Located only 40 miles from Washington, DC, Johns Hopkins is uniquely situated near the heart of U.S. politics. This January, nursing students braved freezing temperatures and pressing crowds to witness the historic 44th Presidential Inauguration.

**Why did you attend inauguration?**

Kellyn Hickey, Traditional '10: I wanted to be there as history was made!

Elizabeth Fehrenbach, Accelerated '09: I had to take advantage of my proximity to such an historic event. I wanted to be there, feet on the ground, to offer witness to the significance of Obama’s inauguration and my own hopes for his administration.

David Twillmann, Accelerated '09: During the 2004 election, I was in Uzbekistan as a Peace Corps volunteer. I remember watching the election results with a group of other volunteers in a dilapidated hotel lobby, the only place with satellite TV in the area. This inauguration invoked the complete antithesis of emotions from that cold November day in 2004.

**What will you remember most about the day?**

Twillmann: Millions of cheers, thousands of smiles, hundreds of toilets, and only a few Fahrenheit degrees!

Katherine Woodward, Accelerated '09: The optimism and determination in the President’s speech and the feeling that yes, in fact, we can. We really can.

Fehrenbach: I was incredibly moved by President Obama saying, “This is the meaning of our liberty and our creed—why men and women and children of every race and every faith can join in celebration across this magnificent Mall, and why a man whose father less than sixty years ago might not have been served at a local restaurant can now stand before you to take a most sacred oath.”

Nursing Students Witness Historic Inauguration

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**Image:**

A photo of two nursing students wearing winter gear, standing in a crowd with a cityscape in the background.
Does your choice of a career in nursing jibe with your interest in politics? If so, how?

Ellie Burnett, Accelerated ’09:
I believe nursing advocacy can be a potent force for change at the societal level. All of my nursing school classmates have shown themselves, in one way or another, to be forces to be reckoned with. I believe we will mend the holes in our health care system, slowly but surely, as we expand our spheres of influence in our nursing practices.

Hickey:
I believe my role as a (soon-to-be) nurse is to help people live the healthiest life possible. How can I possibly achieve that when I know my patient may not be able to have regular check-ups because they don’t have health insurance or that they have to decide between keeping a roof over their head and buying their medication? As a patient advocate, it is my job to be politically active to make sure their voices and needs are heard.

What is the most significant change you think the Obama administration can make to improve America’s health?

Burnett:
First, the pledge to “return science to its rightful place” will continue to move health care forward in its pursuit of vaccines, cures, and best practices. Secondly, better funding of our social services programs, along with more rigorous evaluation of these programs can help. Finally, a solution to the plague of a lack of insurance is needed.

Hickey:
I think it is offensive that in one of the wealthiest nations there are millions without basic health care coverage. I’ve been one of them and it’s scary. I’ll be watching to see what Obama is able to accomplish on this front.
Johns Hopkins nurse leaders are crossing Wolfe Street, integrating nursing education, research, and practice.
For just over an hour on a gray winter afternoon, Martha N. Hill, PhD, RN, FAAN, Dean of the Johns Hopkins University School of Nursing, and Karen Haller, PhD, RN, FAAN, The Johns Hopkins Hospital Vice President for nursing and patient care services, seize the rare opportunity to sit down together and compare notes from their respective sides of “the street.”

They settle in to a discussion of the culture of collaboration between the school and the hospital’s department of nursing, a culture that is essential in providing quality patient care and preparing for a future filled with challenges, from a severe nursing shortage to a faltering health care system.

The growing collaboration makes sense and comes naturally. “We sit on each other’s committees, and there are increasing numbers of nurses with joint appointments,” Hill says, naming just a few of the ways the street has narrowed.

It has been 120 years since nursing education first began within The Johns Hopkins Hospital and 25 years since the school opened as a division of the university. Much has changed. Yet, as they forge a lasting partnership, Hill and Haller build upon the common ground of an institutional alliance born in 1889.

by Stephanie Shapiro
How would you describe your shared vision of “Hopkins Nursing?”

MH: I think it’s a co-dependency. Faculty must understand the practice world and adapt to prepare graduates for practice today through our formal academic program. The partnership also helps with recruitment of both the staff nurses who teach and the students who join the hospital staff. It’s mutually beneficial and sets standards at a high level on both sides.

The intersection occurs most clearly in the area of continuing education: the non-credit career development that we all do through the Institute for Johns Hopkins Nursing.

How does the Institute for Johns Hopkins Nursing bridge JHH and JHU nursing?

MH: Our common goals to achieve excellence in research and scholarship, teaching, practice, and service remain robust with the support of continuing education programs that incorporate Hopkins nursing advances and that extend to nurses who practice here, nationally and globally.

KH: There is increasing emphasis on this campus as an academic nursing center and the Institute, along with The Johns Hopkins Hospital nursing department and the nursing school, make that concept a reality.

Is synergy automatic between the institutions of this academic nursing center?

KH: I think you have to work on creating that synergy. You have to work on being a partner. It’s like a marriage. Martha’s very busy; her faculty are busy and we’re busy. You have to nurture the partnership.

MH: Since the school reopened 25 years ago, there have been few if any alumni with leadership roles in the hospital. That is just now changing. The hospital nursing staff
is automatically wired to be thinking about the school. We’re seeing more e-mail traffic across the street, more conversation, and more collaboration. And I think that is having a ripple effect through the hospital.

How does collaboration allow you to incorporate evidence-based practice in the hospital?

**KH:** We’ve been pushing hospital nursing staff to ask questions such as, “Why am I doing this?” or “What is the evidence behind what I’m doing?” We don’t have the research expertise to drive those questions to a reasonable answer, so Martha’s faculty and graduate students help us answer these questions.

**How will you work together to achieve health care reform?**

**KH:** We’re going to have to change the health care system. It’s too expensive, it’s not producing the outcomes we want, and it’s still not safe 10 years after the Institute of Medicine report urged reform. So change and change management are critical in moving forward. And the emphasis must be on data, we have got to measure what we’re doing. That’s where the research expertise developed in Martha’s programs comes in.

Describe a long-range program that ensures your partnership into the future.

**KH:** We’ve forged a wonderful collaboration in our efforts to respond to requests from nurse leaders in more than a dozen countries. For some of the projects, the faculty develop programs or curricula; other efforts are entirely on the hospital side, where we send nurses over to evaluate nursing practice and hospitals. Some projects require both academic and practice skill sets.

**Hopkins Nurses Share Expertise Through Institute for Johns Hopkins Nursing**

by Kelly Brooks-Staub

“We want Hopkins Nurses, wherever they are, to share their best practices, innovations, and specialized knowledge with others. That’s the mission of the Institute for Johns Hopkins Nursing—to share Hopkins Nursing expertise locally, nationally, and globally,” says Director Jane Shivnan, MScN, RN, AOCN.

Created in 1995 as a partnership between the Johns Hopkins University School of Nursing and The Johns Hopkins Hospital, IJHN provides continuing education and consultation for practicing nurses, nursing schools, and departments of nursing; anyone who, according to Shivnan, “wants to learn from Hopkins Nurses.”

Drawing from the expertise and enthusiasm of over 3,000 Hopkins Nurses from both the hospital staff and school faculty, IJHN is able to provide innovative courses such as the Nurse Manager Academy and Research Coordinator Training Program. Shivnan meets regularly with Dean Hill and Dr. Haller, seeking “guidance and input to ensure that IJHN is synchronized with the missions of both the school of nursing and hospital department of nursing.”

Recently, IJHN has put special emphasis on its global reach, facilitating international experiences through its Office of Global Nursing. “When nurses from other countries visit, they are astounded to see the level of our practice and knowledge and our power to affect patient outcomes.”

IJHN also is enhancing capabilities to network with these nurses online. “I want to develop more online educational offerings,” says Shivnan, “and work to ensure the same reputation for quality and excellence in our online courses as in our live ones.”
The Pathfinders

In 1998, Fannie Gaston-Johansson, PhD, RN, FAAN became the first African-American woman to earn a full professorship with tenure at the Johns Hopkins University. And in 2001, she became the first female dean of any program at Göteborgs Universitet in Göteborg, Sweden. Like Mary Eliza Mahoney (photo inset), who became the first black RN in the U.S. in 1879, Gaston-Johansson is both a groundbreaker and champion for minority populations.

What advice does Gaston-Johansson have for today’s minority nursing students? “Explore new ideas, places, and cultures. This will help you better appreciate the people you care for and become a strong leader in the complex world of nursing.” Gaston-Johansson hopes to be remembered by future nurses not only for her work on pain measurement and assessment, international research, and mentorship of young nursing students and faculty.
Hopkins Nurses draw inspiration from nursing’s past—heroes such as Florence Nightingale, Clara Barton, and Margaret Sanger—and continue their legacy of nursing excellence.

by Kelly Brooks-Staub

The Globe Trotters

After graduating from the Johns Hopkins Training School for Nurses in 1906, Vashti Bartlett (photo inset) worked for two years at the Johns Hopkins Hospital, and then began a career in global nursing. Her travels took her around the world to Newfoundland, France, Belgium, Russia, Manchuria, and Haiti. Today, alumna and faculty member Nancy Glass, PhD, MPH, RN shares Bartlett’s passion for providing care in remote, underserved regions of the world.

First introduced to nursing in the early 1990s while working as a Peace Corps volunteer in Zaire (now the Democratic Republic of the Congo), Glass is now an associate professor of nursing and serves as an associate director of the Johns Hopkins Center for Global Health.

She has started several projects in the Congo, which has been ravaged by war since her days in the Peace Corps. “When I was there at the age of 21, I had no specialized skills or knowledge. It’s wonderful to be back 18 years later, having been trained in a way that allows me to make a real contribution.”
The Change Makers

Margaret Sanger [photo inset] headed a crusade to legalize birth control and she founded the American Birth Control League, which later became Planned Parenthood,” says Hayley Mark, PhD, MPH, RN. “Without her work, I would not be able to do mine.”

In the early 1900s, Sanger was outspoken and relentless in her fight against obscenity laws that made giving out information on contraception a crime. A century later, Mark conducts research and disseminates information on sexually transmitted disease with the goal of helping women make better decisions about their sexual health.

“Sanger paved the way for my research with her devotion to putting information and power in the hands of women and her insistence that everyone has the right to control their own lives,” says Mark. “I hope that my work also empowers people through information, helps them make the best decisions for themselves, and chips away at the stigma surrounding sexual health care.”

The Educators

“The second superintendent of nurses at Johns Hopkins, Mary Adelaide Nutting [photo inset], was a strong advocate for nursing scholarship,” says Stephanie Poe, MScN, RN. “She devoted much of her life to nursing education and teaching nurses to think critically.”

Poe, along with colleagues Kathi White, PhD, RN, CNAA, BC and Sandra Dearholt, MS, RN, is the author of Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines. “Evidence-Based Practice is all about critical thinking,” says White. “Nurses examine their current practices, and then critically evaluate available research to determine the best course of action. It’s all about
making good decisions based on evidence.”

Nutting, who helped found the American Journal of Nursing in 1900, felt that disseminating best nursing practices through professional journals was necessary to the development of nursing as a profession. Today, using the EBP Model, bedside nurses have a way to tap into other nurses’ discoveries and incorporate them into their everyday practice.

“Our work provides a way for nurses to find research and evidence and critically evaluate it,” says Dearholt. “One hundred years from now, I hope that EBP will be commonplace, and that our publication will have been a historic milestone along that path.”

The Researchers

After earning her master’s degree in psychiatric nursing, Deborah Gross, DNSc, RN, FAAN, began working with mentally ill patients in a children’s hospital. “I became disillusioned there,” says Gross. “I saw children hospitalized for months on end and therapists who were not held accountable for the health of the children.”

Gross decided to leave the field of psychiatry, but rediscovered her passion when she started working with parents to prevent future mental illness in young children. That strategy built upon the discoveries of Hildegard Peplau (photo inset), a nursing theorist known as the “mother of psychiatric nursing.” Her 1952 book emphasized the importance of nurses and patients collaborating to create a shared experience of healing and therapy.

“Peplau’s work taught us to honor the nurse-patient relationship,” says Gross. “Clients are not passive, and our best results come out when nurses collaborate with patients. We can work together to ensure happier, healthier lives for young children.”
Thus in silence in dreams’ projections, Returning, resuming, I thread my way through the hospitals; The hurt and wounded I pacify with soothing hand; I sit by the restless all dark night - some are so young; Some suffer so much - I recall the experience sweet and sad....

Thus wrote Walt Whitman (photo inset) in his poem, The Wound-Dresser, in 1865. As a volunteer nurse during the civil war, Whitman worked with wounded and dying soldiers in more than 40 hospitals. His experiences there profoundly changed his world view and provided fodder for his later writings.

Ron Noecker ’07, a pianist, vocalist, and oncology nurse at The Johns Hopkins Hospital, can relate. Last year, he produced a CD entitled Healing Songs at Christmas, an album dedicated to people living and working with cancer. “Music is a form of expression of the feelings I have for my patients, people going through all kinds of ordeals,” he says. “Artistic expression—music, painting, writing—is a way to meditate on that. For me, playing music is an avenue to find my way to acceptance.”

When Anna Wolf [photo inset] returned to Hopkins in 1941, she took on a dual role as director of the nurse training school and chief nursing officer in charge of the hospital nursing service,” explains Karen Haller, PhD, RN, FAAN, vice president of nursing and patient care services at The Johns Hopkins Hospital. “Today, it takes two of us—Martha Hill and me—to do what she alone managed!”

In 1941, Wolf was the best-educated and most seasoned administrator to run the nursing program in its history. She pushed for a university-based nursing program at Hopkins, and, according to Martha N. Hill,
Cherry Ames (photo inset): nurse, traveler, mystery-solver. Between 1943 and 1968, Cherry was the main character in 27 mystery novels that took place in hospital settings across the country. Think of the series as the nursing equivalent of Nancy Drew.

“I was more of a Hardy Boys fan myself,” admits Dan Sheridan, PhD, RN, FAAN when asked about the Cherry Ames books. “But I did always love a good mystery.”

Perhaps that’s what makes him one of the nation’s foremost forensic nurse investigators. “Sometimes, the work is like CSI with high-tech tools and blood and guts,” says Sheridan. “Other times, it’s reviewing paperwork, interviews, and depositions. To solve the mystery of what really happened to your patient, you must go through the evidence in detail and use deductive reasoning.”

Like Cherry Ames, Sheridan can often wrap up a case, satisfied with the story’s conclusion: “I feel good about my work—I get to help keep patients who have been victimized be safer and prevent further abuse.”

PhD, RN, FAAN, Dean of the Johns Hopkins University School of Nursing, “we have continued to champion university-based education for our frontline nursing staff and graduate education for the many advanced-practice roles that exist today.”

With degree options including a PhD, DNP, MSN, MSN/MPH, MSN/MBA, and more, today’s Hopkins nursing students have ample opportunity for advanced nursing education. “Wolf may not have envisioned this evolution in nursing practice and education, but she set us on the path,” says Haller. Hill agrees, “We are working hard to carry forward her legacy.”
My Profession
by Marlon Caballero
as told to Shary Henriksen

I’m in a bad mood.
I completely understand.
There’s nothing wrong with feeling that way.
I feel a little better now.

I had planned to go into research nursing when I got out of school.

But during my orientation process, I began to appreciate the power of bedside nursing.

It’s so important to keep patients clean and comfortable.

Now that I have completed orientation, I am expected to take charge and be more responsible for decisions about the patient’s care.

I don’t leave the floor to eat my meals.

I like to stay in a place where I can keep an eye on my patients as I eat.

Sometimes this kind of care can make the patients feel better than medication can.

A nurse is an important part of the multidisciplinary team.

How much urine did the patient put out overnight?

...and the creatinine levels?

On rounds, the doctors expect a report from each nurse with specific details of the patient’s care.

In a critical care unit, waiting for a decision can cost precious seconds, and having test results ready saves the doctor’s time as well.

So, the doctors value a nurse’s opinion – a lot.

Nurses must take the initiative to order certain tests, such as lab draws, co-ag, or H&H.

If a patient’s hemoglobin is down, we may need to give her blood products and monitor her heart rate.
THE DESIGNATED PRIMARY CARE NURSE HAS OVERALL RESPONSIBILITY FOR COMPILING AND CONSOLIDATING THE PATIENT’S RECORDS, WHICH ARE MADE UP OF NOTES ON THE COMPUTER AND THE PATIENT’S CHART.

EVERY WEEK, THE PRIMARY CARE NURSE READS THE REPORTS FROM ALL THE PEOPLE WHO HAVE CARED FOR THE PATIENT AND THEN WRITES A SUMMARY VERSION.

THIS HELPS THE OTHER NURSES.

THESE MEETINGS RARELY OCCUR WITHOUT A NURSE PRESENT.

NURSES CONTINUALLY DEAL WITH FAMILIES IN CRISIS. I HAVE FOUND THAT BEING ABLE TO ANSWER THE FAMILY MEMBERS’ QUESTIONS ASSURES THEM THAT THEIR LOVED ONE IS GETTING GOOD CARE.

WHAT IS THIS FOR?

CAN YOU TELL ME WHAT THIS LAB REPORT MEANS?

YES, AND LET ME ALSO EXPLAIN THESE MEDICATIONS.

WORKING WITH AND COMMUNICATING ON A VERY PERSONAL LEVEL WITH FAMILY MEMBERS IS A MEANINGFUL PART OF MY NURSING CAREER.

FOR INSTANCE, IT IS VERY DIFFICULT FOR A FAMILY WHEN THEIR LOVED ONE IS JUST NOT GETTING BETTER.

I HAVE WORKED CLOSELY WITH THIS STROKE PATIENT AND HER FAMILY.

AFTER MUCH CONSIDERATION, THEY CAME TO A DECISION FOR “WITHDRAWAL OF CARE.”

ONCE THEY WERE GIVEN SUFFICIENT TIME TO ARRIVE AT THIS DECISION AND CAME TO TERMS WITH IT, THEY DID PRETTY WELL. THE FAMILY GATHERED AND LIFE SUPPORT WAS WITHDRAWN.

HER DEATH WAS QUICK. SHE HAD A MORPHINE DRIP AND FELT NO DISCOMFORT.

IN SCHOOL THEY TALK ABOUT THE TRANSITION BETWEEN STUDENT AND RN...

BUT I COULDN’T POSSIBLY HAVE IMAGINED HOW IT WOULD FEEL TO FINALLY BE CARRYING THE WEIGHT OF MY NEW RESPONSIBILITIES ALL BY MYSELF.

AT FIRST, I WAS SO FOCUSED ON MY WORK THAT I WAS HAVING TROUBLE FINDING TIME TO TAKE A BREAK.

THANK GOODNESS FOR THE SUPPORT OF OTHER NURSES, TECHNICIANS, AND CLINICAL MENTORS.

ARE YOU DOING OKAY?

DO YOU NEED ANYTHING?

THEY KNOW THAT NEW NURSES GO THROUGH THIS.

YOU KNOW? I THINK I COULD USE SOME OVERTIME.

THE END