

# JOHNS HOPKINS NURSING

## Hall of Famers

Researchers Hae-Ra Han, Nancy Reynolds to be inducted

## Cells to Society

A call to action on women leaders; assessing child abuse reports; green neighborhoods and safety

## Hero Dog Has Its Day

Marathon bomb survivor writes book kids—and pups—can relate to

## BALTIMORE *connection*

Researchers build interventions that work for their city and let the pipeline carry these big ideas to the greater world

#1

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**U.S. News** & WORLD REPORT

**NURSING**  
MASTER'S DEGREE  
2019



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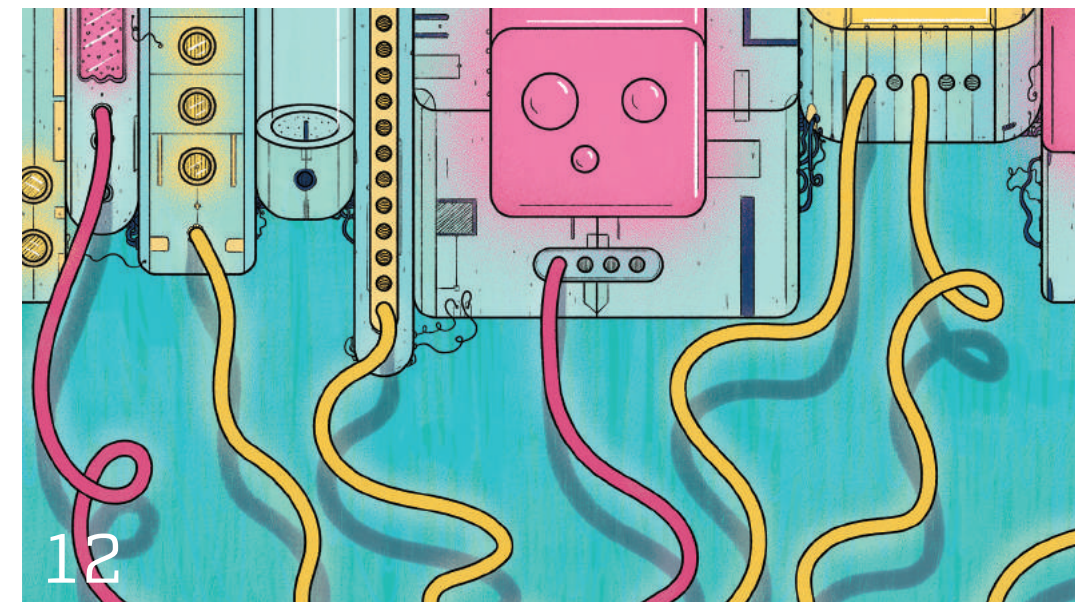
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## LETTER TO THE EDITOR:

## The Big Picture

In newspapers, we'd often scramble for art to match articles and keep pages from becoming big, unreadable masses of gray. We'd dispatch an already busy photographer to capture something last-second. Most of the resulting photos looked as you might expect from a rush job. A few were transcendent, though. In every such case, your editor here would move heaven and earth—and trim lots of words if necessary—to print these photos extremely large. (Truth be told, we sometimes made the worst ones huge as well to give the slackers a little incentive to at least try next time and avoid having their name appear below a monstrosity. Does it work? You bet it does.)

The power of art to move readers and bail oneself out of sticky spots stays with me. For instance, we started off planning for this issue of the magazine with a little dilemma. The young woman who handled the gathering of Class News in the Vigilando section took a job with another organization. The new associate director of alumni

relations, Katie Damaroda, was jumping in midstream. What to do?

Katie had heard updates from a few alums as she introduced herself around. (If you haven't met her yet, drop her a note when you're done reading here—[katie.damaroda@jhu.edu](mailto:katie.damaroda@jhu.edu).) A grad had written a book, so the publicist contacted us. One decided to run for Congress, so we heard about that. All of these items had nice art, and then a wordsmith shared a delightful poem and ... none of this was going to match our very specific Class News format.

So, for this issue anyway, we tossed the format—inspired by previous surprise submissions like the Spring 2016 image below from 2006 classmates Lindsay Bischel and Jes Deputy. The result is a pleasant surprise (P. 35). You might want to make us do it again by sharing your news and your best photos. We probably won't institute a poetry section, but try me.

For this magazine is about you, as life and Johns Hopkins take you from prospective student to student to grad to working nurse to voice of experience to a well-earned retirement, plus all the stages of life in between. The goal is that everybody who picks up an issue of *Johns Hopkins Nursing* can see themselves somewhere within its pages. Do you see yourself here?

Know that you could.

Steve St. Angelo

## Letters to Johns Hopkins Nursing

Email 200 words or fewer to [son-editor@jhu.edu](mailto:son-editor@jhu.edu).

Letters will be edited for length and clarity.

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## Editorial Mission

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

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## NOTES FROM THE DEAN:

## A Busy Intersection



*"It's a thrill to be No. 1 once again, and always gratifying to see our hard work recognized."*

Baltimore is such a wonderful and interesting place to do health care. Here, there are problems you could find most anywhere across the globe. And we've got the greatest minds in nursing, public health, and medicine working interprofessionally to address them.

This issue shares with you a few examples of what we are doing at this intersection of local and global nursing. And it introduces many of you to researchers like postdoctoral fellow Derek Dangerfield, who studies behaviors that put men at risk for HIV ("Comeback Kids," P. 17); and Assistant Professor Bryan Hansen, who seeks ways to prevent patient delirium while easing the strain on families, caregivers, and health care providers in the field of dementia ("Baltimore Connection," P. 12).

Others are seeing the fruits of their research that have absolutely changed health care delivery. Here, we are talking about Professor Cheryl Dennison Himmelfarb ("What Nurses Need to Know: New Thinking on Hypertension," P. 21), who was instrumental in establishing a new way of standardizing care and saving lives, and Professor Cynda Rushton ("Hearts & Minds," P. 18), whose breakthroughs on addressing moral distress among health care workers are saving careers and improving patient care.

There are so many researchers who fit here that singling out just a few is always an imperfect assignment. And so look for more as we start to really build out the research area of the magazine's website.

In the meantime, read on for an update on our building plan ("Building to Change the World," P. 09), which offers great excitement and possibilities along with challenges both usual and unexpected that we will embrace as a community—and laugh about later—while we move nursing education into the future.

The *U.S. News & World Report* rankings just arrived (P. 04). It's a thrill to be No. 1 once again, and always gratifying to see our hard work recognized. It was a team effort. Congratulations to all of the top schools.



Look also for images from another splendid Evening With the Stars (that included a special guest, former Senator Barbara Mikulski) as well as faculty and students in the news ("On the Pulse," P. 04); articles featuring nurses from Johns Hopkins Hospital and its affiliates ("Hopkins Nurse," P. 26); a roundup of scholarly publications ("Cells to Society," P. 24) and a Vigilando section (P. 34) that we hope will inspire you to contribute your own memories and updates in future issues of *Johns Hopkins Nursing*.

Please enjoy this one.

*Crish*

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



# ON THE PULSE

News from **Around the School**

Inside this section:

P. 07

## CUTTING EDGE

Professor Sarah Szanton is named an American Academy of Nursing Edge Runner for her breakthroughs on keeping older people safe and happy in their own homes

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NEWS ROUNDUP: NURSE NAMED PRESIDENT OF HOPKINS HEALTH SYSTEM; BLOG SALUTED

## School Back to No. 1 in U.S. News Rankings



PHOTO BY DANIELLE KRESS

The Johns Hopkins School of Nursing (JHSON) is the No. 1 accredited graduate nursing school in the country, according to the *U.S. News & World Report 2019* rankings. The school also maintained its previous No. 2 ranking for the Doctor of Nursing Practice program.

“We are proud of this accomplishment, both in the rankings and in the opportunities we provide here at Johns Hopkins,” says Patricia Davidson, PhD, MEd, RN, FAAN, dean of JHSON. “This has been a year of impressive growth, graduating the first class of Master of Science in Nursing (MSN) Entry Into Nursing Program students, launching various online options and new programs, recruiting additional faculty, and continuing our tradition of excellence, diversity, and advocacy.”

JHSON remains consistently top ranked across the globe as the No. 3 nursing school in the world by *QS World University*. In 2017, the school announced the Doctor of Nursing Practice (DNP) Advanced Practice/Doctor of Philosophy (PhD) program, the first in the country where students can receive both degrees simultaneously from one school, and finalized the transition of master’s to doctoral programs for nurse practitioner students.

In addition, the school graduated the first-ever Doctor of Nursing Practice program to be delivered in the Middle East, hired 10 faculty, saw five faculty inducted as fellows in the American Academy of Nursing, increased research in the areas of

pediatrics, violence, mental health, substance use, gerontology, and more, and tripled the size of the PhD program since 2015.

“It’s the unrelenting effort of our students, faculty, and staff to be thought leaders and models of excellence that makes our ranking a reality,” says Davidson. “We are ever energized by the growing opportunities to move our profession forward.”

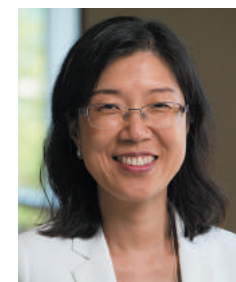
Conducted annually, the *U.S. News & World Report* rankings are determined by weighing peer assessment, program size, student selectivity, faculty resources, research activity, and more. This year’s survey included 296 master’s programs. ■



PHOTO BY SYDNEE LOGAN

## Faculty to Join Nurse Researcher Hall of Fame

Professor Hae-Ra Han, PhD, RN, FAAN, and Associate Dean of Global Affairs Nancy Reynolds, PhD, RN, C-NP, FAAN, have been selected for induction into the Sigma Theta Tau International Honor Society of Nursing International Nurse Researcher Hall of Fame.



“What a fantastic honor and opportunity to join so many other inspiring and innovative leaders in the profession,” says Han, also co-director of the Johns Hopkins School of Nursing’s Center for Cardiovascular and Chronic Care and associate director for implementation of the

Center for Innovative Care in Aging and an adjunct professor at the University of Technology, Sydney. As an advocate for underserved populations, Han researches health literacy interventions to reduce disparities in chronic care, particularly among ethnic minority and immigrant populations. She has studied breast and cervical cancer among Korean Americans and cardiovascular health promotion. “This is a success for minority and immigrant health, on which my research focuses, and recognizes that the work we do as nurses makes a significant difference.”

“Sigma Theta Tau International has a long and distinguished history of supporting excellence in scholarship and the advancement of science.



Funding from Sigma was instrumental in my early development as a researcher,” adds Reynolds, who focuses on the complexities of self-care behavior, treatment engagement, and medication adherence. She has tested interventions that

use low-cost cellphone technology to bring care to vulnerable populations affected by HIV, and she has led NIH-sponsored studies in India, Ghana, and the United States to enhance treatment adherence and health outcomes of HIV-positive women and children. “It is now a great privilege to be among the outstanding nurse researchers whose body of work is recognized by Sigma.”

Also inducted will be JHSON adjunct faculty member Elizabeth Halcomb, PhD, BN (Hons), RN, a professor of primary health care nursing at the School of Nursing, University of Wollongong. Her expertise is in chronic disease, cardiovascular disease, mixed-methods research, and more.

“The impact of their work has been experienced globally, and this is a wonderful achievement for these dedicated, skilled, and enthusiastic nurses,” says Dean Patricia Davidson, PhD, MEd, RN, FAAN.

Han, Reynolds, and Halcomb will be inducted at the organization’s 29th International Nursing Research Congress in Melbourne, Australia in July. ■





## RISING EVERY DAY

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## Professor Sharps and Alum Earn Excellence Awards

Professor Phyllis Sharps, PhD, RN, FAAN, has earned Modern Healthcare's 2018 Diversity in Nursing award, part of that organization's Excellence in Nursing Awards.

"My career has offered me many opportunities to stand for diversity, and I will continue to advocate for the innovation, inclusivity, and excellence that comes from the power of diverse thinking and populations," says Sharps, associate dean for community initiatives and programs and the Elsie M. Lawler chair.

Sharps consults on cultural competency in studies involving African-American communities and has published research on workforce diversity, mentorship of African-American nursing students, and varied ethnic and cultural representation in research. She has received the Johns Hopkins University Diversity Recognition Award, served as a member of its Diversity Leadership Council, and earned the Lifetime Achievement Award in

Education and Research from the Association of Black Nursing Faculty.

"Dr. Sharps' commitment to diversity is evident in everything she does," says Dean Patricia Davidson, PhD, MEd, RN, FAAN. "This is an esteemed honor and well deserved."

### Graduate Saluted

Rachel Nickel, RN, of the University Medical Center in New Orleans, LA, was also recognized by Modern Healthcare as a Rising Star in Nursing. In addition to her work in the medical intensive care unit, Nickel serves as a preceptor. She earned her bachelor of science degree in nursing at Johns Hopkins.

Nickel began her career in 2007 at Johns Hopkins Bayview Medical Center and worked at the NIH Heart Center at Suburban Hospital in Bethesda, MD before joining University Medical Center in 2013. ■

## Aging's Szanton Named Edge Runner

Professor Sarah L. Szanton, PhD, ANP, FAAN, has been named an American Academy of Nursing Edge Runner for her Community Aging in Place: Advancing Better Living for Elders (CAPABLE) intervention. The honor recognizes models of care that influence health, cost, and policy.

Professor Sarah Szanton chats with visitors in the cafeteria during Accepted Students Day.

"Our goal is to test ways to help older adults age where and how they would like," says Szanton, director of the Center for Innovative Care in Aging. "We are thrilled that this approach also has long-term sustainability and cost savings. I'm grateful for the academy's support and the privilege to continue such meaningful work."

CAPABLE combines home visits from a nurse, occupational therapist, and handyman to equip low-income older adults to live more comfortably and safely in their homes through renovations like installing hand rails or lowering shelves.

Results show that CAPABLE decreases disability and depression. It has expanded to 17 cities in 10 states (plus Australia) and received funding from



the National Institutes of Health, the Center for Medicare and Medicaid Services Innovation Center, and the Robert Wood Johnson and Rita and Alex Hillman Foundations.

"This is a stellar recognition of Dr. Szanton's work," says Dean Patricia Davidson, PhD, MEd, RN, FAAN. "It's this sort of innovation and the academy's support that continue to advance health care and accelerate nurses in leadership." ■





# An Evening With the Stars

Clockwise from top left, Staff Excellence Award winner Raphe Reggie and Dean Patricia Davidson; Rosenwald Award winners Karen Pregnall (left) and Carrie Outten with Peter Rosenwald; Deborah Baker with her Heritage Award, Faculty Star Deborah Gross, Preceptor Star Alphie Rahman, Community Outreach Star Katherine Talbert and husband Ernie; Dean's Award winner Elsie Jarvis with son Eugene; Student Star Lou Bartolo with host Omar Jimenez of CNN and, at center, Nurse Star Larissa Bell with Dean Davidson.

## Building Update

Final designs are expected soon for the transformation of the area outside the elevators and what is now Classroom 010 on the Pinkard Building's lower level into a student lounge. This area has been reimagined as a gathering space with refrigerators, microwaves, a "bean to cup" coffee station and a mix of casual and task seating to create an atmosphere as warm and comfortable as it is functional. The transition is expected to be finished by summer.



At about that time, the Courtyard will close, and the school will begin to utilize alternate spaces throughout the East Baltimore campus for teaching, learning, working, and studying as offices throughout

Pinkard are shuffled to make room for construction and renovation. Education should not be affected.

The SON House will be unoccupied by mid-June and prepped for demolition in July, at which point the Courtyard becomes part of a full-fledged construction zone. Entry into Pinkard by Jay's Café will be restricted. Access to the Student House, bike racks, and Chapel Street (aka "the alley") will be through the doors near the auditorium. Other Pinkard entrances/exits will remain open as usual. Construction netting, protective barriers, and air-quality monitoring will all be in place.

Inside Pinkard, construction barriers will begin to appear in July, with most installed by Labor Day. Office and workstation moves will occur in early August and Classrooms 009, 114, 124, 202, and 305 will not be available starting in fall 2018.

The Carpenter Room, the Carol Gray Study Room, Rooms 010, 140, 217, the Sim Center and Practice Rooms, 309, 310, 320, 324, 401, 402, and 510 will largely remain unaffected except for minor improvements during the life of the project—expected to end in early 2021.

Watch for regular updates to [building4jhunursing.org](http://building4jhunursing.org). Comments, questions, and thoughts are welcome via email at [building4jhunursing@jhu.edu](mailto:building4jhunursing@jhu.edu). Also watch for invites to face-to-face sessions where design news and the latest renderings will be shared. ■

## NEWS ROUNDUP

### NURSE NAMED PRESIDENT OF HOPKINS HEALTH

Kevin W. Sowers, MSN, RN, FAAN, was recently named president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine, the first nurse to hold this role. Sowers joins Johns Hopkins after 32 years with the Duke University Health System, where for the last eight years he was president and CEO of Duke University Hospital.

"One of the things that brings me to Johns Hopkins is that same kind of teamwork, the kind that saves lives and changes the world," Sowers says. "I wanted to come to another world-class organization to work with some of the brightest minds and biggest hearts. I am here today because that same spirit is so palpable at Johns Hopkins Medicine."

Sowers began at Duke in 1985 as an oncology nurse, rising quickly through the leadership ranks. He has published extensively and speaks nationally and abroad on issues such as leadership, organizational change, mentorship, and cancer care.

### ON THE PULSE 'TOP BLOG'

On the Pulse has been named to the Top 50 Blogs for Nurses by Nurse.org. The ranking was based on the quality of content, frequency of posts, writer credentials, and amount of helpful content.

A collective effort of students, faculty, and staff writers across the school, On the Pulse covers nursing and health topics like diversity and workplace issues and offers specialty articles around cardiovascular care, cancer care, public and community health, HIV, violence, global initiatives, and more.

### BALTIMORE MAGAZINE RECOGNIZES GRADS

JoAnn Ioannou, DNP '09, and Lisa Groff-Paris, DNP '10, were selected as winners in *Baltimore* magazine's 2018 "Excellence in Nursing" survey. In its May 2018 issue, *Baltimore* will salute 50 of the region's top nurses for their extraordinary contributions to health care. Ioannou is senior vice president and chief nursing officer at Greater Baltimore Medical Center (GBMC). Groff-Paris is director of women's and children's services at GBMC. ■





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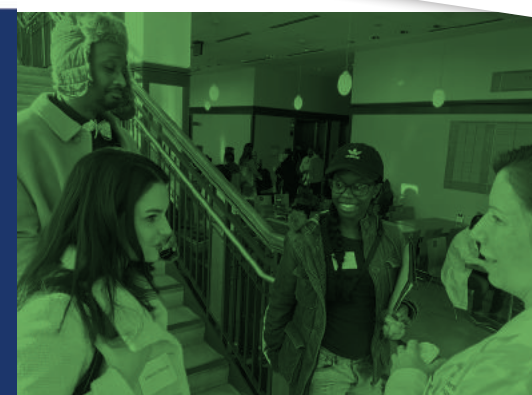
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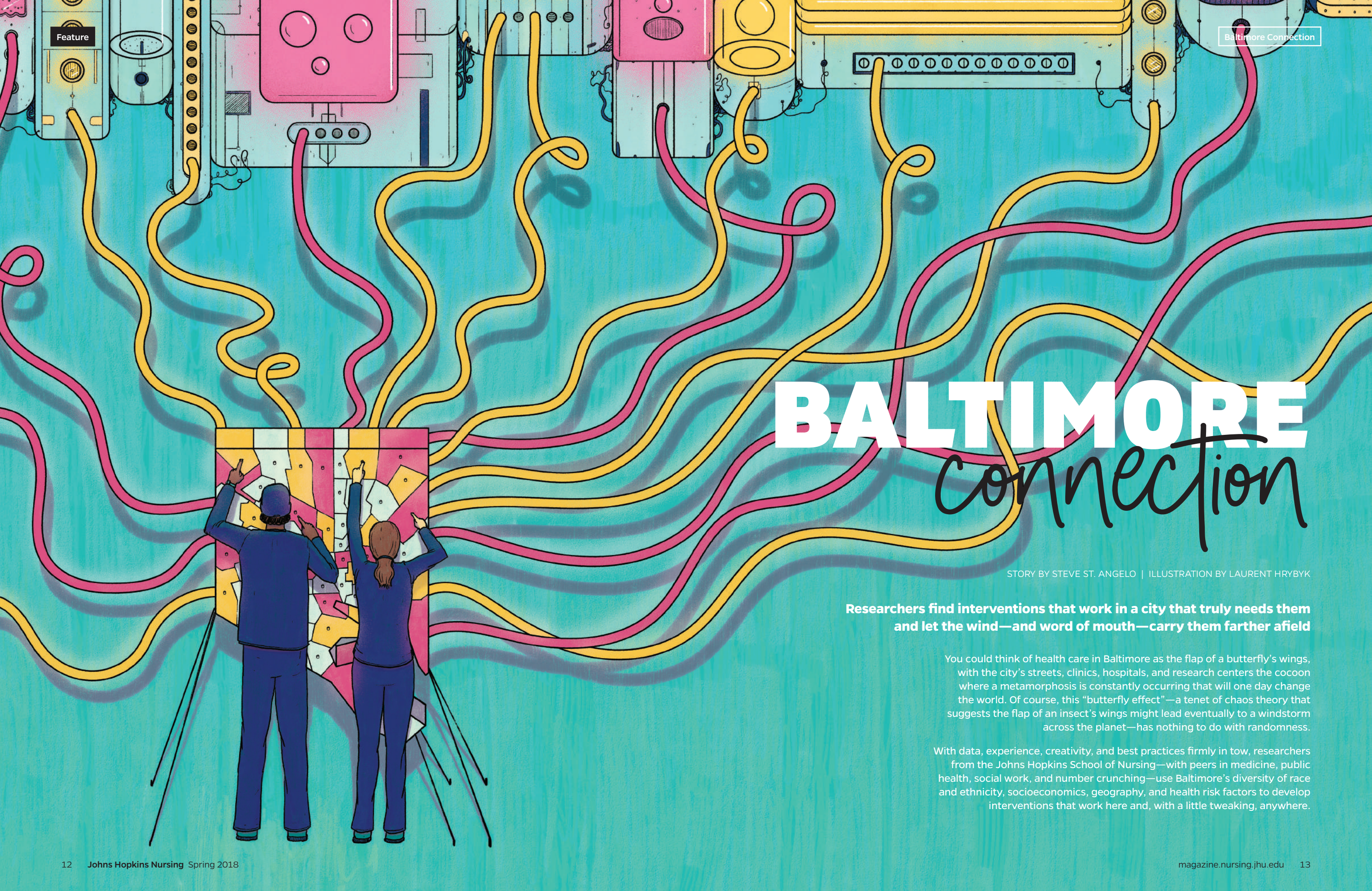


**Days in the Life**

It's a constant whirlwind at the Johns Hopkins School of Nursing as we send new graduates off to change the profession forever while we welcome accepted students to follow in their footsteps. In the middle of all that, we make sure to stop and be proud of who we are—and who we are becoming—as Hopkins Nurses. Counterclockwise from top right, Wear Red for Women Day, Accepted Students Day/Open House, and Graduation. ■







Feature

Baltimore Connection

# BALTIMORE *connection*

STORY BY STEVE ST. ANGELO | ILLUSTRATION BY LAURENT HRYBYK

**Researchers find interventions that work in a city that truly needs them and let the wind—and word of mouth—carry them farther afield**

You could think of health care in Baltimore as the flap of a butterfly’s wings, with the city’s streets, clinics, hospitals, and research centers the cocoon where a metamorphosis is constantly occurring that will one day change the world. Of course, this “butterfly effect”—a tenet of chaos theory that suggests the flap of an insect’s wings might lead eventually to a windstorm across the planet—has nothing to do with randomness.

With data, experience, creativity, and best practices firmly in tow, researchers from the Johns Hopkins School of Nursing—with peers in medicine, public health, social work, and number crunching—use Baltimore’s diversity of race and ethnicity, socioeconomic, geography, and health risk factors to develop interventions that work here and, with a little tweaking, anywhere.



“Some of the same issues we’re seeing abroad clearly impact communities here—issues of access, stigma, medical mistrust,” explains Derek Dangerfield, PhD, a postdoctoral scholar with the REACH Initiative at the Johns Hopkins School of Nursing (JHSON). “All those things we go abroad to study we can intervene on right here working with the Baltimore City Health Department. And we need to.”

Dangerfield grew up in the Baltimore of the 1990s, a time when the tide began to turn in HIV/AIDS research among white patients yet “the resources weren’t there” for impoverished black communities. This left them vulnerable, and thus not surprisingly these communities are where, in the United States, the scourge remains most deadly today. In Baltimore, that means reaching and safeguarding those at risk, and ending the stigma attached to the disease.

Fix it here, Dangerfield insists, and the solutions will find their way abroad. And the way to begin is community nursing, which is why Dangerfield, a Fulbright Scholar with a degree in sociology from Georgetown University and a PhD in health behavior

Entry Into Nursing and doctoral programs.

And he has a rare perspective on his HIV research—on the risks and behaviors of men who have sex with men—in Baltimore and beyond. “A lot of the investigators who do this kind of work, they’re not really part of the community they study, doing international research on ethnic or sexual minorities. I’m just ... everything. The work I do is real life for me. The life I save just might be my own.”

## BEARING fruit

CAPABLE has become the viral video of the community intervention world.

Shorthand for Community Aging in Place: Advancing Better Living for Elders, CAPABLE is led by Sarah Szanton, PhD, ANP, FAAN, who has guided its expansion from Baltimore’s impoverished neighborhoods to 17 cities in 10 states and, with its introduction in eastern Australia, beyond U.S. borders. CAPABLE combines home visits from a nurse, occupational therapist, and handyman to equip low-income older adults to live more comfortably in their homes for longer. Small improvements like handrails and lowered shelves or microwaves combined with addressing pain and finding new strategies for performing normal functions offer greater freedom, safety, and quality of life to participants.

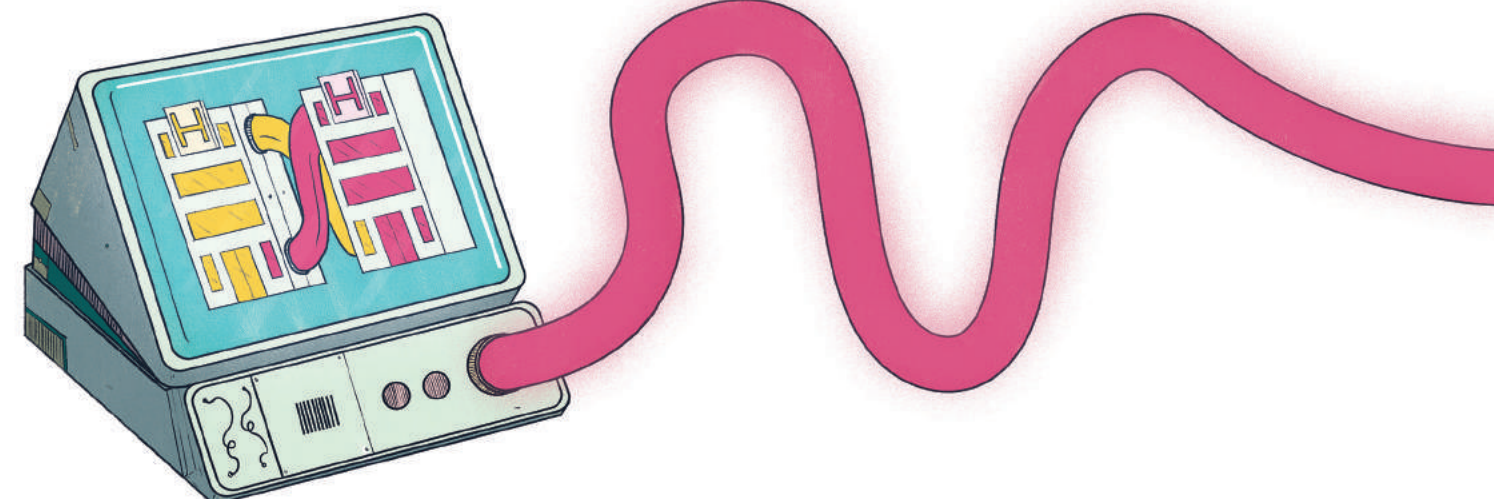
Results show that CAPABLE improves self-care of participants and decreases disability and depression while saving thousands and thousands of dollars in costs to Medicaid and Medicare.

*“Some of the same issues we’re seeing abroad clearly impact communities here... All those things we go abroad to study we can intervene on right here working with the Baltimore City Health Department. And we need to.”*

research from the medical school of the University of Southern California, is back in Baltimore (see sidebar). And it’s the reason he chose the School of Nursing as a perfect landing spot.

“I think nursing was a logical transition for me. Nurses are touching the people,” he says. Working with them gives the non-nurse researcher valuable, direct insights. “And I love teaching nursing students.”

Dangerfield is building an elective course, Sexual Health Disparities, that he hopes to bring in the next year or so to the Master of Science in Nursing (MSN)



“It’s common sense, applied methodically,” Szanton is fond of saying. She was recently designated an American Academy of Nursing Edge Runner for her innovative approaches to aging care (See P. 07). And like so many of its participants, CAPABLE shows no signs of slowing down.

“Our Australian colleagues have added a cognitive training component. We are learning from them. Each new site has something to teach us about adaptation,” Szanton says.

“Nothing ever happens from one person’s brain,” she adds, explaining that her big idea was to add the nurse and handyman to an existing program called ABE. That program, says Szanton, director of JHSON’s Center for Innovative Care in Aging, was the brainchild of her predecessor, Laura Gitlin, PhD.

“There are so many things that they’re doing [at Howard County] where we have resources that could supplement them. And we’re doing things here where it would be great to have staff connections with them.” Such partnerships have become a bedrock of the affiliation between hospitals—Johns Hopkins, Howard County, Suburban, Sibley, Johns Hopkins Bayview, and All Children’s in Florida—of the Johns Hopkins Medical Institutions.

“This is the beginning of a lot of different things because Howard County has an interest in—and we do as well—of having our DNP students be there and working on areas of joint priority between us. So it’s a great opportunity for them to have additional input and future leaders working on these things in the hospital. At the same time, it’s a great opportunity for us to have a connection with a community hospital that has a lot to offer to our students.”

For researchers, collaborations bring a bigger pool of nurses eager to learn and assist, plus a big increase in the number of potential community participants for a particular study. “This partnership back and forth is really a way to advance that.”

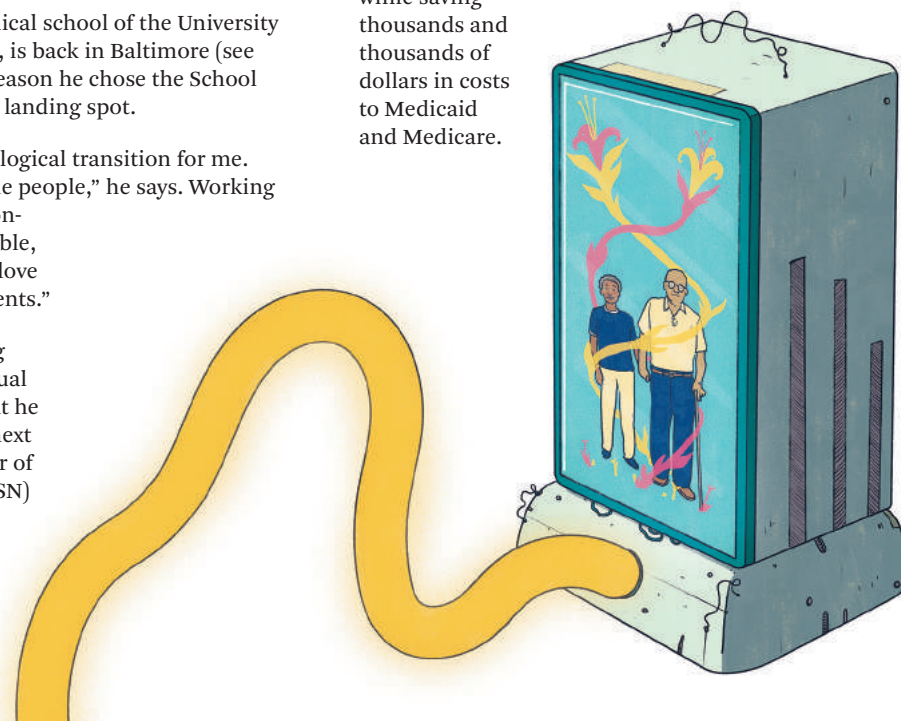
## AN OPEN EAR

“All health research, from the beginning of the idea all the way through to the end, has to move toward translation, to sustainability,” says Assistant Professor Bryan Hansen, PhD, RN, APRN-CNS, ACNS-BC. “The pipeline for research has been traditionally so long from the inception of an idea to putting it out into clinical practice. So many ideas never get there.”

Hansen has been serving as a liaison between the Johns Hopkins Hospital, the School of Nursing, and Howard County General Hospital in Columbia, MD, on delirium prevention and treatment. “And one of the key parts to this translation idea is that you have people working together who are both in the clinical environment and coming from the research to think about how to do these things in a way that is necessary for translation and sustainability.”

Hansen keeps an ear to the international research as well. There’s an International Delirium Society, for example. “There’s a lot of crossover in the sense that not only do other places need *this* but that other places lead us in *this*, so we draw a lot from international work. Why spin my wheels here when I can use somebody else’s ideas to collaborate with them?”

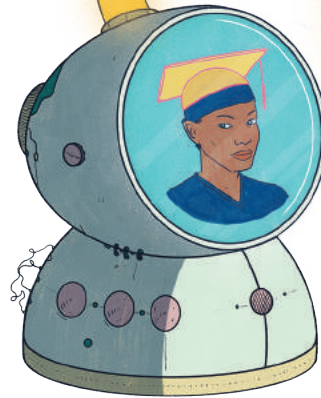
Some of international translation is literal. Sometimes it’s just agreeing on a particular measuring tool. “There’s an instrument we use a lot in the United States to assess delirium called the CAM, for Confusion Assessment Method. In Europe, a lot of people are using something called the ‘4AT.’ Both are great measures.” But they’re different. “It’s just getting together with [international] researchers





... maybe we use both, or one or the other," so there's no apples-and-oranges disconnect.

And when an intervention is headed overseas, Hansen explains, "It's important to culturally tailor it. So even if we find something that works well in the U.S. ... it's not a matter of simply rolling it out exactly how it was envisioned in whatever setting. Every place is unique—even between Johns Hopkins Hospital and Howard County. A lot of things that would work here wouldn't work there, and the same is true internationally. You need to be very sensitive to the individual needs of the systems you're working in, the countries you're working in, the communities you're working in, the needs of the patients and the care providers."



## BALTIMORE IS their world

That sensitivity to the needs of the Baltimore community is represented by researchers like Derek Dangerfield and, through a new Johns Hopkins School of Nursing program, Baltimore Talent Scholars Tameka Cottman, Damon Bennett, Kadidra Wimberly, and Zoe Rush.

The program seeks graduates of the Baltimore city schools system with an interest in health care for spots in a Master's in Nursing (MSN) Entry Into Nursing cohort. Baltimore Talent Scholars finds people who care about the city and helps them learn to care for their communities. Of course, the nursing education these scholars receive comes without limits, and will take them anywhere they want to go. But it all starts here.

"I'm the fourth generation of nurses in my family. I will be, however, the first nurse in my family to

*"Being a nurse means empathy. You have to show your patient that you're not in their shoes but you can feel what they're going through."*

receive a master's degree," says Cottman. "I've always known that I was interested in how the body heals ... nursing is where I really want to be because I am interested in helping patients heal at the bedside." She adds an interest in working with the homeless population and becoming a doula to teenage mothers in Baltimore.

"Being a nurse means empathy," says Bennett. "You have to show your patient that you're not in their shoes but you can feel what they're going through. You have to show them that you're there with them."

He sees psychiatric nursing as a way to make a great impact: "As we can see on the news every day, a patient who's suffering from mental illness who had a relapse maybe ... as nurses, we'll be on the front line to say: We care about you."

The experience has broadened the scholars' horizons and even, as Rush explains, blown their minds a bit. "Nurses have to have an extraordinary amount of knowledge. ... I did not appreciate how much a nurse is at the center of complicated facets of patients' medical needs." And Rush, who hopes to work in aging care, is ready to be a cheerleader and mentor to Baltimore Talents Scholars who follow in her footsteps. "There are people in this city who are motivated and will make an extraordinary contribution, and Hopkins will have everything to do with the contribution that they can make."

Learn more about the Baltimore Talent Scholars at [nursing.jhu.edu/BTS](http://nursing.jhu.edu/BTS); and delirium and dementia care and the CAPABLE program at [nursing.jhu.edu/agingcenter](http://nursing.jhu.edu/agingcenter).

# THE ROAD home

Derek Dangerfield, PhD, doesn't like to look too far down the road, though in some ways he's been there. The East Baltimore native, who's studied HIV and sexual inequities from Southeast Asia to South Africa to Southern California and now back to East Baltimore, won't predict where the research is headed. He'll know it when he gets there.

"My vision is, I try not to have a vision," says Dangerfield, who explains that he borrowed the approach of a mentor. "Just follow the needs of the epidemic, of the people. Your work will do the rest."

So far, his journey has taken him from Baltimore City College to Georgetown University for a bachelor's degree in sociology; to a Fulbright Scholarship to study risk behaviors of men who have sex with men in Kuala Lumpur, Malaysia; to the University of Southern California for a PhD; and to postdoctoral work in HIV prevention with Associate Professor Jason Farley, PhD, MPH, ANP-BC, and the REACH Institute of the Johns Hopkins School of Nursing.

Dangerfield still wears his high school ring, which is very Baltimore. "It's the thing here," he says, explaining that in Charm City, your high school of record tells other natives all they need—or even want—to know about you. And while on a late-winter day he was missing the Pacific Coast, that ring does let you know everything you need to about Dangerfield's decision to come back home.

"I'm really proud that I can do this work in a global setting, like, 'Wow. You're an African-American man from East Baltimore and now you get to do research in Southeast Asia with the rock stars of public health

nursing." But, "It's not home. Los Angeles isn't home," adds Dangerfield, who lives in Charles Village. "My grandmother and my parents are still here. I remember that this is home when they call and invite me to dinner after work."

\*\*\*

When last we chatted with Brittany Kelly, RN, she was an undergrad thinking about what was next. Leaving East Baltimore was not in the plans. She'd gone away to Benedict College in South Carolina—where she helped steer young girls away from gang violence and studied space effects on astronauts—but was drawn home by a drive to make a difference. "To give back to East Baltimore is very important to me," Kelly says. "Knowing I can connect with people I grew up with is what I look forward to every day."



PHOTO BY WILL KIRK

Kelly grew up a few blocks from the Johns Hopkins School of Nursing, and now lives a few minutes and a world away in Baltimore's Canton neighborhood. But most days you'll find her in East Baltimore again, on Johns Hopkins Hospital's Nelson 4 unit working in pulmonary care and infectious diseases. Or she'll be in the Behavioral Health Leadership Institute van near the city jail that helps ex-inmates stay free—of drugs and incarceration. Both jobs help Kelly satisfy a fascination with infectious diseases, especially HIV, something she saw too much of growing up.

It's "a 360-degree difference" from her work right after graduation at the health suite at Henderson-Hopkins School, a K-8 community partnership in East Baltimore. There, Kelly interacted with students and parents, affecting a healthful change through the community. All of her experiences have broadened Kelly's scope, pushing her toward research and, she hopes, a PhD.

Mentor Phyllis Sharps, PhD, RN, FAAN, says Baltimore is lucky to have its hooks in Kelly. "The benefit of having someone who's from this city, who understands and wants to work in Baltimore, is fabulous," says Sharps, associate dean for Community and Global Programs. "If we can multiply Brittany a thousand times through scholarships, we'll be doing a great thing."



PHOTO BY CHRIS HARTLOVE



# HEARTS & MINDS

STORY BY STEVE ST. ANGELO | ILLUSTRATION BY SARAH ROBBINS

MEPRA teaches nurses to identify moral dilemmas, speak up to address them, and move on healthfully

The statistic alone can cause distress: [One third of newly licensed registered nurses leave the field after just two years](#). And yes, distress—moral distress, as it was named by ethicist Andrew Jameton—is a key culprit in the alarming burnout rate, says Cynda Rushton, PhD, RN, FAAN.

Rushton, Anne and George L. Bunting Professor of Clinical Ethics in the Berman Institute of Bioethics and the Johns Hopkins School of Nursing, knows the feelings of helplessness in caregivers caught, say, between the wishes of a parent and those of a medical team to end or continue treatment for a dying patient. Rushton has been there. But she might also have found one answer to that helplessness.

So far, five cohorts of nurses (about 150 altogether) have volunteered for the Mindful Ethical Practice and Resilience Academy (MEPRA). Rushton's brainchild for helping nurses identify ethical dilemmas, address them, and move on in a healthy manner. The six-session program teaches nurses how to stabilize their nervous systems through meditation, discern and analyze ethical challenges, and confidently communicate when discussing them with patients or physicians. MEPRA puts those lessons into practice in the School of Medicine's Simulation Center with trained actors. The experience is recorded, so participants can assess their strengths and where they can improve.

The program is being run as a study, so Rushton and her team are gathering data that they believe will show its value clearly. To them, it's worth doing "if MEPRA prevents even one nurse from leaving Johns Hopkins Hospital for 9-12 months due to burnout or moral distress."

Years ago, Rushton—as a nurse with three to four

years of experience in a pediatric intensive care unit—cared for a child in a persistent vegetative state. The parents wished to discontinue life support. The medical team refused, and the child languished for "month after month" before dying. It was a time when new technology

“

This is a very gratifying program. Nurses arrive discouraged, dispirited, depleted, and they slowly begin to open up, like lotus flowers.”

allowed teams to “save lives we couldn't save in the past, but that brought new problems. How should we use it?” Did those saved lives have quality and meaning? And whose call was it?

Rushton remembers feeling caught, dutifully caring for the body even as staff began to de-personalize the child. “It's not something I'm proud of, but you got through however you could,” she explains. “Moral distress was not a concept in our vocabulary. The message was, suck it up and keep going. The suffering of clinicians was a radical notion.”

In 1992, she finally picked up a pen and tried a new coping strategy. A scholarly article titled “Care-giver Suffering in Critical Care” became a turning point as moral distress in nursing was forced out into the open. And today with MEPRA, she's teaching a new generation what she wishes someone had taught her.

“This is a very gratifying program,” she says. “Nurses arrive discouraged, dispirited, depleted, and slowly begin to open up, like lotus flowers.” ■



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## WHAT NURSES NEED TO KNOW

# HYPERTENSION GUIDELINE



Tick, tick, tick. Cheryl Dennison Himmelfarb, PhD, RN, ANP, FAAN, professor and associate dean of research, was counting the seconds until a fresh, more proactive Hypertension Guideline was to be published.

Himmelfarb, co-author of the Guideline, knew it would be a game-changer and a life saver. But until it was in print—advocating intervention much sooner and a “high blood pressure” label for lower readings, among other key measures—it couldn’t be adopted, leaving people at higher risk of stroke, cardiovascular disease, and death. She knew the research was solid and the approach was right ... right now.

With that wait over, Himmelfarb took a few moments to share the thinking behind the Hypertension Guideline (from the American Heart Association and the American College of Cardiology), why time remains of the essence, and why nurses are critical in the education and team-based care of patients.

“The term ‘prehypertension’ was a well-intentioned way to nudge patients toward healthier choices,” explains Himmelfarb, who also directs the Helene Fuld Leadership Program for the Advancement of Patient Safety & Quality. “Instead, it could give a false sense of security, and a reason to stall. ‘I’m not in danger yet.’ By the time you actually started calling it hypertension, avoidable damage might have occurred. So ‘prehypertension’ needs to go.”

The new definition of hypertension (anything at or above 130/80) will mean an increase to almost 50 percent of the adult population in the United States with hypertension—from 1 in 3. However, the vast majority of those newly diagnosed would not be prescribed medication but rather guided to modify their lifestyles immediately to lower blood pressure.

In addition to more aggressive treatment, the Hypertension Guideline emphasizes an individualized approach that involves shared decision-making and support. That’s where nurses come in, Himmelfarb says: “Patient education must begin immediately. Communication must be consistent and frequent. We need to empower patients to know their numbers—their blood pressure levels vs. the goals, their atherosclerotic cardiovascular disease [ASCVD] risk—and offer strategies for self-managing high blood pressure.”

On this, the clock is still ticking. **Here, from Himmelfarb, are 10 Things Nurses Need to Know:**



ILLUSTRATION BY SARAH ROBBINS



- 1** **Increased risk for heart attack, stroke**, and other consequences of high blood pressure **begins at a systolic level above 120**. (It doubles at 130 vs. 120.)
- 2** **Normal blood pressure is below 120/80**. Systolic 120-129 is now classified as elevated. Hypertension is blood pressure above 130/80—as Stage 1 (systolic 130-139 or diastolic 80-89) or Stage 2 (systolic above 140 or diastolic above 90).
- 3** **Nonpharmacologic therapy** (weight loss, a low-sodium, high-potassium diet, limited alcohol, and physical activity most days of the week) **is now recommended for ALL with elevated blood pressure** and Stage 1 and Stage 2 hypertension. This extends to those who are also prescribed medication(s) to lower blood pressure.
- 4** Clinicians will need to build their repertoire of skills and tools to **promote lifestyle modification**.
- 5** **The new approach involves calculation of ASCVD risk** to guide treatment at Stage 1. Those with low risk, or a 10-year ASCVD risk of less than 10 percent, are recommended for nonpharmacologic therapy. Those with a risk of 10 percent or greater are recommended for blood pressure-lowering medication as well.
- 6** **Stage 1 is the threshold for recommending blood pressure-lowering medication** in addition to nonpharmacologic therapy for those with comorbid conditions such as diabetes, chronic kidney disease, heart failure, stable ischemic heart disease, and peripheral arterial disease.
- 7** First-line medication agents include thiazide diuretics, calcium channel blockers, and angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers. **For adults with Stage 2 hypertension** and an average blood pressure more than 20/10 above their target, **antihypertensive drug therapy with two first-line agents of different classes, either separate or in a fixed-dose combination, is recommended**.
- 8** **The Guideline recommends a health system-level intervention by a multidisciplinary team** (may include a primary care provider, cardiologists, nurses, pharmacists, physician assistants, dietitians, social and community health workers). Approach should include support for clinical decision making (i.e., treatment algorithms), collaboration, adherence to regimen, blood pressure monitoring, and self-management.
- 9** **Home blood pressure monitoring is an important method** to confirm and manage hypertension.
- 10** The Guideline emphasizes an individualized approach that involves **shared decision making through frequent communication to assess patients' preferences**, goals, and how medications may affect daily activities. This may be of particular importance among older adults with a high burden of comorbidity or limited life expectancy.



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## Women Leaders: A Call to Action

Women continue to represent most of the health workforce worldwide yet remain the minority in global health leadership. “Only 31% of the world’s ministers of health are women, and among the chief executives of the 27 health care companies in the 2017 global Fortune 500, only one is female,” report Dean Patricia M. Davidson, PhD, MEd, RN, FAAN, and other members of the Steering Committee of the Women Leaders in Global Health Conference.

“The complexity of global health problems demands leadership that represents the pluralism in society,” the authors insist. “This movement is not about preventing men from holding women back, but about collectively embracing a new vision for leadership across many axes, not just gender. Continued efforts should be intergenerational and inclusive of all disciplines.”

They acknowledge a double-edged sword: The fight to gain leadership positions is so difficult that women resist sharing power by bringing others along.

For these and other reasons, the authors presented a “Call to Action from the Women Leaders in Global Health Conference.”

1. Increase visibility—“Ensure gender balance when organising events, panels, roundtables, guest lecturers, or reading lists.”
2. Lift women up the ladder—“Systematically include women in panels, invited authorship of manuscripts, grant reviews, award nominations, and requests for proposals. Organise formal and informal ways to teach leadership skills.”

3. Advocate for work-life integration—“Foster an organisational culture and establish norms that support men and women in integrating demanding careers with responsibilities outside the workplace.”
4. Eliminate the pay gap—“Report on and increase transparency of data on compensation and salaries.”
5. Cultivate thought leadership—“Organise an event, workshop, or training to discuss the issue of inclusive leadership in the organisation. Use an intersectional lens to incorporate the needs of all, including the lesbian, gay, bisexual, transgender, queer, and intersex community, people of colour, and under-represented disciplines.”
6. Address the gender data gap—“In all sectors, collect data and report on pay equity, career progression, and barriers to diversity in leadership. Ensure the disaggregation and analysis of data by gender in all research and programmes.”
7. Emphasize accountability—“Adopt evidence-based practices to promote and support inclusivity and representation in governance at all levels. Create indicators and monitor progress toward stated goals.” ■

**Publication:** *The Lancet*



## How Are We Doing on Reporting Child Abuse?

Of investigations for physical abuse among 204,414 children in 2013, fewer than 1 in 7 was confirmed as a victim (in a dataset obtained from the National Child Abuse and Neglect Data System). In fact, national statistics suggest a 56 percent drop in child physical abuse (CPA) rates over the past two decades. This is not necessarily because children are not being abused but often, perhaps, because of poor reporting that sheds doubt on the nature of injuries.

The finding is part of a study by alum Grace Ho, PhD, RN, Professor Deborah Gross, DNSc, RN, FAAN, and School of Medicine colleague Amie Bettencourt, PhD, MS, titled “Reporting and Identifying Child Physical Abuse: How Well Are We Doing?”

The researchers note a disconnect between the number of reports and the rates of confirmation: “Professionally mandated reporters initiated the majority of CPA reports, and their reports were more likely to be substantiated compared with nonprofessionals. However, reports made by even the most accurate professional group

(legal/law enforcement) had only a 26% chance of substantiation, and some professional groups [i.e., health care provider, mental health clinician, social services caseworker, educator, or childcare provider] had a lower likelihood of substantiation than nonprofessionals.” Interestingly, they add, “Reports made by professionals were less likely to be substantiated as child age increased.”

Additional research, they write, should be used to develop and test training programs for better and more quickly identifying and properly reporting suspected child abuse. The alternative is stark: Previous study has shown that “Children who were reported for suspected maltreatment are at a heightened risk for injury-related deaths,” they note, “and those reported for CPA have the greatest risk for sustaining an intentional fatal injury compared with those reported for other types of maltreatment.” ■

**Publication:** *Research in Nursing and Health*



## The Presumed Safety of Greener Neighborhoods

Repeated studies have shown that open green space can be good for the general health of communities, from combating obesity to preventing and treating asthma. And a neighborhood with trees and open green space is generally perceived as safer. But what if violence statistics do not necessarily back that up?

“Integrative Review of the Intersection of Green Space and Neighborhood Violence” by PhD student Gibran Mancus, MSN-Ed, RN, and Professor Jacquelyn Campbell, PhD, RN, FAAN, examines this perception vs. knowledge gap and what’s at stake: Worldwide, “an estimated 440,000 lives were lost due to violence in 2013 ... [among those 15 to 34], homicide from assault was the third leading cause of death (11.5%) in the United States.”

Then there’s climate change: “Abnormally high temperatures are now a global phenomenon and have been associated with increased violence.

[These] have the greatest impact on those who are socially disadvantaged and who experience disadvantage by environmental health inequities, especially African American women.”

Safe green space can encourage parents to send their children out to play—helping their physical and emotional development, the authors note. And “walkability” can do the same for older adults.

There’s more research to do before policymakers can be persuaded that green space should be built into communities. The good news: “Nurses have the opportunity to lead the development, implementation, and evaluation of evidence-based interventions and policies addressing the inequality of quality and quantity of green space in the built and natural environment.” ■

**Publication:** *Journal of Nursing Scholarship*



# HOPKINS NURSE

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

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Oncology nurse Mikaela Olsen and colleagues learn the risks of chemotherapy drugs and the best practices for controlling them

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**P. 31** JOHNS HOPKINS HOSPITAL

SIERRA LEONE MISSION RECHARGES NURSE'S BATTERIES, SAVES LIVES DOWN THE LINE

## Making a Splash

By Brennen Jensen

Nurses take to the waters for Swim Across America fundraising

Samantha Rocks, RN, found herself in deep water last September. The ICU nurse clinician was out in the tidal Magothy River near Gibson Island on the Chesapeake Bay's western shore. She couldn't touch bottom, the shoreline was some distance away, and her limbs were growing weary of swimming.

But she didn't panic. Rocks simply remembered what she was doing, and why, and kept determinedly splashing through the brackish water. The payoff was huge.

"When I got out of the water everyone was cheering on the banks," Rocks recalls. "It was very cool—just an amazing feeling."

The applause was well earned. She had just finished swimming 3 miles and raising nearly \$3,000 to fight cancer with Swim Across America, a 30-year-old nonprofit organizer of fundraising swimming events. The

group's debut Baltimore swim in 2010 drew more than 600 participants, setting a record for the largest inaugural event in Swim Across America history. Thousands have since participated in the annual aquatic weekends, taking part in a one, three, or five-mile open water swim and/or a one-mile pool swim. More than \$2.6 million has been raised for the Kimmel Cancer Center's Swim Across America Baltimore Laboratory dedicated to understanding human cancers and improving patient care.

All those kicks and strokes have fueled some serious science, including an important therapeutic trial for patients with pancreatic cancer and breakthrough research in endometrial and ovarian cancers. Just last year, the FDA approved the new immunotherapy drug Keytruda after clinical trials that began at Hopkins with Swim Across America funding raised locally.

More than a few Hopkins nurses are among those swapping scrubs for bathing suits each year. Rocks has been hitting the water since 2015. For the last swim, she formed Team Rocks with more than 30 friends and family members who collectively raised over \$70,000. Her ICU colleague Skylar Dunklebarger, RN, was also in the water, albeit as one of the volunteer kayakers monitoring the swim.



"I was miserably slow," Rocks acknowledges. "But it's such a great event to participate in. My mom had cancer so I raise money in her memory."

Kathryn Yarkony, PhD, RN, is a five-year veteran of the swims and this year was captain of a 14-member team from the Sidney Kimmel Cancer Center, where she is lead transplant coordinator and chair of Oncology Nursing Research Committee. She participated in both the one-mile open water swim and the pool swim.

"There's a lot of camaraderie and it's good to bond with people outside of work," she says. "I already have two new nurses signed up for the next swim."

It was a beautiful late summer day for the open water swim, and the waves were at a minimum. Even so, swimming a mile in the "wild" is very different from doing so in a pool. "It's a whole different mindset," Yarkony says. "You really can't stop in an open swim and the only way to get back in is to swim. You just have to relax, focus on your technique, and remember it's not a race."

Sidney Kimmel's Caitlin Clarke, RN, has done the one-mile open water swim since 2015, raising nearly \$3,000 in the process. Though an avid runner, she couldn't really swim at all before signing up. Yes, you read that right.



When I got out of the water everyone was cheering on the banks. It was very cool—just an amazing feeling."

— Samantha Rocks, RN

"It was pretty scary that first year and I didn't really know what to expect," she says. "Fortunately, they have a nice group of volunteers that teach novice swimmers how to do a mile in open water."

She began as a solo swimmer but has since begun building a team of colleagues and friends. A couple of new nurses are interested in the 2018 swim. (She has no official team name yet, though she admits that "the Nurse Sharks" has a nice ring to it.)

"It feels great to raise a bunch of money for the cancer center where I work while boosting my own physical fitness," Clarke says. "Also, both my parents passed away from cancer so I'm in the water in their honor." ■

Caitlin Clarke, far left and above with Stacy Messer, RN, signed up before she really knew how to swim.





# FEEL GOOD ABOUT THE FUTURE OF THE HUMAN RACE.

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

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

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HOWARD COUNTY GENERAL HOSPITAL

## When Caring Is a Team Sport

By Brennen Jensen

Katherine Talbert helps Howard County residents help themselves to heal

With her gall bladder surgery at Howard County General, a Johns Hopkins Medicine affiliate in Columbia, MD, a complete success, a 78-year-old is discharged after a three-night stay.

But she goes home to her one-bedroom apartment with two new prescriptions—to add to those she already takes for a heart condition. (Bottles are lined up by her bedside while others cluster around the bathroom sink; how to keep track of them all?) Follow-up appointments are on her calendar, though she's not sure how she's going to get to them since she stopped driving. And while her daughter calls from California often, this latest surgery has left her feeling anxious and lonely.



Katherine Talbert leads teams of health and social workers that help patients transition to home and also stay well.

This case model highlights some of the all too real issues Medicare recipients can face after a hospitalization. Some seniors can be so challenged by the demands of their recovery regimens that they end up back in a hospital bed. Fortunately, fewer are “bouncing back” at Howard County General thanks to the Community Care Team program, in which nurses, community health workers, and a social worker help ease transitions from hospital to home.

“We work with Medicare beneficiaries who have been to the hospital at least twice within the last year,” says program manager Katherine Talbert, MPA, RN. “These are older adults with multiple kinds of chronic co-morbidities who are having trouble managing their care outside of the hospital. Sometimes it's folks who have a number of chronic conditions and are struggling to balance, say, diabetes and congestive heart failure. Other times it's just aging individuals who have limited mobility and may be dealing with social isolation.”

Working with doctors and hospital administrators, the team identifies eligible patients and develops a custom care plan for each. Up to three months of weekly home visits follow discharge wherein the team monitors the recovery process and helps patients connect with community resources, such as transportation or food assistance. The Community



PHOTOS BY CHRIS HARTLOVE

Care Team has served over 450 patients since July 2016, and the hospital has seen a 12 percent drop in 30-day readmissions for this patient population.

Talbert became a manager in 2015 but has been with the team since its launch. She remembers her first patient: an elderly man with renal disease who had difficulty getting to his dialysis appointments and taking his medications correctly. Talbert discovered that the latter problem was because of his limited reading ability, and so the team got creative. “We developed a color-coding system to help him learn his different medications,” Talbert says.

Since 2016, Talbert has also managed Journey to Better Health, which takes a more proactive approach to care. The program partners with faith-based groups to provide screenings and classes in how to self-manage chronic conditions such as hypertension and diabetes. Partnering with 15 congregations, it has served more than 1,000 county residents to date.

“Journey to Better Health is about prevention and early disease management and I like that I get to see both ends of the patient spectrum,” Talbert says, adding that she feels she's right where she wants to be with her nursing career: “I've always been interested in a community, holistic approach to nursing rather than the purely clinical.”

Matthew Stevens, LCSW-C, ASW-G, the Community Care Team social worker, interacts with Talbert daily. “Her passion for helping others is always apparent,” he says. “She's so smart and sees the big picture in health care and knows all the moving parts.”

“She's just so genuine,” Stevens adds. “That's perhaps her greatest strength.” ■



JHPIEGO

## Not-So-Sweet Spot

By Anam Khan and Indrani Kashyap

Impatient in-laws complicate screening of Indian mothers-to-be for high blood sugar

Hoshangabad, India—Administering a simple finger test to check pregnant women for high blood sugar is the easy part of Chandra Rajan's job as a nurse at the Community Health Center Babai, a 30-bed facility serving a large tribal population from villages in central India. The trickier task is convincing mothers-in-law of mothers-to-be that the test—which involves a two-hour wait after drinking a sugar solution—is worth everyone's while.

Having practiced nursing for three decades, Rajan, 53, is undaunted by obstacles, whether familial, cultural, or clinical. She's wholly committed to screening all her patients for gestational diabetes mellitus (GDM), a common and dangerous condition. Despite its prevalence in India, where it affects 10 to 14 percent of pregnancies, diagnosis and treatment for GDM is hardly the norm here. Not yet, at least.

"We learned during our training that it is mandatory to test every antenatal woman for GDM," Rajan says of an ambitious effort by the Ministry of Health and Jhpiego to establish guidelines and then empower health care workers across government facilities in Hoshangabad district of Madhya Pradesh state to universally screen for and manage the condition.

The initiative's success rests squarely on nurses as well as auxiliary nurse midwives and community health workers: So far, 150 health workers and more than 1,100 community workers have been trained, resulting in about 19,000 women being tested.

The ultimate goal is helping every woman avoid GDM's complications, which include everything from spontaneous abortion and intrauterine death to lifelong disease. For many nurses and midwives, this means learning new counseling skills and competencies in addition to acquiring the supplies necessary for detection and treatment.

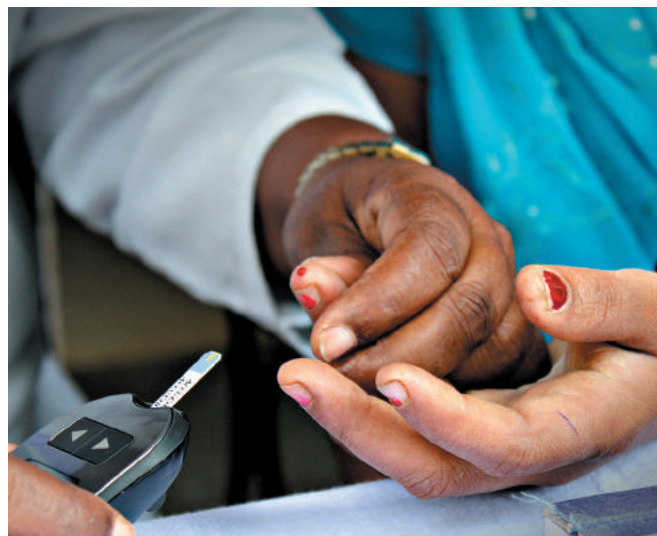
Priyanka Rajput, an auxiliary nurse midwife from the same district but based about 17 miles away at Community

Health Center Itarsi, has discovered that a universal screening effort can mean dealing with roadblocks that are equally widespread. "Initially, women would not agree for this [glucose] test. If the woman agreed, her mother-in-law would not. They were reluctant to wait for two hours."

Powerful but compassionate leadership on the part of midwives and nurses is critical to generating awareness and demand for GDM testing. Rajput visits communities near her health center throughout the week, personally reaching out to a population of about 15,000 as she provides primary care to women and children from varied backgrounds.

"Our efforts over the past year have resulted in women and families becoming quite aware of the need to test for sugar during pregnancy," she says. "Women who get tested also talk about its benefits to others in the community and this helps in generating awareness and acceptance for this test. The motivational factor is the wellbeing of their unborn. Every mother wants to give birth to a healthy baby and stay healthy herself." ■

Senior Communications Manager Maryalice Yakutchik contributed to this article.



JOHNS HOPKINS HOSPITAL

## A Lightbulb Goes On

By Brennen Jensen

Trip to Sierra Leone recharges Weinberg SICU nurse's batteries as it builds teams of local life savers

Samantha Young, second from right, says she can't wait to get back to the mission in Sierra Leone.

In October, Samantha Young, MS, RN, took a 12-day vacation from her duties as a Clinical Nurse Specialist at the Weinberg Surgical Intensive Care Unit. While she might have used her vacation days, this was no carefree lounging beneath a beach umbrella.

She was part of a visiting medical team performing operations and training in Sierra Leone, which the United Nations ranks among the world's poorest countries. Life expectancy is less than 52 years in this West African nation still scarred by a brutal civil war that ended in 2002 and an outbreak of Ebola that killed over 4,000 just three years ago. The hospital staff she worked with in the city of Kenema were earnest and dedicated, but beds often lacked linens, pharmacy shelves were mostly bare, and caregivers sometimes had to negotiate lightless hospital corridors by the meek glow of a cellphone. Meanwhile, her hotel was surrounded by razor wire and her bathroom might have a foot of water on the floor. (Then again, on some excursions there were no bathrooms at all.)

And back in Baltimore, Young ended up in the hospital herself—four days of acute gastrointestinal distress and dehydration she figures were brought on by something she ate her last day in Africa.

And she can't wait to do it all again. (Young's headed back to Sierra Leone in May.)

"The trip was life-changing," Young says. "I learned that we are so lucky and blessed with everything that we have here. With these continued trips we want to see if we can improve their health systems. I really like being able to make a difference."

The trips are organized by the Saving Lives Initiative, a nonprofit group founded by Sierra Leone native Abdul-Malik Jalloh-Jamboria, CRNA, a 2010 graduate of the Johns Hopkins School of Nursing. (Young was Jalloh-Jamboria's preceptor and colleague for a time in Weinberg.) While the group performs medical procedures on biannual treks to Sierra Leone, it is also focused on teaching medical staff on the ground how to teach others to save lives—to help them to help themselves.

Young's mission was to run classes in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). You could say that on her trip, four members of the team flew in the plane's baggage hold: the rubberized manikins students use for practice. "We were only allowed carry-on luggage because we had to donate our two checked bags for the manikins and other supplies we brought over," Young explains.

She ended up teaching BLS and/or ACLS to more than 45 people, including two nurses, two doctors, and the local equivalent of a physician's assistant who also learned how to be instructors of the techniques. (Even before Young had left Africa, the newly educated life savers had already turned around and trained a number of lay people, including the team bus driver and some security personnel.)

Yes, there were sterilization challenges, language barriers, and periodic blackouts to contend with, but also moments of levity and spur-of-the-moment adaptation. For instance, Young says it's common in the United States to teach CPR to the bouncy sounds of the '70s mega-hit "Stayin' Alive" by the Bee Gees, as the beat conveys the perfect rhythm for pressing on the chest (and, of course, well, the name). But the disco ditty drew blank stares in Sierra Leone.

"They were like, what is 'Staying Alive' and who are the Bee Gees?" Young says with a grin. "In the end, they understood the point of the music and we were able to change it to a song that they all knew." ■



JOHNS HOPKINS HOSPITAL

## Danger Exposed (and Handled)

By Catherine Gara

Oncology nurses learn to treat drugs, like their patients, with extreme care

In 1999, as Mikaela Olsen, MSN, RN, prepared for her third day on the job at the Johns Hopkins Hospital, the oncology nurse noticed a dull ache in her groin. It intensified a few hours later, accompanied by a wave of nausea that sent her from patient rounds to the emergency department. An ultrasound revealed an ectopic pregnancy.

Olsen, who at the time had two children and 10 years of experience in oncology, knows there's no way to tell for sure whether exposure to hazardous cancer drugs was to blame. But the loss of a child and subsequent stories from other nurses compelled her to do more to protect her colleagues. She began to teach nurses about the risks, co-editing guidelines titled *Safe Handling of Hazardous Drugs*. Now in its third edition, the book is updated as the numbers of drugs and evidence of risks increase. She is also lead editor of the soon-to-be-published *Oncology Chemotherapy and Immunotherapy Guidelines*.

"Chemotherapy drugs can harm nurses for the same reason they're toxic to cancer cells," she explains. "They usually damage DNA or prevent it from replicating, which in turn prevents cells from dividing. But the drugs can't distinguish healthy cells from cancer cells." And studies in 2010 and 2014 showed increased chromosomal abnormalities in the blood cells of health care workers.

Most chemotherapy drugs are liquids administered intravenously, so nurses and the pharmacists who mix them are most at risk of exposure when



Oncology nurses dedicate their lives to caring for cancer patients. That shouldn't be a risk factor for getting cancer ourselves."

— Mikaela Olsen, MSN, RN



compounds vaporize or drip. "Unlike those who work with radiation, there's no way to measure a person's exposure to these drugs," she says. "So it's also hard to prove cause-effect relationships when unexplained symptoms appear, sometimes years later."

A year after her ectopic pregnancy, Olsen brought closed system transfer devices to her department. These allow nurses to connect drugs to an IV line without drippage or aerosols escaping. Olsen also made sure personal protective equipment (PPE), like impermeable gowns and gloves, was available and being used properly. She worked with an interprofessional team to follow drugs from delivery to the hospital, to mixing and packaging by pharmacists, to administration on the units, to disposal. Environmental wipe tests revealed how much contamination occurred at each step and containment strategies were put in place. Now, for example, pharmacists double bag hazardous drugs to prevent contamination during transport and storage.

"When I first started as a nurse in 1989, we only wore gloves," recalls Olsen. "Now we wear a gown, double gloves, a mask, and a face shield." Since all of that could be off-putting for patients, nurses preemptively explain that the drugs can cause side effects for health care workers too. In the outpatient setting alone, Hopkins nurses administer 250 doses of chemotherapy a day. "Our patients get it. We've even had some remind their nurses to put on their PPE."

Lori Parker, RN (left) and Mikaela Olsen, MSN, RN, compare notes at a chemotherapy station at the Johns Hopkins Hospital.

The National Institute of Occupational Safety and Health, a division of the Centers for Disease Control and Prevention, lists two other hazardous drug categories: non-cancer drugs and those that pose a reproductive risk for men and women or for breastfeeding mothers. Olsen did surveys and found that hazardous drugs are used throughout the Johns Hopkins Hospital. So, she has been rolling out safe handling procedures for nurses and working with affiliated hospitals to develop awareness and policies.

One she is particularly proud of is alternate duty. Any employee, male or female, who works with hazardous drugs can ask to be temporarily reassigned if breastfeeding or trying to conceive. Olsen also emphasizes education for pharmacists, nurses, clinical technicians, housekeeping staff, and even authorized prescribers who administer the drugs.

She has also taken her message around the country and to China, Japan, Bulgaria, and Singapore. In 2014, she helped introduce a bill to Maryland's



PHOTOS BY CHRIS HARTLOVE

General Assembly that would require employers to protect their employees from hazardous drugs.

"Oncology nurses dedicate their lives to caring for cancer patients," says Olsen. "That shouldn't be a risk factor for getting cancer ourselves." ■



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# VIGILANDO

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

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## A STORY ABOUT HOPE

Jessica Kensky, '09, turns her own painful experiences and relationship with a very special dog into a book meant to put children's minds at ease

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

## Alumni Update

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



### Dear Alumni,

Happy spring! Many of us have endured the long cold days of winter, but the JHNAA has been bustling with activity to bring alumni and students together. Alumni networking events have been held in Scottsdale, AZ in January; Naples and Palm Beach, FL in February; and New York City, Boston, and Chicago in March. Several of these events also gave JHNAA the opportunity to help recruit new students. Here in Baltimore, alumni career panels and mock interviews have been held with great success. Thanks to all who were able to participate!

Be ready this June to celebrate the groundbreaking for the new School of Nursing building project. There will be more to come on how you can participate. Join Kathy Hopkins and the class of '62 with their fundraising activity for the project.

I am very excited to tell you that through the June C. Persson '59 Alumni Lectureship Program,

JHNAA has invited Anne Marie Rafferty—the first professor of nursing policy in the UK and former dean at Florence Nightingale Faculty of Nursing and Midwifery, King's College London—to attend Alumni Weekend (October 4–6). She is an expert in workforce research and policy in health care as well as a historian on Florence Nightingale.

Your journey in nursing may have taken you across the country and around the globe, but you're never more than a click away with the new Johns Hopkins Nursing Alumni Association Facebook page (<https://www.facebook.com/HopkinsNurseAlumni>).

The alumni association is looking forward to celebrating Nurse's Week, May 6–12. We will hold events throughout the Johns Hopkins Health System featuring our amazing alumni. If you would like to participate in any of these activities, contact Katie Damaroda: [katie.damaroda@jhu.edu](mailto:katie.damaroda@jhu.edu). ■

### GET OUR E-NEWSLETTERS

Stay in touch! Update your email address now to receive the quarterly Alumni E-newsletter and annual Dean's Update. Send a message to [JHNAA@jhu.edu](mailto:JHNAA@jhu.edu).

## CLASS NEWS



Wrapped by Meg, founded by **Meghan Schultz, '14**, was featured in the November 2017 issue of *Baltimore* magazine. Meghan is a senior research nurse at Johns Hopkins University. She spends her spare time gift wrapping and creating custom sugar cookies.



## A Girl, Her Dog, and a Tale of Healing

For kids—from alum's own life—comes "a story about hope"



**Jessica Kensky, '09**, has written a book for children based on her experiences as a survivor of the 2013 Boston Marathon Bombing and her special relationship with a service dog named Rescue. She wrote the book with husband Patrick Downes, also a survivor. Kensky, who lost both legs, and Downes, who lost one, tell the *Washington Post* that writing *Rescue & Jessica: A Life-Changing Friendship* has helped them heal and that the idea for it came after kids regularly approached to pet Rescue and ask about their

prosthetics. Says Kensky: "Kids have genuine curiosity, they are trying to make sense of their world. They genuinely want to know if we hurt."

From the *Post*: "[The book] is a window into Kensky's challenges and ongoing recovery, written in terms kids can understand and not be afraid of. It's a meditation on kindness, acceptance and loyalty. And in the end it's a story about hope. The book, aimed at kids ages 5 to 9, shows the relationship between a fictional tween girl named Jessica, who lost her legs, and her service dog Rescue."

Kensky has returned to work part-time as a nurse at Massachusetts General Hospital. And there is a tour planned for spring when Penguin Random House releases the book. Meanwhile, Kensky and Downes have already begun speaking about it with groups of kids. "It's cool to see where little minds are going," Kensky tells the *Post*. "Leaving those talks, we always feel so good."

### JOHNS HOPKINS IN MEMORIAM

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Erika Glazer '67

Ann D. Henry '54

Betty D. Hixson '52

Lorraine Harris Humer '45

Phyllis Collins Janes '47

Bertha Bloomer Johnson '44

Jean Celina Phaire '99

Jeanne M. Poage '52

Ramona R. Riley '46

Ruth G. Schulz '47

Helen Erickson Tweedy '45

S. Janet Vance-Howard '64

Linda D. Versic '65





I want to transform nursing education and leave a meaningful legacy.

**We all have that dream**, to make a world of difference. With a legacy gift, you can fulfill your dream to give back and help the Johns Hopkins School of Nursing lead the way in education, research, and practice.

There are many ways to support the Johns Hopkins School of Nursing — options that benefit you and your family, too. A gift through a will, trust, or by beneficiary designation supports our future and allows you to remain in control of your assets during your lifetime. Contact the Office of Gift Planning to help plan your legacy.

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## CLASS NEWS Continued

### One More Hill to Climb

From Obama administration to, perhaps, a seat in Congress

**Lauren Underwood, RN, '09**, is running for Congress from the 14th District of Illinois. A Democrat, she was recently profiled by Refinery29, a digital media, fashion, and entertainment website aimed at women. Underwood, a former senior health adviser for the Obama administration, knows she has her work cut out to replace an incumbent Republican in the district. (Underwood won the Democratic primary in March.)

"I'm running against six middle-aged white men in a district that has never elected a woman, ever in history," she tells Refinery29. "I'm the youngest person in my field running; I'm the only person of color." One of Underwood's campaign ads is below.

As Refinery29 explains: "The community, which is about 85% white, has swung Republican pretty consistently, except for a brief Democratic stint between 2008 and 2010. According to the *Cook Political Report*, which rates congressional races, it's likely to remain red in 2018. But none of those factors have stopped Underwood, who wants to serve the community."

**LAUREN UNDERWOOD**  
U.S. House IL-14 '18



*"I'm stepping forward to fight for families who know that strong jobs, smart investments, and access to affordable health care will help get our region back on track."*

## 70th Reunion of '47 Class

By Elsie Jarvis



*Standing Tall  
For All of You  
"The Class of 1947"  
It Was an Honor  
Never Imagined  
I Gave It My Best  
Remembering  
The Friendships  
Study, Working  
Together  
On Wards, Socializing  
In Various Ways;  
Drama, Bridge, Tennis  
Movies in Town  
Adventures to the Beach  
Sunbathing on Top of Hampton House  
Shopping at the Gate House Shop  
Singing Carols Under the Dome  
In Front of the Statue of Jesus  
"Come Unto Me All You Heavy Laden  
I Will Give You Rest"  
Our Foundation Was Cemented  
For Life by Our Nursing  
School Experience  
It Has Served Us Well  
Our Appreciation and Gratitude  
To All Our Teachers and Friends (Patients Too)  
At Our Alma Mater  
Johns Hopkins School of Nursing*

### 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](mailto:katie.damaroda@jhu.edu). Or use the simple form at [nursing.jhu.edu/classnote](http://nursing.jhu.edu/classnote).





## Church Notes

By Deb Corteggiano Kennedy, '73



### Creutzburg Scholar Featured in the Maryland Nurse

I hope everyone felt the pride in seeing the latest scholarship recipient, **Elizabeth Kelman**, standing next to Miss Creutzburg's portrait in the January 2018 issue of the *Maryland Nurse News and Journal*. This was also posted on the CHH Facebook page. Let the whole world see what a difference a little Diploma Nursing School has made in supporting nursing education.

Deb Corteggiano Kennedy, '73 (right) and classmate Susan "Riddles" Riddleberger soak up the sun on the island of Curacao as they celebrate 50 years of friendship. The buddies are looking forward to their 45th class reunion in May.

### CHURCH HOME IN MEMORIAM

Pauline Fritzges Morris '59  
Marjorie Reynolds Carrington '53

## WHAT IS A HOPKINS NURSE?



### JENNIFER DUPEE

MSN/MBA '08

*"BEING A HOPKINS NURSE MEANS RELATIONSHIPS AND EXPERIENCES THAT HELP ME SUCCEED IN ALL ASPECTS OF NURSING."*

My career path has been unexpected yet unimaginably satisfying. I knew I wanted to do something beyond a bachelor's degree, like nurse practitioner or nurse anesthetist. Then, during my junior year, I took a health policy class and, to my utter surprise, it was fascinating! After graduation, I started at the Johns Hopkins Hospital, with health policy at the back of my mind. About a year in, I was admitted into the MSN-Health Systems Management/MBA program at Hopkins. The practicums in varied settings were great, and I also was learning a ton about real-life implications at the hospital. Somehow all of this drew me toward law school. Less than two weeks after finishing the MSN/MBA, I started classes at night, working days at the hospital, and in time found a dream job—nurse consultant for the Centers for Medicare & Medicaid Services (CMS).

I am now deputy director of the Data Sharing & Partnership Group. We oversee the public-private Healthcare Fraud Prevention Partnership and Open Payments, which promotes transparency and accountability in financial relationships between the industry and health care providers. I even got to work on health legislation for a year with the U.S. House Committee on Ways and Means.

Being a Hopkins Nurse means relationships and experiences that help me succeed in all aspects of nursing. Over the past couple of years I have been a preceptor to nursing graduate students and give back in other ways to a school that supported me and to students who are coming behind me. ■

### 2018 Reunion Weekend

The 2018 Reunion Weekend will take place the weekend of October 4-6. The venue for this year's events is the beautiful Waterfront Marriott Hotel in Baltimore. I hope you have received your "Save the Date" card by now and are planning to celebrate. Many exciting activities are being planned, with must-do traditions and some new activities for alumni to enjoy this very special time.

### Class of '68 Honorees

The Class of 1968 is a party group, having shared excellent reunion celebrations for its 40th and 45th anniversaries. **Cathy Ruth O'Neill** has reported that her classmates are looking

forward to marking this milestone of their 50th with lots of enthusiasm. Contact Cathy at [cathyer@aol.com](mailto:cathyer@aol.com) for details.

### Class of '73 plans 45th

The Class of '73 has faithfully held a reunion every five years. Once again, **Susan Riddleberger** is planning to open her home to host the 45th Reunion in May. Classmates should look for more information and a date in early spring.

Sue "Riddles" and I just enjoyed a two-week vacation in Curacao. We are marking a 50-year friendship this year! Riding home on the bus in 1968 after a shift as a "Pinkie," Sue and I realized we had the same birthday, are both the middle child, and that our parents had same names, etc.



SAVE THE DATE

## ALUMNI WEEKEND

OCTOBER 4-6

The weekend offers lots of socializing, plus opportunities to see the school, tour the hospital, give back to the East Baltimore Community, and most importantly enjoy time with your classmates, School of Nursing students, faculty, and Dean Patricia Davidson.

WATCH FOR MORE DETAILS AT [NURSING.JHU.EDU/ALUMNIWEEKEND](https://nursing.jhu.edu/alumniweekend)



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**Hearts on Their Sleeves:** Students, faculty, and staff stand with Dean Patricia Davidson during Wear Red for Women Day at the Johns Hopkins School of Nursing. The event raises awareness of heart disease in women and kicks off February's annual American Heart Month. "Why?" the dean asked in her invitation to the photo shoot. "Because 90 percent of women have one or more risk factors for heart disease or stroke. Because 1 in 3 American women dies of heart disease each year. Because fewer women than men survive their first heart attack." PHOTO CREDIT: SYDNEE LOGAN



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