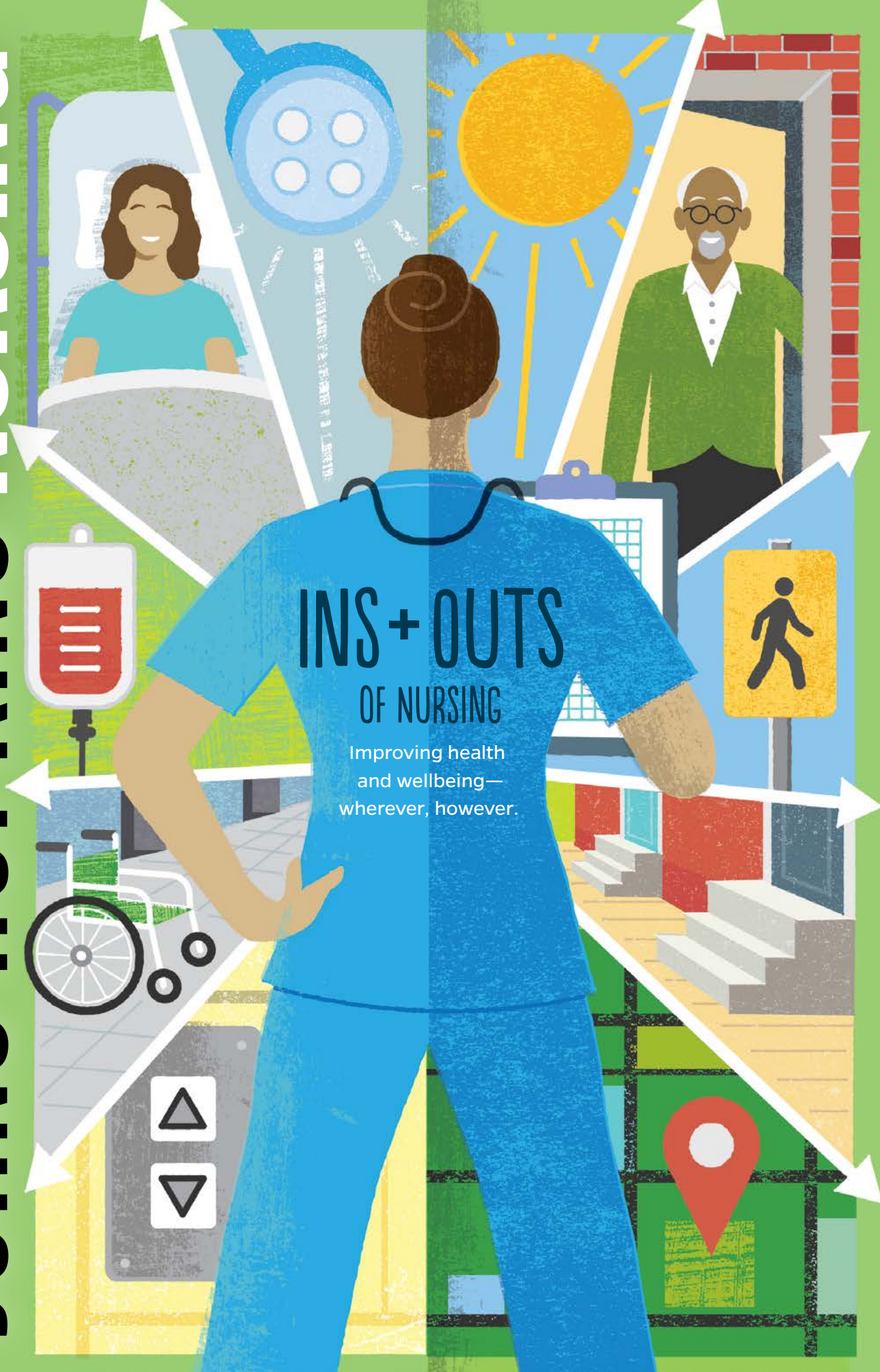


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FROM THE DEAN

INSIDE/OUTSIDE

The future of nursing isn't confined by hospital walls—it's also unfolding in homes, schools, and communities everywhere. At the Johns Hopkins School of Nursing, we're leading this transformation, pushing the boundaries of nursing science both **INSide** and **OUTSide** traditional health settings.

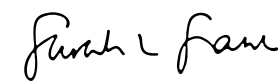
INSide, we're tackling big challenges with innovative models, like Professor Olga Yakusheva's research on the economic value of nursing—a game-changer for advancing value-based care in health systems (Page 22). **OUTSide**, we're rethinking clinical education, with MSN (Entry into Nursing) students gaining hands-on experience entirely outside of hospital settings, connecting with patients where care matters most (Page 20).

From acute care to outpatient clinics, from policy to practice, nurses are discovering their power to deliver holistic, community-focused care and drive health equity in every corner of the health care system.

Read on as *Johns Hopkins Nursing* magazine celebrates students and professionals charting the future of inpatient and outpatient care. And check out our great new Fall Campaign at insideoutsidenursing.org.

Meanwhile, meet students, faculty, and alumni making a difference in education as well as nursing even as we say goodbye to favorite faces (Page 27) and places (Page 48).

Please enjoy the Fall/Winter 2024 issue of *Johns Hopkins Nursing*.



Sarah Szanton
PhD, RN, FAAN
Dean, Johns Hopkins School of Nursing
Patricia M. Davidson Professor for
Health Equity & Social Justice

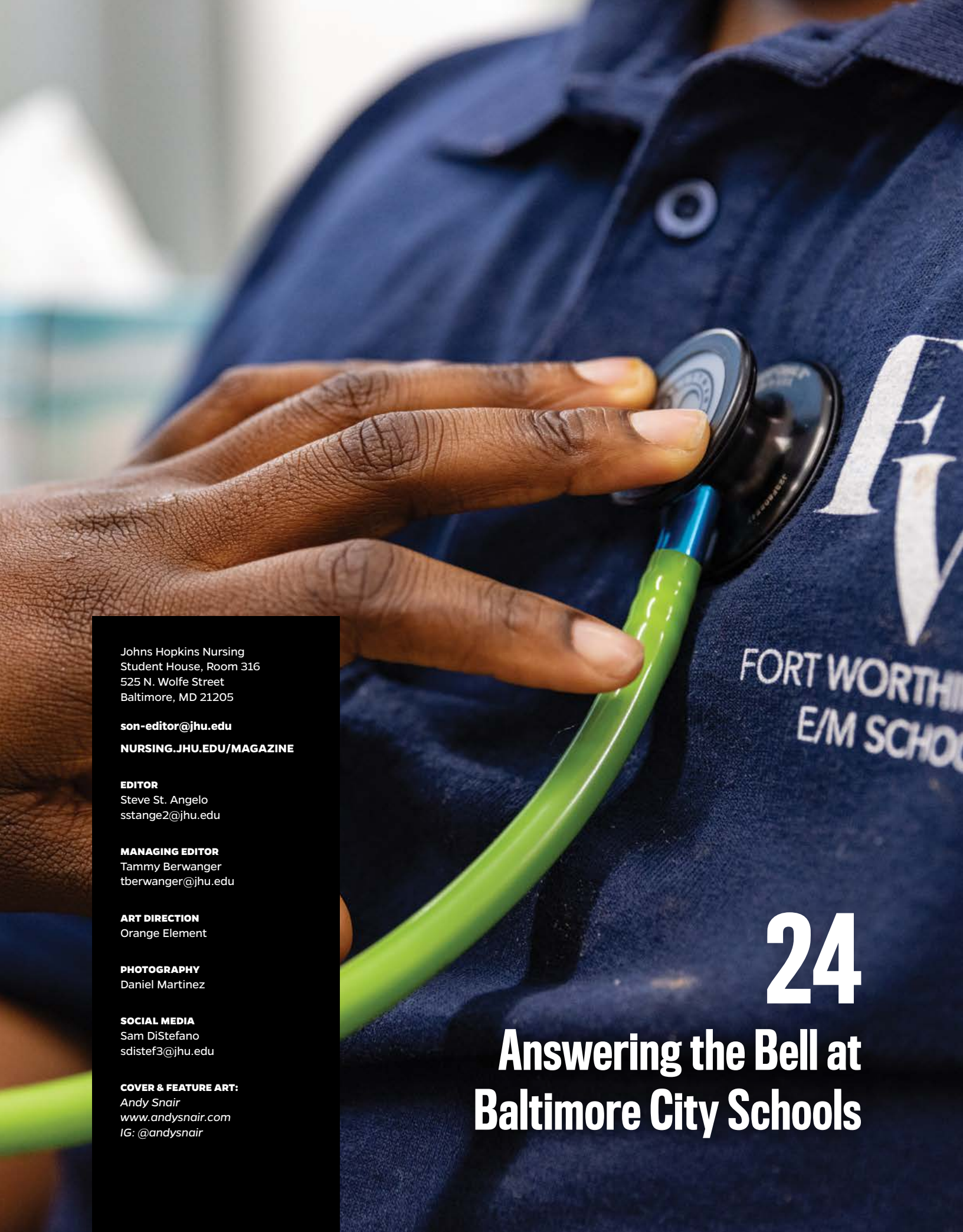


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Johns Hopkins Nursing
Student House, Room 316
525 N. Wolfe Street
Baltimore, MD 21205

son-editor@jhu.edu
NURSING.JHU.EDU/MAGAZINE

EDITOR
Steve St. Angelo
sstange2@jhu.edu

MANAGING EDITOR
Tammy Berwanger
tberwanger@jhu.edu

ART DIRECTION
Orange Element

PHOTOGRAPHY
Daniel Martinez

SOCIAL MEDIA
Sam DiStefano
sdistef3@jhu.edu

COVER & FEATURE ART:
Andy Snair
www.andysnair.com
IG: @andysnair

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FAAN inductions; awards for diversity and inclusion; new endowed chair; faculty and student profiles, and more.



Associate Dean Kristen Brown is developing a simulation method that helps students understand care from the patient's perspective as well.

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NEWS FROM **AROUND THE SCHOOL**

Assistant Professors McCamey and Hladek Join FAAN Ranks



Danielle McCamey

Assistant Professors Danielle McCamey, DNP, MS, RN, and Melissa Hladek, PhD, MSN, CRNP, have been inducted as fellows of the American Academy of Nursing, earning the prestigious credentials FAAN. Induction is a recognition of their commitment to nursing leadership and signifies a commitment to elevate the profession, influence health care policy, and foster advancements that shape the future of nursing and improve patient care.

McCamey and Hladek join five alumni of the Johns Hopkins School of Nursing in earning induction:

Rebecca R. S. Clark, PhD, RN, is faculty at the University of Pennsylvania School of Nursing and serves as the nurse scientist at Pennsylvania Hospital. She focuses on system-level interventions that improve birth equity, safety, and outcomes, especially for opioid-dependent women.

Kelli Garber, DNP, APRN, PPCNP-BC, is an associate professor and director of the DNP Advanced Practice program at the Ellmer School of Nursing at Old Dominion University. A pediatric primary care nurse practitioner, she is internationally recognized for her work in telehealth.

Clara M. Gona, PhD, FNP-BC, is an associate professor at the MGH Institute of Health Professions School of Nursing. She is a board-certified family nurse practitioner and an external faculty nurse scientist at the Yvonne L. Munn Center for Nursing Research at MGH.

Laurie A. Saletnik is senior director of nursing for perioperative services at Johns Hopkins Hospital and editor-in-chief for journal of the Association of Perioperative Registered Nurses.

Kathleen A. Schachman, PhD, FNP-BC, PMHNP-BC, FIAAN, FAANP, is an endowed professor at Saginaw Valley State University and coordinator of its Psychiatric-Mental Health Nurse Practitioner (PMHNP) program.

“These new fellows are not just a credit to our community, they are driving the future of nursing and health. Their induction as FAANs will open doors to resources so they may have an even greater impact,” says Dean Sarah Szanton, PhD, RN, FAAN. ■



Awards for Diversity, Inclusion

INSIGHT into Diversity, the oldest and largest diversity-focused publication in higher education, has awarded the Johns Hopkins School of Nursing (JHSON) the HEED Award for the seventh consecutive year. Additionally, the American Association for Men in Nursing has named the school a “Best School for Men in Nursing” for the sixth consecutive year.

The recognitions highlight JHSON’s steadfast commitment to diversity, equity, and inclusion, demonstrating how these values are integral to its mission, recruitment strategies, and future vision for the nursing profession.

Currently, 48 percent of students and nearly one-third of the faculty represent racial or ethnic minorities. Led by Associate Dean Jermaine Monk, PhD, MSW, MS, MA, the Office of Diversity, Equity, Inclusion, and Belonging provides essential guidance and resources to ensure that diversity is reflected in all aspects of school life.

“Belonging begins with us. I could not be prouder of our collective effort as we work toward achieving inclusive excellence,” says Monk.

“We are committed to creating a purposeful culture of inclusive excellence and belonging across our

school to ensure everyone in our community has the opportunity to thrive,” adds Dean Sarah Szanton, PhD, RN, FAAN. “We are building a generation of nurses who represent the rich diversity of America and beyond, making for better, person-centered care.”

JHSON has often repeated its commitment to diversity and inclusion in the nursing profession, recognizing that while clinical care accounts for only about 20 percent of a person’s health, social determinants—things like where a person lives and works, their education and income—determine up to 80 percent.

To achieve lasting health equity, JHSON seeks nurses from diverse backgrounds to be involved in shaping future care and health policy. These nurses will be the strategic experts, innovators, and influencers who drive change at the highest levels of government and health care, helping to build a more fair and compassionate system. The nursing workforce of the future will play a vital role in improving health outcomes and closing care gaps, ensuring that all communities have the opportunity to lead more healthful and fulfilling lives. ■

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Endowed Chair in Aging, Community Health



Kali Thomas, PhD, MA, has become the inaugural Leonard and Helen R. Stulman Professor in Aging and Community Health at the Johns Hopkins School of Nursing (JHSON).

Thomas joined the faculty in August 2023 as associate director of health services research in the Center for Equity in Aging. Her own research examines the organization, delivery, and financing of long-term services and support for older adults. It has been used to inform policy and practices to enhance overall health and quality of life.

“Dr. Thomas will develop and evaluate innovative programs, services, and policies to support those requiring long-term care in the community, and greatly enhance our understanding of health care for older adults,” says Dean Sarah Szanton, PhD, RN, FAAN.

At Brown University’s School of Public Health and the Providence VA Medical Center, Thomas led research on home and community-based services (HCBS) for older adults as alternatives to institutional care. Her work has advanced understanding of HCBS financing, access, utilization, and effectiveness, with presentations at organizations such as the Centers for Medicare and Medicaid Services, the National Academies of Science, Engineering, and Medicine, and the National Institutes of Health, among others.

She has consulted with state agencies, health plans, and the private sector on improving services for older adults.

While at Meals on Wheels America (MOWA), Thomas studied the impact of home-delivered

meals on promoting independence and health among older adults. Her research has driven innovations within the MOWA network and influenced global practices.

“I am honored to serve as the inaugural Leonard and Helen R. Stulman Professor in Aging and Community Health. With this opportunity, I am eager to use these resources to transform the landscape of health care for older adults and maximize our ability to enhance their wellbeing,” says Thomas.

“WITH THIS OPPORTUNITY, I AM EAGER TO USE THESE RESOURCES TO TRANSFORM THE LANDSCAPE OF HEALTH CARE FOR OLDER ADULTS AND MAXIMIZE OUR ABILITY TO ENHANCE THEIR WELLBEING.”

The professorship was established in 2022 by the Leonard and Helen R. Stulman Charitable Foundation, building on a relationship with JHSON that dates back to the early 2000s. This endowed professorship focuses on developing, implementing, and evaluating programs to enhance aging in community settings, while also advising on policies that support older adults. Since 2003, the Stulman Foundation has also endowed the Leonard and Helen R. Stulman Professorship in Psychiatric and Mental Health Nursing. Held by Deborah Gross, DNSc, MS, RN, FAAN, this professorship has positioned JHSON as a leader in mental health nursing, serving the Baltimore community and preparing future leaders in the field. ■



Reality Check

Associate dean for simulation, immersive learning focuses on what's best for all.



Even if virtual reality goggles had been around when she was growing up in Pittsburgh PA, Kristen Brown, DNP, CRNP, CPNP-AC, CHSE-A, FAAN, likely would not have seen this coming. “Nobody sits around in high school dreaming about becoming a simulation educator,” says the associate dean for simulation and immersive learning at the Johns Hopkins School of Nursing.

Brown kind of fell into it herself during a nearly two-decade a career as a critical care nurse and then a nurse practitioner at Johns Hopkins Hospital's pediatric intensive care unit. “My love for academia and teaching—it's very similar to what it was at the bedside,” she explains. “How do I make an impact? I would go into work and take care of a critically ill child and you could see the impact on both the patient and the family. What I also started to love was my role as an educator, precepting new nurse practitioners. I loved that light bulb going on, and I loved those connections being made.”

The first in her family to go to college (undergrad at the University of Pittsburgh, master's at the University of Maryland, DNP at Johns Hopkins), Brown is today a Certified Healthcare Simulation Educator-Advanced (CHSE-A) a certification by the Society for Simulation in Healthcare (SSH) for those who have proven themselves as advanced educators and leaders in simulation-based education. In January, she will be inducted as a fellow of the SSH Academy, which recognizes those “who have made outstanding and sustained contributions for the field of health care simulation.”

Brown has seen the opportunities an education can bring and is determined that no student under her watch will miss them. That attitude is built into the decision-making on new tech for her Center for Simulation & Immersive Learning. “Everybody is going to want to sell you on the next big thing.”

One thing Brown is sold on is the XR Learning Hub, a pilot education platform she's fine-tuning at JHSON that combines her clinical experience and passion for immersive learning with cutting-edge tech to fix common issues with clinical training for students. Her aim is to make clinical experiences more flexible, available, and—the big key—controllable. “You can't predict what situations a learner will encounter while on a clinical rotation, but with simulation, you can make sure they are exposed to what they need and must see.”

The XR Hub is a virtual space that allows the learner to engage with faculty and then travel through portals to environments, such as the hospital bedside, and experience care through the eyes of a provider, of course, but also a patient.

WE ARE ALL EAST BALTIMORE

How it works is that mixed reality (MR) blends the physical and digital worlds to create an immersive and interactive experience. Volumetric capture (VC) records and re-creates 3D photorealistic models of people, objects, and environments. Blending the technologies creates deeper immersion and more lifelike environments, thus greater retention and increased proficiency for medical procedures and exposure to clinical encounters.

Artificial intelligence? Great tool, used correctly and with a human touch. “Of course, AI is the biggest game changer we have. But its impact is in the way we leverage it, using it to assess how well students are learning and then modifying how we are educating them based on that information,” she explains. “Everybody learns differently. The one-size-fits-all should no longer be a thing. The goal isn't to say, ‘You fail.’ The goal is, ‘We're not going to let you fail.’”

And don't buy a hammer to put in a screw. “With the technology changing so fast, you have to understand best practice and matching modality. When I'm working with a faculty member who wants to train on communication, the best modality may be an actor or standardized patient vs. a mannequin. But if you are in the CRNA [certified registered nurse anesthetist] program and need to train on managing someone who's under anesthesia, who has a breathing tube in, and you're dealing with vital signs or critical management, then the modality is not an actor, it's a mannequin. So, depending upon the learning objective, you align the modality,” Brown says.

Then, “If you maintain the same principles, whether you're using a mannequin, virtual reality, augmented reality, mixed reality, or whatever modality is going to be coming, if you hold true to doing the things that deliver good education, it doesn't matter what the technology is.”

The first nurse to be named a Zamierowski Simulation Fellow, Brown spent two years at the JHU Medicine Simulation Center. Brown credits the philanthropist behind that fellowship, David Zamierowski, MD, with putting her in a position to jump at an opportunity like the associate dean role offered by JHSON. “He has made a big impact on my life,” she says of a supporter who has helped advance simulation programs at the University of Kansas as well as Johns Hopkins, where he attended medical school.

She understands that simulation is expensive in



terms of time, space, and human capital but hopes that by leveraging technology, she can offer training more often with fewer resources. A regular simulation booster shot can help cement the learning. It might even keep a struggling nurse on the job, Brown insists.

“Everybody's working on this pipeline of getting more nurses into the workforce. But what about keeping them there? Transition-to-practice from nursing school to the bedside is very difficult. We lose a ton of nurses in that period.” To prevent such burnout, Brown prescribes “making sure that people maintain an education, that they're an active participant in the education, that they're moving the needle, and they feel like they're engaged. And you can do that with simulation, across the continuum.”

As a recipient of a 2024 JHU Nexus Award, Brown (with School of Medicine colleague Geoffrey Miller, PhD, MS) will convene experts from simulation, education, and professional organizations in the spring to develop and lead a vision for “Shaping the Future of the Healthcare Workforce: Policy and Best Practice Recommendations for the Use of Simulation for Healthcare Education.” The NEXUS Awards program supports a diverse range of programming, research, and teaching at the university's new Hopkins Bloomberg Center at 555 Pennsylvania Avenue in Washington DC.

“The nursing workforce shortage is a public health crisis,” Brown says, “and we have to work together to come up with real solutions.” ■

Trauma Translator

12

PhD student Arum Lim seeks biomarkers in vets' RNA that could sound the alarm on heart disease.

13

For PhD student and researcher Arum Lim, MSN, RN, peering into a tube of blood is not all that different from looking into a patient's eyes. Without a word, each can tell her so much.

Lim, who worked as a cardiovascular surgery intensive care unit (ICU) nurse in her native Seoul, left South Korea for the Johns Hopkins School of Nursing to research post-traumatic

stress disorder and, more specifically, its impact on cardiovascular health risks.

The blood samples come mainly from veterans and active military subjects. Once identified through next-generation sequencing, their biomarker genes and proteins might one day be used to predict and prevent cardiovascular disease. It's a connection that carries extra meaning for a native of South Korea.

PHOTOS BY CHRIS HARTLOVE | HARTLOVEGOODYEAR.COM





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“I COULD NOT DO THIS RESEARCH OUTSIDE OF THE JOHNS HOPKINS COMMUNITY.”

To end the direct combat of the Korean War, South Korea and North Korea signed an armistice in 1953. To maintain this hard-won peace, most young men—and some women—are required to train for the nation’s defense. It is out of respect for these veterans’ sacrifice that Lim now works to improve care. “Through my research, I feel like I am giving back,” says Lim, who did not serve in the army.

“We know that stress highly impacts health and particularly cardiovascular health. We use RNA sequencing to find the genes and proteins that can be a vehicle for cardiovascular disease,” she explains, adding her appreciation for opportunities presented to Johns Hopkins PhD students. “RNA sampling and sequencing is a very expensive method.”

She points to the particular generosity of Bloomberg Distinguished Professor Jessica Gill, PhD, MSN, FAAN, whose own research with biomarkers has led to breakthroughs in treating traumatic brain injuries, PTSD, and depression in veterans returning from

combat. Lim has also been struck by the collaborative nature of Gill and other researchers on projects large and small.

“I could not do this research outside of the Johns Hopkins community.”

Lim, who hopes to complete the PhD program next year, misses the cardiovascular surgery ICU, “the most meaningful time in my life.” But she accepts the trade-off: one-on-one interactions with patients vs. a broader perspective and impact through research. And she hopes the results of her work in the lab will reach the bedside soon enough.

“Working in a lab with samples is similar to working with patients in a hospital—you must be delicate, careful, and sensitive.” The main difference? “No one’s life depends upon my hands, but early detection and prevention can still save lives, just like helping people in hospital beds.” ■

“I’VE GAINED AN UNDERSTANDING THAT ALTHOUGH WE ARE ALL DIFFERENT AND UNIQUE—DIFFERENT CULTURES, DIFFERENT PERSPECTIVES—THERE IS SO MUCH MORE THAT UNITES US.”



WE ARE ALL EAST BALTIMORE

“I FEEL VERY DRIVEN TO THE SERVICE OF MY COMMUNITY.”

unrest across that region scuttled any such notions. She could wait a year and try again, or she could take Georgia. If you consult your world map, as she did, the nation sits beneath Russia and above Turkey, Armenia, and Azerbaijan on the Black Sea. Where to help was clearly less important to Daugherty than how and when (right now). Off she went.

“It was definitely interesting being in that part of the world,” she explains, “because my undergraduate degree was in history and political science. I was really learning so much about that area, and it is so rich in history.”

She was also struck by the beauty: In the land, in the people (the cacophonous symphony of folks making their points loudly and emphatically), in the unmistakable scent of baking bread. Cows roamed the streets. And there among the adolescent and pre-adolescent girls, Daugherty found her calling. “The SELF camp is actually the reason that I’m a nurse. I had never even considered nursing, never thought about it,” she explains of a program that promoted Self-Esteem through Leadership and Fitness (SELF). Topics would include menstruation, something not taught in schools, and other “things that I totally took for granted” as a child from a rural part of northeastern Pennsylvania. “And you could tell that it literally changed these girls’ lives learning that information. It was such an eye-opening experience.”

The takeaways from Georgia echo in a career path that has led Daugherty to the Doctor of Nursing Practice (Family Nurse Practitioner) program at the Johns Hopkins School of Nursing. “Working with youth or working with women, in a public health way ... I could leverage that so much by having the background of medicine and health care. Looking into the different ways I could do that, and reaching out to some family friends who were nurses, that’s why I’m here.”

After a stint as an East Coast field team leader with AmeriCorps, Daugherty officially jumped into nursing. And it turns out that the world in need of saving might be just down the street. A registered nurse for six years now, her most recent postings have been as a certified sexual assault nurse examiner with the SAFE Alliance and (currently) with Texas Health Action, a free sexual health, HIV-prevention clinic. “We have a lot of patients who are unhoused, low-income, don’t have health insurance.” Both organizations are in Austin. “I feel very driven to the service of my community.”

The Gurtler Award will help there. “This scholarship was not something that I was aware of. I knew Johns Hopkins has a very rich history of working with the Peace Corps and supporting returned Peace Corps volunteers. So that is one of the reasons that it has always been on my radar. ... I’m just incredibly grateful.”

Just finishing her first semester, Daugherty has not settled on a DNP project. But it isn’t difficult to guess how she’s leaning.

“I’m really interested in working with at-risk populations,” Daugherty says, adding that the first lesson is to listen. “I’ve gained an understanding that although we are all different and unique—different cultures, different perspectives—there is so much more that unites us. Understanding people’s environment, what they have or don’t have, and how that affects their overall health is way more important than me writing them a prescription.” ■

Learn more about the Gurtler Scholarship, plus other annual scholarships awarded to Returned Peace Corps Volunteers each year by the Johns Hopkins School of Nursing. Visit nursing.jhu.edu/peacecorps.

“That’s Why I’m Here”

Gurtler Scholar’s awakening in former Soviet republic of Georgia led to nursing and to JHSON.

Halfway across the globe from where she expected to end up, Merissa Daugherty found exactly where she needed to be.

Georgia, as in “the former Soviet republic of,” welcomed the Peace Corps in 2001. Its independence from the old Union of Soviet Socialist Republics (USSR), declared in 1991, had come at a cost, leaving many wistful about the “good old days” as one of the more relatively privileged communist states.

“The older generation, they all would say, ‘Under the USSR, we had water all the time and electricity all the time.’ The younger generation was very Western-

looking and wanted to leave that Soviet history behind them.” Daugherty, the 2024 Gurtler Scholar, was there from 2012 to 2014 to teach the young Georgians English and about various cultures and holidays. (Religion wasn’t exactly illegal, but the Soviets made anything but strict atheism an uncomfortable or even dangerous choice.) Basically, she was working to undo decades of indoctrination. “It was so closely interwoven into the culture, in the buildings, even in schools [students in her village, Tskaltubo, learned Russian in addition to Georgian].”

Daugherty, who speaks Spanish, had expected that the Peace Corps would post her in Latin America, but



INS + OUTS OF NURSING

The future of nursing is in homes and schools, outpatient settings, and inpatient acute care, each an equally essential part of a push by the Johns Hopkins School of Nursing (JHSON) to empower nurses to meet patients where they are, drive health equity across all settings, and champion the shift toward whole-person, community-based care.

JHSON is working to change that future for the better, right now, by paving a better pathway there.

That means a return to the roots of health care via its pioneering Neighborhood Nursing program, which will link every resident with a nurse/community health worker team to promote prevention and eliminate inequities.

A School Health Nurse program re-establishes the healthy bonds that keep young students feeling well and in school, spreading goodwill, good health, and essential education into their communities.

The inaugural Outside Track introduces students to clinicals entirely outside of the inpatient setting, building a cohort of nurses ready and able to handle anything, anywhere.

On the pages that follow, and at insideoutsidenursing.org (also accessible through the QR code on Page 23), JHSON leaders and students spell out these plans and discuss how they are having an impact right now.

THE OUTSIDE TRACK

Inaugural program offers students a more holistic and person-centered approach.

Robert Atkins, PhD, RN, FAAN, went to nursing school in the 1990s, his mother went to nursing school in the 1960s, and he is executive vice dean at the Johns Hopkins School of Nursing today.

In all that time, nursing education has changed very little. For example, even though nursing care is increasingly provided outside of hospitals, nursing clinicals for entry-level students still reflect the focus of the early 20th century hospital-based nursing program: preparing nurses to deliver care in hospitals. That creates operational and programmatic challenges.

For one, hospital-based clinical placements and clinical faculty are scarce resources, which limits the number of students that schools of nursing can accept and enroll into nursing programs. It's an untenable challenge in the middle of a nursing shortage. Furthermore, today's hospitals are increasingly emergency and acute care centers—even patients undergoing surgery frequently go home the same day. To prepare nurses to change the world tomorrow, JHSON focuses on real-world nursing today, and that means enlarging the experience pipeline to include outpatient clinics, schools, hospice facilities, and even virtual reality.

“OUR GRADUATES WILL BE PREPARED TO FILL CRITICAL NURSING DEMANDS IN THE COMMUNITY AND PROMOTE OUR PROFESSION OF NURSING.”

A new track in the MSN (Entry into Nursing) program is expanding the pipeline to practice, preparing students for RN licensure through clinicals conducted entirely outside of the hospital setting.

The Outside Track “represents a fundamental change in how we train future nurses,” explains Assistant Professor Laura Lucas, DNP, MS, RN, director of MSN programs.

“As the demand for nursing grows in community settings, there is a need for schools of nursing to provide students with clinical opportunities to learn how to care for individuals in their homes, schools, churches, outpatient centers, and many other spaces,” Lucas says. “These students are prepared to be generalist nurses, capable of working in various settings and contributing to a more holistic and person-centered approach to health care.”

Students meet the same course objectives as their peers who train in inpatient settings, but conduct clinicals in outpatient settings providing care to people with congestive heart failure, for example, as well as wound and end-of-life care. The approach addresses the gaps in traditional nursing education and equips graduates to be practice ready by graduation, in whatever setting they choose.

How it works: The pilot includes seven students who started their clinical rotations in spring 2024. They were selected through a competitive application process then assigned to a clinical placement and paired with a preceptor on site. The approach is doubly beneficial; in contrast to traditional clinicals, students are paired with a nurse already employed on site, so the program is sustainable. Then, students



Christian Opia



India Grant

are precepted one-on-one instead of the 1-to-8 ratio in hospital settings.

REAL-WORLD IMPACT

With more clinical time spent delivering care, students in the Outside Track are making an impact right away. Student India Grant of Victorville CA was able to intervene and conduct a health assessment, ultimately identifying the correct cause of a new challenge: patient falls.

“I attended clinicals at a mental health facility,” Grant says. “Our patient recently started having falls, and others on the care team wanted to change her medicine. I intervened, checked the person’s feet, identified bruises and cuts, and found out she also had diabetes. We were able to intervene appropriately with diabetic foot care rather than changing this person’s psychiatric medication.”

Student Christian Opia, a native of Nigeria, says the Outside Track has been even better than expected, particularly his clinical shifts at an oncology infusion center. “I never imagined it would be like outpatient setting and community put together,” he says. In inpatient, he explains, many individuals being cared for are too sick to talk or are sleeping. “But outpatient, they’re going to be asking you questions about the care plan, the medication, what to expect during treatments, and what not to expect.” And if the

patients don’t ask, the preceptors will. “So outpatient will challenge you to have a deep dive into the material or the topic that you need to know.”

READY TO PRACTICE ANYWHERE

“We’re trying to prepare practice-ready nurses for as many diverse nursing roles as possible,” says Atkins, an architect of the Outside Track. “The nation needs nurses to provide acute care both in hospitals and in the community.”

Already, 4 in 10 nurses work outside of the inpatient setting. Studies have shown that clinical care determines only around 20 percent of a person’s health, while social determinants of health, things like where people live, work, their education and income, determine 50 to 80 percent.

Nurses are already the largest segment of the health care workforce; with more nurses in communities, in more places along the pipeline of care, they can intercede upstream—before health concerns become an inpatient problem.

COMPETENCY-BASED EDUCATION

The Outside Track is just one arm of the school’s push to redesign nursing education in alignment with the current and future needs of health and health care

systems. It's important to expand the clinical pipeline, and clinicals remain a vital component of nursing education, accounting for around 1,000 hours of pre-licensure student education, but they are a "black box."

"We can't be sure what students will encounter, or how their clinical experiences contribute to the development of their competency and practice readiness," says Atkins.

In addition, JHSON is implementing new, high-fidelity simulations using virtual and augmented reality. It all falls under the umbrella of "competency-based education," an approach that enables students to

understand up front the core competencies they need to master to be a successful nurse, and then practice the skills until proficiency.

"We have to ask 'why are we doing it this way?' " says Atkins, "and then be prepared to reimagine nursing education to train a larger and even more prepared generation of nurses that contributes to a healthier, more resilient nation." ■



The New Case for Nursing

Economist offers an argument to recognize, reward value of nurses.

22

Persistent challenges plague health care systems.

Chronic nurse understaffing, burnout, and high turnover rates threaten quality, equitable, and affordable care. And systems' traditional assessment of nursing's economic value through a "do more with less" framework exacerbates the problem.

Economist Olga Yakusheva, PhD, is challenging that.

A recent addition to the Johns Hopkins School of Nursing (JHSON) faculty, Yakusheva is an internationally recognized expert on the economic value of nursing and its contribution to patient, societal, and organizational outcomes. Her 2024 paper "The Nursing Human Capital Value Model" proposes a new conceptual model for nursing's economic value.

The Nursing Human Capital Value Model challenges health systems and organizations to see nursing not as a costly labor input but as human capital—investment in a profession strengthened by the diversity of its individual members and the value each brings to the workplace, such as experience, educational preparation, and clinical expertise. "Many large, national, and international research studies have demonstrated a strong link

between nursing human capital characteristics and improved patient and organizational outcomes, and so it is time that the old 'do more with less' thinking toward nurses must be retired," explains Yakusheva. The Nursing Human Capital Value Model redefines nursing's economic value as the organizational and societal return on that investment, reflected in improved consumer, nurse, and organizational outcomes.

Yakusheva is also engaged in research to reform the health care payment model so that nurses have a better line of sight of the revenue they generate and more decision-making autonomy over their practice. "Nursing's value is much greater than the sum of the tasks performed by nursing staff," she says. "I believe it's time nurses are recognized for the full value of the human capital they bring to their organizations and patients. I also believe it is time nursing gets its own bank account."

This work paves the way for future research and policy to highlight the dynamic scope of nursing's economic contribution within health care organizations and systems. "The Nursing Human Capital Value Model will be a standard bearer in workforce policy for years to come," says Dean Sarah Szanton, PhD, RN, FAAN. ■

GOOD NEIGHBORS

Walking the walk to keep communities well by becoming part of their fabric.

On stoops across East and West Baltimore, a revolution in health care is taking place in the most neighborly way possible. Nurses and community workers are going door to door, block by block, face to face in a program designed to personally link every individual in Baltimore neighborhoods to information, prevention, and—where necessary—to health care.

Neighborhood Nursing, driven by Dean Sarah Szanton, PhD, RN, FAAN, co-founder of the successful CAPABLE program to help older citizens age in place, draws inspiration from Costa Rica's "all in" community-oriented primary health care model. Its adoption here is born out of a startling imbalance of care in historically underserved areas of Baltimore, a city where 94 percent of residents have health insurance yet disparities remain entrenched. So that's where efforts begin, meeting people where they live, work, play, and pray and offering, from birth to death, access to a caring person who comes ready to listen, and care.

THROUGHOUT HISTORY, NURSES HAVE ALWAYS GONE WHERE THE NEED IS.

"I think of what we're building as like pipes in a water system," Szanton explained on NPR's *Tradeoffs* podcast, "where there's a resource that's flowing to every household and that connects them to each other."

Throughout history, nurses have always gone where the need is. And they've used whatever transportation was available to get to more remote places—horseback, canoe, or much later by small plane. In Baltimore, fortunately, feet will do, or maybe an electric scooter. The point is simply getting to every door—homes, schools, libraries, faith-based organizations, barber shops, beauty salons, senior centers, and more—and learning what matters most to people.

Once proven, the efforts would not end until all neighborhoods, rich, poor, white, or ethnically diverse, offer every resident a similar connection. The program is a partnership among schools of nursing at Johns Hopkins, Morgan and Coppin state universities, and the University of Maryland, plus community organizations including Sisters Together and Reaching (STAR). It's led through JHSON's Institute for Policy Solutions by Senior Project Manager Lisa Stambolis, RN, CPNP, former director of pediatric and adolescent medicine at Healthcare for the Homeless. (Stambolis worked for Baltimore City Schools for 11 years.)

In two pilot communities, Johnston Square/Oliver (East Baltimore) and Sandtown-Winchester (West Baltimore), the program has paired a nurse and community health worker who visit each person—regardless of their age, health status, or insurance. Access to care (or even health advice) isn't mandatory. All residents receive an in-person visit, if desired, and are digitally connected with their health care teams for telehealth visits and additional in-person visits based on individual needs. Residents with multiple chronic conditions, young children, or others at higher risk receive more frequent visits, again with their say-so.

The nurse/community health worker teams carry the strategies and skills to support residents and connect them with primary care and social services, while providing "whole person" care on the spot. The idea is that trust will grow, word will spread, and communities will experience decreases in infant mortality, premature death rate, depression, and anxiety, among other important indicators of health and wellbeing. Vaccination rates should increase.

The Centers for Medicare and Medicaid Services' Accountable Health Communities Model Evaluation of 2018–2023 showed that connecting beneficiaries to community resources for health-related social needs led to a 3 percent reduction in expenditures for Medicaid and a 4 percent reduction for Medicare. Quality of care improved across the board. ■

Follow QR code to insideoutsidenursing.org.



ANSWERING THE (SCHOOL) BELL

JHSON-led program addresses chronic need among Baltimore City children.

With each child who visits a school nurse's office comes an opportunity to improve the current and future health of an entire community, inside and outside the school. In less-affluent school systems, where nurses are rare or undersupplied, it is an opportunity too often missed, leading to predictable, preventable health ills down the road.

So when Baltimore City approached the Johns Hopkins School of Nursing about leading a program—with fellow schools of nursing at Coppin and Morgan state universities—to add and staff nursing suites at 15 elementary and middle schools across the city, the answer was as clear as the need.

"I like to give a lot of credit to our partners at the Baltimore City School System," says Associate Professor Catherine Ling, PhD, MN, FAAN, chief nursing officer for the COMPASS Center under which the resulting School Health Nursing program falls. "We received the call, and we said, 'Absolutely.' This is a place where we as nurses can walk the walk, so to speak, be present in our communities when those communities are bringing forth that need."

"THE HEALTH OF OUR KIDS IS JUST AS IMPORTANT AS THE HEALTH OF ADULTS, BECAUSE THEY ARE THE FOUNDATION OF THE COMMUNITY."

"We have a lot of research that shows that children learn better, they stay in school more frequently, and school communities thrive when there is a nursing professional on site," explains Ling. That, of course, includes teachers.

Through the agreement, JHSON took charge of nursing suites at Commodore John Rogers, Fort Worthington, Mount Royal, William Paca, and John Rurah K-8



schools. On paper, the nurses are expected to provide day-to-day care and preventive services to students and school communities while making sure kids are up to date on vaccines. In reality, their contributions extend so much farther.

"School health nurses are also on the front line of observing what's going on. A lot of people may not remember, but during 9/11, it was a school nurse who first identified the chronic respiratory and lung ailments that were happening near the World Trade Center [in New York City]," Ling reminds. "That's what school nurses do: They observe what's going on, they see what's happening, and they bring in the resources to begin to address those needs."

"It is beyond when the kids get sick. [Nurses are] obviously there for that," says Ling. "But you have children who have ongoing needs, say children with asthma and children with diabetes. We want them in school, so we want to keep them in school."

Program Supervisor Christal White, RN, herself a product of Baltimore City schools—"plenty" of which lacked nurses back then as well—echoes Ling, reporting that what has struck her most since the suites opened in February is the sheer number of children with chronic illness, like much older humans in tiny bodies.

Monthly reports offer a sense of the diagnoses and conditions being seen in these suites, White explains. "What are they seeing?" She mentions one school that had officially tagged only two or three kids as having chronic care issues like asthma. Since the new nursing suite was established, the number has jumped to 22 or 23. The school didn't know. Foot traffic at the suite has tripled. And it isn't just asthma but diabetes, high blood pressure, and other illnesses.

"These kids were there before," White says. "It's just that they weren't being treated. They can't fix what they don't see."

Most scary, she says, is the arrival of a child who's having trouble breathing—asthma exacerbation—"and we didn't know this kid had asthma. If they aren't stable enough, we have to send them out, call 911 if their parent isn't close enough."

Once the emergency passes, White settles in for a teachable moment: "It's about education, and interactions with parents after an incident is where the education starts." It's also about trust: that the nurses are there, and that they will be there tomorrow and next week too, not something that could be promised in previous school years. "It's like, 'Hey, you have a nurse here in the health suite,' emphasizing the importance of us knowing about these chronic health conditions. We give them packets, 'This is the asthma packet.' And we have seen improvement."

White and her nurses—Delphine Halle at Fort Worthington, Lois George at Commodore John Rogers, Natasha Monee Harris at Mount Royal, Nicole Mader at William Paca, and Lindsey Weer at John Rurah—are relishing such chances to make an impact:

"When I heard about this program, I was sort of like, 'Wow! It's a great opportunity to set an example across

the board of how school health should be.' It's a goal we all try to attain together because we are one institution but at the same time we have a common goal with other entities and schools involved in the same project."

And the kids?

"They have built an increased confidence with us and our presence, a sense of security, and a sense of belonging. They come to the nurses not just for health reasons but mental health breaks. Oh my gosh, they tell you these stories, and it's like these kids have been on this planet five times longer than whatever age they are," White says.

"At this point they're a little spoiled," she adds. If the regular nurse needs a day off and an agency sub is scheduled to the nursing suite, "These kids are, like, 'Who are you? You're not my nurse.' But it's appreciated. They keep coming, for whatever the case may be. They're there."

The nurses will be too.

"The health of our kids is just as important as the health of adults, because they are the foundation of the community," she says. "If you have a community full of sick kids, what's the probability of that community thriving?" ■



New JHSON Center Focuses on Child and Youth Health and Wellbeing

The mission of the new Johns Hopkins School of Nursing Center for Equity in Child and Youth Health and Wellbeing is to advance the health and wellbeing of infants, children, adolescents, young adults, and their families, particularly those in underserved communities locally and globally. The center seeks to catalyze innovative ideas, strategies, and collaborations in research, practice, policy, and educational scholarship that support the next generation of scholars, clinicians, and policy makers. It advances the values and principles of the Johns Hopkins School of Nursing and its institutional and community partners and our commitment to an equitable and evidence-based future for children, youth, and their families.

Co-directed by Deborah Gross, DNSc, MS, RN, FAAN, the Leonard and Helen R. Stulman Professor in Psychiatric and Mental Health Nursing, and Bloomberg Distinguished Professor Eliana Perrin, MD, MPH, FAAP, who has appointments in the Schools of Medicine (Pediatrics) and Nursing, the center gathers the strength and breadth of Johns Hopkins School of Nursing faculty—with a key assist from several Johns Hopkins medical and public health partners—to address all aspects of helping children and communities thrive.

Center faculty bring deep education, research, clinical, and advocacy expertise on a wide range of health issues affecting infants, children, and youth, many of which disproportionately affect those living in poverty. Focal areas include: breastfeeding and lactation; child and youth mental health; children and youth in foster care; children and youth with disabilities; nutrition and obesity prevention; parenting and family interventions; pediatric acute and critical care; pediatric primary care; perinatal and postpartum health; school health; sexual and



Eliana Perrin



Deborah Gross

reproductive health; social, structural, economic, environmental determinants of health; trauma and trauma-informed care.

“This is the first center at the Johns Hopkins School of Nursing solely devoted to advancing science, practice, and policies affecting the health and wellbeing of infants, children, youth, and their families from underserved communities,” emphasizes Gross. “The center has brought together an amazing group of scholars who share a passion to improve the lives of young people and their families.”

Adds Perrin: “I think that it’s really one of those entities where the whole will truly be greater than the sum of its parts. There are so many wonderful people across the School of Nursing, and affiliated with it, who care deeply about the issues affecting children and their families and engage in practice, advocacy, education, and research around these issues. When we are all working together, riffing off each other, being inspired by each other, we will truly be able to reach our full potential—and that will bring great dividends to health and health equity for children and their families.” ■



Farewell, Young Man!

After more than 30 years as the welcoming face and booming voice of the Johns Hopkins School of Nursing security desk, Officer Eugene Mobley decided this fall to retire, effective in December. For so long, he has been the first contact for visitors to the Pinkard Building, the first “Hello there!” each morning to staff, faculty, and students. His presence and spirit, along with protective service, have been an indelible part of the JHSON experience. Pinkard will remain a safe, secure spot for all who call JHSON home. But Officer Mobley will be missed. ■

Images by Daniel Martinez are from Officer Mobley’s 30th Anniversary event in 2023.

Working Together to Eliminate Health Inequities



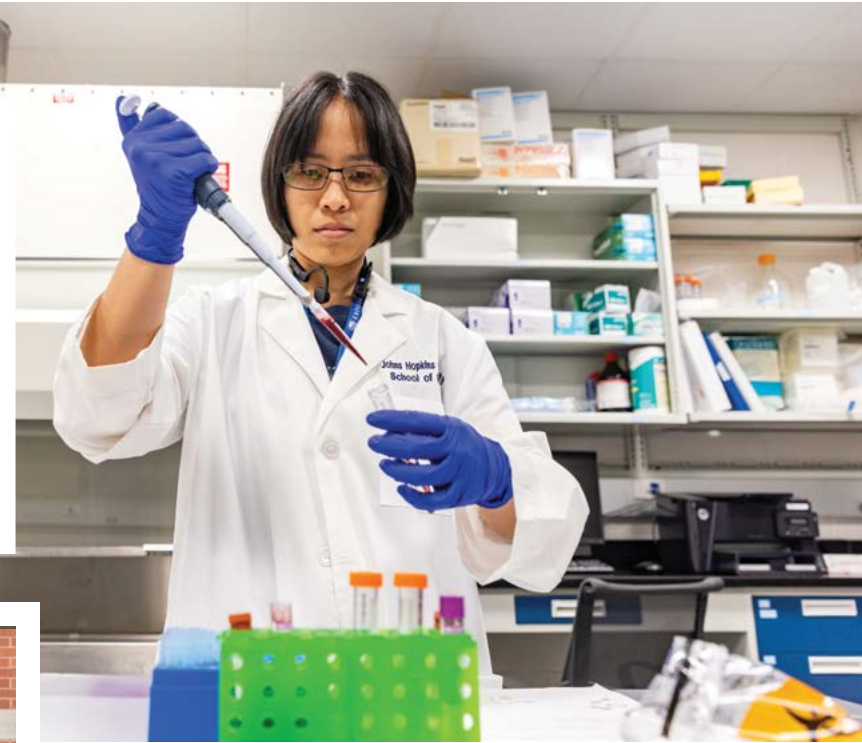
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Around the SON

Clockwise from top right: Seeking breakthroughs in the lab; a warm embrace as the Blanket Ceremony honors achievements and milestones among Native American students; the White Coat Ceremony officially welcomes the newest MSN (Entry into Nursing) cohort; a previous class celebrates its own success as well as that of the school at graduation; and the Former Faculty Brunch keeps bright minds engaged in the present and future of the School of Nursing. ■

*CLABSI-free in the NICU;
DAISY; Letter from
Deborah Baker; putting
patients at ease; and
treating TB in India.*

July 2024 | Kristin Foley

Kristin Foley, an RN II from Bloomberg 10 N, was presented with the July 2024 DAISY Award. The nomination letter, submitted by a fellow nurse on the unit, describes how Kristin went above and beyond to help with a patient in pain while simultaneously juggling many other responsibilities, including running charge and helping to calm a distressed family. "Last night she was a superhuman nurse. I could not have made it through this shift without her." Congratulations, Kristin.



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NEWS FROM JOHNS HOPKINS
HOSPITAL & AFFILIATES

2025 JOHNS HOPKINS MEDICINE AMBULATORY NURSING CONFERENCE

Collaborative Care: Building Stronger Teams in Ambulatory Settings

We look forward to the annual **Johns Hopkins Medicine Ambulatory Nursing Conference**, dedicated to the celebration and advancement of ambulatory nursing. There will be four tracks to meet the needs of our diverse workforce: general, building teams, innovation and specialty.

SAVE THE DATE

Saturday, March 8, 2025

8:30 a.m. - 4:00 p.m.

Maritime Conference Center
692 Maritime Boulevard
Linthicum Heights, MD 21090

REGISTER SOON

Registration link will be available soon.

CALL FOR POSTERS

Click here to submit yours.

Targeted Audience

This conference is sponsored by Johns Hopkins Medicine and is open to all community colleagues. We encourage all ambulatory nurses to join us for this experience, so please forward this information to others.

Keynote Speaker: Danielle McCamey, D.N.P.

Danielle McCamey, D.N.P., A.C.N.P.-B.C., F.C.C.P., F.A.D.L.N., has nearly 20 years of nursing experience and over a decade as a board-certified acute care nurse practitioner. She currently serves as assistant dean of Strategic Partnerships for the Johns Hopkins University School of Nursing.



JOHNS HOPKINS
MEDICINE



Lisa Eckel and Laura Selway

CLABSI-Free in the NICU

BY JOAN CRAMER

For nurses working with sick babies in the neonatal intensive care unit (NICU), one of the biggest—and most challenging—concerns is preventing central line-associated bloodstream infections (CLABSIs).

“The reality is these infections can kill kids—that’s how profound this is,” says Laura Selway, a passionate champion of CLABSI prevention who the Johns Hopkins University School of Nursing named the Cynthia and Peter Rosenwald ICU Nurse of the Year in 2022.

CLABSIs are caused by bacteria infecting a patient’s bloodstream by contaminating the central line—the catheter used for days and even weeks to draw blood and deliver medication, fluids, or nutrition for sick patients. Preventing infection, especially in babies whose lines are often close to diapers and other contamination sources, requires hypervigilance and a strict adherence to proven CLABSI-prevention tactics.

“IT REPRESENTS SO MUCH WORK ON THE PART OF OUR BEDSIDE NURSES.”

Thanks to a multiyear, multipronged, and even multidisciplinary CLABSI-prevention campaign, the NICU is now in the midst of one of the longest CLABSI-free periods in its history (as of early May).

“Even three CLABSI-free months is amazing in an ICU,” says Selway. “There are so many opportunities on every shift for that line to be infected. But we’ve gone 42 weeks without an infection. Our nurses are doing all of the right things ... keeping all of the contaminants in the environment out of those lines.”

The campaign started during the COVID-19 pandemic, when Selway and fellow CLABSI champion Lisa Eckel noticed an uptick in CLABSI cases and starting doing weekly rounds to make sure nurses understood and were adhering to CLABSI-prevention protocols. Eckel and Selway began more one-on-one education—through conversations, emails, and use of Kamishibai (K-cards), a technique to promote discussions about safety protocols among nurses and other members of the care team.

Eckel and Selway also made a point of including other nurses, physicians, and epidemiology and infection control specialists on the central-line rounds.

“We wanted a multidisciplinary round because we bring different things to the rounding process,” Selway says. “And we engaged our providers to talk regularly about line necessity.”

“Line necessity” is a big issue in CLABSI prevention. If a central line is not present, the patient cannot develop a central line-associated infection. And the longer a central line is in place, the greater the risk. So, it’s very important for clinicians to continually consider whether, when, and how long a central line should be used. Selway says having regular conversations with physicians about the continued use of each central line paid off. Last year, the “average line days per year” in the NICU decreased to 5,500 from 6,500.

Selway says every nurse on the unit is proud of and invested in the CLABSI-free run.

“It represents so much work on the part of our bedside nurses,” she says. ■

DAISY

AWARD WINNERS

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

June 2024 | Kelly Dyson

Kelly Dyson, an RN III from Zayed 3 prep/PACU, was returning from lunch one afternoon when a woman ran past carrying a child visibly in need of care, headed toward the pediatric emergency department. Dyson ran to provide support, rushing the child into the emergency room for immediate medical attention. “Kelly selflessly stopped to assist this caregiver and patient in their moment of distress,” wrote her nurse manager in the nomination. “Actions like Kelly’s mean so much to the parent and the team caring for the patient.”

On every shift, across all hospital affiliates of the Johns Hopkins Medical Institutions, “superhuman” nurses like Kelly Dyson and Kristin Foley (Page 30) go about the business of caring, whatever the time, situation, physical or emotional challenge. Patients, families, and peers notice. Beginning next issue, in a new feature, *Johns Hopkins Nursing* will expand its DAISY report to bring more of these stories of strength and healing to you. ■

Know an amazing Johns Hopkins Nurse? Of course you do. Learn more about the DAISY Award and how to nominate a nurse at hopkinsmedicine.org/nursing/daisy.



“ACTIONS LIKE KELLY’S MEAN SO MUCH TO THE PARENT AND THE TEAM CARING FOR THE PATIENT.”

Hard Work and Reflection Bring Success Across the Board

For several years now, across the Johns Hopkins Health System, we have been working diligently to become the model of an integrated health care delivery system. We've taken strides to align, streamline, and harmonize our resources, processes and procedures—aiming to work like one united organization rather than a number of isolated hospitals and member organizations.

36 When it comes to nursing, these efforts have been enlightening and allowed us to learn from our colleagues across the health system, share best practices, harmonize policies, and extend research and education across venues.

One major step in our nursing alignment and harmonization was the development of our Johns Hopkins Health System Nursing Councils. These five councils—Informatics, Inquiry, Practice, Professional Development, and Quality—were formed to drive system-level initiatives, align and streamline the work being done at each of our member hospitals, and amplify the voice of nursing across the health system. Each council has one to two representatives, including front-line staff members, from aligned councils at each member hospital, allowing for a two-way flow of information and ideas between the hospital-level and system-level councils. Pivotal to the development of these councils and the nursing governance model was LeighAnn Sidone, who served as the associate chief nurse executive for nursing professional practice for the health system. The work of these councils has been instrumental in launching a number of new initiatives to improve nursing workflows, increase support to clinical nurses, develop our nursing leaders, and so much more.

Improving and streamlining nursing documentation has been one area of focus across the health system. Over the past year, nurses at each of our hospitals were surveyed about their documentation pain points and what could make nursing documentation easier. Based on this feedback, a number of innovations have been implemented or are being developed, including a new electronic handoff tool to help with continuity of care; pre-op checklists that have been made easier to complete to help reduce delays in starting operating room procedures; the addition of “macros” (an automatic option nurses can select when they are filling out a form, which is based on how the form is filled out 80 percent of the time); and improvements to the patient care plan. By one estimate, these changes helped to save nurses 170,620 clicks in just four months.

Another initiative launched across the health system this year was the JHHS Nurse Mentoring Program. The program is designed to help nurses in all roles and at all levels succeed in reaching their individual career goals, and is supported by a robust online platform that provides tools to connect mentors and mentees, set and track goals, and reflect on progress and achievements. Our first cohort of mentors and mentees was matched in October, and we look forward to seeing how our nurses grow, develop, and continue to support one another.

No matter what the location or care setting, having engaged and supportive nursing leaders is critical to our nurses' success and in ensuring the highest level of care for our patients. Earlier this year, we kicked off our Nurse Managers Vitals program, which brings together nurse managers from all of our hospitals for



**OUR GOAL, ABOVE ALL,
IS TO ENSURE THAT ALL
OF OUR NURSES HAVE
OPPORTUNITIES TO MAKE
THEIR VOICES HEARD.**

a yearlong journey of growth and development. The aim of the program is to support nurse managers' wellbeing, curiosity, and professional development within a rich network of peers. In addition to learning best practices around daily operations, strategic planning and leadership development, woven throughout the program is a focus on reflective leadership—the practice of using self-awareness, introspection, and continuous learning to help leaders make better decisions and better support their teams.

These are just a few examples of the extraordinary work being done across the Johns Hopkins Health System to strengthen and align our nurses and nursing practice. We know that many of the best improvement ideas come directly from our front-line nurses—those caring for patients and their loved ones day in and day out. Our goal, above all, is to ensure that all of our nurses have opportunities to make their voices heard and contribute to the rich dialogues that are driving advances and improvements across our health care system. ■

Deborah Baker, DNP, AG-ACNP, NEA-BC, FAAN, is senior vice president for nursing for the Johns Hopkins Health System as well as Johns Hopkins Hospital vice president of nursing and patient care services.

“MOST OF OUR PATIENTS MIGHT BE NERVOUS COMING IN, BUT MY INTERACTION WITH THEM CAN MAKE THINGS MORE RELAXING AND PUT THEIR MIND AT EASE.”

Dedicated, Determined, and Committed to Help

BY SARAH ACHENBACH

As a boy, Jamal Frazier briefly considered a career as a teacher, but his mother’s stories of being a nurse at Johns Hopkins Bayview Medical Center set him on his winding but always fixed course.

“I love the nursing aspect of being able to help people,” says Frazier, who took a part-time, weekend shift at Johns Hopkins Bayview as a unit associate (UA) in 2009 following a brief stint in college. “I knew I wanted to end up in pediatrics and return to college.”

After a few months, he transferred to The Johns Hopkins Hospital and was a UA in the outpatient center for two years before landing in his dream unit: the pediatric prep/post anesthesia care unit (PACU).

Lisa Shoemaker, PACU manager, was a lead clinical nurse when Frazier began. “No matter his role, Jamal has always stood out,” she says. “He is very dedicated, determined, and always curious.”

Frazier never took his eye off the job in front of him. “As a UA, I made sure that the nurses and techs had everything they needed in the bedside cart,” he says. “I took a lot of pride in things being done the right way.”

With tuition assistance from Johns Hopkins, Frazier returned to school part-time at the Community College of Baltimore County to become a licensed practical nurse (LPN). While in school to complete his associate’s degree in nursing, he worked at the hospital in the cardiovascular progressive care unit and then the neuro critical care unit.

Shoemaker and her colleagues were sad to see him transfer from the PACU, but she and Frazier stayed connected. Prior to graduating in February 2022 and becoming a registered nurse, he sent Shoemaker an email, inquiring about RN I positions on the unit. “We don’t usually hire RN Is, but there was no doubt that I would take him for his passion alone,” says Shoemaker, who has spent her

26-year nursing career at Johns Hopkins.

Today, Frazier is one of 45 nurses on the unit’s staff of 60 people. He and his colleagues care for an average of 40–50 pediatric patients each day in the 32-bed PACU. His joy and gratitude for working in pediatrics is palpable. “I get to work with great nurses who support me in every way,” says Frazier, who is now completing his bachelor of science in nursing degree. “Most of our patients might be nervous coming in, but my interaction with them can make things more relaxing and put their mind at ease.”

Each role he’s had over his path to becoming a nurse has prepared him. His newest role, as the father of an infant son, has deepened his approach to patient care: “My mindset is to treat patients how I want my son to be treated.”

While a student at CCBC, he was once approached by a police officer in full SWAT gear, asking if he was Jamal. “I was a little nervous,” he recalls. “But then he explained that I had placed his son’s IV prior to surgery earlier in the week, and I had made his son’s experience a lot better.”

Frazier’s skill and winning personality earn frequent high marks on parent surveys. “I’m not one who likes attention, but it’s good to know that you’re affecting people’s lives in a positive way,” he says.

“He’s chosen this career at a time when there’s a lot of burnout,” Shoemaker adds. “He brings positivity to work every day, and doesn’t let small things get in the way when he’s caring for a patient and family. His influence on others has been huge.”

She lauds his enthusiasm, dedication, humor, and team approach. “Jamal automatically looks outside of his assignment to see who he can help,” she says. “Even when school was extremely challenging or his path had to change, he’s been so determined to get to where he wanted to be.” ■

A NURSE'S VISION: From TB-Free Villages to a TB-Free India

BY HENA NAQVI

Sheela Singh, a young mother in Bhavprasad, a village in Sitamarhi district in Bihar, India, is tuberculosis-free and hopeful because of the determined efforts of nurse and community health officer (CHO) Pranav Kumar and his team. Sheela contracted TB from her mother-in-law, who was successfully treated at the district hospital. However, when Sheela began to display symptoms, neither she nor her family connected them to TB. Her household responsibilities, coupled with the family's limited resources, prevented her from seeking treatment. Her condition worsened.

Pranav learned about Sheela during an outreach visit. He and his team counseled her at her home and, suspecting TB, took a sputum sample and sent it to a higher-level facility for confirmation. When the result came back positive, Pranav's team took immediate action to ensure that Sheela received treatment and nutritional support. They also counseled the family on how to care for her and prevent further infection.

As a CHO at the Lagma Health and Wellness Center in Sitamarhi district, Pranav provides comprehensive primary health care services while overseeing a team of 17 community health workers and an auxiliary nurse-midwife. In the afternoons, Pranav and his team visit surrounding villages, going door to door to detect active or presumed cases of TB and provide information about the disease.

"As a health professional, I visualize TB-free villages to contribute towards a TB-free India," says Pranav.

Achieving a TB-free India is no small task. According to the World Health Organization, in India, two people die from TB every three minutes, and the country accounts for around 27 percent of total TB cases worldwide. Yet this ancient disease is both preventable and treatable.



Nurse and community health officer Pranav Kumar practices a community approach to help prevent, treat, and ultimately eliminate tuberculosis. (Photo courtesy of Pranav Kumar and Sanower John Lal, senior program officer, Jhpiego Bihar.)

In addition to household visits, Pranav and his team lead community dialogues to educate villagers about TB. They also address stigma and discrimination around the disease, which can prevent people from seeking care. Their goal is to foster a more compassionate community in the fight against TB.

"It is not enough to just create awareness," says Pranav. "It includes one-to-one dialogue with the families of patients on their nutritional and hygienic care and consistency in medicines that creates a supportive home environment for patients to fully recover."

Pranav received his CHO training from Jhpiego, a Johns Hopkins University affiliate, as part of the state government's Strengthening Roll-out of Health and Wellness Centers in Bihar initiative. With support from the Bill & Melinda Gates Foundation, Jhpiego is providing technical assistance across all of Bihar's 38 districts and has trained more than 3,180 CHOs to support integration of TB services at health and wellness centers.

The CHO training covers clinical aspects of TB, such as types of the disease, preventive treatment, and medicine regimens. It also covers public health aspects, including sample collection, transportation to higher-level facilities, and use of digital platforms for documentation. To strengthen their managerial

skills, CHOs also learn how to conduct community screenings, lead teams to follow up cases, and coordinate with medical suppliers and government counterparts.

The efforts of Pranav and dedicated health care professionals like him are making inroads. The number of TB cases detected has increased substantially across the country—from 131.5 per 100,000 people in 2020 to 172 per 100,000 in 2022. Increased detection means more and better opportunities for treatment.

Pranav knows the importance of his role in connecting communities with essential health care services: "Every life saved from TB positively impacts the entire family."

Sheela's husband would agree: "I would have lost my wife, and my family would have crumbled down, had the health and wellness center team not helped us," he said. ■

Hena Naqvi is a senior documentation officer in Jhpiego's Bihar, India office. Raja Ram Pandey, senior program officer in Jhpiego's Bihar office, also contributed to this story.

**"EVERY LIFE SAVED FROM
TB POSITIVELY IMPACTS
THE ENTIRE FAMILY."**



Jhpiego Legend to Retire

Jhpiego President and CEO Leslie Mancuso, PhD, RN, FAAN, has decided to retire after more than two decades of leadership, effective July 1, 2025, ending a tenure marked by an ability to mobilize people around a shared vision of equitable, accessible health care. Under her leadership, Jhpiego has evolved from an organization with four core programs focused on family planning and cervical cancer prevention into one of the world's most respected global health entities now operating in 50 countries.

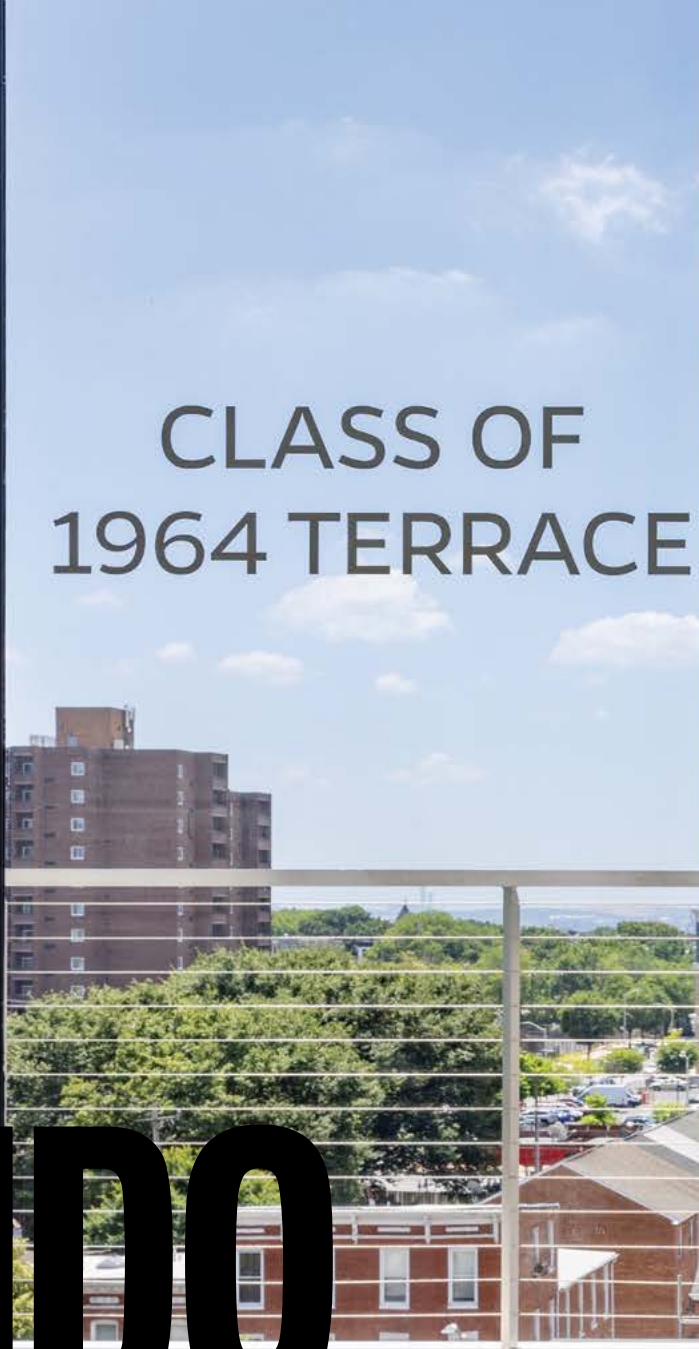
"Her commitment to dignified, high-quality care has helped hundreds of millions of women, children, and families thrive—ensuring safe deliveries; protection from diseases like HIV, tuberculosis, and malaria; and better-equipped health systems," say JHU President Ron Daniels and Provost Ray Jayawardhana. "On behalf of Johns Hopkins University, its board of directors, and the entire Jhpiego family, we extend our deepest thanks to Leslie for her long-standing service and dedication."

*Alumni Update;
Class News; Church Notes;
Hampton House memories;
the Back Page, and more.*



The Class of 1964, on campus for its 60th Reunion in June, perches with Dean Sarah Szanton on the balcony it helped build.

CLASS OF 1964 TERRACE



VIGILANDO

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NEWS FROM JOHNS HOPKINS
NURSES' ALUMNI ASSOCIATION



ALUMNI UPDATE



TO OUR FELLOW COLLEAGUES:

It's been an inspiring second year leading this Association. We've had the privilege of witnessing the full spectrum of nursing impact—from clinical care to policy, research, and leadership. As Johns Hopkins School of Nursing alumni, we have much to celebrate and we are honored to serve as your JHNAA president and vice president during this pivotal time. Together, we are pushing the boundaries of knowledge, advancing care, and amplifying the voices of the communities we serve. We are proud to stand with you as Hopkins nurses and alumni.

Our Alumni Association, like the School of Nursing, continues to evolve to meet the needs of alumni in a changing health care landscape. Our committees have worked diligently to enhance alumni engagement and strengthen connections with students. This year, we hosted several events, including virtual events like mentorship meet-ups and in-person gatherings across the nation to unite our community. In June, we joyfully celebrated the reunion classes of Johns Hopkins and Church Home alumni, with the Class of 1964 marking its 60th anniversary and the celebration of the 20th anniversary of Church Home alumni joining the JHNAA. We've also introduced new initiatives to support our students, like the first-ever blood pressure cuff campaign, to provide students with

essential tools for their education and practice. Following nursing tradition, between May and August of this year, we pinned over 500 new graduates who joined the largest health workforce in the United States and globally.

We are committed to expanding our work with both alumni and students, fostering engagement and advancing nursing practice and health policy. With so much happening at the School of Nursing, your involvement in the Alumni Association is more valuable than ever. Under Dean Szanton's leadership, we are excited for the future of the school, the nursing profession, and advancements in health equity. Let's continue building on the legacy of past Hopkins nurses to uplift the profession and strengthen our connection with the school.

In solidarity,

Fernando Mena-Carrasco, MSN, MSW, RN
(BSN 2015, MSN 2018)
President, JHNAA

Korrina Lau, MSN, FNP-BC, AOCNP
(BSN 2005, MSN 2008)
Vice President, JHNAA

CLASS NEWS

Alumni Community Week Recap

This September, the Johns Hopkins Nurses' Alumni Association (JHNAA) hosted its third annual Alumni Community Week to foster a sense of belonging and fellowship among all members of the Johns Hopkins School of Nursing community.

The week included both in-person and virtual events. The virtual Mentoring Meet Up for Men in Nursing connected alumni with student mentees, fostering supportive conversations and guidance. In the first Dean's Notebook lecture, Sarah Szanton engaged in a discussion with Baltimore City Councilwoman Danielle McCray about Neighborhood Nursing and its role in bringing preventive care to local communities. The week also featured the first Class of 1973 History Lectureship presented by Dr. Cindy Connolly, who highlighted the significance of nursing history. Finally, Southern California alumni and students gathered for an LA area meet-up where they reconnected with friends and met new members of the Hopkins Community.

We are grateful to all who participated in Alumni Community Week!

Alumni Awards

Spotlight of 2024 JHNAA Awardees

2024 Heritage Award—Martha Hill served as dean of the Johns Hopkins School of Nursing from 2001 until early 2014 and has been a member of the faculty since the school was established in 1983. As an educator, she is known for her mentorship of students and faculty members; as a researcher, for her investigations in preventing and treating hypertension and its complications and for the effectiveness of nurse-run clinics. Her expertise in community-based

JOHNS HOPKINS IN MEMORIAM

Elsa Eleanor Ayres Brenner, '57
Mary Rex Keener Warfield, '58
Rosemary Davis Berner Shaw, '60
Rosemarie Cendrowski Russo, '61
Mary Joyce Baxter Bickerstaff, '66

participatory research focuses on the integration of multi-professional health care to improve treatment and outcomes for vulnerable and underserved populations. From 1997-98, Martha served as president of the American Heart Association, the first non-physician ever named to that position.

2024 Outstanding Recent Graduate Award—Julie Jenkins is the Clinicians in Abortion Care Strategist & Training Program manager at the National Abortion Federation. She is a sexual and reproductive health nurse practitioner with more than 15 years of clinical experience across multiple organizations. Julie completed her doctoral studies JHU in 2022, focusing on executive leadership. She is an experienced educator, speaker, and trainer and is currently a member of the nursing faculty at Yale. She speaks nationally on the role of advanced practice clinicians in abortion care and on abortion provision, from in-clinic services to self-managed abortion. She provides training on abortion care and options counseling and consults on projects for various national organizations.

2024 Distinguished Alumna Award—Laura Wood, a former JHU Fralic Nursing Fellow and Robert Wood Johnson Foundation Executive Nurse Fellow, has served on a variety of child- and education-focused nonprofit boards, and as a member of numerous national nursing advisory boards, including the Johns Hopkins University Nursing Advisory Board. As executive vice president patient care operations, system chief nursing officer at Boston Children's Hospital, she leads the discipline of nursing and provides system-level oversight of patient care delivery throughout the organization's network and satellite locations. Boston Children's serves as the pediatric training center for Harvard Medical School, where nurses in concert with interprofessional care teams actively translate science to care delivery as part of the world's largest pediatric research enterprise.



Class News

Rachel "Rae" Walker, '07, '13, served as the keynote speaker at the 2024 Zeigler Research Forum last month. The event was hosted by the University of Vermont College of Nursing and Health Sciences.

Manka Nkimheng, '19, has received a Bush Fellowship to develop a coalition of health care organizations devoted to the wellbeing of Black immigrants.

Jinhee Jeannie Nguyen, '24, joined Huntington Health's (Pasadena) executive management team as the chief nurse officer.

Bernadette Thomas, '11, was named the new chief health officer at Mosaic Community Health, a nonprofit community health center providing quality care for all in Central Oregon.

Melissa Hladek, '18, was inducted into the class of 2024 American Academy of Nursing fellows.

These alumni were recently appointed to leadership roles at the Johns Hopkins School of Nursing:

Yvonne Commodore-Mensah, '14—associate dean for research

Jason Farley, '03, '08—associate dean for community programs and initiatives

Tammy Slater, '11, '14—associate director of the DNP Clinical Program ■

NOT RECEIVING OUR ALUMNI E-NEWSLETTERS?

Email JHNAA@JHU.EDU to be added to the distribution list!

Scan the QR code to share your alumni news with us and have the chance to be featured in an upcoming e-newsletter.





Final Goodbye

On October 3, the latest designs for Hampton House's replacement—a new Life Sciences Building—were presented to the Baltimore City Urban Design & Architecture Advisory Panel.

At the corner of Monument Street and Broadway, the Life Sciences Building—with approximately 500,000 gross square feet and six floors of lab and convening space—will occupy the site of the soon-to-be demolished Hampton House, Reed Hall, and the Denton A. Cooley Center. The new structure will be a keystone of Johns Hopkins University's Life Sciences Corridor in East Baltimore. Johns Hopkins leaders expect it to create an ecosystem for biomedical research centered upon developing technologies in such areas as imaging, artificial intelligence, and genetics.

On May 16, nursing alumni and others from the Johns Hopkins community gathered for a final goodbye to Hampton House, a place that early nursing students for so many years called home. (It was later utilized as office and classroom space by the Bloomberg School of Public Health and various other JHU groups.)

Groundbreaking is expected by summer, with construction lasting through 2029. It is a bittersweet moment of change and progress. Yet Hampton House memories will go on. ■



Rendering courtesy of Payette / Poulomi B Photography
Rendering shows latest designs for the Life Sciences Building, looking southeast from Monument Street. Photos are from the May 16 celebration of Hampton House's history.



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CHURCH NOTES



CHURCH NOTES IN MEMORIAM

Anita Price Massey, '58

DEB CORTEGGIANO KENNEDY, '73



'Musings of an Old Man'

I know all Church Home Alumni will remember with great fondness Chaplain **Paul Dawson**. Chaplain Dawson was a friend to everyone and through his years at the hospital was known, admired, and respected for his compassion, empathy, and love.

Most notably, Chaplain Dawson was instrumental in the development of hospice care, and a Hospice Unit, the first of its kind in the United States.

In retirement, and his life in Edgartown with his daughter and grandchildren, this widower writes, "I learned a lot about human nature and relating to people at a deep spiritual level when they are at their most vulnerable." This thinking led Chaplain Dawson to spend his days enjoying music, painting, and poetry. His book, *Musings of an Old Man*, was personally signed and sent to the Archives. Whether you enjoy poetry or not, this is a beautiful collection to enjoy. Thank you to **Margaret "Peg" Armstrong, '55**, who put the Alumni in touch with Chaplain Dawson, as he is her cousin!

Here is a sample of Chaplain Dawson's musings...

*Gratitude
The passion of a grateful heart is molten gold,
Poured to fill an emptiness,
Its shape confirms to the limits met-
Precious, warm, not to be wasted...
detached from its source when given...
handled with imagination and art,
its beauty is enhanced.
Resistant to tarnish,
it holds its value,
lending itself to gift rather than trade.*

Archives

Thank you to the family of **Anita Price Massey, '58**, for the donation of student notes, books, photos, and nursing memorabilia. All of the items were turned over to the Allan Mason Chesney Medical Archives for the Church Home Collection. ■

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THE BACK PAGE

A WELCOME CONTRIBUTION: It takes a particular knack to digest research papers and other complicated concepts then translate them with pencil and brushstrokes into beautiful images that tell much of the story all by themselves. Baltimore artist Andy Snair's work is likely recognizable to readers of our summer research issues in particular, in which he distills in-depth publications into clever, eye-catching, and informative illustrations for the online editions. If not, the cover and inside illustrations for this issue should earn him new fans.

In subsequent issues, we will introduce you to more contributors to *Johns Hopkins Nursing* magazine.

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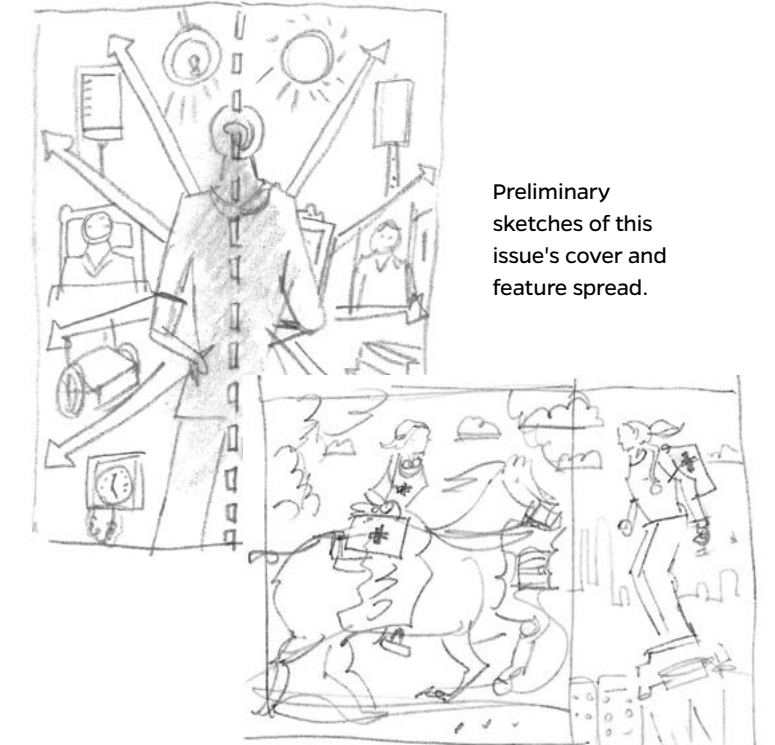
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CONTRIBUTOR: ANDY SNAIR

Illustrator Andy Snair is a lifelong Baltimorean with a deep love for his hometown. He has collaborated with numerous advertising agencies, marketing firms, newspapers, magazines, and book publishers. Andy works from his cozy bungalow in Hampden, where he lives with his wife Angelina, daughter Giavanna, and their two guinea pigs. See more of his work at andysnair.com.

HAVING SEEN THE INCREDIBLE CARE PROVIDED BY JOHNS HOPKINS NURSES FOR HIS FAMILY AND FRIENDS OVER THE YEARS, ANDY FINDS GREAT JOY AND PERSONAL MEANING IN CREATING ART FOR JOHNS HOPKINS NURSING MAGAZINE.



Preliminary sketches of this issue's cover and feature spread.



A CREATIVE MIND: Andy's re-creation of the *Ghostbusters* Stay Puft Marshmallow Man (left) and a mural called *Our Baltimore* created with artist and friend Eric Abrecht at the Baltimore Harbor (bottom).



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