The New Face of Nursing:

Expanding Patient Advocacy with Leadership, Creativity, and Vision

The image of the traditional bedside nurse of the last century—white stockings, crisply ironed skirt, and starched cap—is now a distant memory. But the core tradition of care and compassion remains, along with a continued commitment to serve as patient advocates in an increasingly complex medical system. These days, nurses are taking this core tenet of advocacy and coupling it with their drive for improvement, creativity in solving problems, and vision for the field of nursing. The result? New opportunities, more intriguing career paths, and emerging leadership roles.

There is no question that today’s nurses face a more complex and challenging working environment than their predecessors. Patients are more seriously ill as hospitals now primarily serve people with emergency or catastrophic health issues. The amount of administrative work required of nurses has skyrocketed. And technological advances have completely changed how nurses perform many basic tasks. However, in the midst of these paradigm changes, Hopkins nurses have not only adapted, they have thrived.

In fact, nurses are taking a stronger stance on behalf of patients than ever before, leading interdisciplinary initiatives to ensure that patients receive care that is the safest, highest quality, and most ethically sound as possible. Nurses at the Johns Hopkins University School of Nursing (JHUSON) and the Johns Hopkins hospitals are applying their expansive knowledge of patient care to broaden their responsibilities as clinicians. And they have gone to great lengths to ensure that they are able to perform their jobs to their fullest potential, even taking the lead to reform state laws.

The articles that follow share a few examples of the leadership, creativity, and vision of Hopkins nurses—all of whom are contributing to the expansion of the profession.
Training Leaders for Nursing’s Future

“To be an effective leader, one must have passion, a vision, and the appropriate tools. Hopkins helps define, determine, and develop these essential elements,” says doctor of nursing practice student Cheryl Bridges, MS, MBA, ACNP, who works at the Johns Hopkins Hospital as a nurse practitioner. “The profession of nursing, unlike medicine, public health, or pharmacology, has a unique position in the health care arena in that it approaches the patient from the perspective of the ‘whole’ system. We therefore have a duty to be our patients’ advocates.”

Other JHUSON graduates echo that mantra. “It’s a Hopkins tradition for nurses to always question the process and try to make it better. People there who do, end up rising through leadership roles,” says Deborah Baker, BS, MSN.

She should know. Having earned her baccalaureate degree from JHUSON in 1992, Baker returned to the school to obtain her MSN in 1997, then a Business of Nursing Certificate in 2001.
Now, she is Director of Nursing Surgery at Johns Hopkins Hospital and president of the Johns Hopkins Nurses’ Alumni Association.

The school’s faculty acknowledge their emphasis on nurse leadership and autonomy. “Sometimes, in the culture of medicine, the nurses’ perspective is dismissed. I want my students to embrace the knowledge and perspective that they bring and not apologize for it,” says associate professor Cynda Rushton, DNSc, RN, FAAN.

At Hopkins, professors do more than talk the leadership talk. They give students real-life opportunities to walk the leadership walk. One such example is Achieving Competence Today (ACT), a program funded by the Robert Wood Johnson Foundation. As part of a multi-site national pilot, Hopkins assembled teams of graduate nursing, medical, and health administration students to participate in the planning of quality improvement projects. In this interdisciplinary setting, nursing students demonstrate the unique perspective they bring to the table—and learn how theirs fits in with other health care disciplines.

“It’s not often enough that we sit down together and think about how we can provide better care as a team. If we can establish more communication among physicians, nurses, and administrators, then I believe the quality of health care will improve by leaps and bounds,” says Peter Cornell.

Geriatrics offers surprises to those who associate it exclusively with nursing homes. Today, except for maternity and pediatrics, approximately 50 percent of hospital patients are 60 or older. As a result, according to Johns Hopkins University School of Nursing Assistant Professor Elizabeth (Ibby) Tanner, PhD, RN, “every nurse should be prepared to care for older adults in hospital settings.” Unfortunately, most providers, including nurses, have not been trained to do so, but that’s changing.

“Issues in Aging” is now a required first semester course at JHUSON. “We’re pioneers in this field,” said Tanner, who is also teaching a multidisciplinary seminar on the care of the complex older adult, another first for the school. She notes that what’s paramount for nursing students to learn about this population is the need to collaborate with multiple disciplines. “Most patients don’t have just one illness; they have multiple complex problems and may be taking a dozen different medications. Tanner adds, “A myocardial infarction does not manifest the same in a 50 year old as it does in an 85 year old.” To differentiate, nurses must develop a high level of problem solving, communication and assessment skills in addition to old-fashioned compassion, and then offer solutions that fit the patient’s social, physical and economic resources. That’s a tall order.

A mitigating factor: “The goal is not necessarily to resolve all of the geriatric patient’s medical problems,” Tanner said. “An important goal is to improve quality of life while focusing
In addition to her duties as a nurse in the Neonatal Intensive Care Unit, Brenda Blunt serves as chairperson of an interdisciplinary Perinatal Bereavement Committee at the Johns Hopkins Bayview Medical Center.

your attention on each individual’s social and emotional well being, as well as the physical care.” Among the many satisfactions that come from caring for older adults: “We can learn so much from them.”

Kitty Poon ’06, who is pursuing her graduate degree in nursing, agreed. “I’m amazed by their resilience,” she said. Since 2004, Poon has been a volunteer in the Service Awareness through Geriatric Education (SAGE), a community service program which matches students from the Schools of Medicine, Public Health and Nursing with seniors living independently. The goals are to reduce elder loneliness by fostering friendships between the generations and to broaden the students’ perspective of older adults outside of a medical setting. Volunteers, usually in teams of two and from different schools, are expected to visit seniors in their homes and share a meal.

A solid foundation in the care of older adults also has practical advantages. “Nurses who are prepared for this work are highly sought after in a myriad of settings, including acute care, emergency room, psychiatry, oncology, etc.,” Tanner said.

Megan Tyler ’07 is a good example. She credits her nursing school leadership experience with the JHU-wide multidisciplinary Geriatric Interest Group organized by Tanner as instrumental in being selected for her job as a staff nurse in the special care unit at Anne Arundel Medical Center. As a student, she also participated in Grand Rounds at Bayview Medical Center and one of her clinical experiences was with the Baltimore City Health Department’s Commission on Aging and Retirement Education (CARE). Most of the patients she works with now have dementia. “I knew what to expect,” Tyler said. “That makes it easier clinically. Professor Tanner is a great mentor.”

Tanner, along with Dean Martha N. Hill, PhD, RN, FAAN, has been publicly recognized by the John A. Hartford Foundation Institute for Geriatric Nursing for her work in content mapping and including strategies for teaching the core competencies of geriatric nursing. She is also the first nursing faculty to be affiliated with the Johns Hopkins Center on Aging and Health, which now includes faculty from the Schools of Medicine, Public Health, and Nursing, all working together on the forefront of aging research.

—Susan Middaugh

WILL KIRK
Johns Hopkins Nursing

Sharon Kozachik, PhD, RN has added to her nursing responsibilities the role of chairperson on the unit’s interdisciplinary Perinatal Bereavement Committee. Blunt did not seek to carve out a leadership role for herself in the NICU. But after just a short stint on the unit, she was prepared to lead this important initiative.

“I’ve always been a caretaker,” Blunt says. Now, in addition to caring for her infant charges, she’s making sure family members of NICU patients are taken care of—specifically, family members of patients who don’t survive.

As a NICU nurse, Blunt was trained to care for the youngest and frailest of infants. There is nothing in her job description that requires her to respond to the needs of family members too, but instinctively, she recognized the need and took action. “I’m assertive when I need to be,” Blunt says.

One of the current goals of the bereavement committee is to support grieving families according to their preferences and values. Under Blunt’s direction, the committee has closely examined how specific populations cope with loss. “We’re looking at different cultures and how they grieve, so we don’t impose our practices and ideas on them,” Blunt explains.

The committee will pass on this knowledge to other NICU nurses. “It’s about making nurses more comfortable supporting families who are dealing with a loss,” Blunt says. Many NICU nurses, exceptional at caring for the most delicate infants, have no idea how to support a family broken by grief. Blunt has no qualms under these circumstances. “It’s an honor to be able to help families in such a tragic time,” she says.

Interdisciplinary Training Eases Pain Research

Sharon Kozachik, PhD, RN had always worked with human subjects until she became a Postdoctoral Fellow in the Interdisciplinary Training Program in Biobehavioral Pain Research. Now the focus of her clinical research, how analgesics affect sleep and the effects of disturbed sleep on pain, has shifted to animals.

That’s the kind of radical change that the training program engenders. More importantly, being part of a research team that brings together mentors from the Johns Hopkins University Schools of Nursing and Medicine has given her “a broader view of ongoing mechanisms that impact pain,” Kozachik said. That’s because research fellows like Kozachik, who has been a nurse since 1985, are expected to train in two or more areas of expertise: behavioral/social science, biomedical, or clinical research.

Funding for the program comes from the National Institutes of Health’s Roadmap for Medical Research, which fosters new organizational models for team science and aims to better quantify clinically important symptoms and outcomes, including pain, that are difficult to measure. The five-year grant is a first for the School of Nursing, according to Gayle G. Page, DNSc, RN, FAAN, Director of the Center for Nursing Research. Page also co-directs the training program with Professor Jennifer Haythornthwaite, PhD of the School of Medicine.
Some might balk at these increasingly stringent regulations. Dennison, along with colleagues in the hospital, instead has initiated creative and practical interdisciplinary solutions that both satisfy the demands imposed by today’s increasingly complex health care system and provide practicing nurses and physicians tools they need to give high quality care.

“Nurses are in a great position to participate and lead interdisciplinary teams,” says Dennison. She counts herself among them. “Nurses are rich with ideas of what patients, providers, and systems need.”

In her latest interdisciplinary research project, Dennison hopes to dramatically boost Hopkins physicians’ and nurses’ use of standardized, evidence-based guidelines to treat heart failure, a major public health problem that costs $33.2 billion annually. Through a $400,000 grant from the National Institute of Nursing Research at the National Institutes of Health, Dennison is leading an interdisciplinary team from the hospital in the ambitious project of developing multi-faceted electronic clinician decision support tools (CDS) that apply specifically to managing heart failure in the acute care setting.

Ideally, her work will result in higher utilization of the treatment guidelines, thereby improving patient outcomes and lowering health care costs. Along the way, the outcomes of her research may help satisfy stringent standards imposed by accrediting bodies.

The task, which sounds relatively simple, is anything but. It has involved several steps, beginning with engaging an interdisciplinary improvement team, then developing a key stakeholder...
assessment, cataloguing all existing information systems, recruiting and holding nurse and physician focus groups, pilot testing paper-based versions of CDS solutions, converting them to electronic versions, and meticulously following up with assessments, feedback, and revisions.

Dennison’s work involves several targeted initiatives. Nurses are completing online education modules on managing heart failure; standardized patient education materials have been developed. And, computerized provider order sets have been implemented at critical junctures—upon admission and at discharge. “We didn’t want our efforts to become too diffuse…we’ve carved out a feasible approach,” she says.

While acknowledging the research project’s limited parameters, Dennison nevertheless forges ahead with ideas about potential future applications. “As the hospital introduces these new technology systems, they also increase our ability to capture data on the quality of care. This allows us to monitor the effects of our interventions.”

She adds, “We have fabulous nurses and physicians here. But if the system isn’t set up for providers to provide the best care, it can be challenging. It’s an issue of creating a system that allows good nurses and doctors to provide the best care.”

Ensuring Patient Safety

As hospital operations and patient caseloads become ever more complex, the issue of patient safety reigns paramount. And, once again, Hopkins nurses like Lori A. Paine, RN, MS, Patient Safety Manager for Johns Hopkins Medicine, have stepped forward to lead the effort.

A former labor and delivery nurse, Paine knows firsthand the issues within any modern hospital that can thwart patient safety. “There’s more documentation required. Patients are even sicker. The technology to treat patients has become more complex. It’s hard out there, on the front line,” she says.

Generally, there is no single element that presents challenges to patient safety—just as medical errors are rarely the result of one employee’s mistakes. That’s why Paine and her staff approach the challenge of creating a safer hospital environment for patients by looking at system-wide solutions. This perspective, believes Paine, reflects the way nurses in general approach their work.

“Nurses think holistically. We look at the whole patient. With patient safety, we look at the whole system—how one part relates to the broken part of the system,” Paine says.

The Patient Safety Net is one example of this system-wide approach that Paine and her colleagues have implemented at Hopkins. It’s an online safety reporting system whereby any staff member can report events that involve harm or near harm to a patient. “As soon as a front-line reporter clicks ‘submit’, the report goes automatically to the appropriate people,” Paine says.

The system takes a proactive, interdisciplinary approach to patient safety. “We focus on those events of lower harm that may fly under the radar screen. We fix them before somebody gets hurt,” Paine says.

The patient safety team accomplishes this goal by gathering a multidisciplinary group weekly to review reported events that could lead to potential harm and discussing collective solutions. “We now recognize that teams which don’t work together don’t provide as safe care,” Paine says.
The team stays busy. Each week, the Patient Safety Network receives between 250 and 275 event reports; that’s 11,000 per year. These impressive numbers indicate what Paine had hoped for: a proactive approach to patient safety is taking hold at Hopkins.

**Driving Discussions for Ethical Care**

The medical technology available to today’s health care providers is more advanced than ever before. While these sophisticated advances allow clinicians to perform life-saving techniques, they sometimes create unintended ethical challenges, like when and to what extent to use such technology on patients. All too often, patient-centered ethical concerns get buried in the fast-paced hospital setting—particularly when no one knows quite how or when to initiate the sensitive dialogue these issues deserve.

At Hopkins, the complex ethical questions that have grown parallel to the rise in medical innovations are the intentional focus of open dialogue between providers, patients, family members, and other involved parties. This discourse takes place in the context of the Johns Hopkins Ethics Committee. Created some 20 years ago by a group of committed Hopkins clinicians, the committee ensures that no single person or group needs to face difficult ethical questions alone. The group makes itself available to consult with patients, family members, and the patient’s medical team.

JHUSON associate professor Cynda Rushton, DNSc, RN, FAAN says, “Nurses have the closest and most sustained contact with patients and families. Because of that proximity, they witness the suffering of patients very intimately.”

So, it was no surprise when Rushton was chosen to serve as co-chair for a committee that coordinates a diverse group of health care professionals to

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**Online Nursing Research LINCs Caregivers Together**

After working many years in transplant nursing, Assistant Professor Laura Taylor, PhD, RN discovered that online resources for caregivers of living kidney donors were nonexistent. That’s changing, thanks to Taylor’s new online intervention study, the first of its kind to be conducted at the Johns Hopkins University School of Nursing.

With mentorship from professor Marie T. Nolan, PhD, RN and a Dorothy E. Lyne grant from the school’s Center for Nursing Research, Taylor’s goal is to give caregivers the information and emotional support they need and help transplant teams prepare families before and after the procedure.

Taylor has created a web-based discussion board where caregivers, using pseudonyms to protect their identity, can exchange practical tips on ways to make the donor, usually a spouse or relative, more comfortable. “Every living kidney donor is so generous. We want them and their families to feel confident in their decision making,” Taylor said. The study also offers an opportunity for clinical research between the School and the Hospital.

Members of the transplant team at Johns Hopkins Hospital, including Transplant Coordinator Pamela Walker and Director of Clinical Transplant Research Dorry Segev, MD recruited 16 caregivers to the closed study. Participants are asked to complete three surveys. Taylor is proud that the response rate has been 100 percent. With additional funding, she hopes to expand the study.

—SM

Clinical instructor Krysia Hudson, MS, RN and alumna Megan Hoffmann, BSN also collaborated on the LINC project. Since the network launch, participants have shared tips to alleviate fatigue, minimize pain and scarring, ideas about food, diet, and travel.

Laura Taylor, PhD, RN
advocate on behalf of patients. “We try to provide a systematic process, to create an open dialogue—a space where people can hear each other differently. We are not the judge and jury.”

Many times, it’s not the end result of this dialogue that counts. “We help to slow down the process and facilitate a conversation among patients, families, and the health care team that may not have happened before this. Even if decisions don’t change, people feel as though they’ve been heard,” Rushton says.

When she took the helm of the committee almost 10 years ago, Rushton aimed to increase its interdisciplinary leadership. She relishes the results of having met those goals. “We needed to increase the voice of nurses, of community members, and others,” says Rushton, acknowledging that prior to 1999, the committee was comprised primarily of physicians. “Now, we have a much more balanced membership that brings diverse and important perspectives,” she adds, noting an increase in the number of chaplains, social workers, and nurses on the committee.

Speaking from experience, Rushton openly extols the virtues that nurses bring to the committee. “Nurses have the closest and most sustained contact with patients and families. As a result, we often have the deepest relationships with them. Because of that proximity, we witness the suffering very intimately. We also are involved in trying to coordinate an often-complex and diverse group of healthcare professionals to try to advocate on behalf of the patients,” she says.

Youngest PhD Student Works to Curb Teen Violence

As an undergraduate, Jessica Roberts Williams pursued a dual degree in sociology and nursing from the University of Florida. “I was interested in how that understanding of society could be applied to health issues, to change and improve health,” at the practical level, says Williams. Understanding the structure of society and the ways in which that structure can influence our lives—especially our health—is what propelled Williams from her initial interest in sociology into the Johns Hopkins University School of Nursing (JHUSON) PhD program.

Throughout her studies at Hopkins, Williams has helped adolescents to develop healthy relationships and prevent violence. She has worked on an intervention program aimed at preventing bullying in schools and has served as a health educator for Fellowship of Lights, an organization that provides emergency shelter and services to youth who are runaways.

This February, Williams defended her PhD thesis, which dealt with identifying patterns in adolescent relational aggression and violence in dating—physical, psychological, and emotional. She will soon earn the distinction of being the youngest graduate of the PhD program at the School of Nursing.

Williams’ plans for the future include teaching and continuing her research in order to develop intervention techniques that school nurses and others can use to help stem violence. “I felt strongly about going straight through to the PhD program,” says Williams. “I wanted to end up working on research, developing theory, and creating new knowledge for the discipline, and so this path made sense for me.”

—Diana Schulin
Although nursing roles and uniforms have changed over the years, the profile of who makes a good nurse hasn’t. “You must have a deep respect for humanity and diversity, be flexible and above average intellectually,” says Assistant Professor Jo M. Walrath, PhD, MS, RN. “Most importantly, you have to be clear about your values and your behavior must be congruent with them.”

The Johns Hopkins University School of Nursing baccalaureate program “offers a good solid foundation in basic nursing,” according to Walrath. Early professional courses start with the student interviewing patients. The ability to critically listen is fundamental, a core competency that every class emphasizes. Prior to taking a patient’s history, students learn to ask targeted questions, skills they will use later with the patient’s family, among colleagues, and throughout their career.

Though the range of opportunities for graduates has grown, many daily tasks associated with bedside care are still the same, says Associate Professor Julie Stanik-Hutt, PhD, CRNP-AC, CCNS and President of the American College of Nurse Practitioners. “We admit and discharge patients, check their vital signs, put them on bedpans, administer IVs and medications, take care of their hygiene and nutrition, and offer support to the family.”

Stanik-Hutt believes the skills needed for bedside nursing—observational, critical thinking, and problem solving abilities—build better health care leaders. Nurses who become proficient at applying these skills to patients and families can engage the same tool kit when working with a nursing unit or remediating a dysfunctional system. If asked to come up with a new symbol for a nurse, Stanik-Hutt says it would be a brain: “Nursing is what happens between your two ears.” —SM
had no intention whatsoever of becoming a nurse,” says Matthew Zinder. “I was in the arts, I wanted to be a photographer. I’ll never forget the moment my father brought me into his home office, sat me down, handed me his business card, and said ‘I want to add your name to that card.’ He probably was expecting me to laugh at him, but I thought maybe I should look into it.”

Today, Matthew and his father Herb Zinder are co-owners of Zinder Anesthesia Associates, providing surgery-center anesthesia with a staff of more than 20 nurse and physician anesthetists. They are also the first father-son pair of Hopkins nursing alumni. Their nursing careers, though similar, started nearly 30 years apart.

“Patients would look at me like I was from Pluto,” recalls Herb, who was among the first men to graduate as a Hopkins nurse in 1971. In the hospital, Herb would change in the doctor’s locker room with the other men. In school, he was once asked to leave a class during a film on breast self-examination. “They thought my presence would make the female students uncomfortable.”

When Matthew attended Hopkins in the 1990s, men comprised about 5 percent of the nursing workforce. His only recollection of gender bias in school was when the class was taught to conduct a physical assessment. “They’d only ask the male students to volunteer to be examined—because their shirts could come off,” says Matthew.

Anita and Wendy Shauck also graduated from nursing school about 30 years apart. Both are alumnae of Church Home and Hospital: Anita graduated in 1942 and Wendy in 1975. As a child, when Wendy accompanied her mother to work she was relegated to the patient waiting room. “I always wanted to know what was going on...
upstairs where the nurses and doctors were,” admits Wendy. “I remember telling my mother I wanted to be a doctor. But in that era, you were a nurse, a receptionist, or a teacher.”

Anita noted her daughter’s interest. The summer of Wendy’s 14th year, when school was out, “I said to Wendy ‘why don’t you come and try it out?’ So she came down to the hospital and she liked it,” says Anita.

“I did what my mother suggested,” says Wendy. “I was a candy striper then a pinkie then a health aide then an LPN then an RN. And that’s how I became a nurse.”

While Anita spent her nursing career working directly with patients—in hospitals, the Navy, and even at an insurance company—her daughter, Wendy, has spent a greater amount of time worrying about paperwork and insurance. “You always keep the patient first, in spite of the tons of paperwork or computer ‘input’ time. Today’s patients see you typing on a laptop and they are curious at first, but the client ultimately prefers the ‘personal interaction’ over technology.” These changes in health care led Wendy to an office job with Medstar Health Visiting Nurse Association participating in quality assurance reviews. This enables her to facilitate an integrated delivery of care to the patients from behind the scenes while also fulfilling payor requirements.

Mother and daughter laugh when comparing their earnings as new nurses. When Anita began nursing in 1942, she earned $1 per hour, the equivalent of $13.23 today. She paid $50 to enter her nursing education program, and another $50 after six months in training. Thirty years later, in 1975, Wendy entered the workforce with a salary of $13,000 per year, which is the equivalent of just over $52,000 in today’s dollars.

Both parents are proud to see their children in successful nursing careers. Across the generations, these nurses share a compassion and desire to work directly with patients and advocate for their best possible care. Says Herb Zinder: “When I went into private practice, I felt like I was building something that might not have a future. I want to see this business grow and support future generations.”

By Kelly Brooks-Staub
Photos by Christopher Myers
Where in Baltimore is the Hopkins Nurse?

Charlie Alexander, MSN/MBA ’02
President and CEO
The Living Legacy Foundation

What I do: Guide the clinical and strategic direction—and lead over 100 staff members—for the organ and tissue recovery program for the State of Maryland. The program facilitates over 600 local organ transplants and thousands of tissue transplants every year.

Why Baltimore? Baltimore has the unique mix of academia, culture, access to the ocean, mountains, and Chesapeake Bay. For me it provides the ideal balance between work and pleasure, while offering a great mix of small town and city life appeal.

Susana Vega ’07
Nurse Clinician
Johns Hopkins Hospital

What I do: Work as a nurse at the Johns Hopkins Hospital in Weinberg 4C in the Department of Surgery, volunteer at two organizations supporting Baltimore’s victims of intimate partner violence—House of Ruth, Maryland and Adelante Familia—and take graduate courses at the Johns Hopkins University School of Nursing.

Why Baltimore? I love Baltimore for not denying what it is, with all its quirks and vices and charm. It thrives with its own unique character and strength of spirit in the face of troubles. It’s real.
Doris Addo-Glover ’92
Senior Clinical Quality Specialist
CareFirst BlueCross BlueShield

What I do: Manage cultural diversity and health disparities initiatives, administer cultural diversity training, and develop partnerships with communities and institutions.

Why Baltimore? I have lived in the Baltimore area for over 20 years. Baltimore has much to offer—warmth, friendliness and so much more in academic institutions, health care facilities, careers, art, social life and history. This is a town after my heart!

Deborah McCleary, RN, BSN
Patient Care Manager, Medical ICU and Rapid Response Team
Johns Hopkins Bayview Medical Center

What I do: Manage the Medical Intensive Care Unit and Rapid Response Team at Johns Hopkins Bayview Medical Center. I lead an exceptional team of dedicated nurses, techs, secretaries, and nursing students to provide cutting-edge care for critically ill patients and those in crisis.

Why Baltimore? I love living on the edge of the city where I can access the culture (concerts, plays, aquarium), dining opportunities (LOVE the crab and crabcakes!), an international airport, and even outdoor recreation. Baltimore provides us a gateway to great neighborhoods and the world!