“I like being with people, talking to people, and helping people. I like making a difference in their lives during hard times,” says Justin Bilik, a student in the traditional class of 2011. “Being a nurse is the best way to do that.”

Growing up in the Baltimore suburbs, Bilik had “always heard about Hopkins,” even researching the institution for a fifth grade social studies project. “I spent hours trying to accurately hand-draw the Hopkins dome,” he recalls. Today, he is learning and working under that same dome, thanks in part to the Dorothy P. and C. Emmerich Mears Scholarship.

Coming to nursing school at Hopkins “just feels right,” he says. “Hopkins nurses are critical thinkers and that’s what I want to be.”

Eventually, Bilik plans to become a nurse practitioner, perhaps in the Hopkins NP acute care master’s program. His specialty of choice? “Perhaps cardiac telemetry, research, geriatrics, or even gastroenterology,” says Bilik. “I’m interested in everything.”

Dorothy P. and C. Emmerich Mears Scholarship

Dorothy Mears Ward established this scholarship—named for her parents—in appreciation of the nurses who cared for her at The Johns Hopkins Hospital and in recognition of the importance of nursing education for quality patient care.
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Just Married
Pre-term labor changed wedding plans
By Sarah Achenbach

Tyra Logan doesn’t believe in superstitions. She and fiancée Noel Carter had no qualms setting their wedding date for Friday, November 13, 2009. The Waldorf, Maryland couple had big plans for the ceremony and reception at the Newtown Mansion in Upper Marlboro, but their baby—Logan was 33 weeks pregnant the week of her wedding—had other ideas.

On Tuesday, November 10, when her water broke, she went to a local hospital. Two days later, she was transferred to Johns Hopkins Hospital and admitted with pre-term labor, premature rupture of membranes and an unsigned marriage license. “I was thinking about the wedding a lot,” she admits. “I knew if I was in labor, the hospital wouldn’t let me leave. When I got to Hopkins, they told me that I was not going home, so I cried.” The couple called family and friends to notify them of the change in plans, and the vendors for the planned nuptials rolled with the unplanned and agreed to a future (and still unset) date for another reception.

But Logan and Carter still wanted to tie the knot before the arrival of their child, a desire Logan shared with Hopkins’ Cathy Trentacoste, RN. “We were talking, and I was upset,” Logan recalls. “I explained that we were still trying to get married.”

“Everything was more than I could’ve imagined. Everyone was wonderful and so genuine. The nurses made something special for a total stranger.”

—Tyra Logan

The Obstetrics nurses kicked into gear. “They just took the idea and ran with it,” Logan says. “Until the actual wedding day, I had no idea what they had done.” They spread the word, and offers of help poured in. “I knew this would be

Tyra Logan and Noel Carter exchanged vows in the Hopkins OB unit.

so exciting if we could help arrange it,” exclaims Trentacoste. “I love weddings.” She contacted the Hopkins chaplain, who in turn, agreed to officiate in the JHH Chapel. Hopkins nursing students on the unit made computer-generated decorations. Perinatal Nurse Manager Joan Diamond, MSN, RN, sprang for the wedding cake and flower bouquet out of the department’s budget. “At least a half dozen employees were involved in some form or another,” says Christina Meekins, BSN, RNC, Obstetrics Perinatal Clinical Coordinator.

Sticklers for protocol, the nurses kept to the “something borrowed, something blue, something old, something new” tradition. Blue, Logan’s favorite color, was coincidentally the accent for Meekins’ recent wedding. Meekins’ veil, dress and blue garter from her recent wedding doubled for “borrowed” and “old” after a little surgery. “We made a few quick, Saturday morning alterations to accommodate her cute baby bump,” chuckles Meekins, who believes this was the first wedding in the Hopkins OB unit.

The “new” (and also blue) was a blanket, a gift from the nurses that was both a practical and sartorial choice. Logan was transported via wheelchair to the chapel and reception—the doctors gave Logan permission to stand during her vows—and the blanket helped keep her warm. Because Logan arrived at Hopkins with only one pair of shoes—orange and blue flip-flops—the blanket also covered the fashion clash between shoes and dress.

After the ceremony, the decorated wheelchair with its “Just Married” sign and blue baby bottles and ribbons trailing behind it, made its way with a beaming and grateful bride to the reception in the small classroom on the Obstetrics unit. Nearly a dozen friends and family and numerous nurses attended the traditional reception with its donated wedding essentials: cake, toasting glasses for sparkling cider, cake topper, knife,

“Everything was more than I could’ve imagined. Everyone was wonderful and so genuine. The nurses made something special for a total stranger.”

—Tyra Logan
The Angel Arrived
How a Hopkins nurse helped my mother be at peace
By Geneane Adams-Bazan

In October 2005, we received the life-altering news that my mom had stage 4 ovarian cancer. I never knew what that meant to my mother or to those who were about to take on the very difficult task of caretaking. Besides cancer, she had other problems that only complicated matters.

Surgery ensued and within weeks, she was beginning the first of many chemotherapy treatments. For two years, she was in and out of hospitals. While her primary hospital was Hopkins, during times of interventions she’d be taken to hospitals nearest home.

As a caretaker, I would not leave her side. I spent many nights in hospitals helping her with whatever she needed. I found that the nurses in many hospitals were so busy, they couldn’t always meet the patient’s needs efficiently, often affecting the patient’s care. I felt that need to be there constantly to assure her needs were met with care.

Then one day at Hopkins, an angel arrived—Amy Brown.

Amy was a floater. She told us that she would probably only be at Hopkins for a short time because her business was to travel around the country working in different hospital departments. Both my mother and I had an instant connection with Amy. She was empathetic, kind, and took the time to listen. When she said that she would get you a drink of water right away, she came right back with the water. She took time to notice whether you might be cold, lonely, or scared and addressed those needs every time she entered the room. Mom couldn’t stop talking about Amy and how great she was. On other stays, when Amy was not there, I would always stay with Mom.

During another visit, Amy popped into the room. My mother was delighted to see her and asked, “What are you doing here?” She told her that she had decided Hopkins was the place she wanted to call home. Mom was thrilled! I knew whenever mom was at the hospital and Amy was there, I could go home and sleep peacefully.

Sadly, my mother’s condition worsened in January 2009, and her battle was coming to an end. We were called to the hospital to talk with her doctor. Amy wasn’t on shift; however, there was another nurse there who was amazingly kind. In my hysteria, she took me aside and talked with me. As we chatted, Amy’s name came up. She told me what a blessing Amy had been to her. She had been a mentor and leader, and I could see

Mom couldn’t stop talking about Amy and how great she was... I knew whenever mom was at the hospital and Amy was there, I could go home and sleep peacefully.

Geneane Adams-Bazan (right) holds a photograph of her brother and mother, who was treated at Hopkins for ovarian cancer. According to Adams-Bazan, Hopkins nurse Amy Brown (left) was an angel to their family.
A Time to Grieve
Oncology nurses need to care for themselves, too
By Sarah Achenbach

Caregiver. Cheerleader. Confidant. Sharon Krumm, PhD, RN, knows well how all-encompassing the job of oncology nurse can be.

It was time for mom to come home on hospice, and our family was devastated. The phone rang. It was Amy asking if she could come visit. We were surprised, but welcomed her. She arrived with another nurse by her side. She went into my mom’s room and talked with her, touching her life again. She stayed and talked to the family. She told us she had spent time talking with mom on the day she learned the news. Because mom had a hard time expressing her feelings to the family, we found out from Amy that she was at peace. She had done everything she wanted to do in her life, and her only regret was that she would not be here to watch her grandchildren grow up. As she spoke to us, she held our hands and hugged us. It was only five days before mom passed away.

Among the droves of people at her funeral appeared the face of an angel. Amy arrived with tears in her eyes and sadness for our family. Again, extending compassion, a hand to hold, and a shoulder to cry on. Nursing doesn’t often embrace this level of kindness and compassion, but Amy Brown is a true giver of care. Healing is not always physical, it’s often emotional, and Amy’s ability to heal emotionally is a beacon that others should follow. She has touched our family in a way no other practitioner ever has and will always hold a special place in our hearts.

“We care for patients over a period of time and develop wonderful relationships with them and their families,” says Krumm, the director of nursing administration for the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. A close bond between nurse and cancer patient is critical to treatment and essential to any end-of-life issues a patient might face. “As horrible as the disease and treatment can be, it is especially rewarding when you can contribute to a ‘good death’ for the patient and family,” she notes.

Such necessary closeness, though, exacts an emotional toll. “We listen to their entire life, and we’re with them at possibly the end of their life,” says MySha Allen, RN, Weinberg 5A. “We share in their most vulnerable moments. But we feel we need to be this pillar of strength.”

The intensity of the work and its inherent stress and sadness—and an unspoken professional code not to express grief—weigh heavy on nurses both personally and professionally. In her 30-plus year career in oncology, Krumm has watched nurse after nurse burn out. “Often, there’s no time for nurses to grieve the loss of a patient,” she says. “In our culture, a ‘good’ nurse never asks another nurse to care for patients or leaves the unit. So much of it is the professional identity nurses cloak themselves in, but we need to take time and process.”

Five years ago, Krumm embarked on a study to find ways to reduce nurses’ stress and quell her profession’s high burn-out rate. Oncology nurses and ICU have the highest turnover rates among all nurses; in fact, as her study was beginning, Hopkins oncology nurses experienced a 30.9% turnover rate compared to a
13.3% turnover rate for all other Hopkins nurses. Today, through a $367,500 grant from the Maryland’s Health Services Cost Review Committee, the Professional Bereavement & Resiliency Project is helping to transform the field of oncology nursing at Hopkins.

Krumm first gathered 34 pediatric, gynecological, and adult oncology nurses into focus groups to identify the stressors that made resiliency more challenging. Krumm was hardly surprised by the answers.

“Nurses said that the pressures of work didn’t give them space to attend to personal grief,” she explains. Suggestions ranged from the practical—getting off the unit for a meal break and consistent scheduling—to the personal, such as attending memorial services and sending cards to a patient’s family. The most validating response for Krumm was her colleagues’ number one suggestion: create a palliative care program for patients. (In 2007, the Department of Oncology created its formal Palliative Care Program.)

Krumm kicked off the program in 2008 in an unexpected way: she invited the nurses to play. Performance of a Lifetime (POAL), a New York-based theater training and consulting company, led 248 oncology nurses in a mandatory session of improvisation and performance. With a goal of individual and collective growth, the open-ended session focused on staff interactions. The exercises helped people feel more confident to tackle hard conversations and deal with petty frustrations.

“It was unlike anything I’ve ever seen, but it moved people out of their comfort zone and gave them a safe place to take risks,” remarks Krumm.

The POAL program helped Weinberg 5B nurse Michelle Morgan discover how to better manage the stress so prevalent in her job: “The coaches helped me learn new ways to react to situations I face and to ‘rewrite’ my script, to change the way I normally express myself.” Throughout 2009, 60 percent of the oncology nurses participated in subsequent, voluntary coaching sessions for which they set the agenda and determined topics.

The Professional Bereavement & Resiliency Project has addressed work issues such as reducing shift rotations and encouraging every nurse take a meal break off the unit, strategies that make it easier for nurses to find time to renew. And through an expanding “menu” of options offered by different units—regular massage therapy sessions,

“By being vulnerable, you realize how human you are. One day, we may be that person in the bed, and we would want the person standing over us to be just as vulnerable.”

Greater Baltimore Medical Center (GBMC) congratulates the Johns Hopkins School of Nursing for its outstanding contributions to the profession. We respect all that you do and we celebrate your success.

To current and future nurses who have been and will be part of this remarkable journey, your hard work is appreciated and we wish you the very best in a memorable nursing career.

To learn more about career opportunities at Greater Baltimore Medical Center, visit us on the web at www.gbmc.org/career.
journaling classes, mindfulness training, unit retreats, and Chi Gong, to name a few—nurses can boost their resiliency skills and relax.

“I honestly believe it’s changing the culture,” she says. “We’re building community and improving how we work together. We’re at 99% occupancy on my unit, yet when I make rounds, I see smiles. Most often, it has been the nurses’ support of one another that has proven most beneficial.”

For a field that deeply supports a cancer patient’s need to be emotionally vulnerable, perhaps the most transformative aspect of the project is the recognition it has given to the nurse’s emotions.

“This program has made a richer, more open environment,” reflects Allen. “By being vulnerable, you realize how human you are. One day, we may be that person in the bed, and we would want the person standing over us to be just as vulnerable.”

In 1987, Frederick opened Polish Treasures at 429 South Chester Street. To stock the store, she travels to Poland to choose items like wooden boxes and crystals, then has them shipped to Baltimore.

Polish Treasures also functions as a sort of Welcome Center for Polish men and women who need help with immigration papers or translating documents, or advice on bringing loved ones from Poland to the U.S.

“We jokingly say [the store] is Little Poland,” Frederick says.

Even with her dual career as a nurse and store owner, Frederick is still active in two of the city’s largest Polish celebrations: the Baltimore City Polish Festival, held every summer since 1971, and East Baltimore Christmas, a caroling event that Frederick calls “one of Baltimore’s best-kept secrets.”

These events are so popular that families who have left Baltimore come back to attend. Now that’s a tribute to the strength of Baltimore’s Polish community—and to Frederick for working so hard to support it.

Committed Nurses Help Hospital—and Patients—Win

The American Nurses Association (ANA), the largest nursing organization in the United States, has recognized The Johns Hopkins Hospital for consistently yielding outstanding patient outcomes that are tied directly to the high quality of nursing care.

“As healthcare becomes more complex and technical, Hopkins nursing philosophy has remained the same,” notes Patty Dawson, MSN, RN, the hospital’s magnet program and clinical outcomes coordinator. “Hopkins nurses strive to deliver the highest quality of care, using the best evidence and latest data to make improvements at the patient’s bedside.”
For example, nurses like Tameria Joy, RN, Clinical Resource Nurse, on Nelson 3 have been working hard to reduce patient falls—and their efforts have paid off. “We keep fall prevention front and center for the staff,” says Joy. “We’ve helped develop and revise the Johns Hopkins Fall Risk Screening tool and are participating in a current research study to further test the tool’s reliability & validity.” Frequent rounding is also key to this unit’s success: Nelson 3 has the lowest rate of falls among Johns Hopkins general medical units.

ANA’s unique National Database of Nursing Quality Indicators (NDNQI) also noted improvement in the hospital acquired pressure ulcer rates. In the cardiac surgical intensive care units, nurse manager Jennifer Moyer, RN, conducted case reviews, involved the OR to order specialty beds in a timely manner, and helped educate facilities staff on the proper beds to return to the units from storage. Moyer is passing along the secrets of her success to Darolyn Milburn, MS Ed, RN, to continue these efforts in the future.

Hopkins is among the more than 1,500 hospitals—one in every four nationwide—that participate in NDNQI, which allows individual nursing units to compare their performance to similar units at other hospitals regionally, statewide, and nationwide.

For more information on NDNQI, visit www.ncnq.org.

Notable Nurses

In her December interview, “How Safety Protocols Prevent Drug Mistakes,” Linda Costa, PhD, RN, explains how hospitals have gotten much better at protecting patients from medical mistakes. The dialogue was part of the Interdisciplinary Nursing Quality Research Initiative series commemorating the 10-year anniversary of the IOM report, To Err is Human, which highlights the chilling story of Ben Kolb, an 8-year-old Florida boy who died in 1995 after he was injected with the wrong drug during a routine surgical procedure. Listen to the interview online at http://inqri.blogspot.com.

After completing a Robert Wood Johnson health policy fellowship—where she served as a senior health policy advisor to House Speaker Nancy Pelosi—Deborah E. Trautman, PhD, RN, returns to Johns Hopkins where she will lead the new Center for Health Policy. Before her fellowship, Deb was director of nursing for emergency medicine at The Johns Hopkins Hospital and most recently served as interim vice president of patient care services at Howard County General Hospital.

Outstanding Nursing Quality

BY KAREN HALLER, PhD, RN, FAAN
VP OF NURSING AND PATIENT CARE SERVICES
JOHNS HOPKINS HOSPITAL

The American Nurses Association’s 2009 Award for Outstanding Nursing Quality, given to Hopkins this past January, has pleased me more than any other honor we’ve received. I am thrilled because this award is data-based and reflects what happens at the bedside. We didn’t apply for it. It didn’t come down to a vote among nurse leaders based on our reputation. As the oft-quoted adage says, “In God we trust, all others need data!”

This award reflects that standard.

I credit our outstanding nursing staff with achieving sustained excellence in the nursing-sensitive quality indicators tracked by the National Database for Nursing Quality Indicators (NDNQI®), which include hospital-acquired pressure ulcers, patient falls with injury, and infections related to the hospitalization. For everyone who has screened patients at risk, made routine rounds to turn patients or accompany them to the bathroom, practiced scrupulous hand hygiene… this award is yours!

I also credit the Nurse Managers and their teams for fostering a healthy workplace where staff can flourish and deliver top-notch care to patients.

In recognizing Hopkins nurses, ANA President Becky Patton, MSN, RN, CNOR, said: “The Johns Hopkins Hospital exemplifies the commitment, leadership, data analysis, and efficient use of resources that are needed by nurse executives and bedside nurses to produce the best possible outcomes. The NDNQI® program is all about using evidence from the reporting of outcomes to improve nursing care practices, staffing and systems for care delivery, and The Johns Hopkins Hospital has achieved that at a high level.”
iCT scanner offers sharper focus

Nurses help bring new imaging technology to the OR

By Stephanie Shapiro

Before the November launch of the intraoperative CT (iCT) at Johns Hopkins Bayview Medical Center, Allison Godsey, RN, CNOR, clinical coordinator for neurosurgery, and Brigida Walston, RN, were well acquainted with the sophisticated technology. Months earlier, the two women traveled with a multidisciplinary team to St. Joe’s Carondelet Neurological Institute, site of the country’s only other dual-room iCT. There, Godsey and Walston got to see the scanner in use and to troubleshoot with healthcare peers at the Tucson hospital.

“That trip really helped us to actually see cases going on first hand, to see how they had their room set up, how to position patients and to talk with staff members to know what issues they had,” Godsey says.

By providing real-time imagery during complex surgeries, the iCT brings a new level of treatment capability to the OR. Integrated with a surgical navigation system, the technology will help surgeons to pinpoint brain tumors or place screws into the spine with greater precision. In addition, nurses no longer have to break the sterile field to move a patient to the radiology department for a CT and possibly back to the OR for further surgery, lowering the risk of complications.

In addition, nurses no longer have to break the sterile field to move a patient, lowering the risk of complications.

From the start, Godsey and Walston have played an integral role in the installation and operation of the iCT, which is mounted on rails so it can slide over patients in two adjacent operating rooms. Versed by their Tucson experience, the two nurses reconfigured both ORs to make way for the new imaging technology.

After rearranging providers’ stations, supplies, monitors and other equipment, they also helped the neurosurgery team “get accustomed to where things are stored and to become comfortable with the new setup,” Godsey says.

Particularly important is guarding against inadvertent damage to the iCT during surgery. “You have to be very cognizant of the tracks the iCT runs on,” Godsey says. “You can’t run equipment over those tracks, because the inner workings are right underneath.”

Godsey also helped to coordinate four-hour iCT training sessions for twelve nurses, starting with the basics: “How to shut the whole system on and off and then how to have the room up and running for the morning.”

As they gain expertise, from learning the best ways to position patients to honing their documentation, Hopkins Bayview’s neuro nurses will be able to make increasingly sophisticated use of the CT scanner, further improving patient care.

For Godsey, who is helping to lead the ongoing training effort, that means staying ahead of the curve. “The more I learn,” she says, “the more I’m the one pushing the buttons.”
704 Infection-Free Days

Bayview's SICU nurses are fighting bloodstream infections

by Stephanie Shapiro

In the Surgical Intensive Care Unit (SICU) at Johns Hopkins Bayview Medical Center, the prevention of bloodstream infections demands an arsenal of safety measures, from a unit-based safety officer and Chlorohexidine skin prep to timely line removal and full barrier precautions. But central to that multi-pronged effort is making nurses equal members of the healthcare team, says patient care manager Carol Miller, RN, CCRN.

To prove her point, Miller points to a remarkable record: In 2008, her unit reported no central line catheter-related infections, a feat that came on the heels of the previous year’s average of 3.29 infections per 1,000 central line days.

Ultimately, the unit’s infection-free record extended to 704 days in a row, giving Miller and Zeina Khouri-Stevens, PhD, RN, bragging rights to “SICU Pride” during a poster presentation at last year’s Maryland Patient Safety Conference.

Miller also gives kudos to “our physician assistants and nurse practitioners who place the majority of the lines. They have been extremely vital to this whole process.”

Over the years, Miller has witnessed her unit’s shift to a culture that prizes safety over hierarchy. “You could have a checklist and make the marks, but you also have to empower the staff to stop a procedure if they see something is not going right,” she says. “That takes a lot of work.”

The unit’s commitment to eliminating central line infections “took a big push forward” when the SICU became part of the Johns Hopkins program, “Partnerships and Interventions to Promote and Ensure Patient Safety,” says Miller. The alliance lends support and reaffirms the guiding principle of the unit’s safety-first culture that she sums up as, “We all are accountable for providing this higher level of safety for our patients.”

In the Hopkins Bayview SICU, nurses are encouraged to think critically and make clinical decisions. They don’t hesitate to stop a procedure if sterile practices aren’t followed, Miller says. On occasion, she, too, has intervened in ways once thought unimaginable. “I’ve caught providers before they actually enter a room to assist with a sterile procedure and reminded them to put on a mask and other protective gear,” Miller says.

That’s a far cry from her early years on the SICU, when “nurses just followed orders and didn’t question,” she says. Today, “the culture truly is a team effort. The physician may ultimately have the final say, but the nurse or any member of the team can step out and say, ‘Let’s talk about it.’ We work like that now, and I think our infection-free success is a reflection of that.”

SICU team members (from left) Crystal Miller, Kenneth Scope, Sarah Ermer, Rob Gibson, Carol Miller, Laura Bankert, and Susan Hammond, are committed to an infection-free unit.
The “411” for Oncology Patient Care
By Jennifer Walker

When Tina Evans was diagnosed with breast cancer in 2001, she wished there was someone to guide her through the complicated treatment process. Now as an oncology nurse navigator, she is doing just that for her patients.

A nurse for 23 years, Evans became an oncology nurse navigator when she developed The Center for Breast Care at Johns Hopkins Medicine’s Howard County General Hospital in 2002. She provides a range of support for her patients—including scheduling appointments with their cancer care team, organizing support groups, and even holding hands during treatment—from diagnosis through treatment and even sometimes after the cancer has gone into remission.

“This gives patients the opportunity to feel that they have a go-to person at any point in time, no matter which physician they are working with, no matter what phase of their cancer treatment they are in,” she explains.

Evans is so passionate about her career that she started a national nursing organization, the National Coalition of Oncology Nurse Navigators (NCONN), to give navigators a space to share information, network, and, in turn, more efficiently and effectively support their patients.

Founded in partnership with four other navigators in January 2008, NCONN has approximately 250 members nationally and in Canada. Members have access to a thriving listserv, where they can seek and offer advice with other navigators, and can attend NCONN’s annual conference, the only event focused solely on developing the nurse navigator’s role.

This level of support is necessary for oncology nurse navigators, who are in an emerging and complex field of nursing for which formal education is not currently available. “We need to convey knowledge to our patients of an entire treatment process,” Evans says. “The reason [NCONN] was founded is to begin to develop that sort of education…for oncology nurse navigators.”

For more information or to become a member of NCONN, visit www.nconn.org.

Three Essentials When Starting a Successful National Nursing Organization

Thinking of starting a national nursing organization? Tina Evans shares three necessary ingredients that can help make that organization successful.

Passion: Evans and the other four founding members started NCONN with their own money on their own time. For all of them, this was their second job. “Anything of this magnitude requires an enormous amount of passion and faith,” Evans says.

Business Sense and/or Knowledgeable Friends: From the beginning, have some idea of the business aspects of starting an organization like managing finances and marketing, and fill in the gaps with knowledgeable friends. NCONN has received invaluable pro bono support from an attorney who helped with its bylaws and 501(c)3 incorporation, and a web developer who created its website.

Networking Opportunities: Evans says it can be a challenge to market a national nursing organization, but it helps to grab on to opportunities that arise. She has developed relationships with pharmaceutical and medical device companies whose representatives spread the word about NCONN across the country, and has attended national professional meetings to speak and/or staff a conference table.
Eluding the Silent Killer

Nurse-Led Vascular Disease Screening Saves a Man’s Life

By Jennifer Walker

It was Richard David’s wife who suggested the two of them visit Bethesda’s Suburban Hospital, a member of Johns Hopkins Medicine, for a vascular disease screening. She had read about the event in the hospital’s community newsletter New Directions, and it was free, after all. They decided to go.

This was a decision that would land 83-year-old David in the hospital for the first time in his life, having surgery to save his life.

David’s screening in October showed that he had vascular disease in the form of a 6.0 centimeter abdominal aortic aneurysm (the typical aorta is 1.8 cm wide.) David recalls the doctor saying that one of the reasons vascular disease is called the silent killer is because people can be walking around “with a six-centimeter time bomb in them and not know it.”

David didn’t even have the disease’s main risk factors—he has never smoked, had diabetes, or hypertension. Even though his age puts him at greater risk, he would never have known to get tested.

The physician who performed David’s vascular screening immediately called his primary care doctor, followed up with a second call the next day, and faxed the results to the doctor’s office. David says he got “Prince Charles, tailor-made service” at Suburban Hospital, from beginning to end.

A few weeks after his surgery, David is feeling strong. “I want to remain active…I vacuumed the other day [for my wife]; I help her wash and fold the clothes,” he says.

“Finding Mr. David’s aneurysm is why we all do this work,” said Melody Knapp, RN, administrator, cardiovascular services at Suburban Hospital. “Thank goodness we saw him when we did.”

Vascular Screening Program is A Hit

When the idea first surfaced to promote a vascular screening, no one at Suburban Hospital could have predicted the overwhelming response.

Nurses expected to screen 15 or 20 people at their first Vascular Outreach Program event in October, but by January, they had screened 120 patients, scheduled 150 more, and placed 300 on a spring waitlist.

Vascular screening patients first attend a 30-minute education seminar, where they learn about vascular disease, its risks, and the screening process. Each screening takes approximately 15 minutes, and includes carotid and abdominal aorta scans, as well as ABI to screen for peripheral vascular disease. A physician interprets the results and counsels the patient.

All agree that it was the committed team of nurses, doctors, and staff—working together to provide a service in the community that wasn’t previously available—that made it very worthwhile.

Interested in learning more about how Suburban Hospital conducted its screening? Contact Shilpa Gorfine at 301-896-7589.
Students

Doctoral student Jessica Draughon and postdoctoral fellows Shelly Eisbach and Veronica Njie-Carr presented posters at the NINR Pre/Post-Doctoral Poster Session at the 2009 Special Topics Conference in Washington, DC in October.

Anabella Aspiras (accel. ’10) and Rachael Diamond (accel. ’10) have been selected as recipients of the 2009 Association of periOperative Registered Nurses of Baltimore nursing scholarship.

Caitlin McIntyre (trad. ’11), Anna Martin (trad. ’11), and Helen Thomas delivered three short, impromptu presentations about the importance of handwashing to parents and students at Back to School Night at Collington Square K-8, a public school in East Baltimore.

Courtney Barsotti, Jayoung Kim, Candice Williams, Megan Flora, Kylie Taylor, Melissa Paterakis, and Amy Hoffmann—all students in Shari Lynn’s Adult Health class—walked through the rain to pick up flu shot supplies at Hopkins. They continued through the pouring rain to deliver the supplies to the 911 Clinic, where they administered flu shots until the clinic closed that evening.

Faculty, department of acute and chronic care

Anne Belcher, PHD, RN, AOCN, CNE, FAAN, presented the paper “Excellence in Teaching and Learning—Obtaining the Students’ Perspective” at the 39th Annual Meeting of the International Society for Exploring Teaching and Learning in Philadelphia in October. She also served as the convocation speaker at the West Virginia University School of Nursing graduation in Morgantown, WV in December and was the keynote speaker at the University of Maryland School of Nursing’s Excellence in Teaching Nursing conference in March.

Julie Stanik-Hutt, PhD, ACNP, CCNS, FAAN, was the keynote speaker at the American College of Nurse Practitioners annual conference in Albuquerque, NM; keynote speaker at the Nurse Practitioners Association of Maryland annual meeting in Ellicott City, MD; and an invited panelist at the American Nurses Credentialing Center’s 13th Magnet Conference in Louisville, KY in October.

Jennifer Wenzel, PhD, RN, CCM, has received a joint appointment in oncology through the School of Medicine.

Elizabeth Hill, PhD, RN, was named to the Editorial Board of Nursing Research for two years, effective January.

Deborah Gross, DNSC, RN, FAAN, has been appointed to the Institute of Medicine’s (IOM) Committee on Pediatric Health and Healthcare Quality Measures.

Diane Aschenbrenner, Shari Lynn, and Kathryn Kusho-Reese gave the pre-conference session on simulation at the 4th Annual National League for Nursing Technology Conference, hosted by the SON October 29–November 1. Aschenbrenner, Lynn, and Kusho-Reese also gave tours and demonstration sessions in the school’s research and SIM labs during the conference.

Faculty, department of community public health

Jacquelyn Campbell, PhD, RN, FAAN, was invited by Vice President Biden to attend the 15th Anniversary celebration of the Violence Against Women Act in Washington, DC last autumn.

Jackie Campbell, PhD, RN, FAAN, and Phyllis Sharps, PhD, RN, CNE, FAAN, and postdoctoral fellow Veronica Njie-Carr, presented papers on intimate partner violence and HIV/AIDS at the 2nd Annual Health Disparities Conference in the U.S. Virgin Islands in October.

Betty Jordan, PhD, RN, CNE, FAAN, spoke on “The Rising Rate of Prematurity” at a summit in Columbia, MD in November.

Jodi Shaefer, PhD, RN, presented “Fetal and Infant Mortality Review: Community-Based Strategy for Maternal-Child Health Improvement” at the Faces of a Healthy Future: National Conference to End Health Disparities II conference in Winston-Salem, NC in November.

Dan Sheridan, PhD, RN, FAAN, has been awarded a $29,854 grant from the Maryland Governor’s Office of Crime Control & Prevention (GOCCP) to provide two, 40-hour, state-wide Forensic Nurse Examiner Training programs.
Nancy Glass, PhD, MPH, RN, FAAN, presented “Factors Influencing the Exile or Reintegration of Rape Survivors in Families and Communities in the Democratic Republic of Congo (DRC)” at a conference on Children & Armed Conflict: Risk, Resilience, and Mental Health in Washington, DC in December.

Joan Kub, PhD, APHN, BC, was invited to be part of an Association of Community Health Nursing Educators (ACHNE) task force to propose recommendations for advanced public health nursing clinical preparation for graduate programs and credentialing.

Nicole Warren, PhD, MPH, CNM, earned the Maryland Higher Education Commissions (MHEC) New Nursing Faculty Fellowship of $20,000 over three years. She will work on a pilot study to explore the childbirth experiences of Somalia-born couples.

Faculty, department of health systems and outcomes

Patricia Abbott, PhD, RN, BC, FACMI, FAAN, has been invited to serve on the International Program Committee for the IASTED International Conference on Health Informatics (AfricaHI 2010), in Gaborone, Botswana in September. In October, she was the plenary speaker at the Wolters/Kluwer 2009 AJN Nursing Conference in Chicago, IL, then participated in a technical expert panel (TEP) to provide guidance to an effort to synthesize learning from the Agency for Healthcare Research and Quality’s (AHRQ) Health IT program in December. She also presented Envisioning a Strategy to Prepare for the Long-Term Burden of HIV/AIDS: African Needs and U.S. Interests to the Institute of Medicine (IOM) committee in February.

Dean Martha Hill, PhD, RN, FAAN, was recognized as a Pillar of Cardiovascular Nursing Science at the 2009 American Heart Association Council on Cardiovascular Nursing Dinner in Orlando, FL in November.

Laura Taylor, PhD, RN, received a $450,000, two-year grant from the National Institutes of Health National Institute of Nursing Research. The grant will expand Taylor’s Living Donor Information Network for Caregiving, a Hopkins-based Web site for living kidney donors and their “informal caregivers,” usually relatives.

Jo Walrath, PhD, MS, RN, received a $35,000 grant to study how to improve interprofessional communication. Funding is from Retooling for Quality and Safety: An Initiative of the Josiah Macy Jr. Foundation and the IHI Open School for Health Professions Institute for Health Improvement.

Kim Receives $3.1 Million to Study Diabetes in Korean Americans

Miyong Kim, PhD, RN, FAAN, has been awarded a $3.1 million from the National Institutes of Health (NIH) to test a community-based glucose control intervention program for Korean-American immigrants who have type-2 diabetes mellitus. The five-year study, which started in September, aims to increase Korean-American patients’ ability to manage diabetes, which in turn will prevent complications.

Throughout her career, Kim has conducted immigrant-community-based, culturally-sensitive research aimed at educating people on better health and preventing disease. Kim also directs the school’s Center for Excellence for Cardiovascular Health in Vulnerable Populations, which works to reduce disparities in care and treatment. The research center recently received a four-year, $1.9 million NIH grant.

Kathleen White, PhD, RN, CEA-BC, FAAN, won the Maryland Nurses Association Outstanding Leadership Award at the 106th Annual Convention in October.

At the Conference

Four Hopkins nurse researchers were among the 117 presenters at the Southern Nursing Research Society’s (SNRS) 2010 Annual Conference in February. Their presentations include:

Jennifer Wenzel, PhD, RN, CCM: Results of a Home-based Walking Intervention for Patients Undergoing Cancer Treatment

Hayley Mark, PhD, MPH, RN: Reduced Vaginal Douching Following An Educational Intervention: Preliminary Results at Session B3: Nursing Interventions to Improve Health

Deborah Jones, PhD, RN: Building Partnerships in Urban Communities Through Focus Group Meetings

Elizabeth Hill, PhD, RN: Fall-Related Injuries in Older Adults: A Systematic Review of the Evidence
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Look at Johns Hopkins’ Charitable Gift Annuity Program

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Office of Gift Planning
410-516-7954 or 800-548-1268
kshelton1@jhu.edu
www.jhu.plannedgifts.org

Seek advice from a tax professional before entering into a gift annuity agreement.

Hopkins gift annuities are not available in all states.
NaplesNews.com

“These domestic violence homicides, whether or not they’re followed by suicide, whether or not children are killed, the most common risk factor is prior domestic violence,” said professor Jacquelyn Campbell, PhD, RN, FAAN, commenting on a recent case of familicide, in which 33-year-old Mesac Damas allegedly killed his wife and five children in Florida last September.

In the article “Psychological profile hard to pinpoint for Mesac Damas” (September 27, 2009), Campbell said that assigning blame—whether to the victims, the court system, or case workers—is problematic. “He is to blame,” Campbell said of Mesac Damas. “He did it.” It is more instructive to look for gaps in the system and find ways to improve procedures, she said.

Urbanite Magazine

In “Mother’s Helpers,” (October 2009), Missy Mason ’10 says that the best part of participating in the school’s Birth Companions program is “laboring with the moms. It’s easing their fears and staying beside them continuously.”

Burlington Free Press

Alumna Kelly Carpenter ’07 scaled Africa’s tallest mountain (“Essex cancer survivor climbs Kilimanjaro,” October 23, 2009) with an international group of musicians and cancer survivors that climb mountains to raise money for cancer treatment and spread awareness of the disease.

Peace Corps Fellows USA

The article “Coming Full Circle,” (originally printed in Johns Hopkins Nursing summer 2009, now reprinted in the winter 2009 newsletter, Peace Corps Fellows USA) features the journey of Nicole Warren, PhD, MPH, CNM from green Peace Corps volunteer to seasoned nurse researcher—and how her work has benefitted Mali’s midwives all the while.

In Other News

“Nurse Uniforms of the Future” (illustrations appearing in the Fall/Winter issue of Johns Hopkins Nursing) now also appear on scrubsmag.com, the website for the national nursing lifestyle magazine, Scrubs.

Patricia Abbott, PhD, RN, BC, FACMI, FAAN was featured in the article “Nurses Claim Their Seat at the Health IT Decision-Making Table,” appearing on iHealthBeat.org on December 15.

A January 7 blog entry from The Baltimore Sun and a January 10 article in The South Florida Sun-Sentinel feature a new book by alumna Sandy Summers, MSN/MPH ’02, Saving Lives: Why the Media Portrayals of Nurses Put Us All at Risk.
Happy New Year! We continue the challenge of engaging our alumni classes. We search for the great ideas from present students as well as alumni classes. How can we keep you involved in the professional lives of our present students and the alumni association? I have great news: we are making progress.

The membership committee has been contacting alumni in a few cities around the country, and we are pleased with the response. The committee is charged with increasing involvement and membership through the formation of Regional Committees. There are many alumni who are interested and motivated to make this happen. Alumni are reaching out to the alumni association seeking opportunities to be involved. As we move through this time of significant change in healthcare and specifically nursing, we need your expertise, wisdom, and support. If you are interested in being a part of the change process and feel you have ideas for engagement, contact us and let us know.

We have incorporated conference calling into our committee structure. No longer do you need to be physically present to participate. I challenge all of you to reflect on the wonderful experiences and education you gained while at Hopkins and become involved in the alumni and school.

We’ve been diligently planning the 2010 Alumni weekend (formerly Homecoming) which will be September 24 and 25. Please mark your calendars and plan to join us.

We are reinstituting an old tradition of having an Annual Spring Tea. It will be at the Johns Hopkins Alan Mason Chesney Medical Archives in Mt. Washington. This is a great opportunity to learn about the history of Hopkins Nursing. The date is Wednesday, May 19.

Many alumni have said how disappointed they are that the alumni news is no longer in the magazine. The Board is taking positive steps to once again publish the news of our alumni. Please continue to send us your updates. We want to include alumni news from all the school’s programs (BS, MSN, DNP and PhD).

I know there are a lot of alumni, like myself, whose primary degree was obtained at another university. But you need to remember that you also were given great opportunities at the Johns Hopkins University School of Nursing. It is now time to help and give back to the students and the school.

Many of you are members of Facebook. Please join the Johns Hopkins University School of Nursing Alumni page. Again, it is a great way to network and keep connected. Send us your e-mail addresses and an update of what you are doing. Stay connected, pay dues, and be involved! We depend on you.

If you have any questions, contact the Alumni office at JHNAA@son.jhmi.edu or 525 N. Wolfe Street, Baltimore, MD 21205.

Tina Caffo, MSN ’97, RN
President, JHNAA

Please pay your Alumni dues and help us…

■ plan Regional Committee activities around the country
■ continue the tradition of the Pinning Ceremony
■ hold Alumni Weekend to celebrate reunions
■ create networking and outreach activities for the students and alumni

Become an “active” member of the Johns Hopkins Nurses’ Alumni Association by paying your dues to Johns Hopkins University.

Annual Membership is $50.
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Send your check to:
JHU Alumni at the San Martin Center,
3400 N. Charles Street
Baltimore, MD 21218

or go online to:
www.alumni.jhu.edu/yourmembership
Hopkins Nursing alumni are in every corner of the USA and the world. We want them to network, share information, and mentor our new alumni. Join a regional committee of Hopkins Nurses!

The foundation of the Hopkins Nurses’ Alumni Association is the strength, experience, and knowledge of its membership. Without its existence, new JHUSON graduates will not benefit from the depth of the alumni networking as they seek connections, employment guidance, and continuing education throughout the country after graduation.

It will benefit all Hopkins Nursing alumni if we stay connected throughout the country and the world. Every Hopkins nurse has something to offer. Alumni have started to form committees in Seattle, Boston, San Diego, Albuquerque, and Chicago. Let us know if you will join us and help form a committee in your area. Please become a part of this new venture and contact Melinda Rose at mrose@son.jhmi.edu.

The Membership Committee (Sue Verrillo, MSN ’03, Lisa Kowal ’06, David Hunter ’08)
Johns Hopkins and Church Home

2010 Alumni Weekend
September 24 and 25

Whether you graduated 50 years or 5 years ago, from Hopkins or Church Home, come join your nursing colleagues.

Robb Society Tea with Dean Martha Hill

Sponsored by the JHU School of Nursing for donors of $1,000 or more.

September 24 from 3-5 p.m.

Join the Johns Hopkins University School of Nursing Alumni Facebook page. Alumni are networking and helping students by interacting on Facebook. A student was looking for information regarding nursing positions in Australia. There was an amazing response. Check it out!

Call to Action: Update your professional information. Send your nursing specialty and where you are working to JHNAA@son.jhmi.edu or mail it to the Johns Hopkins Nurses’ Alumni Association, 525 N. Wolfe Street, Baltimore, MD 21205

Announcements

Buy through Amazon.com
Visit http://alumni.jhu.edu/store, click on Amazon, and the alumni association will receive a small portion of the proceeds.

Don’t forget to check out the Jobsite at www.nursing.jhu.edu/alumjobs. E-mail JHNAA@son.jhmi.edu for the password.

1st Annual Spring Tea

For Johns Hopkins and Church Home nursing alumni

A Time to Connect & A Time to Reflect

Wednesday, May 19, 2010
3:00pm - 5:00pm
Octagon House
Mount Washington

$25.00

Please join us for Tea and Tours of the Archives as we renew the tradition of nurses enjoying afternoon tea and sharing special memories. Space is limited to 40 guests so rsvp now!

RSVP by May 12, 2010

Make Checks payable to: JHU Alumni Assn.
Mail Checks to:
Deb Kennedy
1990 Gulfstream Court
Forest Hill, MD 21050

Call Deb Kennedy at 410-893-2421 or Betty Scher at 443-449-5934 if you have any questions.

In Memoriam

Margaret Caughman Cathcart ’41
Norma George Hays ’41
Hazel King Aaberg ’45
Vivian Landis Babin ’45
Marjorie Geiss Cramp ’45
Madeline R. Derminer ’45
Mary Louise Porter Clementson ’46
Elizabeth Marie Jones ’46
Ethel Bittel Sollogub ’46
Arlene M. Goodling ’47
Dorothy Brooks Stafford ’47
Doris Benjamin Carroll ’50
Annette Theriault Preston ’50
Judith Daly O’Neill ’51
Alice M. Tyler ’52
Helen Sins Hurlbut ’53
Patricia Pieretti Kelley ’57
Edmee Kaye Loughlin Ryan ’57
Anna Kumpa Becker ’62
Florence Theresa Dunne, Accel. ’92
Marita Hoerauf, Accel. ’95
Freda Creutzburg Scholar
The recipient of the Freda Creutzburg Memorial Scholarship for 2010 is Virginia Rollins ‘11, the daughter of a Union Memorial Hospital graduate. In her letter to the Alumni, Virginia said, “I hope that I can live up to the ideals of Miss Creutzburg and the Church Home Alumni who have helped me complete my goal of a nursing education through this scholarship. I am very grateful for this gift.”

First Annual Alumni Tea
Be sure to put Wednesday May 19, 2010 on your calendar for the first Alumni Tea. See page 58 in this magazine for details and the invitation. Space is limited so RSVP soon!

CHH is on Facebook
Barbara Zelenka Spink, CHH ’69 has set up a Facebook page called “Church Home and Hospital School of Nursing.” Go to “Groups” and follow the drop down menu for “Alumni/School Organizations.” Join now and enjoy the photos and messages from fellow alumnae.

CHH Charm Now Available
It’s a long story on how I found the jeweler that originally made the CHH Cap Charm, but I did. Available in sterling silver, 10K, and 14K. To order, call Leslie Tillman at Tillman Jewelers in Annapolis at 410-268-7855.

Archives Donation
Kudos to Joanne Satterfield Price, CHH ’71 for her recent donation of CHH newsletters, programs, pins, an otoscope, and even an orientation video! As always, we appreciate donations to the Church Home collection.

In Memoriam & Gift
Jean Fehl Graves, CHH ’35 recently passed away and left $47,000 in her estate to the alumni. This gift was separated to support the scholarship and the preservation of our archives.

In Memoriam
Elizabeth Bassford, CHH ’59
Mary Evelyn Delhamer, CHH ’42
Daisy May Carr Gailey, CHH ’41
Nancy Roberts Rodden, CHH ’59

Tidbits
The CHH Cap can be obtained from Kay’s Caps by requesting School #33. Orders can be placed by phone (516-791-8500) or by mail (Kay’s Caps, PO Box 818, Valley Stream, NY 11582).

CHH Pins and Rings are available from Vince Fino, 9650 Belair Road, Perry Hall, MD 21236, 410-256-9555.

Transcripts can be obtained from Aniese Gentry at Quinlan Storage (formerly Chart One Storage) in Jessup at 888-416-5353 (ext. 7550 or 3907).

Send any address changes or notice of deceased members to: Deb Kennedy, 1990 Gulfstream Court, Forest Hill, MD 21050; 410-893-2421, debkennedy29@hotmail.com.

Virginia Rollins ’11 (left) receives congratulations from Deborah Kennedy, CHH ’73 upon receipt of the Freda Creutzburg Memorial Scholarship.

Johns Hopkins University School of Nursing

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*University Trustee
**University Trustee Emeritus
***Ex-officio
Haiti, 1921:

VASHTI BARTLETT, a 1906 Hopkins nursing graduate, joined a Red Cross mission to direct a Navy Nurse Corps nursing school at the City General Hospital in Port-au-Prince. Upon her arrival, disfiguring disease, such as syphilis and leprosy, were endemic. When smallpox broke out, Bartlett worked with 14 nurses and more than 600 patients to contain the spread of the epidemic. Bartlett spent more than 20 years caring for the sick and injured in countries all over the world—including Newfoundland, France, Belgium, Siberia, and the United States.
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...at the Johns Hopkins University School of Nursing

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