

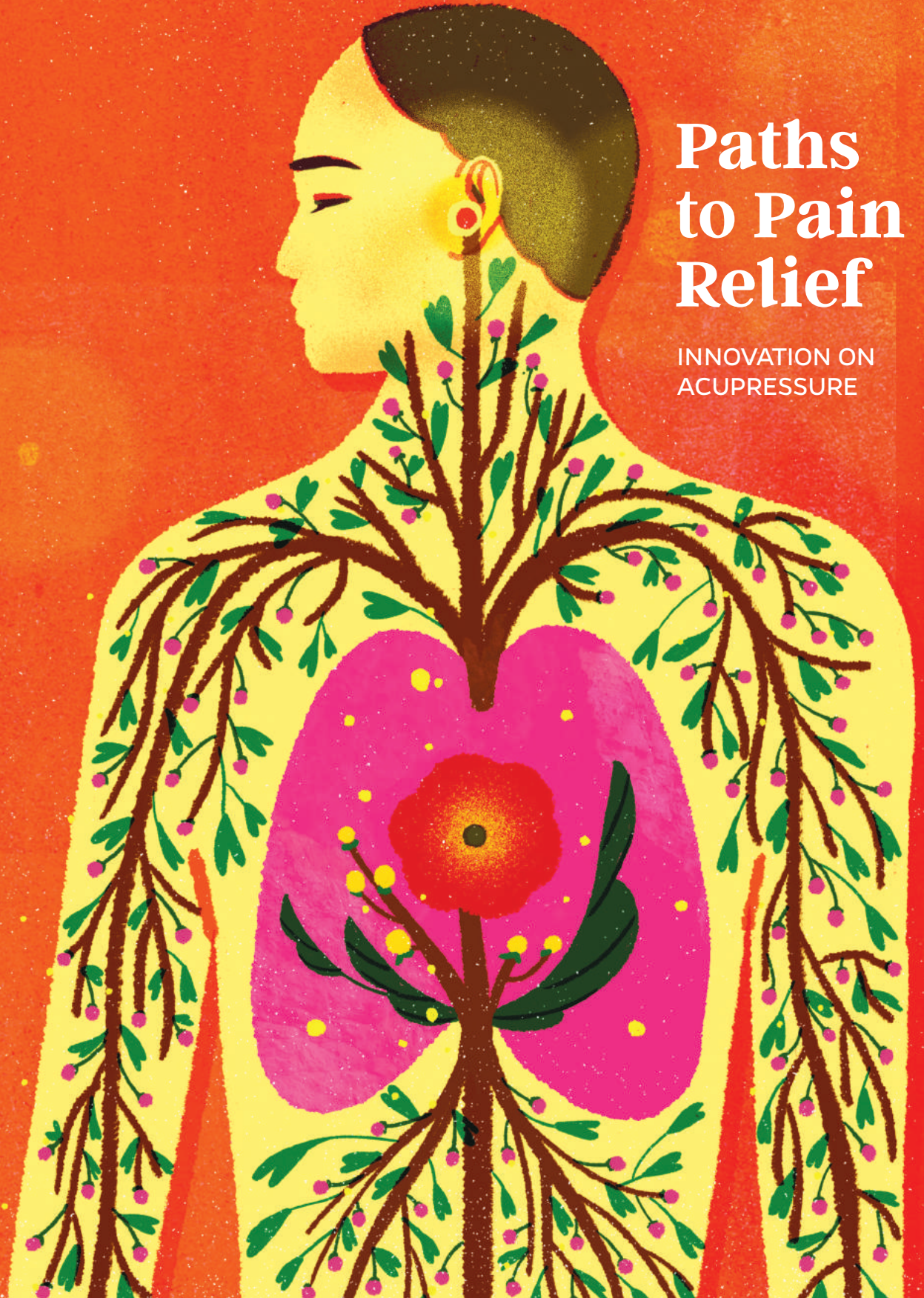
JOHNS HOPKINS NURSING

No. 1 for 2021

U.S. News ranks
Master's tops, DNP No. 3

Hall of Fame Researchers

Mona Shattell, Jason Farley
earn induction



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LAURA MORO, MPH

“With every interaction I had with faculty and staff, I got the feeling that there was a strong sense of community at Johns Hopkins Nursing.”



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FROM THE DEAN

THE WORLD AT YOUR DOORSTEP

This spring has brought us into largely uncharted territory. The COVID-19 outbreak has tested each of us as nurses and as people, and I am proud of our responses as evidence-based, community-minded leaders, as educators, as students and colleagues, as researchers and experts in public health. It is appropriate and gratifying that in the International Year of the Nurse and the Midwife, we have stood as one, bravely.

This magazine was produced largely before the coronavirus had announced itself on our shores, and because of the need to limit close contact in the days that followed, we have left it much as it was. And we think you’ll enjoy it that way. There are articles about the Biocontainment Unit at Johns Hopkins Hospital in the quieter days leading up to the outbreak, ready and waiting (Page 35). But in general you will see a celebration of the Johns Hopkins School of Nursing community.

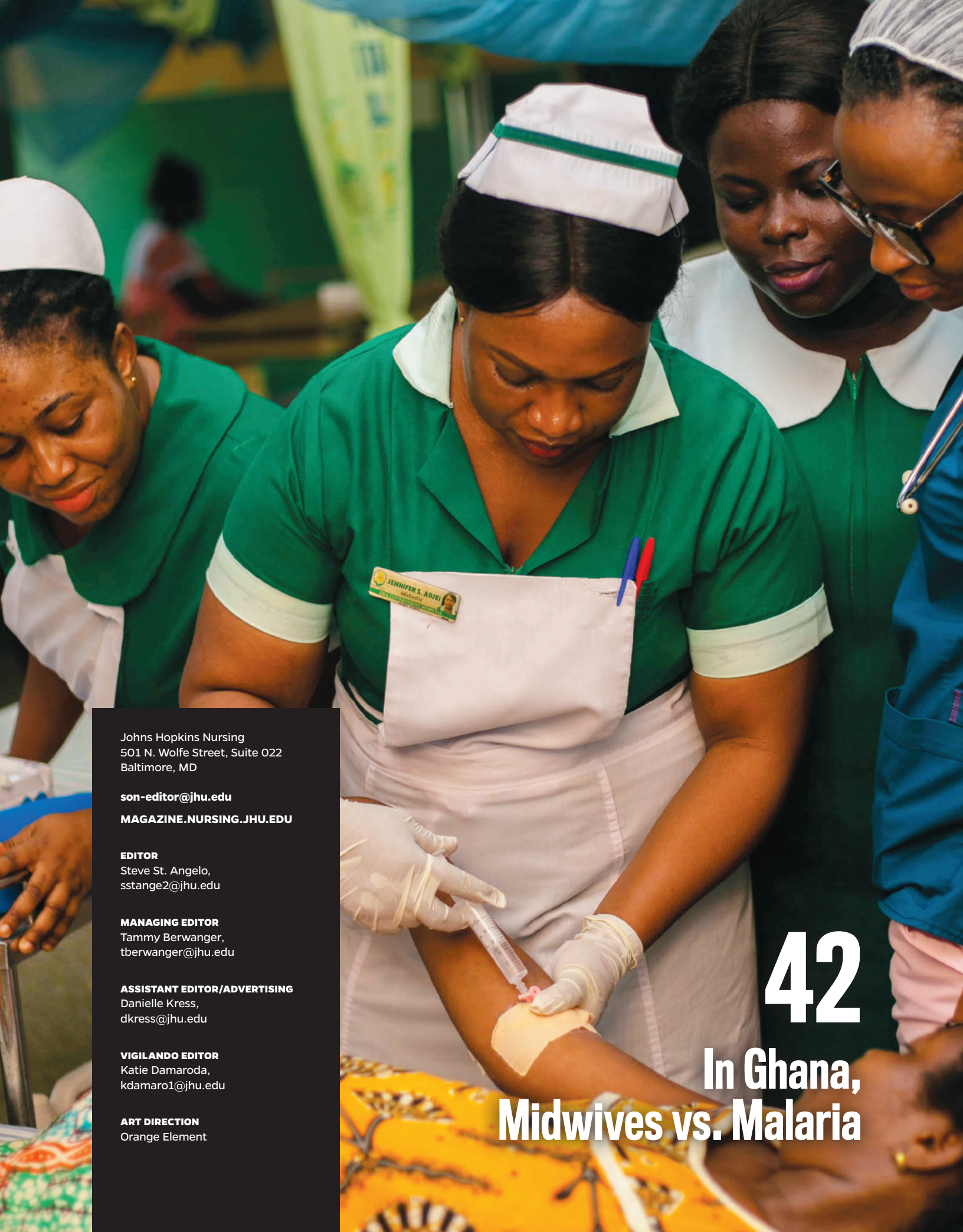
It is a place where researchers are empowered to push through roadblocks and stigmas, exhausting avenues both common and until now offbeat to find new answers (“The Healing Path,” Page 26). It is where the PhD program embraces nurses and non-nurses alike who could benefit from the brand of mentorship, support, and leadership that we pour into the program (“Informed Choices,” Page 16). It is where students raise their voices, and are heard (“Push,” Page 18). It is where we share our successes (On the Pulse, Page 4) and hopes for the future.

We hope that as you read this, the world has gotten a handle on the outbreak, and that we will have learned much from this tragic global event. At that point, we might crow a bit more about the 2021 *U.S. News & World Report* rankings (“Once Again, No. 1 Master’s Program in the U.S.,” Page 6). Until then, be well, be safe, and be courageous.

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



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE



Healing Through Auricular Acupressure

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“It is our responsibility as leaders in health care to ensure that people from all backgrounds are given the opportunity for health and for their voices to be heard.”

—GLORIA RAMSEY
Associate dean for diversity,
equity and inclusion

MORE ON PAGE 13



Assistant Professor Yvonne Commodore-Mensah and Assistant Dean Kenneth Dion kick up their heels at An Evening With the Stars. (Winners on Page 14.)

ON THE PULSE

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NEWS FROM AROUND THE SCHOOL



Once Again, No. 1 Master's Program in the U.S.

For the third consecutive year, the Johns Hopkins School of Nursing (JHSON) is No. 1 in the nation for its master's programs in the *U.S. News & World Report* rankings for 2021. The school ranks No. 3 for its Doctor of Nursing Practice (DNP) program and top ranked across the board within specialty rankings. JHSON is currently ranked No. 3 globally by *QS World University*.

"This ranking puts the spotlight on the hard work that is the backbone to our success in education, research, and practice," says Dean Patricia Davidson, PhD, MEd, RN, FAAN. "It shows stability in the quality and excellence of our programs, mission, and opportunity for students."

In specialty categories, the school ranks:

- No. 1 in DNP Nurse Practitioner Adult Gerontology Primary Care
- No. 2 in DNP Nurse Practitioner Administration; Family; Leadership (tied)
- No. 2 in Master's Administration
- No. 4 in DNP Adult Gerontology Acute Care
- No. 4 in Master's Nurse Practitioner Adult Gerontology Acute Care
- No. 5 in Master's Nurse Practitioner Adult Gerontology Primary Care (tied)
- No. 6 in Master's Nurse Practitioner Mental Health (tied)

To further expand its DNP program, JHSON has launched a nurse anesthesiology advanced practice option and continues to expand its online presence across programs. It has been recognized as a National League for Nursing (NLN) Center of Excellence in Nursing Education, a Best School for Men in Nursing, and a HEED Award winner for excellence in diversity, equity, and inclusion. The school also remains top ranked for online education in the U.S.

"Now in 2020, the Year of the Nurse and the Midwife, we have a strong foundation to build on in leading the bright future of the profession," says Davidson. ■

***"THIS RANKING PUTS
THE SPOTLIGHT ON
THE HARD WORK THAT
IS THE BACKBONE
TO OUR SUCCESS IN
EDUCATION, RESEARCH,
AND PRACTICE."***

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JHSON

SNAPSHOTS



Even though the COVID-19 outbreak has separated us physically, the JHSON community spirit shines on. As we await a return to full, normal operations, we offer photographic reminders of the good times that will be back soon enough. From top: The Pledge at the White Coat Ceremony; Go Red for Women day to mark Cardiovascular Health Month in February; some holiday warmth. We are looking forward to seeing all of your healthy, smiling faces filling the halls and classrooms once again.

— Johns Hopkins Nursing magazine



Images of all of the goings-on at the Johns Hopkins School of Nursing are at Flickr.com @HOPKINSNURSING

I'd like to acknowledge that we are on stolen land.

I'd like to acknowledge that we are on borrowed land.

I'd like to acknowledge that we are on pickpocketed land.

I'd like to acknowledge that we are on empty land.

I'd like to acknowledge that we are on full land.

— Excerpt from Clint Burnham's 'No Poems on Stolen Native Land'



ORIGINAL BLOG ENTRY BY ASSISTANT PROFESSOR TERESA BROCKIE, SENIOR RESEARCH PROGRAM COORDINATOR ELLIE DECKER, AND PROFESSOR SARAH SZANTON

BUILDING UPDATE

Just a few months after the Fall 2020 semester begins, the Year of the Nurse and the Midwife will close with the Grand Opening of the new wing at the Johns Hopkins School of Nursing, pending any delays brought on by the COVID-19 outbreak. The safety of construction workers, students, faculty, staff, and any visitors to the school remains the utmost priority.

Keep tabs on the project's final stages: BUILDING4JHUNURSING.ORG

Acknowledging the Land on Which We Build

As we at the Johns Hopkins School of Nursing continue to expand our footprint, we also acknowledge the history of the land we build on. We acknowledge the people. As Clint Burnham points out in *No Poems on Stolen Native Land*, the acknowledgments can be endless, meaningless if routine or protocol alone. The Johns Hopkins School of Nursing takes the following steps in active acknowledgement of the Piscataway Tribe:

To show a lasting acknowledgement of the land, the new Courtyard will display a plaque stating:

“The Johns Hopkins School of Nursing respectfully acknowledges and give thanks to the Piscataway Tribe—the Indigenous people who are traditional owners of the lands of the Chesapeake Bay region. We also acknowledge all Indigenous Peoples, the traditional owners of the lands and waters of the United States of America.”

To continue to bring our attention to the origins of this land, we will give the following opening at events:

“I respectfully acknowledge and give thanks to the Piscataway Tribe—the Indigenous people who are traditional owners of the lands of the Chesapeake Bay region. I also acknowledge all Indigenous Peoples, the traditional owners of the lands and waters of the United States of America.”

Let these acknowledgments serve as active recognition of where we are and the work that remains. ■



PHOTO BY SYDNEE LOGAN

TOP NURSES FOR 2020



Professor Deborah Gross, a number of Johns Hopkins School of Nursing graduates, and several Johns Hopkins Hospital (JHH)-affiliated nurses have been named to *Baltimore Magazine's* list of Top Nurses for 2020.

Gross has led development and successful trials of the innovative Chicago Parent Program, which improves parenting skills and reduces child behavior problems. She is the Leonard and Helen Stulman Endowed Professor in Psychiatric and Mental Health Nursing and a member of the Sigma International Nurse Researcher Hall of Fame.

Graduate winners include Moira Baynes, MSN '16 (JHH); Peter

Professor Deborah Gross at the Johns Hopkins School of Nursing. Photo by Noah Scialom

Cornell, BSN '03/MSN '06 (JHH); Cathy Karska, BSN '11; Corin Mauldin, BSN '09; Pawla Menga, MSN '13 (JHU senior research nurse); and Catherine Michaelis, BSN '94.

Other Top Nurse 2020 winners from Johns Hopkins Hospital and its affiliates include Wilma Berends (Johns Hopkins Medicine International Clinical Quality and Safety); Tonya Bradley (Johns Hopkins Bayview); Amy Brown (JHH); Lisa Brune (Johns Hopkins Home Care); Nathasha Hamler (Johns Hopkins Home Care); Angela Leppert (JHH); Gina Vickery (Johns Hopkins Bayview); and Karen White (Johns Hopkins Home Care). ■



Researchers to Enter Sigma Hall of Fame

Professor Jason Farley, PhD, MPH, FAAN, and Associate Dean Mona Shattell, PhD, RN, FAAN, have been selected for induction into the Sigma International Nurse Researcher Hall of Fame for lifetime achievements in nursing, contributions to research, and mentoring of future nurse researchers.

“Congratulations to these nurse leaders who, through their research and work, have changed the trajectory of health and well-being for so many across the world,” says Johns Hopkins School of Nursing Dean Patricia Davidson, PhD, MEd, RN, FAAN. “Drs. Farley and Shattell are shining examples for the next generation and embodiments of what it means to be trailblazers for the profession.”

An internationally recognized expert in inpatient mental health nursing, Shattell studies the mental health of underserved populations, particularly among long-haul truckers. She focuses on therapeutic relationships, environments of care, nursing education, and psychosis. Shattell is the inaugural associate dean for faculty development, promoting advancement and retention and fostering an environment of diversity, inclusion, and mentorship. She is a thought leader, having published op-eds in the *New York Times*, the *Atlantic*, and many other periodicals.

Farley, director of the PhD program, is a key figure in global HIV prevention and care, working in South Africa to develop interventions against multi-drug resistant tuberculosis and HIV coinfection. In the U.S., his app PrEPme increases patient access to services that support HIV care and prevention. Farley is founder of the REACH Initiative, which provides capacity building, technical assistance, and clinical services for care and support of persons at risk of or living with HIV. He was named one of the 150 most influential people in HIV/AIDS care by the International Association of Providers in AIDS Care.

Farley and Shattell will be inducted at Sigma's 31st International Nursing Research Congress in July, joining 15 current inductees from the Johns Hopkins School of Nursing. ■

HEED Award for Excellence in Diversity

For the second straight year, the Johns Hopkins School of Nursing has earned the Health Professions Higher Education Excellence in Diversity (HEED) Award from *Insight into Diversity* magazine for commitment to diversity and inclusion.

“It is our responsibility as leaders in health care to ensure that people from all backgrounds are given the opportunity for health and for their voices to be heard,” says Gloria Ramsey, JD, RN, FNAP, FAAN, associate dean for diversity, equity, and inclusion. “It's what we strive to achieve on a daily basis and what will define nursing as we move to the next century.”

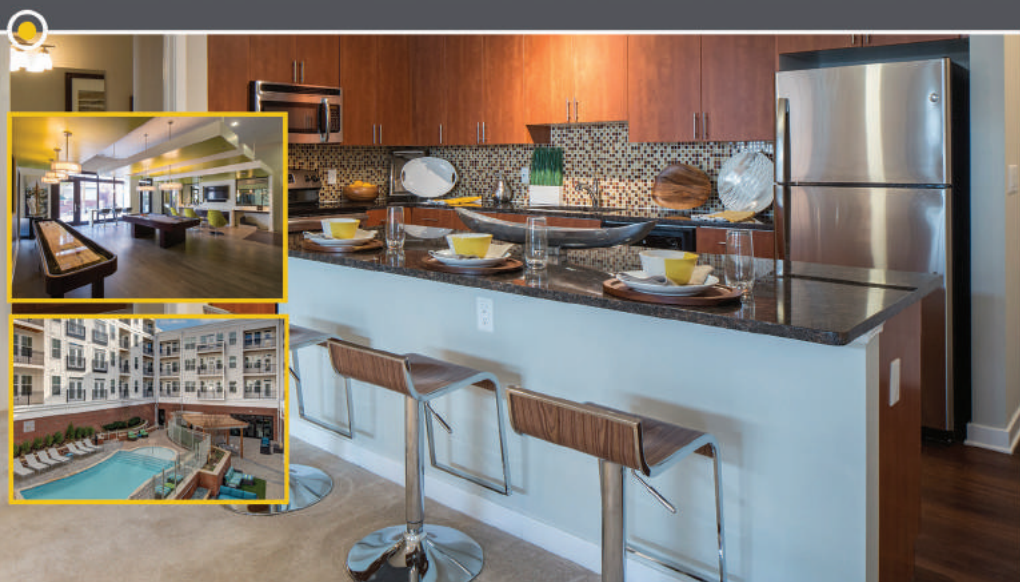
Throughout the year, the Diversity and Inclusion Committee seeks to increase cultural competency skills and diversity of faculty, students, and staff while providing opportunities for equity and inclusion initiatives, strategies, and feedback. The school also centers on “local to global” educational programs that offer collaborations with students and faculty from across 25 countries.

Within the faculty population, 29 percent are from racial and ethnic minorities and 12 percent are male. Among students, 39 percent are from racial and ethnic minorities, and 12 percent are male.

The latest award will be presented this summer in Cincinnati, OH. ■



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Johns Hopkins
Hospital (JHH)

EUNICE SEARLES KING STUDENT AWARD

Courtney Garry,
Johns Hopkins School of
Nursing (JHSON)

LINDA DAVIES VERSIC FACULTY AWARD

Catherine Ling, JHSON

JHSON NURSING DIVERSITY AWARD

Yvonne Commodore-
Mensah, JHSON

SUZANNE CONCATO NURSE PRECEPTOR AWARD

Michael Mugo,
Johns Hopkins Bayview
Medical Center

ROSENWALD NURSING INNOVATION AWARD

Michelle Patch, JHH

ROSENWALD JHH ICU NURSE AWARD

Amy Stewart, JHH

STAFF EXCELLENCE AWARD

Sabrina Scarborough,
JHSON campus
operations manager

ALUMNI ASSOCIATION HERITAGE AWARD

Elsie Peyton Jarvis '47

DIVERSITY TRAILBLAZER AWARDS

Professor Jason Farley,
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Professor Emerita Fannie
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DEAN'S AWARD

Morris Range,
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Associate Professor Nicole Warren and
Professor Cynda Hylton Rushton frolic at An
Evening With the Stars.

More images on Page 40 and online at
[NURSING.JHU.EDU/STARS](https://nursing.jhu.edu/stars)





PHOTO BY CHRIS HARTLOVE

Informed Choices

Open mind led public health grad to seek PhD among nurses.

BY DANIELLE KRESS

From the outside looking in, it might seem a bit out of step for Max Thayer, a non-nurse, to pursue his PhD degree at a nursing school. But, for Thayer, the decision was all about the people. He knew he would get to work with impressive faculty whose areas of study directly aligned with his. And he recognized that nursing was the best of both worlds, a combination of science and methodology with hands-on application and care. So, he joined a steady trickle of non-nurse PhD candidates or postdocs that's increased as the Johns Hopkins School of Nursing's PhD program has expanded its depth and reach.

"I kept an open mind about where to go to school," explains Thayer, the former psychology major and public health grad. "When I was getting my master's degree in public health, I learned a lot about methodologies and I knew I wanted to go into research. But I wanted a place where I could actually apply what I had learned. The Johns Hopkins School of Nursing was my opportunity."

In a program full of nurses, Thayer admits that he often stumbles over some of the

profession's acronyms but, besides that, says he feels right at home.

"We can get caught up in the disciplines and think, 'If you're a nurse, you must be against physicians, or vice versa.' But when you consider the pursuit that we are all engaged in, to take care of people, the categorizations are not that important. For me, where I picked to do my PhD had to do with the group of people I wanted to work with, and I couldn't have found a group of better people in a better place."

Now in his third year of the program, Thayer is working to develop a decision aid for patients with advanced-stage prostate cancer, past the point of a cure. People are often faced with difficult treatment decisions that have no proven right or wrong answer. With the tool, patients are guided through what treatment options look like, openly disclosing their risks, costs, and benefits. The goal is to draw out what is most important in the treatment they choose.

"If successful, there's potential that one day something like this could be incorporated into the electronic health record. The more we are able to assign numbers and objective measures to health preferences, the better we will become at developing algorithms that facilitate machine learning, predict these types of decisions, and advance the future of care."

"WE CAN GET CAUGHT UP IN THE DISCIPLINES ... BUT WHEN YOU CONSIDER THE PURSUIT THAT WE ARE ALL ENGAGED IN, TO TAKE CARE OF PEOPLE, THE CATEGORIZATIONS ARE NOT THAT IMPORTANT."



More research from the Johns Hopkins School of Nursing is on Page 22 and online at **MAGAZINE.NURSING.JHU.EDU/CELLS**

Push!

Jarvia Meggett provides a voice for at-risk mothers, for fellow students, and for what is right.

BY STEVE ST. ANGELO

Jarvia Meggett has been a nurse since the second grade in Charleston, SC. Semantics and accreditations aside, she basically entered the world with a plan—cemented by an elementary school career day—that’s brought her all the way to the MSN (Entry into Nursing) Program.

It wasn’t the influence of other nurses in the family (her older sister, now a nurse as well, copied her, Meggett insists). She just knew. And having sprung from “a very, very outspoken family,” her career intentions were established loudly and clearly. After her grandparents died of complications from diabetes, she became determined not just to treat but to prevent such suffering. Later, she became health care proxy to a cousin with breast cancer.

She was an undergrad at the University of South Carolina, then earned a master of public health degree at the University of Michigan and dug in as a researcher, particularly on diabetes. She loved it, but something was missing: “The patient interaction, the relationship building, getting to know patients beyond what I see [on a chart or in the data].” And something was not: “Goodbye to all that snow.”

Hello, Maryland and Johns Hopkins, where she’s found a calling (maternal/doula care via Birth Companions) and reasserted

her voice, as president of the Nursing Student Senate.

Her leadership is fueled by an idea she first learned about in Michigan: imposter syndrome. This she describes as diverse individuals brought with good intentions into a system yet remaining outsiders. Meggett had never put a name to the feeling, nor had it stopped her from speaking her mind. But she knows it does keep individuals and organizations from maximizing their potential. So if you can’t find your own voice, maybe hers will do. Meanwhile, she works to build bridges between the Black Student Nurses Association and Asian Pacific American Nursing Student Association, for instance, so that no group feels unembraced.

Her maternal-care focus is likewise driven by inequities. Too many black women die during childbirth because they are not being seen, heard, or trusted to know their own bodies. Possibly because, unlike tennis superstar and millionaire Serena Williams—a fine-tuned athlete—they cannot force the issue.

Meggett is ready to. After earning her MSN, she hopes to become a doctor of nursing practice. DNs are fixers. And unfairness demands an outspoken response. Even a second grader knows that. ■

To learn more about the Birth Companions program, visit [NURSING.JHU.EDU/BIRTHCOMPANIONS](https://nursing.jhu.edu/birthcompanions)

MEGGETT’S MATERNAL-CARE FOCUS IS DRIVEN BY INEQUITIES. TOO MANY BLACK WOMEN DIE DURING CHILDBIRTH BECAUSE THEY ARE NOT BEING SEEN, HEARD, OR TRUSTED.



PHOTO BY CHRIS HARTLOVE



PHOTO BY CHRIS HARTLOVE

What Nourishes the Soul

When she finally leaned in, DNP student found fulfillment in nursing.

BY STEVE ST. ANGELO

The Asparagus Growers Association's loss has been nursing's big gain.

Neysa Ernst, MSN, RN, a DNP student in the executive track, has been earning a lot of initials and a lot of responsibility at Johns Hopkins for someone who at one time wanted no part of nursing. Ernst grew up in inner-city Philadelphia, one of six children. Dad knew the value of a steady job. "My father always wanted me to be a nurse, and at that time nursing to me was the least attractive career. They all looked so unhappy. 'Daddy, look at those people, wearing their pajamas [scrubs], they don't have any makeup on ... I am far too glamorous for that job.'"

When he kept pushing, she pulled a fast one, taking a scholarship from the asparagus folks to earn a degree in food marketing from St. Joseph's University in Philly and went to work for the likes of Johnson & Johnson, Sysco, and Sheraton Hotels. She traveled the country. A younger sister fulfilled Dad's wish and became a nurse. Whew. Still, as they together cared for an aunt, Sis offered as how Neysa was a natural. One sunny day in Annapolis, "the only other person at an Irish bar" was a fellow in medical sales who declared to Ernst and her husband, apropos of nothing, that if he had it to do over again, he'd persuade his wife to go into nursing.

Whatever. Back at her beautiful office in Columbia, overlooking a lake, Ernst figured

she already had it all. Of course, her mother called to correct her: "You are not happy with what you do. All the stuff you're doing is meaningless. ... You have to go back to school and get a nursing degree."

As Ernst explains, "You take the hint. I wasn't going to wait for a burning bush or the Blessed Mother to come down and be, like, 'Neysa Ernst, This Is Your Life.' " In 2012, she helped open Halsted 4, a 14-bed adult inpatient unit at Johns Hopkins Hospital, and today she is nurse manager of the hospital's Biocontainment Unit on Osler 8. Read more about the unit on Page 35.

Unhappy nurses? Not on her watch. She cites JoAnn Ioannou, a DNP grad who once ran Osler 4's nursing staff ("the teamwork was so amazing"), Kelly Caslin, a current DNP candidate, and Karen Haller, former VP of nursing, as the voices of wisdom behind her own leadership style: strong, smart, supportive, no micromanaging.

"Karen told me to take the toughest job you can find in the very beginning because everything will be easy after that." As a nurse, Ernst has found purpose and meaning. It isn't always glamorous. She takes out the trash: "I don't ask my team to do anything I wouldn't do." That includes happily wearing her pajamas to work just like everybody else. ■

Read more profiles from the We Are All East Baltimore series at **MAGAZINE.NURSING.JHU.EDU/MEETUS**

"MY FATHER ALWAYS WANTED ME TO BE A NURSE, AND AT THAT TIME NURSING TO ME WAS THE LEAST ATTRACTIVE CAREER."

SPRING 2020

RESEARCH HIGHLIGHTS

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

(*Asterisk denotes lead author)

MENTAL HEALTH

“A 12-Week Evidence-Based Education Project to Reduce Cardiovascular and Metabolic Risk in Adults with Serious Mental Illness in the Integrated Care Setting,” Ashley Fenton, Phyllis Sharps, Karan Kverno, and colleagues
—*JOURNAL OF THE AMERICAN PSYCHIATRIC NURSES ASSOCIATION*

PALLIATIVE CARE

“Health-related Quality of Life and Its Predictors in Korean Patients with Myocardial Infarction in the Acute Phase,” Hae-Ra Han & colleagues
—*CLINICAL NURSING RESEARCH*

“Loneliness Among Cancer Caregivers: A Narrative Review,” Paula Nersesian & colleagues
—*PALLIATIVE AND SUPPORTIVE CARE*

VIOLENCE & TRAUMA

“Associations Among Neighborhood Greenspace, Neighborhood Violence, and Children’s Asthma Control in an Urban City,” Kelli DePriest*, Arlene Butz, Nancy Perrin, Deborah Gross, and colleague
—*ANNALS OF ALLERGY, ASTHMA, & IMMUNOLOGY*

“Longitudinal Impacts of an Online Safety and Health Intervention for Women Experiencing Intimate Partner Violence: Randomized Controlled Trial,” Nancy Perrin, James Case, Nancy Glass & colleagues
—*BMC PUBLIC HEALTH*

PARENTING

“Executive Function in the Adolescent Mother-Grandmother Dyad and Development of the Young Child,” Demali Wilson*, Chakra Budhathoki, Deborah Gross & colleagues
—*JOURNAL OF CHILD AND FAMILY STUDIES*

“What Is Parent Engagement in Early Learning? Depends Who You Ask,” Deborah Gross*, Amie Bettencourt, Kathryn Taylor, Lucine Francis, Kelly Bower & colleague
—*JOURNAL OF CHILD AND FAMILY STUDIES*

“Evaluating Implementation Fidelity of a School-Based Parenting Program for Low-Income Families,” Amie Bettencourt*, Deborah Gross & colleague
—*JOURNAL OF SCHOOL OF NURSING*

“Financial Incentives for Promoting Participation in a School-Based Parenting Program in Low-Income Communities,” Deborah Gross* & Amie Bettencourt
—*PREVENTION SCIENCE*

EDUCATION

“Is It Time for the 4th P in Nurse Practitioner Education? Physical Assessment, Pharmacology, Pathophysiology, and Procedures: A Systematic Review,” Timian Godfrey, Darryn Dunbar, Kristen Brown, Rita D’Aoust & colleagues
—*JOURNAL OF THE AMERICAN ASSOCIATION OF NURSE PRACTITIONERS*

“Mentoring in Research-Focused Doctoral Nursing Programs and Student Perceptions of Career Readiness in the United States,” Paula Nersesian*, Maan Isabella Cajita & colleagues
—*JOURNAL OF PROFESSIONAL NURSING*

“Views of Regulatory Authorities on Standards to Assure Quality in Online Nursing Education,” Sabianca Delva*, Manka Nkimbeng, Sotera Chow, Susan Renda, Hae-Ra Han, and Rita D’Aoust
—*NURSING OUTLOOK*

PRACTICE

“Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being by the Committee of Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being,” Cynda Rushton & colleagues
—*NATIONAL ACADEMIES PRESS*

AGING

“Longitudinal and Reciprocal Associations Between Financial Strain, Home Characteristics and Mobility in the National Health and Aging Trends Study,” Laura Samuel*, Sarah Szanton & colleagues
—*BMC GERIATRICS*

“Living in the Community with Dementia: Who Receives Paid Care?” Sarah Szanton, Bruce Leff & colleagues
—*JOURNAL OF THE AMERICAN GERIATRICS SOCIETY*

“Attention Control Group Activities and Perceived Benefit in a Trial of a Behavioral Intervention for Older Adults,” Sarah LaFave*, Marianne Granbom, Sarah Szanton & colleagues
—*RESEARCH IN NURSING & HEALTH*

CANCER

“Recruiting African Immigrant Women for Community-Based Cancer Prevention Studies: Lessons Learned from the AfroPap Study,” Jocelyn Cudjoe*, Ruth-Alma Turkson-Ocran, Yvonne Commodore-Mensah, Manka Nkimbeng, and Hae-Ra Han
—*JOURNAL OF COMMUNITY HEALTH*

WOMEN’S HEALTH

“The Impact of a Nurse Mentoring Program on the Quality of Labour and Delivery Care at Primary Health Care Facilities in Bihar, India,” Nicole Warren & colleagues
—*BMJ GLOBAL HEALTH*

AJN Books of the Year

Two books authored or edited by Johns Hopkins School of Nursing researchers earned Book of the Year awards for 2019 from the *American Journal of Nursing*.

The Oxford Textbook of Palliative Nursing features chapters authored or co-authored by Assistant Professor Rebecca Wright, Associate Professor Valerie Cotter, and DNP student

Vanessa Battista, and earned its award in the Advance Practice Nursing category.

Moral Resilience: Transforming Moral Suffering in Healthcare, edited by Professor Cynda Hilton Rushton, won in the Professional Issues category.

Both books are from Oxford University Press. ■

VA Buys into Danger Assessment

The Danger Assessment, a groundbreaking instrument that assesses the risk of an abused woman to be seriously injured or killed by an intimate partner, is now being offered to all Veterans Administration (VA) clinical staff thanks to a licensing agreement with the Johns Hopkins School of Nursing.

Professor Jacquelyn Campbell, PhD, RN, FAAN, creator of the Danger Assessment, led a training session in November at the VA offices in Baltimore, attended or livestreamed by more than 800 VA clinical staff nationwide. VA employees can access Campbell’s recorded training session to obtain certification.

“The VA recognizes the Danger Assessment as the gold standard of lethality assessments,” says LeAnn Bruce, PhD, national program manager of the VA’s Intimate Partner Violence Assistance Program.

The online Danger Assessment training and certification typically costs \$150 per person (and is available at dangerassessment.org). Campbell also offers live trainings across the nation.

“It’s just an awesome opportunity,” says Campbell, who developed the Danger Assessment in 1986. She notes that studies suggest combat veterans diagnosed with PTSD have a higher prevalence of intimate partner violence. “PTSD doesn’t cause domestic violence but can make it worse,” she says. ■

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CHRONIC CARE

“High Coping Self-Efficacy Associated with Lower Odds of Pre-Frailty/ Frailty in Older Adults with Chronic Disease,” Melissa Hladek*, Jerilyn Allen, Sarah Szanton & colleagues —*AGING & MENTAL HEALTH*

“High Coping Self-Efficacy Associated with Lower Sweat Inflammatory Cytokines in Adults: A Pilot Study,” Melissa Hladek*, Sarah Szanton & colleagues —*BIOLOGICAL RESEARCH FOR NURSING*

“A Systematic Review of Community Health Center Based Interventions for People with Diabetes,” Hae-Ra Han*, Siobhan McKenna, Manka Nkimbeng, Patty Wilson, Sally Rives, Olayinka Ajomagberin, Mohammad Alkawaldeh, Kelli Grunstra, Phyllis Sharps & colleague —*JOURNAL OF CARDIOVASCULAR HEALTH*

“Shifting Paradigms to Build Resilience Among Patients and Families Experiencing Multiple Chronic Conditions,” Sarah Szanton*, Hae-Ra Han, Jacquelyn Campbell, Nancy Reynolds, Cheryl Dennison Himmelfarb, Nancy Perrin & Patricia Davidson —*JOURNAL OF CLINICAL NURSING*

“Nurse Case Management to Improve The Hepatitis C Care Continuum in HIV Co-infection: Results of a Randomized Controlled Trial,” Laura Starbird*, Chakra Budhathoki, Hae-Ra Han, Nancy Reynolds, Jason Farley & colleague —*JOURNAL OF VIRAL HEPATITIS*

TECHNOLOGY

“Evaluation of miLINC to Shorten Time to Treatment for Rifampicin-Resistant Mycobacterium Tuberculosis,” Jason Farley*, Hyejeong Hong, Kelly Lowensen & colleagues —*INTERNATIONAL JOURNAL OF TUBERCULOSIS AND LUNG DISEASE*

“Social Media and Drug Resistance in Nursing Training: Using a Twitterchat to Develop an International Community of Practice for Antimicrobial Resistance,” Rebecca Wright, Patricia Davidson & colleagues —*JOURNAL OF CLINICAL NURSING*

“Returning to Our Roots: The Use of Geospatial Data for Nurse-Led Community Research,” Kelli DePriest* & colleagues —*RESEARCH IN NURSING & HEALTH* ■

**Happy Participants
for Better Research**

There’s no better advertisement than a satisfied customer. So the Recruitment Innovation Unit, led by Professor Cheryl Dennison Himmelfarb, is tracking the “user experience” of clinical trials and other research projects. It’s a way of making sure that the individuals so crucial to so much research at Johns Hopkins are happy they took part, and perhaps even recommend participation in research to friends and family.

Every six months, 500 recent participants are chosen at random for a survey on things like the informed consent process, interaction with the research team, and issues that would be important for them in a future study. Those anonymous results are made public. (Results are available back to July 2016.) In the most recent survey, 96 percent of participants indicated that they would recommend joining a research study to their friends or family.

The idea is that these data inform the Recruitment Innovation Unit services and research teams’ approaches to improve participant experience and recruitment success. Dennison Himmelfarb and her team at the Johns Hopkins Institute for Clinical & Translational Research (ICTR) need to know about any issues with the process so concerns can be addressed and the results remain positive. For example, participants stressed the importance of receiving a summary of the overall research results, informing Dennison Himmelfarb and her team to work with study teams across Hopkins to promote this practice.

“When you make the process convenient and transparent, people will give you honest, thoughtful answers,” says Dennison Himmelfarb. “What is working well and where are the opportunities for us to do a better job? And they want to know that we are using their feedback to make improvements. People really want the experience to be better for themselves in the future and for others who will follow.”

“We have to value our participants as our partners,” explains Liz Martinez, research participant advocate. “We need to acknowledge their contributions and show our appreciation by making the experience positive. I think we are doing a pretty good job, and the data are showing that.” ■



ILLUSTRATIONS BY DECUE WU

The Healing Path

U.S. providers have been slow to embrace the practices of Eastern medicine. But researcher Chao Hsing Yeh has helped plant the seed on auricular point acupressure as a non-opioid pain reliever, and it's taking root.

Descriptions of auricular point acupressure might at first feel odd to the Western ear: Put a seed (or other small pellet) against the ear. Press, repeat, get welcome relief. It is far from the first of Eastern medicine's innovations to be slowly, reluctantly accepted by the Western health industry. But the simple, inexpensive treatment for chronic pain and a variety of cancer symptoms—fatigue, nausea, vomiting—as well as insomnia, depression, and various other ailments is erasing skepticism as it builds promise as an alternative to dangerously addictive opioids and other pharmaceuticals.

Associate Professor Chao Hsing Yeh, recipient of the Johnson & Johnson Nurses Innovate Quickfire Challenge award and riding a wave of success in grant funding from the National Institutes of Health and American Cancer Society, recognizes the roadblocks and the doubt but goes with the flow. Her own focus on auricular point acupressure stems from her earlier, sometimes frustrating work with pediatric cancer patients. Many of these children refused the treatment over body image concerns. Having lost their hair, they figured, the now very visible treatment would make them stand apart from peers even more. This despite the relief auricular point acupressure (APA) offered. Yeh felt powerless to help them. “It’s such a big deal, because these kids need to heal, and you can’t sleep because of the pain,” she explains.

Determined to do more, Yeh shifted her research to adults and expanded from chronic pain management to include mood disorders and other ills as APA and methods of implementing the

The simple, inexpensive treatment for chronic pain is erasing skepticism as it builds promise as an alternative to dangerously addictive opioids.

treatment continued to advance. For instance, Yeh is very excited about a smartphone application she has developed that allows patients to incorporate APA into a self-treatment plan to manage pain and improve quality of life. She invented the Auricular Point Stimulation device—a concept similar to transcutaneous electrical nerve stimulation (TENS)—which the app controls via Bluetooth. The phone sends signals on a programmed schedule and the device forwards a pulse to tiny electrodes on the ear, which apply pressure.

History

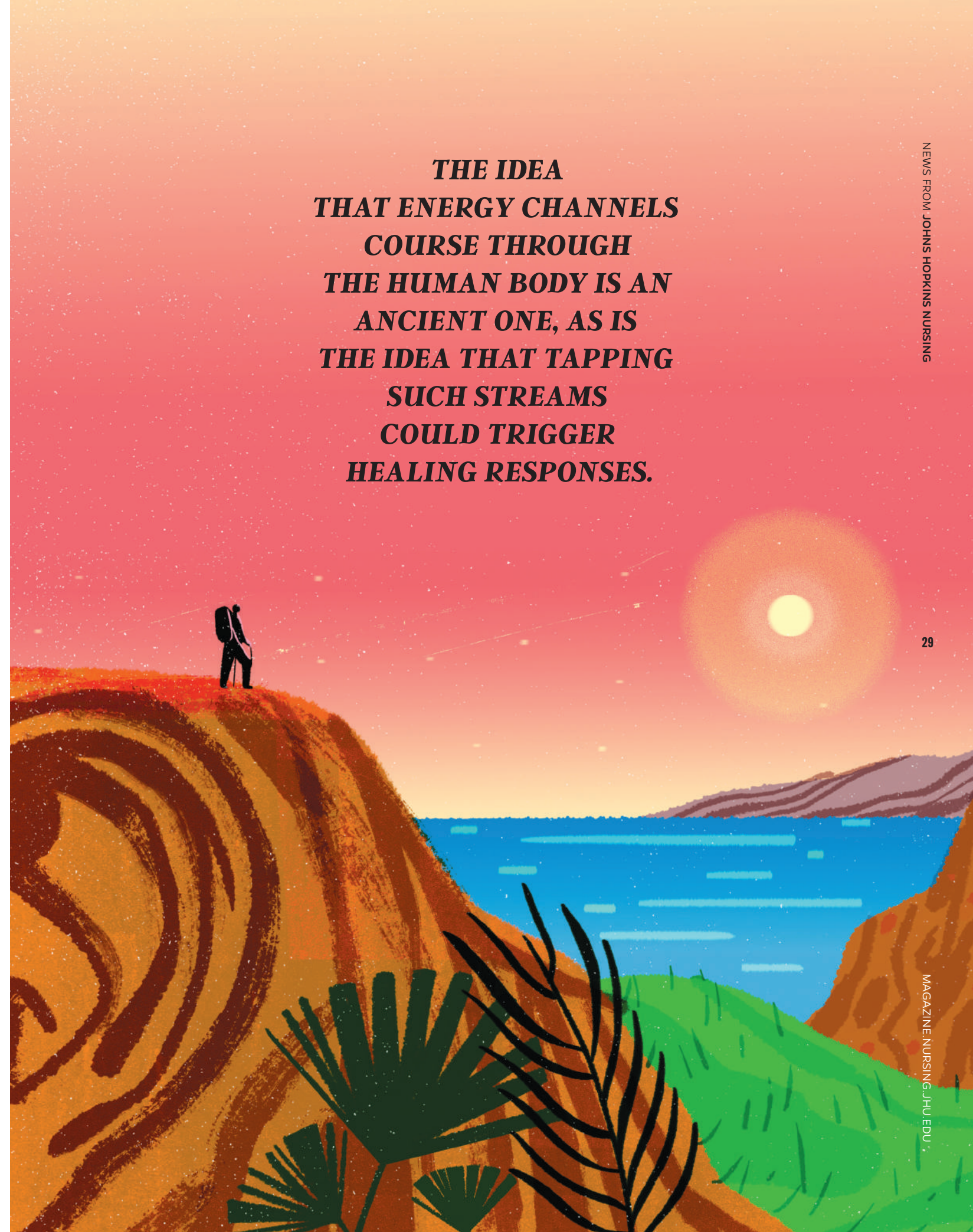
The idea that energy channels course through the human body is an ancient one, as is the idea that tapping such streams—via acupuncture or others means—could trigger healing bodily responses. History traces this knowledge in part to ancient warfare fought with stones and spears: Survivors of such epic battles, pierced and bruised, often reported that chronic conditions had suddenly eased or disappeared altogether, a result credited to an unblocking of the *qi*, or life energy, through their wounds.

According to traditional Chinese medicine, the *qi* is responsible for regulating spiritual, emotional, mental, and physical harmony within the body. This energy moves within invisible channels, or meridians, that connect organs and tissue. Major meridians may touch several systems within the body.

In the 1950s, a French doctor named Paul Nogier turned his research on the body's response to acupuncture into an easy visual guide to auricular points on the ear. Nogier's famed chart featured an illustration of an inverted fetus within the outline of an ear to graphically display that lower points on the ear control the head and neck area, for example, with higher points for the hip, knee, or heel.

Eventually his work made its way back to China. From there, researchers and practitioners further developed what was, in essence, a rail map of the human body. (Pleasure impulses have been shown to reach the brain much faster than pain impulses.

**THE IDEA
THAT ENERGY CHANNELS
COURSE THROUGH
THE HUMAN BODY IS AN
ANCIENT ONE, AS IS
THE IDEA THAT TAPPING
SUCH STREAMS
COULD TRIGGER
HEALING RESPONSES.**



Thus, if you can flood the brain with a rush of endorphins by stimulating the corresponding ear points, the pain train cannot get down the track.)

Acupuncture works the same way as APA but with specialized needles that make self-treatment a formidable challenge. Though it has steadily

“I thought to myself, ‘What’s that little seed gonna do for me?’”



30

gained traction as a pain treatment in the West, the limited number of trained acupuncturists and a lack of insurance reimbursement are significant barriers for Americans hoping to take advantage of the technique. Seeds (or pellets) are considered far less invasive than needles, of course, and offer a great opportunity for self-management. “It is a novel, inexpensive, safe, and non-pharmacological method that can be incorporated in a self-management plan to habitually manage pain,” Yeh says. “It has great potential to improve pain management and reveal a critical pathway to mitigate the opioid epidemic.”

Quick Relief

Skepticism can remain, for 30 seconds or so anyway.

“I thought to myself, ‘What’s that little seed gonna do for me?’ I was very skeptical,” explains Mary Finney, an employee at the School of Nursing who was encouraged to join a study by Yeh on whether acupressure patients could learn to self-apply the seeds, saving a trip to a medical office.

Finney had suffered from debilitating lower-back pain and sciatica for several years, to the point where she had thrown aside her beloved high heels and was even considering a wheelchair. “Sometimes just walking across the street to Johns Hopkins Hospital for an appointment, I’d have to sit down part way there.” She hated popping painkillers but was more frightened by the prospect of surgery, which had been prescribed by an orthopedist. She was desperate. Finney dragged herself and her doubts to see Yeh.

“I couldn’t believe it,” she explains of the treatment. “Dr. Yeh asked me to walk across the room. I could still feel a little twinge, but the pain was like 80 percent gone.” In half a minute. And it hasn’t been back.

It’s not an uncommon response, Yeh reports, explaining that such a study can be considered a success if 30 percent of participants experience positive results. She has been regularly recording positive results in 51 percent to 60 percent of patients. “My participants ask me how they can continue the treatments,” says Yeh, who has pushed her findings about the effectiveness of APA in over 30 peer-reviewed publications.

Brother, Lend Me an Ear

Finney pulls out an acupressure kit that she keeps handy: mainly a short metal probe for easily locating the spots on the ear that trigger a response and a sheet of tear-away, self-adhesive, all-natural vaccaria seeds that Finney buys online. (“It’s really not that hard for you to find the correct points in your ears,” insists Yeh. A how-to video makes it even easier.)

Now a little over a year removed from that first treatment, Finney is a walking testimonial to the benefits of APA. A stroll across campus is no longer a deal- or back-breaker. At a recent family reunion, she pitched the treatment to a sibling who had long suffered lower-back pain much like hers. Then she pulled out her kit. “I loaded him up,” Finney says. Just like that, another believer.

The pharmaceutical giant Glaxo SmithKline has come around as well, having taken note of Yeh’s APS smartphone app and its possibilities for pre- and post-operative care, among many other uses.

Pain Is Essential

Pain is the body’s way of instructing us that something is wrong: Don’t touch hot or sharp things; stop exercising, or you may injure yourself worse. It is also a diagnostic tool for health care providers. “How are you feeling?” can help determine how you are healing. Simply hiding all pain through APA, then, isn’t the idea.

Short-circuiting chronic pain, though, has become a tremendous medical challenge as the population ages, endures more illness (post-chemo neuropathy, Alzheimer’s/dementia, arthritis, etc.),

Short-circuiting chronic pain has become a tremendous medical challenge as the population ages, endures more illness, and demands relief, often in the form of opioids.

and demands relief, often in the form of opioids. (Chronic pain is among the top reasons people file claims for Social Security Disability Insurance.) This has set in motion a dangerous cycle of addictions and overdoses that killed 69,000 Americans from February 2018 to February 2019, according to the Centers for Disease Control, and in the end does little to address pain control.

Yeh and an increasing number of researchers and patients believe the answer lies within these little seeds, ancient Chinese medical theories, a 1950s diagram, and modern innovation via the smartphone. And forget about the little warnings that tend to come with advertising for the latest wonder drug. “There are no side effects,” she says. ■



Chao Hsing Yeh

31

A rapid diagnostic test for malaria “is simple to perform and provides very quick results. Patients suffering from severe malaria ... spend at most 25 minutes [being diagnosed].”



Jenifer Adjei, midwife-in-charge at Ghana's Oda Hospital, greets Charity Kwofie and her 5-week-old daughter during a postnatal care visit.

JH NURSE

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NEWS FROM JOHNS HOPKINS HOSPITAL & AFFILIATES

PHOTO BY EMMANUEL ATTRAMAH FOR PMI IMPACT MALARIA



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Marianne Fingerhood
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TEAMWORK is CONTAGIOUS

Biocontainment Unit's coordination and preparedness drills help spread leadership across JHH.

It's 6 a.m. on a random Saturday morning when the phone rings. Are you ready? Is your dog?

Of course. You're part of the nursing response team for the Biocontainment Unit, or BCU, at the Johns Hopkins Hospital. "All hospital disaster plans are built on nurses responding," insists Neysa Ernst, MSN, RN, nurse manager of the BCU on Osler 8. Adds Jade Flinn, MSN, RN, nurse educator for the BCU, the next big outbreak "is

The stuff is any supply the team could possibly need, when stepping out for more isn't an option.

The staff is 30 nurses—led by Ernst—recruited from units across the hospital, who collaborate with critical care physicians, infectious disease specialists, and infection control epidemiologists to best care for patients on the BCU.

"ALL HOSPITAL DISASTER PLANS ARE BUILT ON NURSES RESPONDING."

not going to happen on Monday at 10 a.m." Hence the timing of the no-notice drills and training completed at least quarterly.

Flinn explains that her job boils down to three S's: The space; the stuff; the staff.

The space is the 7,900-square foot BCU, with three patient rooms, a lab, showers and "don and doff" areas for putting on and removing personal protective equipment. Waste is sterilized and kept out of the main hospital disposal stream, and the ventilation system is separate as well.



"We ask [team applicants], 'Who's going to take care of your dog?' Get all those things worked out," says Neysa Ernst, left, nurse manager for the Biocontainment Unit.

“OUR HOSPITAL AND BCU ARE IN FULL SWING CONTINUING TO PREPARE FOR AN INFLUX OF PATIENTS AS THE NUMBER OF CONFIRMED COVID-19 PATIENTS RISES.”

Flinn's role in the room? “I was also trained as a neuro ICU nurse, so I'm used to making sure the patient is calm, cool, and collected so that we can deliver the most efficient and safe care.” All while she's churning inside: “I'm an adrenaline junkie. ... The ultimate reward is obviously to go through one of these things [successfully isolating and treating patients with highly contagious illnesses].” But knowing she's got all three S's handled—and the team does too—is nearly as big a thrill as saving a life.

(At the publication deadline for this magazine, COVID-19 was continuing its spread across the

globe but had not brought its first patient to the BCU. “Our hospital and BCU are in full swing continuing to prepare for an influx of patients as the number

of confirmed COVID-19 patients rises in Maryland and our surrounding states,” Flinn reported.)

Not everyone is cut from the same cloth as Ernst and Flinn, and they understand that. They don't want to judge. They want to be able to depend on you, period. “We ask them, ‘Who's going to take care of your dog?’ Get all those things worked out,” Ernst says.

Team members self-select, with Ernst asking for a two-year commitment at minimum for the sake of continuity. Word of mouth from those who've been on the team is invaluable. But Flinn also





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isn't above a little recruiting via swag. “We have this really cool gear with our logo on it. People are, like, ‘Hey, that's a really cool T-shirt.’ ” The team member then gets to rave about the experience.

Not all organizations work this way. Ernst points out a hospital whose ICU nurses are simply expected to be on call for biocontainment duty. That's far easier, of course. “We are so lucky to have an institution that understands the model.”

BCU nurses continue working in their regular positions throughout the hospital, which Flinn says makes all the drills and training in the BCU even more valuable to the overall institution. “We give back to Johns Hopkins by preparing 30 nurses with disaster planning experience who grow as leaders in their own departments all across the hospital.”

The BCU serves the U.S. Department of Health and Human Services Region 3, which includes Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and Washington, DC. It's a lot of

“WE GIVE BACK TO JOHNS HOPKINS BY PREPARING 30 NURSES WITH DISASTER PLANNING EXPERIENCE WHO GROW AS LEADERS IN THEIR OWN DEPARTMENTS ALL ACROSS THE HOSPITAL.”

space to cover, which brings in Johns Hopkins Lifeline to transport patients to East Baltimore and through the bowels of the hospital to Osler 8. Yes, it's intense. It's where all the training and coordination pay off. Space, stuff, and staff, with nothing taken for granted. “We even have special containment devices for [transporting] patients so that if one of them were to vomit, for instance, it would not get into the environment,” explains Flinn. ■



DAISY AWARD WINNERS

The DAISY Award recognizes Johns Hopkins Hospital nurses for skilled, compassionate care that goes far beyond the call of duty.

DAISY AWARD QUESTIONS?

For questions about the DAISY Award or to nominate a nurse, contact DAISYAWARD@JHMI.EDU

January 2020 | Cindy Ryan

Cindy Ryan's care for one patient was so extraordinary, it not only led the patient's husband to nominate her for a DAISY Award, it also inspired him want to "become a team member in such a loving hospital." The heartwarming nomination letter illustrates Ryan's natural ability to help a patient open up, trust, and, most importantly, heal. "Mrs. Cindy is not just helping her get well and recover, but also helped her to recognize life is worth living and to love doing so," the letter reads.

December 2019 | Kellie Le

On any given night, pediatric emergency nurse Kellie Le may care for a number of patients and families in distress. However, her impact on one new mother made such an impression that it earned her a DAISY Award. "Her heart is so pure and you absolutely, without a doubt, know her passion is for nursing and children. She checked in on us, and me, frequently. She not only explained everything she was doing but offered that I come and watch so that I felt comfortable with everything that was going on."

November 2019 | Yesenia Eisenhardt

After a long, challenging shift, Eisenhardt stayed well beyond her departure time to console a patient. She was nominated by a fellow nurse who witnessed the act of grace and compassion: "Yesenia found enough in herself left to be a stranger's emotional anchor for a few more hours—and she gave it. Walking by her that evening and realizing what she was doing, and the emotional and mental fortitude it must have taken to do, it made me want to try harder."

October 2019 | Lisa Riendeau

A nurse from the Epilepsy Monitor Unit, Zayed 12 East, Lisa Riendeau was nominated by the wife of a patient who described her as "a truly caring and dedicated nurse" and going above and beyond to be "an advocate for my husband." Not only were all of Riendeau's colleagues and members of the hospital's leadership team there to surprise her with the award, the patient and his wife were able to attend as well, which made the celebration that much more meaningful.

September 2019 | Kate Whitney

Hospital stays can be scary and stressful, especially for a high-risk patient who is alone and doesn't speak English. One such patient in the labor and delivery unit was lucky enough to have Kate Whitney, fluent in Spanish, as her nurse. Not only did Whitney break down barriers during the patient's stay, "Kate went above and beyond to support this patient, including staying late, washing her hair, and was even considering interrupting her vacation to come in for the patient's procedure." ■

Images of other JHH DAISY Award winners are at **MAGAZINE. NURSING. JHU/DAISY**



Top left: Michael Mugo of Johns Hopkins Bayview Medical Center accepts his award from Dean Patricia Davidson. Above: Michelle Patch and Amy Stewart with Peter Rosenwald, who along with his wife sponsors two awards.

Shining Stars

Congratulations to the Evening With the Stars winners from the Johns Hopkins Medical Institutions! Quotes are from nomination letters.

ELSIE P. JARVIS STAR:
PHILOMENA COSTABILE, RN

“I cannot think of anyone in the Johns Hopkins PICU or Critical Care Transport Team who has not been positively impacted by Phil’s contagious enthusiasm, dedication to patients, families, and the medical team, her passion for teaching and for providing the best clinical care to the sickest children.”

ROSENWALD ICU NURSE: AMY STEWART, RN II

“Amy puts her personal touch on each and every one of her [Johns Hopkins Hospital] patients and when arriving at work each day, brings with her not only compassion and positive energy, but a contagious happiness.”

ROSENWALD NURSE INNOVATOR:
MICHELLE PATCH, PHD, MSN, APRN-CNS

After a Johns Hopkins Hospital colleague was assaulted by a patient with an unshared history of violence, Michelle Patch coordinated with Emergency Medicine, Psychiatry, Legal, and IT to lead a response that became Behavioral Alerts, since adopted across the health system. “Michelle is one of the unsung heroes of Johns Hopkins.”

CONCATO NURSE PRECEPTOR:
MICHAEL MUGO, RN

Michael Mugo, a trusted leader on the Acute Psychiatric Unit at Johns Hopkins Bayview, is dedicated as a preceptor to student nurse externs having the most valuable experience by exposing them to policy as well as practice and, above all, teamwork. “He always puts the needs of the team before his own.” ■



A Rapid Sense of Calm

Nurses and midwives lead Ghana's drive to diagnose and treat malaria in pregnancy.

BY EMMANUEL ATTRAMAH

These days, when Jenifer Adjei arrives at Oda Hospital, she marvels at the relative peace and quiet that greet her when she walks through the door midday to begin her 12-hour shift as midwife-in-charge.

The number of pregnant women on her labor ward hasn't decreased; this afternoon she counts 51, a dozen of whom are likely to deliver before her shift ends. But the commotion quotient is markedly diminished here and throughout the facility, compared with months and years past. She attributes this change directly to improved malaria case management as practiced by the nursing and midwifery staff.

Nurses' and midwives' competence in implementing malaria rapid diagnostic tests (RDTs) has been a key initiative of the U.S. President's Malaria Initiative (PMI) Impact Malaria Project to support Ghana's National Malaria Control Program. Oda Hospital, which serves over 150,000 people living in the Birim Central Municipality of the Eastern Region of Ghana, was prioritized as a high-burden facility that would benefit from malaria case management training.

A midwife since 2008, 30-year-old Adjei is all too familiar with the ravages of malaria, especially how it affects pregnant women and babies. Worldwide, more than 25 million pregnant women are at risk for malaria and 11 percent of all newborn deaths are caused by malaria that occurred in pregnancy. By subscribing to the World Health Organization's framework for scaling up malaria diagnostic

testing, treatment, and tracking, Ghana has made substantial gains with malaria-attributable deaths (of all people) declining to 249 in 2019 from 1,565 in 2015. But health facilities serving remote areas often have limited access to good-quality microscopy services and therefore lag in terms of progress. Oda Hospital was among the facilities that reported low adherence to global guidelines for best practices.

During the weeklong training in March 2019, led by Jhpiego, Adjei and other hospital department heads identified their facility's top challenges. Chief among them was a persistent delay in diagnosis and treatment of patients presenting with fever and other symptoms of malaria.

Adjei noted that it wasn't uncommon for feverish women on the labor ward to languish for several days, growing increasingly sick as they waited on doctors to arrive or for test results to come back, all contributing to chaos, confusion, and suffering.

She and others also singled out the non-testing of suspected malaria before treatment, citing countless times when patients with fevers were treated with antimalarials without any prior testing—a dangerous and wasteful practice. It not only increases the risk of antimalarial resistance and fetal loss among pregnant women, but also dips into already constrained pharmaceutical resources.

The training directly addressed the shortage of doctors by empowering nurses and midwives to diagnose malaria and, in some cases, treat it. Adjei, for instance, learned how to perform an RDT, calculate a precise dosage, and administer proper treatment, whether via injection or pill. She maintains a stock of RDTs on the ward, whereas they previously were available only in the laboratory. RDTs assist in the diagnosis of malaria by quickly detecting evidence of malaria parasites in human blood without having to send a blood sample to a laboratory.

During a series of three mentorship visits following the formal training, the Impact Malaria team supported Adjei and her colleagues onsite at Oda Hospital to supervise other providers in the use of RDTs at point-of-care. Subsequently, Adjei led her team of 16 midwives in on-the-job trainings in the

Midwives at Ghana's Oda Hospital watch and learn as Jenifer Adjei, midwife-in-charge, performs a rapid diagnostic test for malaria on Janet Dede, a pregnant patient.

outpatient and antenatal care departments and on various wards.

With nurses and midwives able to detect malaria and prescribe and provide holistic care, patients no longer need to wait for days for doctors to manage the process of diagnosis and treatment.

“RDT is simple to perform and provides very quick results,” Adjei says. “Patients suffering from severe malaria ... spend at most 25 minutes [being diagnosed].”

Significantly reduced patient wait times and decreased pressure on laboratories allow for overall improved quality of care, Adjei says, “and our antimalarial medicines are now used rationally.”

The presumptive treatment of malaria at Oda Hospital has dropped to zero from 60 percent, which means that every single patient who shows signs of malaria now undergoes microscopy or RDT before treatment. Notably, Oda Hospital has recorded zero malaria deaths from January 2018 through January 2020, according to the Ghana Health Service District Health Information Management System.

Adjei is among 1,200 health workers in 37 high-burden health facilities across Ghana to benefit from malaria case management training. With the goal of universal testing of suspected malaria cases, 17,475 health workers in 2,140 health facilities across Ghana are expected to receive onsite training and supportive supervision.

“Nurses and midwives here are very proud to offer timely relief to the hundreds of patients presenting



PHOTO BY EMMANUEL ATTRAMAH FOR PMI IMPACT MALARIA

with symptoms of malaria every day,” Adjei says, adding that the emphasis on rapid diagnosis and treatment of malaria frees her up to do what she loves best.

“I really love getting to know my patients, sharing in the awesome moments and supporting them through tough times too.” ■

Emmanuel Attramah is the knowledge and communications officer for PMI Impact Malaria (IM) Ghana. PMI Impact Malaria is led by Population Services International in partnership with Jhpiego, Medical Care Development International and the Malaria Elimination Initiative at UC San Francisco.

Contributors: Amos Asiedu, surveillance, monitoring and evaluation adviser, IM Ghana; Pius Affipunguh, regional technical adviser, IM Ghana; Eric LaFary, Peace Corps volunteer; and Anne Bulchis, IM communications manager.

WORLDWIDE ... 11 PERCENT OF ALL NEWBORN DEATHS ARE CAUSED BY MALARIA IN PREGNANCY.

The first-ever State of the World's Nursing report and State of the World's Midwifery 2020 report "will be very enlightening for the school as it plans education programs and opportunities for students in the future."



Kari Kimura and Muriel Richardson at a student-alumni event.

VIGILANDO

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—Misti Price, Patient Safety and Healthcare Quality MAS program

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Students, alumni, and faculty mingle at a Johns Hopkins School of Nursing event.

ALUMNI UPDATE

JANE W. BALL, DRPH, MPH, RN



Dear Alumni,

An important global health care focus is the declaration by the World Health Organization (WHO) that 2020 is the Year of the Nurse and the Midwife. This declaration was timed to honor the 200th birth anniversary of Florence Nightingale. To accompany the declaration, the WHO is leading the development of the first-ever State of the World's Nursing report, and it is a partner in the State of the World's Midwifery 2020 report.

More about the World Health Organization's Year of the Nurse and the Midwife are at MAGAZINE.JHU.EDU/NURSEMIDWIFE

The mission of the Johns Hopkins School of Nursing (JHSON) is to improve the health of individuals and diverse communities locally and globally through leadership and excellence in nursing education, research, practice, and service. Information from these reports will be very enlightening for the school as it plans education programs and opportunities for students in the future.

JHSON has been designated as a WHO Collaborating Center. The Global Alliance for Nursing and Midwifery is a joint project sponsored by the Pan American Health Organization and the WHO Collaborating Center for Nursing Knowledge, Information Management & Sharing at JHSON. The Global Alliance for Nursing and Midwifery supports a multitude of communities of practice, webinars, blogs, and a library that cover health and development topics aiming to build the capacity of nurses and midwives to improve the health of communities across the lifespan. Many communities host online discussions, feed an online library of resources, and connect persons creating change in all latitudes of the world.

The Year of the Nurse and the Midwife is a major opportunity for JHSON to be actively engaged in promoting nursing and midwifery on a global level.

Please look for special opportunities throughout the year to celebrate the Year of the Nurse and the Midwife. ■

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.

CLASS NEWS

'97 **Michael Frakes (Accel '97)** and Malisa Iannino Frakes welcomed a son, Gabriele Ray, on July 23. He joins his brother Charlie at their home in Mansfield, MA. Michael is the chief quality officer and director of clinical care for Boston MedFlight. Malisa is a clinical nurse in the Newborn Intensive Care Unit at the University of Massachusetts Medical Center.

'06 **Anne-Marie Somerville** completed her doctor of nurse anesthesia practice at Texas Wesleyan University in August 2019. She earned an MSN from the University of North Carolina-Greensboro and her post-master's certificate in nurse anesthesia from Wake Forest University Baptist Medical Center in 2011. In August, she was a presenter at the American Association of Nurse Anesthetists Annual Congress, where she discussed best practices to mitigate emergence delirium in adult patients with post-traumatic stress disorder.

'06 **Erica Wikan** spoke with Inspirational Podcast about offering acupuncture to pregnant patients at a Swedish OB/GYN. Listen here: WARM1069.COM/LEARN-MORE-ABOUT-FERTILITY-SUPPORT-USING-ACUPUNCTURE/

'09 **Katherine Whitlow** received her MPH from the University of Colorado with areas of concentration in community behavioral health and global health. Katherine was also the Daisy Award recipient at Children's Hospital Colorado. DAISYFOUNDATION.ORG/DAISY-AWARD/HONOREES/KATHERINE-WHITLOW

More Class News from Vigilando is at MAGAZINE.NURSING.JHU.EDU/CLASSNEWS

JOHNS HOPKINS IN MEMORIAM

Gertrude Raab Bengtson '45
Joan Urch Huse '60
Margaret Sussmann Izzo '69
Mary Ellen Mackert '52
Alice Kay Potter '46



'11 **Czareyna "Zare" Carcellar** opened Zare MedSpa & Wellness in Nottingham, MD.

'11 **David Hunt, '04, '11**, became senior vice president of the University of Maryland Baltimore Washington Medical Center after serving University Maryland Medical Center for 12 years.

'14 **Deborah Cory** continues to be a leader with the American College of Cardiology (ACC). She is currently working on a journal article on telemonitoring and older adults, a two-day workshop at the ACC's Heart House, and an ACC Scientific Session on telemedicine.

'18 **Roberto L. Roman Laporte** is one of the first 50 people to earn the Evidence-based Practice certification offered by the Helene Fuld Trust National Institute, the only globally recognized EBP-C certificate. ■



Dean Patricia Davidson hosted a dinner for alumni atop the landmark Meier & Frank Building in Portland, OR.



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.



CHURCH NOTES

DEB CORTEGGIANO KENNEDY, '73

REUNION WEEKEND 2020

Be sure and "Save the Date" of October 8-10 for Reunion Weekend 2020. We will once again enjoy the beauty of the Inner Harbor at the Waterfront Marriott in Harbor East. Be sure and watch the CHH Facebook page for more details to register and get the Hotel Reservation Link and discount information. Invitations for the Reunion Weekend are sent to Reunion Year Classes ONLY. We want everyone to attend, so whether this is your 45th, 50th, or 55th year to celebrate, plan to attend and have a great time.

DISTINGUISHED ALUMNI AWARD

Nominations are being accepted for the Church Home & Hospital Distinguished Alumni Award. This award is given to an alumnus who has demonstrated continual excellence in the values and knowledge bestowed upon them as a Church Home graduate. It also recognizes that recipients have incorporated these ideals into their careers and lives as respected caregivers and citizens. Past recipients include Susan Riddleberger, '73 and Kathy Milholland Hunter, '69. Nominations are due by July 1 and can be sent to Deb Kennedy.

A SEAT OF HONOR

Included in the new School of Nursing renovation and expansion will be a Courtyard Oasis. Thank you to Pat Kniffin Roberts, '65 for her generous donation of a bench for the Courtyard that will be named for Church Home Alumni.

2020, THE YEAR OF THE NURSE!

As we enter this decade celebrating it as nurses, and as proud nurses, what better way to greet it than to toast "The Lady with the Lamp" herself? On May 12, Florence Nightingale will turn 200! A very special gift to celebrate the year and honor fellow nurses was provided by Susan Blakeslee Phillips, '73. The Florence Nightingale Museum in London has a Book of Honour for which you can submit photos and information on your favorite nurse that will remain forever. Trips to London should be on everyone's Bucket List to check this out. ■

CHURCH NOTES IN MEMORIAM

Borghild "Berkie" Johnson Bevans, '42
Bettie Jean Knight Howard, '47



'BERKIE' BEVANS: SHE DID US PROUD

Borghild "Berkie" Johnson was a true example of Church Home and Hospital's "Greatest Generation." Upon graduating from the nurses training program in 1942, she and classmates Alma Hackley and Ann Stifler marched into the U.S. Army recruiting office and said, "We'd like to join up, but we'd like to stay together." And they did ... the trio were tent mates throughout World War II, providing care in the 78th Station Hospital in North Africa, Italy, and France, and returning home together in 1945. Berkie remained lifelong friends with many classmates and cherished them dearly.

Borghild Helen Bevans (née: Johnson), Church Home & Hospital Class of 1942, died November 29, 2019. There will be a memorial service at 1 p.m. May 17 at Holy Cross Lutheran Church, 8516 Loch Raven Blvd., Baltimore.

Obituary: [JOHNSON-FOSBRINK.COM/OBITUARIES](https://www.johnson-fosbrink.com/obituaries). ■

Donations to honor Berkie Bevans' nursing legacy as a graduate of the Church Home & Hospital can be made to the Freda Creutzburg Scholarship at the Johns Hopkins School of Nursing: [SECURE.JHU.EDU/FORM/NURSING](https://secure.jhu.edu/form/nursing)

WHAT IS A HOPKINS NURSE?



CYNTHIA THURLOW '00

"Nothing prepares you for being a patient when you are used to being the health care provider," says Cynthia Thurlow, a nurse practitioner, nutrition and intermittent fasting expert, two-time TEDx speaker, and author of Primal Eating.

Yet there she was, a ruptured appendix leaving her bedridden and miserable, but suddenly with a lot of time to ponder holistic approaches to eating and wellness. So, she focused on what had become, after two decades of clinical nursing, her passion: "helping women find wellness through the healing power of nutrition and solving health problems from the inside out." That, and getting well enough to look after her two boys, a husband, and a pair of dogs in the Washington, DC area.

Thurlow, founder/CEO of the Everyday Wellness Project, spent nearly 20 years in emergency medicine and cardiology, where "the power of Western medicine's approach to acute and life-threatening disease and emergencies is undeniable." Still, she did question its approach to chronic health problems. Starting with her own family, she began exploring connections between how and what we eat impacts on well-being. Today, as a wellness speaker, consultant, blogger, podcast manager, and guru to better living through our bodies' natural chemistry,

Thurlow preaches and practices intermittent fasting, eats a diet free of gluten, grains, and dairy, and travels the world for fun and the nation to spread the word to women on living their best lives.

"I have advanced training in functional approaches to support health and wellness. I strongly focus on these concerns with my patients," she says. "One of the most rewarding aspects of being a nurse practitioner and functional nutritionist are the relationships I develop with patients and clients." They know that she understands their health struggles, because she's been there.

Her website is [CYNTHIATHURLOW.COM](https://www.cynthiathurlow.com). ■



Read more nursing journeys at [MAGAZINE.NURSING.JHU/ JOURNEYS](https://www.jhu.edu/magazine)

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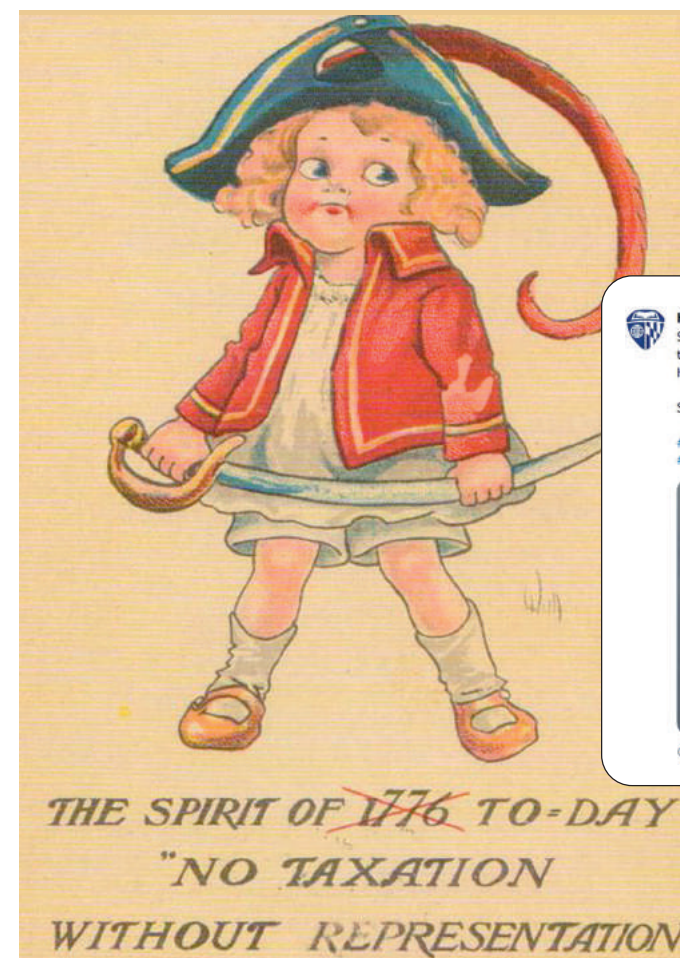
*University Trustee Emeritus

THE BACK PAGE

In 1920, America took a huge if reluctant step forward as women, led in part by pioneering Johns Hopkins Nurses, earned the right to vote. On the facing page, snail-mail postcards and modern tweets celebrate the 100th anniversary of the suffrage movement. Lavinia Dock (1858-1956), a pillar of Johns Hopkins Nursing, wrote the first textbook for nurses on pharmacology, *Materia Medica*. She also was arrested three times for her militant activism on behalf of women's suffrage. The lock-ups did nothing to break her resolve, a fortitude true to the beliefs set down by Isabel Hampton Robb (1859-1910), first superintendent of nurses and principal of the Johns Hopkins Hospital Training School for Nurses and a fighter for the admission of women into the School of Medicine.

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