremendous benefit to our school as we reimagine nursing education in the 21st century."

On faculty with the Johns Hopkins School of Nursing since 2017, Brown has held numerous simulation leadership roles, including director of immersive learning and digital innovation practice and simulation strategic projects lead at the Johns Hopkins Medicine Simulation Center.

The first nurse ever named a Zamierowski Simulation Fellow through the Johns Hopkins

Medicine Simulation Center, Brown is one of only 94 individuals globally to hold the designation of Certified Healthcare Simulation Educator-Advanced from the Society for Simulation in Healthcare. She was named 2023 Educator of the Year by that organization.

Brown will lead the Center for Immersive Learning & Digital Innovation (CILDI), which supports simulation-based education and research, using technology to deliver and advance nursing and interdisciplinary education.

With the innovative curriculum focus at the Johns Hopkins School of Nursing, says Dr. Brown, "there is a tremendous opportunity to leverage emerging technologies to expand simulation-based approaches and prepare a nursing workforce that is ready for practice." ■



Installation

Anna Wolf Professor

Robert Atkins follows 'Living Legend' in raising nursing education, profile.

Johns Hopkins School of Nursing Executive Vice Dean and Professor Robert (Bob) Atkins, PhD, RN, FAAN, has been installed as the next Anna D. Wolf Endowed Professor.

“Dr. Bob Atkins is a visionary leader with an unrivaled ability to inspire action,” says Dean Sarah Szanton, PhD, RN, FAAN. “His installation as an endowed professor formally acknowledges both his leadership in redesigning the path to 21st-century nursing education and his drive to achieve health for all people.”

Atkins inherits the seat from Professor Jacquelyn Campbell, PhD, RN, FAAN, who was installed in 1993 as the inaugural holder of the chair. Campbell is a global leader in research and advocacy for preventing violence against women and a Living Legend of the American Academy of Nursing. She is perhaps best known for developing the Danger Assessment, which helps abused women assess the risks of bodily harm or death. The tool has driven national policy, has been cited in four National Academy of Medicine reports, and is in use by front line health care and/or law enforcement professionals in 49 states and internationally.

Anna D. Wolf was a 1915 graduate of the Johns Hopkins Hospital Training School and went on to become director of the school from 1940 to 1955. She was also the first dean of the first college-level nursing program in China—Peking Union Medical College School of Nursing—and a staunch advocate of raising nursing education to the baccalaureate level. Wolf laid the groundwork for the Johns Hopkins University School of Nursing and its BSN program, which opened in 1984, a year before her death.

The professorship was funded in her honor by nursing alumni, family, and friends united by their admiration.

“Anna D. Wolf was an extraordinary leader in nursing education, known for having an amazing vision of what is possible, and for having exacting high standards and a caring heart,” explains Campbell, adding that Atkins “exemplifies that legacy with charisma.”



Atkins has been executive vice dean of the School of Nursing since 2022. He works to improve systems to foster an inclusive school community that advances diversity, equity, and inclusion. His work also focuses on turning research into practice and practice into meaningful policy that has the greatest impact for sustainable health for all people.

He has spent most of his career working to improve the health and well-being of marginalized children and families living in distressed neighborhoods. He began his career as a school nurse in Camden NJ, co-founding the Camden STARR Program, a nonprofit dedicated to improving the life chances of local youth. Atkins later held leadership roles with the Robert Wood Johnson Foundation and Rutgers University.

“Right now, nursing and nursing education has the opportunity for a true leap forward,” says Atkins. “I am honored to be the next Anna D. Wolf Endowed Professor, with the resources to maximize our impact.” ■



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U.S. NEWS RANKINGS

Still No. 1 for DNP; Back to No. 1 for Master's

The Johns Hopkins School of Nursing has earned No. 1 rankings for its Doctor of Nursing Practice (DNP) and master's programs from *U.S. News & World Report* for 2024.

In specialty areas, the school ranked:

No. 1 in NP Adult Gerontology Primary Care—DNP

No. 1 in DNP Nurse Practitioner: Psychiatric/Mental Health, Across the Lifespan Programs

No. 2 in NP Adult Gerontology Acute Care—DNP

No. 3 in Nurse Practitioner (NP) Family—DNP (tied)

No. 4 in Leadership—DNP (tied)

The Johns Hopkins School of Nursing was once again named the No. 3 nursing school in the world for 2024 by QS World University. In addition, JHSON earned its sixth consecutive HEED Award from INSIGHT into Diversity and fifth consecutive “Best Schools for Men in Nursing” designation from the American Association for Men in Nursing in 2023.

“Our community of leaders keeps us top-ranked in the nation,” says Dean Sarah Szanton, PhD, RN, FAAN. “This recognition brings us ever closer to improving health and eliminating health inequities for individuals, families, and communities.” ■

Note: Previous U.S. News & World Report rankings were numbered one year ahead. Beginning with this cycle, the organization's rankings will refer to the current year.



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JHSON HIGHLIGHTS

Students welcome Elsie Peyton Jarvis to the Scholarship Donor Appreciation event; feeling the Bern as Senator Sanders stops in for a visit to Dean Sarah Szanton and leaders of the Institute for Policy Solutions, plus a tour of Pinkard; the call of a saxophone transforms the France-Merrick Learning Commons (the Hub) into a dance floor as JHSON helps get Black History Month moving. ■



TIME	DESTINATION	FLIGHT
17:05	LONDON	AG
20:00	PARIS	BE
18:55	NEW YORK CITY	JA

GHANA ↓

Policy Worth Its Weight in GOLD

To manage a treasured Ghanaian resource—nurses and midwives—Yvonne Commodore-Mensah, Matilda Decker, and their team educate stakeholders, empower workers.

Ghana is once again sitting on a gold mine.

Known for centuries as part of the African continent's Gold Coast for its rich stores of the precious metal, the nation was often exploited by global outsiders for their own gain. The treasure this time is nurses and midwives—too many to fully train and fruitfully employ in an overburdened yet underdeveloped health care system. A desperate world calls for their service; they need work to support families as well as to satisfy their yearning for professional growth. Feeling stuck, they have gone abroad in droves.

The world's gain has been Ghana's loss, in brain power and population health.

But that dynamic could soon change. Ghanaians including Johns Hopkins School of Nursing (JHSON) faculty members Yvonne Commodore-Mensah, PhD, MHS, RN, FAAN, and Matilda Decker, DNP, APRN, alumnus Ruth-Alma Turkson-Ocran, PhD '19, MPH, RN, and DNP student Jacqueline Idun, MSN, are working health care policy, education, and communication channels in their birth country to help safeguard the freedom for nurses to choose their own path, including ways to stay—or return—home.

One key is to empower Ghanaian leaders through smart, sustainable policy and persuasion to develop and share the wealth in a manner that serves all parties, the West African nation's own populace included.

Another, more important than simply adjusting the financial math (though that is of course crucial), is changing the entire narrative. The current story: Ghana does not invest adequately in its nurses and midwives. These essential health workers feel unseen, struggle to find jobs, or end up in positions where a lack of pay, equipment, training, and staff make success and satisfaction unreachable. They burn out, or they head out. Ghana does not recognize how their plight—and their flight—has held the nation back.

“Despite boasting over 120,000 nurses, Ghana has only 3.6 [working] nurses per 1,000 people,” according to Ethically Managing the Migration and Recruitment of Nurses in Ghana: Roundtable Report 2023, organized



Yvonne Commodore-Mensah

by the Ghanaian-Diaspora Nursing Alliance (G-DNA) with support from the Johns Hopkins School of Nursing and its Institute for Policy Solutions and CGFNS International. “This disparity is exacerbated by the exodus of Ghanaian nurses, with an estimated 7,000 departing since 2022 alone.”

The new narrative: “There is an opportunity for Ghana to strategically position itself as a center of excellence in the training of nurses and midwives,” says the report. “This will require the implementation of evidence-based strategies on recruitment and retention of nurses and midwives.”

“GHANAIAN NURSES ARE NOT ASKING FOR MUCH. FAIR WAGES AND A SAFE ENVIRONMENT,” OFTEN SIMPLY MEANING PERSONAL PROTECTIVE EQUIPMENT.

“We think that this could be a win-win for Ghana and countries that are experiencing the nursing shortage,” explains Commodore-Mensah, a researcher and Rising Professor at JHSON who is also president and cofounder (with Decker) of G-DNA. “However, it requires deliberate investment in the training of nurses. For instance, the skills labs in Ghana are in dire need of equipment and simulation devices. There are not enough faculty members to teach in the advanced nursing practice areas. They need support



in standardizing and enhancing advanced practice education in Ghana.”

High-income countries such as the United States, Britain, and Canada have lost a great many of their own nurses, with retirements, nurse burnout, COVID fallout, and—in the West as well—a lack of adequate faculty to train new cohorts having only widened a workforce gap. These and other factors, including nurse-value blind spots not always so different from Ghana's, have led health systems to look elsewhere for essential workers.

Fair Is Fair

From the outside, West Africa looks like a good place to start.

“Ghanaian nurses are not asking for much,” says Commodore-Mensah. “Fair wages and a safe environment,” often simply meaning a supply of gloves and other personal protective equipment. Others are ready to work but there are no jobs, with an estimated 90,000 unemployed nurses.

A frustrated or even frightened nursing workforce is fertile ground for recruiters.

And since the government pays to educate nurses—and serves as Ghana's largest employer of graduates—raising their stature and value in the eyes of the nation's policy makers is essential to shaking loose the investment to improve safety, training, and opportunity. “You must engage the right leaders,” says Commodore-Mensah. “We need to show them, ‘This is what you have to lose.’”

As for wealthier nations, she adds, they must agree to give as well as take: “You are reaping what you haven't sown.”

G-DNA is not alone, or first, in this fight. So also crucial is granting assistance, without preconceptions, to those stakeholders already on the ground. Decker and Commodore-Mensah say the G-DNA is listening to and learning from “a who's who,” including the Ghana Health Service, Nursing and Midwifery Council

of Ghana, Ghana Registered Nurses and Midwives Association, the World Health Organization, JHSON's Center for Global Initiatives, and of course the Ghanaian Ministry of Health, among other groups, smartly adding key leaders to the G-DNA executive team. It will take all hands.

“There is so much work to be done, so much time and effort,” says Decker.

Establishing Trust

Decker explains her own and Commodore Mensah's passion for the task in simple terms: “Our families live in Ghana.”

“So may we, eventually,” Commodore-Mensah adds, explaining that frequent family visits as well as the work with G-DNA mean the pair are physically in Ghana on a regular basis.

Besides, Decker says, success for G-DNA means “our own people supporting our own people. It's beautiful.”

Though both left Ghana and are professional nurses in the U.S. (as well as JHSON alumni), neither Decker nor Commodore-Mensah is part of the diaspora. Decker moved to the United States at age 11 to live with her father; Commodore-Mensah came for college, but with no dreams of nursing. She'd seen in Ghana how the

Matilda Decker



“WE ARE NOT HERE TO ENCOURAGE NURSES TO MIGRATE. BUT IT IS THEIR RIGHT TO WORK WHEREVER THEY CHOOSE, AND WE SUPPORT THAT. PEOPLE ARE GOING TO MIGRATE. NOW, HOW IS IT DONE IN AN ETHICAL MANNER?”

profession was perceived. (It was a Johnson & Johnson nurse recruitment poster—“Join the Ones Who Dare to Care”—that touched her heart and changed everything.)

This makes both women, with their Western education and careers, “outsiders” to nurses in Ghana. Commodore-Mensah mimics a Ghanaian nurse: “You don’t get it!”

And they get THAT, Commodore-Mensah explains: “We come in humility. We’re not just people who talk. We have data. We’re going to help lay the foundation, and we’re going to walk through this with you.”

Trust takes time and positive experience. G-DNA has been in existence for just under two years, yet has already come an exceptionally long way from the day it was conceived. As Decker and Commodore-Mensah

tell it, during a fire drill at JHSON, they got to talking about their shared Ghanaian ancestry, the diaspora of nurses, and the need to do something to help. The drill ended. The idea for G-DNA had caught fire.

Today, G-DNA has almost 2,000 members (there are no dues, and more members are welcome), and the organization hosts regular webinars and skills training sessions in Ghana and elsewhere, again keeping costs low by begging or borrowing equipment and expertise to encourage attendance by nurses struggling to get by.

All of this is aimed at instilling confidence among nurses in their abilities so that they see their own value and can make informed choices, as well as provide better care. And a recent hands-on G-DNA workshop on perineal suturing made national news in Ghana, an invaluable word-spreader and big boost for nursing’s profile there. Decker calls the efforts a small price “to give back to your own people.”

“I have my own practice,” says Decker of Eden Healthcare Services, which caters to a largely military veteran population in Dover DE. “How do we get our [Ghanaian] nurses to attain full autonomy in practice?”

Lure of the Unknown

First, G-DNA and its allies must stem a rising tide.

According to Ethically Managing the Migration and Recruitment of Nurses in Ghana, in 2022, 67.9 percent of professional nurses intended to migrate, as did 54 percent of nurses in Zimbabwe. In a 2023 survey, 41 percent in Eswatini said they planned to seek

International Visiting Scholars

The Center for Global Initiatives coordinates the International Visitors Program to collaborate with colleagues to positively impact and advance nursing practice and research to promote health globally. Through these collaborations, international visiting students, faculty, and scholars exchange training expertise, partner in research, and address health disparities while sharing cultural and professional perspectives to enhance mutual understanding. Current International Visiting Scholars are from South Korea, China, and Belgium. Previous visits have included scholars from Austria, Brazil, New Zealand, Sweden, Thailand, Turkey, and other nations.

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employment overseas. Ghana’s planned migration figure for 2023 was 65.6 percent.

“We are not here to encourage nurses to migrate. But it is their right to work wherever they choose, and we support that,” explains Commodore-Mensah. “People are going to migrate. Now, how is it done in an ethical manner?”

Outside recruiters offer promises of better pay, equipment, and working conditions. But there’s no getting around the fact that these nurses leave home for something literally foreign—potential language barriers, societal differences, living arrangements. Are the nations bringing in Ghanaian nurses and midwives offering a genuinely safe harbor in which they can grow and flourish?

G-DNA is working to prepare travelers for what awaits them in wealthier spots and to develop a means of checking in to make sure what was promised is being delivered. And it is pushing global agreements that take countries off the recruitment list should they be stretched too thin on nursing and midwifery for their own health.

As for the workers facing a difficult choice for themselves and their families, Commodore-Mensah emphasizes the necessity of education, enabling these health workers to harness their skills with confidence—and know their worth—practicing in safety, wherever they are. G-DNA is there to make being a nurse easier in Ghana, and show more nurses that the grass can be greener right where they are. “These nurses are yearning for more,” says Commodore-Mensah.

Perhaps many will begin to realize that they needn’t leave Ghana to be great.

“G-DNA is here to advocate for nurses who find themselves in situations that are not ideal, to provide mentorship that means people are more often making the decisions to stay,” Decker explains.

Or, in the case of those who’ve chosen to migrate, to see that they can bring knowledge and experiences from other nations back home one day as mentors and educators.

“This is the brain gain,” insists Commodore-Mensah.

Policy Win

“We don’t see any reason why, in 10 years, Ghana’s nursing can’t be the best in Africa,” says Decker, adding that what G-DNA and its allies accomplish could be a model for nations in Africa and beyond.

“We have the human resources, right?” adds Commodore-Mensah.

One huge policy victory came when the nation’s leaders agreed to roll back a requirement that G-DNA members hoping to practice in Ghana—even if fully licensed elsewhere—pass an examination and then volunteer for six months in order to prove their worth, a tough ask.

Now, the mandatory exam is out, and nurses must volunteer only two weeks, which Commodore-Mensah agrees is not a bad idea anyway, for both sides.

“We hope it will open the floodgates of people who want to come back and give back.” ■





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Raising Nurses, and Nursing, In India



Like Ghana, India has witnessed a health care brain drain as tens of thousands of qualified nurses go overseas, driven away in part by the same lack of respect, training, and financial support for the profession seen in that African nation.

The Johns Hopkins School of Nursing (JHSON) and its Center for Global Initiatives are doing their part to change the dynamic by educating and empowering nursing leaders and then having their backs as attitudes toward non-physician health workers catch up with the times—and the need.

“The Johns Hopkins School of Nursing is honored to collaborate with and to support the agenda and significant progress of the Indian Ministry of Health and Family Welfare and global strategic directions for nursing,” says Professor Nancy Reynolds, PhD, MSN, RN, FAAN, associate dean for global affairs, director of the Center for Global Initiatives at JHSON, and co-director of the World Health Organization’s Collaborating Centre for Nursing Information, Knowledge Management.

“IT’S WONDERFUL TO BE ABLE TO FORMALLY GIVE BACK.”

An inaugural program, Training the Trainers on Leadership in Prevention and Control of Infection for Nursing Professionals, “builds upon Johns Hopkins University’s long-standing, extensive partnerships with institutions in India, dating back to the 1930s and, more recently, with the establishment of the Gupta-Klinsky India Institute [GKII],” explains Reynolds, renowned for her work in global research and leadership.

“In the 21st century, infection prevention and control have become integral components of nursing practice worldwide, contributing to the creation of safe environments that foster optimal patient outcomes.

Leadership training in infection prevention and control is poised to play a pivotal role in advancing the critical leadership responsibilities of nurses in infection prevention and control across India through the preparation of 70,000 nurses,” says Reynolds.

GKII’s mission is to mobilize JHU faculty, staff, students, and alumni to work with partners in India to improve society through research, education, policy, and practice. Training the Trainers featured key contributions by Reynolds, Associate Professor Vinciya Pandian, PhD, MBA, RN, FAAN, and GCI Manager Maria Docal MPH, RN, of the Johns Hopkins School of Nursing, and Brian Wahl, PhD, of the Bloomberg School of Public Health.

This master nursing leadership training program welcomed 128 nurses representing northeastern, northwestern, and southern states in India between October 2022 and February 2023. More such programs, part of a nationwide initiative by the Indian Ministry of Health and Family Welfare to change attitudes and improve care, are being planned.

Changing a generations-old mindset won’t be easy, or fast. In her youth in India, Pandian’s own father pushed her toward medical school, judging the nursing profession as lowly. Accepted to both medical school and the College of Nursing, Christian Medical College, Vellore, Pandian got her way when her father was unable to pay the medical school bribe.

Today, she is a doctor and a nurse, a global expert in tracheostomy, and JHSON assistant dean for immersive learning and digital innovation. And she’s training and fighting for nurses in India so future generations of daughters will feel empowered to stay and serve their communities there.

“It’s wonderful to be able to formally give back,” Pandian says, adding her appreciation for the efforts of Reynolds and the GKII. “Without their support, I could not have contributed at this global level.” ■

An Open Door

The biggest takeaway from Guatemala for Andrea Lizarraga Sikic was trust.

It was experiencing the openness established by the Guatemalan health workers of Nursing Heart Inc. that led impoverished rural residents of San Martin to so eagerly welcome home visits by students from the Johns Hopkins School of Nursing (JHSON). It was seeing the impact that such trust had made in the basic health of families across the community.

Here was one more bit of reassurance that Lizarraga Sikic had come to the right place, meaning Johns Hopkins in East Baltimore as well as this little part of Guatemala. “Meeting people, especially the Nursing Heart organization leaders, showed me the impact that they have within their communities as far as dedication, teaching, and the love that they provide not only for their community but among their own team.”

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“I FELT EMPOWERED ... SEEING WHAT THESE WONDERFUL INDIVIDUALS WERE DOING FOR THEIR [GUATEMALAN] COMMUNITY.”

How appropriate that Lizarraga Sikic remembered Guatemala as she dodged hospital carts, noisy outbursts, and sick babies at a hospital in Lima, Peru, her birthplace and the site of an extended visit over Spring Break. She was simply doing what she does—helping out an old friend with a sick 2-month-old before heading back to her regular job as a critical care pediatric nurse for cardiac patients at Stanford Children’s in Northern California. She says she loves the gig at Stanford, having moved to Northern California after working at Duke University Hospital for eight years. That was great too. But when it was time to choose a DNP program, Lizarraga Sikic locked in on JHSON’s global presence and opportunities, despite COVID’s limits

on world travel. She figured if it happened anywhere, it’d be at JHSON. (Duke had accepted her as well.)

Lizarraga Sikic, who has also practiced as a nurse in London—and who is pictured at center in image below—will graduate the DNP program at JHSON this year.

“I’m very happy I joined Johns Hopkins,” says Lizarraga Sikic, who also earned an internship with the World Health Organization through the Center for Global Initiatives. “That’s sort of been my space for seeing what global health is and what the nursing role is within global health.” Learning opportunities like the one in Guatemala have only solidified her drive to be an international nurse—from Baltimore, to North Carolina, to Northern California, to Lima, Peru—wherever she ends up practicing. And Lizarraga Sikic has even more evidence that as a soon-to-be graduate of the DNP Advanced Practice-Family Nurse Practitioner program, she is on exactly the right path.

“I felt empowered ... seeing what these wonderful individuals were doing for their [Guatemalan] community, that rapport that has happened in a country with such low resources, and hoping that I can do the same for my own community some day.” ■

Several members of the Guatemala service-learning cohort share more of their experiences at magazine.nursing.jhu.edu/sanmartin.



Flag illustration: Freepik.com

Putting the 1st in First Aid

In a community like San Martin in rural Guatemala, an ambulance might be several hours away, the nearest hospital many miles off. And there is little money for emergency care anyway. So, if a loved one has chest pains and collapses ...

“Too often, that’s kind of their end,” explains Mashuda Aly of the MSN (Entry into Nursing) program and a member of the recent Johns Hopkins School of Nursing cohort in Guatemala. There is, on average, one nurse per 10,000 Guatemalans, the group was told, and health education is just as scarce. “The concept of CPR is little known. This is Level 1 first aid.”

Of all that she learned from what she calls an amazing Guatemala experience, this knowledge has been among the most challenging for Aly to process, because so much suffering—and death—is so preventable. That does not mean the situation is hopeless, at least not for long. “I want to come back here [to Guatemala],” she insists.

Already she has been hatching a plan with classmate Lindsey Fajardo-Morales (a native of Guatemala and part of the service-learning cohort) for a potential post-graduation mission. “Once we have our nursing licenses, we’ll be able to do much more in the community,” Aly says, adding that they’ll have backup: “I’ll bring a few CPR manikins with me in my duffel bag!”



Support CGI’s service-learning efforts via the QR code.



Her feeling of kinship with the Guatemalan community was immediate, from the first steps on the cobblestone streets of Antigua, with its rumbling parade of coffee-delivery trucks in the morning, the scent and feel of locally hand-woven cloth during a daytime hug, and rollicking street life as the heat of the day fades into night; to the road dust, chickens, open arms, and endless green canopy of trees and volcanic landscapes that greet a visitor to San Martin. In everything, beauty.

“I WANT TO ENABLE THEM TO HELP THEMSELVES.”

It was also in the fellow-feeling with rural Guatemalan mothers who’d given birth as Aly’s own mom had in Bangladesh—outside a hospital, without the pre- and post-natal care that accompanies pregnancy in the world’s wealthier nations. Aly, who lived in Paterson NJ before moving to Baltimore and JHSON, has family spread across the globe and has dreams of becoming a nurse to the world, specifically in surgery. “This is the career path that I want to take, to be trained by the best of the best and use that training for the people who need it the most.”

That could very well begin in both the cities and rural areas of Guatemala. “I want to do education,” she explains. “With education, it’s not like you are coming, you’re helping someone, you’re leaving, and now they are helpless. I want to enable them to help themselves.” ■

*A mentoring win-win;
Deborah Baker on
Magnet; STOP THE BLEED
program; Nursing skills
days; DAISY winners.*

November 2023 | Kelly Wright

Kelly Wright, a lead clinical nurse from Nelson 8, was nominated by a colleague for her determination to help a patient leave the hospital to see his wife one last time. This tremendous act of caring made a lasting impact on the family, as well as her colleagues: "She is truly one of the most compassionate and hard-working nurses for her patients that I have ever worked with."

JH NURSE

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NEWS FROM **JOHNS HOPKINS
HOSPITAL & AFFILIATES**

Mentoring Student Interns a 'Win-Win'

Melinda Walker, longtime lead clinical nurse for the Johns Hopkins Hospital Brain Stimulation Unit, says mentoring student interns does more than helping expose local high school and college students to potential medical careers. It can also change the lives of the nurses who mentor them.

“Yes, interns can be very helpful, saving you steps by fetching supplies or a warm blanket for a

patient,” Walker says. “But it can also be incredibly inspiring to figure out how to explain what you do to someone with no medical background, to see the importance and excitement of what you have been doing for years through a young person’s eyes.”

This kind of mentoring, Walker believes, can be a powerful antidote to nursing burnout.

Melinda Walker, lead clinical nurse for the Brain Stimulation Unit, with Shaleah Jackson, 17, a student at Mergenthaler Vocational-Tech in East Baltimore. Walker considers mentoring a powerful antidote to burnout.

OSLER

EXIT

Walker experienced those benefits firsthand last summer, when she agreed to mentor two Baltimore City high school students who came to her through the Johns Hopkins Summer Jobs Program in collaboration with Baltimore City’s YouthWorks career program. “On their first day, their eyes were as big as saucers,” she says. “Everything was new to them, and probably a little intimidating.”

Shaleah Jackson, a 17-year-old rising senior at Mergenthaler Vocational-Technical High School (Mervo) in East Baltimore, completed the entire six-week paid internship and says it was life-changing. “It was my first internship and my first job and it opened my eyes to career possibilities I never knew existed,” she says. “It was incredibly exciting. Melinda is a great teacher—patient, passionate, compassionate. I felt so lucky.”

Jackson, who will be certified as a pharmacy technician when she graduates from Mervo, is looking at colleges, hopes to work at Johns Hopkins again next summer, and is even considering further pursuing nursing.

love having interns if we could make it easier by giving them a standardized tool laying out potential roles these young people could perform on their units,” she says.

Walker is a big fan of the Wheel, Johns Hopkins Hospital’s innovative nursing governance structure that allows nurses and their colleagues to submit ideas to a series of nursing councils that pass on the best or most viable to nursing leadership. So Walker—who served three years on her department’s professional practice council when the Wheel was first being developed—wrote up a proposal for her orientation idea for interns, along with a standardized tool nurses could use to engage them. It was received so enthusiastically that nursing leadership quickly circled back to express interest in pursuing it. “Serving on the committee really helped inform my understanding of how change occurs in a big system like ours,” Walker says.

To help advance the project, she developed a detailed list of potential roles for interns based on her own

“YOU GIVE YOUNG PEOPLE AN OPPORTUNITY TO SEE WHAT YOU DO AND WHETHER IT’S SOMETHING THEY’D LIKE TO SOMEDAY DO THEMSELVES. AND IT ALSO HAS THE POTENTIAL TO HELP US FEEL MORE POSITIVE AND ENGAGED, TO RESTORE THAT JOY. I’D LIKE TO SEE OTHER NURSES HAVE THAT EXPERIENCE.”

Walker had the satisfaction of watching Jackson grow increasingly comfortable with clinical protocols and with the severely depressed patients who are treated with ECT (electroconvulsive therapy) on her unit. “Shaleah has a great sense of humor, is incredibly vibrant, quick to learn, enthusiastic about everything, and just a lot of fun to work with,” Walker says.

The mentoring experience was so meaningful that Walker was inspired to help supercharge the internship program. She’d like to see a formal orientation established for new interns who join nursing units, including touring the hospital, meeting nursing leaders, and learning exactly what will be expected of them in their new role. And she’d like to see more nurses participate. “I think nurses would

department’s needs, from restocking supplies to welcoming patients and families with blankets, snacks, and hospitality. But she sees that list expanding as other units get involved.

“As nurses, we are so focused on getting through the day. Over time, it can take some of the joy out of the job. So this is a twofer,” says Walker. “You give young people an opportunity to see what you do and whether it’s something they’d like to someday do themselves. And it also has the potential to help us feel more positive and engaged, to restore that joy. I’d like to see other nurses have that experience.” ■

DAISY AWARD WINNERS

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

Recent DAISY Award winners at JHH:



July 2023 | Jessica Groom

Jessica Groom, a specialty nurse in the department of surgery, was nominated by a patient who has relied on Groom's knowledge, expertise, and compassion during her ongoing treatment. The patient writes about Groom's physical and emotional support during difficult moments. "Not only do I see an exceptional nurse in Jess, but I've come to see a great friend in her too."



September 2023 | Madison Ropp

RN Madison Ropp of Nelson 8 was nominated by a grateful patient who raved about her support, kindness, and understanding, noting that even the smallest gestures can have a tremendous impact. "Even with all of the other patients she has to take care of, Maddie has a way of making you feel like you're the only one she has! I've never had a better nurse."

Learn more about the DAISY Award and how to nominate an amazing nurse at DAISYAWARD@JHMI.EDU.



October 2023 | Ashley Thomas

Ashley Thomas, lead clinical nurse from the Comprehensive Transplant Unit, used "definitive focus and quick critical thinking" to solve a patient emergency. Afterward, Thomas took time to debrief and check-in with her orientee and the entire team. "It takes an expert nurse and leader to provide outstanding compassionate care, while also caring for her team and for herself during the process."



December 2023 | Amiee Stanton

A physician nominated Amiee Stanton, a lead clinical nurse in the pediatric emergency department, not only for her clinical expertise but also her caring with a family losing a child. "Amiee remained a rock. ... She maintained an emotional strength, while also anticipating the family's needs and facilitating the coordination of the whole health care team."

January 2024 | Anastasia Stodolski

Anastasia Stodolski, an RN II from Zayed 11W, was nominated by the granddaughter of a patient for her grace, kindness, and gentle support. When the patient's granddaughter learned some difficult news, Stodolski's compassion made a world of difference: "That nurse's small gesture meant more to me than anyone could even understand." ■

2023 Team Award | Bloomberg 10 North

The Bloomberg 10 North Team was selected out of 61 outstanding groups. The nomination letter cited care that the interdisciplinary team provided to a "short-term" patient who ended up staying nearly a year. "The love that they showed this child was immeasurable. When other names and faces changed, THEY were his constant."



August 2023 | Mackenzie Neiswender

Mackenzie Neiswender, an RN II on Bloomberg 11 South (pediatric inpatient oncology), was nominated for kindness, skilled care, and unwavering encouragement. A mother singled out the special bond Neiswender worked to develop with her daughter that has helped the family get through a challenging time. "She encourages my little girl to keep pushing, even on the hardest days."



Magnet Designation: a Milestone in Nursing Excellence

As Johns Hopkins nurses, we continually look for ways to advance our practice, innovate care delivery, enhance interdisciplinary collaboration and improve patient outcomes. We are never satisfied with maintaining the status quo. That is why all of our hospitals across the Johns Hopkins Health System are committed to achieving and maintaining Magnet designation—the highest national credential a hospital can attain for professional nursing practice.

Magnet status reflects a hospital's commitment to providing evidence-based, patient-centered care that improves outcomes and enhances the patient experience. It signals to patients and their families that they can expect the highest standards of care and professionalism when seeking treatment. And it is a recognition of a hospital's commitment to nursing excellence, empowerment, and growth.

Across the Johns Hopkins Health System, all six of our hospitals are engaged in different stages of their Magnet journeys. Since the beginning of this year, three of our hospitals celebrated Magnet redesignation—Suburban Hospital achieved its second Magnet designation in January, The Johns Hopkins Hospital was designated for a fifth time in March, and Johns Hopkins All Children's Hospital earned its second designation in April.

Our other three hospitals, Johns Hopkins Bayview Medical Center, Johns Hopkins Howard County Medical Center, and Sibley Memorial Hospital, are all on the path to Magnet designation as well. Bayview and Howard County are expected to

submit applications next year, and Sibley recently completed its site visit—the last step in the Magnet designation journey.

Magnet designation is awarded for a four-year period, but often it can take four years or even longer to complete the rigorous application and evaluation process. Hospitals must submit an application and robust written documentation detailing patient care outcomes and examples of nursing programs and initiatives that demonstrate the components of the Magnet model. Next are a multiday on-site evaluation by members of the American Nurses Credentialing Center and a public comment period for patients and staff members to share their experiences and feedback. Our clinical, ambulatory, and advance practice nurses are all included in these efforts.

Less than 10 percent of hospitals nationwide have achieved a Magnet designation, so when the outcome is finally announced, it's time to celebrate! Bring on the confetti, noise makers, and cake.

In the end, Magnet is not merely a recognition, but a journey toward continuous improvement and innovation. It is a testament to our nurses' dedication to delivering the highest standard of care and shaping the future of health care. "It's not the destination, it's the journey." — Ralph Waldo Emerson. ■

Deborah J. Baker, DNP, FAAN, AG-ACNP, NEA-BC, is senior vice president for nursing and vice president of nursing and patient care services.



“IN THE END, MAGNET IS NOT MERELY A RECOGNITION, BUT A JOURNEY TOWARD CONTINUOUS IMPROVEMENT AND INNOVATION. IT IS A TESTAMENT TO OUR NURSES’ DEDICATION TO DELIVERING THE HIGHEST STANDARD OF CARE AND SHAPING THE FUTURE OF HEALTH CARE.”



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Hopkins Possible



A Glimpse of Hope After an HIV Diagnosis

*How a nurse helped a Ugandan
mother find a reason to live.*

BY JOSEPHINE WATUULO AND JOAN NDUTA

When Margaret Kugonza looked in the mirror, she saw a woman waiting to die. Her despondency over an HIV diagnosis had left her bereft. “I had a grocery shop that kept me busy during the day, but my thoughts kept me awake at night,” says the mother of four. “I could not eat or sleep because of thinking about the children and my future.”

Although she had started antiretroviral therapy at a clinic close to her home in western Uganda, her reason to live seemed to dissipate by the day. She closed her shop. “I felt useless and stopped taking the medication,” she says. “I wanted to end my life. One day I took poison, but my aged mother found me and called for help. She begged me to go for counseling.”

“I WOULD BE DEAD IF IT WASN’T FOR BIIRA’S SUPPORT.”

It was at the Fort Portal Regional Referral Hospital that Kugonza met nurse Biira Levinah, an assistant psychiatric nursing officer. “She got my attention when she looked straight into my eyes and said, ‘Margaret, I want you to live.’”

Levinah had been trained in the Common Elements Treatment Approach (CETA), which helps health workers in low- and middle-income settings integrate evaluation and diagnosis for depression, anxiety, substance abuse, and trauma- and stress-related disorders into HIV care and treatment.

“She asked me to call her whenever I had bad thoughts,” Kugonza says, recalling that they would often walk together during counseling sessions.

The nurse is one of 55 CETA-trained counselors working at seven health facilities in western Uganda. Their training was supported by the Jhpiego-led Global Reach II project, funded by the American Rescue Plan Act through the U.S. Health Resources and Services Administration, in partnership with the Uganda Ministry of Health, Mental Health and Substance Abuse Division. “In a setting where resources are scarce, our commitment to integrating mental health services into HIV care isn’t just about treating conditions; it’s about empowering individuals,” says Jhpiego Program Officer Charles Mwanje, who oversees CETA’s implementation in Uganda.

Despite progress in HIV testing and treatment, Uganda faces challenges in viral suppression due to prevalent mental disorders; depression affects up to 30 percent of people living with HIV and the risk of death by suicide is 100 times higher for them than in the general population.

Trained to use a number of approaches for managing a range of mental health conditions, Levinah used a cognitive restructuring approach called “Think in a Different Way” to help Kugonza recognize self-defeating thoughts and then counter them while developing solutions. The darkness lifted.

“I would be dead if it wasn’t for Biira’s support,” says Kugonza. “She guided me to see myself again. The way I think about myself has changed.” ■

Josephine Watuulo is knowledge management coordinator in Jhpiego’s Uganda office and Joan Nduta is senior communications manager for the Africa Region. Katherine Seaton, communications manager with Jhpiego, also contributed to this article. Photo by Peter Caton for Jhpiego.

A Flow of Calm in Chaotic Moments

BY JOAN CRAMER

Just a year out of nursing school, Alyssa Kasraii—a stroke and neurosurgical nurse on the Zayed 12 West neuroscience intermediate care unit at Johns Hopkins Hospital—was more than happy to take the STOP THE BLEED course recommended by her unit’s clinical nurse specialist, Lisa Klein.

“I’d never worked in trauma so it was a new skill, learning how to control life-threatening bleeding in an emergency,” Kasraii says.

She was called upon to use that skill more quickly than she could have imagined. A week after she was taught the proper way to apply a tourniquet and how to pack and use her hands to put pressure on a potentially catastrophic wound, a man was shot outside a Baltimore apartment building where she was visiting a friend.

“It was a very chaotic situation and not something I’d ever experienced,” she says. “Lots of police officers doing a lot of things at once. But I told them I was a nurse and they handed me their own STOP THE BLEED kit. And because of the class I knew exactly what I was there to do.”

“I had grabbed my friend’s jacket to use as a tourniquet, but the kit had a real tourniquet and gauze [treated with an anti-coagulant medication] to stuff the wound. If I hadn’t taken the course, I wouldn’t have felt confident stuffing the wound because I’d have been afraid it would hurt,” says Kasraii. “I knew I had to keep the patient calm and alert until the ambulance arrived. What I’d learned helped me stay calm in a tense situation and do what I needed to do.”

STOP THE BLEED was inspired in part by the 2012 Sandy Hook Elementary School massacre, where it

was determined that some victims may have survived if their bleeding had been staunched quickly enough. In addition, the U.S. Department of Defense (DOD) was finding that the use of tourniquets and putting pressure on wounds was having a significant impact on the survival of wounded soldiers. So the American College of Surgeons, under the aegis of the DOD, devised a simple course to teach people how to control bleeding during the first precious moments after a serious injury—much as CPR was originally developed to empower bystanders to help heart attack victims.

“I WILL GO ANYWHERE ANYBODY WILL LISTEN.”

Judy Schroeder, adult trauma performance improvement/injury prevention coordinator, is a passionate advocate of STOP THE BLEED and over the past five years has trained more than 400 people, both on the Johns Hopkins campus and in the community. Training takes little more than an hour, and consists of a 25-minute PowerPoint presentation with two videos followed by practice among small groups.

“I offer a formal class on the Johns Hopkins Hospital campus every other month to all shifts,” Schroeder says. “But we have hundreds of trainers at Hopkins and we’ve trained thousands of people in the community—in schools, churches, businesses, book groups. I will go anywhere anybody will listen.”

Adult trauma program manager Zakk Arciaga says Johns Hopkins STOP THE BLEED educators focus on certain communities. “All of our trauma patients are in our database, so we can identify where the greatest number of penetrating injuries occur,” Arciaga says.



From left, Judy Schroeder, adult trauma performance improvement/injury prevention coordinator, Alyssa Kasraii, a nurse on the Zayed 12 West Neuroscience Intermediate Care Unit, and Zakk Arciaga, adult trauma program manager. All are big believers in the STOP THE BLEED program.

“Though we often think of shootings, these injuries are actually caused by everything from motor vehicle and industrial accidents to lawnmowers and kitchen knives,” he says. “Bleeding is the single biggest cause of preventable trauma deaths and can occur in just a few minutes, well before the arrival of emergency services. STOP THE BLEED gets people comfortable responding to these events before they happen.”

Alyssa Kasraii’s experience is a powerful case in point, says Schroeder. “We’re here to spread the

word, and her story is evidence that this training makes a difference.”

Anyone in the Baltimore community can ask about setting up a STOP THE BLEED training by sending an email to JHHS_TraumaInjuryPrevention@exchange.johnshopkins.edu.

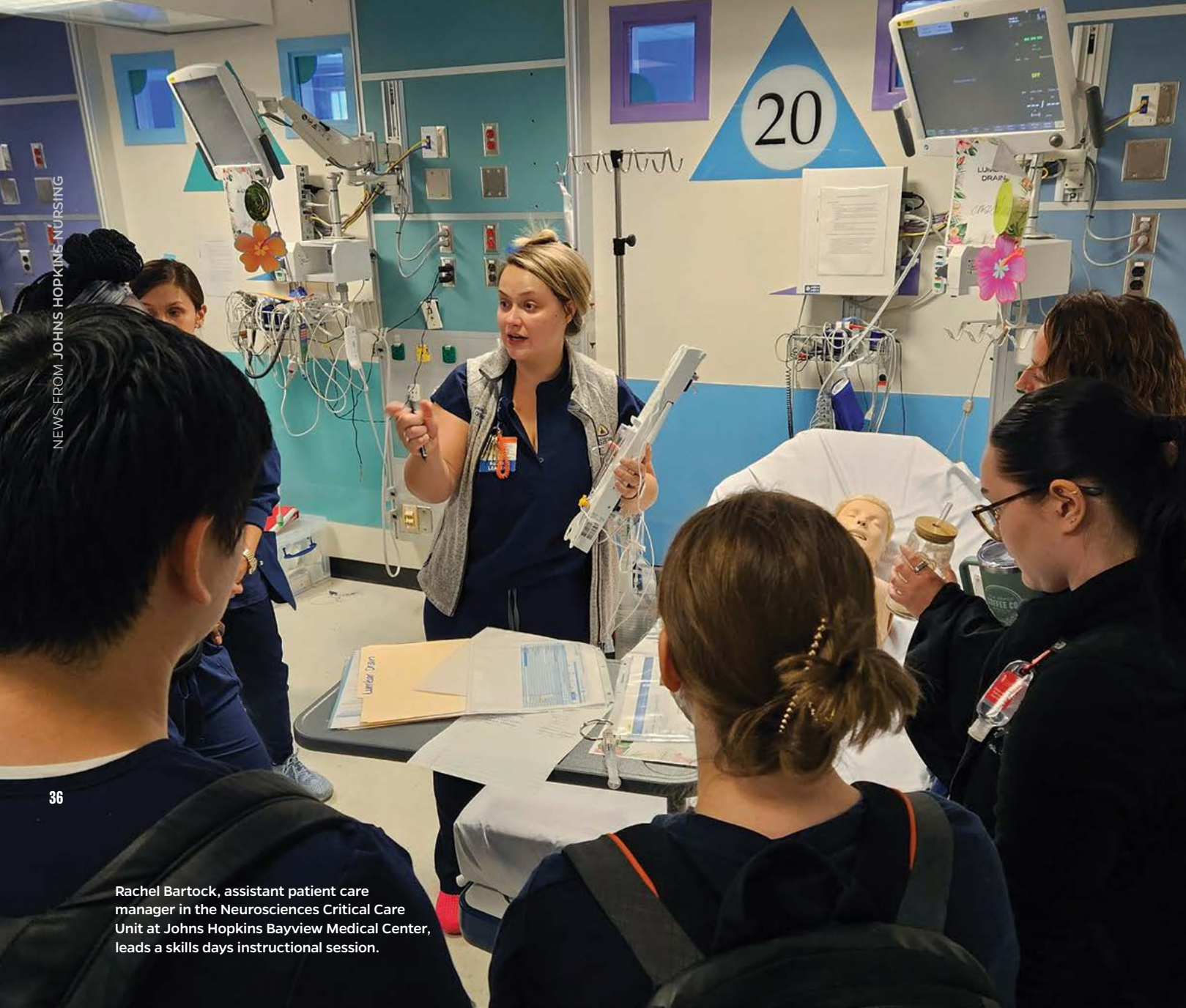
“We’ll go anywhere, anytime, with anybody,” Schroeder says. ■

Rachel Bartock, assistant patient care manager in the Neurosciences Critical Care Unit at Johns Hopkins Bayview Medical Center, leads a skills days instructional session.

Achieving Harmony with Combined Nursing Skills Days

BY JOAN CRAMER

It was a momentous two weeks at Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center when some 2,400 nurses, patient care technicians, clinical technicians, and patient aides—more than half of the entire nursing staff—gathered in October for the first ever combined annual skills days.



Nurses not only participated in mandatory annual reviews and assessments of their skills, but they tried out new equipment, learned new policies and procedures, and perhaps best of all, met and bonded with colleagues they might never have otherwise met.

“One of our charges under the leadership of Senior Vice President for Nursing Deb Baker is to harmonize education,” says Julie Seiler, program manager of professional practice programs for the Johns Hopkins Health System. “It was an ambitious rollout and there were bumps in the road, but we actually exceeded our harmonization goals, bringing nurses from both hospitals together to learn from one another, reducing duplication, promoting standardization, and educating everyone together in one fell swoop.”

Traditionally, skills days, also called annual competencies, have been the province of individual units, resulting in some duplication. Also, “nurses can get siloed in their specialties,” Seiler says.

“THE REALLY GRATIFYING THING IS SEEING NEWER AND MORE EXPERIENCED NURSES WORKING TOGETHER AS A TEAM, LEARNING FROM ONE ANOTHER AND POSING QUESTIONS YOU HADN’T EVEN THOUGHT OF.”

“Most of our feedback was very positive,” she says. “Nurses enjoyed meeting new colleagues, exploring new parts of the hospital, learning new things. And many were grateful to review routine skills. We were able to correct cultural inconsistencies they may have gotten comfortable with on their individual units.”

Nursing education is a full-time endeavor at Johns Hopkins Hospital and Johns Hopkins Bayview. “You could give us an entire building and we would be using every inch of it every day because we’re constantly training our nurses,” says Marida Twilley.

Twilley is one of the two hospitals’ 50 or more nursing practice and professional development specialists (NPPDSs), a relatively new title that

reflects the seriousness and scope of their mission: to both broaden the idea of nursing education and to harmonize it—eventually throughout the entire hospital system. She and fellow NPPDS Tamara George, both members of the combined hospitals’ core nursing education team, were the dynamos who spearheaded the new skills days.

“A lot of our team wanted to start small,” Twilley says. “I think we began with just the specialty areas of medicine and surgery at downtown Hopkins. But then it kept snowballing and we said, ‘OK, bring it on!’ ”

The biggest logistical challenge was finding suitable spaces for all of the instruction stations. Another big challenge was moving all of those nurses (the Bayview nurses came by shuttle) from floor to floor through several Johns Hopkins Hospital buildings.

“We had about 56 opportunities for people to learn something, whether it was an educational poster or one of our vendors training people on new equipment or a chance to practice a hands-on skill,” says George. “We had dozens of instructors, not only nurse educators but bedside nurses, and the emphasis was on hands-on training.”


The most popular station by far was a space created by veteran nurse educator Dauryne Shaffer to help nurses think critically about caring for a potentially suicidal patient. In Shaffer’s scenario, 10 nurses walk around a patient’s room, assessing risks that might contribute to patients harming themselves or others.

“The really gratifying thing is seeing newer and more experienced nurses working together as a team, learning from one another and posing questions you hadn’t even thought of,” Shaffer says.

The skills days team plans to survey nurses next year to identify what they most want to learn. Again, harmonization will be key.

“If we want to offer our patients the best possible care, we want and need to collaborate,” says Twilley. “So the best part of it for us was seeing nurses who’d started the day as strangers not only comparing notes about nursing, but exchanging phone numbers and ending the day as friends.” ■

*Alumni Update; Class News,
Church Notes, alumni profiles;
the Back Page, and more.*


Rhonda Smith Wright, center, celebrates a
successful PhD defense with colleagues who
have been there, or soon will be (Page 48).



VIGILANDO

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NEWS FROM JOHNS HOPKINS
NURSES' ALUMNI ASSOCIATION

ALUMNI UPDATE



Dear Johns Hopkins School of Nursing Alumni,

In recent years, we have witnessed a remarkable shift within the nursing discipline—a transition from focusing solely on individual interventions to recognizing the critical role of systems in shaping population health outcomes. As alumni of the Johns Hopkins School of Nursing, we have a unique opportunity and responsibility to lead this transformative change, elevating policy and social justice to improve the health of all.

40

The evolving landscape of health care demands that we move beyond traditional roles and embrace a broader understanding of the factors influencing health. This does not mean that we forego our role in clinical management and mastery of materia medica—it simply means we must expand the levels of the care cascade to include the links and interactions between the disease presentation or states of health and the larger political and policy arenas. Nurses are now at the forefront of macro-level policy reform, advocating for systemic changes that address the root causes of health disparities. We are transitioning from mere enforcers of systems to agents of critical consciousness, leveraging our collective voices to drive meaningful change.

However, to truly affect lasting change, we must continue to engage in dialogue, uplift diverse voices, and push the boundaries of what is possible. This means integrating the epistemological foundations of human insight into our practice, centering the perspectives of both colleagues and patients in our research, implementation, and dissemination efforts.

We must address the gaps in our education system that perpetuate complacency. By expanding

the focus of pre-licensure curricula to include structural factors impacting health and the role of nurses in driving structural change, we can empower the next generation of nurses to enact meaningful policy reforms, to interpret, evaluate, and lead policy change while maintaining a patient-centered approach.

The Policy Honors Program at our school serves as a model for how nursing education can integrate policy leadership training. By investing in policy education and fostering a culture of activism within our profession, our school is helping to position nurses, and our graduates specifically, as essential actors in redesigning the health care system and improving the health of communities worldwide. Let us continue to lead by example, leveraging our expertise and passion to create a healthier, more just world for all.

Meanwhile, we look forward to the traditional sharing of transformative ideas and coming together of milestone reunion classes during our upcoming Reunion Weekend, June 20-22 at the School of Nursing. This year, as always, we invite all alumni to help us honor the legacy of Hampton House, hear from students and faculty, and continue leading the way in shaping the future of nursing. Learn more about Reunion Weekend at nursing.jhu.edu/alumni-giving/alumni/events/reunion-weekend/, and see you there!

In solidarity,

Fernando Mena-Carrasco, MSN, MSW, RN
President, JHNAA
Doctoral Fellow, American Nurses Association (ANA) & Substance Abuse and Mental Health Services Administration (SAMHSA)

CLASS NEWS

Dr. Cindy Colson, '23, has been appointed to the rank of assistant professor in the GWU School of Medicine and Health Science. This year she received the Distinguished Service Award from the American Trauma Society, MD Division and, in 2022, the Best Research Abstract Award for Emergency Medicine from the American Academy of Pediatrics.

Dr. Kristen Brown, '17, was recognized by the Society for Simulation in Healthcare (SSH) as the Educator of the Year for 2023. This award highlights the many contributions Dr. Brown has made to research in healthcare simulation. (Read about Dr. Brown's promotion to associate dean for simulation and immersive learning at the Johns Hopkins School of Nursing on Page 7.)

Lt. Gov. Sara Rodriguez, '02, '04, will lead Governor Tony Evers' task force to address challenges in Wisconsin's health care system. ■

JOHNS HOPKINS IN MEMORIAM

Nancy Germann, '55
Margaret Trever, '55
Sarah "Sally" Polk, '66
Sue Knohl, '68
Blossom Wiedmeier, '97
Rhett Leibecke, '02, '09
Marisa Wilson, '05

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Welcome Back!

JHSON welcomes favorite faces back to the school for a Former Faculty Brunch. Clockwise from left, former Dean Martha Hill and Sara Groves; Anne Belcher; a storied group of educators; Lori Edwards, left, and Susan Appling catch up. ■



Up for the Challenge

Uncle Sam and alumnus Kristin Lyman Nabors need you to run for Congress. She'll even go first.

Twenty-some Democrats are running in the primary race for the Third Congressional District in Maryland to replace longtime incumbent Democrat John Sarbanes. That sounds like a lot of choices. Until you look at who they are: for the most part, same old (white guy), same old (lawyer), “rinse-wash-repeat,” says Democrat Kristin Lyman Nabors of Anne Arundel County. That’s why the Johns Hopkins School of Nursing alumnus threw her hat in the ring for the vote on May 14.

(Winners likely won’t have been determined by the time the first subscribers receive this magazine. The general election is November 5.)

“Congress is 77 percent male, and 30 percent attorneys. The 49th-richest member of Congress is worth \$10 million,” she explains, adding that it’s long past time for more women’s voice, more nurses’ voices, ANY other voices to be heard on Capitol Hill.

“No great woman in this country—and I stand by this statement—ever got anything done by politely waiting her turn. And, by the way, who is in charge of creating the queue to begin with? It’s a big motivation for my running in general. I want to offer an alternative to voters.” She also points to nurse lawmakers like JHSON grads Lauren Underwood, now an Illinois congresswoman, and Sara Rodriguez, lieutenant



governor of Wisconsin. “I want to keep treading that path.”

So Lyman Nabors, a 2015 JHSON grad, doesn’t worry about the numbers against her as a first-time candidate.

Instead, she leans into her platform: equitable, accessible, and affordable health care, abortion rights and maternal care, better public schools, veteran issues, addressing gun violence, environmental protection ... and term limits for Congress, among other issues. Many of these can be accomplished without raising taxes, she insists. Oh, and don’t defund the police. Pay a wage commensurate with the difficulties and dangers of the job, then demand policing that’s worth the price.

She didn’t expect this to be easy, and she was right. Besides campaigning—and a day job in nephrology research at Johns Hopkins—Lyman Nabors has a family to care for. “I take it day by day. If I look too far ahead of myself or too far behind, it’s easy to feel like you’re drowning.” She is upfront about painful past experiences that have put her in the same boat as many constituents: emotional and physical exhaustion and burnout as a younger nurse; substance abuse and recovery; living without health insurance.

“This has been the biggest, scariest challenge I have ever undertaken,” Lyman Nabors explains, “but it’s the challenge that I felt most right about taking on.”

And if being an admitted introvert in politics requires really psyching herself up to knock on doors sometimes? So be it: “I think it’s important for introverts to sometimes come out of their shells and share what’s on their minds and what they can contribute. And it’s equally important for extroverts to switch roles and listen.”

Active listening is a skill Lyman Nabors has always prided herself on, honed through interactions with patients, family members, and now voters. “Anyone who knows me knows that I’m probably 70 percent listener and 30 percent reluctant talker.” The grassroots nature of her campaign means she’s had to get even better. “I have to understand that small and effective, smart and genuine interactions with voters create this flywheel of momentum.”

She’s learned to cherish those moments where she meets like-minded people, realizing that “what I’m doing is worthwhile to someone else besides me. It gives me a sense that I’m not completely off base on this campaign.”

What about those who she can’t sway, including the party establishment? “I don’t believe it’s my job to change anybody’s mind in this campaign,” Lyman Nabors insists. “I need to speak with community members who already think like me and are just

waiting for one of us to go for it. We need to mobilize these voters, and that’s where the flywheel momentum comes in.” Meantime, why sweat it?

“One quote that has stayed with me since my high school days is, ‘The mass of men lead lives of quiet desperation.’ That’s Henry David Thoreau,” Lyman Nabors says. “The first time I ever heard that line I vowed—and I don’t even know if I fully understood it at 15—but I vowed that it would never describe me.”

A history buff—especially World War II, in which both of her grandfathers fought—Lyman Nabors finds another strong influence in Albert Einstein. “He was a patent clerk, and he turned the entire world of physics upside-down. He also said we cannot solve our problems with the same thinking we used when we created them.”

Or the same voices, argues Lyman Nabors. So, win or lose in this election cycle, she’ll keep pushing for more and different voices—brown, female, LGBTQ, people with disabilities, whomever—to be heard ... and to take those steps from the voting booth to the campaign trail and, eventually, to Congress as part of a truly representative force for change.

Then? Rinse-wash-repeat, but on the colors cycle. ■

“NO GREAT WOMAN IN THIS COUNTRY—AND I STAND BY THIS STATEMENT—EVER GOT ANYTHING DONE BY POLITELY WAITING HER TURN. AND, BY THE WAY, WHO IS IN CHARGE OF CREATING THE QUEUE TO BEGIN WITH?”





'Phinished!'

After their dissertation defenses, PhDs and alumni Grace Chen (left on facing page) and colleagues celebrate with families, advisors, and friends. From top, for Inga Antonsdottir (right), a congratulatory hug; Joy Chepkorir (left) toasts with Professor Hae-ra Han; and MJ Dino (center) leads a group in making the mini heart symbol. Learn more about the PhD program at nursing.jhu.edu/phd. ■



CHURCH NOTES

DEB CORTEGGIANO KENNEDY, '73



CHURCH NOTES IN MEMORIAM

Mary Lou Long Hiortdahl, '53
Marguerite Kiser, '54
Peggy Sharon Peterson, '69
Kathleen Riley Capan, '69

Historic Grandfather Clock

In the fall of 2023, the beautiful Thomas Wagstaffe George III grandfather clock (circa London 1770), which for years graced the lobby of the Rotunda at Church Home and Hospital, was formally donated to the John's Hopkins School of Nursing. When Church Home closed, the clock was purchased by T. Gil Whedbee, Church Home president. Since Mr. Whedbee's passing and that of his son, Mrs. Marianne Whedbee—who inherited the clock—felt the best spot for the lovely antique was a place of prominence from which it would “keep the nurses on time,” as her dear husband Gil had often mentioned. The clock was restored to its original beauty and working order by expert clocksmith Nicholas Hainis, son of **Susan Riddleberger, '73**. (Sue is to the left of the clock and me in the photo on facing page.)

Freda Creutzburg Scholar

The 2023-24 Freda Creutzburg Scholar is once again **Ali Lose**. Ali received \$14,372 from the endowed scholarship to assist in her education. Ali has shared that she was only able to get her nursing education with the support of the scholarship!

From the Plaque: Thomas Wagstaffe George III Clock

This beautiful Thomas Wagstaffe George III Clock, made in London in 1770, long graced the Rotunda Lobby of Church Home and Hospital, which sat between East Fayette and East Baltimore streets several blocks south of Johns Hopkins Hospital. It was donated by Marianne Whedbee, wife of former Church Home and Hospital President (1965-1993) T. Gil Whedbee, who bought the clock after Church Home and Hospital closed in 1999. (Whedbee, as part of the Consortium for Nursing Education, planned the creation of the Johns Hopkins University School of Nursing, which opened in 1984.)

The Church Home and Hospital School of Nursing existed from 1894-1976, and its students took pediatrics and psychiatry courses at the Johns Hopkins Hospital School of Nursing. In 2004, the Church Home and Hospital and Johns Hopkins nurses' alumni associations became affiliated, and the groups have since celebrated reunions and remembrances together.

Mr. Whedbee told his wife he hoped this clock would one day permanently reside “in a place where it would always watch over the wonderful nurses and keep them on time.” So it shall.

Donations

Thank you to **Linda Spedden Yukna, '70**, for the recent donation of articles and CHH news memorabilia. Also thank you to **Ken Plessner**, spouse of recently deceased alumnus **Peggy Peterson, '69**, for the donation of yearbooks and other noteworthy CHH documents. All of the items are very much appreciated and a valued part of our history.

Reunion Weekend

Save the dates of June 20-22 for 2024 Reunion Weekend! Invitations will be sent to reunion classes celebrating milestones. Details will be posted on the CHH Facebook page. All CHH alumni are welcome to attend. This will be a milestone in itself, since this will be the 20th year that we have jointly celebrated with our fellow Johns Hopkins alumni.

Correction

In the last issue, an alumnus' name was listed incorrectly. Apologies to **Kay Rice Dicken, '58**. ■

Susan Riddleberger, left, and Deb Kennedy with the beautifully restored grandfather clock.





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The Skills and Voice of a Leader



Until you can speak health care's particular business and financial language, there will always be a limit as to how far you can advance and what you can fix.

Taylor Diani, MSN/MBA, '23, RN, learned this through experience, surrounded by MBAs whose voices and credentials might be given weight over even her sharpest ideas on nursing and technology. It brought her to—and now through—the MSN Health Organization Leadership/MBA track at the Johns Hopkins School of Nursing (JHSON). “It has helped shape what I am today,” Diani says.

As director of medical affairs at the medical technology company Becton, Dickinson and Company (BD for short), she has already used the lessons learned at JHSON to add authority and leadership to those ideas as an expert on medical equipment as well as an educator and registered nurse with 15 years of experience in diverse settings.

“IT’S UNDENIABLE THAT INNOVATION CAN ENABLE SAFER, SIMPLER, AND SMARTER NURSING CARE.”

“Health care is a business and it requires a special skill set to be an effective leader,” Diani explains. The lack of an upper-level degree “was inhibiting my growth.”

Now her voice and knowledge are sought out. In March, for instance, Diani headed to HIMSS 2024, the annual conference of the Healthcare Information and Management Systems Society, to facilitate a panel discussion (featuring April Saathoff, DNP, RN, vice president and chief nursing info officer for Johns Hopkins Medicine) on nursing innovation’s impact on better and more cost-effective care. “It’s undeniable that innovation can enable safer, simpler, and smarter nursing care,” she says.

Diani points to her work in public policy at BD as another example of how her education and experience have put her in a position to advocate for the profession on the national and international levels and even potentially “shape the future of nursing.”

And the Johns Hopkins connection remains strong.

“Johns Hopkins carries a lot of weight in the world. Its contributions to education and health care were a real driver for me,” Diani explains. Her time at JHSON also helped propel her activism within the American Organization of Nursing Leadership, which served as a foundation for the Health Organization Leadership practicums. She adds that the network built as part of the MSN/MBA track has put a lot of that world at her fingertips.

“I made the right choice,” she says. ■

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THE BACK PAGE

YOU ARE HERE, THERE, AND EVERYWHERE: Baltimore is a vibrant, ethnically diverse city of about 250 neighborhoods, including a number of architectural wonders and quirks aplenty. The two main campuses of Johns Hopkins University, Homewood and East Baltimore, are crown jewels of that Baltimore experience. Washington DC is of course pretty neat too. But you don't have to go far to find many great places to eat, play, and explore—or even live. The Johns Hopkins School of Nursing presents maps of Charm City and DC to point you in the right direction(s). Map locations were chosen for their cultural or historical significance, plus reachability. Many highlighted Baltimore neighborhoods touch the route map of the free JHU Shuttle.

Just use the QR code on facing page or go to nursing.jhu.edu/interactivemap.

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MOUNT VERNON ARTS DISTRICT

Rich with museums, restaurants, and performing arts spaces including JHU's Peabody Institute—and presided over by the original Washington Monument—Mount Vernon is a neighborhood just north of Downtown that offers many visitors their first taste of the city's charm and historical significance.



PATTERSON PARK

The site known today as Patterson Park played a major role in the War of 1812. It was where American troops stood ready for a British onslaught during the decisive battle of North Point at "Hampstead Hill," where the picturesque Pagoda stands. The 155-acre park features athletic fields, a pool, and an ice rink.



FORT MCHENRY

Fort Mchenry is a big reason the Stars & Stripes still wave across the U.S. Far outgunned, the American soldiers at Fort Mchenry somehow withstood fearsome British bombardment during the War of 1812. In the end, "Our flag was still there." Go for the history, or simply stroll the fort's lovely, hallowed grounds.

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