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Photo by Will Kirk

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Stephanie Shapiro takes pride in a career that spans the ridiculous to the sublime, from stories about gift-wrapping champions and Academy award fashion to chronicles of urban gardeners and the secret to longevity on Okinawa (bitter melon). She brings that breadth to bear in writing about the challenges that confront nursing today and in the future.



Widely recognized as an influential figure in the field of cartooning, artist and writer **Shary Flenniken** is a former editor of *National Lampoon Magazine*, contributor to *Mad Magazine*, and the creator of numerous human interest comic features for books and magazines. She lives in Seattle and is currently pursuing a degree in Multimedia for the Web. In writing and illustrating “My Profession,” she has been inspired as well as entertained by Marlon Caballero’s tales of his experiences as a student and new nurse at Johns Hopkins and hopes you will be too.



As an accident-prone child who frequented doctor’s offices and emergency rooms, freelance writer **Sarah Achenbach** learned early on how vital nurses are. In her early 20s, Sarah, who is the co-author of the recently released *Spirit of Place/Baltimore’s Favorite Spaces* (www.charmcitypublishing.com), witnessed the wonders of the home hospice nurses who cared for her terminally ill father. She remains a lifelong fan of the women and men whose patience makes it easier for her to be a patient.



A recovering health policy wonk, **Teddi Fine** gets a thrill from research science and devours new studies in much the same way as others enjoy the twists and turns of mystery novels. Even more than reading, she enjoys writing about research news in ways that make new knowledge approachable and useful to our readers. She continues to be inspired by the commitment to excellence and investigative spirit of the nurse researchers about whose work she writes in the Bench to Bedside section of the magazine.

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Johns Hopkins Nursing is a publication of the Johns Hopkins University School of Nursing and the Johns Hopkins Nurses’ Alumni Association. 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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Cover photos by Will Kirk; Photo of Mary Eliza Mahoney courtesy of Photographs and Prints Division, Schomburg Center for Research in Black Culture, The New York Public Library, Astor, Lenox and Tilden Foundations; Cherry Ames image courtesy of Springer Publishing

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The spring 2009 *Johns Hopkins Nursing* is printed on Opus Recycled paper.

Environmental impact estimates were made using the Environmental Defense Paper Calculator at www.papercalculator.org.



A New Home for *Hopkins Nurse*

A joint interview with Martha Hill and Karen Haller, as told by Stephanie Shapiro

Since 1988, nurses, nurse managers, administrators and prospective staff nurses have relied on *Hopkins Nurse*, a semi-annual, six-page newsletter produced by The Johns Hopkins Hospital, for updates on the profession as well as colleagues' accomplishments, accolades, and research findings.

Beginning with this issue of *Johns Hopkins Nursing*, the School of Nursing and alumni magazine, *Hopkins Nurse* has a new home in these pages.

The decision to replace the newsletter with a new section in this magazine exemplifies the flourishing partnership between the school and hospital department of nursing, says Karen Haller, PhD, RN, FAAN, vice president for nursing and patient care services at The Johns Hopkins Hospital.

The editorial alliance “reflects the academic nursing center we’ve created here, a marriage of the school and the hospital,” says Haller. “The re-launch of *Hopkins Nurse* in the school magazine as a combined publication recognizes and honors that.”

The joint project also fortifies the profile of Hopkins Nursing around the world, says School of Nursing Dean

Martha N. Hill, PhD, RN, FAAN. Noting that the Johns Hopkins brand already commands international regard, she says, “We want nursing to be visible and recognized.”

For Cheryl Meguid, MSN, RN, ACNP, a nurse practitioner in the JHH department of surgery and graduate student at the School of Nursing, *Hopkins Nurse* is a source of important updates on nursing advances. She views the newsletter’s incorporation into *Johns Hopkins Nursing* as a boon for students. “Since we live in an evidenced-based practice world here at Hopkins, this is a nice way for students and nurses to read about new research and practices,” says Meguid. “I think it will also show the students ‘reality’ after they graduate.”

The mission of *Hopkins Nurse* has not changed, Haller says, and remains “to communicate what nursing here is about and to recognize our stars. We also use it on our website for recruitment and retention.”

“We use it for everything,” Hill says of the magazine. “That’s why we want it to be diverse in its coverage of students, faculty, staff, and our partners in the hospital and health system.” At the same time, the magazine serves to “put forward

the case for support in forms that people are familiar with and recognize.”

Merging the two publications also brings the 120-year-old alliance of Hopkins nursing practice and education full circle. The nursing school’s future growth is contingent on strengthening and reinforcing the alliance, an objective embodied by incorporating *Hopkins Nurse* into the magazine, Hill says. “This partnership has been a vision that we wanted to bring forward.”

Addressing Hill, Haller notes that the newly configured publication marks one departure from *Johns Hopkins Nursing*. “Going forward, some people featured in here won’t be your students, but they might become them as they seek another degree.”

Or as nurses increasingly travel between the hospital and the School of Nursing to practice, learn, and teach, the magazine’s new readers “may become your faculty.”

In any case, evidence-based proof of the magazine’s success exists around the country—in the form of professional awards and imitation by sister magazines. Will a flurry of new sections in nursing school magazines devoted to hospital nursing soon follow?

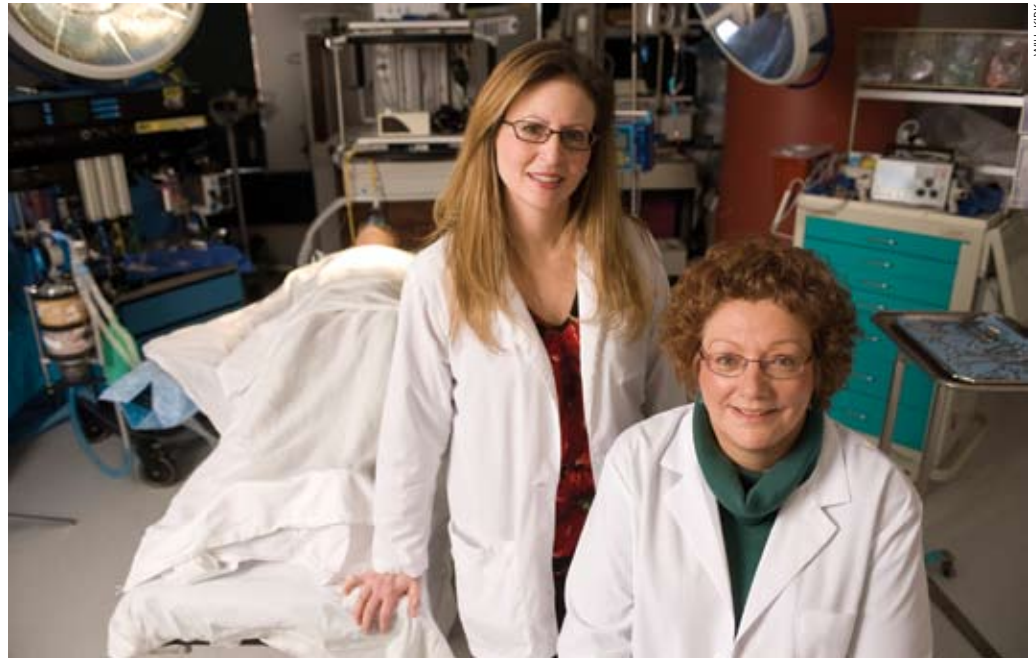
Manikins Today, People Tomorrow

Anyone who has worked at a job or trade for a while knows there's no substitute for experience: one of the best ways to hone career skills is by good, old-fashioned trial and error. In the health care industry, however, the margin for error is narrow, and one mistake could cost the life of a patient.

How then is a health care professional to gain necessary experience without jeopardizing the well-being of innocent patients? According to Johns Hopkins University School of Nursing faculty members Kathryn Kushto-Reese, MS, RN and Shari Lynn, MSN, RN, the answer is simulation education.

"We both attended simulation conferences," says Kushto-Reese, "but realized there's not much training available for best practices in simulation." Their solution was to organize "Simulation as a Cutting Edge Tool," a one-day interactive workshop for nurse educators with a basic familiarity of simulation. Scheduled for April 17, 2009, the course will provide an overview of simulation tools available and information on how they can be most effectively implemented in hospital and nursing school settings.

The conference is a collaboration among four organizations—The Johns Hopkins University Schools



WILL KIRK

Faculty members Shari Lynn and Kathryn Kushto-Reese are organizing a simulation technology workshop for nurse educators.

of Nursing and Medicine, The Johns Hopkins Hospital (JHH) Department of Nursing, and the Institute for Johns Hopkins Nursing (IJHN)—with each contributing both their facilities and expertise. In addition, Laerdal Medical, the company that produces most of the simulation equipment used at Hopkins, is making a generous donation to the conference.

The conference will be held both at the school and the JHH Simulation Center, a state-of-the-art facility internationally known for leading-edge innovations. The Center incorporates the very basic forms of standardized simulation, which include role playing to complex computer

simulation, such as using computer software to aid in decision-making. Various low and high fidelity simulation equipment will be used at the conference, including skill sets, simulation people, and simulation software.

Kushto-Reese and Lynn hope the participants of the conference will come away with a new understanding, and a new appreciation for simulation education. "We want them to be able to educate others in incorporating simulation education in the curriculum," Kushto-Reese said. "It would also be nice to see people contribute to publishing literature about the best practices of simulation education, and most importantly, work as a team."

"An interdisciplinary focus is a main component of the experience," adds Lynn, who joins Kushto-Reese, JHUSON faculty and directors, and leaders from JHH and other medical institutions on the cross-disciplinary conference faculty. "Collaboration is important because in real-life situations, you'll have doctors, nurses, and other health care professionals working side-by-side. This is an area most can improve on in practice."

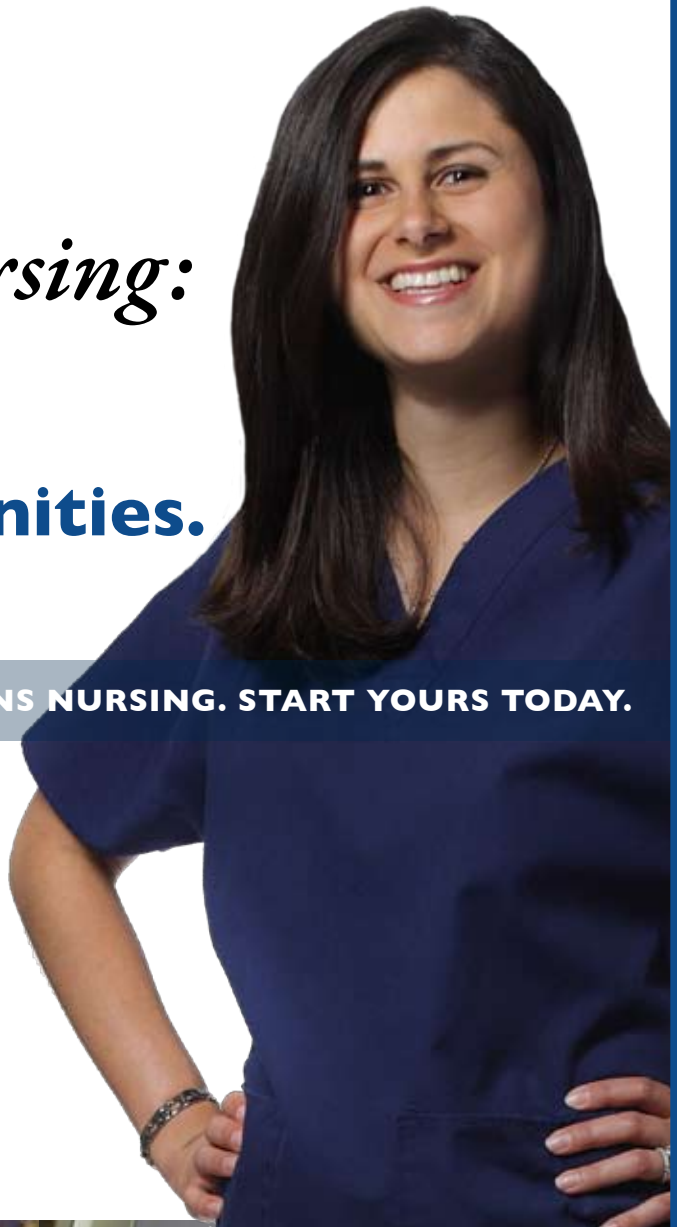
—Jonathan Eichberger

Simulation as a Cutting Edge Tool

April 17, 2009

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Toward a High-Tech Nursing Education

Meet Pamela Jeffries, DNS, RN, FAAN, ANEF, the newest addition to the leadership team at the Johns Hopkins University School of Nursing. With expertise in experiential learning and innovative teaching strategies, Jeffries is well-suited to the role of Associate Dean for Academic Affairs. In a conversation with assistant professor and informatics expert Patti Abbott, PhD, RN, BC, FAAN, FACMI, Jeffries reveals her plans to enhance the use of technology and simulations in nursing education at Johns Hopkins.

Abbott: Hopkins is ranked the #4 nursing school in the country by *U.S. News & World Report*. Why should we change the way we deliver nursing education?

Jeffries: First of all, we have high acuity now. Patients are in the hospital only when they're critically ill; otherwise, they're outpatients or being treated in clinics. Secondly, nurses are using much more technology. You go in the hospitals and patients have three or four machines. Nurses are carrying a scanner and a PDA; charting and keeping health histories on the computer. Everything is high-tech.

Abbott: How do you see incorporating simulation

technology into the normal educational journey taken by our students?

Jeffries: Simulation is a student-centered approach. Simulation technology allows them to start making their own decisions about patient care. And then when they go into a situation with real patients, they've had some experience already in a safe environment.

I'll be working closely with faculty, bringing simulations forward and moving them into the clinical practicum. We will look closely at what simulations are crucial for faculty to develop to meet the course competencies and teach critical-thinking behaviors.

Abbott: Simulation is great, but how can we improve the student learning experience with real patients?

Jeffries: We are planning a Clinical Academic Practice Partnership (CAPP) in which we will have partner preceptors within the Johns Hopkins Health System hospitals, and our Johns Hopkins faculty will help to facilitate those preceptors. It will be a triad approach with the student, partner preceptor, and clinical faculty.

In our traditional clinical model, students only take care of one patient at a time—and guess what?



WILL KIRK

Associate Dean Pamela Jeffries shares her vision of a high-tech learning environment at Hopkins.

When they graduate, they might start with seven patients to care for! In the CAPP program, the partner preceptors will only have one or two students each, who may care for four or more patients at a time, not just one as they have done in the past.

Abbott: What implications for nursing education do you see in the current economic climate?

Jeffries: To reengineer education for health

professionals, particularly during this economic crisis, we have to promote educational quality in a very flexible, accessible manner. No longer can students leave their jobs to come into class, because they need the money and job security.

I'm very supportive of using technology and moving some of these courses to an online platform, where students have 24/7 access. When courses are well-developed, I think you can do anything in an online setting. —Kelly Brooks-Staub

Hae-Ra Han Awarded \$2.7 Million to Improve Cancer Screenings for Korean American Women

According to associate professor Hae-Ra Han, PhD, RN, not only are breast cancer rates rapidly increasing among Korean American women, but this same population is suffering from the second highest incidence of cervical cancer among all U.S. women. Inadequate English skills or lack of health insurance can also inhibit the screening process.

In an attempt to improve the screening rates, Han has

been awarded a \$2.7 million research project grant (R01) from the National Cancer Institute for a four-year study, “Better Breast and Cervical Cancer control for Korean American Women,” which will test the effects of a trained lay health worker intervention program, combined with computerized tailored health messages.



A community health researcher, Han’s expertise lies in reducing health disparities by implementing and evaluating community outreach programs in cancer control and cardiovascular health promotion for ethnic minorities.

“I want to develop a system of empowerment and support for these women that can last beyond the

study period,” says Han. “By teaching them what to expect in navigating the health care system in the context of cancer screening, together with training lay Korean women who can provide navigation assistance, I hope this can serve as a first step toward better, healthier immigrant life for these women. And in the future, parental health behaviors will influence those of their children.” —KBS

Cheryl Dennison to Address Heart Failure Among African Americans

Heart failure affects more than five million Americans, and the death toll is reaching epidemic proportions, particularly among African

Americans, who experience higher rates of heart failure. “African Americans are more likely to be hospitalized—and more likely to die—from heart failure than other populations,” says associate professor Cheryl Dennison, PhD, RN, ANP, who has been awarded a research project grant (R21) of \$451,000 from the National Institute of Nursing Research to study the issue.



Dennison will evaluate a nurse-led heart failure care transition intervention (HFCTI), which consists of medication and symptom self-management support, a personal heart failure care record, and the use of telehealth, the delivery of health-related services and information via telecommunications technologies.

Says Dennison: “It is our hope that this study will improve our understanding of methods to assist patients in their heart failure self-management efforts and consequently improve outcomes of heart.” —KBS

They Must be Hopkins Nurses

An old Hopkins joke has it that during the war [WWII] a helicopter arrived on a remote island in the Pacific carrying a doctor who was needed urgently for emergency surgery. The doctor was led to a small hut which staff had readied for the operation. Once scrubbed, he approached the makeshift operating table and surveyed his patient. Ready to begin, he reached for an instrument, but the nurse shook her head and handed him a different implement. “Oh...don’t tell me,” he sighed, “a Hopkins nurse!”

—Excerpted from Hopkins Nursing: 1889 -1989



Share your outstanding Hopkins Nursing story as part of “They Must Be Hopkins Nurses,” a celebration of the 25th anniversary of the establishment of the Johns Hopkins University School of Nursing (JHUSON) as a division of the University and the 120th anniversary of nursing education at Johns Hopkins.

Submit your story for publication on the School of Nursing website—and possibly in *Johns Hopkins Nursing* magazine—by visiting www.nursing.jhu.edu/hopkinsnurses.

Faculty, Student, and Staff News

Acute and Chronic Care Faculty

Anne Belcher, PhD, RN, AOCN, CNE, FAAN spoke at “A Woman’s Journey,” an annual workshop supported by The Women’s Board of the Johns Hopkins Hospital. She presented “Western Knowledge of Eastern Medicine” to 1,100 conference attendees.

Rosemary Mortimer, MEd, MSN, RN was the keynote speaker at the first



Rosemary Mortimer
Stevenson University
(formerly Villa Julie)
pinning ceremony.

Kathi White, PhD, RN, CNAA, BC and
Julie Stanik-Hutt, PhD,

RN, CS were inducted as fellows in the American Academy of Nursing at its 35th annual meeting.

Kathi White, PhD, RN, CNAA, BC and staff member **Pat Blockston** were instrumental in the preparations for and implementation of last year’s site visit by the Commission on Collegiate Nursing Education (CCNE).

Community Public Health Faculty

Jason Farley, PhD, MPH, CRNP, with Clemenceau Medical Center and Johns Hopkins Medicine International, completed a week-long infection control assessment and educational workshop in Beirut, Lebanon in preparation for a Joint Commission International visit in early 2009.

“Community Outreach” for their work with the Birth Companions Program.

Elizabeth “Ibby” Tanner, PhD, MS, RN, and other Hopkins faculty have developed a new model of care for people with multiple chronic conditions. The Guided Care model has received the 2008 Archstone Foundation Award for Excellence in Program Innovation from the Archstone Foundation and the Gerontological Health Section of the American Public Health Association.

Health Systems & Outcomes Faculty

Patricia Abbott, PhD, RN, BC, FAAN, FACMI presented a plenary address last fall in Buenos Aires, Argentina at the “III Congreso Latinoamericano de Informatica Medica.”

New Book Offers Substance Abuse Insight

The new book *Substance Abuse: Commonly Abused Substances and the Addiction Process* was written by four Hopkins nurses as a comprehensive practical approach to the prevention, screening, and treatment of substance abuse.

“It’s the only book of its kind,” says lead author and assistant professor Benita Walton-Moss, DNS, CRNP. “Like the medical texts, it explores twelve drug classifications in depth. What makes it unique, however, is its intended audience—it approaches the issue of substance abuse from a nursing and social work perspective.”

With coauthors Joan Kub, PhD, RN, CS; Kathleen Becker, MS, RN, CRNP; and Kathleen Woodruff, MS, CRNP, the book was written for more than one purpose. “This book does double-duty,” says Walton-Moss. “It’s an informational resource for nurses and social workers, but they can also use it to earn continuing education credits.”

Substance Abuse can be purchased online from the Western Schools at www.westernschools.com for \$49.95.



Benita Walton-Moss



Shirley Van Zandt (left) and Elizabeth Jordan

The *Daily Record’s* Health Care Heroes Program recognized **Elizabeth Jordan** and **Shirley Van Zandt** as finalists in the category of

Cynda Rushton, PhD, RN, FAAN and **Gail Geller** of the School of Medicine received a grant from The Greenwall Foundation to

explore the ethical challenges health professionals face while caring for children and families affected by life-threatening neuromuscular diseases.

Students

Maureen Hohn, accelerated '09, and **Tammi West** '10 have been named recipients of the Chesapeake Urology Associates Scholarship Fund of the Central Scholarship Bureau, based on their demonstrated commitment to health care, academic achievement, and financial need.

Graduate student **Kitty Poon** '06 created an online educational module in Spanish for nurses to screen for cervical cancer in low resource settings. She presented a draft of her work to the Reunion Alianza Colaborativa, a group of Latin American schools of nursing and midwifery assembled on behalf of Pan American Health Organization.

DNP student **Mary Jean Schumann**, MSN, MBA, RN was featured in a CNN story about the new Health and Human Services "Provider Conscience" regulation.

Staff

Colleen Hughes and **Tom Knowlden** developed the School of Nursing Online Application for Admissions (NOLA), which allows prospective students to apply

for academic programs, merit scholarships, and Peace Corps fellowships on the school website.

Sylvia Lee won a Purple Palace contest, sponsored by sports radio show WNST. NET, for her "Ravens Haven," the area of her home devoted to Baltimore's NFL team. She received an all expense paid trip to a Ravens vs. Green Bay game in 2009.



Sylvia Lee

Mfonobong Umana, **Lynn Schultz-Writsel**, and JHU Creative Director **Royce Faddis** developed an ad for the September 8 issue of *Nursing Spectrum*. It placed 2nd in the publication's AdQ study, which rates the ads most remembered by readers.

The Marketing and Communications team received two awards from the Council for the Advancement and Support of Education District 2 for 2008: a silver award for the school's website homepage, and a bronze for the viewbook, a publication used for student recruitment.

Hopkins Nurses Present at SNRS Annual Conference

Thirteen Johns Hopkins University School of Nursing faculty members and graduate students presented at the Southern Nursing Research Society's 2009 Annual Conference, held February 11-14 in Baltimore.

Anne Belcher, PhD, RN, AOCN, CNE, FAAN; Hae-Ra Han, PhD, RN; Jeri Allen, ScD, RN, FAAN; Sarah Szanton, PhD, RN; Gayle Page, DNSc, RN, FAAN; and Sharon Kozachik, PhD, RN presented at a pre-conference workshop entitled "Decisions and Milestones to a Research Career."

Hopkins nurses presenting sessions during the conference included:

- **Sharon Kozachik**, PhD, RN: Symptom Clusters and their Point Prevalence During the First Year after a Cancer Diagnosis in the Elderly
- **Marie Nolan**, PhD, MPH, RN: Challenges and Strategies in the Conduct of International Interdisciplinary Research
- **Jacquelyn Campbell**, PhD, RN, FAAN: An Intervention to Increase PEP Adherence in South Africa
- **Joan Kub**, PhD, RN, CS: Department Matters: A Mixed Methods Examination of Workplace Violence against Nursing Personnel
- **Maya Shaha**, PhD, RN: Transitoriness in Cancer Patients: Which Elements are Key to a Successful Intervention
- **Benita Walton-Moss**, DNS, CRNP: Health Status and Birth Outcomes among Pregnant Women in Substance Abuse Treatment
- **Jennifer Wenzel**, PhD, RN, CCM: 'You Can Overcome This': Cancer Resource and Support Issues among Rural and Urban African American Elders

And two others presented their research as posters:

- **Jennifer Wenzel**, PhD, RN, CCM: Perceptions of the Community Health Worker role from Rural and Urban African American Elders
- **Elizabeth Hill**, PhD, RN: Chemotherapy-Induced Peripheral Neuropathy and Challenges in its Measurement: A Systematic Review

Admissions Events

Admissions officers from the Johns Hopkins University School of Nursing are searching around the globe for the New Faces of Nursing. Their pursuit of exceptional people is taking them to extraordinary places.

Tour and Information Sessions

Held at the School with up to 20 guests, these weekly sessions offer prospective students a chance to see the facilities and ask questions of our admissions staff.

April 3, 10, 17, 24; May 1, 8, 15; and June 5, 12, 19, 26, 10:00 a.m., Baltimore, MD

Nationwide Events

National Student Nurses' Association 57th Annual Convention
April 15, 9:00 a.m. – 5:00 p.m., Nashville, TN

Oregon State University Health Professions Career Fair
April 20, 10:00 a.m. – 3:00 p.m., Corvallis, OR

University of Oregon
April 22, 11:00 a.m. – 3:00 p.m., Eugene, OR

Holy Cross Hospital Nursing Opportunity Fair
April 23, 11:00 a.m. – 3:00 p.m., Silver Spring, MD

19th Annual California Forum for Diversity
April 25, 12:00 p.m. – 3:00 p.m., San Marcos, CA

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention
June 21-25, 10:00 a.m. – 5:00 p.m., San Diego, CA

National Institutes of Health Graduate and Professional Fair
June 30, 9:00 a.m. – 3:00 p.m., Bethesda, MD

WILL KIRK



You Know You're a Guy in Nursing School When...

10. A conversation about shaving involves more than one's face.
9. You find you have something to contribute to a discussion about mom's menopause.
8. Professors are able to notice your absence from a lecture.
7. You're sitting in the school café and realize your lunch is twice as big as everyone else's.
6. You have to either go up or down a flight of stairs to use a school bathroom.
5. You ask your friends about the football game and the answer involves the supermodel reality show, *Project Runway*.
4. You're the only one on the unit receiving daily requests from elderly ladies for a sponge bath.
3. You see as many men in a day as there are groups in the food pyramid.
2. You're unable to tell your OB patients "I understand"... because really, you don't.
1. Breast/testicular exam day is the most awkward experience of your life!

—David Twillmann

You can read more of David's blog on the School of Nursing website at: www.nursing.jhu.edu/david

Senior Prom “Makes You Feel Young”

Despite being in a room full of nurses, Hattie Gross, 84, and Gladys Buchanan, 87, had no use for talk of diabetes or swollen legs.

There were better topics, after all, in this decked-out room of shiny, paper hearts strung from the ceiling, pink and red balloons dotting the corners, and a jazz trio softly strumming.

Here, at the “Senior Prom,” an annual reception and dance organized by the School of Nursing’s Geriatric Interest Group (GIG) for residents of Apostolic Towers, student nurses can see firsthand the manifestation of that commonly-read statistic. They also get to sit informally and just talk with the seniors, many of whom might be their patients one day. Over strawberry cupcakes and low-sugar candies, while the music plays, they learn things that books and labs can’t teach.

“In the next 20 years, a

very significant portion of the population is going to be over 65,” said nursing student Kelsey Oveson, accelerated ’09, one of the Prom’s co-planners.

“Events like this help expose you to different backgrounds, different cultures,” agreed nursing student Stephanie Sandor, accelerated ’09, also a co-planner. “It expands your level of practice and your understanding.”

The Valentine’s Day-themed dance held in a community room at the senior building is intended to promote intergenerational activity between students who are interested in aging from the Schools of Nursing, Medicine, and Public Health, and the building’s older residents, many of whom see the students regularly in the Tower’s Isaiah Wellness Center.

“Getting to know their community better,” said School of Nursing assistant professor Elizabeth (Ibby)



WILL KIRK (A11)

Tanner, PhD, RN, who began the GIG in 2004, “will make these future nurses better able to understand the population, and thus, better able to relate to them and talk with them about health-related topics, such as diet, exercise, and medication management.”

“I’m from California,” said nursing student Jessica Kensky ’09. “So to do something that is right across the street from Hopkins, but isn’t necessarily always connected to Hopkins, that helps me be a part of the community. And it makes me understand and work with my patients a little better, because a lot of them do come from this community.”

Using what she learned just from attending last



Nursing students Stephanie Sandor (top left) and Andy Hoart (bottom right) enliven the Senior Prom.

year’s Prom, Jessica already is better at providing things her patients need.

This year, for example, she dragged her smartly-suited boyfriend, Patrick Downes, to the dance, so that—just when Linda Conyers was about to give up on having a dance partner—she could send Patrick over to gallantly ask for her hand.

“Oh, this is wonderful,” said Linda, 70, when their sweet, jazzy dance ended.

“It makes you feel young.”

—Tanika White Davis



Kelsey Oveson (left) dances with residents of Apostolic Towers at the Senior Prom.

Vicki Mock Recognized in Archives of the Johns Hopkins Medical Institutions

A new archival collection and web exhibit honors the legacy of Victoria (Vicki) Mock, PhD, RN, FAAN, an internationally known oncology nursing researcher and leading faculty member at the Johns Hopkins University School of Nursing. The Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions is seeking to expand the collection materials already received from many of Mock's colleagues, students, and friends from around the world.

At Hopkins, Mock served as Director of the Center for Nursing Research, Director of

CHRIS HARTLOVE



Vicki Mock
the Center for Collaborative Interventions Research, and Director of the China doctoral program partnership between Hopkins and Peking Union Medical College School of Nursing in Beijing. She was also founding Chair

in the Department of Health Systems and Outcomes.

In developing a collection that represents Mock's entire career, the Archives is seeking materials, in particular, from her career prior to joining Johns Hopkins. Colleagues are encouraged to submit materials that include (electronic or paper): Records of administration activities (reports written in an administrative role); records of teaching activities; correspondence and scrapbooks; photographs and film; oral histories.

Questions or materials for the Archives may be directed to: **Joyce M. Ciszek, MBA,**

Department Administrative Manager, Department of Health Systems & Outcomes, The Johns Hopkins University School of Nursing, 525 N. Wolfe Street, Suite 441, Baltimore, MD 21205-2110, phone: 410-502-9269 jciszek1@son.jhmi.edu, or **Phoebe Evans Letocha,** Collections Management Archivist, Alan Mason Chesney Medical Archives, Johns Hopkins Medical Institutions, 5801 Smith Ave., Suite 235, Baltimore, MD 21209 phone: 410-735-6785 pletocha@jhmi.edu

—Diana Schulin



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Hopkins Nursing Students Fight for Patient Safety on Capitol Hill

In 2002, Evelyn McKnight was battling breast cancer for the second time. Her health went from bad to worse when she learned she was one of 99 Nebraska cancer patients infected with hepatitis C, transmitted because her health care providers were reusing syringes. Though the used needles were discarded, the syringes passed the infection from patient to patient, leading to the largest such outbreak in U.S. history.

“In recent years, numerous outbreaks—including one in my hometown of Fremont, Nebraska—have occurred because health care providers have failed to follow evidence-based safe injection practices,” says clinical instructor Julie Hindmarsh, MPH, RN. “Our students are committed to preventing such outbreaks in their careers and are taking to Capitol Hill to advocate for measures that would prevent future tragedies.”

Many Hopkins nursing students first learned of these issues from McKnight herself. Ron Noecker '07 is friends with McKnight and invited her to come to Baltimore and speak to an undergraduate class on Quality and Safety. Noecker and the McKnights also had lunch with Dean Martha N. Hill, PhD, RN, FAAN, who helped them make contacts that led to the launch of HONORreform, a national advocacy organization dedicated to



HONORreform Founder and President Evelyn McKnight helps launch the One & Only Campaign, with the support of Acting CDC Director Dr. Richard Besser and Congresswoman Shelley Berkley (NV).

making injection procedures safe for all patients. “We told Dean Hill that we wanted to do ‘something good’ with our settlement money,” says McKnight, “and she helped us figure out a way to advocate for patient safety.”

Concerned about patient safety, and propelled by McKnight’s story, Hindmarsh and seven baccalaureate students from the Johns Hopkins University School of Nursing met with members of Congress this February as part of their clinical rotation in Public Health Nursing. On Capitol Hill, they advocated for important reforms that would help prevent patient exposure to hepatitis, HIV, and other blood borne diseases by ensuring syringes and other medical instruments are used once and only once.

“The experience helped

me feel empowered as a normal citizen and advocate for important legislation,” says Ellen Porter '09.

Her classmate, Josiah Mueller, agrees. “The Congressional staff made us feel that what we had to say was important. And being a Hopkins nursing student definitely lent us some credibility.”

In addition to meeting with lawmakers, the students joined the Safe Injection Practices Coalition, Senate Majority Leader Harry Reid, Centers for Disease Control and Prevention Acting Director Dr. Richard Besser, other members of Congress, federal health officials, and national health care stakeholders to launch The One and Only Campaign, a national public health campaign to re-educate health care providers and empower patients about safe injection practices.

As a member of the Safe Injection Practices Coalition through her foundation, HONORreform, McKnight was also present for the launch.

“We were very pleased with the reception that we received from Congress,” says McKnight. “They were particularly interested in education to ensure injection safety.”

Reflecting on the Campaign launch, Amy Goh '09 remembers McKnight’s words from her initial visit to Hopkins: “‘Our lives are in your hands,’ she told us. ‘You, as nurses, have the power to create change.’ Going to D.C. to help Evelyn and her cause was great.”

Learn more about the One and Only Campaign at www.oneandonlycampaign.org and the HONORreform Foundation at www.HONORreform.org.

—KBS

A Vision for Health Care In Uganda and East Africa

Uganda is well known for its comprehensive and timely response to HIV/AIDS in the 1990s; however, the epidemic continues to have a critical impact on the health and well-being of the population—personally, socially, and economically. As reported by UNAIDS in 2008, there are an estimated 940,000 people living with HIV in Uganda and 1.2 million children who have been orphaned by AIDS.

A new initiative to help improve health outcomes in the region is underway, in a multi-tiered program facilitated by the Johns Hopkins Center for Global Health (CGH). According to CGH associate director and School of Nursing associate professor Nancy Glass, PhD, MPH, RN, Uganda is also dealing with a number of major health concerns for its citizens, “ranging from other sexually transmitted diseases, malaria, and tuberculosis, to chronic diseases such as diabetes, obesity, and heart disease. And to compound the problems, the country is still recovering from many years of conflict in its northern region.”

Glass is part of the leadership team for a two-year learning program in which Johns Hopkins faculty from the schools of medicine, nursing, and public health will partner with colleagues from the Makerere University



“In Uganda, as in the U.S., nurses are often the first health care providers to see patients and the only providers in many settings most or all of the time.”

—Martha N. Hill, PhD, RN, FAAN

College of Health Sciences (MU CHS). The project is funded by a \$4.97 million grant from the Bill & Melinda Gates Foundation and is led by David Peters, MD, DrPH, an associate professor in the Department of International Health at the Johns Hopkins Bloomberg School of Public Health, and George Pariyo, MBChB, PhD, head of the Department of Health Policy, Planning, and Management at the Makerere University School of Public Health.

The overall goals of this far-reaching initiative include aligning education and research at MU with Ugandan national health goals; developing strategies

for CHS and its partners to use teaching, research, and policy to improve the health of the population; and identifying strategies to ensure the long-term sustainability of CHS to address the nation’s health priorities. “The need to build a stronger connection with community health programs is a driver behind these initiatives,” says Glass.

The project also includes developing a 10-year strategic plan for the College of Health Sciences and conducting pilot collaborative research studies. Hopkins advisors will guide faculty development in the Makerere University Department of Nursing, which currently resides

within the College of Health Sciences, with a long-term goal of developing a separate School of Nursing. “I see this as an opportunity for collaborating in a number of ways with Makerere, including clinical training for Hopkins students, research collaborations, and continuing faculty education,” says Glass.

Dean Martha N. Hill, PhD, RN, FAAN, who serves on the steering committee for the overall program, believes the multi-tiered approach will effect positive change in health outcomes. “In Uganda, as in the U.S., nurses are often the first health care providers to see patients and the only providers in many settings most or all of the time,” says Hill. “The investment in improving nursing education in this program is critical to successful health care outcomes.” —DS

From China, A Note of Thanks

Through a joint program between the Johns Hopkins University School of Nursing and Peking Union Medical College, six students traveled from China to Baltimore for a semester of doctoral education. Following is an expression of their thanks, sent to Dean Martha N. Hill at the close of the fall semester.

Dear Dean Hill,

we would like to express our deep gratitude to you for your kindness and generosity. Yesterday was a wonderful day! We finished our presentation with the help from our advisors, all the teachers and students of the school of nursing, and then, we had a great dinner in your home! We are so touched by your warmth and the fine gifts. We also had great talks with all the guests. All of you are so nice to us. We are very, very moved and excited.

We will remember the time we spent in the School of Nursing at Johns Hopkins University forever and ever! Although it has been only short five months, it is the most precious and meaningful journey in our lives. We met so many wonderful people and made many new friends.

We all think we are very, very lucky to have the great opportunity to learn at Johns Hopkins. It fully deserves the rank of most famous university in the world. It has great faculty and students, great information system, and a great philosophy and spirit.

We have been learning how to do international research; what are the differences in nursing practice, research, and education between the U.S. and China; how to take advantage of web resources; even how to communicate with patients and how to do a presentation. In a word, we

have broadened our outlook, expanded our thoughts. We got many great ideas about how to improve our work in nursing in the future.

We can't find the exact words to express our gratitude and appreciation. We will keep in touch with all of you and remember you forever.

Warmest regards,
PUMC students,
Wang Yanhong,
Peng Wentao, Lu Yan,
Chi Juntao, Guo Aimin,
Wang Yan



Campbell Named Global Health Ambassador

“Women are dying from domestic homicide and from HIV/AIDS at alarming rates—both abroad and right here in our neighborhoods. We can prevent this,” says Johns Hopkins University School of Nursing professor Jacquelyn Campbell, PhD, RN, FAAN. “Global health research affords us the opportunity to do just that, and save lives of women everywhere.”

Campbell, recently appointed a global health ambassador in the Research! America’s Paul G. Rogers Society for Global Health



Research, joins other experts in global health who will advocate for greater U.S. investment in health research around the world. The Rogers Society works to increase awareness of and make the

case for greater U.S. investment in research to fight diseases that disproportionately affect the world’s poorest nations.

Campbell’s expertise is frequently sought by national and international policy makers in exploring intimate partner violence (IPV) and its potential health effects on families and communities. She also works to address IPV by collaborating with community and government organizations such as the

Family Violence Prevention Fund, the House of Ruth Battered Women’s Shelter, and the U.S. Department of Defense Task Force on Domestic Violence, among others.

Her recent appointment as a global ambassador places Campbell in a position to use her expertise to improve the well-being of women around the world. “When we conduct research in those areas of the world where the largest populations are affected,” says Campbell, “we can better study health issues and diseases which affect us all.” —JE

Protecting Health Care Workers in South Africa

With an incidence rate of 940 cases per 100,000 people in 2006, South Africa ranks fifth among countries for its high rate of tuberculosis (TB). For Johns Hopkins University School of Nursing assistant professor Jason Farley, PhD, MPH, CRNP, these statistics are unacceptable.

An expert in the epidemiology, prevention, and management of drug-resistant infections and international infection control, Farley has received a faculty grant from the Johns Hopkins Center for Global Health to explore the barriers of TB infection control in South Africa.

“Nurses and other health care workers in under-resourced settings often have twice the prevalence of TB compared with the general population,” says Farley. “Infection control can help prevent infection and repeated exposure to increasing drug-resistant strains.”

Spending several weeks in the country throughout 2009, Farley will partner with the Medical Research Council of South Africa’s Tuberculosis Epidemiology and Intervention Research Unit. He aims to assess infection control knowledge, attitudes, prac-



tices, and environmental infrastructure among multi-drug resistant and extremely drug-resistant TB centers in 18 sites throughout South Africa.

Farley and his team of researchers—which includes two Hopkins nursing graduate students—will investigate, among many other variables, whether employers offer HIV testing to health care workers

prior to employment in such high risk settings. They will also observe and inspect the infection control infrastructure, including ventilation systems and the collection of respiratory samples.

“Given the crisis of trained health care workers in sub-Saharan Africa and the moral imperative to protect our health care colleagues, this work will provide the initial framework to improve infection control practices in such high risk settings,” says Farley. “It can lead to a healthier, safer workforce.”

—JE

December Down Under

After administering fall's final exams, four Hopkins Nursing faculty packed their bags to continue their dedication to nursing research, education, and practice halfway around the world. Dan Sheridan, PhD, RN, FAAN; Betty Jordan, DNSc, MSN, RNC; Ibbby Tanner, PhD, RN; and Joyce Williams, DNP, MFSA, RN found new colleagues and friends among the faculty and students at Flinders University School of Nursing and Midwifery in Adelaide, Australia, sharing their professional expertise and initiating a new global collaboration for Johns Hopkins.

The trip began with a three-day flurry of presentations—at the university's Fifth Annual Research Summit Program and three mini-conferences on women's health, forensic nursing, and aging—and continued as each faculty member found Australian counterparts in her or his area of expertise.

The collaboration continues at the end of March, when Flinders Dean Paul Arbon, PhD, RN meets with Dean Martha N. Hill, PhD, RN, FAAN at Hopkins to discuss models of DNP education, as Flinders is working toward being one

of the first universities in Australia to offer this degree. In the future, the Hopkins team will work with Flinders faculty to strategize for collaborative pilot research and scholarship as well as improvements in clinical evidence-based practice. And next year, Hopkins plans to send two nursing students to the Berri region of southern Australia for a six-week practicum in a rural hospital.

"It's amazing how much our faculty—and Flinders' faculty—learned in the short time we were there," says Sheridan. "And I know the future is full of opportunity."

—KBS



Betty Jordan, shown here with the famous Australian koala, partnered with senior faculty to explore the use of simulation technologies in the classroom and compare midwifery education and practice in America and Australia.



Ibbby Tanner (left) and Dan Sheridan took some time to collaborate with the local marsupials in addition to consulting with Flinders faculty and leaders. Geriatrics expert Tanner (left) advised on curricular issues and potential international collaborative research projects, while Sheridan helped conceptualize an elder abuse ID prevention training program and the creation of a DNA database of Australian inmates and suspects.



Dan Sheridan, Betty Jordan, Paul Arbon, Ibbby Tanner, Joyce Williams, and husband Dave Williams enjoy the view of Adelaide, Australia. Williams shared her expertise in emergency and disaster management with Paul Arbon, PhD, RN, the current Dean at Flinders.

In the Online Hunt for Health Information, Nurses Can Guide the Way

The Internet is changing how people of all ages gather knowledge—including knowledge about health and wellness. On an average day, as many as eight

million Americans surf the world wide web for health information for themselves, family, or friends.

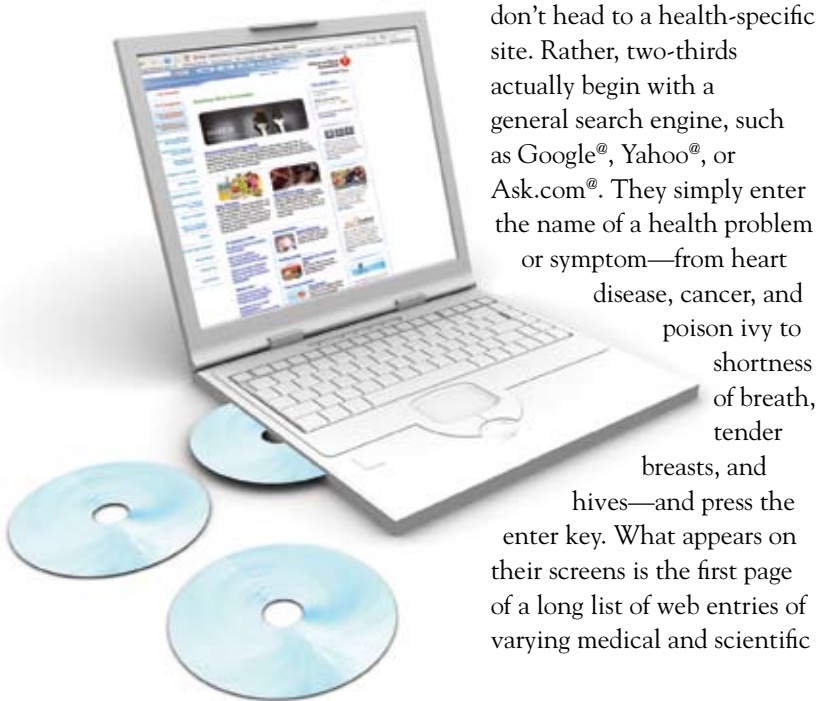
The majority of surfers, according to the Pew Internet and American Life Project, don't head to a health-specific site. Rather, two-thirds actually begin with a general search engine, such as Google®, Yahoo®, or Ask.com®. They simply enter the name of a health problem or symptom—from heart disease, cancer, and poison ivy to shortness of breath, tender breasts, and hives—and press the enter key. What appears on their screens is the first page of a long list of web entries of varying medical and scientific

soundness or usefulness to a lay reader. And when it comes to getting accurate information about heart health, that's where problems can start and where nurses can be of significant help, according to Associate Professor Cheryl R. Dennison, PhD, RN, ANP, FAHA.

Writing with a colleague in the *Journal of Cardiovascular Nursing*, Dennison asserts that since nurses spend the greatest amount of time with patients, they can readily point patients toward the most accurate, current, and relevant disease-specific websites. Dennison notes, "We need to arm ourselves with the knowledge of key websites and web resources to share with both patients and their families. And we need to help educate them about what

to look for and watch out for when surfing for health information on their own."

In the area of cardiovascular disease, for example, websites such as those of the National Institutes of Health, the American Heart Association and the American College of Cardiology have developed patient education pages providing a broad range of accurate, medically-current information. "By stepping up to the plate to help families and patients get the accurate, online health information they need," Dennison observes, "nurses can help patients prevent some problems and can assure early identification and treatment of others." —*Teddi Fine*



Nurses can both steer patients to the best health websites and also educate patients about what to look for when surfing for health information in general. For example, patients should:

- Identify the site's sponsor. That can say a lot about the site's credibility. If it has a web address ending in ".gov", it is a government site, which lends credibility. An educational institution, such as a medical school, will have a ".edu" address end; professional organizations' sites end in ".org."
- Avoid potentially biased information. Check if the site is sponsored by a for-profit organization. Such a site may be more focused on promoting a particular product or program than on providing patient information.
- Look for the author's name. If an individual, look for that person's credentials in the specific health field. If an organization, ensure it is a credible organization in the field.
- Are sources cited and credible? Does the site state where data come from? Are they credible sources, such as the CDC or a major health organization? Are the data the same as are found on other sites?

- Is the site up to date? Check when the site was last updated. If the information is old or an answer to the question can't be found, move on.
- Don't trust online diagnoses. If a site says it provides online diagnosis, click away quickly.
- When in doubt, ask your nurse or other health professional.

Additional advice and information you can provide to patients on how to find and evaluate health information on the internet is available online from:

- The National Library of Medicine (English and Spanish) (www.nlm.nih.gov/medlineplus/webeval/webeval.html)
- The Medical Library Association (www.mlanet.org)
- A User's Guide to Finding and Evaluating Health Information on the Web (www.mlanet.org/resources/userguide.html)
- Top Ten Most Useful Consumer Health Web Sites (www.mlanet.org/resources/medspeak/topten.html)

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Take My Breath Away: Asthma and Urban Violence

Asthma, the leading chronic illness among children and youth in the United States, is a growing problem of increasing concern to health professionals and families alike. It ranks among the top three causes of hospitalization for those younger than 15 and can contribute to lower levels of school attendance, physical activity, and fitness. Disproportionately higher rates of asthma are found among children living in urban settings, children of color, and children in families with limited economic resources.

While not preventable, asthma can be controlled not only through the regular use of medication but also by avoiding potential triggers in the environment, like tobacco smoke, chemicals, mold, small animals, and some household chemicals.

Avoiding these triggers is not always easy or, at times, even possible for urban families of limited income. And faculty members Joan E. Kub, PhD, APHN, BC and Arlene Butz, ScD, PNP, collaborating with colleagues at the Johns Hopkins University School of Medicine and the University of Maryland School of Pharmacy, have found an ominous environmental factor that may have an adverse effect on a child's asthma management. That factor is community violence.

Separately, violence



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Families with greater exposure to community violence reported more asthma symptoms for their children than families with less exposure to violence.

and asthma pose risks for urban youth; together, they represent a considerable public health threat. African-American youngsters are twice as likely to die from asthma than their white counterparts, and homicide is the leading cause of death among these youth. Countless other youth and their families witness or fear neighborhood violence. Reporting in the *Journal of Community Health*, Kub and her colleagues describe their study of 231 urban-dwelling caregivers and their children

with moderate, persistent asthma to examine family exposure to community violence, perceptions of feeling safe, and their children's asthma symptoms and treatments. Families with greater exposure to community violence reported more asthma symptoms for their children than families with less exposure to violence. Further, children who saw violence were less likely to participate in primary care asthma follow-up and management after an emergency department visit,

though the reasons are not clearly understood.

Kub and Butz observe, "By finding ways to reduce environmental barriers to regular asthma care, we can help improve the quality of life and breath for urban young people with asthma and their families. Because we are at the front door of community health care, nurses are in an ideal position to help promote better preventive care." Their study's findings suggest that when tailoring asthma treatment and education, health care providers should include an assessment of potential violence exposure and tailor recommended care protocols accordingly.

—TF

Money Worries Take a Toll on Older Women’s Health

It has been said that every day, at every age, we do one of two things. We either build health or produce disease in ourselves. A host of genetic, biological, social, psychological, and environmental stressors affect mind and body daily. We know, for example, that socioeconomic status, race, and ethnicity have an effect on our health and wellness across a lifetime. Poverty, homelessness, and disability, too, take a toll on wellness and longevity, as do behavioral issues such as anxiety, stress, and depression.

A growing body of research suggests that late-life disability, illness, and premature mortality are the result of how an individual’s body adjusts to those stresses and the cumulative effect of a lifetime of adjusting to those stressors. And, in the face of the most significant economic crisis since the Great Depression, a new stressor has been added: financial strain. In fact, according to assistant professor Sarah L. Szanton, PhD, RN, and professor and Associate Dean for Research Jerilyn K. Allen, ScD, RN, FAAN, worries about finances may outstrip socioeconomic status, ethnicity, or disability as a predictor of premature death among older women.

Reporting in the *Journal of Gerontology: Social Sciences*, Szanton and Allen

“Money worries can be a significant social determinant of ill health and even death in later life. If we can help address the sources of the financial strain for older adults, such as the monthly costs of multiple medications and health care, we may be able to help reduce the toll economics takes on life and health...”

—Sarah L. Szanton, PhD, RN

found that, without regard to race, age, education, absolute income, insurance status, and illness, older women expressing greater levels of financial stress

are 60 percent more likely to die within five years than their less-financially stressed counterparts. Their longitudinal analysis of 728 women between 70 and 79

years of age also found the impact of financial stress on the likelihood of death within five years among older African-American women to be 2.5 times higher than among similarly economically stressed older Caucasian women.

Moreover, the perception of financial strain, particularly among African-American women, may be a better predictor of mortality than actual income because, in contrast to the latter, the former focuses directly on financial adequacy. The authors caution, however, that other factors—neighborhood effects, historical health disadvantages in African Americans, etc.—may explain or contribute to the racial differences in mortality among the older women in the study. Nonetheless, the findings lead Szanton to conclude that, “Money worries can be a significant social determinant of ill health and even death in later life. If we can help address the sources of the financial strain for older adults, such as the monthly costs of multiple medications and health care, we may be able to help reduce the toll economics takes on life and health, particularly among African-American women.”

—TF



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The Essence of Nursing: Palliative Care Nurses Provide Comfort, Relieve Suffering

Lynn Billing, BSN, CHPN, knows that every case in the Sidney Kimmel Cancer Center at Johns Hopkins is unique. But there is one essential commonality among all her patients, male and female, young and old, that drives her work as the Nurse Coordinator for the Center's Harry J. Duffey Family Pain and Palliative Care Program. "Every cancer patient needs to tell their story," says Billing, a former home hospice nurse who has worked in the Hopkins Oncology

Department for ten years. "Our patients are scared, and when they tell their story, we can assess what their goals are." Typically, Billing says, these conversations often move from pain to other concerns, such as anxiety, depression, fear, and other issues facing a cancer patient.

Each week, the Duffey Program's multidisciplinary team consults with about 25 cancer patients and their families on all aspects of pain management and palliative care. Led by physician Sidney Dy, MD, MSc, the team

includes a pharmacist, social worker, and chaplain, in addition to nurses Billing, Colleen Apostol, RN, OCN, CHPN, and Andrea Cox, BSN, CHPN. "We aren't a replacement for the oncology team, but another layer of care," Billing notes. "The patient's oncologists are focused on the disease and treatment. The nurses look at the whole person and listen for undertones of issues, such as spirituality. We support the family and educate, sometimes needing to translate medical-ese."

In spring 2007, the Kimmel Center expanded 20 years of offering palliative care to create the Duffey Program, which is the first formal consultation service for palliative care and pain management at Johns Hopkins. Named in memory of Harry J. Duffey by his wife, Lois Duffey, the Program serves as a clearinghouse for both terminal and non-terminal patients in the Kimmel Center. "You have to develop a trust with a patient," Apostol adds, of the referrals the program receives



Oncology nurses Colleen Apostol, Andrea Cox, and Lynn Billing offer palliative care at the Sidney Kimmel Cancer Center.

from the Kimmel Center's nurses and oncologists. "The nurses in the Kimmel outpatient clinic have great relationships with their patients, and it's a privilege to be invited to be part of that relationship."

Palliative care conversations and services encompass every area of a patient's spiritual, physical, emotional, psychological, and social care. How does a mother tell her children about her breast cancer? How can the nausea from chemotherapy be managed? What are the issues facing the family? Even finances play a role in the team's conversations. "I was a bedside nurse for many years, and we rarely talked about finances with a patient," Apostol recalls. "Now we ask if patients can afford a medication, such as Oxycontin, which is very expensive. If the patient can't, it doesn't make sense to order that particular narcotic."

She and Billing are quick to point out that palliative care does not equal hospice care, a common misconception among patients and clinicians alike. "Palliative care is about empowering patients and their families with knowledge, so they are informed and able to determine their goals of care," she explains, recalling a case where both the palliative care team and the patient's doctors recommended hospice as the

best choice. The patient, however, wished to continue chemotherapy. Respecting and supporting that decision and managing the physical symptoms or side effects of chemotherapy became the team's goal. "It is not only about end-of-life issues, it is about quality of life and how to live better with cancer," says Billing.

Of course, end-of-life concerns are often part of the conversation. The Duffey Program strives to educate clinicians about the importance of palliative care conversations early in treatment, so that the nurses may educate the patient about how the Duffey Program can partner with them throughout their journey with cancer. "It's sad to hear a patient say, 'There is nothing left to do,'" says Duffey nurse Andrea Cox. "Of course, they are referring to treating the cancer. We explain that even if there is no cancer treatment, there will always be something that can be done to improve their quality of life."

Hospital-based palliative care programs in the United States began in the late 1980s, and today the number of U.S. hospitals with programs top 1,200. Like the Kimmel Center, other Hopkins departments have embraced the discipline for several years. In 2000, the Department of Medicine



WILL KIRK

Cynda Rushton oversees pediatric palliative care at Hopkins.

(DOM) launched its Palliative Care Consult Service through which Rita Moldovan, APRN, BC-PCM, receives palliative care referrals from DOM physicians. Clinicians in the Hospital's neuroscience, surgery, psychiatry, and the critical care units also refer patients to Moldovan, who works with the patient, family, and the medical team on the plan of care, symptom management, and family education and support. For the past six years, she coordinated a one-day, annual course on palliative care for all Hopkins nurses. The popular course has recently expanded to two days and will be offered twice a year.

Also in 2000, the Johns Hopkins Department of Pediatrics launched Harriet Lane Compassionate Care

(HLCC), the pediatric palliative care program of the Johns Hopkins Children's Center. HLCC Director and School of Nursing faculty member Cynda Rushton, PhD, RN, FAAN, oversees a interdisciplinary team which provides palliative care for children with life-limiting conditions and their families. The HLCC does not do formal clinical consultations, but supports clinicians and patients through rounds, sponsoring a Hopkins-wide leadership committee that meets monthly to strategize on improving palliative and end-of-life care in pediatrics, and supporting staff caregivers through a bereavement program. "Our bereavement program began in response to our caregivers' needs for support," explains Rushton. "You can't care



Rita Moldovan provides palliative care consultation in the Department of Medicine.

compassionately if you can't care for yourself first."

The HLCC program has had national and statewide impact. Selected as one of seven national programs to participate in a quality

improvement and education project sponsored by Boston's Education Development Center, the HLCC also launched a 90-member, multidisciplinary Pediatric Palliative Care Coalition

within and beyond Johns Hopkins. Plans are underway to create a consultation service and develop a statewide pediatric palliative care network.

Though not formally integrated, the Hospital's three distinct palliative care programs collaborate with each other, with each program's experiences and successes serving to inform the other. For example, Moldovan and the Duffey Program coordinate services between oncology and other areas, and the HLLC team's model for staff bereavement is being adapted for the Kimmel Center. And Lynn Billing with the Duffey Program has assumed coordination of the palliative care nursing course

implemented by Moldovan.

To further connect palliative care services at Johns Hopkins and to begin to envision what an institution-wide program might be, the Hospital held a planning retreat in November 2008. Specifics on the shape and staffing of such a program are in discussion, but the overarching goal of any future initiatives will embody the care and compassion offered by the current Hopkins palliative care nurses. "This is the essence of nursing, of truly caring for another person," Rushton reflects. "It's not about fixing or curing. It's about being present and trying to make every day a good day for a patient." —Sarah Achenbach

Noted with Pride

JoAnn Coleman, MS, RN, ACNP, AOCN, postmaster's CRNP '95, received the Roberta Scofield Scholarship Memorial Certification Award from the Oncology Nursing Certification

Corporation. The award supports RNs in obtaining or renewing their oncology certification. The candidate must demonstrate dedication to oncology nursing and commitment to obtaining

or renewing oncology nursing certification.

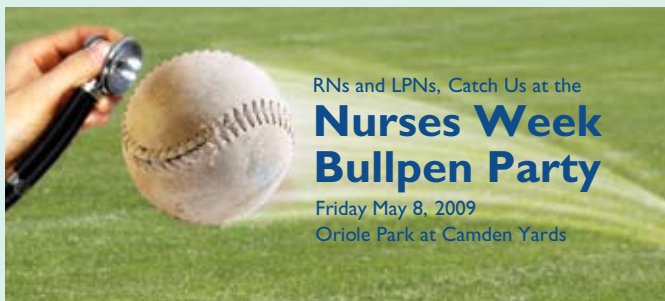
Joanne Finley, MS, RN, Oncology Patient Education Coordinator, has been appointed to the Board of Directors of the Education Network to Advance Cancer Clinical Trials, a national nonprofit organization.

Dina Krenzischek, PhD, RN, has received the 2008 Outstanding Achievement Award from the Chesapeake Bay Society of PeriAnesthesia Nurses board of directors.

Karen Ritchey, MSN, RN, CNOR, has been named

the recipient of the 2009 Outstanding Achievement in Perioperative Clinical Nursing Education Award by the Association of periOperative Registered Nurses (AORN).

According to Nursing Knowledge International, *Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines* was one of the top 10 best selling books for 2008. Authors include Hopkins Nurses **Sandra L. Dearholt, MS, RN, Stephanie S. Poe, MScN, RN**, and **Kathleen M. White, PhD, RN, CNAA, BC**.



RNs and LPNs, Catch Us at the
Nurses Week Bullpen Party
 Friday May 8, 2009
 Oriole Park at Camden Yards

We're heading back to the bullpen, so **mark your calendar** for the 2009 Nurses Week celebration event. Orioles up against the Yankees / Party starts at 5:30 / Game starts at 7:05
 Watch for more information in April.

Patients At Ease

Over the past 35 years at Johns Hopkins, JoAnn Coleman, MS, RN, ACNP, AOCN, Postmaster's CRNP '95 has developed an impressive expertise in the relatively new field of surgical geriatric oncology. She began her nursing and Hopkins career in 1974 as a surgical nurse, a job she held for 33 years before joining the Sidney Kimmel Comprehensive Cancer Care Center in 2006 as the acute care nurse practitioner and coordinator of the Pancreas Multidisciplinary Cancer Clinic. "I just liked the blood and bile," Coleman jokes about her initial choice to go into surgery.

As her Hopkins career and the field of geriatrics evolved, so did her interest in working with seniors, a group with whom her good humor and glass-half-full outlook mesh well. "First geriatrics became a medical specialty, and geriatric oncology evolved from that," she explains. "In the late 1990s, surgical geriatric oncology became recognized as its own specialty, and my career has hit all three."

In 1984, Coleman became a clinical nurse specialist in gastro-intestinal surgery, and about half of her patients were 65 or older, she says. She is currently enrolled in the Hopkins Doctor of Nursing Practice program—

focused on the elderly. But, perhaps, her most effective skill comes from her first, short-lived career as a teacher in the early 1970s. "What do you do as a nurse?" she asks. "You teach."

This is exactly Coleman's forte in the Kimmel Center: teaching oncology patients recently diagnosed with pancreatic cancer how to traverse what can be a frustrating, confusing labyrinth of doctors, tests, results, and decisions. "In the evaluation clinic, which is the first of its kind at Hopkins, patients complete scans, blood work, comprehensive history and physical examination, meeting with oncology dietician, social work and other support services all in one day," says Coleman. "Before, patients were literally taking up to six weeks to get through it all."

Coleman coordinates the clinic's patient tests and educates patients and their families about elderly-specific issues that could affect treatment, such as frailty, other health issues, and whether or not the patient lives alone. She also oversees the multidisciplinary clinical team (oncologists, pain specialists, social workers, nutritionists, nurses, genetic counselor, and others) that reviews each patient's case and recommends a plan of treatment. "As medicine



WILL KIRK

Alumna JoAnn Coleman is an expert on surgical geriatric oncology.

makes continued advances and people are living longer, we encounter more elderly patients, who have more issues than 'middle-aged' patients," says Eillen Satterfield, Client Service Coordinator for Oncology. "JoAnn has seen firsthand the evolution of the field, and has a great deal of knowledge, experience and patience when interacting with older patients."

Coleman chuckles that

most of the time, she's "just keeping her head above water," but she loves her job. "I just have an affinity for the elderly," says Coleman. "When patients come to the clinic, they are usually on edge, but I believe older people can be more resilient than younger patients. My job is to put people at ease. There is always a way to make people more comfortable in a hectic medical environment."

—SA

Other Lives: Music “Made Me Who I Am”

Outside the weathered door of Leadbetter’s, a decidedly downscale (and proud of it) bar in Baltimore’s Fells Point, the bitterness of a

colder-than-normal January has all but cleared the streets. But inside, a nice crowd has gathered to listen to Katie Bowers and Joe Scala, who begins to strum his guitar.

Bowers’ soulful, husky voice rolls into a Carole King cover, and with eyes closed, she gives the song—and the rest of the hour-plus set—everything she has.

It’s a far cry from her day-job as a nurse in The Johns Hopkins Hospital’s Department of Psychiatry, where Bowers works with geriatric and chronic pain patients. “Performing is completely different from nursing, and I love that,” reflects Bowers, who received her nursing degree from Villanova. “It’s like I have an alter ego that comes out every once in awhile. It’s a stress reliever.” She’ll sing to patients if they ask, a request that means reaching beyond her bar-gig catalog of songs from the 1970s to today’s music. “We’ll walk around the hall and sing songs, like ‘Cheek-to-Cheek’ or ‘Hey, Good-Looking,’” chuckles Bowers, 24, who joined the Hopkins staff in October 2007.

Bowers grew up in Sparta, New Jersey in a household filled with music and nursing. Dad is a salesman and mom is a nurse, but both performed on weekends. Her father accompanied his daughter during her high school talent show performances, and until Bowers and her fiancé Scala, a computer software designer, moved to Baltimore, Dad was part of the group. She also plays the guitar, but at Leadbetter’s, she lets her vocal prowess shine. “Music has made me more confident, and to some degree, made me who I am,” she says.

—SA

CHRISTOPHER MYERS



Away From Home for the Holidays

“How can we help?” asked Cathy Trentacoste, RN, a nurse clinician in the Johns Hopkins labor and delivery unit. “I will be here on Christmas Day and I would love to assist with any needs that the family has.”

Trentacoste was concerned about Dana*, a patient who had been in long-term antepartum care and would remain so on the night of Christmas Eve. With a three-year-old daughter to care for, Dana and her husband were trying to find a way to spend their holiday together as a family. They were considering sleeping in Dana’s hospital room the night before Christmas, but the child was afraid that Santa wouldn’t be able to find her if she spent the night at Hopkins.

“It was heartbreaking,” Trentacoste says. “This mom was stuck in the hospital and couldn’t go home, so I thought perhaps Christmas could come to her.” Trentacoste, who has an eight-month-old of her own at home, approached nurse

manager Joan Diamond, RN with a plan.

“Our unit is committed to family-centered care,” says Diamond, “so I of course offered unwavering support to Cathy in assisting Dana and her family. We do whatever we have to do for our patients.”

Trentacoste worked with the parents and coordinated with colleagues to hide the gifts in a storage closet and have them delivered to Dana’s room in the middle of the night. Early Christmas morning, the child awoke when a technician closed the hospital room door. “She was just sure that Santa had been there,” Trentacoste reports. “The gifts in the room were proof that he had come all the way to Hopkins to visit her.”

Two weeks after the holiday, the family received another gift—a healthy baby girl. “In the end, it didn’t matter where the family was that December morning,” says Diamond. “Thanks to Cathy, they still got to have a real Christmas.” —KBS

*Not her real name



Nurses Cathy Trentacoste (seated) and Christina Meekins (right), along with nurse manager Joan Diamond (left), helped a hospitalized mom celebrate Christmas with her family.

News from Johns Hopkins Bayview Medical Center

Bayview News

Kelly Baca has joined the department of professional development as an advanced nurse educator for the NICU and pediatrics. She is a 10-year veteran of Bayview Medical Center.

Perry Wein, RN, has been named the patient care manager for the operating room. He brings more than 20 years of OR nursing experience to Johns Hopkins Bayview.

Blanka McClammer, RN, has been named director of nursing excellence at Johns Hopkins Bayview. She will be responsible for leadership in the achievement of Magnet nursing recognition and other special projects. McClammer has more than 30 years of leadership experience in nursing executive and management positions, including her most recent role as director of clinical education at Howard County General Hospital.



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Nurturing Our Young: Easing the Transition from Nursing School to Practice



Tina Martin (left) mentors new nurse Serma Gbaba through a new RN Fellowship program.

Nursing at Johns Hopkins Medicine-affiliated Howard County General Hospital (HCGH)—as at other hospitals across the country—has grown increasingly complex, and not just as the result of greater reliance on high-tech equipment and procedures.

Other factors contribute to the growing challenges faced by hospital-based nurses. People who are underinsured or uninsured often delay care as long as they can. More outpatient settings provide what used to be hospital-based services. And older adults, a growing segment of the population, often have multiple, interacting chronic health needs.

The result? Many patients arrive at the hospital sicker, requiring ever-higher levels of

complex care and treatment.

Enter the new nurse, degree in hand, loaded with enthusiasm and energy but, according to Debbie Fleischmann, MPA, RN, NEA-BC, HCGH Director of Nursing Clinical Education, not entirely prepared for the realities of hospital-based practice. Serina Gbaba, MBA, BSN, RN, a new HCGH nurse, agrees. “As a new graduate, the prospect of working in acute care setting, with the acuity of patients in the IMC unit, was frightening to me. I didn’t know what to expect,” she said.

Fleischmann points out, “Historically, new nurses got a six-week orientation and were then thrown to the wolves. We’ve discovered that we need to work differently to retain nurses.”

In July 2008, HCGH

implemented the RN Fellowship Program, a year-long immersion for new nurses. Designed not only to ease the transition from supervised to independent hospital-based nursing practice but also to help them adapt and grow professionally, the program has the collateral effect of both better nurse retention and better patient care.

The program, using a mentor/mentee model, is divided into three parts that grow confidence, knowledge, and independence over the year. The orientation phase hones clinical skills and promotes inclusion; the transition phase enables new nurses to work under the guidance of mentors. Finally, under the eyes of more senior mentor-nurses, the new nurse becomes a fully functioning member of the unit. Separate

tracks tailor content and activities to the specialized needs of four types of units: medical surgical, intermediate care/short stay, critical care/ER/PACU, and obstetrics.

Everyone agrees the program makes good sense. “The program has been very successful,” says Vera Tolkacevic, Mentor Program Manager. “Over the years, nurses have come to us right out of school unready and worried. Many moved on or left the profession altogether. Now we prepare them clinically and let them know they are needed, wanted, and cared for as colleagues and competent nurses.”

Gbaba believes that the program “helps new nurses begin their profession with positive first experiences which are usually lasting experiences. Her mentor, Tina Martin, RN, thinks the program helps “the new grad nurse and the mentor learn from each other to improve the nursing profession and strengthen nursing relationships.”

And, it’s just good business. With the cost of replacing a nurse estimated at between \$40,000-60,000, Fleischmann notes that “it’s time to stop the revolving door and to be smarter about how we’re training and retaining our staff. It not only makes good dollars and cents, it makes plain good sense.”

—TF