Seeking Solutions?
Think Research.

Far-sighted and patient-focused, nursing offers a fresh perspective.
Assistant professor Elizabeth “Beth” Sloand, PhD, CRNP, (above) traveled to grief-stricken Haiti to provide care with the Johns Hopkins Go Team this winter. Here, Sloand provides nursing care to a family at a community clinic in Grassier, a small town along the southwest coast of Haiti, about a 45-minute drive from Port-au-Prince. Read more about Hopkins nurses in Haiti on pages 18-20.

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Making Research Relevant

It is the translation of research into action that brings new knowledge to bear on patient care. And who better to ensure that research rapidly be applied to the clinical setting than nurses? “There’s a long history of public trust of nursing,” says Professor Miyong Kim. “We can make research relevant for people.”

Features by Geoff Brown

A Curious Mind
Nurses’ skills in observing and adjusting treatments, medications, and even habits for patients gives nursing research a new and important role in the evolution of healthcare in America. For those on “a quest for making things better,” says National Institute of Nursing Research Director Patricia Grady, “a curious mind is the thing you most need.”

Discover a Better Way to Care
Nurse researchers excel in investigating techniques to assess, care for, and empower their patients. Whether developing tools for use at the bedside, conducting research with patients in local or global communities, or mentoring the next generation of nurse scientists, Hopkins nurse researchers are committed to discovering a better way to care.

Making Research Relevant
It is the translation of research into action that brings new knowledge to bear on patient care. And who better to ensure that research rapidly be applied to the clinical setting than nurses? “There’s a long history of public trust of nursing,” says Professor Miyong Kim. “We can make research relevant for people.”

Features by Geoff Brown

Faculty, Student, and Staff News

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

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Cover illustration by Jesse Kuhn

Contributors

Geoff Brown (A&S ’91) is a freelance writer whose articles regularly appear in many Johns Hopkins publications. He is the former managing editor of Baltimore magazine and the author of Moon Baltimore (Avalon, 2009), a guidebook to the city he’s called home for more than two decades. The author of this issue’s feature articles on nursing research, Brown says that “Learning about nursing research was fascinating and inspiring, because the field presents such an opportunity for improving both healthcare and the healthcare system.”

RAWTOASTDESIGN is the illustration and graphic design work of Jesse Kuhn, a New York-based artist fascinated by all things odd, strange, and peculiar. He helped develop and publish the educational children’s book series, The Quirkles, and is partner at Creative 3, LLC, The Quirkles’ start-up publisher based out of Springfield, MO. Jesse tries to dream on a regular basis and hopes that his work provokes a thought and perhaps a smile from its viewers.

Freelance writer Jennifer Walker has long been fascinated with hospitals and healthcare thanks to the stories she heard from her mother, a urology operating room nurse at Johns Hopkins Hospital. Now, after spending several years fundraising and writing for nonprofits, she’s happy to tell the compelling and important stories of other Hopkins nurses. A native Baltimorean, her work has also appeared in Baltimore magazine and The Baltimore Sun, and she maintains a website at www.jenniferlwalker.com.

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Using this combination of papers saves the following each year:
Wood Use: 8 tons
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Greenhouse Gases: 9489 lbs CO2
Wastewater: 22,590 gallons
Solid Waste: 2,513 pounds

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Environmental impact estimates were made using the Environmental Defense Paper Calculator at www.papercalculator.org.
n this issue of Johns Hopkins Nursing, we take a new look at the state of the art and science of nursing research today. Our articles explore the unique perspective nurses bring to research (“A Curious Mind,” page 25); the strength of patient-centered research (“Discover a Better way to Care,” page 28); and the timely translation of research into action and enhanced nursing practice (“Making Research Relevant,” page 35).

This view of nursing research today encourages us to look back on the phenomenally successful growth and progress in Hopkins Nursing’s contributions to nursing science. I’m reminded of the old song and mantra of ’70s social movements—with a slight edit: “We’ve come a long way, nurse scientists!”

At the beginning of our journey, when the School was in its infancy and led by Dean Carol Gray (1983-1994), our emphasis was to build the curriculum and the faculty. As we entered our teens, Dean Sue Donaldson (1994-2001) led us in expanding our research capabilities, infrastructure, and the Pinkard building. When I was appointed interim dean and then named dean—after serving 10 years in the leadership role of Director of the Center for Nursing Research—my charge was to take the School into adulthood and ensure it would be a fully credible and productive member of the Johns Hopkins University enterprise. To achieve that goal, a continued expansion of research and nursing science was, without a doubt, a core essential.

Today, through the expert and highly successful partnership of Associate Dean for Research Jerilyn Allen, who directed the School’s Center for Nursing Research from 2002 to 2006, and Dr. Gayle Page, the current director of what is now the Center for Nursing Research and Sponsored Projects, we are achieving that essential. As the driving forces behind an amazing upward trajectory in research success, Gayle and Jeri have led us to the position of #6 among nursing schools receiving funding from the National Institutes of Health, according to FY08 data.

We’re eagerly anticipating the FY09 results since during that fiscal year (July ’08 through June ’09) we submitted 78 grant/sponsored project applications. (In the calendar year 2009—January through December—we submitted an extraordinary 93 grant/sponsored project applications). Our total dollars awarded for FY09 rose to just over $7 million from all sponsored awards. Most importantly, today 86% of our research track faculty have extramural funding—that’s 67% of assistant professors and 100% of professors and associate professors.

As Scott Zeger, PhD, vice provost of research for Johns Hopkins, explains in “A Curious Mind,” page 25, “At Johns Hopkins, we believe that education is inextricably tied to discovery. Unlike many schools of nursing, ours has built its own research infrastructure. They have a research office that’s really admired and envied across the university.”

Johns Hopkins Nursing—this small school in the Hopkins family—is now very much a credible and productive member of the Johns Hopkins [research-intensive] University enterprise.

We’ve not only come a long way, we’re now playing in the Hopkins big leagues!

Martha N. Hill, PhD, RN, FAAN, ’64
Dean
Professor of Nursing, Medicine and Public Health
Nursing Assessment

Letters to the Editor

Nursing 2.0
Got your magazine recently and I loved it! Especially the cartoons for the Nursing 2.0—they were so funny and true!
Tracy Brown Wright, MAMC
Director, Public Relations and Alumni Affairs
University of Florida College of Nursing

I just received the new issue of Johns Hopkins Nursing. I really appreciate it, and have definitely enjoyed not only seeing the write-up about my project, but reading all the other articles, as well. The Nursing 2.0 comics are hilarious!
Regards,
Kitty Poon, MSN ’09, RN, ANP-BC

Prom Princess
First and foremost, I wanted to thank you for taking the time and effort that you do to bring all the stories in those pages to print, but of course especially thank you for getting [the “Prom Princess” story (fall/winter 2009)] into print. You did a fantastic job, and I am not sure I told the story that well, but it read beautifully, and I loved the illustration.
You made my week, and I am thrilled to see the Pediatric oncology staff get the recognition that they so richly deserve. As a nurse, I believe most nurses are special, but these women and men will always have a very special place in my heart as they deal with the sickest and most fragile of us with such love and humanity.
Sincerely,
Stephanie A. Kearns, RN
Johns Hopkins Hospital

Nurse Uniforms of the Future
Phooey! What stereotypes! Sexy, young, white, female, well proportioned, attractive,…Come on Hopkins School of Nursing, you can do better than this!
Thanks,
Holly Wieland, MPH ’87, RN ’85

Editor’s comment: We contacted dozens of nurse artists from across Hopkins—faculty, staff, and students at the school, plus nurses at the Hopkins-affiliated hospitals—and asked them to portray the “nurse uniform of the future,” whether realistic, fantastical, or super-hero style. The two sketches we received by the end of our campaign clearly showed the skill, creativity, and futuristic thinking of our nurse artists…and just so happened to portray two young white females. Though we would have liked a more diverse representation of the nurses of the future, we knew we needed to share these fun, dynamic illustrations with our readers. Soon after appearing in our magazine, both illustrations were re-published at www.scrubsmag.com, a website for the national nursing lifestyle magazine, Scrubs.

Geography 101
I always enjoy reading the Johns Hopkins Nursing magazine. In the fall/winter 2009 issue, I was a little surprised to see that the maps on pages 1 and 37 have Minnesota and Wisconsin reversed.
Laurie Glass
Milwaukee, Wisconsin

Editor’s comment: Whoops! Our sincere apologies to the residents of Minnesota and Wisconsin—and any geographers who happen to be reading.

Correction:
The grant reported in “NIH Extends $1 Million Grant for Pediatric Palliative Care” (fall/winter 2009) was awarded to Gail Geller, ScD, MHS, associate professor at the Johns Hopkins Berman Institute of Bioethics. Cynda H. Rushton, PhD, RN, FAAN, associate professor at the Johns Hopkins University School of Nursing, serves as co-director of the study, which aims to build empathy and understanding among medical professionals who treat children with chronic health conditions.

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

Editor, Johns Hopkins Nursing
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The House, Room 107
Baltimore, MD 21205

Letters may be edited for length or clarity.
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My Way of Giving Back

Alumni mentors help students in a tough economy
By Debra Wood, RN

Mentoring current students—and helping them launch careers—is a natural part of giving back to the Johns Hopkins University School of Nursing, according to alumni Reginald E. Bannerman, MSN/MBA ’03, RN ’97, NE-BC, and R. Kevin Mallinson, PhD ’01, MSN ’97, RN, AACRN, FAAN.

“Hopkins has afforded me great opportunities to excel in life,” says Bannerman, director of Nursing, Psychiatry at Children’s National Medical Center in Washington, D.C. “Some people may give money, but others donate their time and energy. This is my way of giving back.”

Although mentoring Hopkins students takes time, Mallinson agrees it is a natural extension of his commitment to students and to the school where he earned a master’s and doctorate degree.

“I had a great experience at Hopkins and helping its students is part of belonging to the school,” Mallinson says. “It’s something you do as service back to the university.”

It’s About Networking

“I plan to make an impact and leave my legacy on the program,” says Bannerman. This lifetime member of the alumni association regularly meets with students, particularly men entering the profession, individually mentoring them, offering strategies to overcome struggles and guiding them through some rough spots.

He invites Hopkins nursing students to Children’s National to get to know the hospital and location in the District of Columbia and offers words of encouragement as they navigate their nursing career choices.

“Hopkins nurses are always inquisitive. They want to grow and be on the cutting edge. They bring ingenuity.”

In addition, each year, Bannerman joins a Children’s National recruiter to visit the campus and talk with students.

“It’s good for students to know I went to Hopkins and came here and secured a good job,” Bannerman says. “If I did it, they could, too. That’s what I bring to the table.”

Hopkins senior Courtney Shay met Bannerman at a School of Nursing career fair in December as she was helping clean up and carrying the presenters’ things out. She took him up on his offer to pass her resume to colleagues, to shadow him in February, and to discuss her career goals.

“I appreciated his reaching out to me, and I’ve been extremely impressed and grateful at how responsive and timely he has been in responding to my emails,” Shay says.

Bannerman earned his bachelor’s and master’s degrees at Hopkins and is considering returning for a doctorate of nursing practice degree. He never hesitates to pitch in and assist whenever a student or the school needs assistance.

“When the school calls, you salute and you serve,” Bannerman says. “It’s a call of duty. Whatever you have now is due to Hopkins. We owe it to each other and to future generations to give back.”

One-on-One Time

When Hopkins nursing students ask Mallinson for a hand with their job search, he spends time helping them home in on their goals rather than just snagging the first position that comes along.

“It’s mentorship, one-on-one time,” says Mallinson, an assistant professor of nursing at Georgetown University School of Nursing & Health Studies in Washington, D.C. “I help them to sharpen their focus.”
Secrets of Success

High-level executives show nurses how to succeed in business

By Jennifer Walker

In these days of carefully-integrated patient care, nurses increasingly need business skills to do their jobs. They are asked to write business plans, develop and manage budgets, and negotiate—skills they are learning in Johns Hopkins School of Nursing’s Business of Nursing (BON) Program and Executive Mentorship Program.

The twist is that their teachers are real-world executives who have spent years in fields like business, technology, and science.

Mallinson asks them about what jobs they might want, what they know about the facility or organization they are targeting, and how that will fit in with their longer-term ambitions. He advises them to learn about a company’s mission and vision, its locations, and partnerships and then to evaluate whether they feel it would be a good fit for them.

“Last year was the first time students struggled to find positions, but all of the ones I helped got jobs,” Mallinson says. “I encouraged them to be persistent. Nurses leave and retire. I told them not to give up.”

Rather than accept a recruiter’s statement that the hospital was not hiring, Mallinson suggests they keep in touch with the recruiter and the nurse manager of the unit on which they hope to work. He advised them to inquire if they can shadow a nurse on that unit for a day.

“Amazingly, positions opened up for those who did that,” he recalls.

If students reach out to him for guidance early in their studies, he recommends they do something that sets them apart, such as spending a summer working in healthcare in South Africa or in Europe to learn more about the delivery of services in other parts of the world.

“Students should do something to make an employer look at them as a resource, not just someone to fill a vacancy on a unit,” Mallinson says. Even if they stay stateside and volunteer, students should “do something health-related and highlight to a prospective employer why they did that activity.”

Alumnus R. Kevin Mallinson helps students hone in on their goals and long-term ambitions.

In these days of carefully-integrated patient care, nurses increasingly need business skills to do their jobs. They are asked to write business plans, develop and manage budgets, and negotiate—skills they are learning in Johns Hopkins School of Nursing’s Business of Nursing (BON) Program and Executive Mentorship Program.

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The Business of Nursing

A 10-month certificate program, the Business of Nursing is a partnership between the School of Nursing and the Carey Business School. It teaches post-baccalaureate and post-master’s nurses invaluable financial skills. “You cannot think about patient care without thinking about cost today,” says BON Program Coordinator Maryann F. Fralic, DrPH, RN. “Nurses know the intricacies of the patient care process better than anything...[but] we need them to have the financial knowledge and language that’s going to be incredibly essential to nursing in the future.”

Each year, 10 to 24 BON students take courses in topics like finance and managing clinical outcomes in preparation for their capstone class, a course where they integrate their clinical nursing experience with their business skills. Here, students prepare sophisticated business plans that address a real-life healthcare need, such as the development of a new program for their hospital.

The final business plans are presented in the Johns Hopkins Hospital board room—a “very intimidating” space, according to Fralic—to a team of actual high-level executives and trustees, all of whom think from the viewpoint of real-world healthcare and finance executives.

A 2009 BON graduate, Colleen Apostol, RN, OCN, CHPN, worked with two fellow students to develop a business plan for a Palliative Care Pavilion at the Sidney Kimmel Comprehensive Cancer Center. Apostol had recently been hired at the Center as an oncology nurse in palliative care, a new division. “I felt meeting with the patients was the easy part, but trying to build a brand new program was the hard part,” she says. “You’re asking for money so how do you prove that you need the funds?”

The group presented their findings to a panel of three professionals including Brent Hanson, an executive for 20 years at First Consulting Group, where he focused on the intersection of information technology and healthcare.

Having listened to BON presentations for about four years, Hanson says most
“Nurses are trained to look for trends, patterns, blips...[But] these are things that have probably long since ceased to be important to people who sit at the executive team or board level,” he explains. “It’s got to be presented in terms of what is important to the executive...improve the quality, reduce the cost, and every project has its own timeline.”

Hanson says it’s impossible to develop a business plan that addresses all three of these areas—“I’ve never seen it in my life,” he says—but he tells students to pick a variable that’s important to their “buyer,” like reducing cost, and focus on that.

Having coordinated the BON Program since its inception, Fralic understands the value of collaborations between students and business professionals. So much so that she decided to give a similar experience to Doctor of Nursing Practice (DNP) students.

**Top Executive Mentorship**

In 2008, Fralic developed and funded the School of Nursing’s Executive Mentorship Program, a one-year mentoring experience that pairs DNP students with top executives from fields like business, finance, media, science, and technology. Each year, one to three students are chosen, and can each receive up to $5,000 to support the cost of expenses like travel, books, and conference attendance.

JoAnn Ioannou, DNP, MSN, MBA, RN, the Assistant Director of Nursing in the Department of Medical Nursing at Johns Hopkins Hospital, applied to the program to expand her business knowledge. “I was interested in seeing negotiation skills and conflict resolution in the business world to see if I could learn something from a different angle,” she says.

In early 2009, Ioannou was one of the first three students selected for the program. She found an ideal mentor in Ron Shapiro, Co-Founder and Chairman of Shapiro Negotiations Institute and the author of *The Power of Nice*, a book about effective negotiation strategies. Since beginning her mentorship last spring, Ioannou has met with Shapiro several times, and attended three seminars. Her favorite was the Butler Conference, an event on Shapiro’s farm that brought together CEOs like Morris Offit, Director of AIG at the time, and Cal Ripken Jr. to discuss the global economy and its effects on their respective industries. Shapiro even gave Ioannou an important role—she was the group’s “Medical Advisor,” bringing her black bag in case anyone needed assistance.

“[Shapiro] is the most prepared individual I’ve ever met,” Ioannou says. “He will know anything and everything that he needs to know before he walks in the room...that’s one thing I’m trying to emulate.” She has also learned to prepare for negotiations by thinking about the other person’s needs first.

Ioannou has taught Shapiro some lessons too. “I’ve learned something about the depth of nursing education. [I’ve] also learned...by having JoAnn ask me questions about what I did. It made me examine how I did it a little more deeply,” he says.

Fralic says these two programs offer nurses an unparalleled experience. “It is an opportunity that just doesn’t come that often in our lives. We seldom have people who are really committed to our development so openly,” she says. “Those are incredible gifts that last a lifetime.”

To learn more about the Business of Nursing Program or the Executive Mentorship Program, visit [www.nursing.jhu.edu/academics](http://www.nursing.jhu.edu/academics).

---

**Mentorship Partners**

Five DNP students have participated in the Executive Mentorship Program, working with high-level professionals from a variety of disciplines.

- **JoAnn Ioannou, MSN/MBA ’05, RN** .... Ron Shapiro, Shapiro Negotiations Institute
- **Beth Kilmoyer, MS, RN-BC** .......... Debra Lappin, Senior Vice President of B&D Consulting, LLC
- **Andrea Parsons Schram, MS, RN, FNP-BC** .... Nancy Brown, CEO of the American Heart Association
- **Laurie Saletnik, MSN ’07, RN** .... Dr. Gail Cassell, Vice President of Scientific Affairs at Eli Lilly and Company and a JHUSON Advisory Council member
- **Erin Turner, MSN, RN** ............... Gail McGovern, President and CEO of the American Red Cross
One of Louise Cavagnaro’s “major, largely unsung achievements as an administrator was the desegregation of the Johns Hopkins Hospital, ward by ward,” says Nancy McCall, an archivist at the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions. “She also earned the trust, support, and affection of black employees, especially in the facilities and housekeeping divisions. There are many still working who remember her.”

Louise “Cavi” Cavagnaro, an honorary member of the Johns Hopkins Nurses’ Alumni Association, received her first nursing degree in 1943 and served as an Army nurse in World War II. In 1953, she started working at The Johns Hopkins Hospital, where she held numerous administrative positions before retiring in 1985 as assistant vice president. It was then, at the age of 65, that she began volunteering at the Alan Mason Chesney Medical Archives. This December, she retired after 25 years of volunteer service.

Cavagnaro, a former Army nurse, Hopkins administrator, and longtime friend of Johns Hopkins Nursing, was largely responsible for the hospital’s desegregation in the 1950s. Following are excerpts from her 1992 essay on the topic, which is online at www.nursing.jhu.edu/history.

Excerpts from “A History of Segregation and Desegregation at the Johns Hopkins Medical Institutions” by Louise Cavagnaro, 1992

Johns Hopkins, a Quaker, came from a family who freed their slaves before the Civil War and the 14th Amendment of the constitution was enacted. In his letter to his Trustees he said that the Hospital “shall admit the indigent poor—without regard to sex, age, or color…”

The second patient admitted to the Hospital in 1889 was “colored” and became the first of many to be admitted to the Hospital. At the end of the first full year of operation, 13.6% of the patients were listed as “colored.” By 1900 this percentage increased to 20.7%...

All Hospital patients were to be treated with respect. The earliest House Staff manual (about 1950-51) notes the policy of the Hospital to be that adult patients would be addressed as “Mr., Mrs., or Miss, or by their special title such as Dr. or Rev…” A first name was to be used only where the patient indicated that he/she be so addressed.

Despite this policy, [a member of the medical faculty] told me of an incident...
Segregation: It's History

Public Facilities:
- Segregated facilities included dining facilities, locker rooms, [drinking fountains], and bathrooms.
- Ms. Edith Rieder, a nurse anesthetist who arrived in 1946, remembers the “colored” and “white” waiting rooms outside of the General Operating rooms on the bridge connecting the Carnegie Building with the Halsted Building.
- Some clinics had “colored” and “white” days but the Accident Room was never segregated nor was the Emergency Room which took its place.
- The entrances to the Hospital were never segregated nor were the outpatient facilities.

Patient Care:
- The December 9, 1890 Trustee Minutes “noted the need of a separate ward for colored people…”
- The “colored ward”…opened in March 1894 with men on the first floor and females on the second floor.
- [In 1916], two cement refrigerated rooms [morgues] were constructed, in the Pathology building, one for white patients and one for “colored patients”… these separate facilities were retained as such until 1960.
- [A member of the medical faculty] remembers that when he arrived in 1947 the shelves were labeled “white blood” and “colored blood” and that all of the blood bottles were labeled as either “colored” or “white.”

Desegregation of inpatient facilities began in the 1950s. Marburg, which was private medicine and surgery, was the first area to be involved. There were no general announcements or proclamations… In 1959 full integration of the ward services in Surgery was approved by Dr. Alfred Blalock… The last inpatient service to be desegregated was in the Psychiatry Department…. The change occurred sometime between 1968 and 1973.

The Tension Within Me

A nursing dean shares his history and experiences as a man in nursing
By Kelly Brooks-Staub

This is an opportunity to understand, to build on each other’s strengths, to create an image, to create synergy around purpose,” said Michael R. Bleich, PhD, RN, FAAN, addressing an audience of nurses, nursing students, and faculty. Bleich, Dean of the Oregon Health & Science University School of Nursing, encouraged the men in the group to “accelerate your own sense of purpose, your own sense of identity.”

“I’d never before taken serious time to think about the journey that I’ve been through as a man in nursing,” says Bleich, who turned 58 in March. His January presentation at the Johns Hopkins University School of Nursing drew on nearly 40 years of experience in the profession—starting as an orderly in 1970, followed by an LPN program, a diploma program, a baccalaureate education, and eventually graduate school.

“It was very difficult to convince my own parents that this was my career,” recalls Bleich. “But I liked the work. I liked being able to care for people. That was the tension within me.”

“I’d been struggling with my own inner conflict of how I’m perceived in social situations,” says Cameron Caswell, a student in the accelerated class of 2010.
Training the Trainers

Hopkins nurses train Maryland nursing faculty in simulation teaching technology

By Susan Middaugh

How can instructors give student nurses the hands-on clinical experience they need without jeopardizing patients? It’s a perennial challenge in nursing education, and Hopkins nursing faculty members have a remedy: the Faculty Academy of Simulation Teaching (M-FAST).

With a three-year grant from the Maryland Higher Education Commission, Linda Rose, PhD, RN, associate professor, and Pamela R. Jeffries, associate dean of academic affairs, are training a critical mass of Maryland faculty members in simulation techniques. They, in turn, will train others from their respective schools.

“In the hospital, student nurses can’t be autonomous. Simulation gives them an opportunity to hone their interpersonal, clinical and problem-solving skills in a non-threatening, safe environment,” said Jeffries, a national expert in simulation in nursing education and lead author of a textbook on that topic. Jeffries directed the week’s workshop and debriefing session.

With this program, everyone wins. Students can practice what they’ve learned so their transition to a direct patient care setting after graduation is smooth. M-FAST helps participating nursing schools remain competitive by boosting their enrollments, graduation rates, and the number of nursing students who pass their licensing exams.

Hopkins instructor Kathryn Kushto-Reese, MS, RN has also used simulation in her child health curriculum for the past three years. Her goal as a student in Maryland nursing faculty came to Hopkins for an education on teaching with simulation manikins.

Watch Bleich’s presentation online at www.nursing.jhu.edu/bleich.

In the hospital, student nurses can’t be autonomous. Simulation gives them an opportunity to hone their interpersonal, clinical and problem-solving skills in a non-threatening, safe environment.
the workshop: to develop best practices and network with like-minded faculty at other schools. M-FAST, she says, offered that opportunity.

Cassandra Hall, RN, a workshop participant and instructional associate in the skills simulation lab at Montgomery College’s nursing school, agreed. Since 2008 Hall has used manikins in class, but this year plans to tap volunteers from the college’s drama program to help her as well. As a condition of participation, she will also train 31 faculty members in what she learned. Of her experience using simulations in the classroom, Hall said, “The students love it.”

Celebrate 2010: the International Year of the Nurse

More than 15 million nurses bring health to their communities—locally and worldwide—every day. Join them in celebrating the International Year of the Nurse in 2010, the centennial year of the death of Florence Nightingale (1820-1910).

As part of the festivities, a commemorative service will be held at the National Cathedral in Washington, DC on April 25 at 4:00 p.m. Leslie Mancuso, PhD, RN, FAAN, president and CEO of the Hopkins-affiliated Jhpiego, will be the keynote speaker.

To learn more about the International Year of the Nurse, visit www.2010iynurse.net.

Belcher Honored as Excellent Teacher

She directs the Office of Teaching Excellence at the Johns Hopkins University School of Nursing. She won a Nursing Spectrum Nursing Excellence Award last summer. And, according to Dean Martha N. Hill, PhD, RN, FAAN, she “has touched the lives of hundreds of students” over the course of her career.

Anne Belcher, PhD, RN, AOCN, CNE, ANEF, FAAN was accorded another honor in the fall—winner of the National League for Nursing (NLN) Excellence in Teaching Award. According to NLN CEO Beverly Malone, the Awards Committee unanimously selected Belcher as winner, although the organization received an unprecedented number of nominations this year.

Belcher is a 40-year veteran of nursing education with expertise in oncology and the psychological effects of cancer, patient education, spirituality, humor, and professional development.

Friend of Hopkins Nursing Celebrated with Visionary Art

Thanks to a generous donation by Rebecca Hoffberger, anyone with a School of Nursing ID badge was granted free access to the American Visionary Art Museum in Baltimore this winter. Hoffberger, the museum’s founder and director, made the donation to celebrate the life of Worth Daniels, MD, a great friend of the School of Nursing and a strong supporter of the arts. Daniels died July 9, 2009.
City Nurse,
Country Nurse

South Dakota nursing students visit Baltimore for urban nursing experience
by Sara Michael

Nursing experiences in rural South Dakota and urban Baltimore couldn’t be more different, but through student exchange visits, groups from the two areas can see how the other side lives.

“I wanted to give the South Dakota students an urban experience with a focus on the African-American and Hispanic populations,” said Joan Kub, PhD, APHN, BC, an associate professor in the department of community public health and a native of Sioux Falls, South Dakota. “These are population groups the South Dakota students might not otherwise be exposed to.”

In February, Kub hosted a group of eight nursing undergraduate students from South Dakota State University (SDSU). The visit was part of a student exchange—last May, Kub and seven Hopkins nursing students had traveled to South Dakota to experience public health nursing in a rural setting, particularly among the Native American population.

February’s weeklong trip to Baltimore was delayed, and the schedule shaken up, after a massive snowstorm crippled the Mid-Atlantic region. After flight delays and cancellations, the group finally arrived—in time for a second storm.

But Kub made it work. When the students were stuck in her house, she arranged conference calls with some of the local speakers she had planned to visit, giving the students an overview of some of Baltimore’s communities.

The group was able to explore some of the city; visit the Baltimore City needle exchange program; provide health teaching at DaySpring Programs, which provides substance abuse services to Baltimore families; visit the International Rescue Committee, which serves Baltimore’s immigrant community; and spend time with elderly residents of Apostolic Towers.

Before the trip, SDSU nursing instructor Catherine Calhoon, who helped coordinate the trip and traveled to Baltimore with the students, said that her students had been preparing by researching topics such as African-American health and health disparities. “Being exposed to those cultures will really help them,” she said. “I think every student should have some sort of away experience in college. There’s so much more learned in that experience.”

Despite the weather frustrations, “We did the best that we could,” said Kub, “and I really think they still had a good experience.”

“It was amazing,” Calhoon said, adding that it was “definitely eye-opening.”

“Snowmageddon 2010” didn’t stop these visiting students from getting an education in urban community nursing.

“I wanted to give the South Dakota students an urban experience with a focus on the African-American and Hispanic populations.” —Joan Kub
10 “Must Reads” for Hopkins Nurses

The results are in! More than 300 nurses responded to last summer’s survey of Johns Hopkins Nursing readers. The answers revealed what Hopkins nurses most want to read about:

10. **Doctor of Nursing Practice Program.** A doctoral degree for nurses interested in translating research for patient care. (See p. 38-39)

9. **Community Public Health Nursing.** Hopkins nurses work in their local communities. (See p. 13, 30)

8. **Research.** Well, folks, this spring 2010 issue is just for you! (See p. 16-17, 24-39, 60)

7. **Global and International Nursing.** Look for more in the summer 2010 magazine. (See p. 18-23)

6. **Church Home & Hospital.** Nursing alumni from CHH joined the Johns Hopkins Nurses’ Alumni Association in 2004. (See p. 59)

5. **Current Events.** What’s going on in the wider world of nursing. (See p. 10, 12, 15)

4. **Bedside Nursing.** Direct patient care is still at the heart of nursing practice. (See p. 42-51)

3. **Alumni and Hospital News.** What are Hopkins nurses doing in the workplace? (See p. 6, 42-51, 56-58)

2. **Class News.** Due to financial constraints, the Johns Hopkins Nurses’ Alumni Association now posts Class News online at www.nursing.jhu.edu/alumni/classnews.

1. **Everything!** Most respondents said *Johns Hopkins Nursing* already gives them what they want. We’ll do our best to keep it up.

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**How would you rate Johns Hopkins Nursing on…?**

**How often do you read the following departments?**

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**On the Pulse**

14 **Johns Hopkins Nursing | Spring 2010**
Love, Honor, and Courage
By Elizabeth Hill, PhD, RN
Assistant Professor and Nu Beta Chapter President

What is Sigma Theta Tau?
Sigma Theta Tau International (STTI), the honor society of nursing, was founded in 1922 to support the learning, knowledge, and professional development of nurses committed to making a difference in health worldwide. The name “Sigma Theta Tau” comes from the Greek words Storgé, Tharsos, and Timé, meaning “love,” “honor,” and “courage”—all of which are key to excellence in nursing.

What does the Nu Beta chapter do?
Recently, Nu Beta, the chapter of STTI affiliated with the Johns Hopkins University School of Nursing, hosted a Founders’ Day celebration and CEU program for 70 participants with Dr. Sue Hasmiller, Robert Wood Johnson Foundation (RWJF) Senior Adviser for Nursing and Director of the RWJF Initiative on the Future of Nursing at the Institute of Medicine.

This spring, Anne Muller, RN, MSN, ACNS-BC, from University of Pennsylvania spoke about how STTI can help nurses grow as leaders throughout their careers. Nu Beta also sponsored a service event to donate books to children at local community outreach sites.

What’s next?
On Sunday, April 25, members of Nu Beta will attend the International Year of the Nurse celebration at the National Cathedral in Washington, DC.

Nu Beta’s annual induction will be held May 26 with keynote speaker Dr. Alexis Bakos, an alumna from the Hopkins nursing PhD program and Chief of the Diversity Training Branch within the Center to Reduce Cancer Health Disparities at the National Cancer Institute (NCI).

How do I join Nu Beta?
Membership in STTI is by invitation made to baccalaureate and graduate nursing students who demonstrate excellence in scholarship and to nurse and community leaders exhibiting exceptional achievements in nursing. Members of other chapters of Sigma Theta Tau may also join Nu Beta through the headquarters website. Members who are currently inactive can reactivate their membership by contacting STTI at (888) 634-7575 or www.nursingsociety.org.

For more information about the Nu Beta chapter, visit www.nursing.jhu.edu/aboutus/nubeta.

21st International Nursing Research Congress

Florida
12 – 16 July 2010

Global Diversity through Research, Education and Evidence-Based Practice
Orlando, Fla., USA

Early Registration Deadline: 19 May 2010

Register today at www.nursingsociety.org
Staff Behaving Badly
by Teddi Fine

Despite codes of conduct and zero-tolerance rules, disruptive workplace behavior happens. People become sarcastic, demeaning, or verbally abusive. Others gossip or form exclusive cliques. Sometimes, incivility and psychological aggression can explode into physicality. As workplaces, hospitals aren’t immune from this kind of disruptive clinician behavior; nor are nurses or other healthcare team members who work there.

That’s where Hopkins nurses Jo M. Walrath, PhD, MS, RN; Deborah Dang, PhD, RN, NEA-BC; and Dorothy Nyberg, MS, RN, enter the picture. They’ve been exploring the causes of, reactions to, and impact of hospital-based disruptive behavior through a series of focus groups with almost 100 nurses working in an acute-care hospital. Reporting on these structured interviews in “Hospital RNs’ experience with disruptive behavior,” Journal of Nursing Care Quality [online, November 2009], the researchers give voice to nurses’ experiences with disruptive clinician behaviors.

Walrath, an associate professor at the Johns Hopkins University School of Nursing, says, “Our exploration provides evidence that disruptive behavior can affect not only the safety of patients but also the cohesiveness of the healthcare team and the long-term health of the nursing workforce.”

The research team created a taxonomy that synthesized 168 different disruptive behaviors into three key categories: incivility, psychological aggression, and physical violence. The most frequent adverse behaviors were found to be triggered by issues related to personal characteristics, stress, fatigue, or competency.

According to Dang, Director of Nursing at the Johns Hopkins Hospital (JHH), “Disruptive behavior is so ingrained in interprofessional relationships, nurses often don’t recognize behaviors as disruptive.” That may explain why, when confronted by rude, insulting, or condescending behavior from peers, staff, physicians, or administrators, many nurses do not speak up, despite their longstanding desire to warn colleagues of potentially dangerous situations.

Disruptive behavior can affect not only the safety of patients but also the cohesiveness of the healthcare team and the long-term health of the nursing workforce.

Hopkins Nursing Research Facts

- Ranked #6 among nursing schools in NIH research funding
- More than $7 million per year received in research funding annually

Research Centers
Center for Nursing Research and Sponsored Projects
Center for Collaborative Intervention Research
Center for Cardiovascular Health in Vulnerable Populations

Research Specialties:
Cardiovascular Health
Community Health
Geriatrics
Global Health
Informatics/Simulation
Symptom Management
Violence

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When the Real World is Risky, Simulations Teach Skills Safely

By Teddi Fine

Nursing students are exposed to a broad array of clinical situations and settings as an integral part of their education. Since patient safety is a foremost consideration, students manage a limited number of patients and do so under close supervision. Hands-on educational opportunities ebb and flow with the patient census. Participation in challenging, high-risk clinical work often is a matter of timing and circumstance. As a result, the students’ clinical experiences can vary widely. Often, their first exposure to a particularly complex case may occur after graduation in clinical practice, when their patient loads can triple or quadruple and supervision may be minimal. But have they been well prepared to meet new situations head on with solid decision-making acumen and an eye toward patient safety?

It’s an issue of considerable concern to Pamela R. Jeffries, DNS, RN, FAAN, ANEF, associate dean of academic affairs at the Johns Hopkins University School of Nursing. She has been searching for ways to better assure that new nurses are well-prepared to juggle multiple competing demands requiring attention to detail and to assess their ability to transfer clinical competencies from the classroom to the clinical setting. Her solution: the increased use of simulation experiences to model the high-risk clinical environment. From manikins and role-play to interactive media and standardized patients, simulations can help students learn, test clinical skills, and, perhaps even more importantly, develop decision-making skills for difficult-to-manage situations.

“The value of simulations cannot be overstated,” Jeffries observes. “Simulations help students safely hone skills and problem-solving that, down the road, can help them save lives in virtually every service setting and patient population.”

Most recently, Jeffries has been assessing the use of simulations to provide a non-threatening environment in which students’ nursing skills can be learned and tested. Writing in “Fostering patient safety competencies using multiple-patient simulation experiences” [Nursing Outlook November/December 2009], Jeffries describes the results of a study testing a simulation that helps assess nursing students’ ability to manage complex, even ambiguous, patient safety-related decisions while juggling a large patient load.

She found that this type of simulation helps students master patient safety skills and, ultimately, better safeguard their patients’ health and lives. Jeffries says, “Simulations allow us to expose students to high-risk nursing situations they may not see in their clinical rotations, making it possible to bridge gaps and provide an opportunity to prepare our students for real-world clinical situations.”

Simulations help students safely hone skills and problem-solving that, down the road, can help them save lives.

Training with simulation manikins helps students better safeguard their patients’ health and lives.
Hopkins Nurses are Helping Haiti

On Jan. 13, 2010, Haiti experienced a 7.0 magnitude earthquake. The earthquake caused extreme devastation, hampering communication and relief efforts. A handful of Johns Hopkins nurses have made it their priority mission to help relieve Haiti.

Some have served in Haiti with the Johns Hopkins Go Team, a multidisciplinary, stand-ready reserve of Johns Hopkins employees that can respond quickly to major catastrophes anywhere in the United States.

Assistant professor Elizabeth “Beth” Sloand, PhD, CRNP, has coordinated two more teams of Hopkins nurses to travel to grief-stricken Haiti with International Medical Corps (IMC). On March 5 and 12 IMC teams that included School of Nursing faculty members, graduate students, and alumni left for Haiti to provide medical care.

Read the blogs the nurses are keeping while in Haiti at http://hopkins-in-haiti.blogspot.com/ and www.nursing.jhu.edu/blogs.

Who’s been to Haiti?

Go Team
January 27 – February 10
Port-au-Prince
Marvin “Rocky” Cagle, RN (JHH)
Alicia Hernandez, RN (JHH)
Elizabeth Sloand, NP (JHU, faculty)

Go Team
January 26 – February 16
USNS Comfort
Meri Clare, RN (JHH)

Go Team
February 14 – February 25
USNS Comfort
Kathleen Feroli, NP (JHU)
Anthony Pho, RN, accel. ’08 (JHH and JHU, alum)
Sue Verrillo, MS ’03, RN (JHH and JHU, alum)

International Medical Corps
March 5 – March 21
Joyce Vazzano, MS, RN, CRNP (JHU, faculty)
Phyllis Mason, MS, RN, CANP (JHU, faculty)
Jennifer Stagl, RN (JHU, MSN student)
Rachel Klimmek, RN ’07 (JHU, alum and MSN student)
Tom Bernadzikowski, MS ’08, RN (JHU alum)
Michelle Felix, MSN ’95, RN ’93, CRNP (JHH and JHU, alum)

International Medical Corps
March 12 – March 28
Kathleen Becker, ANP (JHU, faculty)
Karen Gibbs, RN (JHU, MSN student)
Kristi Thane, RN, accel. ’07 (JHU, alum and MSN student)

The Waiting Game
Beth Sloand
Wednesday, January 20
As of Monday morning, members of the first group, Hopkins Go Team 1, have been briefed, vaccinated, and we are ready to go.

The Go Team leaders and administration are working around the clock to secure the logistics of the team. One top priority of any good relief team is to be sure that we are part of the solution and not add to the problem—of more mouths to feed and water, more needed shelter, more congestion in the already-overburdened country.

So we wait.

First day at Port-au-Prince University Hospital
Beth Sloand
Friday, January 29
We just finished our first day at the University Hospital. I spent a challenging day in the pediatric wards.

There are many children who needed care, but few people to deliver it. The supplies were difficult to come by; things were very confusing—with Swiss physicians, Haitian doctors and nurses, and us with our translators. The challenge is huge, with coordination, communication with various languages, cultural differences, etc.
One sad thing—there was a nursing school on the grounds of the University Hospital here. It collapsed. The bodies of many nursing students are still there—somewhere between 70 and 140. The bodies are entombed there. As a nurse educator, I am still struck every time I walk past that building. So very sad. Can’t get used to it.

First Day Realities in Haiti

Alicia Hernandez

Saturday, January 30

So much of this care involves deciding who to let die. The hard part means watching them die and watching their loved ones deal with their deaths.

Each death was different, each patient was different; from gunshot wounds from a riot, to [patients with] chronic illnesses sent from other hospitals, to Jane Does with no family, no identity, and who still hung on for hours with nothing left we could do. There is so much need, and so many people who want to provide, and so many obstacles.

And this is just our day One. We will make a difference. I am determined. I don’t know how. I know even less so now than I thought I did three days ago. But with the good will and determination I sensed today, it will happen, no matter how slowly.

“Heartbreaking to see…”

Rocky Cagle

Tuesday, February 2

Today was another day in Haiti—hot. The Johns Hopkins crew is pretty much running the ER now with good outcomes.

We saw 470 patients today; others walked away. We see cases from tuberculosis, malaria, typhoid, tetanus, gunshot wounds, motor vehicle accidents, CHF, etc. We are good at diagnosing these cases but there is a problem with medications; they are hard to come by.

We could save most of these patients with good facilities and meds. It’s heartbreaking to see people that we know are going to die without treatment that we can’t perform. Ten more days to make a difference in these peoples’ lives. If I only make one difference in one life, it will be worth this effort.

Home from Haiti, haunted by images

Beth Sloand

Saturday, February 13

At the end of a visit, you leave Haiti. But Haiti doesn’t leave you. It has a way of clinging to your heart, never far away. This truth is even deeper in 2010, post-earthquake Haiti. Haiti haunts; it does not leave you alone. Memories are vivid: bandaged limbs of all sizes, odd surgical repairs, thick dust in the air as crews of Haitians sweep trash and shovel rubble, flies swarming wounds and IV bags in hospital wards that are open tents, patients limping from tent to latrine—holding tubing and bags of fluids, and more.

It was a great privilege to be in Haiti among so many relief workers from around the globe. We most certainly made a contribution. My translator Denise said, “Thank you for coming. Without you, many more people would have suffered and many more would have died. We are sorry that we have nothing to give you; we can only thank you. God will thank you.”
What’s Next?
Beth Sloan
Thursday, February 25
The school has been involved in Haiti for over ten years, and we have had 90-100 faculty and students visit in that time to participate in nursing education clinical experiences, clinical practice, and research. Now, post earthquake, we will continue our Haiti-related work with renewed energy in three major ways:

Awareness. We must keep the health and nursing needs of the Haitian population in the public eye. We are planning a panel discussion with Hopkins nurses who have been to Haiti for relief work. We are continuing the Hearts for Haiti campaign and keeping our Haiti web page up-to-date.

Fundraising. Funds raised by students, faculty, and staff will specifically benefit the two organizations that we have historically strong ties to: the Haitian Health Foundation and Haiti Nursing Foundation. To date, we have raised nearly $3,000, and we have several other events planned throughout March and April.

On-the-ground work. Faculty and students will continue to work in the Jérémie area, through our undergraduate PHN course and with graduate student and faculty participation in yearly multidisciplinary medical teams. Additionally, we will support the ongoing relief efforts in Port-au-Prince as opportunities arise.

Helping Haiti
Students, faculty, and staff have launched a school-wide effort to raise money for two agencies with direct ties to the school. Both are nurse-focused and are already responding to the needs of the Haitian people since the earthquake.

Haitian Health Foundation
Jérémie, Haiti
Approximately 80 Hopkins nursing students and faculty have worked, learned, and served at the Haitian Health Foundation, an extensive community-oriented primary care system, over the past four years.

After the earthquake, Jérémie saw a massive migration of earthquake survivors who are pouring out of Port-au-Prince to outlying regions. Jérémie has already received over 200 people, many of whom are injured, all stunned and grieving. Learn more at www.haitianhealthfoundation.org.

Haiti Nursing Foundation
Léogâne, Haiti
The Haiti Nursing Foundation (HNF) funds the first baccalaureate nursing school in the country, founded with the help of Alumna Ruth Barnard ’58, PhD.

With the school located in Léogâne, close to the epicenter of the earthquake, the dean, students, and a visiting nurse faculty volunteer “were mobilized within a half hour after the first quake. They set up 10 first aid stations around the town of Léogâne. Approximately 5,000 Léogâne townspeople are being cared for in the yard of the school. Six babies have been delivered by the Dean and students.” Learn more at http://haitinursing.org.

You can donate money to these foundations or to support our nursing students and faculty who travel to Haiti. Visit http://jhuson.givezooks.com and click on “Hopkins Nursing for Haiti.”

Hopkins Nursing Center Offers E-Support to Nurses, Midwives in Haiti
By Dave Alexander
In the aftermath of Haiti’s devastating earthquake, the Johns Hopkins University School of Nursing PAHO/WHO Collaborating Center has been actively assisting Haitian nurses and midwives from afar, gathering nursing education materials and making them available electronically.

As co-director of the Collaborating Center, Associate Professor Patricia Abbott, PhD, RN, manages the Global Alliance for Nursing and Midwifery (GANM), an electronic community of practice specifically designed to deliver information for nurses and midwives in low-resource settings. After the earthquake, the Center began an effort to collect nursing education materials, translate them into French and Creole and make them available to the nurses and midwives in Haiti electronically.

“We are getting educational material contributions for Haiti from some of the most desperately needy places in the world,” Abbott said. Materials have come from nations across the globe, including Japan, Afghanistan, Brazil, Pakistan, Nepal, and Somalia.

A mother cares for her child in the pediatric tent at University Hospital in Port-au-Prince.
Hands & Words Are Not For Hurting
Hopkins nursing students address violence in St. Croix middle schools
by Sara Mitchell

The middle schoolers in St. Croix were still in shock and mourning. Just days before a group of Johns Hopkins nursing students arrived at their school, the young students had suffered a devastating loss—a teacher had been murdered by her partner.

The Hopkins students were there to deliver the message that “Hands & Words Are Not For Hurting,” and the timing of their presentation on nonviolence could not have been better.

The violence “comes from the neighborhoods and comes into the school and creates a problem for learning,” said Desiree Douglas, accelerated '09. Douglas was among 15 Hopkins students and two faculty members who traveled to St. Croix in the U.S. Virgin Islands for the public health clinical rotation last summer.

On the itinerary was a stop at Elena

Christian and Arthur Richards middle schools, both known to have a culture of violence including fighting and name-calling among the students. The Hopkins group presented The Hands & Words Are Not For Hurting Project, which allows participants to discuss violence and conflict resolution—and take a pledge to never use their hands or words to hurt others.

“I think we initiated a conversation that needed to be happening. It seems as though they are opening to change.” —Desiree Douglas

The Hopkins students spoke with more than 500 middle schoolers about the definitions of violence and examples of violent events on the island, allowing the young students to guide the conversation.

“As nurses [in the U.S.], we see that violence is our job, abuse is our job, and we should be dealing with it,” Douglas said. “The culture [in St. Croix] is different, but I think we initiated a conversation that needed to be happening. It seems as though they are opening to change.”

The program was so successful that the schools are planning to continue the program themselves. If sustained, The Hands Project may bring the St. Croix community more peace over time by helping make students aware of the power they have to stop the violence, Douglas said. “It starts with the students and teachers there,” she said. “That’s exactly what we wanted, and hopefully the students will continue.”

Learn more about the Hands & Words Project at www.handsproject.org.

Turning Health Education on Its Digital Head
Students use technology to share nursing knowledge around the globe
by Hillel Kuttler

When Johns Hopkins University School of Nursing student Shehzin Mozammel began researching healthcare concerns in her native country of Bangladesh, she discovered that the country’s government is beginning to address HIV/AIDS, and figured that she could lend a hand.

“If there is one way I can give back, it’s a start,” she said. “I'm only one person, but I feel I can make an impact, even a revolution.”

Mozammel and four classmates in last semester’s Information Technology in Nursing course produced a slide show that outlines the disease’s spread among Bangladesh’s migrant workers and rickshaw drivers and offers basic information for healthcare workers and patients—even instructions for applying a condom.

The presentation is one of 10 group podcasts and narrated slide shows the class produced. Others address such
health concerns as HIV/AIDS in South Africa, pediatric gastrointestinal disease and swine flu in China, and prenatal healthcare among Hispanic-American women. All take into account cultural sensitivities, with many narrated in the recipients’ languages.

For example, Holly Ohayon foresees her group’s Spanish-language slide show on improving nutrition and exercise among pregnant Hispanic Americans in Baltimore as usable in compact disc form. Either digital version represents “a new medium for people to obtain information,” she said.

The podcasts and slide shows are available digitally on the school’s Global Alliance for Nursing and Midwifery Electronic Community of Practice, a platform that allows medical professionals worldwide to exchange knowledge even under low-bandwidth conditions.

The students’ work reflects an evolution in the course, said Patricia Abbott, PhD, RN, FAAN, FACMI, co-director of the school’s Collaborating Center for Knowledge, Information Management, and Sharing.

“I just thought, ‘Let’s do a project that will benefit the outside world,’” she explained. “All of our students say, ‘I want to make a difference.’ [They] took this and flew with it.”

The experience of producing a digital education module “definitely is applicable to my future career as a nurse,” Mozammel said. The group’s project, she added, is both a resource for advancing health education among Bangladeshis and adaptable to reach patients elsewhere.

“As Bangladesh starts to move forward in technology, a simple PowerPoint presentation can be used to affect so many people,” Mozammel said.

Abbott is energized by the course’s digital turn. “The end users in any healthcare system will always be nurses, so [the students’] input will help create success in the future,” she said. “It comes down to new-world educating, and saying, ‘It’s not your mother’s nursing anymore.’”

Urban Nurse, Village Doctor
Korean-American professor trains clinicians on China’s Korean border
By Kelly Brooks-Staub

In rural northern China, primary care is often provided by “village doctors” or “barefoot doctors,” practitioners with little formal training who rely on traditional methods and folk medicine for healing.

“We are taking the first step in building the infrastructure of community health workers there,” says professor Miyong Kim, PhD, RN, FAAN, who is translating her knowledge of community-based participatory research in Korean-American communities for use in China.

Li Chun Yu, PhD, RN, who once worked as a postdoctoral fellow under Kim’s mentorship, is coordinating efforts at Yanbian University to educate the village doctors and strengthen their capacity to serve their communities.

Last October, Kim traveled to Yanbian for a week-long training for village doctors. The focus: managing chronic diseases, especially for patients in rural settings. More than 50 healthcare providers attended the 2009 training, and more than 140 have been through the program since its inception.

Located near the Chinese-Korean border, Yanbian is the only university in China that employs Korean and Chinese as official languages. This makes Kim a perfect fit for the program: She instructs her students in Korean or English, with a Chinese translator close at hand.

Kim plans to return this June for a week-long training on care for diabetes patients. Accompanying her will be three Hopkins nursing students, conducting research as part of the Minority Global Health Disparities Research Training Program. It’s just the beginning of a long partnership, as Kim and Li are seeking NIH funding to compare care for high blood pressure patients in U.S.-Korean and Chinese-Korean populations.
Lions and midwives and AIDS, oh my!

Students learn nursing research basics in South Africa

Dedra Sally (trad. ’10) and Marjohn Rasooly (trad. ’10)

Before arriving in Durban, we would sit thinking about how it would be to live and do research in South Africa. We had been selected to participate in the Minority Global Health Disparities Research Training (MHIRT) Program for the summer after our first year of nursing school.

Unlike most of our peers who had accepted jobs as nurse externs all over the country, we were going to fly thousands of miles to do HIV/AIDS research in KwaZulu-Natal, South Africa, a province with one of the highest rates of HIV/AIDS infection. We reflected on the level of health disparities that we would see firsthand. Would it be similar to the health disparities in the U.S.? Or would they be disproportionately worse? We looked forward to seeing and learning how the healthcare system worked and how nurses operated within it.

There was so much to see and experience in South Africa. We toured facilities such as McCord Hospital and St. Mary’s Hospital, observed the nurse-midwives in action, and put our birth companion (doula) training to use.

At first glance, hospitals in the U.S. seem completely different and more advanced than some of the hospitals in South Africa; however, nurses in both settings are working hard to give their patients the best evidence-based care possible.

During our stay in South Africa we also had the opportunity to explore the country visiting Hluhluwe-Umfolozi Game Reserve where we saw four of Africa’s “Big Five”—lion, elephant, buffalo, and rhinoceros.

Most of our time, however, was spent conducting research in KwaZulu-Natal, where we studied the attitude, knowledge, and behaviors of minibus taxi drivers as they related to HIV/AIDS. We came into the study after data had been collected, and were excited to work with the data and to learn the process of data analysis. During our time, working with the data, we developed the SPSS database and performed the initial data analysis.

With every new endeavor come challenges that one must overcome. For us, those challenges were within our research experience as well as adjusting to cultural norms and living in the shadow of apartheid as American minorities. The Durban population is composed of mostly Black Africans and Asian Indians. Being two people of different color who lived, worked, and socialized together, we drew attention and curiosity, creating a constant reminder that we were living in a recently desegregated country.

During our time in South Africa we also learned more about South Africa—its people, its healthcare, its culture, and the amazing things being done to minimize the health disparities being faced by South Africans on a daily basis.

St. Mary’s Antenatal Clinic was just one facility where Marjohn Rasooly (left) and Dedra Sally observed and worked with patients on their trip to Durban, South Africa.