

JOHNS HOPKINS NURSING



Independence Chair

Professor Nancy Glass assumes key role in future of nursing ed

Scholarship Profile

Meet eight students ready to make waves as Joanne and William Conway Scholars

On Her Game

Pediatric nurse keeps spirits up in ICU and on NFL sidelines



A World of Reasons

Nurse researchers share perspectives on the value and importance of global nursing



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MUTI is a design studio based in the city of Cape Town, South Africa. Its artwork has been featured by Nike, Red Bull, Google, Facebook, UNIQLO, American Express, the *Washington Post*, *Esquire*, *GQ*, *Vanity Fair*, and *Popular Science*. For this issue, Muti created the images for our cover feature ("Universal Perspective," Page 14) and an article on Lifeline's 25th year of serving Johns Hopkins Hospital ("Never a Dull Moment," Page 26). More work is at studiomuti.co.za.



Photographer/videographer **Chris Hartlove**, a graduate of the Maryland Institute College of Art (MICA) in Baltimore, is a fixture on the campuses of Johns Hopkins University, creating images for a range of publications and websites. For this issue, he captures the positive spirit of a pediatric intensive care unit nurse at Johns Hopkins Hospital who moonlights as an NFL cheerleader ("Always on Her Game," Page 22). More work (with partner Jes Goodyear) is at hartlovegoodyear.com.



Baltimore-based artist **Jon Marchione** ("Somewhere Upstairs: Chowder Downstairs!" Page 03) also graduated from MICA with a BFA in illustration. Raised in in upstate New York surrounded by "more than a few cows," Jon has a love for nature, music, and art. Clients include NPR, *Baltimore City Paper*, *Newcity Magazine*, and the Light Grey Art Lab. More work is at jonmarchione.com. Instagram handle: [itsspelledjon](https://www.instagram.com/itsspelledjon).

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Johns Hopkins Nursing is a publication of the Johns Hopkins 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.

For advertising, contact:
son-editor@jhu.edu 410.614.5317

Send correspondence to:
Editor
Johns Hopkins School of Nursing
511 N. Washington Street
Baltimore, MD 21205
410.614.5317
son-editor@jhu.edu

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LETTER TO THE EDITOR:

Somewhere Upstairs: 'Chowder Downstairs!'



ILLUSTRATION BY JON MARCHIONE

To visit many beach communities in Rhode Island is to get a whiff of clam cakes and chowder, a distinctly different take on hush puppies and ... what most other people would consider clam chowder. There's Point Judith (if you can smell them over the day's catch on the docks) and Narragansett and a personal favorite, Warwick Neck.

There, the Rocky Point Shore Dinner Hall was my place of employment one summer. Hard labor: kitchen help. Tureen after tureen, bowl after bowl, and then plate after plate of watermelon rinds. (I sliced that watermelon rapid-fire with a machete, a story for another day.) The hardest job of all was serving the takeout window at street level. "Chowder downstairs, boys!" This meant carrying a full, steaming vat of soup down an old cement staircase with no railing. It took two guys. Mike was 6-foot-2. I was not. Keep my handle up or I'd scald myself with splashed soup. Pretty girls worked the window, so we somehow looked forward to this task several times per shift.

This one, we did not: "Batter downstairs, boys!" Same drill, only this vat of clam cake goo weighed 1 million pounds, give or take an ounce.

The smell today still brings me back—to youth, to amusement parks, to the idea that there might be one more growth

spurt in me yet. When it hits my nostrils, I know that there will soon be Rhode Island sand between my toes and a breeze in my face that can send 35 years cartwheeling down the beach like a poorly anchored umbrella. I'm back to what once was home.

For this issue, we decided to ask a few of our global nurse researchers to share similar sense memories of places they've been that stick with them, or let them know they are "home" ("Sense of Place," Page 17). The idea is to share with readers who might never reach those places a feeling of what it is like to be there. We hope you'll enjoy the results, maybe share your own memories at the address on this page, and enjoy this feature as well as the rest of the Fall/Winter 2017 issue of *Johns Hopkins Nursing*.

Steve St. Angelo

Letters to Johns Hopkins Nursing

We welcome all letters regarding the magazine or issues relating to Hopkins Nurses. Email 200 words or fewer to son-editor@jhu.edu or send to:

Editor, *Johns Hopkins Nursing*
511 N. Washington Street
Baltimore, MD 21205

Letters will be edited for length and clarity.

NOTES FROM THE DEAN:

The Excitement Is Building



"We are building a better mousetrap, as it were, and fully expect the world to beat a path to that front door."

A couple of issues ago, we let you all in on a little non-secret. At Alumni Weekend 2017, we made it official, unveiling brand-new designs for an addition to the school that will bring research collaborators closer together, foster more interprofessional collaboration, and even further enhance the student experience at the Johns Hopkins School of Nursing. Always most important: It will mean better-prepared nurses and improved health care.

We wanted our alumni, who of course are the best ambassadors, mentors, and representatives of what the school is about, to have the first look. If your classmates have not done so already, now we are ready to share the story of our future with you.

The physical details came together a bit late for this issue, but you can find the latest information at building4jhunursing.org. Some parts might look familiar, but more heavy-duty thinking and planning have brought the particulars better into focus. And it's going to be a stunning space, bright and welcoming to global researchers as well as our colleagues and community in East Baltimore (see inside back cover). We are building a better mousetrap, as it were, and fully expect the world to beat a path to that front door.

Of course it isn't that easy. Construction brings challenges and inconveniences. Planning for them is as essential as how Bolt A fits into Girder C. Campus Operations Manager Sabrina Scarborough recently shared a good reminder for all involved, stressing that "under construction" will be the state of many students' entire stay with us. This is the memory that they will take away. So we must make sure that their time here is exciting, enriching, and not just thoughts completed between jackhammering. And we will, welcoming them back as alumni one day— as early as 2020—to the "house the nurse did build."

Independence Chair

Recently, I had the immense pleasure of installing Professor Nancy Glass as the new Independence Chair of the Johns Hopkins School of Nursing (Page 06). This is a position from which she will help shape the future of nursing education here and elsewhere. We are thrilled that she would accept the challenge.

A renowned global researcher as well as an esteemed colleague, mentor, and friend, Dr. Glass is also featured in our main package of articles on the importance of global nursing (Page 14), a cause near and dear to our hearts as well as hers.

Please enjoy the Fall/Winter 2017 issue of *Johns Hopkins Nursing*, and look for more building details and images in subsequent issues as we move together toward a presence at North Wolfe and McElderry streets that keeps the school at the very forefront of nursing education and research.

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

"I have hope now."



Before starting Hopkins' eating disorders treatment program, teacher and mom Angelica Schlehr felt she needed to restrict her diet and weigh less than 118 pounds — but then that became less than 100 pounds.

One of the misconceptions about eating disorders is thinking they're a choice, says Angela Guarda, program director. "Over time, dieting, exercising, bingeing, or purging behaviors take on a life of their own and become a cycle that's hard to stop, similar to addiction."

Thanks to an endowed professorship created by Jean and Steve Robinson, Guarda has more time and resources to help patients break the cycle and eat healthily.

"They've nailed the program," says Angelica. "I have hope now. I have hope for my future."

Together, there's more we can do to recruit and sustain great professors like Angela Guarda.

Watch her video at rising.jhu.edu/anorexia-treatment and join us in *Rising to the Challenge*.

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ON THE PULSE

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P. 09

A WELCOME CHILL: SEMESTER BEGINS WITH STUDENT FEST AND STAY AHEAD OF THE STRESS FEST

Professor Nancy Glass to Hold Independence Chair

Researcher, clinician, educator, and public health advocate Nancy Glass, PhD, MPH, RN, FAAN, has been named Independence Foundation Chair in Nursing Education. The Independence Foundation helps nursing programs engage in long-term planning and support programs for education.

“Educational opportunities are crucial to building and supporting future generations of nurses,” Glass says. “This is an exciting honor to be able to help lead the school in facilitating scholarship and the power of knowledge.”

Glass, a professor and associate director of the Johns Hopkins Center for Global Health, has also served the School of Nursing as director of the MSN/MPH Public Health Nursing program and coordinator of the Coverdell Peace Corps Fellows program. She holds a joint appointment in the Johns Hopkins Bloomberg School of Public Health. She replaces the

retiring pain and sleep researcher Gayle Page, PhD, RN, FAAN, as Independence Chair.

Throughout her career, Glass has prioritized improving the health of women and families nationally and globally. Her international initiatives, including Pigs for Peace and Rabbits for Resilience, have helped families in the Democratic Republic of Congo improve their health, economic stability, and social outcomes. And her myPlan smartphone application has helped women across the world who are at risk of intimate partner violence identify paths to safety.

For her outstanding work, Glass has received honors including the Pathfinder Award from the National Institutes of Nursing Research and the 2017 International Achievement Award from the International Council of Nurses' Florence Nightingale International Foundation. ■

THE NEWSROOM

For a roundup of recent Johns Hopkins School of Nursing headlines, media coverage, and social media offerings, visit nursing.jhu.edu/news-events. Follow the nursing blog at magazine.nursing.jhu.edu/blog. And sign up to receive the Cells to Society research newsletter by emailing a request to son-editor@jhu.edu.



Peace Corps Volunteer Named Gurtler Scholar

Laura Moro of the Master's Entry into Nursing Practice program has been named the 2017 Gurtler Scholar. The \$60,000 award, given to one Returned Peace Corps Volunteer at the Johns Hopkins School of Nursing, is announced each fall.

Moro served for two years in Sao, Senegal, training health workers and local villagers on nutrition, sanitation, hygiene, and malaria prevention. She earned a bachelor's degree from University of Massachusetts Amherst and a master's in public health from Boston University.

“I still can't believe it's true,” Moro says of the Gurtler Scholarship, adding of her experience in Senegal, “The Peace Corps gave me a second family. I have formed such close relationships with the host family I lived with in Sao that I often find myself wondering whether my little brother has gotten better at math in school, if the youngest is walking yet, or how my mother's bad knees are holding up. Peace Corps also taught me the true meaning of cultural understanding.”

She also found love. “I was placed nearby to another volunteer in Senegal and he is now my amazing fiancé,” Moro says, adding that Johns Hopkins won her over pretty quickly too.

“With every interaction I had with faculty and staff, I got the feeling that there was a strong sense of community here, and I was already being welcomed as a member. ... Eventually, I want to pair my nursing skills with my global health background to contribute to improving outcomes for mothers and infants in developing countries.” ■

Returned Peace Corps Volunteer Laura Moro with colleague Adama Mar in Senegal

“The Peace Corps gave me a second family. It taught me the true meaning of cultural understanding.”

— Laura Moro

NEWS ROUNDUP

HUMANITARIAN AWARD

Phyllis Sharps, PhD, RN, FAAN, earned the Lillian Wald Humanitarian Award from the National League for Nursing.

Sharps is internationally known for her leadership in preventing violence against women and lessening its impact on young children. With a \$3.5 million grant from the National Institutes of Health, she is testing the Domestic Violence Enhanced Visitation Program (DOVE), an intervention to keep abused women and babies safe from intimate partner violence. Sharps is a member of the International Nurse Researcher Hall of Fame and of Sigma Theta Tau International Nursing Honor Society.

Lillian Wald, a nurse and civil rights

activist, founded the National Organization for Public Health Nursing.

A WORLD OF EXPERIENCE

Nancy Reynolds, PhD, RN, C-NP, FAAN, became associate dean of global affairs on September 1. Formerly the Independence Foundation Professor of Nursing at Yale University, Reynolds brings experience in global nursing, research, education, and advocacy.

Her interventions use cellphone technology to serve populations affected by HIV. Most recently, she has led NIH-sponsored studies in the U.S., India, and Ghana to enhance outcomes for HIV-positive women and children.

“Dr. Reynolds offers an outstanding wealth of knowledge and expertise, especially in the areas of HIV, vulnerable populations, mental health, and research,” says Dean Patricia

Davidson, PhD, MEd, RN, FAAN. “We are excited for the innovation she will bring, her experience in furthering health equity across the world, and the leadership she will provide in broadening our global reach in health and sustainability.”

STARS AND SCHOLARS

Proceeds from this year’s An Evening With the Stars event (November 11) will benefit Baltimore Talent Scholars, a program created to keep Baltimore’s most talented students in the city. The Talent Scholars Program will provide four full-tuition scholarships annually to Baltimore City public high school graduates admitted to the MSN: Entry into Nursing Practice program.

Watch for a list of winners as well as winning images and more information at nursing.jhu.edu/stars. ■

Faculty Join American Academy of Nursing Fellows

Another five faculty have been inducted as fellows in the American Academy of Nursing for contributions to nursing, health care, and policy.

Research Associate Teresa Brockie, PhD, RN, focuses on health equity through community-based prevention and intervention of suicide, trauma, and adverse childhood experiences.

Assistant Professor Valerie Cotter, DrNP, AGPCNP-BC, FAANP, is an expert in dementia and aging. She is a Sojourns Scholar of the Cambia Health Foundation and will get funding to start an advance care planning education program for primary care providers.

As associate dean of teaching and learning, Rita D’Aoust, PhD, ANP-BC, CNE, FAANP, FNAP, develops innovative teaching strategies for the school. An expert in interprofessional education, she also studies aging, and stress among veterans.

Assistant Professor Vinciya Pandian, PhD, MSN, RN,

is internationally known for her work in tracheostomy and quality of life in mechanically ventilated patients. She is president of the MD/DC Chapter of the Society of Otorhinolaryngology Head and Neck Society and president-elect of the Sigma Theta Tau International Nu Beta Chapter.

Assistant Professor Susan Renda, DNP, ANP-BC, CDE, FNAP, is a certified diabetes educator. She serves as an American Diabetes Association education program coordinator for the Johns Hopkins Diabetes Center and has worked with diabetes nurses in Kuwait through Johns Hopkins International.

“These faculty are aspiring leaders whose contributions to education, palliative care, mental health, acute care, and community health are evident across disciplines and among patient outcomes,” comments Dean Patricia Davidson, PhD, MEd, RN, FAAN. “They well represent the innovation and excellence of the Johns Hopkins School of Nursing, and we are proud of their accomplishments.” ■



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Calm and Cool

Late summer and early autumn mark the time to welcome new students to the Johns Hopkins School of Nursing and remind returning students what makes the community tick. In that spirit, the Student Fest allows newcomers to get to know their peers outside class and the annual Stay Ahead of the Stress Fest, an event with the Johns Hopkins Student Assistance Program, is a chance to get relaxed ... with free tips for staying that way. ■

WHAT NURSES NEED TO KNOW

PAIN RESEARCH: IT DOESN'T HURT TO TRY SOMETHING NEW



Assistant Professor Janiece Taylor, PhD, RN, thinks back to the clinical nurse she once was, who loved caregiving but wrestled with doubt and struggled to treat pain at a nursing home. She wishes she could have been there in spirit to reassure that nurse, "Don't give up."

Something good was coming. "One summer I wanted to get out of New Mexico—I was just young and wanted to travel," and the University of Texas-Austin had a program teaching undergraduate students about nursing research. She was hooked. Staying at UT-Austin for the PhD program, she began to fall for teaching as well. She says watching students grow, "and knowing I had something to do with that ... it's pretty amazing."

As a researcher, "just interacting with participants and seeing the impact this research can have" provides a similar jolt, as does the idea that through research, she might one day "be making it just a little bit easier for that brand-new nurse" out there somewhere.

Today, as a developing researcher ("I consider myself so new in the area of pain research"), Taylor lets frustration drive her instead of holding her back. And once again, she feels something good is on the way in the form of her pilot project "working with people in their homes to tailor strategies to help them address their pain above and beyond pharmacology." She's hopeful that work in technology by other pain researchers ("tons of apps, virtual reality that they've started using with veterans, so many things in the pipeline") and time are on her side. "There's plenty of job security for a pain researcher," she jokes.

And she's got footsteps to follow. "Hopkins is so much a team effort," Taylor explains, pointing to colleagues Sarah Szanton, PhD, ANP, FAAN,

and Laura Gitlin, PhD, and their success on aging in place and non-pharmaceutical treatment of dementia, respectively. "They address things with that different lens. There is so much room for that in pain research as well. ... Because pain really is outside the box."

She's not there yet, but the journey is under way. Part of her work is being supported by the Johns Hopkins Building Interdisciplinary Research Careers in Women's Health Program. And Taylor has learned a few things already:

- 1 Pain treatment should be a collective decision between patients and health care providers.**
- 2 We must think beyond traditional pain management.**
- 3 Pain can be an overwhelming experience, especially when there are multiple types of pain involved.**
- 4 Education in pain management among nurses is a vital component to addressing pain in our aging populations and those experiencing chronic disabling pain.**
- 5 Communication between providers and patients is a simple yet essential component to adequately managing pain.**
- 6 Multidisciplinary pain management may be beneficial for treating not just the chronic pain but its consequences.**
- 7 Pain can induce fear in patients: of causes, of not being believed, of being a burden.**
- 8 Pain medication is not evil. The keys are adequate followup and assessment. ■**



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CELLS TO SOCIETY

The Latest in **Nursing Research**

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Solving a Crisis Starts With Curriculum

In 2014, more than half of Americans reported alcohol use, with 23 percent admitting to binge drinking. That same year, 10 percent of all respondents to a survey reported illicit drug use—and twice that for those 18-25. In 2015, 52,000 U.S. deaths were blamed on opioid abuse.

The clear answer is to replace outmoded nursing curricula with a set of clinical strategies known as Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use, write Deborah Finnell, DNS, RN, FAAN, Christine Savage, PhD, RN, FAAN, Bryan Hansen, PhD, RN, Michael Sanchez, DNP, CRNP, FNP-BC, Kathleen White, PhD, RN, FAAN, and colleagues in "Integrating Substance Use Content in an 'Overcrowded' Nursing Curriculum."

And yet higher education for nurses has been too slow to embrace it.

Survey studies examining this content in nursing curricula reveal little change in the type and amount of content over the past four decades, they write. The Surgeon General has reported that substance use disorders are strongly intertwined with other medical conditions. And educated nurses are more likely to make the connection during their interactions with patients.

"There has been a large volume of primarily positive evidence supporting brief alcohol interventions," they explain. "Subsequently, nurse leaders have called for all nurses to be knowledgeable and competent" in SBIRT, meaning that education should begin in school.

The article describes a four-phase process that guided the integration of this specialty content into a prelicensure nursing curriculum and a master's level advanced practice nursing curriculum:

- **Laying the Groundwork**—Assemble a team to study current curriculum for outdated content. Provide a two-day workshop on SBIRT for faculty and nurse clinicians. "In this initial phase, we began with the end in mind. That is, our goal was to develop the knowledge and skills of faculty who would be teaching the content and to prepare students with the knowledge, skills, and abilities to provide competent care to persons across the continuum of substance use."
- **Adapting the Content to the Curriculum**—"The next steps entailed developing the modules and content, beginning with documenting the purpose and learning objectives, and teaching/learning content. The team collaborated on the placement of each module in an existing course."
- **Implementing the Change**
- **Evaluating, Revising, and Promoting the New Content.** ■

Publication: *Nurse Educator*



FEEL GOOD ABOUT THE FUTURE OF THE HUMAN RACE.

It's 5:30 a.m. and the sun hasn't quite peeked through the morning sky. Volunteers gather to start the day with a two-mile run around East Baltimore. Mingled in the group of runners are Baltimore City residents whose lives have been ravaged by homelessness and hardship. Nevertheless, they are making a comeback and taking strides, one run at a time, to get back on their feet.

Bloomberg School alumna Jaclyn Range, MPH '14, leads Back on My Feet, an organization that helps Baltimore City residents who are homeless find the confidence and self-esteem they need to pursue education and find employment through the power and discipline of running.

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UNIVERSAL PERSPECTIVE

STORY BY STEVE ST. ANGELO
ILLUSTRATIONS BY MUTI

Global nursing, in its many forms, is about ensuring that a big world with lots of health issues heals evenly.

Is global nursing sending students halfway across the world for a brief, intense lesson in screening and education of local populations? Or is it helping to establish the first nursing PhD program in China or the first doctor of nursing practice education in Saudi Arabia, something the Johns Hopkins School of Nursing had key roles in? Is it walking out the door of the school in East Baltimore and heading into the community for a home visit? Or is it working with local aid groups to ensure the safety of women in war-torn nations?

Yes, yes, yes, and yes. Because what happens today across the globe happens tomorrow in East Baltimore, or wherever you happen to be reading this. And so the global nurse researchers of Johns Hopkins have heard the dismissal of travel to needy areas as “voluntourism” (a play on volunteerism). But they know better, with an understanding of how profound an impact these journeys, done properly and for the right reasons, can have.

Associate Dean Nancy Reynolds, PhD, RN, C-NP, FAAN, has been part of health missions to rural China, urban India, and Russia, among other spots. She has seen the need. “Health problems are increasingly the same throughout the world. Urbanization, migration, aging of the world population, fragmented health care systems, human workforce shortages, and the increasing prevalence of chronic diseases such as diabetes and heart disease are among trends creating unprecedented health challenges globally,” Reynolds explains. “Nurses are the largest cadre of the global health workforce. They offer a vast resource.”

And she feels that those from the most advanced societies can have the biggest impact. But again, do it right. “We are careful in how we approach that ... that we don’t undermine local services by accident. There’s an evaluation on both sides to be sure of mutually beneficial outcomes and true partnerships.”

The physical presence of Johns Hopkins nurses in far-flung locations—even on short visits—is crucial for building rapport and confidence among those who work there every day, adds Professor Nancy Glass, PhD, MPH, RN, FAAN, whose travel includes regular stops in war-torn nations in Africa. “There is the respect and trust of your colleagues—that they know this is important enough to you that you are taking a risk to do it. That you really value what they do, because the work they are doing on the ground is really challenging. It’s key to be there to support them.”

And always, she says, visiting researchers must be subtle: “It is their home, not ours.”

‘INTERCONNECTED SYSTEMS’

Part of her role is simply to listen, explains Glass, associate director of the Johns Hopkins Center for Global Health and an expert on preventing violence

against women and children. “We foster community-level discussions on societal norms.” Then, “We work to change the norms that support gender inequity.”

Local health workers receive education in data collection and how to ask sensitive questions, mentoring throughout the process, and assistance with evaluating the data collected. So teams eventually become more self-sustaining.

Adds Reynolds, “Nurses can help fill a critical need for the education and training of health care workers, in the development of innovative, practical solutions to common health problems and by informing and advancing health policies within and across borders. Ultimately, with adequate resources and preparation, nurses have the potential to make a critical difference in the lives of people throughout the world.”

And the world needs researchers who have been there before, says Associate Professor Jason Farley, PhD, MPH, ANP-BC, FAAN, who works to prevent HIV and tuberculosis coinfection in South Africa and the United States. “Humans receive care in complex, interconnected systems,” explains Farley, president of the Association of Nurses in AIDS Care. “Exploring health systems and opportunities to strengthen those

systems requires a fundamental expertise in system design and methodological considerations for improvements. In South Africa, I—along with a team of doctoral students—am working to improve treatment outcomes for patients with drug-resistant forms of TB simply by optimizing the role nurses play in the complex model of care.”

Those doctoral students may one day become the next generation of global health leaders.

‘COMMON UNDERSTANDING’

Assistant Professor Carmen Alvarez, PhD, RN, CRNP, CNM, recalls her time as a student looking at controversial HIV care methods in Cuba and how she was struck by how health care in general takes place on the island—long cut off by a U.S.-imposed embargo from much of the world. “In Cuba, physicians and nurses are part of the community. They live there. The community health clinic is there. There is a common understanding.”

In the U.S., conversely, “Those of us who work in community health clinics, we don’t often live there,” explains Alvarez, who works with trauma survivors and underserved women with chronic diseases. “So we must be conscious of our assumptions [about patients], maybe take a step back to retain our cultural humility. We need to really listen to get a feel for their needs.”

She adds that even as we offer our knowledge and expertise on other shores, there is much that we can learn and bring home.

And about the HIV care in Cuba: Back then, new patients were forced into a sanatorium for extensive education on the disease and how it’s spread. Anti-retroviral drugs and care were free, families could visit, and employers could not fire the HIV-positive. With the stigma removed, the idea was, HIV/AIDS could be addressed openly. The fairness of the program (now voluntary) has long been debated, but Cuba continues to trumpet its success.

Johns Hopkins nursing students have made similar missions to Guatemala, St. Croix, and Haiti, and the school’s returned Peace Corps volunteers have served everywhere on the globe, “exotic” and not. Pictures shared on social media—and in this magazine—tend to show adventures outside the clinic. This is partly because students are drilled in patient privacy and partly because there is little time to take snapshots during clinical hours.

The off-duty fun is real, but so are the hard work and the results, Reynolds insists—for the local populations as well as the caregivers who are being groomed as the best listeners, innovators, healers, and nursing leaders on the globe.

A SENSE OF PLACE

By Steve St. Angelo

Experiencing worlds we might never step foot in—through the vivid memories of Johns Hopkins Nursing researchers

We can share the stories of healing breakthroughs that change lives everywhere Johns Hopkins School of Nursing researchers go. Yet most of us will never walk where they’ve walked or see what they’ve seen. So global researchers offered to let us live vicariously through their memories of what it feels like, looks like, smells like, to be there, even if there is right here in the United States.

What follows is a peek, or a sniff, at their worlds from Nancy Glass, PhD, MPH, RN, FAAN, Teresa Brockie, PhD, RN, FAAN, Nancy Reynolds, PhD, RN, C-NP, FAAN, and Amanda Coyle, PhD, RN, FNP-BC.

A SAFE DISTANCE

Charcoal is the common ingredient to cooking, heating, and family gatherings around the hearth at day’s end in Somalia. It is the smell of calm, of peace, the scent that greets **Nancy Glass** at the Mogadishu airport as she begins another mission to help those trapped in a cycle of war and violence.

There is a palpable sense of danger to each trip, but Glass says her greatest fear is putting those around her in peril. To associate with an outsider, an American, on social issues unpopular with violent groups can be a death sentence.





Glass, a tall Caucasian with piercing blue eyes, does not blend readily in the parts of Africa she feels called to serve. Often, Glass admits, she overcompensates, covering herself (according to the Muslim nation's custom for women)—but with a clumsy amount of cloth. During one recent trip collaborating with the United Nations International Children's Emergency Fund (UNICEF), local colleagues teased Glass about covering up so completely. "Al-shabaab is not here," they reassured her, a reference to one of several Islamic insurgent groups in Somalia and the surrounding region that use rape, kidnapping, and mass killings to mark what they claim as their territory.

Some months later, during a phone call, Glass learned that many of those same UNICEF colleagues were dead, their van destroyed by a bomb.

Mostly, Glass conducts her business at the Mogadishu airport, quick in and quick out so those who might be watching do not pick up a pattern and, again, so her colleagues are not put in jeopardy. Nonetheless, Glass feels her missions have been fruitful. Her research, insight, empathy, and educational and policymaking skills help people she will never be allowed to physically touch, at least while the current violence rages. It is a tradeoff she accepts with sadness but determination. And she will be back.



'GENEROSITY OF SPIRIT'

Ask **Nancy Reynolds** how she knows she's back in China, a nation she visited often as faculty at Yale University and with which maintains a strong connection, and her eyes light up: "Just the vitality and sense of optimism in the country that's exciting. And the friendliness," explains Reynolds, whose global research focuses on HIV, mental health, and self-care behaviors among vulnerable populations. "It's like, 'This is so nice.'"

It's a country she grew to love, and how could she not? "The first time I went to China was as part of a delegation, and when we arrived ... it was 20 people there meeting us with flowers

and there's just this warmth, and a breathtaking generosity of spirit."

Reynolds is a National Institutes of Health consultant, served as a trustee of the Yale-China Association, as a member of the Yale Global Health Initiative Advisory Committee and as interim director of that school's global initiatives, and as a mentor to nurse and physician fellows in India, Ghana, Thailand, the United Kingdom, and Uganda, as well as Russia and China.

"When I've gone to China—and this is true with any country, really—it's like peeling back layers of understanding. You sort of think you have an understanding of a country and each time you appreciate different aspects in more depth. I feel like I'm still just sort of scraping the surface."

"When I've gone to China—and this is true with any country, really—it's like peeling back layers of understanding."

LOVE & PRAYER

Teresa Brockie pulls a small woven basket from a shelf, gently stirs the sage within it, and talks of Fort Belknap, MT.

A member of the White Clay Nation, Brockie uses the herb as part of her daily smudging, a centering moment meant to "cleanse the body, mind, and spirit to prepare you to speak to the Creator." As such, smudging is traditionally done before a tribal ceremony, she explains. The herbs, woven in three-strand braids, are often given as gifts.

When travels do take her to Montana, Brockie looks forward to the wild sweetgrass that, like sage and cedar, is used in smudging there. The scent of the burned herbs awakens memories. "I pray for the people who aren't around anymore," she explains. "I think of my grandmother ... her face, how soft her skin was." And she knows she is home.

Smudging also plays a large part in Brockie's work on other reservations across the American West, where trust earned among tribal elders carries

"Tribal identity is tied to the places, the language, the spirituality, the land. It's where my ancestors and my grandmother are buried."

great weight with the families she hopes to collaborate with to address distress. (Her research focuses on childhood traumas that can lead to depression, substance abuse, and in some cases suicidal thoughts among tribal populations.)

Back in Baltimore, Brockie relies on a supply of herbs (mostly sage) from family members still in Montana, "picked with love and lots of prayer, braided with love and lots of prayer."

She hopes she has enough to last the winter. "I miss that I don't have access to it," she says. "Tribal identity is tied to the places, the language, the spirituality, the land. It's where my ancestors and my grandmother are buried. ... I miss Fort Belknap so much."



BEAUTY IN A TIME OF EBOLA

It was a lovely night in Sierra Leone, and all around **Amanda Coyle**, people were fighting for life. "The setting is incongruous—golden evening light, the hint of a breeze, a rare cool evening; peaceful almost. And yet we are rounding in our alien-looking space suits, checking on patients, treating what symptoms we could with medications ... mentally accounting for patients in three categories: improving, worsening, dead."

It would be a typical evening at an Ebola unit for Coyle and other workers who had followed the nearly two dozen steps involved in donning personal protective equipment and then armed themselves "with blankets, water, clothing, medication, sometimes little toys; anything we could fit in our arms."

Coyle, a family nurse practitioner, had signed up for the work out of a sense of duty, leaving family behind to worry about her and wait. A former

communications major in college, she has written eloquently about her experiences that began in December 2014: "I didn't know that being drenched in sweat and layered with gritty dust would make me feel so engaged, so intent in the purpose of being, so deliberate in the work."

The memories, though harsh, retain a certain beauty. Coyle remembers Ebola patients setting up a picnic. "A grandmother had gathered a group of patients around her to care for them," she explains. A very ill granddaughter was tucked beside her; a grandson stood crying over his mother's death. She encouraged an unrelated mother to bring her baby to the blanket as well. And amid the death, the fear, and the suffering, indeed there was a picnic.

"We are rounding in our alien-looking space suits ... mentally accounting for patients in three categories: improving, worsening, dead."



"The grandmother had created a moment of peace and normalcy," says Coyle. "Not all gathered on that blanket that night survived Ebola. But I think of that memory fondly, for that grandmother was a portrait for the strength of women caregivers who, in the face of powerlessness and despair, display extraordinary courage and resolve to care for those around them."

YOUR SENSE OF PLACE

Are you a Johns Hopkins Nurse with memories to share?

Please send them to:
son-editor@jhu.edu

or
Magazine Editor
511 N. Washington Street
Baltimore, MD 21205



Scholarship Profile

THE JOANNE & WILLIAM CONWAY NURSING SCHOLARSHIP

Since its establishment in 2013, the Conway Scholarship has enabled 78 students at the Johns Hopkins School of Nursing (JHSON) to focus on making an impact in their community, nursing leadership, and health care research with the ultimate goal of improving patient care. It has also paved the way for innovation through faculty-led initiatives:

FIGHTING MORAL DISTRESS

Moral distress affects 33 percent to 68 percent of nurses, while graduates of pre-licensure programs often report feeling ill-prepared to address ethical issues in clinical practice. This leads to burnout. The Mindful Ethical Practice and Resilience Academy uses innovative teaching strategies (including high-fidelity simulation, meditation and reflection, and role playing) to help nurses apply mindful practices to ethical challenges. A total of 71 participants have completed the program led by Professor Cynda H. Rushton, PhD, RN, FAAN, the Anne and George L. Bunting Professor of Clinical Ethics. Plans call for expanding the program at and beyond Johns Hopkins.

FULL-TIME CLINICAL INSTRUCTORS

For the first time, JHSON has been able to match school funds to hire a pool of 10 full-time clinical instructors. These exceptional nurses bring evidence-based practice into the classroom. The full-time status carries a commitment to serving the school and our values, increasing the quality of the clinical experience for our students and giving JHSON a competitive advantage at recruiting the top students.

To support an existing scholarship or simply to learn more, visit nursing.jhu.edu/financial-aid.

2017 CONWAY SCHOLARS

Meet some of the 21 Conway Scholars for 2017 (images clockwise from top left):

A MERIT Mentor, **Christine Choi** guides underprivileged high schoolers through life experiences, academics, and college applications. But what really opened her eyes was clinical experience on a geriatric psychiatry/chronic pain floor at Johns Hopkins Hospital, where she learned just what it takes to serve a vulnerable population.

Making the connection from classroom to hospital has been a revelation for **David Tkach**. "With my pathology and pharmacology course, I would be learning about a drug on a Monday and then giving it to a patient on a Thursday."

Ryan Bailon has worked as an HIV tester and counselor at the Harriet Lane Clinic, tutored fellow students, worked to prevent cardiac readmissions, accompanied nurse practitioners on cardiac-care home visits, and removed surgical staples on the transplant unit. A Returned Peace Corps Volunteer, he says working with Doctors Without Borders would be a dream job.

This summer, **Stacia Sherry** completed her first psychiatric clinical on the bipolar/schizophrenia floor at Hopkins Hospital, learning to establish trust with patients. This knowledge carried over

into an oncology clinical, where she worked with patients to focus on progress rather than setbacks.

To see the progress that patients in the neurology unit made each day was just the encouragement **Turner Wiley** needed to realize her own. "It has been quite the adventure so far." She is now aiming for bigger things, hoping to become a nurse practitioner and work in intensive care.

A course in leadership taught **Michael Ballinger** an awful lot about himself. He likes what he's learned and is eager to put the knowledge into practice. So far, psychology has also captured his imagination, as he begins shadowing nurses on the neuro critical care unit.

Se Yeon Cho realized only after she'd participated in Birth Companions, which turns students into doulas, that her calling probably lay elsewhere. When one door closes: She's now researching health literacy in women with HIV and whether educational programs increase the rate of PAP testing for cervical cancer in women with HIV.

RaeGina Covington recently attended the Honors Research program seminars and met with her faculty mentor on helping with research. Next are the Birth Companions program and Spanish for Health Professionals, an elective she knows will have an impact in community-public health. ■



HOPKINS NURSE

News from the **Johns Hopkins Hospital & Affiliates**

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A MOMENT FOR HYGIENE

Ivory Coast nurse cleans up with data

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P. 26 JOHNS HOPKINS DEPARTMENT OF NURSING
25 YEARS OF LIFELINE

PHOTO BY CHRIS HARTLOVE



Always on Her Game

By Stephanie Shapiro

Nurse keeps spirits up in the PICU and on NFL sidelines

No matter the score, the “First Ladies of Football” can’t let their smiles down. “That’s part of the job,” says Heather, RN, a co-captain of the Washington Redskins cheerleading squad. “We have to continue to try and pump up the fans even when the score isn’t in our favor. It’s a practiced skill.”

It’s also a skill that Heather* has mastered as a PICU nurse at the Johns Hopkins Hospital. As a home-grown Redskins fan, “It’s not easy to be happy when my team is not winning,” she says. Similarly, when obstacles arise for a patient in the PICU, “We still must try to uplift spirits by celebrating the small victories and do our best to be a light of positivity.”

Not that a loss can ever equate with a child’s illness, Heather says. “Win or lose, the players will all wake up the next day with their good health. There are kids here in the hospital who wish they could just play.”

It takes a level-headed commitment to hard work and play to combine a nursing career with cheerleading, a year-round endeavor that includes overseas tours to entertain American troops as well as tropical photo shoots for the annual Redskins Cheerleader Calendar. Heather’s childhood experiences on Maryland’s Eastern Shore became the blueprint for her double-down life. Growing up with her older sister and single mother, “I took on more of the caregiver role,”

Heather says. “I always wanted to make sure that everyone was OK.”

A talent for dance and other movement arts also emerged early in life. “I began cheering when I was just 6 years old. I fell in love with the sport and as I continued to grow, so did my passion for performing. In high school, my hunger for more led me to competitive cheerleading and gymnastics.”

Heather says she enjoys the challenge of beat-heavy dance routines that draw on hip-hop, jazz, lyrical, and “even a little bit of tap.” For the 34-member Redskins squad’s calendar release party in August, Heather and her “sisters” were rehearsing a number choreographed to the hip-hop anthem “All the Way Up.” At a holiday meet-and-greet with troops and their families stationed in Bahrain, “I got to dress up and dance as Olaf, the snowman from *Frozen*,” Heather says.

Colleague Meghan Shackelford, MS, CRNP-AC, calls Heather an “incredible patient advocate” who can handle the complete range of cases in the PICU while mentoring new nurses. Those who dismiss Heather’s cheerleading career as “a cute little thing that you do on the side” don’t get it, Shackelford says. “Think of cheerleading as a sport that takes dedication, teamwork, and perseverance; all three are not just important but essential for working in the PICU.”

Some may argue that Heather’s grueling schedule could deprive her of any life. Naturally, she doesn’t agree. “If you told me I worked 80 hours a week, I wouldn’t believe you. I love both of my jobs so much for two completely different reasons. I don’t know if I could do one as well without the other.” ■

EDITOR’S NOTE: The NFL requests that its professional cheerleaders’ last names not be published.



Win or lose, the players will all wake up the next day with their good health. There are kids here in the hospital who wish they could just play.”

— Heather, RN

JHPIEGO

It's a Wash

By Maryalice Yakutchik

A few moments of hygiene to save time and lives

Silué Nangboho Moumini, Jhpiego's monitoring and evaluation technical advisor in Côte d'Ivoire, spends his days poring over project data, ensuring its quality for a CDC-funded study focused on improving HIV prevention, care, and treatment.

If the work sounds wonky and without warmth, Silué—a data guy who's a nurse in his heart as well as by degree—will set you straight. His penchant for auditing diagnoses and monitoring retention has roots in clinical care and is fueled by a passion to care for desperate and complicated patients; he's been drawn for decades to people living with HIV.

As a stubborn advocate for the power of data in informing health care decisions, Silué has earned professional respect, if grudging, from doctors who considered nurses to be intellectually inferior. Silué has managed to enlighten some along the way: "They realized that even though they are doctors, they did not have all the knowledge in the world."

A nurse since 1999, Silué was introduced to research methods and evidence-based decision making during training. In 2000, while working as chief nurse in a rural health center in the south-central part of the country, Silué revamped vaccination door-to-door procedures to capture more people while at home. He did this by identifying and mapping the times of the day most people were there.

Also, after analyzing the data from consultations, he realized that the number of cases of diarrhea was very high in villages that depended on the health center. He linked the villagers' practice of open defecation with an uptick of diarrhea cases at the beginning of the rainy season, when mangos and oranges are abundant. He noticed that the villagers consumed these fruits without washing and knew the problem needed a long-term resolution; one that would involve the construction of village latrines. In the meantime, he devised a short-term fix by organizing hygiene-awareness sessions for villagers.

"For hand washing before meals and washing fruits before eating, there was a village pump," he says. "And when it was broken, I asked them to boil the water and let it cool down before using."



Then Silué described for villagers two scenarios, each with a profound impact on their earning power:

"Eating fruits without washing them or eating without washing your hands before can give you diarrhea and cost you two to three days of working in your fields, money for you to buy medicines at the health center, and make your body suffer. I said that taking a little time to wash hands or fruit before eating can prevent sickness, save time for you to work in the fields, and save money. Then, I asked, of the two situations, what do you choose?"

Villagers smiled at Silué and replied, "It is not a pleasure for us to always be at the hospital. We are going to change, doctor." (In the village, nurses and midwives are also called "doctor," which in the local dialect is synonymous with healing and curing.)

"I told them: 'I am not only here to sell you medicine but to help you to avoid coming to buy medicine by avoiding diseases that can be prevented because medicines are not free, they are expensive.' They found these words compassionate and they said, 'our doctor is human.'"

"They had esteem for me and truly respected me."

To treat and cure, Silué concludes, one does not always need medicines: "Sometimes you just need small words and simple gestures."

Small words, simple gestures—and big, complex data about projects that show whether or not they are working, and how best to optimize them.

"I want my work to be able to provide the same service to the population at all levels, and that's what made me collect data and analyze it," Silué says. "Identifying problems for their resolution can bring the smile to the sick." ■

New Member of the Family

By Ashley Festa

Team safeguards expectant mom (and her sanity) for the length of a high-risk pregnancy

After informing Jessica Daniels that an embryo had implanted in her cesarean scar, several doctors urged her to terminate the pregnancy. Her uterus could burst, they warned, and the bleeding could be fatal.

Daniels decided that the risk of having what would be her fifth child was worth taking, and instead checked in at the Johns Hopkins Hospital, which would need to be her home away from home until she delivered.

"Ms. Daniels' family was two and a half hours away" in Nanjemoy, MD, explains Heather Davis Bruning, assistant nurse manager in the labor and delivery department. "She needed to be here in case she started to bleed, which could happen at any moment."

So Daniels moved into Room 36 for what would become more than four months. The team did simulations of what to do in an emergency and kept extra supplies in her room just in case.

"I was very comfortable with the different teams," Daniels says of the nurses, doctors, and specialists involved in her care. "They were so organized."

The nurses also tried to help Daniels stay busy.

"The most frustrating part was that I wasn't on bed rest; I was just confined to the hospital," Daniels says. "I was able to go about my normal day-to-day stuff, but I had to stay in the hospital because there was the risk that if I started bleeding, I might not make it."

The nurses made as many accommodations as possible. For example, they arranged for Daniels' husband, Micheal, twin boys Micheal and Malachi,

daughter Carlee, and son Micah, to spend a night at the hospital every couple of weeks. The nurses brought in a small refrigerator so her husband could bring food from the "outside world."

"The hospital menu is designed for people who are here six days," explains Barb Kennedy-Kosick, a patient care coordinator. "So we facilitated a meeting with the chef to work on how we could make things better."

Meanwhile, Daniels exercised an artistic streak by decorating holiday-themed clothes and hats for newborns in the neonatal intensive care unit (NICU) with fabric paint supplied by the team.

But perhaps the most meaningful thing the nurses did was simply treat her like a person, Daniels says, not just a patient. "I would stop in and talk about life, not even asking about her health," Bruning says.

"She missed Mother's Day, she missed her twins' birthday, and it was hard on her," Kennedy-Kosick adds. "We helped her get through those days."

The most emotional day, by far, was the day Daniels delivered daughter Micaela. After more than four months, they had become attached to Daniels, says Bruning, who took photos in the operating room.

"They made me feel like family," says Daniels, healthy and home again with her family. "They were on top of the things that needed to be done, but they didn't make me feel like a patient. All my kids were born at different hospitals, so I've been in lots of different labor and delivery units, and this was the best experience I've had anywhere." ■



Silué Nangboho Moumini, a stubborn advocate for the power of data in informing health care decisions.



Never a Dull Moment

By Ashley Festa

Lifeline marks 25 years of air and ground emergency transport by doing what it does best

The helicopters and ambulances might grab more attention, but sometimes the toughest transports are between departments inside the Johns Hopkins Hospital. And that's what Lifeline critical care transport nurses love about the job: Every day brings new challenges—sometimes hair-raising, never dull.

“When you show up, you never know what the situation is going to be,” explains Meg Dandy, RN, a Lifeline flight nurse for about a year.

Eric Leslie, RN, worked as a Lifeline flight nurse for 10 years before moving to ground and in-house calls. (He joined in 2002.) He recalls one patient, a woman in pre-term labor with triplets, who needed to be airlifted to Johns Hopkins because her primary hospital down on the Eastern Shore didn't have a neonatal intensive care unit. “We had two providers and potentially four patients,” says Leslie. “We just had to prepare for the worst and hope for the best.”

This year, Lifeline celebrates its 25th anniversary and now serves more than 22,000 patients annually. Lifeline has a special volunteer team that handles communicable diseases, such as Ebola, and Lifeline nurses also handle noncommunicable diseases that most hospitals never encounter.



ILLUSTRATION BY MUTI

“We see some of the sickest patients, some of the weirdest cases,” says Christina Cooper, RN, a ground transport nurse for more than three years. “I’ve seen mad cow three times this year. Brain-eating amoebas are very rare, but I’ve seen it twice in two months.”

Calls range from high-risk pregnancies to cardiac or neurological emergencies. Nurses have numerous certifications to treat “every body system that needs any type of intervention,” Cooper says. Flight training involves knowledge of physiology at elevation, gas laws, and how these affect monitoring a patient.

“Flight is more challenging because of logistics: the danger of loading a patient with rotors spinning and the more compact environment,” explains Shawn Trautman, RN, a Lifeline nurse for about three years. “Out-of-the-hospital time is quicker, so it’s easier than ground transport in that way. A two- to three-hour ground transport can be 30 to 45 minutes in flight.”

While in-house transports might get less glory, they’re no less critical. “When transports are done by people who don’t do it all the time, they don’t think to look for things like the patient’s breathing tube getting dislodged,” Dandy says. “When you’re moving patients from one structure or bed to another, that’s when things get pulled out.”

Every transport is unique and meaningful, even if it isn’t about saving a life. Leslie remembers his experience transporting a hospice patient from the Johns Hopkins intensive care unit back to his home.

“He wanted to die at home,” Leslie recalls. “It was a beautiful day. His family was there, and he wanted his dog in the stretcher with him. He lived by the water, so we took him to the river and let him sit outside for a while before we took him into the house.”

“It’s part of the job that is overlooked a bit, but it’s an important aspect of what we do. We were doing what this person wanted, and it kind of gave you a good feeling to be able to provide that.”

He adds, “One of the reasons we’re successful is the passion my co-workers have for making sure the patients come first. I look back and see I really have made a difference in people’s lives, and it makes you feel good.” ■



VIGILANDO

News from the **Johns Hopkins Nurses' Alumni Association**

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ALUMNI WEEKEND

The 50th-year Class of 1967, a trio of Jubilarians, and graduates of a more recent vintage come “home” to mark history and plan more such adventures

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THE MOTTO “VIGILANDO,” INSCRIBED ON THE ALUMNI PIN, IS LATIN FOR “FOREVER WATCHFUL.”

Alumni Update

Susan Kulik, DNP '12, MSN/MBA '06, BSN '86



Dear Alumni,

As your JHNAA president, I am proud and honored to be joined by such a talented and dedicated group of Johns Hopkins Nursing alumni. It was such a pleasure to renew connections with remarkable alumni, staff, and students attending Alumni Weekend and celebrating the 50th Reunion of the Johns Hopkins and the Church Home Classes of 1967 in early October.

We were delighted to have Dean Davidson speak with us about the Master’s Entry Program and last spring’s graduation of its inaugural class. She also had good news to share about the future of nursing at Johns Hopkins University and progress toward the construction of a new wing of the school. Dean Davidson thanked our alumni for the generous support provided through the years and for being a part of Johns Hopkins Nursing.

During the alumni weekend brunch we gathered to honor our alumni. The awardees are an impressive group and reflect the commitment and excellence of Hopkins Nursing. This year’s Johns Hopkins University Alumni Awards are presented to:

- Outstanding Recent Graduate—Laura Garcia
- Distinguished Alumna—Nancy Glass
- Global Achievement—Meghan Lopez
- Heritage—Deb Baker

This year, through an initiative by our dean, we have established four new awards;

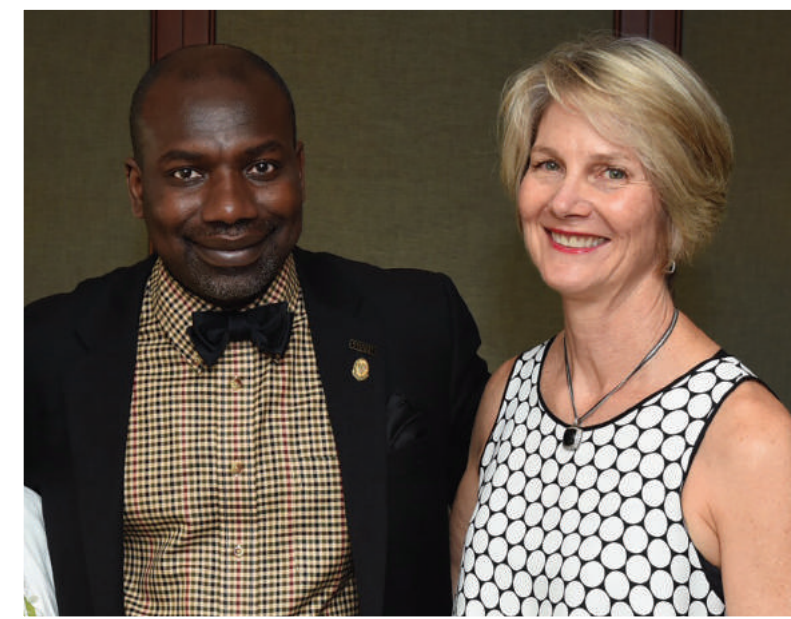
- Outstanding Nurse Researcher—Cheryl Dennison Himmelfarb
- Outstanding Nurse Educator—Louise Fitzpatrick. This year, we lost Louise, dean of Villanova for four decades, who so many of us knew, loved, and revered. This award honors her memory and service to nursing.
- Outstanding Nurse Clinician—Tammy Slater
- Outstanding Nurse Leader—Karen Davis

The JHNAA wants to bring Hopkins Nursing to you, from traditional events such as Alumni Weekend to virtual learning and regional gatherings. Let us know your interests. For more information on volunteering and giving, contact Alumni Relations Officer Katie Damaroda: kdamaro1@jhu.edu. ■

GET OUR E-NEWSLETTERS

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

ALUMNI WEEKEND



Hopkins Nurses are famed for their staying power. Their returning power is also a force to be reckoned with, as another Alumni Weekend demonstrated with the 50th-year Class of 1967, a trio of Jubilarians, and grads of a more recent vintage coming "home" to laugh, reminisce, and plan more such adventures.

Left row, from top: Elsie Peyton Jarvis, '67, with Dean Davidson; Betty Wade Maalouf, '57, with current students; 1972's Wendy Peek Davis and Anita Betschart; '97 alums Reginald Bannerman and Janet Morrison. Clockwise from above: Jubilarians "Berkie" Johnson Bevans, Anita Mae Cabello Shauck, and "Betty" Mason Seward; Martha Abshire, '17, Diana Baptiste, '13, and Tammy Slater, '11; Eunice Lokiec Wilcox, '67, Amy Kim, '15, and Judy Arsenault Dinmore, '67; 50th-year alums Georgeann Small Roeder (with husband Jack), Melinda Venable Hamilton, and Shirley Carenbauer Reischman; The Larks; Bryan Hansen, '15, with Bernie Keenan, '86.

CLASS NEWS

1953 **Joan Tunnicliffe Hurlock** (at right with dog Coco) maintains her licensure as a registered nurse. She had a 20-year career in nursing education in the U.S. and Canada, and served the Canadian government from 1983 to 1995 as senior public health nursing consultant ("the best part of my career"). Now retired in California, Joan volunteers with the Health Ministry of Carmichael Presbyterian Church and the Health Ministries and Older Adult Ministries Task Force of the Sacramento Presbytery. She has attended her 50th, 55th, and 60th class reunions and looks forward to her 65th in 2018.



1957 **Joan Aline McNair** served as in the U.S. Navy Nurse Corps for 22 years and now enjoys her retirement. **Marion F. Cahill** is staying busy in retirement—she just finished a nursing handbook on *Successful Aging*.

1962 **Judy Lee Ross** works full time at the Veterans Affairs Medical Clinic in an outpatient substance abuse recovery program. In her spare time, she owns 10 show alpacas. Judy's alpacas have won several ribbons!

1967 **Anne Bienvenu Broussard** spent her career as a nurse midwife and became one of the first Certified Nurse Educators in 2005.

1972 After graduating from Johns Hopkins, **Judy Ellen (Jones) Sisk** pursued her BSN at Spalding University. She had a career in the intensive care unit, as a consultant in blood disorder and cancer, and has now retired. Judy now volunteers as an RN at a free health clinic for the uninsured and fosters golden retrievers.



1977 **Ruth Johnson DePalma** currently serves as the chair of the Undergraduate Department of Nursing at Colorado State University-Pueblo.

1992 **Karyn Brundige** (also MSN, '96) spent 18 years as a pediatric hematology/oncology nurse practitioner at Seattle Children's Hospital but has relocated to Dana-Farber and Boston Children's Hospital.

1997 **Sara Bowsky** received her MPH from Tulane University School of

Public Health and Tropical Medicine and now serves as senior technical adviser for pediatric HIV and deputy director, HIV for the Health Policy Plus Project with the Palladium Group.

2002 **Mindy Moore** has spent her career with the Veterans Benefits Administration, holding positions including adjudicator, supervisor, and military sexual trauma coordinator. She now works for the appeal team. Mindy hopes to pursue her MPH in 2018.

2007 **Kristine Taylor** recently completed her DNP and was promoted to director of Practice, Innovation & Magnet at Stanford Children's Health. **Beth Gaither** recently joined St. Louis Children's Hospital as a Pediatric Neuro-Oncology Nurse Practitioner.

2012 **Jacqueline Baker** recently started a PNP program at the University of Pennsylvania. ■

JOHNS HOPKINS IN MEMORIAM

- Sarah E. Allison '53
- Maria Georgiana Restuccia '57
- Excie Everett Taylor '58
- Eileen Collingwood Crooks '63



Church Notes

By Deb Corteggiano Kennedy, '73



2017-2018 Scholarship Recipient Attends Reunion Weekend

How wonderful for the Freda Creutzburg Memorial Scholarship recipient, Elizabeth Kelman, to attend the Reunion Weekend as our guest. Liz expressed how grateful she was to be selected as the recipient for the second year. CHH Alumni enjoyed sharing stories of "the good old days" with Liz at Brunch. She has already earned a bachelor's degree from the University of Vermont and hopes to spend her nursing career in public health. The scholarship award was \$11,415.

Reunion Weekend a Huge Success

The 2017 Reunion Weekend was indeed a huge success! The Class of 1967, with the help of **Carolyn Massimore Crutchfield**, had nine members attend and be honored for their Golden Anniversary in Nursing. The ladies listened to a poem written in their honor and received a golden bag of gifts.

The special 75th Diamond Jubilee recognition for three 1942 alumni brought smiles to faces and tears to eyes. **Anita Mae Cabello Shauck**, **Helen Elizabeth "Betty" Mason Seward** and **Borghild "Berkie" Johnson Bevans** stood proudly with their families to receive their gold and diamond pendants. They were also serenaded in song by The Larks from the Junior League of Baltimore, which everyone enjoyed. Special thanks to **Susan Blakeslee Phillips**, '73 and **Dee Plitt Donnelly**, '73 for their generous donation of the gifts for the 75th honorees. ■

1967 (clockwise from back left): Victoria (Peeples) Drell, Emily (Franz) Clarke, Lynne (Buddo) Grip, Carolyn (Masimore) Crutchfield, Gretchen (Luft) Ward, Sherry (Cox) Murphy, Jeanne (Runner) Schaefer, Marianne (Card) Warmer, Sue (Rigler) Gaston.

CHURCH HOME IN MEMORIAM

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- Jule T. Wright '57
- Rosalie Gerry Llano '67
- Mary Ellen Short '67
- Donna Rae Myers Phelan '73

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“House The Nurse Did Build”: From blueprints featured as a gag in a 1924 Johns Hopkins Hospital Training School for Nurses yearbook (“modern in every respect,” with a chute leading from any floor “with due speed to morning chapel”) to today’s artist rendering of the Johns Hopkins School of Nursing’s planned new entrance, a magnet to collaborators.

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