Nursing School 2.0
In celebration of the 25th anniversary of the Johns Hopkins University School of Nursing and the 120th anniversary of nursing education at Hopkins, the editors of Johns Hopkins Nursing challenged nurse artists to create their vision of the nursing uniform of the future. Pictured here is Robo-Nurse (RN), an “animated, strong, smart, swift, and an ultra-efficient ‘Wonder-Woman,’” according to illustrator Eric Tomakin, a staff nurse in the Johns Hopkins Department of Surgery. In his vision of nursing’s future, “Robo-Nurse (RN) will be every little girl’s (and boy’s) dream profession. Recruitment will be a breeze. They will come in droves. Their destination is assured, and their destiny is defined!”

Check out the OB nurse of the future on the inside back cover.
Survey says… the rumors are true. Take a look at the numbers and see for yourself. They live up to their reputation.

in 2007, we mailed a questionnaire to the school’s 5,000+ alumni to find out whether Hopkins nurses are known for being thinkers, innovators, and leaders in the field. So by Kelly Brooks-Staub

SURVEY SAYS…

Here are some of the results: 100% of the respondents agreed that Hopkins nurses are known for:

- Thinking creatively
- Problem-solving
- Seeing the bigger picture
- Communicating clearly
- Making challenging decisions
-乒乓球

By 2007, Hopkins nurses are known for being leaders, innovators, and thinkers.

Salary by highest nursing or educational preparation

More Money Hopkins Nurses Earn

Hopkins Nurses Are

60 80

Salary data converted to 2007 dollars using the Consumer Price Index

20 60 80

Baccalaureate Associate Doctoral Diploma

Average

n

U.S.

More

Hopkins

Hospitals.

14 Bench to Bedside

A new research center brings together researchers and minority communities to fight heart disease.

18 Live from 525

Symptoms: Brain pain, sleeplessness, and increased anxiety. Diagnosis: nursing schoolinflammatitis.

32 They Must be Hopkins Nurses

For more than a year, you've been sending us stories in celebration of nursing education at Johns Hopkins. Now, we share with you some of the most touching, humorous, and courageous moments; stories of nurses who show a true Hopkins spirit.

20 Nursing School 2.0

Baby boomer nurses are moving toward retirement and seeking to share their knowledge with today’s young, tech-savvy nursing students and recent graduates—the late-arriving Gen Xers and so-called ‘Millennials.’ But bridging this “generation lap” will require some serious educational reengineering. by Mat Edelson

36 Survey Says…

A survey of 1,476 alumni reveals that Hopkins nursing graduates are more highly educated, more highly compensated, and more satisfied in their careers than other U.S. nurses. Survey says… Hopkins nurses live up to their reputation of excellence. by Kelly Brooks-Staub
Contributors

**Mat Edelson** is an award-winning journalist and former director of the Johns Hopkins Health Newsfeed, a nationally-syndicated consumer health radio program. He’s the co-author of two top-selling Amazon.com books including the recently released The Cancer-Fighting Kitchen (Celestial Arts, 2009). “It’s an exciting time, a period of a great educational research, changes, and improvements where all learning styles are being addressed, but those faculty who don’t adapt, from a career viewpoint, are going to find themselves on the outside looking in,” Edelson says of some of his conclusions after researching and writing “Nursing School 2.0” (p. 20).

**David Fullarton** is a Scottish-born, San Francisco-based illustrator and artist. He has spent most of his somewhat-checkered career attempting to create a piece of artwork that doesn’t have words written on it and wouldn’t be considered “humorous”. So far he has failed dismally. Like many other people, he maintains a website that is his name with “.com” at the end.

The vibrant and widely-collected work of Baltimore-based photo/digital artist **Robert McClintock** is at once attention-grabbing and immediately recognizable. His adopted home, the eclectic city of Baltimore, has been his visual inspiration for the past eleven years.

His popular collection of over 300 images titled “Baltimore Seen” spotlights representative landmarks, monuments, neighborhoods, and the well-loved restaurants and bars of greater Baltimore and may be viewed in his studio and gallery in the historic Baltimore waterfront neighborhood of Fell’s Point. McClintock’s colorful, hybrid illustrations—such as the one pictured on the cover of this magazine—combine photography and free hand digital painting to create truly visionary images.

**Editor**
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**Editorial Mission**

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

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Painting by Robert McClintock

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The fall/winter 2009 Johns Hopkins Nursing is printed on Opus Recycled (cover) and Sterling Matte (inside pages) paper.

Environmental impact estimates were made using the Environmental Defense Paper Calculator at www.papercalculator.org.
Welcome to our celebration of 25 years as a division of Johns Hopkins University and 120 years of nursing education at Hopkins. Throughout this issue, we look back at our history and ahead to our next quarter century. You’ll find remembrances through the decades from and about our students, alumni, faculty, and hospital colleagues (“They Must Be Hopkins Nurses,” p. 32); a report from our alumni survey on where Hopkins nurses are and what they are doing (“Survey Says…,” p. 36); and photos capturing the experiences of this year’s Homecoming (p. 54).

Looking toward the future, we explore the generational differences and similarities in yesterday’s and today’s educators and students and how both learn from one another in a rapidly changing, increasingly technology driven environment (“Nursing: The Next Generation,” p. 20). You’ll also see a sidebar in that article about other trends, including the Who Will Care? grant that has created a clinical redesign model, the Clinical/Academic Practice Partnership (CAPP). And, for some light-hearted amusement, be sure to check out what the nurse of the future will be wearing (inside front and back covers).

As we commemorate the past and prepare for the future, these major trends of technology integration in teaching and academic-service partnerships are occupying much of my time and attention and that of our faculty and staff. And, an ever-present trend we cover in each issue of this magazine (Global Nursing, p.16), that permeates all aspects of our work, is global health.

We are not alone. Across the country and around the world, global health has become the hot topic. At Hopkins it is the second most popular undergraduate major in the Krieger School of Arts and Sciences. Among the School of Nursing students, their interest in helping underserved communities and people everywhere grows each year. In response, more and more of our curriculum is taking on a global and community health component, and we now are working with the Carey Business School to link its new Global MBA with our MSN programs.

When we “go global,” we work in communities and institutions both here and abroad to discover, learn, teach, and build collaborations and capacities. This can bring—today and tomorrow—to the health of countries, communities, and individuals. By combining the best practices of nursing, medicine, public health, engineering, business, and anthropology, and focusing on both domestic and international collaborations, our approaches become more holistic, integrative, and successful.

As we wrap-up our anniversary celebrations and look toward the next decade, I see global health as not just a hot topic, but the focus for our next quarter century. 2010 is the International Year of the Nurse, serving as the launch year of the UN Decade for a Healthy World (2011 to 2020). Brought about in part through the work of the grassroots, nurse-inspired Nightingale Initiative, these events offer a world forum for those who will be key to the delivery of tomorrow’s global health: nurses.

I call on all of you reading this column to join me in exploring those opportunities and in determining our strategies for the next decade and beyond. Let me know your thoughts and ideas at globalnursing@son.jhmi.edu.

Martha N. Hill, PhD, RN, FAAN, ’64 Dean Professor of Nursing, Medicine and Public Health
When the Birth Companions were Born
I was part of the original group that formed Birth Companions in 1996–1997 at JHUSON and I was thrilled to read that the group is alive and well. The original group was extremely motivated to provide basic doula care to women in Baltimore, so we arranged to have doula training at our own expense. I then developed a close relationship with a pregnant Baltimore teen, which included weekly home visits, prepared childbirth classes, and being her support person during her delivery. It was an incredibly enriching experience and helped me embark on my now 12 years of labor and delivery nursing.

I think it is wonderful that the nursing program has embraced this ideal to the level of providing a two-credit elective course. It makes me proud, once again, to be a JHU alum.

Megan McLean McIntyre, Accelerated ’97, RNC

Global Connections, India to Uganda
I felt the article [“Our Nurse in Uganda,” p. 18] is inspiring.

I am working as principal of a college of nursing in India. Before this posting, I was working as Nursing Superintendent at Sassoon General Hospital and B. J. Medical College in Pune [India], where I had the opportunity to work in collaboration with a team from the Johns Hopkins Center for Global Clinical Health Education. We had organized a need-based training program, “Nursing Training Curriculum: HIV Practice and Reducing Stigma,” for nurses working at the hospital. It was a very enriching, interesting, and encouraging event in my life. I feel it was because of involvement of the Hopkins team, including Hopkins nurse Lisa Scotti.

This article communicates a somewhat similar result in the case of Uganda. Nurses can play vital role in many crucial situations and to bring about many social economical changes in the society.

If, in my life, I get the opportunity to work in any collaborative activity run by JHU, I will try my best to be part of such activity for developing countries.

I wish success in all the activities of JHU and nurses of Uganda.

Mangala A Joshi
Principal, Sinhgad College of Nursing
Pune, India

For the Whole Health Care System
Today our library received volume VII, issue II of Johns Hopkins Nursing. I don’t know if Unity Hospital has any Hopkins nursing graduates, but feel the hospital nurses would benefit from seeing the magazine.

The [Unity Hospital] library was established in 1948 to support the new Residency program, and that was the primary focus until 2.5 years ago. The doctor who hired me, Dr. James Haley, Chairman of the Department of Medicine at Unity Hospital, told me he wanted [me] to drag the medical library into the 21st Century. He also said “someday I would like to see the library serving the whole healthcare system.” It is doing that today, including the 800+ nursing staff in the various facilities in and around Rochester.

Your publication is more than an alumni news vehicle: it promotes, supports, and educates nurses. I will publicize the article “Chill Out:...” and “Strong Women, Healthy Lives”.

Ray Curtin
Librarian, Interlakes Medical Library at Unity Hospital
Rochester, NY

If, in my life, I get the opportunity to work in any collaborative activity run by JHU, I will try my best to be part of such activity for developing countries.

Staff Award is SPOT-On
I just received the summer edition of Johns Hopkins Nursing and was delighted to see [Dean Martha Hill] pictured with Eugene Mobley. While I did not know his name until today, I recognized him because every time I visit, he goes the extra mile in terms of greeting me, storing my luggage, and asking if I need assistance. He always makes my visit more enjoyable.

Please pass along my sincerest congratulations for receiving the first SPOT Award! And good for you for recognizing this outstanding staff member.

Gail H Cassell
Vice President of Scientific Affairs,
Eli Lilly and Company
Member, Johns Hopkins University School of Nursing National Advisory Council

More “Men Who Dare to Care”
I enjoyed reading several pieces in the summer 2009 issue of Johns Hopkins Nursing (v. VII, no. II), especially the article about men in nursing, “Meet the men who dare to care,” p. 42-45. Then, as I turned back through the issue I noticed the full-page ad on p. 33, “Johns Hopkins Nursing: Many faces. Countless opportunities.” Only one small headshot at the bottom of a man.

I wish success in all the activities of JHU and nurses of Uganda.

Mangala A Joshi
Principal, Sinhgad College of Nursing
Pune, India
I could not help but think that it may have been nice to see a smiling man and a smiling woman as the main images on that page. Perhaps future Johns Hopkins Nursing full-page ads can include men in clinical nursing roles, working to break the image of nursing as women’s work, and supporting the recruitment of “men who dare to care.”

Thomas Hill
Librarian, Self Regional Healthcare Medical Library

The editors of Johns Hopkins Nursing are committed to representing the diversity within the nursing profession, and we encourage our advertisers to do the same.

Where are the Class Notes?
I really enjoy reading our alumni publication, however, I was incredibly disappointed that one of the usual components, updates on fellow alumni by year, was not included in our most recent issue.

Since I’m a busy mother of two young children and work part-time, I relish the opportunity to see what my fellow classmates and other alumni are doing. Not including this particular component has really been particularly bothersome.

Please don’t relegate this component to the “chopping block.” I’m confident that I’m not the only alumna who feels similarly.

Cynthia Henry Thurlow ’98, MSN ’00

Like so many other organizations today, the Johns Hopkins Nurses’ Alumni Association has been affected by the economy’s decline and is doing its best to cut costs and work more efficiently.

After much discussion, JHNAA decided to lower the cost of producing the alumni section by putting the class news online instead. An exception is this fall issue, which reports on Homecoming 2009 and includes some class news.

You can always read your class notes online at www.son.jhmi.edu/alumni/classnews or request a hard copy from the alumni office at JHNAA@son.jhmi.edu or 410-955-4285.

Letters to Johns Hopkins Nursing
We welcome all letters regarding the magazine or issues relating to Hopkins Nurses. Email 250 words or less to editor@son.jhmi.edu or send to:

Editor, Johns Hopkins Nursing
525 N. Wolfe Street
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Baltimore, MD 21205

Letters may be edited for length or clarity.
Pass It On
This new nurse and her former preceptor are mentoring nursing students—together.
By Ron Snyder

Melissa Kieffer hasn’t forgotten what it feels like to be a new nurse—and she hopes she never does.
“A good preceptor teaches you how to survive,” Kieffer, 27, said. “Only a nurse that has been through it all before can show you how to deal with all of the emotions that come along with the job.”

Kavi Wagner ’07 is one of many nurses who learned from preceptor Kieffer. “Learning how to do patient assessments from a textbook and doing them in real life are completely different,” Wagner said. “Melissa did an excellent job of explaining how much more there is to the job.”

That was two years ago. Today, Wagner and Kieffer work together in the solid tumor unit at The Johns Hopkins Hospital—and together, they mentor student nurses and those new to the hospital. One of those students was Amber Rollins, who graduated with the accelerated class in July of this year.

“Being a new nurse can be daunting,” said Rollins. “Kavi made everything seem really easy and took the time to explain not only what we were doing, but why we were doing it. She just made me feel really at ease.”

Read more about this preceptor duo and the students they mentor at www.nursing.jhu.edu/preceptors.

Team Up for a Home Run
When nurses and physicians are on the same team, an entire community wins.
By Debra Wood, RN

“Nursing students, for the most part, don’t know much about medical education, and medical students don’t know much about nursing education, and the goals of each,” says assistant professor Ibby Tanner, PhD, RN. “We need to teach those concepts.”

Tanner is co-director of a new five-year pilot program, funded by the late Worth B. Daniels, Jr., MD (see sidebar), and his wife, Jane W., of Baltimore, that will educate nurses and physicians together as they care for older adults with complex health situations in the Baltimore community.

“The Daniels family has understood for decades that care of patients in the community is a great challenge and a wonderful experience,” says Dean Martha N. Hill, PhD, RN, FAAN. “Worth Daniels loved caring for older people, and said we can best serve them when we see their needs in the context of their lives.”

Hopkins nursing students and Department of Medicine residents
from The Johns Hopkins Hospital and Bayview Medical Center will spend time together at clinics and in home settings to assess patients and collaborate in planning and delivering their care. The exact mechanics of the program remain in planning stages, Tanner says.

“It’s imperative that physicians and nurses, as well as other professionals, learn how to function as a team in delivering optimal, safe care,” says Tanner. “By teaching them how to work in teams from the beginning, it will enhance their ability to collaborate and work together, particularly in caring for community-dwelling older adults.”

Injection of Humanity

Elective rotation allows medical students to observe nurses

By Debra Wood, RN

Tired of feeling like your physician coworkers just don’t understand you? Some physicians are sick of it, too.

Sujay Pathak, a third-year Johns Hopkins University medical student, sometimes fears that physicians and nurses “lose sight of our sense of shared mission in healthcare. Everybody cares, but we often get entrenched in our respective silos and miss the bigger picture.”

Determined to enhance interdisciplinary collaboration and collegiality, Pathak developed an elective hospital rotation during which fellow medical students shadowed other members of the healthcare team.

“One of the more powerful things participants saw was that there are dimensions to patient care that doctors do not have the time or, sometimes, the inclination to approach,” Pathak says. “From the nursing perspective, living a whole day with a patient is different than coming in for five minutes during morning rounds and then dealing mostly with their chart.”

The program, which took place in April, allowed the four medical students to walk in the shoes of the nurses, social workers, therapists, and other members of the healthcare team and witness the challenges they face. Pathak collected pre- and post-rotation data about medical students’ attitudes toward each discipline.

“There was a big perception shift,” Pathak says. “There’s an injection of humanity into the situation, so you understand what the people who carry out physician orders go through, and what they see that we don’t, and how that perspective is valuable.”

The rotation offered a more complete understanding of the function of the parts that make up the mechanism of hospital care. Pathak plans to offer the rotation twice annually and hopes to secure support for it becoming a permanent part of the curriculum.

“Most of the students who come to Hopkins are interested in being change-makers,” Pathak said. “My motivation was to create a rotation that would broaden the perspectives of our students and by extension the community of physicians at large.”

Hopkins Nursing Mourns the Loss of Worth Daniels, MD

By Debra Wood, RN

Longtime Johns Hopkins University School of Nursing supporter Worth B. Daniels Jr., MD, died July 9, 2009, at age 84.

Daniels graduated from the Johns Hopkins University School of Medicine in 1948. He practiced internal and palliative medicine in Baltimore beginning in 1954.

A staunch nursing advocate, Daniels often advised peers to listen to nurses. Daniels served for years on the Johns Hopkins University School of Nursing National Advisory Council. He was founding chairman of the Committee of 100, formed in 1991 to raise funds from physicians to support nursing scholarships.

Hopkins presented Daniels the University’s Distinguished Alumnus Award in 2000. The School of Nursing created the Worth B. Daniels Jr. award in 2005 for exemplary and sustained service to the school and named Daniels the first recipient.
What Every Nurse Should Know About H1N1

Hopkins nurse researcher, assistant professor, and infection control epidemiologist Jason Farley, PhD, MPH, CRNP, is working to give nurse colleagues the research-based tools they need to identify, prevent, and destroy drug-resistant infections.

“No one knows about infection control better than nurses,” Farley notes. “It’s where our profession’s evidence-based roots began; nurses will continue to be on the front lines of infection prevention and public education tomorrow.”

In the midst of a global pandemic of novel influenza A (commonly called H1N1 or swine flu)—in which an estimated 3,900 people died between April and October 17 this year—Farley shares his knowledge with Johns Hopkins Nursing to help nurses like you stay safe while providing excellent patient care.

About H1N1

Transmission
H1N1 is transmitted like other influenza viruses, by droplet transmission, such as when an infected person coughs or sneezes near a susceptible person. It can also be transmitted when contaminated hands touch mucous membranes like the nose or eyes.

Symptoms
Fever, chills, headache, upper respiratory tract symptoms, muscle and joint aches, fatigue, vomiting, or diarrhea. Most cases to date have experienced a fever plus cough and/or sore throat.

Infectious period
One day before to 7 days following illness onset. Children may be infectious for up to 10 days.

Medical Care
Patients with severe illness and those at high risk for complications should contact their healthcare provider.

Infection Control
Hand washing or use of alcohol-based gels (such as Purell) is the single best way to prevent infection.

Use tissues and dispose of them in the nearest waste receptacle after use. Wash your hands with soap and water or an antiseptic handwash. Provide patients with tissues and no-touch waste receptacles. Provide patients with antiseptic handwash or supplies for hand washing.

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

If you get sick, stay home from work or school and limit contact with others to keep from infecting them.

Help Prevent Transmission
1. Post Visual Alerts. Post signs in your workplace instructing patients and visitors to report any symptoms of a respiratory infection. Encourage them to practice respiratory hygiene and cough etiquette.

2. Practice Respiratory Hygiene and Cough Etiquette. Cover the nose and mouth when coughing or sneezing.

3. Mask and Separate Patients with Respiratory Symptoms. Offer procedure masks or surgical masks to patients who are coughing, and encourage them to sit at least three feet away from others in common waiting areas.

4. Protect Yourself. Wear a surgical or procedure mask when examining a patient with symptoms of a respiratory infection, particularly if fever is present.

If Patients Have H1N1

Confirmed, probable, or suspected cases

Isolate the Patient
Place patient in individual room with the door kept closed. When transporting
patients, use isolation precautions, such as a surgical mask.

Limit healthcare personnel in the room to those performing direct patient care.

Limit visitors to those necessary for the patient’s emotional well-being and care.

Use isolation precautions
Healthcare providers and visitors should don gloves, gowns, eye protection, and a fit-tested disposable N95 respirator (or equivalent) upon room entry.

Wash hands with soap and water or alcohol-based hand sanitizer immediately after removing gloves and after any contact with respiratory secretions.

Use such precautions for seven days from symptom onset or until the resolution of symptoms, whichever is longer.

Monitor healthcare personnel
Check daily for signs and symptoms of febrile respiratory illness.

Healthcare personnel who develop these symptoms should cease patient care activities for seven days—or until symptoms have resolved, whichever is longer—and notify their supervisor and infection control personnel.

Know the contingency plan
Become familiar with your facility contingency response and/or pandemic response plans, including managing increasing patient volume and potential staffing limitations.

Monitor www.cdc.gov/swineflu and state and local health department websites for the latest information.

Sources:
www.cdc.gov/h1n1flu/identifyingpatients.htm
www.cdc.gov/h1n1flu/guidelines_infection_control.htm

As Ready as Can Be

What is the School of Nursing doing to prepare for H1N1?

School-wide vaccination. All students were offered seasonal flu vaccine and are among the first in line—as healthcare providers—to receive the H1N1 vaccination.

N95 mask fittings. Students and faculty members have been fit-tested for a respirator mask. They now know their size, and have been given one free mask as well.

Prevention education. A new JHU campaign is using flyers, emails, and websites to teach students, faculty, and staff to prevent the spread of the flu. Hopkins students and employees are encouraged to stay home if they are sick, and our faculty are committed to helping students make up clinical hours they miss due to illness.

What if? What if the school is closed due to H1N1? Phone trees, email, and an emergency text alert system are in place to relay messages quickly. Faculty members are prepared to use the internet to continue the didactic portions of their courses, holding class and giving assignments even when all the students and teachers are at home. Staff members are making sure their personal computers are up-to-date with the latest software to enable them to work from home.

Swine Flu Combat Kit
When H1N1 strikes, you don’t want to leave home—even for the necessary medical supplies. Prepare for the flu, and stock your home now with these essential items.

Thermometer. If you have flu-like symptoms and a fever (100° or more), stay home.

Over-the-counter flu remedies. They won’t cure you, but they can help you feel a lot better.

Acetaminophen (Tylenol) or ibuprofen (Advil). You’ll want it.

Lots of fluids. Drink plenty of water, sports drinks, and soups.

Hand sanitizer and hand soap. Kill the germs.

Tissues. Try some with anti-viral ingredients, such as citric acid.

Surgical masks. Make protecting yourself, or your family members, a fashion statement.

A good book. Entertainment is vital! Alternately, update your Netflix movie queue.
Nursing Celebrates 25 Years

By Jonathan Eichberger

The School of Nursing welcomed 119 new students with an August garden party in celebration of 25 years as a division of Johns Hopkins University. “This anniversary year offers us an opportunity to stop, reflect, and think about our future,” noted Dean Martha N. Hill, a member of the class of ’64 and one of the first faculty members at the School of Nursing.

The celebration concluded with the unveiling of a school portrait—which also appears on the cover this magazine—by Baltimore artist Robert McClintock. You can order copies of the portrait by visiting http://robertmcclintock.com/galleries/hopkins-nursing.html.

“His anniversary year offers us an opportunity to stop, reflect, and think about our future.”

—Dean Martha N. Hill

ANA President Urges “Create that Vision”

By Jonathan Eichberger

“This school has a history of creating nurse leaders,” noted Rebecca Patton, MSN, RN, CNOR, President of the American Nurses Association, when she visited Hopkins in September. “Create that vision,” she told the students. “It’s the hardest thing you have to do. Once you have the vision, taking the steps to get there is easy.”

Hopkins Nursing is Growing

By Jonathan Eichberger

This new 90-seat, multi-tiered classroom (below) is just one of the recent improvements to facilities at the Johns Hopkins University School of Nursing. The school has also expanded its simulation laboratory (right) and purchased two nearby buildings for more offices, additional garden space, a large kitchen for students, and multiple student lounges.
Institute of Excellence Inducts Two Faculty

In honor of their work on healthcare disparities, professors Fannie Gaston-Johansson, PhD, RN, FAAN and Phyllis Sharps, PhD, RN, FAAN have been inducted into the National Black Nurses Association Institute of Excellence.

“These faculty members have worked tirelessly to improve the health status of all people, especially those who are underserved, and to strengthen the profession of nursing,” says Dean Martha N. Hill, PhD, RN, FAAN.

Gaston-Johansson, the first African-American woman to be a tenured full professor at Hopkins, is an internationally renowned nurse educator, researcher, and clinical practitioner. In 2007, she was named the inaugural chair of the Department of Acute and Chronic Care.

Sharps, also an inaugural Chair of a Department—Community Public Health—serves as the director of three health and wellness centers operated by the School and provides care in a Baltimore shelter for homeless battered women and their children.

Phyllis Sharps (left) and Fannie Gaston-Johansson

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**TEST YOUR NURSING KNOWLEDGE**

Completely useless (but entertaining) Hopkins trivia

1. In 1893, the quarterly publication, Johns Hopkins Nurses Alumnae Magazine, was founded with a subscription price of $0.50 per year. Today’s subscription price for Johns Hopkins Nursing is _____ than the 1893 price.
   - A. Higher
   - B. Lower

2. In 1899, as the hospital celebrated its 10th anniversary, staff nurses earned ____ per month.
   - A. $5
   - B. $15
   - C. $30
   - D. $90

3. Isabel Hampton Robb, the first superintendent of nursing at Hopkins, died in 1910 when she was struck by:
   - A. A streetcar in Cleveland, OH
   - B. Lightning in New York, NY
   - C. Tuberculosis in Baltimore, MD

4. The first turtle derby—an unconventional fundraiser in which fans cheer box turtles to the finish line—was held in 1931, with turtles that were descendents of those kept by Benjamin Frisby. Frisby worked at the hospital from 1889 to 1933 as a:
   - A. Doctor
   - B. Cook
   - C. Doorman
   - D. Parking attendant

5. Prior to 1941, preclinical students were known as:
   - A. Auditioners
   - B. Apprentices
   - C. Novices
   - D. Probationers

6. Johns Hopkins has been educating nurses since 1889. Which of the following were not Hopkins nursing education programs?
   - A. The Johns Hopkins Hospital Training School for Nurses
   - B. The Johns Hopkins Hospital School of Nursing
   - C. The Johns Hopkins University School of Health Services Nursing Education
   - D. The Johns Hopkins University School of Nursing

**Answers:**
1. B. Lower. Johns Hopkins Nursing is free to subscribers.
2. C. $30 per month. M. Adelaide Nutting, superintendent of nurses, earned $100 per month.
3. A. Being struck by a streetcar in Cleveland, OH
4. C. Doorman
5. D. Probationers
6. Trick question! All four of those programs have existed during the course of Hopkins nursing education.
Leading Donors Meet New President

“T

In my time leading Johns Hopkins, I want to see us rededicate ourselves to serving the communities of which we are part,” said Ron Daniels, newly installed 14th president of Johns Hopkins University, to 100 guests at the 2009 School of Nursing Leadership Dinner.

Daniels addressed attendees—generous supporters of student scholarships, building funds, international opportunities, and community clinics—at Baltimore’s Radisson Lord Baltimore hotel in September.

“Johns Hopkins is not only ‘at Baltimore’ or ‘in Baltimore,’ but, we are truly and proudly ‘of Baltimore,’” he noted. “Nowhere is that more literally true than in our School of Nursing with its three community clinics that shape our students’ educational experience and provide critically important resources to some of the most underserved populations in the city.”
**Financial Aid on the Rise**

“Hopkins nursing is now able to offer more scholarships than ever before,” according to Sandra Angell, Associate Dean for Admissions and Student Affairs. “With new funding for three new scholarships, we can offer more financial assistance in spite of today’s economic challenges.”

**Post-9/11 GI Bill Yellow Ribbon Scholarship**
Veterans who have served on active military duty since September 11, 2001 can receive $458.13 per credit hour and $2,380 per semester when they enter the baccalaureate, master’s, or doctoral programs.

**Robert Wood Johnson Foundation New Careers in Nursing Scholarship**
Six new scholarships — of $10,000 each — will go to students from disadvantaged backgrounds or underrepresented groups in nursing who enter the accelerated baccalaureate program next June.

**Nursing Workforce Diversity Scholarships**
Students from disadvantaged backgrounds will receive financial support, intensive advising and academic support, leadership opportunities, and mentorship with funding from the Health Resources and Services Administration (HRSA).

For more information, contact the Office of Admissions and Student Services at 410-955-7548 or jhuson@son.jhmi.edu.

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**Hopkins Nursing Plays on iTunes**

You can learn about the critical health topics that span the issues of today’s nursing profession with an easy and free iTunes download. The first three available podcasts are:

**Global Health,** Nancy Glass, PhD, MPH, RN, associate professor and associate director of the Johns Hopkins Center for Global Health

**Drug Resistant Infections,** Jason E. Farley, PhD, MPH, CRNP, assistant professor

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**NIH Extends $1 Million Grant for Pediatric Palliative Care**

Associate professor Cynda Rushton, PhD, RN, FAAN, still remembers Darryl Westlund*, a patient with a rare form of muscular dystrophy whom she treated until his death at age 13. He “taught me a lot” about considering a pediatric patient’s wishes, said Rushton, including in which arm to insert his IV tube.

That experience led to Rushton’s study of advance-care planning for boys with Duchenne muscular dystrophy (DMD) and sickle cell disease (SCD). This fall, she was awarded a $1 million, two-year grant from the National Institutes of Health National Institute for Nursing Research (NINR) for her new initiative to build empathy and understanding among medical professionals who treat pediatric palliative care patients. The study was one of only four percent that NIH funded among 20,000 Challenge Grant applications filed nationally.

With the grant, Rushton and co-investigator Gail Geller, ScD, MHS, a professor in the School of Medicine, will develop new training videotapes, and expand existing ones, that are geared toward improving palliative care. The effort, to be jointly run with the university’s Berman Institute of Bioethics, is meant to sensitize the entire health care team that treats pediatric DMD and SCD patients to the children’s needs, thus leading to better, more compassionate care.

Rushton hopes her research can make caregivers “more compassionate and respectful, with a better understanding of what their [patients’] lives are like.”

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*not his real name
The Heart of the Matter

A new research center brings together researchers and minority communities to fight heart disease

by Teddi Fine

For 80 years, cardiovascular disease has been the leading cause of death in the United States. Health disparities continue to put some people, such as black and Hispanic adults, at greater risk of disability and death from these illnesses. Both the human and economic costs—estimated at over $150 billion a year in the U.S.—are substantial.

Statistics, however, don’t tell the whole story. Faces and memories do: the face of a grandmother who lost a battle against heart disease or the memories of family members who died of heart attacks before their time.

These very human visions are the motivation behind Hopkins nursing faculty who have dedicated their careers to cardiovascular nursing research, resulting in what Dean Martha N. Hill, PhD, RN, FAAN, calls “arguably the strongest group of NIH-funded cardiovascular nurse researchers” of any nursing school in the nation.

Heart health has a new focal point at the Johns Hopkins University School of Nursing: the Research Center for Cardiovascular Health in Vulnerable Populations. Thanks to a four-year, $1.9 million grant from the National Institutes of Health (NIH), under the direction of professor Miyong Kim, PhD, RN, FAAN, the Center is bringing together community engagement, scientific investigation, education, and policy initiatives to help reduce cardiovascular health disparities.

“A key component to the success of this center is its collaboration with both academic and community entities,” she observed. “The Center will be a catalyst for advancing cardiovascular health promotion intervention and translational science.” The aim is to support research to develop, test, and disseminate new interventions to improve cardiovascular health in underserved and understudied populations. In addition, the Center will provide state-of-the-art technology-assisted interventions, integrated training and career development activities, and targeted health policy initiatives.

Joining Kim as Center co-directors are faculty members Jerilyn Allen, ScD, RN, FAAN; Deborah Gross, DNSc, RN, FAAN; Cheryl Dennison, PhD, RN, ANP; Hae-Ra Han, PhD, RN; and Dean Hill, who describes the Center as A new research center brings together researchers and minority communities to fight heart disease

Hopkins Nursing Research History

1907 M. Adelaide Nutting, superintendent of nurses, helps launch the American Journal of Nursing.

1984 M. Adelaide Nutting Chair established by the Johns Hopkins Nurses’ Alumni Association in honor of this pioneer in nursing research.

1988 Nursing research program initiated at The Johns Hopkins Hospital.

Elsie M. Lawler Chair established by Caroline Pennington ’18 in honor of former superintendent.

1989 Independence Foundation Chair established by the Independence Foundation.

1993 Anna D. Wolf Professorship established by nursing alumni, Wolf family members, and friends of the school.

Five students enroll in the first class of the PhD program at the Johns Hopkins University School of Nursing.

1994 Center for Nursing Research established to support faculty research to promote health and improve health care delivery. A Scientific Review Committee—the first at Hopkins—is established to advise researchers and review funding proposals before they are submitted.
Often, the greatest challenge is gaining the trust of the community, readying it to be open to learn about getting heart healthy. It’s a challenge that nurses are ideally positioned to meet.

“a dream come true.” She welcomes the Center as an opportunity to bring in a broad array of other faculty involved in health disparities, such as Sarah Szanton, PhD, CRNP, whose research focuses on older adults, to help “test new interventions to manage cardiovascular and other chronic diseases with the goal of minimizing patient burden and improving quality of life.”

The Center also will give a home to ongoing research initiatives in cardiovascular care, including local and international inquiry by faculty researchers such as Han, Dennison, and Deborah E. Jones, PhD, RN. For example, Han and Jones, focusing respectively on Korean Americans and African American communities, have found through their research into these diverse populations that when cardiovascular disease is an issue, both populations experience the same four health problems implicated in heart disease: obesity, diabetes, high blood pressure, and high triglyceride levels. They agree that with appropriate, culturally competent outreach, people can learn how to reduce those problems through diet, exercise, medication, and stress reduction. Jones and Han have found, however, that often, the greatest challenge is gaining the trust of the community, readying it to be open to learn about getting heart healthy. It’s a challenge that nurses are ideally positioned to meet.

Associate professor Cheryl R. Dennison, PhD, RN, ANP, and colleagues echo the important role nurses can play in reducing cardiovascular risk.

In “Strategies for implementing and sustaining therapeutic lifestyle changes as part of hypertension management in Africa Americans” [Postgraduate Medicine, May 2009], she examines why fewer than 1/3 of African Americans with hypertension make lifestyle changes known to help control it and suggests ways health care providers can help patients be more receptive to adopting a heart-healthy lifestyle. “By working one-on-one and building individualized plans for patients, nurses can help patients overcome barriers to heart-healthy living,” suggests Dennison.

Dean Hill believes the Center has the capacity to help give community-based cardiovascular nursing a boost, by “sharing new knowledge about cardiovascular disease prevention and treatment to nurses engaged in clinical care with at-risk groups—whether around the corner or around the world—to the benefit of millions.”

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**2001** Dorothy Evans Lynne fund supports pilot studies conducted by teams of nurses from the school and the hospital.

**2002-2009** Center on Health Disparities Research promotes culturally sensitive nursing interventions aimed at improving care for underserved populations.

**2003** Leonard and Helen R. Stulman Professorship in Mental Health and Psychiatric Nursing funded by the Leonard and Helen R. Stulman Charitable Foundation.

**2004** Joint doctoral program, launched in partnership with Peking Union Medical College (PUMC) and funded by the China Medical Board of New York, Inc., creates the first nursing PhD program in China.

**2006** Undergraduate Research Honors Program provides baccalaureate students with research education, experience, and faculty mentoring.

**2004-2010** Center for Collaborative Intervention Research serves as a national model for interdisciplinary research teams in the development, testing, and dissemination of innovative interventions to improve health outcomes.

**2008** School ranked #6 among nursing schools in NIH funding, which totaled $4.8 million for FY08. Total sponsored projects funding was $8.9 million the same year.

**2009-2013** Research Center for Cardiovascular Health in Vulnerable Populations significantly reduces cardiovascular health disparities through community engagement.
Shared Magnetism
by Debra Wood, RN

When a medical center halfway around the globe reached out to The Johns Hopkins Hospital for assistance pursuing Magnet status, the Baltimore nursing team responded. “Sharing our practices, successes, and innovations with nurses from the American University of Beirut Medical Center (AUBMC) is an example of the mentoring we have done to support others who are pursuing Magnet recognition,” said Patricia Dawson, MSN, RN, coordinator for Magnet and quality outcomes in central nursing administration at The Johns Hopkins Hospital. 

Gladys Mouro, PhD(H), MSN, RN, the assistant hospital director for patient care services at AUBMC, spearheaded the Magnet effort at the Beirut facility as a means to raise the quality bar at her institution. Many nurses from the Beirut hospital, including Mouro, traveled to Baltimore to discover ways to improve their outcomes and involve their staff in making decisions about standards of practice, quality, and professional development. “The decision to apply for Magnet status in 2003 marked the culmination of a long process to rebuild nursing services at the hospital after the 15-year Lebanese civil war,” Mouro said. Experiencing a Magnet environment at Hopkins made her “more persistent to achieve this dream.” 

AUBMC is the first health care institution in the Middle East to receive the designation.

PhD Thai
by Rachel Klimmek ’07 and Kelly Brooks-Staub

Trading the urban landscape and blue crabs of Baltimore for the lush green of rice paddies in rainy season and the sweet-sour-spicy tang of Pad Thai and Kao Soi, PhD student Rachel Klimmek ’07 traveled to Chiang Mai, Thailand this summer for a cross-cultural exchange on doctoral nursing education. “The whole trip was an unforgettable experience,” said Klimmek, who met with 11 doctoral students and faculty from the Chiang Mai University (CMU) School of Nursing to exchange knowledge about PhD programs in each other's countries. Klimmek was also able to visit several of the hospitals where CMU doctoral students were working and conducting their own research. “There was overwhelming evidence of the tremendous role that holistic care for patients, as well as self, play in Thai health care and nursing practice,” said Klimmek, noting that all four hospitals she visited had massage facilities for patients and staff. A CMU doctoral student, who was also a senior nurse administrator at one of the hospitals, explained that patients have massages built into their treatment plans. The student herself gets a back and shoulder massage at the facility in her hospital at least twice a week, and, according to Klimmek, there was consensus among the Thai doctoral nursing students that massage and other types of self-care are considered crucial to primary preventive care. Nurses also used these massages to manage their own job stress and help prevent burnout.

“If there’s one thing I learned in Thailand, it’s the importance of international and cross-cultural exchanges, for the creation and dissemination of nursing knowledge.” —Rachel Klimmek

PhD student Rachel Klimmek discovered how international exchange can benefit the nursing profession.
Low-Resource Countries, High-Tech Instruction

By Debra Wood, RN

Cervical cancer mortality rates are seven times greater in Latin America and the Caribbean than in North America, posing a serious health risk for the economically disadvantaged women in that region. Kitty Poon, MSN ’09, RN, ANP-BC, is changing the odds for women in Spanish-speaking countries.

Many low-resource countries lack laboratory capabilities to perform Pap smears, which are credited with decreasing invasive cervical cancer rates in the United States. So Poon has produced a free education module, targeted at midwives and other providers, to teach them about an alternate cervical cancer screening method: visual inspection with acetic acid (VIA). It offers the advantage of immediate results, requires no laboratory studies, and has been shown to reduce mortality rates.

“I want to get the word out about this screening method,” said Poon, adding that she has already heard from a midwife who used VIA as a screening tool in Honduras with the Migrant Clinicians Network, called the module beneficial, and forwarded it to colleagues to use as a teaching tool.

The more than 1,800 members of the Global Alliance for Nursing and Midwifery (GANM) Community of Practice, developed by the Johns Hopkins University School of Nursing in collaboration with the World Health Organization, can download the module using low-bandwidth technology. The global learning community intrigued Poon, who seized the opportunity to create a Spanish-language module.

“I became a nurse because I wanted to do work that would impact not only the academic world, but the world beyond that,” Poon said. “As a nurse, I always hope to make a difference in the lives of others.”

Learn more about Poon’s module at www.nursing.jhu.edu/poon.

Global Partnership Nourishes Research

By Kelly Brooks-Staub

“International collaboration between developing and developed countries is very important for doctoral nursing education,” said Xiaokun Liang, PhD, RN. And she should know: In 2008, she was among the first group of graduates to receive a PhD in nursing from a Chinese University, thanks to a doctoral program partnership between the Johns Hopkins University and Peking Union Medical College.

Conducting her dissertation research in 2007 and 2008, Liang tested a nutritional screening tool to compare the nutritional status of hospitalized patients in the U.S. and China.

“I had no prior example of how to conduct a multidisciplinary study in different countries,” said Liang, who faced the challenges of studying 1,900 medical-surgical patients in teaching hospitals on two continents, obtaining IRB approval from two institutions in two countries, conducting patient surveys and interviews in two languages, and consulting with an expert from a third country on a nutritional screening method.

Funded by The China Medical Board, Inc. of New York, the program provides students with a primary mentor at PUMC and a co-mentor at Hopkins to help them navigate the challenges of scholarship and research in each country.

“This collaborative doctoral nursing education program has taught me valuable skills—how to work within an international interdisciplinary research team; how to conduct clinical research in multiple country sites; how to work with human subjects; and how to write and publish a scientific paper,” said Liang. “I’m now confident in doing research that will move nursing and healthcare forward.”

Read more about the joint doctoral program and Liang’s research at www.nursing.jhu.edu/Liang.
**Patient Assessment**

<table>
<thead>
<tr>
<th>Subjective Data:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td>Whitney</td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td>Johns Hopkins nursing student, traditional class of 2010</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Baltimore</td>
</tr>
<tr>
<td><strong>Sex:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Source and Reliability:</strong></td>
<td>Whitney, the pt., is reliable.</td>
</tr>
<tr>
<td><strong>Chief Complaint:</strong></td>
<td>“My brain hurts.”</td>
</tr>
</tbody>
</table>

| **Race:** | Caucasian and very pasty. Pt. denies being able to go outside for any sun exposure. |
| **Dependents:** | None. Pt. states, “Thank goodness. I wouldn’t have time to even feed them.” |
| **Contact Person:** | God. He’s the only one that can help! |

| **Diagnosis:** | nursing schoolinflammatitis |

<table>
<thead>
<tr>
<th>History of Present Illness (HPI):</th>
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<tbody>
<tr>
<td>Pt. first began noticing brain pain at the beginning of September in 2009 when school started. Beginning in September of 2009, pt. noted sleeplessness, increased anxiety, irritability, and a decrease in concentration. Pt. eats well balanced meals, gets regular exercise 5-6 days/week, and recently tried a yoga class in an effort to relax and relieve stress.</td>
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<tr>
<th><strong>Past Medical History (PMH):</strong></th>
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<tbody>
<tr>
<td><strong>General State of Health:</strong></td>
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<tr>
<td><strong>Major Childhood Illnesses:</strong></td>
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<tr>
<th><strong>Current Health Status:</strong></th>
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<tbody>
<tr>
<td><strong>Allergies:</strong> Tests (hives), Homework (hives), and especially Research (anaphylactic shock)</td>
</tr>
<tr>
<td><strong>Immunizations:</strong> up-to-date</td>
</tr>
<tr>
<td><strong>Exercise and Leisure:</strong> bike/run/walk/swim 5-6/week</td>
</tr>
<tr>
<td><strong>Current Medications:</strong> None</td>
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<tr>
<th><strong>Personal Habits:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Tobacco:</strong> None</td>
</tr>
<tr>
<td><strong>Alcohol:</strong> 1-2/week with friends (pt. is above 21 and does not drink and drive!)</td>
</tr>
<tr>
<td><strong>Caffeine:</strong> Continuous IV infusion</td>
</tr>
<tr>
<td><strong>Illegal Drugs:</strong> None</td>
</tr>
<tr>
<td><strong>Diet and Nutrition:</strong> A variety of Whole Food specials and School of Nursing Me Latte items. Pt. states, “I don’t have time to cook.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Care Provider:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. George Clooney and Dr. Pierce Brosnan</td>
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</table>

<table>
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<tr>
<th><strong>Family History:</strong></th>
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<tbody>
<tr>
<td>We are all a little special.</td>
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