

JOHNS HOPKINS NURSING

'Make Good Choices'

DNP graduate's advice to her son helps guide him toward Master's Entry program

1st Time's the Charm

A glance down lets nurses keep track of blood draws and watch CLABSI rates fall

THE IMPACT *of Nursing*

CHIJOKE OKEKE-EKPE
MSN, RN

“I promote nursing by volunteering with inner-city high schoolers who have an interest in health care but are unaware of what nursing offers. I wonder how many others are defaulting to medicine because they never thought of nursing as an option?”



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FROM THE DEAN



When we reach historical milestones, it is great fun to look back at where nursing was, assess where it has been, and set a course for where it's going. Our great benefactor Johns Hopkins was a man of vision, insisting that nurses were an essential part of health care at a time when they were considered much less. But if he could have seen what we see, the impact his decisions have made, Johns Hopkins would have been as amazed as anyone at what nurses have done with his gift and his vote of confidence.

This issue, which marks the **130th year of Johns Hopkins Nursing**, is about the impact nurses continue to have, about responsibilities they embrace in areas—**Politics, Ethics, Business, Reach**—he could have scarcely imagined their presence. It is an extraordinary time to be a nurse. It always

“JOHNS HOPKINS WAS A MAN OF VISION, INSISTING THAT NURSES WERE AN ESSENTIAL PART OF HEALTH CARE AT A TIME WHEN THEY WERE CONSIDERED MUCH LESS.”

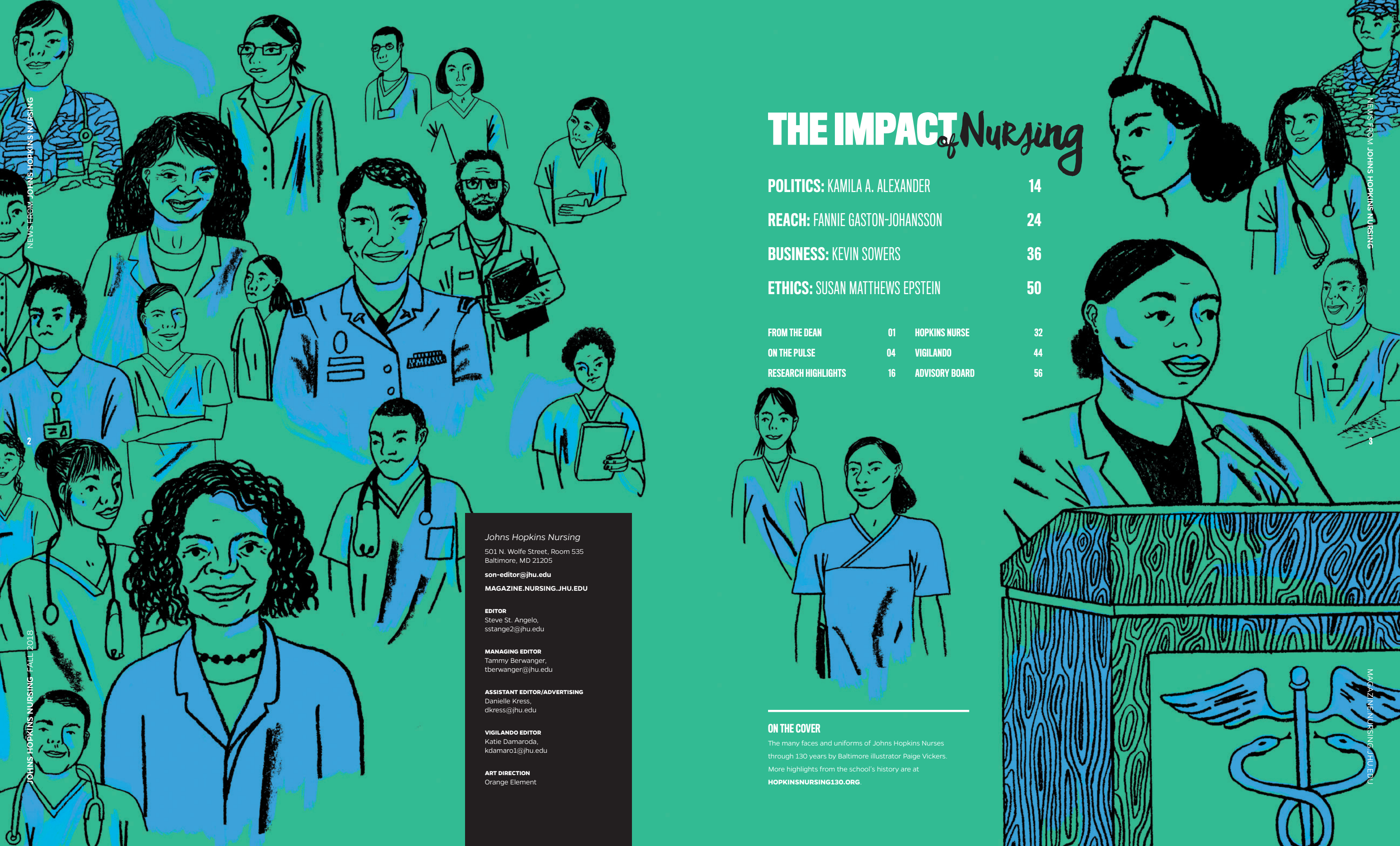
has been, of course, but the avenues open to our highly motivated, incredibly skilled nurses today would have been unimaginable even to us mere decades ago. We have built this opportunity for ourselves. Our impact as nurses has never been greater. What a thrill to be on the leading edge of such change.

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



Anna D. Wolf counsels a young nurse circa 1951.

VOICE



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ON THE COVER

The many faces and uniforms of Johns Hopkins Nurses through 130 years by Baltimore illustrator Paige Vickers. More highlights from the school's history are at HOPKINSNURSING130.ORG.

“There are no limits on what you can do. If you can think of it, you can do it.”



DNP Susan Giscombe with son Brandon Brown of the MSN (Entry into Nursing) program. Read their story on **Page 26**.

ON THE PULSE

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NEWS FROM **AROUND THE SCHOOL**

Stigma and Sickle Cell

When pain doesn't show, doubting nurses should check themselves first

BY HELENA ADDISON

A young man with sickle cell disease presents to the emergency department reporting that his leg and back pain is a 9 on a 10-point scale. "Really?" The nurse responds in disbelief—he is not grimacing, sweating, or crying out in pain.

One of the first things nurses learn about pain is that it is "whatever the person experiencing it says it is." Yet when individuals with sickle cell disease (SCD) report severe pain, they are frequently met with disbelief and their pain is often inadequately managed. Also, most individuals with SCD are black (though the disease can affect any race or ethnicity) and many report experiencing discrimination

"IN REALITY, PATIENTS WITH SCD ARE NOT MORE LIKELY TO MISUSE OPIOIDS."

→ during such interactions. In fact, race-based discrimination for patients with this disease contributes to negative provider attitudes, longer emergency department (ED) wait times, insufficient treatment, and lack of research funding.

Read more entries from the On the Pulse blog at **MAGAZINE.NURSING.JHU.EDU**

SCD describes a group of inherited blood disorders that often cause hard, sticky, and sickle or C-shaped red blood cells. It affects 90,000-100,000 Americans and millions globally. The most prevalent clinical complication of SCD is sickle cell crisis, an episode of severe, acute pain caused by occlusion of small blood vessels by the sickle-shaped cells. These account for approximately 230,000 ED visits and over \$1.5 billion in health expenditures annually.



PHOTO BY WILL KIRK

Over time, most patients with SCD have developed mechanisms to cope with severe pain that result in atypical, minimal, or non-existent objective displays of pain. That's why it's important to consider the psychosocial complexities of SCD—or any disease—when assessing pain. Otherwise the subtle influence of stigma and implicit bias

related to race and the disease itself can creep into care.

Sixty-three percent of nurses incorrectly believe addiction is prevalent among patients with SCD. In reality, they are not more likely to misuse opioids than patients with other chronic painful conditions. SCD patients average two to three hospital

visits a year. Each time, they become more familiar with what medications and doses work best. Unfortunately, requesting a specific medication and dose is considered a drug-seeking behavior. This stereotype contributes to delays in relief.

Guidelines published by the American Pain Society

and the National Heart, Lung, and Blood Institute call for early and aggressive pharmacological treatment of sickle cell crises. But providers are increasingly reluctant to provide opioids given the abuse epidemic. This puts nurses in a tough spot, but we must check our biases and use our best judgment. We cannot let patients suffer in our care.

Nurses have a critical role in improving pain management and quality of life. When assessing pain, believe the patient. As we search for alternatives to opioids for treatment of moderate to severe pain and develop new policy and practice guidelines, it is imperative that we keep in mind the unique needs of patients with SCD. ■

Helena Addison is a student in the MSN (Entry into Nursing) program.

130 YEARS OF

JOHNS HOPKINS SCHOOL OF NURSING CONTINUES TO LEAD

IMPACT

1889

Johns Hopkins Hospital Training School for Nurses opens in October

1914

Hopkins Nurses expand their reach globally through involvement with the American Red Cross and the United States Army Nursing Corps during World War I

1889

Isabel Hampton Robb becomes the first superintendent of nurses and principal of the school

1926

Hampton House, named for the first superintendent of the Training School, opens as a dormitory for nursing students

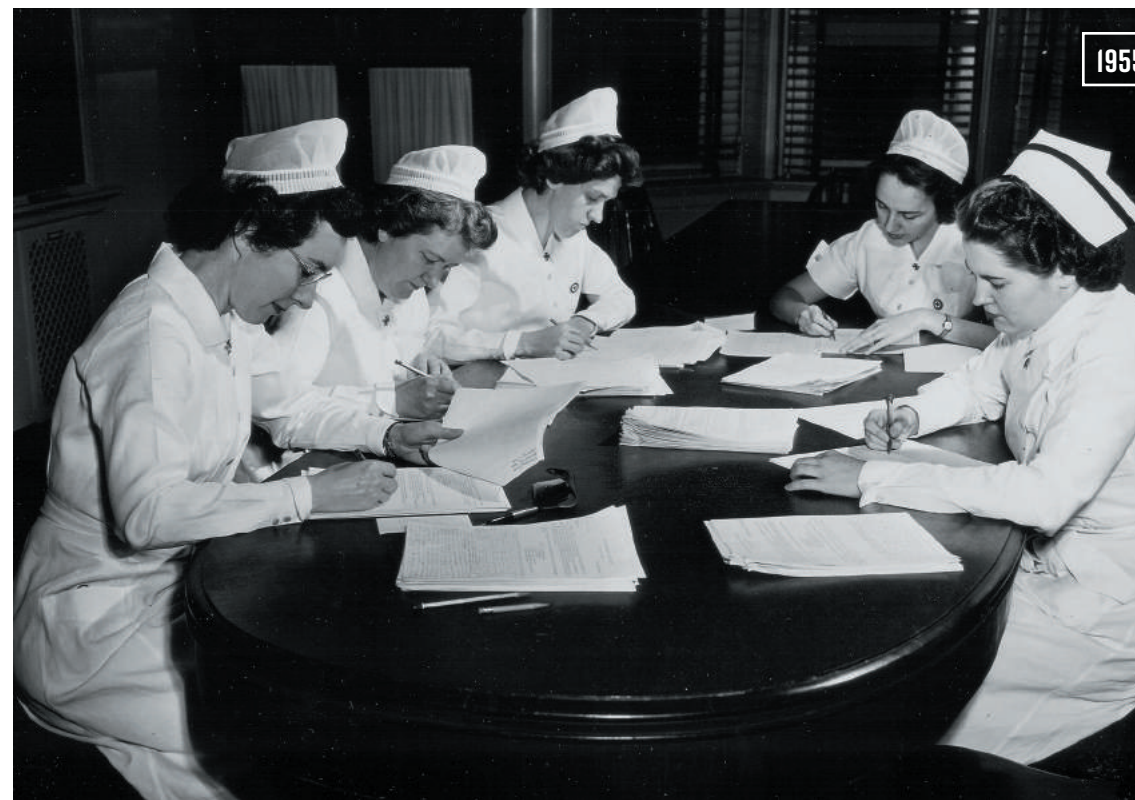
Meeting the need where it lives: Johns Hopkins nurses are the trusted face of the university's medical campus in its long-disadvantaged neighborhood of East Baltimore. Faculty and students work and volunteer in various community centers and schools throughout Baltimore, seeking innovative ways to end suffering, eliminate inequities, and improve quality of life.

Johns Hopkins understood the impact that nurses could have—needed to have—on the health of Baltimore 130-plus years ago when he ordered the creation of a school for nurses alongside his namesake hospital. Nursing care was rudimentary then. Without a cadre of nurses trained to be more than they had ever been before, he realized, Johns Hopkins Hospital could become one more warehouse for the sick. He demanded that it do more: Provide top care to all those who came through its doors but, more important, keep its community healthy enough to avoid hospitalization in the first place. Nurses would be the key. The impact of his decision was immediate, immense, and has since only grown as nurses realize and embrace their impact on business, politics, ethics, and global reach.

THE JOHNS HOPKINS HOSPITAL TRAINING SCHOOL FOR NURSES ESTABLISHED THE NATIONAL MODEL FOR NURSING EDUCATION ...

Opened with the hospital in 1889, the Johns Hopkins Hospital Training School for Nurses quickly established what would become the national model for nursing education and leadership through the strength, discipline, and resilience of women like Isabel Hampton Robb, Adelaide Nutting, Elsie Lawler, Anna D. Wolf, and so many who followed in their footsteps. These were leaders who realized that to establish equal footing on health care teams, nurses needed to be prepared to practice to the full extent of

Long before electronic medical records, each nursing shift ended with paperwork.



1955



1951

The tortoise and the (covered) hair: The nursing cap eventually fell out of favor but having fun never did for Johns Hopkins Nursing students.

2007
Doctor of Nursing Practice program established

1992
 Sigma Theta Tau approves the Nu Beta chapter at the school

1998
 The Anne M. Pinkard Building, permanent home of the School of Nursing, opens across the street from Johns Hopkins Hospital

1993
 A doctoral program launches with five students

2001
 Martha N. Hill is appointed dean. JHSON earned its first No. 1 ranking under her watch in 2011

2013
 Patricia M. Davidson takes the reins of the school. She oversees the launch of the MSN (Entry into Nursing) program and expands doctoral programs while leading the move back to No. 1 in U.S. News & World Report's rankings of graduate schools

1971
 Herb Zinder and Jim Levya become the first male graduates

1987
 Master's and post-doctoral fellowship programs are launched

1984
 The School of Nursing becomes a degree-granting division of Johns Hopkins University

1990
 The accelerated baccalaureate program begins

1959
Gertrude Jones Hodges becomes the first African-American graduate: Still an active alumna, Hodges has a scholarship named in her honor



1978

their licenses, to brave great dangers in service to sick patients, to innovate where caregiving precedent had yet to be established, to be the face and caring hand of medical institutions across the United States and the globe.

Today, the Johns Hopkins School of Nursing is recognized by *U.S. News & World Report* as the No. 1 graduate school of nursing in the land. And as it marks its 130th year of sculpting leaders, the school also celebrates the

foresight of its benefactor and each of the nursing leaders who at every step and with every breakthrough have marked a path to the future of nursing.

These pages capture only a sampling of a story that is still being written. ■

MORE MEMENTOS AND MILESTONES ARE GATHERED ON A BRAND NEW WEBSITE:
HOPKINSNURSING130.ORG



1950s



2015

Unlike traditional programs, the **Master of Science in Nursing (Entry into Nursing)** emphasizes leadership, global impact, quality and safety, and evidence-based interprofessional education

2018

The school **repeats as the No. 1 graduate school of nursing** as U.S. News & World Report releases its rankings for 2019

In 2017, the first-ever Johns Hopkins-trained DNP cohort in Saudi Arabia, marked its graduation.

2016

The school **earns the No. 1 spot for graduate schools of nursing** as U.S. News & World Report releases its rankings for 2017



2015

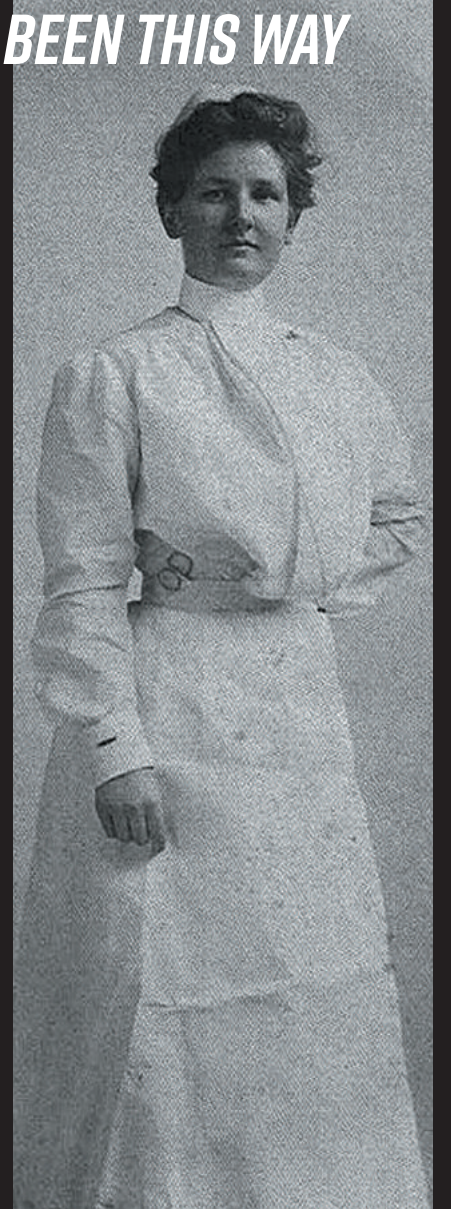


130 STORIES OF IMPACT

NEW LEGENDS ARE MADE EVERY DAY AT THE JOHNS HOPKINS SCHOOL OF NURSING. IT HAS BEEN THIS WAY FOR 130 YEARS.

Meet Nancy Poultney Ellicott (1872-1944), who among many, many other innovations came up with that sliding privacy curtain between beds on the hospital ward. She was also the first woman in Baltimore to own and drive her own car, not really all that surprising (she was a Hopkins Nurse, after all). Her life and career form just one of hundreds of stories of innovation, leadership, and excellence in patient care that had their beginnings in East Baltimore.

Many of the names are familiar, some we were amazed could ever be forgotten. Over the course of the next year, the Johns Hopkins School of Nursing will bring back the stories of 130 nurse leaders, thinkers, and tinkerers who set the course we still follow toward the future of Johns Hopkins Nursing. ■



Memories and More

Watch for stories here as well as on our 130th Anniversary website (HOPKINSNURSING130.ORG) and on social media ([#HOPKINSNURSING130](https://twitter.com/HOPKINSNURSING130)).

IMPACT

KAMILA A. ALEXANDER, PHD, MPH, RN

Assistant Professor Kamila Alexander works to promote equity in sexual and reproductive health among marginalized or disadvantaged groups. Her goal is to understand how partners' decisions impact violence and HIV risk: to ask why, to listen, to empathize, and to turn what she and her colleagues learn into policy—into help. "Nurses are in a position to assist with policy-making to change the trajectory of inequities affecting our most economically disenfranchised citizens," says Alexander, who represented the Johns Hopkins School of Nursing at the inaugural Hopkins on the Hill event, showing DC decision makers the direct impact of federally funded research. ■

"ONCE WE ADOPT AN APPROACH THAT ALLOWS PEOPLE TO LIVE THE WAY THEY WANT, BUT ALSO PROVIDES OPPORTUNITIES AND STRATEGIES FOR HEALTH, WE'LL BE BETTER OFF AS A SOCIETY."

READ MORE STORIES OF IMPACT: HOPKINSNURSING130.ORG

POLITICS

FALL 2018 RESEARCH HIGHLIGHTS

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

(*Asterisk denotes lead author)

LEADERSHIP/ADMINISTRATION

“Global Service Learning and Health Systems Strengthening: An Integrative Literature Review,” ADAM BEAMAN*, REIKO ASANO, DAVID SIBBRITT, PATRICIA DAVIDSON, AND COLLEAGUE—HELIYON

“Unique Experiences of Direct Entry BSN/BS-PhD Nursing Students: A Delphi Study,” LUCINE FRANCIS AND COLLEAGUES—NURSE EDUCATION TODAY

“Using Continuous Vital Sign Monitoring to Detect Early Deterioration in Adult Postoperative Inpatients,” SUE CAROL VERRILLO*, MARIA CVACH, KRYSIA HUDSON, AND COLLEAGUE—JOURNAL OF NURSING CARE QUALITY

ETHICS

“Moral Resilience: Transforming Moral Suffering in Health Care,” EDITED BY CYNDA HYLTON RUSHTON—OXFORD MEDICINE

Cells to Society

Find a more complete list of research projects and summaries.

MAGAZINE.NURSING.JHU.EDU

PEDIATRICS

“Experiences of Racism and Preterm Birth: Findings from a Pregnancy Risk Assessment Monitoring System, 2004 through 2012,” KELLY BOWER* AND COLLEAGUES—WOMEN’S HEALTH ISSUES

“From Practice to Policy: Making Impactful Change in Childhood Obesity Prevention,” AUDRA N. RANKIN—JOURNAL OF PEDIATRIC SURGICAL NURSING

“Investigating the Relationships among Neighborhood Factors and Asthma Control in African American Children: A Study Protocol,” KELLI DEPRIEST*, ARLENE BUTZ, AND DEBORAH GROSS—RESEARCH IN NURSING & HEALTH

“Severity of Mental Health Concerns in Pediatric Primary Care and the Role of Child Psychiatry Access Programs,” KELLY BOWER AND COLLEAGUES—GENERAL HOSPITAL PSYCHIATRY

“The Relationship Between Neighborhood Safety and Children’s Asthma: An Integrative Review,” KELLI DEPRIEST*, ARLENE BUTZ, AND COLLEAGUE—JOURNAL OF PEDIATRIC HEALTH CARE

PALLIATIVE CARE

“Unintended Consequences of Quality Improvement Programs on the Prevention of Hospital-Acquired Conditions: Avoiding the Temptation to Bite into Low-Hanging Fruit,” WILLIAM PADULA, PATRICIA DAVIDSON, AND COLLEAGUES—JOURNAL OF PATIENT SAFETY AND RISK MANAGEMENT

“Which Patients with Heart Failure Should Receive Specialist Palliative Care?” PATRICIA DAVIDSON AND COLLEAGUES—EUROPEAN JOURNAL OF HEART FAILURE

NUTRITION

“Examining the Obesogenic Attributes of the Family Child Care Home Environment: A Literature Review,” LUCINE FRANCIS, LARA SHODEINDE, JERILYN ALLEN AND COLLEAGUE—JOURNAL OF OBESITY

HIV/AIDS

“Pre-Exposure Prophylaxis for HIV Prevention in Those with Substance Use Disorders,” NANCY GOLDSTEIN*, JARED CARTER-DAVIS, AND ELLEN C. SEYMOUR—I-MANAGER’S JOURNAL ON NURSING

VIOLENCE AND TRAUMA

“Gender-based Violence and Trauma in Marginalized Populations of Women: Role of Biological Embedding and Toxic Stress,” BUSHRA SABRI* AND DOUGLAS GRANGER—HEALTH CARE FOR WOMEN INTERNATIONAL

“Intimate Partner Homicides in the United States, 2003-2013: A Comparison of Immigrants and Nonimmigrant Victims,” BUSHRA SABRI*, JACQUELYN CAMPBELL, AND COLLEAGUE—JOURNAL OF INTERPERSONAL VIOLENCE

“Lifetime Prevalence, Correlates and Health Consequences of Gender-Based Violence Victimization and Perpetration among Men and Women in Somalia,” NANCY A PERRIN, NANCY GLASS, AND COLLEAGUES—BMJ GLOBAL HEALTH

“Living in Fear and Prioritizing Safety: Exploring Women’s Lives After Traumatic Brain Injury from Intimate Partner Violence,” PHYLLIS SHARPS AND COLLEAGUES—QUALITATIVE HEALTH RESEARCH

“Pro- and Anti-Inflammatory Biomarkers and Traumatic Brain Injury Outcomes: A Review,” TAMAR RODNEY* AND COLLEAGUES—CYTOKINE

“Understanding How Solidarity Groups—A Community-based Economic and Psychosocial Support Intervention—Can Affect Mental Health for Survivors of Conflict-Related Sexual Violence

in Democratic Republic of the Congo,” NANCY GLASS AND COLLEAGUES—VIOLENCE AGAINST WOMEN

“Unwanted Sexual Experiences in University Settings: Survivors’ Perspectives on Effective Prevention and Intervention Strategies,” BUSHRA SABRI*, NICOLE WARREN, JACQUELYN CAMPBELL, AND COLLEAGUES—JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA

“Multilevel Risk and Protective Factors for Intimate Partner Violence among African, Asian, and Latina Immigrant and Refugee Women: Perceptions of Effective Safety Planning Interventions,” BUSHRA SABRI*, CARMEN ALVAREZ, JACQUELYN CAMPBELL, AND COLLEAGUES

CANCER

“Radiation Therapy in Prostate Cancer Patients,” NADA LUKKAHATAI AND COLLEAGUES—NEUROPSYCHIATRY

RESEARCH SPOTLIGHT

Pandian Wins Research Grant

Vinciya Pandian, PhD, MSN, FAAN, has earned a Sigma/American Nurses Credentialing Center Evidence-Based Practice Implementation Grant for her project “Development, Implementation and Evaluation of an Evidence-Based Nurse-Led Rapid Response Program in a Low-Resource Setting.”

Pandian explains: “The findings of this critical ethnographic research will facilitate humanitarian agencies to recognize gaps in the offered services to the internally displaced mothers of young children and strive for protecting the breastfeeding practices of internally displaced mothers who wish to sustain their breastfeeding practices in the setting of disaster relief camps.” ■





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Returning a Favor

Beloved gift to a distraught child finds its way back to Johns Hopkins

◀
Marcia Moore
with Isabel
at the Johns
Hopkins School
of Nursing.

Isabel is a stockinette doll who has been in the family of Marcia Moore since the early 1900s: “Sometime, probably between 1906 and 1909, my grandmother, Marcia Godfrey Davis, was hospitalized at Johns Hopkins after a mental breakdown. My mother, Cornelia Patten Davis, who was born in 1902, stayed at Hopkins while her mother received treatment. Throughout her life, Mother remembered her time there, and that ‘they wouldn’t let me see my mother.’ Her main, and maybe only, consolation was a doll the nurses gave her.”

The exact historical and medical details are fuzzy, Moore reports, because the hospitalization was never spoken of within the family. But her mother loved the doll, as did she. “My daughter, now in her 40s, preferred Cabbage Patch Kids,” explains Moore, a former journalist and author of the children’s book *Wind and Oyster Jack*. Rather than have her linger in a box somewhere, Moore wrote to Dean Patricia Davidson asking whether the school would like to have Isabel as a reminder of an act of kindness that lasted “not only for a lifetime but for generations.”

And so Moore brought the doll from the Eastern Shore in September to “live” at the School of Nursing. ■



5 More for FAAN

Faculty earn fellowships for contributions to health care

The School of Nursing this fall adds five new members to its FAAN faculty ranks:

Assistant Professor Nada Lukkahatai, PhD, MSN, RN; Assistant Professor Janiece Taylor, PhD, MSN, RN, Assistant Professor Brigitt VanGraafeiland, DNP, CRNP, Assistant Professor Nicole Warren, PhD, MPH, CNM, and Associate Professor Chao Hsing Yeh, PhD, MSN, RN.

Clockwise from top left, Brigitt VanGraafeiland, Chao Hsing Yeh, Janiece Taylor, Nicole Warren, and Nada Lukkahatai.

The honorees will join the 2018 class of AAN Fellows for their significant contributions to nursing, health care, and policy. All five will be officially inducted at the AAN's annual policy conference, November 1-3 in Washington, DC. ■

FANNIE GASTON-JOHANSSON, PHD, RN, FAAN

Pain is universal. Descriptions of what it feels like to the person you might be examining are not. Fannie Gaston-Johansson helped remove such barriers with her Painometer, a plastic wand with tabs, diagrams, and sliding markers that helps patients wordlessly translate what they're feeling—and where. Her simple, patient-centered brainstorm went global, one moment from a brilliant career that saw her become the School of Nursing's first JHU Distinguished Professor, an Elsie M. Lawler Endowed Research Chair, a Living Legend of the American Academy of Nursing, the first nurse ever elected to the Royal

Swedish Academy of Letters, History and Antiquities, and dean and founder of the doctoral program in nursing at Sweden's Gothenburg University. She has remained a tireless collaborator, locally and globally. ■

“THE BEST SCIENTISTS IN THE WORLD ARE CONNECTED TO OUTSTANDING COLLABORATIVE NETWORKS AND COLLEAGUES.”

READ MORE STORIES OF IMPACT: HOPKINSNURSING130.ORG

REACH

IT RUNS IN THE FAMILY

BY STEVE
ST. ANGELO

Lessons:
DNP Susan
Giscombe,
sees no limits
in nursing for
son Brandon
Brown.

One good choice begets another as a son makes his own smart decision to follow his DNP mom to the School of Nursing

Susan Giscombe is proud that her three sons are not followers. Her one rule: “Make good choices.” She ends each phone call this way—right after “I love you.”

“Having to raise and counsel three wonderful young men has been very rewarding,” she says. (Translation: Her sons are smart enough to listen, and to watch her example.)

It was the no-followers idea that made son Brandon Brown initially hesitant to join her at the Johns Hopkins School of Nursing, where she had just completed the Doctor of Nursing Practice Executive track and is part of the adjunct faculty. He’s a member of the MSN (Entry into Nursing) program, having stepped away from a budding career in TV and media production.

It was witnessing “the freedom that being a nurse practitioner brought” his mother that awoke his interest in nursing. In her career, he saw “the leadership and autonomy I would need in order to achieve the goals I have set.” There are six nurses on his father’s side of the family, including a cousin who just finished nursing school. And there was also his fascination with mental health issues and perhaps mixing nursing with TV and media “to educate and uplift.” A psychiatric NP approach would fit that bill.

“I FIGURED IF I WAS GOING TO DO NURSING, I WAS GOING TO DO IT RIGHT.”

All signs pointed to Johns Hopkins, so he jumped at the school’s offer. “I figured if I was going to do nursing, I was going to do it right,” Brown says.

Good choice.

“He’s like a carbon copy of me,” Giscombe beams. He says it was hard not to be: “I was always around her career. I could see it, every day, she put other people before herself.”

Giscombe admits that she’s a bit envious of the head start he’ll get through the MSN (Entry into Nursing) program. “Millennials have so many resources at their fingertips, and these young people who already have their degree in something else, all these life experiences, they bring so much perspective to nursing.”

In her earlier days in the profession, “It was older nurses teaching you: ‘This is just how we do it.’ ... It was not research-based. And self-care wasn’t the thing to do. You were just 100 percent into the patients. Millennials ask questions. They don’t just do it. And they’re more into self-care.”

For Brown, nursing might one day actually provide a path back into media. He dreams, in fact, of his own television/media channel, “a mix between the motivational and awareness-provoking media found on the Oprah Winfrey Network and the adventure, travel, and exploration-themed media on the Discovery Channel.”

Giscombe has no doubt that, if he keeps making good decisions, her son could indeed be a leader in both fields: “There are no limits on what you can do. If you can think of it, you can do it.”

 A gesture speaks volumes. Read more on [Page 28](#).

“BALTIMORE HAS SO MANY RESOURCES THAT AREN'T TAKEN ADVANTAGE OF.”

“Where are you going?” Susan Giscombe asked son Brandon Brown as he hopped out of the car near Fayette and President streets in Baltimore City. They had just left a party with friends and family for Brown’s 25th birthday. He grabbed a backpack from the car, explaining that there was something he needed to do.

Within his backpack were meals he had gathered for homeless people in a small park, one ignored each day by thousands of drivers headed onto Interstate 83 for points north. Brown’s special day probably would not be one



for these folks. But for a little while, at least they wouldn’t be hungry. “Baltimore has so many resources that aren’t taken advantage of,” he explains, blaming a lack of education and access to care, and the need to “demystify and destigmatize mental health issues.”

To this day, his mother can’t say enough about the gesture, adding more about her son’s participation with the National Youth Leadership Program and dedication to Homeless Children’s Playtime Network. “That’s just who Brandon is.” ■

DNP Track Adds Flexible Option

Looking to add more flexibility to the top-ranked support, opportunities, education, and leadership preparation of its doctoral tracks, the Johns Hopkins School of Nursing has launched a state-of-the-art Doctor of Nursing Practice Primary Care NP online learning format.

The new format offers clinical learning experiences where students live and work, including an “online local” option that offers Baltimore residents clinical experiences within the Johns Hopkins network of partners, including at Henderson-Hopkins (a JHU community

partnership school), the House of Ruth (a Baltimore domestic violence center), or in a Johns Hopkins Health System hospital or practice. And onsite immersions for all students are designed to take advantage of the rich and varied learning opportunities found at Johns Hopkins.

“With the new format options, we hope to expand and enhance the way we engage with students and meet the needs of working professionals who have great potential for health care leadership and advocacy,” says Rita D’Aoust, PhD, ACNP, ANP-BC, FAAN, associate dean of teaching and learning. ■

Learn more at
[NURSING.JHU.EDU/DNP](https://nursing.jhu.edu/dnp)



CHRISTINA KANG, MSN, RN

“I was drawn to Johns Hopkins because I already learned enough about nursing to recognize a chance to make a bigger difference as a leader and essential teammate. A DNP Advanced Practice degree says, ‘Hold up, I know what I’m talking about.’”



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NEWS ROUNDUP

RUSHTON JOINS NATIONAL COMMITTEE ON BURNOUT

Cynda Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics, has been chosen to serve on a newly formed National Academies of Science, Engineering, and Medicine committee to seek systemic solutions to clinician burnout. Rushton was one of only two nurses selected for the committee, named Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being.

30

“Increased severity of illness, patient volumes, pressures to reduce costs, and moral distress are just a few of the factors putting additional stress on health care providers today,” says Rushton. “To turn the tide of burnout, we must commit to fundamental systemic changes in health care along with expanding tools to support the resilience and integrity of frontline clinicians.” ■

NEW RESEARCH CENTER

Managing multiple chronic conditions, studying social determinants of health, and providing community-driven care will be pillars of the new PROMOTE research center at the Johns Hopkins School of Nursing, funded through a National Institutes of Health P30 grant.

“With 2 out of 3 adults in the U.S. experiencing multiple chronic conditions, the need

for relevant research and scalable programs is urgent,” says Sarah L. Szanton, PhD, ANP, FAAN, center director and JHSON endowed professor for health equity and social justice. “Our center takes a holistic view of the person, their environment, and their goals. [PROMOTE is shorthand for Promoting Resilience in Persons with Multiple Chronic Conditions.] The center will prepare clinician-researchers

“WE WANT TO CHANGE THE QUESTION FROM ‘WHAT IS THE MATTER?’ TO ‘WHAT MATTERS MOST?’ TO THE PATIENT.”

to design solutions that are relevant to the family, social, and financial ecosystems that people live in. We want to change the question from ‘What is the matter?’ to ‘What matters most?’ to the patient.” ■



Read more about Johns Hopkins School of Nursing Centers of Excellence at [NURSING.JHU.EDU/EXCELLENCE](https://nursing.jhu.edu/excellence)



EXPANDED LEADERSHIP

The Johns Hopkins School of Nursing has hired key leaders to identify and seize opportunities in education, practice, business, and collaboration:

Michal (Miki) Goodwin, PhD, RN, NEA-BC, associate dean of clinical practice (student clinical placements, faculty practice development).

Gloria Ramsey, JD, RN, FNAP, FAAN, associate dean for diversity, equity, and inclusion.

Bruce Schoneboom, PhD, MHS, CRNA, FAAN, associate dean for practice, innovation, and leadership.

Deborah Baker, DNP, ACNP, NEA-BC, associate dean for health systems partnership and innovation.

Kenneth Dion, PhD, RN, MSN, MBA, assistant dean for business development and strategic relationships. ■



← HENRIETTA LACKS MEMORIAL AWARD

The CHECC-uP Cervical Cancer in Minority Women with HIV Project has earned the 2018 award. Project leaders included faculty members Patty Wilson, Jason Farley, Hae-Ra Han, and Phyllis Sharps. ■

More News & Notes

Follow student, faculty, and staff goings-on at the Johns Hopkins School of Nursing.

MAGAZINE.NURSING.JHU.EDU



← THE NEXT GENERATION ARRIVES

MSN (Entry into Nursing) students begin the 2018 fall semester with an orientation session. ■

31

“The health status of a country is embodied by its nurses. No model will be successful or achievable without nursing input.”

Read more about the South African nurses' visit on [Page 40](#).



HOPKINS NURSE

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NEWS FROM **JOHNS HOPKINS HOSPITAL & AFFILIATES**

A Sore Spot

Stopping hospital-acquired pressure injuries starts at hello

BY ERIC BUTTERMAN

Pressure injuries, once called bedsores or pressure ulcers, are nearly as bad for hospitals' bottom line as they are for patients' sensitive areas. Dragging down service ratings as well as reimbursement rates, they're a pain for all involved.

Beating them begins at admission, says Carla S. Aquino, DNP, MSN, RN, coordinator for clinical

quality at Johns Hopkins Hospital. Because no matter where the pressure injury was acquired, it's the hospital's fault if not noted by the time a patient is admitted. For nurses, that's not about blame but treating sores quickly and effectively.

"You want to look not only for hospital-acquired pressure injuries but anything that can become them," she says. "For example, scabs are seen as tougher than skin but it's the opposite. It's easy for a scab to become a pressure injury."

So, "You note it and put it down." Then, you help make it go away.

There are several weapons in the nurse's arsenal to prevent pressure injuries:

- HYDRATION.**
 It's a challenge when illness makes taking in water difficult or a patient refuses hydration altogether, but it is essential.
- NUTRITION.**
 If a patient can't eat by mouth, consult a dietician on a best source for the calories, Aquino says.
- PRESSURE PADS.**
 "We apply a protective foam dressing, probably as big as your hand on bony prominences like the coccyx and sacrum."
- POSITIONING.**
 Turning patients is a long-established strategy for avoiding hospital-acquired pressure injuries, but nurses need to make sure they are not pulling or dragging patients when repositioning or transporting them. "They're coming out with many different products that indicate how much pressure the body or skin is under so it helps you make better decisions," she says. "The standard may still be every two hours to change a position but you could do it more often unless it interferes with the care of the patient."
- MICROMOVING.**
 This relieves pressure without fully turning the patient. "For us, micromoving is usually done in ICUs because patients are very sick and may not tolerate the larger turning," Aquino says. "It's just about relieving the pressure without compromising breathing, for example."
- THE BED ITSELF.**
 A Johns Hopkins Hospital project is replacing traditional mattresses with more forgiving surfaces. "We're moving to where the norm for our mattresses is what many hospitals would have if a person already had the [pressure injury] problem," says Amanda Owen, RN, a wound care specialist. "Both our ICUs have this type of mattress and all but two or maybe three of our nursing units have it."
- A ZERO GOAL AND A REALISTIC APPROACH.**
 "We have elderly patients at higher risk because of age alone," Owen explains. "The public has concern that if a hospital has pressure injury rates above a benchmark that patients are getting substandard care or are being neglected. But the skin is the largest organ in our body—people think a lung and kidney can fail but the skin can't, and that's wrong. We're fighting the problem of these injuries as much as possible and will continue to."

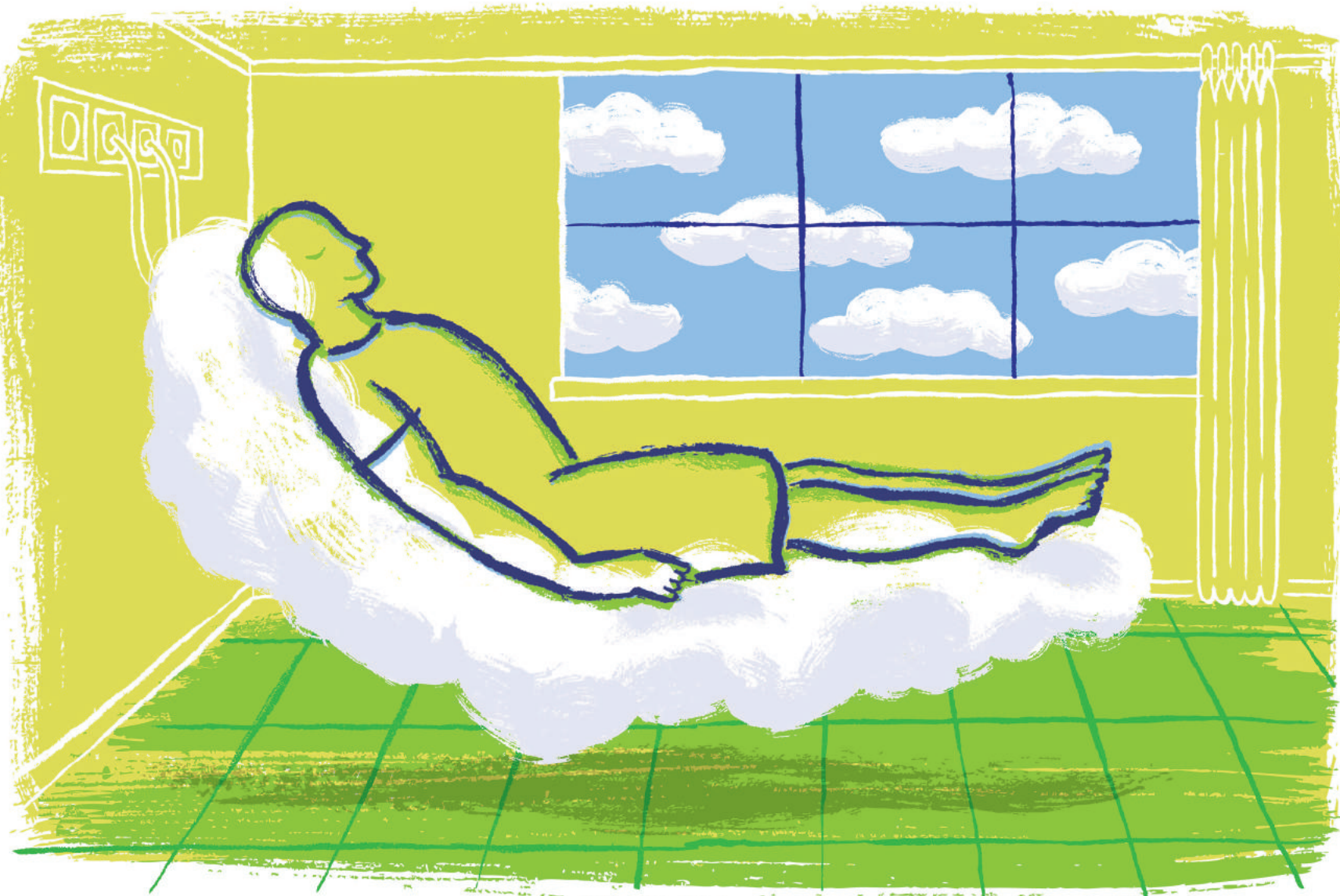
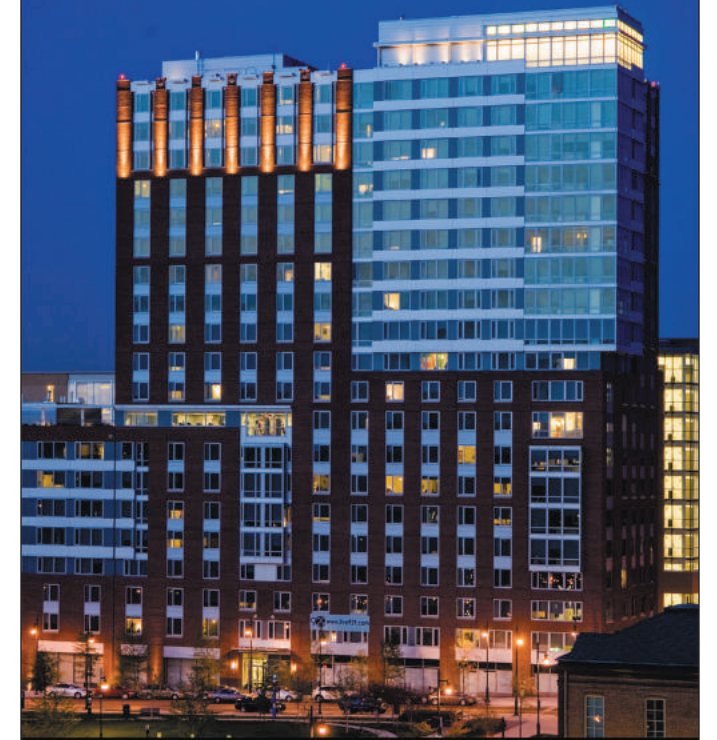


ILLUSTRATION BY ANDY SNAIR

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KEVIN SOWERS, MSN, RN, FAAN

Kevin Sowers, the first nurse ever to serve as president of the Johns Hopkins Health System, isn't afraid to fail. What he worries about is not being able to use evidence gained through an unsuccessful project—or an error—to get it right next time. It all begins with empowering and building trust among nurses, who touch so many parts of the business model as they provide the pivotal patient care at its core. And he expects it to continue with a secret weapon: nurse practitioners. In the NP, Sowers sees a largely (and inexplicably) untapped answer to patient safety, to a physician and nurse shortage, to morale and staff retention issues. He's not afraid to say he doesn't yet know exactly what a new NP-enhanced business

model would look like—one that better prepares nurses, physicians, and all hospital staff to work interprofessionally. But Sowers will assure you he's going to try to find out, by trial and error if need be. ■

Read a Q&A with Kevin Sowers on Page 42.

“MY FIRST GOAL IS A LISTENING TOUR. I DON'T UNDERESTIMATE THAT I COME TO THIS ORGANIZATION NOT KNOWING EVERYTHING.”

READ MORE STORIES OF IMPACT: HOPKINSNURSING130.ORG



BUSINESS

FEEL GOOD ABOUT THE FUTURE OF THE HUMAN RACE.

Could a simple anklet be an antidote to a massive vaccine problem in Pakistan? That's the dream that may become reality for Johns Hopkins Bloomberg School of Public Health alumna Noor Sabah, DrPH '13, MPH '08.

Noor developed an innovative vaccine reminder ankle band for infants in her native Pakistan, where only 60 percent of children complete their vaccinations. The Vaccine Indicator and Reminder (VIR) alerts parents when it's time for immunizations.

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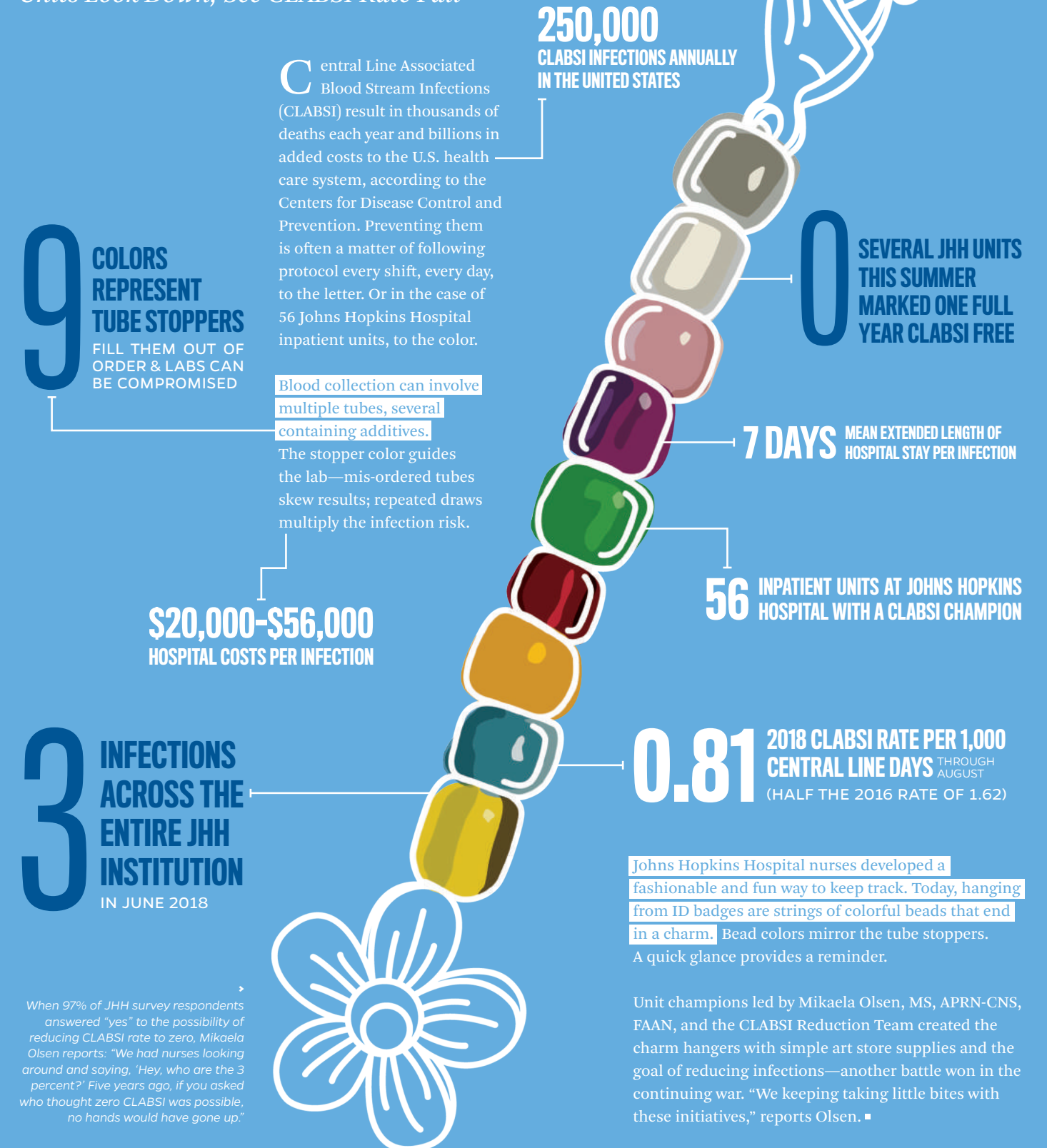
Scholarships and financial aid options are available.



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of PUBLIC HEALTH

First Time's The Charm

Units Look Down, See CLABSI Rate Fall



For the Children, for the World

JHPiEGO

*Nurse leaders
in South Africa
empowered,
driven by ubuntu*

How far will nurses go to ensure that South African children have access to state-of-the-art care for complex illnesses? At least 8,000 miles—roughly the round-trip distance from Johannesburg to Baltimore. And that's just for starters.

Three nurse leaders from the new Nelson Mandela Children's Hospital (NMCH) recently visited Jhpiego and Johns Hopkins Hospital (JHH) to observe, learn, and share nursing strategies.

Stacie Stender, a family nurse practitioner and senior technical

adviser for Jhpiego, accompanied the Johannesburg-based NMCH team: Jayson Gopiechand, nursing director; Letennewe Morudu, deputy director, nursing clinical education; and Hamida Ebrahim, infection control manager. As part of a three-year professional exchange, they participated in a patient safety program at the Armstrong Institute and visited JHH pediatric and neonatal intensive care units. Stender and the team also sat down at Jhpiego to talk nursing. An excerpt of the conversation:

Stacie Stender (SS): Can you talk about the role of nurses in South Africa?

Jayson Gopiechand (JG):

The health status of a country is embodied by its nurses. No model—certainly not the patient-centered approach championed by the NMCH—will be successful or achievable without nursing input.

SS: Are nurses recognized as leaders, as essential in health care?

Letennewe Morudu (LM): I think we are blessed to be working at NMCH, where we are now applying interprofessional collaboration in terms of nursing. At some of the hospitals where we come from, nurses seem to still be subservient, which is what gives them a challenge to give the necessary care, because their voices are not heard.

SS: What is your vision of incorporating research into nursing strategy for NMCH?

JG: We want staff to be participative—to feel part of a team that's contributing toward quality and standards at NMCH. We have ideas about how we want to care for patients, but there needs to be

room for innovation, for adaptability. Research is a fundamental and significant component of our nursing strategy.

LM: We encourage NMCH nurses to identify problems, write about them, and bring them into the bigger picture.

Hamida Ebrahim (HE): Sometimes we think research has to be on this big, grand level. We say, "If there is problem in your unit, bring it up, let's work it out, look at the options, and be part of the solution."

Above (from left): Hamida Ebrahim, Jayson Gopiechand, Letennewe Morudu and Clinical Nurse Specialist Emily Warren at Johns Hopkins Hospital. **At right:** Morudu and Warren.



Read the full interview at
MAGAZINE.NURSING.JHU.EDU/NMCH

SS: Looking ahead at nursing, 10 years from now ... what do you see?

HE: I started nursing years back. The [nursing experience at] NMCH is completely different from [days when] nurses were giving baths to patients. Here, now, nurses are doing research, nurse practitioners are prescribing medications. It's completely on the other end of the world. I see myself doing research, designing innovations.

LM: NMCH nurses are embracing the chance to influence how nursing evolves not just at this one, world-class facility, but beyond. We are driven by ubuntu [a "oneness of humanity" philosophy embodied by the hospital's namesake]. Our dream is to make sure we go beyond ... beyond being compassionate, beyond being understanding. Ubuntu is having respect, the utmost respect, for everybody. Then you can give selflessly. ■



Rounding with Kevin Sowers

Q&A with nurse and president of Johns Hopkins Health System

INTERVIEW BY CATHERINE GARA



Kevin Sowers, MSN, RN, FAAN, is the president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. He comes from Duke University Hospital, where he worked for 32 years, including the last eight as president and CEO. He was asked the following questions at a press conference in December and an interview in March.

Why did you decide to become a nurse?

I grew up on a farm in rural Ohio and no one in my family had ever gone to college. I started in voice and piano. Because my family grew up below the poverty line, we did not have the resources to pay for me to go to college. So, I worked two jobs—in the morning I would go to the county nursing home and do music therapy. In the afternoon I was an orderly, bathing people and putting them to bed. It was in those summer months I really found my passion for caring for human beings. While I was in nursing school my grandfather was diagnosed with glioblastoma. It was a difficult diagnosis with a difficult outcome. I remember our family did not have the best experience, so I wanted to be a nurse to make sure no other family went through what we went through.

What does your new position involve?

I'll give you broad strokes. As president of the Johns Hopkins Health System, I'm responsible for the overall performance of the health system. That includes quality and safety, work culture, patient experience and financial performance, and all four of those pillars are important.

As executive vice president of Johns Hopkins Medicine, I partner with leadership to assure that all the decisions we

make support our missions of clinical care, education, and research. We have to balance what we do on the health system side to ensure that we can support research and education on the school side.

How does your training as a nurse help you?

I know what it means to take care of a patient, to deliver care. And I know the models that have to be put together to be able to sustain that. I come from the front line and there's a great value to that in my leadership role. I draw upon it often.

Do you miss the bedside?

There is something I miss. When I was seeing patients, I would go home from my shift knowing what I had done to make a difference in somebody's life. In executive roles, the outcomes don't come as quickly and you have to really be patient while bringing people along a journey of transforming an organization.

One third of newly licensed RNs leave the field after just two years. How can we turn that around?

The issue of burnout and resilience is a health care provider issue; it's not just nurses. There are multiple layers to the problem. Sometimes people are dealing with some really complex issues in their personal lives. And then you start layering on the changes

we're going through in health care, and the complexity of the patients we're caring for, and all of that together begins to create the issues of burnout and resilience.

At the system level, we should provide employees access to counselors—financial counselors, addiction counselors, grief counselors, whatever they need.

But there are simpler things that can help, too. At Duke, we developed a course where we taught faculty and staff to write down three good things they did each day, before they went to bed. Those who did that every night were more resilient. We all tend to focus on what went poorly and forget about what went well. There are incredible things that happen every day at our hospitals. People shouldn't lose sight of the difference they've made.

How did you gain your leadership skills?

I started at Duke in 1985 as a staff nurse in oncology. Then I got my MSN and I became a clinical nurse specialist. During that time, I was asked to lead an in-patient unit, which was a big deal back then.

What's interesting is that I didn't raise my hand and say, "Pick me." I was told. And I look back on that story and I realize that the person who pushed me [supervisor and mentor Brenda Navigon] saw something in me that I didn't see in myself. ... When I look back on my career, there were incredible mentors who touched every aspect of my life: they taught me finance, revenue cycle, and



a whole cadre of other skills outside of nursing that I needed to be successful.

What inspires your sense of fashion?

[laughing] I didn't know I had one... I have always loved bright colors. And I have always loved the color blue especially. The bow ties have been a signature piece for me. They're just fun. This one [pale blue decorated with pink crabs] was a gift from the people at Duke who helped me develop a year-long leadership program for people from all disciplines. They thought I'd like some Maryland crabs.

What else do you like about Baltimore?

It has all the things that attracted me to Durham [North Carolina]. Both are foodie towns; both embrace the arts and the diversity of their people.

But there are other—less savory—parts of Durham and Baltimore. We need to partner with the city: help its leaders think through its health care needs but also partner with them around violence, which isn't much different than in Durham. We accomplished a lot in Durham by partnering with the mayor and the City Council. ... Baltimore has so much opportunity. It really does; it's a great city. ■

“It is a thrill ... that we remain an inspiration to those who will stand on our shoulders.”

View more images from Alumni Weekend 2018 at [FLICKR.COM/PHOTOS/HOPKINSNURSING](https://www.flickr.com/photos/hopkinsnursing)

VIGILANDO

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NEWS FROM **JOHNS HOPKINS**
NURSES' ALUMNI ASSOCIATION



ALUMNI UPDATE

SUSAN KULIK, DNP '12, MSN/MBA '06, BSN '86



Dear Alumni,

The greatest gift of Alumni Weekend is the new memories that we add to those we've shared and celebrated through our years as members of the Johns Hopkins Nurses' Alumni Association. And so one final time as your JHNAA president, I want to offer thanks to the 50th Anniversary Class of 1968 from Johns Hopkins and Church Home and to all those who made the trip back to Baltimore for Alumni Weekend 2018. It is always wonderful to see familiar faces, and new ones, each autumn.

The nature of magazine deadlines means we can't show and tell you everything that



happened that weekend in early October. (As if we ever could.) But we've tried to give you a taste of the fellow-feeling, nostalgia, and love that fill Alumni Weekend, because we hope that you will add it to your annual travel and social calendars. The changes within our industry, and within nursing education, are breathtaking. It is a thrill that so many of us can proudly claim to be part of what brought nursing this far and that we remain an inspiration to those who will stand on our shoulders.

Alumni Weekend also brought to a close my term as JHNAA president. It has been an honor and an experience I will always treasure. Best of luck to Jane Ball, UC '69, BSN '74, MPH '78, DrPH '80, as your new JHNAA president. I can assure you that we are in good hands.

A special thank you as well to Akudo Anyanwu, Katie Damaroda, and the rest of the Development and Alumni Relations team—and all the volunteers and students—for making Alumni Weekend such a success.

More news, notes, and images from Alumni Weekend 2018 are at magazine.nursing.jhu.edu. For more information on volunteering and giving, contact Katie Damaroda: kdamaro1@jhu.edu. ■



CLASS NEWS

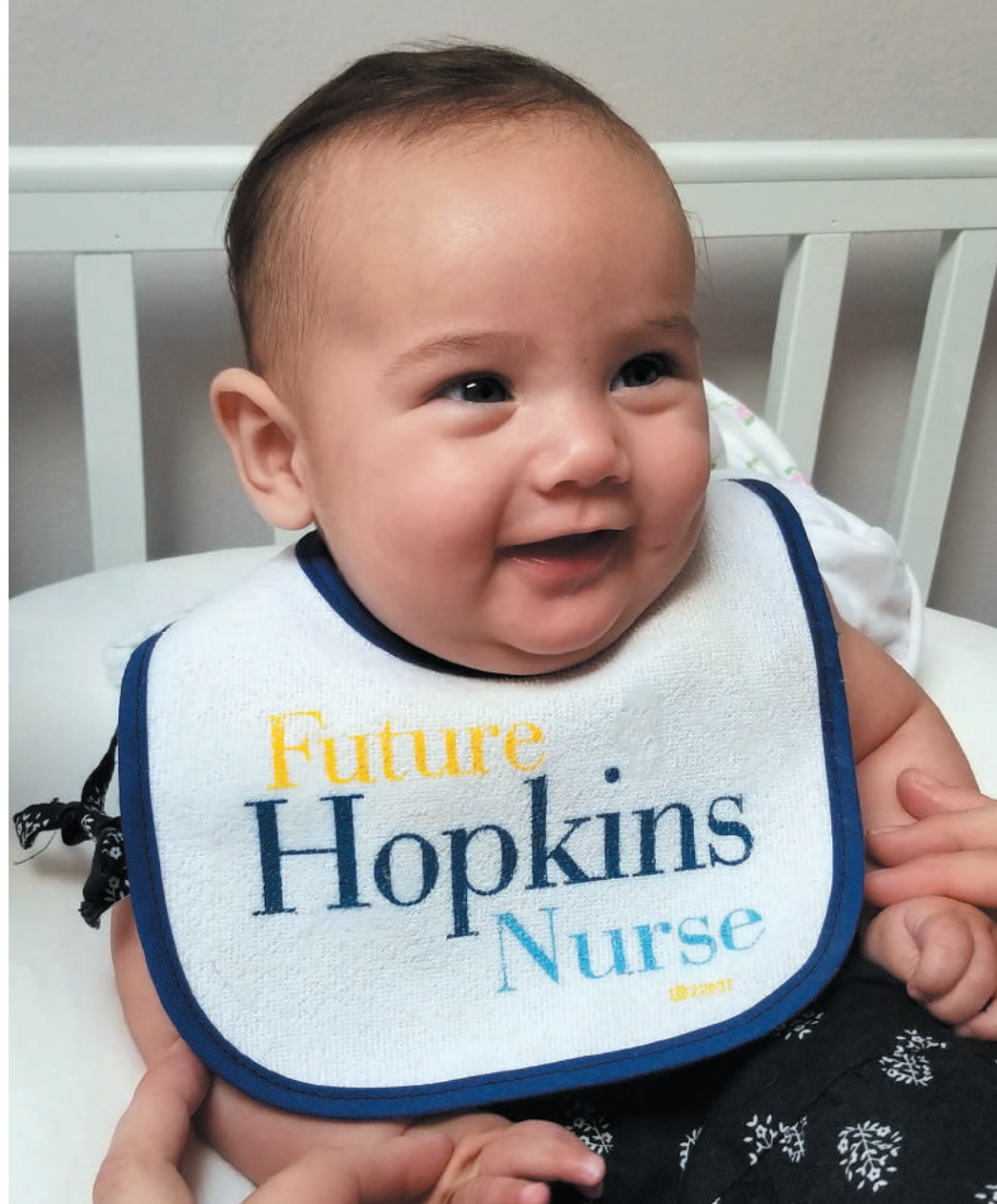
'18 LOREN BALL HAD A LOT TO CELEBRATE IN AUGUST.

In addition to graduating from the MSN (Entry into Nursing) program, Loren married Steven Bonn in front of family and friends in New Jersey. Loren accepted a position working as a RN in the Labor and Delivery Unit at University of Maryland Medical Center.

PHOTO BY REBECCA SHIVERS PHOTOGRAPHY

CLASS NEWS
CONTINUED

'58 **Caroline Brewer Bentley** celebrated her 81st birthday with one of her daughters on the Camino de Santiago in Spain. She hiked 10 miles a day for 12 days to mark the occasion.



'08

THERESA MEDICUS WELCOMED MIRABELLE INTO HER FAMILY IN MAY 2018.

Mirabelle is a proud future Hopkins Nurse. Theresa works for Johns Hopkins International as a family nurse practitioner at Green Spring Station.

'98 Accelerated BSN 1998 classmates **Lisa Johnson, Susannah Herrmann, Becky Wentling, Kora Smith, Heidi Bray** and **Sam Whitney** gathered to celebrate their 20th class reunion.

'98 **Cynthia Thurlow** after 20 years working as a nurse, started her own business, CHT Wellness. She works as a functional nutritionist to help serve another community of clients. Her specialty is female hormonal health.

JOHNS HOPKINS
IN MEMORIAM

- Janet Stone Brendler '56
- Sarah Newcomer Henneberger '55
- Dorothy Schock Horne '44
- Norma McCullough Huebner '44
- Elizabeth Monty Hurley '63
- Alana Boldman Ledbetter '65
- Nancy Wheeler Matais '61
- Jane M. Parker '58
- June C. Persson '59
- Helen Holodnak Slivinski '45
- Margaret Ann McClarren White '47

'02 **Raji Koppolu**, interim director for advanced practice at Lucile Packard Children's Hospital Stanford in Palo Alto, CA, is president-elect of the National Association of Pediatric Nurse Practitioners. She begins her term in July.

'05 **Beth P. Beckman** has been appointed the inaugural chief nursing executive for Yale New Haven Health.

'07 **Julie Cook** accepted a position with Providence St. Joseph Medical System in Richland, WA as an adult-gerontology primary care nurse practitioner. She begins this fall.

'08 **Wesley E. Cook** received his DNP from Drexel University. His doctoral capstone focused on work environment health in the post-acute setting and current research interests include the intersection of artificial intelligence, ethics, advance practice nursing care delivery, and health policy.

Kerri with Alina, Maria, and Mia, who have served as nurturers, comforters, and caregivers to many orphan children over 15 years.



'14 **KERRI CALLOWAY SPENT AUGUST VOLUNTEERING AT THE ROMANIAN CHILDREN'S HOSPITAL.**

Kerri worked providing care to babies from various gypsy villages around the city of Oradea, Romania. She currently works in the Emergency Department at Northwestern Memorial Hospital in Chicago, and looks forward to going back to Romania in the winter.

Tell Us About It

Please help us share the milestones of your lives with fellow alumni of the Johns Hopkins School of Nursing. Send news and notes to Alumni Relations Officer Katie Damaroda at katie.damaroda@jhu.edu. Or use the simple form at [NURSING.JHU.EDU/CLASSNOTE](https://nursing.jhu.edu/classnote).

SUSAN MATTHEWS EPSTEIN, JD

Susan Matthews Epstein, '66, has long stood up for the voiceless and powerless, with 10 years in hospital and community nursing and then an impactful career as a legal aid attorney. She has witnessed the power of each profession to make a difference. And she is committed to building nurses to continue the fight for what is right, establishing and funding the Endowed Professorship in Health Equity and Social Justice to do just that. The professorship will solidify the school's influence and leadership in advocating for universal health access, equity in care locally and globally, and understanding how gender, race, and other social determinants impact health and well-being. ■

"I'M THRILLED AND PROUD TO HAVE THIS OPPORTUNITY TO BRING THE SCHOOL FORWARD IN AN AREA THAT IS SO CRITICAL TO NURSING AND TODAY'S HEALTH CARE ENVIRONMENT."

READ MORE STORIES OF IMPACT: HOPKINSNURSING130.ORG

ETHICS



**THE PASSING OF A TORCH...
AND SO MANY MEMORIES.**



Another Alumni Weekend has come and gone far too quickly. And the next one can't get here soon enough. So here is a look in pictures at events from the weekend as the Johns Hopkins Nurses' Alumni Association welcomed its new president, Jane Ball (with a huge thank you to outgoing President Susan Kulik!), **as the 50th-year Class of 1968 toasted years and careers well-lived and full of pride and accomplishment,** as generations of Hopkins Nurses shared in their history and hopes for the future. ■

ALUMNI WEEKEND 2018

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CHURCH NOTES

DEB CORTEGGIANO KENNEDY, '73



REUNIONS GALORE!

The Class of 1958 held a 60th Reunion Luncheon at Oakcrest in August. Class member **Janet Plakatoris** organized the event and was thrilled to have 16 of her classmates attend. One member even came from Florida!

The Class of 1973 held a luncheon recently at Vinny's Restaurant, and it was wonderful to have 11 members attend, even our "token Man of the Hour," **Mike Friedman**, came and updated everyone on the last 45 years.

The Class of 1958 gathers for a reunion at Oakcrest.

CHURCH HOME IN MEMORIAM

Barbara Richards Sharretts, '63
Sylvia Lammi Sievers, '59

TREASURED GIFTS TO THE ARCHIVES

I am always thrilled to receive additions to the archives from alumni who also know the importance of preserving our history. **Mary Ellen Short, '67**, passed away last year and, as the former treasurer to the Alumni Association, let me say she saved EVERYTHING! Mary Ellen's brother and I met one morning when he shared nine boxes of reports, photos, and more. The most unique items from Mary Ellen's collection will be passed along to the Archives this fall.

I also received a book of news articles and photos that captures the history of the Church Home and Hospital Hospice. As many of you know, this was the first hospice in the State of Maryland. The book was put together by **Mrs. Maureen Mason** and was donated to the Archives by **Becky Galloway**. Thank you also to **Lorraine Szetela Paine, '73**, for donating her "Pinkie" Cap to the Archives! It is in perfect condition.

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MAGAZINE'S NEW LOOK

Johns Hopkins Nursing has long been regarded as a top magazine in its field for its blend of storytelling and images from the life of the School of Nursing. But we thought we could make it stronger, bolder, and a little more fun. We wanted bigger, more colorful images and infographics that grab readers. We sought a more modern-looking use of type. And we wanted the magazine to feel "intentional" and "finished," down to the seam that holds all the pages together.

We hope our readers like the feel of the "new" Johns Hopkins Nursing. Please feel free to share feedback at son-editor@jhu.edu.



HOPKINS NURSING
@JHUNURSING

The friendly green face that has greeted—and comforted—so many generations of students in our beloved Courtyard left its toadstool perch for a few moments to take up residence in the shaded glen of the Student House.

SEP 6 2018

PHOTO BY SYDNEE LOGAN

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