

UNIVERSITY OF MARYLAND

Nursing

The Magazine of the University of Maryland
School of Nursing

Spring/Summer 2010
Volume IV, Issue I

Healing Goes Green

How the School of Nursing's faculty and alumni are working to build a national movement aimed at nothing short of global change.

GOOD NEIGHBORS

AGING WELL

THE EVIDENCE IS IN



An Oasis in Pigtown

As part of their community health service-learning track, School of Nursing students work at Pigtown's Paul's Place each week. Here, student Kyndra Jackson answers clients' health and wellness questions during an Ambassador Program meeting. (See story on p. 29.)

Photo by Kirsten Beckerman





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On the Cover Barbara Sattler, DrPH, RN, FAAN, professor and director of the School of Nursing's Environmental Health and Education Center
PHOTO BY: KIRSTEN BECKERMAN

DEAN'S LETTER

THIS ISSUE OF *NURSING* showcases the pioneering work of our faculty members and students who are leading the way in confronting environmental health risks and implementing solutions—a specialty focus that, in fact, brings nursing back to its roots. Professional nursing was born out of the environmental activism of Florence Nightingale, who first perceived and then statistically substantiated that more Crimean War deaths were caused by unhygienic medical practices and living conditions than by bullets. Back in London, Nightingale went on to advance the cause of improved hygiene and safety in local communities, workplaces, and homes to prevent illness. Although she was especially preoccupied by concepts of contagion and proliferation of disease, Nightingale nevertheless can be credited with developing the then radical notion that the environment in which people live and work can be hostile to their health.

As sanitation dramatically improved in the years that followed, attention to the environment remained the province of public health nurses, while the rest of the profession trained its eyes on an ever-expanding range of nursing disciplines. But increased awareness in recent decades of the extent to which environmental dangers permeate our everyday lives—the introduction of tens of thousands of new chemicals into consumer products without being subjected to pre-market testing of potential health consequences, the ubiquity of waste pollution in our air and water, the daily occupational exposure of clinicians to a multitude of biological and chemical contaminants—has revived our attention. The nursing model of care, after all, imposes a mandate to pursue all avenues to promote the achievement, maintenance, and restoration of health as an optimal state of being. Those avenues have directed us back to the foundational intuition of our origins.

Grappling with environmental health risks is particularly complex because they are multifaceted, multidisciplinary, and omnipresent. In 1995, the Institute of Medicine published a blueprint for incorporating environmental health into



the nursing curriculum and at the same time urged nurses to become strong advocates on environmental issues.

The School of Nursing has heeded the call by establishing its Environmental Health Education Center, which has been instrumental in creating Maryland's first professional certificate program in environmental health nursing; providing core guidance for the American Public Health Association's elaboration of environmental health principles and recommendations for public health nursing; collaborating with institutions such as the National Libraries of Medicine to develop and launch innovative educational tools; bringing together national experts in powerful coalitions to advocate for policies and practices that reduce risk; championing the use of local, healthful, sustainable foods in hospitals; and spearheading implementation of Maryland Hospitals for a Healthy Environment, which now counts more than 60 member health care facilities statewide.

The pages that follow provide a sampling of what puts the School of Nursing in the forefront of the environmental health nursing movement where, as a direct descendant of Nightingale's vision through Louisa Parsons (our founding dean and a graduate of Nightingale's school in London), we continue to chart new territory by drawing on the principles of our source.

A handwritten signature in black ink that reads "Janet D. Allan".

Janet D. Allan, PhD, R.N., FAAN
Dean and Professor

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EDITORIAL BOARD:

Patricia Adams, Editorial Director
Jillian Aldebron
Marjorie Fass
Laurette Hankins
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Patricia Morton
Barbara Smith
Rebecca Wiseman

CONTRIBUTORS:

Sarah Achenbach
Patricia Adams
Jillian Aldebron
Maria Blackburn
Stacey Conrad
Sue DePasquale
Jen Hale
Laurette Hankins
Elizabeth Heuback
Cynthia Sikorski

DESIGN AND EDITORIAL:

Alter Custom Media
1040 Park Avenue, Suite 200
Baltimore, MD 21201
443-451-0738
www.altercustommedia.com

CONSULTING EDITOR:

Sue De Pasquale

ART DIRECTOR:

Kim Van Dyke

PHOTOGRAPHY:

Patricia Adams
Kirsten Beckerman
Tom Jemski
Richard Lippenholz

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SEND CORRESPONDENCE TO:

Patricia Adams
University of Maryland School of Nursing
Office of Communications
655 W. Lombard St., Suite 311D
Baltimore, MD 21201
Phone: 410-706-4115
Fax: 410-706-5560
padams@son.umaryland.edu

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School of Nursing Programs Awarded Maximum Five-Year Accreditation



THE COMMISSION ON Collegiate Nursing Education (CCNE) recently granted its maximum first time accreditation of five years to the School of Nursing's undergraduate and graduate programs following a rigorous onsite evaluation and assessment of the curricula. The three programs—all previously accredited by the National League for Nursing Accrediting Commission—were the Bachelor of Science in Nursing, Master of Science, and Doctor of Nursing Practice; the PhD program was reviewed separately through the University of

Maryland, Baltimore Graduate School.

To receive accreditation by CCNE, programs must meet quality standards in four areas: Mission and Governance; Institutional Commitment and Resources; Curriculum, Teaching-Learning Practices, and Individual Student Learning Outcomes; and Aggregate Student Performance and Faculty Accomplishments.

"We are pleased that the School of Nursing earned the maximum term awarded by CCNE for initial evaluation," says Patricia Gonce Morton, PhD, RN, CRNP, FAAN, associate

dean for academic affairs, who led the School's evaluation team. "And, importantly, CCNE's accreditation was given unequivocally, without a single compliance concern."

Officially recognized by the U.S. Secretary of Education as a national accreditation agency, CCNE is an autonomous accrediting agency contributing to the improvement of the public's health. CCNE ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing.

School of Nursing Joins Maryland Alliance to Achieve Greater Diversity Among Health Care Professionals

THE SCHOOL OF NURSING joined nine other Maryland academic health institutions and historically black colleges on May 5 in signing a memorandum of understanding officially launching the Maryland Alliance to Transform the Health Professions. The Maryland Alliance—a spin-off of the Sullivan Alliance to Transform America's Health Professions—aims to address the state's growing need for a larger and more ethnically representative health care workforce and to provide a working model for other states also committed to expansion and diversification.

Over the past 25 years, the nation's health care workforce has not kept pace with the increasing size and diversity of

its population, which has contributed to disparities of health status and access to care among certain under-represented groups. The goal of the Sullivan Alliance is to transform the health professions to help eliminate gaps in health status and expand access to care.

"Thirty-seven percent (653) of our current student enrollment consists of under-represented minorities, and 12 percent are men," says Dean Janet Allan. "As a member of this partnership, we are committed to increasing still further the diversity of our student population, which will in turn enhance the diversity of Maryland's nurses and thereby improve the extent and quality of the care we

provide to all our residents."

The other Maryland schools in the Alliance are Bowie State University; Coppin State University; Johns Hopkins School of Medicine; Morgan State University; University of Maryland, College Park School of Public Health; University of Maryland Eastern Shore; University of Maryland School of Medicine; University of Maryland School of Pharmacy; and University of Maryland Dental School. The Maryland Department of Health and Mental Hygiene is also a member of the partnership.

Grant Dollars to Fund Student Success Center

THE UNIVERSITY OF MARYLAND SCHOOL of Nursing is one of 23 Maryland nursing schools awarded grant money through the *Who Will Care?* campaign, an initiative to increase the number of nurse graduates in the state by 1,500 per year, thereby helping to alleviate the statewide shortage of professional nurses. The grants will be used to fund special projects in the schools for adding faculty, students, and clinical technology.

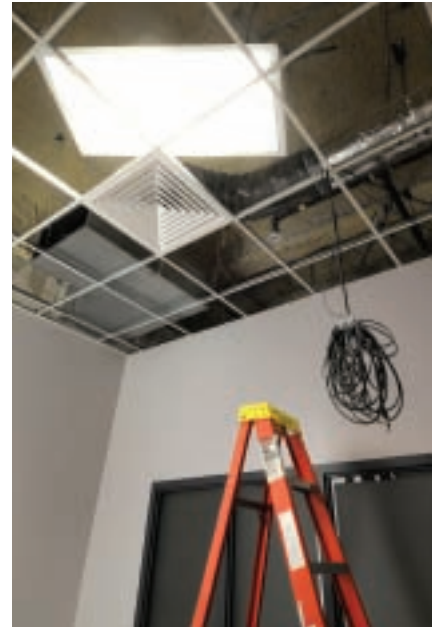
The four-year, \$980,937 grant will be used to establish a Student Success Center (SSC) at the School of Nursing for the retention and graduation of pre-licensure students. This will enable more Bachelor of Science in Nursing and Clinical Nurse Leader students to successfully complete their degree programs and enter the workforce as new nurses.

"The SSC will increase the retention rate and timely graduation of our pre-licensure students by assisting them throughout their program with study skills, writing skills, and clinical performance," says Patricia Gonce

Morton, PhD, RN, CRNP, FAAN, associate dean for academic affairs. Morton led the grant team, which also included co-authors Dean Janet D. Allan, and Sandra McLeskey, PhD, RN, assistant dean for the baccalaureate program.

"We would like to acknowledge and thank LifeBridge Health, Mercy Health Systems, and the University of Maryland Medical System, who designated a portion of their campaign donation to the School of Nursing," says Morton.

The *Who Will Care?* campaign, established in 2007 to double the number of nurses educated in Maryland, has attracted broad-based support from hospital, insurance, business, and academic leaders; nurses; long-term care providers; and concerned private citizens. Supported by the Maryland Healthcare Education Institute, the campaign seeks to raise \$20 million in private funds and another \$40 million from state and federal sources.



Under Construction: The new Student Success Center is on its way to becoming a place where students can receive valuable information and assistance.



GILDEN

DUARTE

MCLAIN



MITCHELL

SHUMATE

Welcome New Faculty

ROBYN GILDEN
PhD '10, MS '05, RN
Assistant Professor

JACQUELINE MITCHELL
MS, CRNA
Clinical Instructor

ANA DUARTE
MS '09, RN
Clinical Instructor

PAMELA SHUMATE
MSN, RN, CCRN-CMC
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Shady Grove

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Event Recaps

Komen Lecture Addresses Role of Race and Ethnicity in Breast Cancer

The 2010 Komen Distinguished Lecture, "New Evidence on the Role of Race and Ethnicity in Breast Cancer," was presented at the School of Nursing in March by Otis Webb Brawley, MD, chief medical and scientific officer and executive vice president of the American Cancer Society. Brawley's talk explored all aspects of the etiology, treatment, and survival rates of breast cancer in relation to socioeconomic, genetic, and racial contributors to disparities. The annual lecture is part of the "Komen Maryland Affiliate Nursing Partnership: Advancing Education and Practice," an initiative aimed at heightening the awareness, knowledge, and skills of nursing faculty, nursing students, practicing nurses, other health professionals, and community members in relation to the prevention and detection of breast cancer and the treatment options for people with breast cancer.



Dr. Brawley delivers Komen Lecture

Students and Faculty Rally in Annapolis



Nearly 70 students and faculty members descended on Annapolis during the 2010 legislative session to meet with legislators and remind them that Maryland needs to support the expansion of nursing education to help spur

economic recovery and alleviate the nursing shortage. The School of Nursing contingent was recognized on the floor of the House of Representatives and the Senate. In addition to 90 meetings with legislators, students offered a free health fair for legislators and staff members that included screenings, counseling, and advice on family and community health issues.

Del. Addie Eckardt, RN (second from left), with students Dorcas Irene Githuku, Christy Callahan, Lauren Budd, and Associate Professor Linda Flynn, PhD, RN, FAAN

Annual Conference Focuses on Excellence in Teaching

More than 300 people attended the 2010 Excellence in Teaching Nursing Conference held at the School of Nursing in March. Presenters touched on a range of topics, including teaching in the classroom, teaching in clinical sites, and teaching with technology. Keynote speaker Ann E. Belcher, PhD, RN, AOCN, CNE, FAAN, ANEF, winner of the 2009 National League for Nursing's Award for Excellence in Teaching and associate professor and director, Office for Teaching, Johns Hopkins University School of Nursing, delivered the keynote address, "Hallmarks of Excellence in Teaching." The annual conference is sponsored by the School of Nursing's Institute for Educators in Nursing and Health Professions.



Dr. Carol O'Neal, Dr. Ann Belcher, and Dr. Louise Jenkins

National Conference Focuses on Evidence-Based Practice

The seventh annual Evidence-Based Practice Conference was held at the School of Nursing in April. This year's theme, "Nursing Practice Based on Evidence: Quality Care at Risk," focused on moving nurses closer to the goal of evidence-based practice by examining necessary provider competencies, how to create a culture of evidence, use of technology to expand infrastructural capacity, and health care policy initiatives to support a culture of evidence. Distinguished Lecturer Patricia W. Stone, PhD, RN, FAAN, associate professor of nursing and director of the Center for Health Policy at Columbia University School of Nursing, spoke about impact of evidence on nurse working conditions and cost and quality outcomes. The conference is co-sponsored by the Veterans Affairs Maryland Health Care System.



Keynote speaker Dr. Nancy Dunton and Dean Janet Allan

Policymakers Learn "What it Means to Be a Nurse"

Nearly two dozen state and federal policymakers visited the School of Nursing for a half-day program designed to give them a better understanding of nursing's role in health care science and delivery. The program, "What It Means to Be a Nurse," included hands-on experiences with sophisticated simulators used to educate students at the School, and a tour of several University of Maryland Medical Center Intensive Care Units to show the translation of theory and skills acquisition into practice.

Lou Heindel, DNP, CRNA, director of the School of Nursing's nurse anesthesia master's specialty (right), shows Gareth Murray, PhD, director of legislative affairs, Maryland Higher Education Commission, how to intubate a patient

The event was the first of its kind at the School and involved the participation of numerous faculty members and students, who conducted educational sessions that demonstrated the demands of advanced scientific preparation needed for an increasingly specialized, complex health care system. Del. Susan Krebs, District 9B, said the presentations on the "different levels of nursing and nursing degrees" were a real eye opener, clarifying the breadth and depth of the profession and "how in practice, all those different

levels of nursing come together."

At the conclusion of the program, Suzanne Begeny, director of government affairs at the American Association of Colleges of Nursing, gave a lecture on the role of nurses in health care reform.



Event Recaps

Convocation 2010

A Record 645 Graduates Receive Degrees

THE SCHOOL OF NURSING graduated the largest class of nurses in the state—and possibly the largest in the nation—at its annual Convocation ceremony held May 21 at 1st Mariner Arena. The 645 graduates included 315 Bachelor of Science in Nursing, 308 Master of Science, seven PhD, and 15 Doctor of Nursing Practice graduates.

Janet D. Allan, PhD, RN, FAAN, dean of the School of Nursing, welcomed graduates, family members, faculty, and friends, and extended remarks to the graduates.

“You begin your careers at a time when nursing presents unparalleled possibilities—no other profession offers such a diverse range of career paths and opportunities for professional advancement. Moreover, very few professions afford you the privilege of having a significant impact on the lives of individuals, families, and communities as nursing does.”

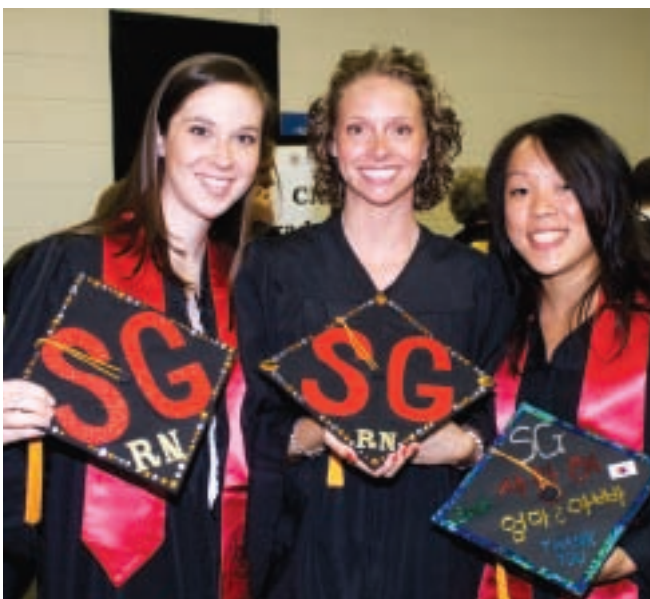
Frances B. Phillips, MHSA, BSN, RN, deputy secretary for public health services, Maryland Department of Health and Mental Hygiene, delivered the Convocation address.

In speaking about economic recovery, Phillips said, “I urge you to look for the possibilities that reform brings. Look for a possible career plan reset in a direction, perhaps unexpected, where your values, skills, and interests can thrive.” Phillips closed with a quote from Conan O’Brien on the night he was fired as anchor of the *Tonight Show*. “Nobody in life gets exactly what they thought they were going to get. But if you work really hard and you’re kind, amazing things will happen.”

Later in the day, School of Nursing graduates participated in the University of Maryland, Baltimore Commencement ceremony at 1st Mariner Arena, where Congressman Elijah E. Cummings delivered the Commencement address.



Dean Janet Allan and Convocation speaker Frances B. Phillips



Shady Grove BSN grads Naura Michelle Swanson, Katie Gonzalez, and Sarah Shin decorated their mortarboards to celebrate the day.



Clinical Nurse Leader grads Jennifer Silva and Charmaine Noubissin help Joyce Arauwou get ready for the procession.



Student Government Association President Ayyub Hanif and his pinner Dhariyah Abdurrahman



Faculty members Dr. Mary (Jan) Carroll, Dr. Joseph Proulx, and Dr. George Rodney



Dr. Erika Friedmann presents Robyn Gilden with her doctoral hood.

Beating the Odds

ROBYN GILDEN, PHD '10, MS '01, RN, had everything going for her. She was happily married with two

children and her dream of becoming a nurse had become a reality. She had received a master's degree in community/public health from the School of Nursing in 2005 and had enrolled in the School's PhD program. Then in January 2008, Gilden received some devastating news that would change her life forever. She was diagnosed with brain cancer.

The 33-year-old refused to let the disease win. She kept forging on, passing her comprehensive exam and defending her dissertation proposal while undergoing treatment for a seizure and surgery, radiation, and chemotherapy. "Sometimes I felt like I was an observer of some really horrible play, but I persevered with the help of my husband, children, family, colleagues, and friends," she says.

Since 2005, Gilden had been working for Barbara Sattler, DrPH, RN, FAAN, professor and director of the School's Environmental Health Educa-

tion Center, on a grant that provided community outreach and technical assistance to communities in a five-state area dealing with contaminated waste sites in their neighborhoods. She used her understanding of risk assessment and risk communication to help educate and engage community members in the decision-making process as early as possible.

Since receiving her PhD in January 2010, Gilden has been working as an assistant professor at the School teaching the Undergraduate Community Health Clinical and Practicum.

Today, Gilden is cancer free. "I look back at this experience as a test of my strength and humility. I had to learn to accept help from others to get me through."

As for the future, Gilden says, "it is wide open with potential, and God, my family, and friends will be there no matter where life leads."

Renovated Simulation Labs Expand Resources



Clinical Instructor Mary Pat Ulicny (center) watches carefully as BSN student Tatyana Bakke listens to heart sounds on Sim Toddler while fellow student Bini Thomas awaits her turn.

FOR STUDENTS AT THE SCHOOL of Nursing, the opportunity to learn, practice, and be evaluated on clinical skills in the School's state-of-the-art clinical simulation laboratories helps them with their transformation from students into practicing nurses. In the labs, realistic clinical situations are created using high fidelity manikins and equipment similar to what they would encounter in the hospital and other health care settings.

But until just a few months ago, the clinical simulation labs for nursing students at the Universities at Shady Grove (USG) were not meeting the needs of its growing population of undergraduates. Some of the equipment was outdated and the space was cramped. "With the increasing amount of students who were coming into the labs, we didn't have the space to hold labs for some students while testing other students on their skills," says Mary Pat Ulicny, MS RN,

clinical instructor and coordinator of the simulation labs at USG. The result? Ulicny would sometimes have to close the labs to conduct student testing and cause other students to miss out on valuable lab time.

Those problems are a thing of the past since the newly renovated simulation labs opened to the School's 200-plus USG nursing students in October. The labs have been updated with new equipment, including the latest version of SimMan, the 3G patient simulator. In addition, the space has been expanded from three labs to six. The three new labs are equipped like inpatient hospital rooms and can be used to test students privately while labs continue as scheduled. "It's great because it has really opened up a lot of space and allowed us to have more students in the lab at one time," Ulicny says. "It's also made a big difference in making the labs available to students and teachers at times they want."

Giving students the opportunity to practice their skills is critical to their success in the field, says Rebecca Wiseman, PhD, RN, assistant dean for the School of Nursing program at USG. "The labs offer opportunities for the students to practice skills in a more controlled environment where they can make mistakes and learn, versus going into real life situations where there is less margin for error. We need the labs to get the students primed."

Ulicny says she hopes the labs will continue to evolve to offer students more hands-on learning tools as simulation continues to be added to the curriculum. Future plans at USG call for building a standardized patient lab, where actors playing the roles of patients are evaluated by students. Currently, USG students must go to the School of Nursing's Baltimore location for this kind of learning experience.

Wiseman says she's also interested in doing research projects in the USG simulation labs that examine the role of simulation in nursing education. "We're pretty clear that simulated learning helps our students integrate what they know, but how?" she says. "We're at this stage where we have this great resource. We need to move into the area of research to demonstrate how this kind of learning really makes a difference." — **Maria Blackburn**

From Pretty Faces to Palliative Care

MOST PEOPLE WOULD GIVE ANYTHING to have Marian Grant's former career. She gave it up to help people with terminal illnesses die with greater dignity.

For more than 20 years, Grant worked at manufacturing giant Procter and Gamble. Overseeing marketing launches for new cosmetic products in global regions from Japan to Europe held more than a modicum of glamour. But after a while, twinges of professional dissatisfaction began to plague Grant. After one particularly lengthy meeting centered on how to segment the lipstick industry, Grant asked herself: "Is this really what I'm doing with my life?"

As career doubts surfaced, Grant started volunteering at an AIDS hospice in Baltimore. The seasoned marketing professional offered to promote the hospice's services. Instead, she wound up working directly with patients. "It was in the early '90s, when everyone with HIV/AIDS died. I would come and hang out with the residents. I totally fell in love with it," Grant said. That serendipitous volunteer opportunity made Grant think seriously about switching careers.

But change didn't happen overnight. Grant wasn't about to throw away a life-long career haphazardly. She consulted a career counselor who told her she was in exactly the right profession. Then Grant's employer began to downsize, and she hoped that would make the decision easy for her. But Grant didn't get laid off. In fact, her employer offered her a new position in advertising that, at one time, she would have considered her dream job. But thoughts of switching careers kept nagging at Grant. She continued to meet nurses she called "wonderful." Despite conflicting messages, Grant chose to move forward with a career change.

So in 1998, at age 42, Grant—with virtually no science background—returned to school. Her decade-long educational odyssey began with nursing pre-requisites at a local community college and concluded with a Doctor of Nursing Practice from the School of Nursing. An \$80,000 scholarship from CareFirst BlueCross BlueShield's Project RN Scholarship boosted the last leg of her nursing education.

During that decade, Grant built on her nursing education beyond textbooks. She worked as a floor nurse in the intensive care unit (ICU), where, in her words, "she learned how badly people died." That experience sparked in Grant a desire to systematically improve how terminally ill patients in the ICU experience their final days. Her professional vision dovetailed with an emerging nursing specialization: palliative care.

But it didn't mesh with Grant's initial professional nursing goal. "I thought I would be doing primary care for patients with AIDS in the inner city," she says. By choosing an academic career path, however, Grant realized she could make important inroads, by combining teaching, research, and patient care.

"By teaching at the university level I get to shape curriculum. I want to make sure that end-of-life and palliative care are integrated at the graduate and undergraduate levels," Grant says.

— Elizabeth Heubeck





Sharee, CRNA, MSN
UMSON '06

Lijie, RN, BSN
UMSON '00

Nick, RN, BSN
UMSON '07

Inna, RN, MSN
UMSON '07

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How do the Joint Commission's 2010 National Patient Safety Goals impact nursing students and working nurses when it comes to patient safety?



**Kathleen M. McPhaul, PhD,
MPH, RN** *Assistant Professor*

I was disappointed that the goals were not more ambitious. The safety sciences provide nursing students, direct care nurses, and nurse managers with important theoretical foundations for developing safety systems to prevent errors and tragedies in health care. The 2010 goals, in my view, are simplistic and dogmatic. In other words, establishing a goal to reduce hospital acquired infections and then prescribing more consistent hand washing belies the complex systems that influence nursing care and create conditions for error, infection, and injury in health care facilities. I don't mind establishing a goal to reduce or even eliminate hospital acquired infection, but I would like hospitals to be judged on the engagement of front line nursing staff and nurse managers, on the quality of the surveillance systems and reporting by staff, and the responsiveness of the organization to nurse input about causes and predictors of hospital acquired infections.



**Shailendra Swarup,
BSN '08, RN**

As a new nurse, I am continually exploring information and adding new knowledge to my nursing practice. After reading the 2010 National Patient Safety Goals, I recalled my first semester courses, "Fundamentals of Nursing" and "Nursing Assessment." It was in these courses that the same points brought forth in the 2010 Safety Goals were first taught to me, as they are to all nursing students. Although the safety goals may seem basic, they are not. Rather, they are a foundation that hospitals can use and build upon for providing safe patient care. Safe, effective care should be continuously emphasized for students and reinforced for practitioners. The Joint Commission's 2010 Safety Goals ensure compliance of patient safety at a national level.



Katherine Frey
Clinical Nurse Leader student

The literature on patient safety demonstrates that the vast majority of errors that occur in hospitals are a result of system failures rather than lack of vigilance at the level of the health care worker. Unfortunately, the 2010 National Patient Safety Goals continue in the vein of promoting individual activities such as correctly identifying patients, hand washing, and labeling medications. The opportunities for creating a culture of safety are not addressed. Clinical Nurse Leader students are taught that one of their goals should be to serve as a lateral integrator of care. It is disappointing that the opportunities to prove the value of this role will not be reflected in the outcomes measured by the Joint Commission in evaluating patient safety.

To view a full report of the Joint Commission's 2010 hospital safety goals, visit www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/

Stemming HIV/AIDS Among Nurses in Sub-Saharan Africa



At an HIV testing site in a Northern Kenyan village, Barbara Smith works with the next generation of villagers and rewards them for their participation with treats.

NOWHERE IN THE WORLD has the AIDS/HIV pandemic cut a greater swath of devastation than in sub-Saharan Africa, where two-thirds of all people infected with the virus reside. As Barbara Smith, PhD, RN, FAAN, discovered firsthand, no segment of society there has been left unscathed.

Two years ago, the School of Nursing's Associate Dean of Research was making the rounds in a Nigerian hospital when she met a 7-year-old girl. The young patient, suffering from HIV/AIDS, was failing second-line therapy and facing near-certain death. That didn't come as a surprise to Smith. What did give her pause was that the girl's father, a physician, and her mother, a nurse, had both succumbed to AIDS.

That incident lent an increased sense of urgency to Smith's HIV/AIDS research in Africa, which aims to prevent the occupational transmission of HIV in nurses and

other health care professionals. In the eight years that Smith has been pursuing HIV/AIDS research efforts and relief in Africa, she has witnessed progress in some areas. But in others, serious impediments—like the pervasive stigma associated with HIV/AIDS—persist.

Back in 2002, Smith was first invited to travel to Zambia as part of an AIDS research endeavor with the University of Alabama at Birmingham's Center for Infectious Disease Research. Given the widespread presence of AIDS there, the scientists knew they would need to narrow their research focus. They chose to concentrate on the risk of occupational transmission of HIV in midwives, nurses, and other health professionals. Though the concept was sound, a lack of resources prevented the project from being funded.

At the time, antiretroviral medications were not widely available to patients in sub-Saharan Africa. Therefore, Smith and

her research counterpart in Zambia, Margaret Maimbolwa, felt it would be unethical to advocate for HIV testing among the nurses they planned to study. Ironically, the proposed study was denied funding, at least in part, because it failed to include HIV testing of subjects. Today, Zambians with HIV/AIDS have far greater access to antiretrovirals. But many continue to go without—even those who understand the medicines' benefits. "We have a lot of nurses and other health care workers who become infected and are not treated until late stage. They're afraid of being 'found out,'" Smith says.

While it's impossible for an outsider to stamp out the stigma associated with HIV/AIDS in Africa, Smith has found a way to effectively convey the education piece of the puzzle. Working directly with native nurse educators in Africa, she educates them on early intervention and prevention strategies, such as making sure they don protective apparel like gloves, gowns, and masks. They, in turn, share that knowledge with other nurses.

"There aren't enough physicians in Africa to care for people with HIV/AIDS. The sooner people begin to realize that they are going to have to count on nurses to deliver care, especially in some of the more remote areas, I anticipate [the region] will do quite well," Smith says.

— Elizabeth Heubeck

Bench Marks

School of Nursing Researchers Making an Impact



What Factors Influence Mode of Childbirth?

CESAREAN SECTION (CS) is currently used at more than twice the rate recommended by the World Health Organization, and use of the procedure has almost doubled in the last two decades. This is significant because overutilization of CS results in avoidable morbidity and mortality and higher health costs related to childbirth.

Many causes for this trend have been suggested, but there is little research on what women want from their birthing experience, including their reasons for choosing one mode of childbirth over another, says Assistant Professor Mary Jess Regan, PhD, RN.

Armed with a two-year, \$238,251 grant from the National Institutes of Health's Eunice Kennedy Shriver National Institute of Child Health and Human Development, Regan hopes to discover what factors influence women's decisions about how their babies will be born. Because people are only partly aware of the attitudes and beliefs that inform their hopes and desires, Regan notes, she and her co-investigators will use three methods of data collection.

"We will utilize a projective method commonly used in the social sciences to access knowledge that exists outside of consciousness; a focus group that provides a venue for birthing women to articulate the conscious basis for their ideas about childbirth and to share their ideas with others; and interviews of post-partum women to gain an understanding of how their experiences will influence future birthing choices," says Regan.



Research Team to Study Nurse Faculty Attrition

ASSOCIATE PROFESSOR Linda Flynn, PhD, RN, FAAN, is part of an inter-university research team, funded by the Robert Wood Johnson Foundation, which will design and conduct a nationwide survey of nurse faculty.

"In this time of nurse shortages, the rising faculty shortage is limiting access to nursing education and qualified student applicants are being denied admission or placed on waiting lists," says Flynn. "It is important to identify factors that contribute to faculty attrition so that universities can make informed efforts to increase faculty job satisfaction and retention."

The survey will identify modifiable factors contributing to faculty attrition so that evidence-based strategies can be implemented to reduce faculty shortages. Findings will also be used to create regional and national benchmarks for evaluating the progress of national efforts to improve the work life and retention of nurse faculty. Michael Yedidia, PhD, research professor at Rutgers University, is principal investigator of the faculty study.

The study will include approximately 6,600 nurse faculty members employed at 300 randomly selected nursing schools, and will represent faculty from a wide range of nursing programs and specialties. Research findings, available by late 2011, are expected to identify contributors to faculty job stress and burnout, as well as factors that promote positive faculty outcomes such as job satisfaction. Results will be reported by program type and geographic region, and will be available to the public.



A Rising Star

THE SOUTHERN NURSING RESEARCH SOCIETY honored Assistant Professor Elizabeth Galik, PhD '07, CRNP, with their inaugural Rising Investigator Award at the Society's national conference held in February. The award recognizes a nurse researcher who has made an impact early in his/her career and is clearly a "rising investigator."

Galik was recognized for her dedication to research, education, and the creation and advancement of new knowledge on the topic of aging. Her current research, funded by the Robert Wood Johnson Foundation Nurse Faculty Scholar program, centers on a Function Focused Care Intervention designed to change nursing staff behavior. The goal of the study is to motivate and teach nursing staff the skills they need to positively impact the function, physical activity, mood, and behavior of assisted living residents with dementia and postpone their transfer to a nursing home.

"Beth's understanding of gerontological research was recognized early in her career when she was awarded a Hartford Pre-doctoral Scholarship," says School of Nursing Professor Barbara Resnick, PhD '96, CRNP, FAAN, Sonia Ziporkin Gershowitz Chair in Gerontology. "From there, she excelled in doctoral studies and was awarded funding for her dissertation through the American Medical Directors Association and the American Academy of Nurse Practitioners. Her work has altered the philosophy of care for those with severe dementia from being custodial and propagating disability to a philosophy in which function is optimized and quality of life of nursing home residents is maintained."

Toward a Better Understanding of Chronic Pain

CHRONIC PAIN IS AN EPIDEMIC.

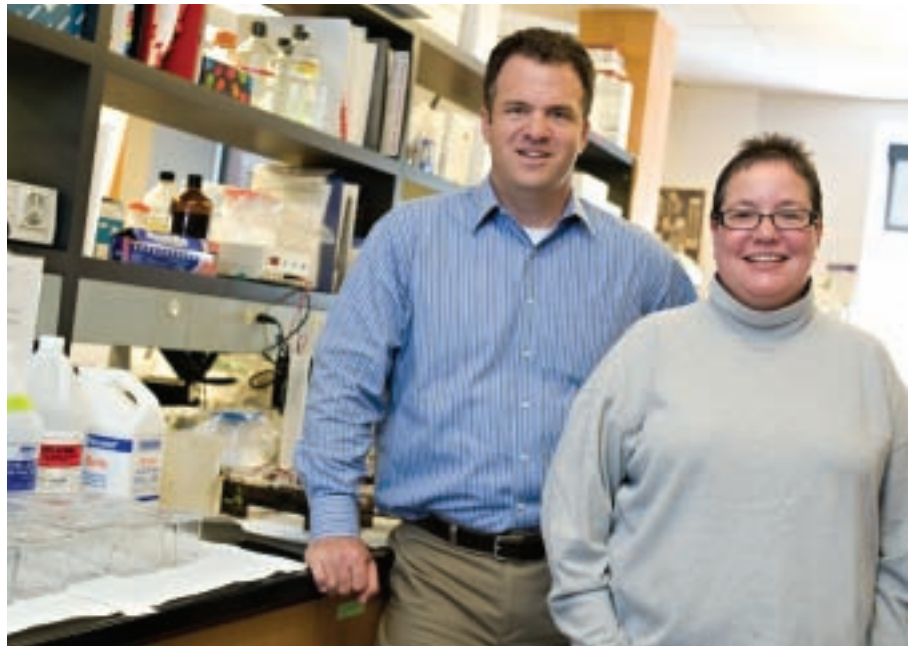
One in four Americans suffers from chronic pain due to disease—including cancer and HIV—and the medications used to treat those diseases. One reason for the persistence of chronic pain may be that the patient's central nervous system creates abnormal connections or improves connections that shouldn't be strengthened, explains Susan G. Dorsey, PhD '01, MS '98, RN, co-director of the School of Nursing's new Center of Excellence in Disorders of Neuroregulatory Function.

"Chronic pain makes a memory that shouldn't be made, such as the lasting damage to peripheral nerves sometimes caused by cancer drugs," she says. "The pain can still last after cancer treatment stops, and once memories are formed, they are difficult to unlearn."

Exploring why the central nervous system creates improper connections is a simple definition of the Center's complex, cutting-edge research conducted by Dorsey, co-director Christopher Ward, PhD, and their team of faculty and student investigators, who study the molecular, cellular, and genetic mechanisms underlying the development and persistence of chronic pain. "We study the nervous system and diseases of muscles and how the nervous system regulates muscle function," explains Dorsey, who received both her MS and PhD from the School of Nursing and was a critical care/ICU nurse before earning her PhD in nursing/neuroscience.

In 2005, Ward first collaborated with Dorsey on a set of experiments measuring the level of calcium in neurons, his area of expertise. "We discovered our overlapping research interests in the neuromuscular system," says Ward, who came to the School of Nursing in 2001. The Center was formally created in 2006 and is a key objective of the School's 2007–2011 Strategic Plan. "By consolidating intellectual and capital resources within our School, we can work greater than the sum of our parts," notes Ward.

While Dorsey and Ward maintain independent labs at the School, the Center has created and sustained a collaborative effort with the School of Medicine, the Dental School, and other institutions across and beyond the campus, giving the School of Nursing a significant campus presence across the University of Maryland Medical System and "a seat at the table," notes Dorsey. Adds Ward, "The depth, breadth, and energy around



Dr. Chris Ward and Dr. Susan Dorsey

our collaborative projects provides great opportunities for undergraduate and graduate students to actively participate in research."

In 2009, the National Institutes of Health awarded the Center \$2.4 million over five years to formalize campus partnerships with Medicine, Dentistry, and the Greenbaum Cancer Center and to develop the infrastructure to support translational cancer pain studies on the University of Maryland, Baltimore (UMB) campus, resulting in the UMB Center for Pain Studies.

The American Recovery and Reinvestment Act of 2009 funded the Center with \$2.8 million over two years to study muscular dystrophy, a project that includes collaboration with the Children's National Medical Center. "The genetic heritability behind muscular dystrophy is well known," explains Dorsey. "What we don't know is why that muscle is more easily injured, and why it does not repair itself as a normal muscle does."

"We are blazing a trail for the analysis and use of genome sequencing by characterizing the genes that are turned on and turned off in dystrophic versus normal muscle. Our Center and research program is truly translational. We make discoveries at the bench, and we can validate our findings in the clinic, and vice versa. There are very few nursing schools that have significant bench lab research programs with the infrastructure and capacity for research and training our future nurse scientists."

—Sarah Achenbach

“Win-Win Partnership” Improves Patient Care, Nursing Practice

THE UNIVERSITY OF MARYLAND SCHOOL OF Nursing and University of Maryland Medical Center (UMMC) have long worked together: Nursing students gain valuable practice experience in the hospital through clinical placements, and graduates are recruited to work at the medical center.

But the working relationship between the two institutions had the potential to be something greater: a true partnership dedicated to the shared mission of providing excellence in nursing. School of Nursing Dean Janet Allan and Lisa Rowen, DNSc, MS '86, RN, senior vice president of patient care and chief nursing officer at UMMC, joined forces in 2007 to create University of Maryland NURSING. The partnership, which is led by an executive council comprised of nurses from the hospital and the School of Nursing, is dedicated to promoting innovative opportunities for nursing research, practice, and education to enhance nursing practice and optimize health care outcomes for patients. Rowen calls it a “virtual center of excellence.” Allan agrees. “In a real partnership you can do more together than you can do individually,” says Allan, “This is an incredible, unique collaboration that allows us to enhance the excellence of our programs and our faculty.”

Between 2007 and 2009, the NURSING partnership succeeded in increasing by 16 percent the number of School of Nursing students receiving clinical placements at the medical center. “It’s a win-win partnership,” says Allan. “Our students get fabulous clinical experiences at the hospital and UMMC gets exposure to students who are possible future employees.” In addition, UMMC created a program in which the hospital frees up some of its most experienced MS- or PhD-prepared nurses one day a week and pays them their regular salaries to teach at the nursing school as clinical instructors. In 2009, 21 UMMC nurses taught at the School as part of this program. “Our staff loves it because it diversifies their roles,” says Rowen.

Both Allan and Rowen contribute \$20,000 per year from their institutions to fund research projects, each led by a team comprised of a School of Nursing researcher and a UMMC clinical nurse. To date, they’ve funded five three-year research projects on topics ranging from pain assessment in non-communicative critically ill patients to a study that examined improvements in the patient discharge process. Rowen recently attended a Grand Rounds presentation that highlighted results of a project on Web-based preoperative education for patients—a project funded by the NURSING partnership. “It was fabulous,” says Rowen. “There were social workers and rehabilitation therapists there who were talking about possible applications for this type of education across the whole clinical environment.”

In the area of practice, the partnership has created a program to assist new graduates in transitioning from nursing school to the rigors of practice. In addition, the School of Nursing has worked with the medical center to help nurses there implement evidence-based practice. Students in the School’s Doctor of Nursing Practice and Clinical Nurse Leader programs have engaged in dozens of quality improvement projects at UMMC aimed at increasing hospital safety. And University of Maryland NURSING has developed a new evidence-based practice,

four-course certificate program that will enroll its first class of UMMC nurses this fall. (See p. 37 for more.) “Nurses can take these courses, earn a certificate, and go back to their units and teach their colleagues how to implement these evidence-based practices,” Allan says. —**Maria Blackburn**

Kay Blum, PhD, CRNP (right), a nurse practitioner at UMMC, also serves as an assistant professor at the School of Nursing as part of the NURSING partnership. Here, she instructs master’s student Heather A. Shattuck, BSN, RN, on reading a 12-lead ECG.





Some mid-century alumni recall being sent out in pairs for their shifts in homes and at public health clinics. This was an outgrowth of prevailing views at the time of maintaining oversight over young women, as well as the negative perceptions surrounding certain African-American neighborhoods.

Pioneers in Public Health

Since its founding in 1889, the University of Maryland School of Nursing has maintained a strong commitment to public and community health. By Patricia Adams and Dan Caughy

PUBLIC HEALTH NURSING, like nursing in general, traces its roots to Florence Nightingale who, in 1859, helped organize district public health nursing in England. Each nurse was assigned a specific geographic area of London and was responsible for the health of the people living in that neighborhood.

In the United States, modern public health nursing was defined by nurse pioneer Lillian Wald in the late 1800s. Wald coined the term “public health nurse” in 1893 for nurses who worked outside hospitals in poor and middle-class communities. Specializing in preventive care and the preservation of health, these nurses responded to referrals from physicians and patients, and received fees based on the patient’s ability to pay.

In the early part of the 20th century, public health nursing began to be practiced in voluntary agencies such as the American Red Cross and local health departments. Serving the needs of the poor remained key. In the mid-20th century, care shifted from the home to the clinic, where nurses worked in well baby and immunization clinics for the uninsured and were active in the control of communicable diseases such as tuberculosis.

The University of Maryland School of Nursing was part of this expanding public health movement. By the mid-1900s, the School’s students were encouraged to develop their cross-cultural and cross-class nursing skills through clinical experiences at Head Start and

pre-K centers, as well as rotations in nearby African-American communities.

Nurse educators traditionally prepared their students for the practice discipline of nursing through a combined focus on knowledge acquisition, skill development, and clinical application. Community outreach and faculty practice was not yet commonplace in many nursing education programs. During the 1990's, the School of Nursing placed a new emphasis on evidence-based practice by developing extensive clinical initiatives not only for the benefit of student learning, but also for the benefit of Maryland's citizens.

The Open Gates Health Center, a nurse-managed, full-service community health clinic, opened in 1993 in the West Baltimore neighborhood of Pigtown. It was an outgrowth of an earlier School of Nursing clinic located at Paul's Place soup kitchen. The clinic provided screening, diagnosis, treat-

operated by the School of Nursing. Established in 1994 as a private/public partnership, the Wellmobiles provide a reliable source of continuing health care for children and adults. Nurse practitioners and students, many Spanish-speaking, staff the 33-foot vans, providing full-service primary care, prescriptions, physical exams, and more to uninsured and underserved populations. While the Wellmobiles were generally intended for use in Maryland, two were equipped and dispatched to Mississippi in the wake of Hurricane Katrina in 2005.

In 1999, a Pediatric Ambulatory Center (PAC) opened in the new School of Nursing building and functioned as a collaborative effort of nursing, medicine, pharmacy, and social work. The PAC's main emphasis focused on developing

interdisciplinary models of care

Pediatric Ambulatory Center; Governor's Wellmobile; Open Gates Health Center



ment, and management, as well as health promotion and education by faculty, students, and community health outreach workers. In 2002, Open Gates broke ground for a new facility that would continue to provide community-based care to the uninsured and working poor.

The 1990's also saw the advent of school-based wellness centers, managed and operated by the School of Nursing, in 17 schools in Baltimore County, Harford County, and on Maryland's Eastern Shore. Primary care nurse practitioner faculty and students identified and treated children with high incidence of asthma and behavioral problems, and provided children with sports physicals, flu shots, blood tests, immunizations, and health education. Clinics were also operated in Baltimore City elementary schools, where School of Nursing pediatric nurse practitioners cared for sick and injured school children. The School's connection with these clinics continues today with four school-based wellness centers operating in Harford and Dorchester counties.

The Governor's Wellmobile program is perhaps the most recognized and farthest reaching public health initiative

for children with chronic conditions. An average of 400 children, primarily from West Baltimore and lacking access to adequate health care, were provided with primary care, specialty medical services, and social services each week.

Through its innovative, broad ranging, and highly successful clinical enterprise, the School of Nursing created a new model of clinical learning that emphasized hands-on, community-based experiences for students, while providing health care services to the most vulnerable residents throughout Maryland. The master's specialty program in community/public health was ranked 8th in the nation in 2003, indicating the strength of the program's emphasis in community-based experiences. Today, while maintaining the founding principles of Lillian Wald and Florence Nightingale, the School of Nursing continues to lead the way in community/public health nursing in the 21st century.

This article includes excerpts from "Building the Future," 2002.

HEALING GOES



Story by Maria Blackburn • Photographs by Kirsten Beckerman

**AT THE HUB OF ENVIRONMENTAL HEALTH IN NURSING,
THE SCHOOL'S FACULTY AND ALUMNI
ARE WORKING TO BUILD A NATIONAL MOVEMENT AIMED
AT NOTHING SHORT OF GLOBAL CHANGE.**

ROBYN GILDEN COULD NOT BELIEVE what she was hearing. It was the summer of 2001 and the master's student in community/public health at the School of Nursing sat in Barbara Sattler's Environmental Health class and listened in horror as her professor detailed the myriad ways environmental toxins were affecting the health of men, women, and children everywhere.

There were contaminants in drinking water and air that had been linked to chronic illnesses like asthma, developmental and reproductive disorders, and cancers. The meat and milk in Gilden's fridge had been treated with antibiotics and growth hormones connected to a greater risk for antibiotic resistant bacteria and cancers. Even the cleaning products used in the hospitals where she worked for years as a critical care nurse contained toxic chemicals linked to can-

cer. "The whole world was not what it seemed," Gilden recalls today. "Dr. Sattler was exposing us to all of these things that I never knew existed."

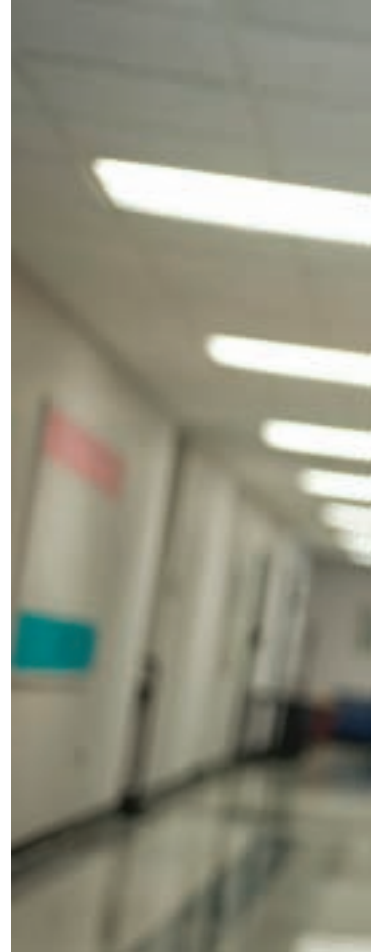
First Gilden got scared. "I didn't want to eat, drink, or breathe anything," she says. Next she got angry. And then she got to work. "Like a good nurse, I decided I wanted to fix it."

After graduating with her master's degree, Gilden joined Sattler in the School of Nursing's Environmental Health Education Center and embarked on a new chapter in her nursing career, one focused on environmental health prevention and advocacy. "Anything I can do to spread the environmental health word, I will," says Gilden, PhD, '10, MS '01, RN, a program manager in the center who joined the School's faculty as an assistant professor earlier this year. "I feel like I'm really making a difference. This is the only place I ever considered working





Barbara Sattler reflects on her environmental efforts near a factory in Baltimore's Curtis Bay.



Denise Choinere pauses near the biohazard waste containers on UMMC's loading dock, where nearly 10.4 million pounds of trash is discarded annually.

because this is where environmental health in nursing is happening. We are the hub.”

And at the heart of this hub you’ll find Sattler, DrPH, RN, FAAN. A faculty member at the School since 1999, she created the Environmental Health Nursing track in response to a 1995 Institute of Medicine report. It stated that although it was becoming increasingly understood that environmental health hazards were causing acute and chronic illnesses—ranging from learning problems to cancer—nurses knew little about these issues. The report concluded that the profession should integrate environmental health

into nursing education, practice, research, and policy and advocacy.

Sattler, who directs the Environmental Health Education Center, used the report as a blueprint to create the multidisciplinary center at the School of Nursing, dedicated to environmental health education, training, and research. She founded the first environmental health nursing graduate certificate program in the nation and it remains the only program of its kind. Sattler staffed the center with a team of energetic, like-minded people who are leaders in environmental health nursing. Like spokes in a wheel, she and her staff extend from the hub at the

School and out into the world, where their commitment to the cause is creating global change.

“We are helping to build a national movement around environmental health in nursing,” says Sattler. “I believe that our leadership has helped to catalyze renewed interest in a role that nurses should be taking in environmental health.”

“NURSES ARE EVERYWHERE”

Awareness about environmental issues has blossomed over the last decade to the point that many general interest consumer magazines are regularly splashed with headlines about the latest



Robyn Gilden examines cleaning products used by School of Nursing house-keeping staff. Many of these products contain harmful chemicals such as chlorine bleach, ammonia, petrochemicals, and volatile organic compounds.

environmental hazards and tips on how to go green. Nurses play a critical role in educating the public by sharing the most current, evidence-based information about environmental health.

“Nurses are everywhere,” Sattler says. “We’re in people’s homes and schools and workplaces. We’re in hospitals and nursing homes, in public health agencies and community clinics. One in every 100 Americans is a registered nurse and we come already equipped with an understanding of basic science, excellent communication skills, cultural competencies, and the incredible trust of our communities. Nurses are helping their patients and the communities they serve to identify and address health risks that may be associated with air, water, food, and products. They are also helping legislators and other policy makers understand the relationship between exposures and health risks.”

Sattler’s devotion to educating the next generation of nurses extends far beyond one institution. She travels the nation holding workshops to educate nursing faculty and nurses in organizations like the National Association of School Nurses about how to integrate

environmental health into their teaching and practice.

Opportunities for nurses to share the latest environmental health information with patients abound. For example, a school nurse charged with administering asthma medication to a student can use the encounter as an opportunity to talk about possible triggers at home such as mold, dust, and household cleaners. Nurses in their first encounter with a pregnant patient can ask questions about the age of the patient’s home, what kind of heating system it has, and what kind of hair products the expectant mother uses. The answers could reveal the potential for exposures to lead, carbon monoxide, and carcinogens. “This is about integrating environmental health into our thinking, into the ways we ask patients questions, and how we respond to their answers and provide guidance,” Sattler says.

Despite the fact that nurses since Florence Nightingale have recognized the connection between the environment and patient health, environmental health isn’t a required part of nursing education. That’s about to change, Sattler says. “This year, we anticipate that the

American Nurses Association will explicitly state that environmental health is part of the professional practice of nursing. As such, every nursing school will be encouraged to integrate environmental health knowledge and skills into their curriculum.”

To assist schools with this task, Sattler is working with other nurses through the Alliance of Nurses for Healthy Environments, a national coalition she helped form, to develop a set of core competencies and a core curriculum that outlines the environmental health knowledge and skills that every entry-level nurse should have.

“We don’t need to add a new course,” says Sattler. Instead she wants to incorporate environmental health into the current nursing curriculum. “We want to integrate it into their first assessment course, into pediatrics, and into maternal child health,” she says. “We want nurses who are taking medical-surgical nursing to learn a little bit about what’s going on with the greening movement in hospitals so they at least have that lens to look through when they start working.”

REUSE, REDUCE, RECYCLE

While working as a nurse on the cardiac intensive care unit at the University of Maryland Medical Center (UMMC), Denise Choiniere, MS ’09, RN, learned on the job about marrying her interest in the environment with her career as a nurse. Surprised that her hospital didn’t recycle, she started a program to recycle the thousands of alkaline batteries used in the heart monitors on her unit. Concerned about how the noise on her unit was affecting patients’ health, she instituted a daily “quiet hour.”

Choiniere’s efforts caught the attention of hospital administrators and the programs she started on her unit spread through the



hospital. Then in 2009, while still finishing her master's degree at the School of Nursing, she was named UMMC's first sustainability manager. She is now responsible for working with the hospital's volunteer Green Team to coordinate efforts to reduce environmental risks and promote conservation and environmental stewardship. "I honestly believe in starting small and in grassroots efforts," Choiniere says. "One person can make a difference."

Today when you walk through the halls of UMMC, you'll see how Choiniere is helping to make a difference. Patient rooms, nurses' stations, and public areas are dotted with colored bins used to collect, separate, and recycle the paper, batteries, and other materials that contribute to the 10.4 million pounds of waste the hospital generates each year. "Nurses are the end users of most products in the hospital, so getting their buy-in on our recycling program was critical," she explains. A weekly farmer's market, which Choiniere started in the park across from the hospital last

summer, brings 17 vendors selling local produce and products to staff, students, and patients. The IV tubing and the bags used in the tube feed pumps in the hospital no longer contain the chemical DEHP, a carcinogen in some plastics that leaches into patients' bodies and has been linked to developmental and reproductive problems in male infants.

Even the slippers that UMMC patients wear, which are made of recaptured cotton scraps, were selected with the environment in mind. "Growing cotton uses 25 percent of the pesticides that are used globally," Choiniere says. "If all health care organizations bought slippers made of recaptured cotton, we probably wouldn't have to produce so much cotton."

From the microfiber mops that conserve more than 500,000 gallons of water per year to the fair trade coffee served in the cafeteria, many products purchased by the hospital are first reviewed by Choiniere for their environmental safety and impact. "It all comes back to purchas-

ing, because if we can look at what we are bringing in the front door then we should have less waste going out the back door," says

Choiniere, who in her work as nurse outreach coordinator for Maryland Hospitals for a Healthy Environment, helps nurses across the state integrate environmental health into their nursing practice.

Although many of the details she focuses on seem small, collectively they can have a major impact. "If you think about it, health care is huge," she says. "If we can change the way health care does business, we can really make a difference."

THE NEED FOR MORE RESEARCH

A rising expert in pesticides and their health effects, Robyn Gilden knows all about how seemingly safe household products like baby shampoo can contain

Brenda Afzal meets with Del. James W. Hubbard (Dist. 23-A), before testifying in support of a bill to limit the use of Bisphenol-A.

toxins that harm the immune and nervous systems. She's frequently called on by reporters to explain the implications of the latest environmental health study. "Nurses are good communicators," she says. "We translate scientific information into understandable language for health care providers and the public all the time."

But sometimes the answers aren't so easy to come by. During the six years Gilden worked as community outreach program manager for an Environmental Protection Agency-funded project to clean up some of the most contaminated sites in the country, she helped communities understand the health risks of the contaminants in their soil and water and learn how to move forward. She an-

swered lots of questions about heavy metals and pesticides and whether the water was safe to drink. "One of the most difficult questions I got was, 'Did my exposures in the past give me this disease I have today?'" Her answer focused on the positive, but was somewhat incomplete. "We're not able to answer that question with the tools we have today," she would say. "But let's talk about preventing current and future exposures."

Today Gilden is working on developing the necessary tools she found lacking in the field. She wants to have more credible and reliable scientific information available to share with patients about the health effects of the chemicals they are regularly exposed to. And she sees nurse researchers as

key. "The number of nurse researchers in environmental health is growing but we need more," she says. "There are more than 80,000 chemicals in use in the United States and less than 10 percent have any health data associated with them."

What we do know is worrisome. Pesticides are in the food we eat, the water we drink, and in the grass where our children play. And many of these chemicals are known to affect the nervous and reproductive systems, irritate the skin and lungs, and potentially cause cancer. Between 30,000 and 60,000 people each year die from exposure to cancer-causing environmental pollutants, according to the Environmental Working Group, an environ-

A FOCUS ON FOOD HEALTHY. FRESH. LOCAL. SUSTAINABLE.

Those four words are at the heart of Louise Mitchell's job as sustainable foods coordinator for Maryland Hospitals for a Healthy Environment, a program started by Barbara Sattler that's housed at the University of Maryland School of Nursing.

Mitchell works in partnership with the National Healthy Food in Health Care campaign of Health Care Without Harm to educate Maryland hospital food service directors, executive chefs, and purchasing managers about the health risks posed by factory farming. For example, some 70 percent of the antibiotics in the nation are administered to animals raised for meat, a routine practice that's been linked to antibiotic resistant bacterial infections in humans. "Livestock for meat and dairy production accounts for 18 percent of all global greenhouse gases, more than that produced by all of earth's cars, trains, and planes combined," says Mitchell.

She gives hospitals the technical assistance and networking opportunities they need to provide healthier, local, and sustainable foods to their patients, staff, and visitors. And after almost four years with the program, Mitchell has no difficulty reeling off an array of success stories. Of the 74 hospitals in Maryland, more than 30 purchase local produce on a regular basis. Eight Maryland hospitals are reducing their meat purchasing to improve their carbon footprint and public health. Seven Maryland hospitals, including University of Maryland Medical Center, have farmer's markets and seven have composting programs. And due to the work of Mitchell's colleagues Joan Plisko, PhD; Denise Choiniere, MS, RN; and Michaela Lindahl-Ackerman, MPH; more than 40 hospitals in Maryland have "green teams" implementing a wide range of environmentally sustainable initiatives, which has significantly contributed to the success of this healthy food campaign.

"There's so much happening it's hard to say 'no' to any one of these wonderful initiatives and opportunities," Mitchell says.

Next on the agenda is increasing the local and sustainable protein foods hospitals are serving, including meat, fish, and eggs, and expanding the local and sustainable foods available in hospitals from cafeterias to patient trays. —MB



Louise Mitchell discusses the advantages of using local, sustainable foods with UMMC Chef Stephen Mack.

mental group specializing in research and advocacy.

In June, the Alliance of Nurses for Healthy Environments (ANHE) held the first national conference for nurses aimed at addressing the relationship between human health and the environment. Researchers from across the nation united to develop a national research agenda for environmental health nursing. “The agenda identified topics that we believe are important and timely and in need of funding,” she explains. “Hopefully, we can now take the agenda to the funding agencies to secure research dollars to do these studies. We envision some multi-center national research projects.”

Gilden is also working with the ANHE and their innovative Web portal e-Commons.org, to develop an array of online resources to help nurses launch new studies in environmental health and connect with others interested in their fields of expertise. “We really want to have a network of nurse researchers, educators, practitioners, and advocates and e-Commons is helping us to connect and find new people and pull them into the fold,” she says.

GIVING NURSES A VOICE

Connecting nurses and educating them on how to be advocates for environmental health is a major focus of Brenda Afzal, MS, RN, who has worked as project manager and director of health programs for the School of Nursing’s Environmental Health Education Center since 1999.

Afzal spends much of her time meeting with nurses in national and state professional organizations. She helps them form environmental health task forces, write health policy resolutions, and become part of committees charged with making change and creating policies on national, state, and local levels. “My role is to help nurses understand their power, their role, and what their civic responsibilities are in relation to stopping these insults to the environment that are affecting the people we serve,” says Afzal. “I want nurses to understand that they have a voice.”

She’s helped place nurses on federal and state environmental committees and coordinated writer’s retreats for nurses special-

izing in environmental health issues to help increase the number of articles in nursing journals on the topic. And she’s assisted such groups as the American Nurses Association in developing a set of 10 environmental health principles on providing care that’s environmentally healthy and safe. “All associations work from a framework of resolutions,” she explains. “If they don’t have resolutions related to environmental health, a set of environmental health principles or standards, they simply don’t work on the

“The number of nurse researchers in environmental health is growing but we need more. There are over 80,000 chemicals in use in the United States and less than 10 percent have any health data associated with them.”

—Robyn Gilden, program manager,
Environmental Health Education Center

issue as an organization. We work behind the scenes and directly with associations to help them create this energy.”

Like many of her colleagues in the Environmental Health Education Center, Afzal leads by example. An expert on drinking water, Afzal has served on several national water quality advisory committees to the Environmental Protection Agency. A member of the Maryland Attorney General’s Environmental Advisory Council, she recently testified before the state General Assembly in support of a bill to limit the use of Bisphenol-A or BPA. A chemical used in plastic baby bottles and other containers, it has been linked to effects on the brain, behavior, and prostate gland in fetuses, infants, and young children. “BPA is in 95 to 98 percent of Americans,” she says. “It’s in fetuses. It’s in breast milk. This is a


toxic trespass and it has to stop.”

When nurses speak out, their voices are being heard. That’s what Rebecca Shelley, MS ’05, RN, discovered after she graduated from the School of Nursing with her master’s degree in 2005 and took a job with the American Nurses Association as the environmental health liaison for the Department of State Government Affairs. Shelley spent five years helping the association act on a wide array of policy resolutions. Toward the end of her tenure, while working on chemical policy reform on the federal level, she noticed a shift in how nurses were being received by key policy and decision makers. “When people realized there was a nurse sitting at the table, they really paid attention,” she says. “It was like a light went on. They realized nurses are health advocates and chemical policy reform is an imperative and pressing health issue.”

ADDING TO THE FOLD

In her decades of working in environmental health, Sattler has witnessed the number of nurses involved in environmental health issues grow from a handful into the thousands. She’s pleased with the progress that’s been made. But there is still so much work left to do.

“In the future, nurses are going to become integral parts of our health care system, in terms of raising awareness around environmental health and making changes within our own institutions,” she says. “In the long term we’re going to see that more nurses are prepared when they come out of nursing school to assess exposures, work with patients in communities, and be active citizens on a wide variety of environmental issues.”

Afzal has a favorite saying, an African proverb, that she believes describes the work that she and her colleagues at the School of Nursing’s Environmental Health Education Center will need to do to achieve Sattler’s vision, which they all share. “To go fast you travel alone, to go far you travel with others,” she says. “That is what our job is. It’s about bringing people into the fold, helping them understand, and getting their perspectives on issues. This is how you make change.” 

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At Paul's Place in Baltimore's Pigtown, people begin lining up at 11 a.m. for free lunch and wellness and intervention programs offered by School of Nursing students as part of their community service learning.

GOOD NEIGHBORS

By Mary Beth Regan

Photographs by Kirsten Beckerman

Through service learning efforts at nearly 40 locations across the state, University of Maryland School of Nursing students and faculty are improving the health of entire communities.

THE STREETS OF BALTIMORE can be tough. And when you are poor, homeless, and sick, this burden is especially heavy. Outside Paul's Place, in Southwest's historic Pigtown, people without shelter start lining up for free lunch and health care well before 11 a.m. They bring their possessions, or leave them behind in makeshift shanties in alleys, underneath highways, and behind gutted row houses.

Here in Pigtown, School of Nursing students work each week on the fundamentals of community health nursing through a concept called "service learning"—designing and implementing wellness programs and intervention strategies to help communities grapple with today's toughest health issues.

In urban areas, such issues include addiction, mental health problems, poor nutrition, teenage pregnancy, and lead-paint poisoning. In rural areas, nurses often deal with childhood obesity, diabetes, drug and alcohol abuse, gun safety, and elder abuse.



Marjorie Buchanan (center) observes as Tomorrah White (right) helps Ann Langdon hone her reading skills.

"In community health nursing, we focus on entire populations," explains Linda Flynn PhD, RN, FAAN, program director for the School's Community/Public Health Nursing master's specialty. "We develop programs that enhance the health of an entire community, and that naturally filter down to the treatment of the individual."

With its long-standing emphasis on community health nursing, the School has one of the most comprehensive and innovative service-learning tracks in the nation. Both undergraduate and graduate students have the opportunity to choose from nearly 40 non-profit, city, county, and state health



Buchanan URGES her students to look for BROAD, long-range HEALTH promotion and disease prevention EFFORTS that will help the ENTIRE community.

organizations; through their work at these organizations, the students gain real-life experience before graduation.

As undergraduates, they learn in classrooms and simulation labs, discovering how to conduct health assessments or home-health visits. Then they hone the basics of how to put together wellness plans and community intervention strategies. Finally, they hit the streets or rural back roads, staffing homeless shelters, walk-in clinics, rural health offices, teenage pregnancy centers, and dozens of other sites. Undergraduates log 90 hours a semester in these locations.

Graduate students, as experienced RNs, provide more in-depth services: They work between 160 and 180 hours in community locations, developing advanced population assessments skills and designing large-scale programs to meet community needs.

“We integrate the learning needs of the student with the health care needs of the community,” says Flynn. “It ends up as a win-win for everybody.”

Paul’s Place

Since 1982, Paul’s Place has operated as an oasis in economically challenged Pigtown, which has among the highest concentra-

tion of urban poor nationwide. Here, under-employed, unemployed, and homeless people of all races struggle with the ills of urban life—addiction, mental illness, physical abuse, sexual abuse, sexually transmitted diseases, obesity, chronic stress.

When Marjorie Buchanan, MS, RN, a clinical instructor in the School of Nursing’s community health nursing specialty, set up her practice in 2004, she had already thought of expanding the services provided by her capable nursing students. At the time, she had access to one room for basic health assessments. “We’d take weights and blood pressures,” she recalls.

Today, the School is integral to nearly every initiative at Paul’s Place, from the hot lunch program to the nurses’ clinic to the wellness and adult exercise classes to the Ambassador Program, which equips residents with the skills they need to serve as mentors to their neighbors. Nursing students attend regular meetings of the ambassadors, providing health education on such issues as substance abuse and good nutrition.

Buchanan is a fixture at Paul’s Place—“vital to everything that goes on,” according to Ambassador Program Director Will Thomas. She is at the center every Wednesday and Thursday and even organized her

own team to compete in the Paul’s Place fundraiser “The Squeal Appeal,” a 5K walk/run in March. Buchanan urges her students to look for broad, long-range health promotion and disease prevention efforts that will help the entire community.

On a recent Thursday, graduate student Kyndra Jackson, MS, RN, an officer in the U.S. Army, was in the children’s center, stacking granola bars to be used later as snacks for the children. She was working with Alexis Hodge, MS, RN, to write and implement a health promotion and wellness program that will be used in the After-Three Program, which serves area students in first through fifth grades.

They hope to teach the children the importance of good nutrition. Many youngsters come from low-income homes where fruits and vegetables are a luxury. “Hopefully, we’ll be able to get them to change their habits and make some healthier choices,” Jackson says.

Pediatric Asthma Initiative

Not too far away, another of Buchanan’s graduate students is working on the pediatric ward at the University of Maryland Children’s Hospital, designing a program that will help children hospitalized for asthma attacks.

As in many cities, Baltimore’s childhood asthma rate is of major concern. Researchers are beginning to understand the link between low-income urban environments, such as areas of Baltimore City, and spikes in the disease.

Nurse researchers point to dilapidated



Left to Right: Lakisha Flagg reviews the proper use of an inhaler with the mother of an asthmatic child. Katherine Fornelli (center) and students Brittany Winstead and Yury Malachevsky plan their busy day at Our Daily Bread. Student Anne Nganga performs a health assessment with a client at Christopher Place.

housing, insect and vermin infestation, parental smoking, and pollution as key triggers. In Baltimore, dusty row houses, littered with rat, mice, and cockroach feces, are plentiful. A possible result: The rate of emergency room visits linked to childhood asthma attacks in Baltimore City is 2.5 times higher than for children across the state. “We are seeing the problem across the city,” says Lakisha Flagg MS ’10, RN.

Flagg, who took over as Director of Community Health at West Point Military Academy after graduation in May, worked with academic advisor Buchanan in designing a pilot project called the Pediatric Asthma Initiative. The project leverages non-profit and city services to improve disease management for children with asthma.

The initiative links youngsters with existing services when they are discharged from the hospital: Baltimore City’s Healthy Homes provides follow-up visits; the University of Maryland Breathmobile helps the children with check-ups and medication refills; and smoking cessation programs target adult smokers in the homes.

Flagg’s strategy is to piggyback on existing resources, she says. Healthy Homes, for example, has a capacity for 250 clients but is currently under-utilized with roughly 70 clients. Once families are enrolled, health officials visit homes, pay for improvements (such as mattress pads), contact housing agencies if needed, and offer strategies for keeping houses clean. “The nurses go in and teach them how to identify triggers such as mold, rodents, and cockroaches,” Flagg says. They also educate parents about

administering medication.

For the children, such interventions are critical because asthma leads to other chronic health problems. “Many children come from low-income homes. It’s difficult for parents to manage the children’s disease. They may live in row houses that are in terrible condition. And even if they control the rats and mice, next door neighbors probably have them,” Flagg says.

“After I graduate,” Flagg adds, “We already have another student trained and ready to take my place.... This doesn’t start and end with me.”

Our Daily Bread Employment Center

Further east, past the I-83 overpass, Our Daily Bread Employment Center offers a stark contrast to its neighbor, the Baltimore City Jail—a dark stone building surrounded by barbed wire. With its large windows and brightly lit foyer, Our Daily Bread exists as a welcome sanctuary from the tough streets outside.

When Assistant Professor Katherine Fornili, MPH, RN, CARN, years ago started taking her nursing students to Our Daily Bread in its old location, the students were relegated to serving hot meals. Today, they form the backbone of a health team that serves men enrolled in the Christopher Place Employment Academy, a residential program located on the second floor. More than 500 men have graduated since the program’s start in 1996.

Two days each week during the academic year, Fornili and Clola Robinson-Blake, MS, RN, gather students in a

brightly lit conference room. Robinson-Blake teaches on Wednesdays, overseeing eight undergraduates. Fornili teaches the same number on Thursdays. When the students leave the classroom, they work with the men by conducting health assessments and by linking them to critical services such as primary care doctors, health insurance companies, or pharmacies.

“Often times, we’ll see that their meds have run out,” says Fornili, “Or they don’t have a primary care provider, or they are suffering from high blood pressure.” The nursing team also plays a key role in preventing the spread of infectious disease, for example, by assisting community clinics and hospitals in implementing flu shots at Our Daily Bread.

The Christopher Place experience gives students a solid grounding in community health nursing, a hands-on practicum that helps them decide whether they would prefer this work to other areas of nursing.

On a recent Thursday, Anne Nganga, BSN ’10, said the experience reminded her of why she wanted to become a nurse. On this day, she was conducting a health assessment on a young man. They got to talking. Nganga, far from her own family in Kenya, knows well the pangs of separation from her homeland. The young man confided that he had last seen his father when he was a baby—because his dad was in jail next door, serving a 40-year term.

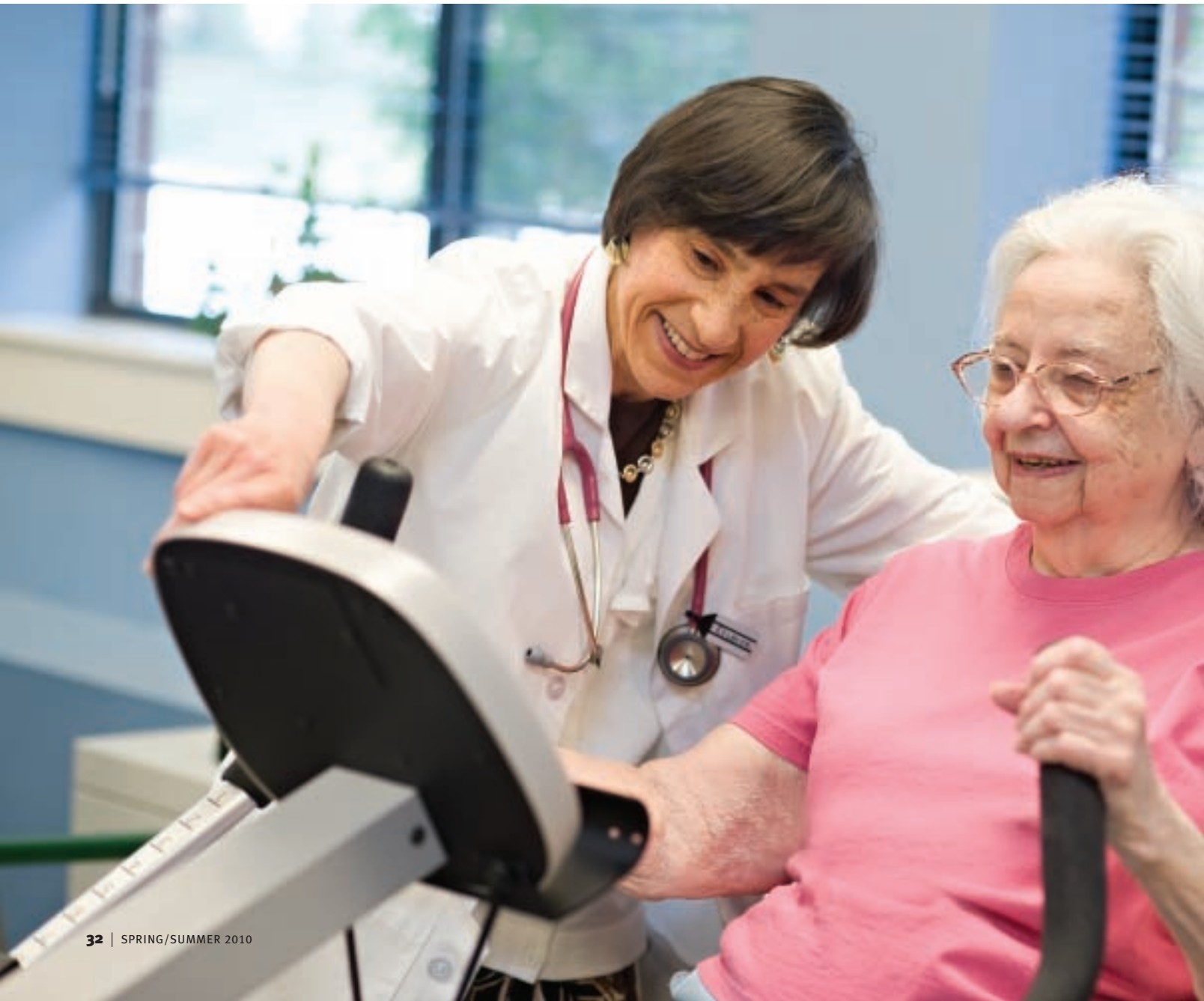
“That made me feel sad,” says Nganga. “But then I remembered that I got into nursing because I want to help people. And that’s what I am doing.”

AGING

Story by Sue DePasquale and Jennifer Hale

Photos by Kirsten Beckerman

Well





❖ Left: Modeling a needed skill or technique is particularly effective with elderly clients, notes assistant Professor Beth Galik, PhD '07, CRNP, (left). Here she works with Dorothy Nissim, who is recovering from a recent hip fracture, to give Nissim more confidence in navigating the hallways of Roland Park Place in her wheelchair. “Put your hand here,” cues Galik, placing Nissim’s hand atop a wheel. “Is your brake off? We’re going to go....” Nissim, who had been frowning in concentration, smiles. “Want to have a race?” she asks. “Yes!” Galik responds with a chuckle. “Let’s have a race!”

Galik’s research focuses on optimizing function among those with dementia.

❖ Rosa Gryder (right), like Americans of all ages, isn’t always eager to break a sweat in the exercise room, notes Professor Barbara Resnick (left). So she does whatever she can to motivate Gryder and other elderly patients, mixing encouragement with humor “to make it fun.” Resnick knows how important it is to promote an active lifestyle among the aged, in order to stave off injury and illness, so she works with caregivers in nursing homes, assisted living facilities, and private homes to share her motivational strategies. Often, simple changes can pay big dividends, such as removing obstacles (crowded hallways can make walking tricky, for instance), or reducing unpleasant side effects of exercise (a Tylenol before working out will prevent muscle pain afterward).

THE DEMOGRAPHICS ARE DAUNTING: between 2005 and 2030, the number of adults 65 and over in the United States is expected to nearly double.

“With the increasing numbers of older adults, it’s critical that nurses have the ability to provide exemplary care to these individuals—no matter what area of nursing you’re in,” notes Professor Barbara Resnick, PhD '96, CRNP, FAAN, FAANP, Sonia Ziporkin Gershowitz Chair in Gerontology.

She is co-director, with Professor Sue Thomas, PhD, MS '73, BSN '69 RN, FAAN, of the School of Nursing’s Developing Center of Excellence in Aging. Launched in December 2009, the center brings together investigators within the School of Nursing and interdisciplinary colleagues from across all professional schools on the University of Maryland, Baltimore campus—and institutions nationally and internationally—to advance research and care of the elderly.

“Our goal is to develop innovative interventions and disseminate and implement them in real world settings,” says Resnick. Currently, School of Nursing researchers are exploring vital

"We have found that people who owned pets did better than non-owners in one-year survival [after heart attack], independent of all other social support."

—Erika Friedmann, PhD

✦ It's hard to resist the soft eyes and sweet licks of Sabrina, a mixed Spaniel who is popular throughout the halls of Roland Park Place. "She likes to spend her time in the lobby greeting everybody," says owner Mary McPherson (right). Professor Erika Friedmann, PhD (left), believes that canines like Sabrina can have a positive impact on the heart health of the elderly. "We have found that people who owned pets did better than non-owners in one-year survival [after heart attack], independent of all other social support," she says. In her current study, Friedmann is monitoring the blood pressure of elderly pet owners, like McPherson, during their daily activities at home. Early results indicate that pets, like Sabrina, succeed in lowering blood pressure. "She's good company," says McPherson. "Every morning at 6:45 she paws at my mattress and then jumps in my bed."



clinical problems around the state, and they work within a variety of settings, from nursing homes to senior housing.

Traditionally nursing has focused on providing care to older adults, says Resnick. That's changing. "We're no longer just focused on performing care for the individual. Instead, nursing helps older adults to participate in optimizing recovery, health, function, and physical activity regardless of age or underlying comorbidities," Resnick says. "We want to get them doing as much as possible for themselves"—whether that means regaining mobility after a hip fracture, or, for those with advanced dementia, being able to feed themselves.

"We're changing how nurses provide care to older adults," says Resnick. "We're not willing to accept the way things have always been done."



❖ Recovering from a stroke can be a long and arduous process. Assistant Professor Kathleen Michael, PhD, RN, CCRN, has combined exercise with peer support in her work with patients at the Baltimore VA Medical Center. Here, with upbeat music playing in the background, Michael (in glasses) works with Delores Roster to improve her balance and dexterity (through leg lifts and an obstacle course), and build her endurance. Throughout Roster's 30-minute treadmill workout, she is supported by a parachute harness.

The EVIDENCE Is In

Interview by Sarah Achenbach



As associate professor and assistant dean for the Doctor of Nursing Practice (DNP) Program, Robin Newhouse, PhD '00, RN, CNA-BC, CNOR, knows that when nurses ask questions about clinical practice and are trained to guide the answers with evidence, it can transform health care. Giving nurses the tools they need to develop research-based recommendations focused on an aspect of patient care—called evidence-based practice—requires an investment in time and training. The payoff, Newhouse believes, is well worth it: increased nurse leadership, engagement, and accountability; better work efficiencies; and, most importantly, improved patient care and outcomes.

A leading expert in evidence-based practice for direct care nurses, Newhouse is one of five co-authors of the award-winning *Johns Hopkins Nursing—Evidence-Based Practice Model and Guidelines* (Sigma Theta Tau International, 2007), a step-by-step manual used at the University of Maryland, Hopkins, and at nursing schools and hospitals nationwide and in Japan. Under Newhouse's leadership, the School of Nursing has created a sequence of four courses for an Evidence-Based Practice Certificate to foster and hone the research skills of direct care nurses.

Evidence-based practice is a newer trend in nursing schools and clinical settings. When did it first become part of the School of Nursing's curriculum?

In the 1990s, evidence-based practice was called research utilization. In academic programs at the baccalaureate and graduate level, we have always had research content. As the demand for evidence-based

decisions increased in clinical settings, it influenced the curriculum in academia. The incorporation of evidence-based nursing practice built momentum in the 2000s when the American Nurses Credentialing Center, a subsidiary of the American Nurses Association, required evidence-based practice as part of its criteria in the Magnet Recognition Program®. Two years ago, we evaluated our undergraduate, master's, and doctoral curricula and made recommendations to increase the content related to evidence-based practice into every level. Also, there was a new generation of nurses in clinical facilities that needed evidence-based practice skills.

Why is evidence-based practice so important to nursing today?

Nursing as a profession has an evidence base to inform what works for our patients. Because of the incorporation of better evidence-based practice, we are seeing better patient care, such as reduction in blood stream infections and pressure ulcers. These issues are nurse-sensitive. We don't need to train master's students to write a research paper. We need to teach them to apply evidence to practice. Through evidence-based practice, you generate the question and answer it, using what is known about the topic in the literature. Now nurses are asking questions that are vital to their practice.

What is the focus of the School of Nursing's Evidence-Based Practice Certificate program?

Our goal is to train leaders and people who can influence organizations. Nursing started to do a better job incorporating research findings in the mid-1990s. Our students currently learn about evidence-based practice through courses, and all DNP students have a capstone clinical project, which applies evidence to practice. (See "Putting Evidence-Based Practice Into Action.") The 12-credit, post-master's certificate program will cover evidence-based practices in depth through four courses. We are set to launch this fall, pending approval by the Maryland Higher Education Commission.

What distinguishes this program from other evidence-based practice nursing programs regionally and nationally?

There are only a handful of Evidence-Based Practice certificate programs in the nation, and ours will be the first in the region. We will offer dedicated, faculty-mentored time to learn and apply evidence-based practices. Each class or cohort will generate questions together with close faculty mentoring. The students will critique and synthesize evidence, generate practice recommendations, and create a translation plan based on organizational theory. They will also learn to use data to evaluate outcomes.

We also host an annual conference on incorporating the most advanced scientific knowledge into our practice. This year's conference, held on April 15-16, was our seventh. (See p. 7.) Evidence-based nursing practice is something that is urgent and needed. Now that we understand how vital it is for nurses to actively engage in evidence-based practice, nurse leaders need to plan and budget for nursing time spent in the process. This means that nurses will spend time away from the floor and patients—but it will make a significant difference to patients and to the institution.

PUTTING EVIDENCE-BASED PRACTICE INTO ACTION

IT WAS AN ISSUE THAT FIRST VEXED Deb Schofield, DNP '09, MS '95, CRNP, when she began her career in emergency medicine. "Injuries to the carotid vessels and the vertebral vessels are very serious since they supply blood to the brain," says Schofield, who received her Doctor of Nursing Practice (DNP) degree from the School of Nursing in 2009. But after patients are treated for blunt cerebrovascular arterial injuries (BCVIs), the biggest threat to their health can be lack of follow up, says Schofield—"a source of frustration for all specialties involved."

Medications can cause bleeding, post-surgical and treatment instructions often are unclear, and without consistent follow-up, clinicians don't know if the injuries are evolving. As a nurse practitioner in the University of Maryland Medical System's (UMMS) Neuroradiology Service, Schofield wanted to research the issue, but time and the topic's complexity kept her from active research.

When she had to select a topic for her evidence-based practice capstone project as part of the DNP Program, the choice was easy. "I triaged the BCVI follow-up problem," she says. "I needed to document the pattern in numbers, but there was no background for my question, and I could only speak about it anecdotally. The DNP coursework laid the foundation, and the evidence-based practice model was the most crystal clear, solid process I have ever used to get through a problem."

Schofield first conducted a retrospective chart review of all BCVI patients at UMMS from July 2004 to December 2007 and discovered that many were lost to follow-up. After Institutional Review Board approval, she and an interdisciplinary team reviewed the care of BCVI patients weekly for three months. "None were lost to follow up, and every patient had clear, documented instructions for follow-up imaging and medication recommendations and stroke prevention education," she notes. The Shock Trauma Neuro-Intensive team has since developed an algorithm for treatment and post-care of this population.

Today, as an assistant professor in the School of Nursing's Trauma, Critical Care, and Emergency Nursing master's specialty and the Nurse Practitioner Clinical Lead for Clinical Specialties, Schofield is teaching other nurse practitioners to use the evidence-based practice model to answer their own vexing questions.—SA

Alumni Pulse

CLASS NOTES AND NEWS



1950s

Ellen D. Kwiatkowski (Lang), BSN '54, retired initially to raise her five children and then returned to work in 1977 (in pediatrics) at the former Baltimore City Hospital. She officially retired at age 62.

Patricia T. Nagorka, BSN '57, worked in a middle school special education department for more than 26 years. She retired in 2009 at age 72.

1960s

Anne Cole, BSN '67, is currently working in a homebound program in Fairfield, Conn.

1970s

Christine McCurtrie, BSN '75, is a professor at the Institute of Nursing, Brevard Community College, Cocoa, Fla.

LTC Rhonda Morris, BSN '75 (WRAIN), retired from the U.S. Army in 1991. During her military career, she was stationed in South Carolina, Texas, and Germany. Morris completed the Army's graduate program in Anesthesia Nursing in 1979. She is currently doing locums anesthesia in Texas and volunteering with the Army Nurse Corps Association to raise scholarship money for nursing education.

COL Anne Marie Caylor, BSN '76, is a charge nurse at Centra Health in Lynchburg, Va. She was nominated by her peers for Nursing Overall Excellence and received the Craddock-Terry Excellence in Nursing Practice Award. The award was established 18 years ago

by the late Roland Peters, then president of the Craddock-Terry Foundation, as a way to reward nurses who provide excellent patient care.

Reba E. Goslee, MS '76, is a volunteer at the Holly Center, a state-operated, 24-hour residential training facility for individuals with developmental disabilities, in Salisbury, Md. She also volunteers at Deer's Head Hospital in Salisbury, where she serves as president of the volunteers.

Sheila Reilly Kramer, BSN '78, is employed as a home health case manager at the Mayo Clinic Charter House in Rochester, Minn. She is a board member of Join the Journey, a breast cancer awareness and support group. Kramer also serves as chair of the "Making Waves Floating Support Program" and oversees a dragon boat team of breast cancer survivors. Her group prepares for their competition with stretching, strength training, and paddling on Silver Lake in Rochester, Minn. during the summer.

1980s

Paula Ciniero, BSN '84, received a March of Dimes Nurse of the Year Award for the State of Alaska in the area of Community/Public Health/Rural/School. Ciniero is an Itinerant Public Health Nurse serving nine Indian villages.

Beth Diehl-Svrjcek, BSN '84, is a student in the Doctor of Nursing Practice program at the Johns Hopkins University School of Nursing.

Ellen Ellickson, MS '87, retired from the Nursing Department, College of Saint Benedict/St. Johns University (CSB/SJU), St. Joseph, Minn., after nine years of teaching pharmacology, the health needs of the African-American population, and nursing practice with older adults. She will continue involvement with nursing through her parish nursing program, rescue work for cats and English Springer spaniels, wildlife rehabilitation, and volunteering for the Memory Disorders Clinic. She will also serve as a faculty member in the Parish Nurse Preparation course at CSB/SJU. Ellickson experienced a varied career path, serving in the Navy Nurse Corps for three years, and then working in psychiatric nursing, clinical nursing, primary care of older adults, and nursing in the correctional system.

Nancy L. Newman, BSN '87, is currently working at the Harford County, Md. Health Department.

Judith Levine, BSN '89, is serving a two-year term on the National Latino AIDS Action Network (NLAAN) Steering Committee, representing the Washington, D.C. metro area. NLAAN is a coalition representing the major organizations that work with Latino populations affected by HIV across the United States and Puerto Rico.

1990s

Coleen L. Heckner, MS '94, BSN '90, is currently pursuing a master of arts in pastoral studies at St. Bernard's School of

Theology and Ministry in Albany, N.Y.

Barbara Rose, PhD, MS '93, earned her PhD from the University of San Diego. Her research investigated the influence of gender on depression and immune system function in colorectal cancer. Rose is the clinical nurse specialist for critical care at the Veterans Affairs Medical Center in San Diego, where she chairs the Research Council, Code Blue Committee, and Critical Care Multidisciplinary Committee. She has taught at the University of San Diego Hahn School of Nursing, San Diego State University Department of Nursing, and is a faculty member and founding member of the Evidence-Based Practice Institute.

LT COL Deborah S. Beatty, MS '96, retired in August 2008 after 24 years of nursing in the U.S. Air Force. She is now teaching part time at Beth-El College of Nursing in Colorado Springs, Col.

COL Susan Jano, MS '96 NC, SFN, was recently promoted to Colonel, United States Air Force, and is currently serving as Chief Nurse at Aviano Air Base in Italy. She previously served as Commander, 30th Medical Operations Squadron at Vandenberg, AFB, Calif. COL Jano has served as the Air Force Surgeon General's Consultant for Medical-Surgical Nursing, twice led large inpatient units in USAF medical centers, and deployed in support of Operation Iraqi Freedom. She is certified by the American Nurses Credentialing

Center in Medical-Surgical Nursing and Advanced Nursing Administration. Her career has focused on inpatient medical-surgical nursing and aero medical evacuation

MAJ Prentice R. Price, MS '00, BSN '97, RN, BC, NE-BC, ANP, chief nurse at Bamberg Army Health Clinic, San Antonio, Texas, was selected for a Training with Industry Fellowship with Baptist Healthcare Systems in San Antonio. As a Nurse Executive Fellow, MAJ Price will observe and learn best business practices in the civilian sector and apply them to the Army Medical Department.

2000s

Lillian R. Taylor, MS '01, received an Award of Excellence for humanitarian work conducted in Liberia and Ghana during the 13-year civil war.

Tracy Johnson, BSN '03, works at the Duke University Eye Center, Durham, N.C., as a Clinical Nurse II. She serves on the board of directors for Sigma Theta Tau and co-chairs the Continuing Education Committee for the Association of PeriOperative Registered Nurses (AORN) Tar Heels East Chapter 3404.

Mary Madukwe, BSN '05, is currently working in Adult Medical Care at Suburban Hospital in Bethesda, Md.

JoAnn L. Nicoteri, PhD '07, received the University of Scranton 2008 Provost's Award for Excellence in Teaching Part-time. Nicoteri has taught at both the graduate and undergraduate levels. Her teaching areas include Advanced Clinical

Assessment, Women's Health, Pharmacology, Family Health, and Nursing Care of the Child-bearing Family. Her areas of research include teen mothers and babies, and college students' health care seeking behaviors.

Jennifer C. Mitchell, CNL, MS '07, was recognized as a Washington Hospital Center super star for providing exceptional service to the hospital. Her photograph is displayed on the Hospital Center's Wall of Fame.

Lena Choudhary, MS '08, and JD '90 University of Maryland School of Law, is assistant professor of nursing at Washington Adventist University, Takoma Park, Md. Her nursing specialty is public health nursing.

IN MEMORIAM

Evelyn J. Bates, DIN '50

Elaine Beach, DIN '40

Paul R. Ehrlich, BSN '77

Ella Elbourne, BSN '54

Rena R. Elmore, BSN '69

June Elizabeth Geiser Frisch, BSN '47

Mary Ann Gottschall, BSN '75, MS '82

Judy L. Hanke, DIN '41

Betty E. Hennegan, DIN '48

Helen V. Hobbs, DIN '45

Margaret Groomes Hobbs, DIN '31

Zella M. Hubbard, BSN '70

Clara L. Hurd, DIN '43

Doris M. Kane, BSN '68

Mary V. Kramer, DIN '33

Patricia P. Lamont, DIN '51

Dorothy G. Lappe, MS '86, BSN '84, DIN '48

Edward R. McDonald, BSN '66

Eileen L. McIntyre, BSN '64

Anna P. Miller, BSN '41

Laura K. Morone, DIN '50

Margaret A. Nelson, BSN '74

Laura M. Philbrick, BS '58

Ida M. Selenkow, MS '90, BSN '80

Glen Shaulis, BSN '85

Betty Lou Shubkagel, BSN '54

Elizabeth Greening Rohr

Singleton, DIN '47

Anna Mae Slacum, DIN '47

Alice Steele, DIN '35

Margaret Webster, BSN '39

Mary Ann Witherow, BSN '76

Judith A. Wheaton, MS '02

*This list includes notices that the University of Maryland School of Nursing has received from 9/1/2009 through 5/10/2010.

Alumni Share Your News!

Please send us information about what's happening in your life—new jobs, promotions, family events, presentations, honors, awards, advanced education/degrees—so we can add your news to the "Alumni Pulse" section of *NURSING* magazine. Share your news by e-mailing alumni@son.umaryland.edu or by mailing the form below. Photos are welcome! Your updates will be included as space permits.

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Cynthia Sikorski, Associate Director of Alumni Relations
University of Maryland School of Nursing, 655 W. Lombard St., Suite 729A, Baltimore, MD 21201
Fax: 410-706-0399 | alumni@son.umaryland.edu

Sikorski Named New Alumni Director



Cynthia Sikorski, BA, has joined the Office of Alumni and Development as associate director of alumni relations. A seasoned development profes-

sional, Sikorski has more than a decade of experience in higher education institutional advancement. She served as director of alumni relations at both the University of Miami School of Law and the University of Maryland University College, and most recently worked as associate director of development at Howard Community College, Columbia, Md. Sikorski's experience working in diverse, non-traditional institutions as well as more traditional educational settings has provided her with a wide range of skills that she plans to use in her new position.

"The School of Nursing has an extraordinary history as a leader in nursing education," says Sikorski. "Our alumni relations program celebrates the diverse accomplishments of our alumni and creates opportunities for alumni to reconnect and get involved with the School."

Schofield to Lead Alumni Council



The School of Nursing Alumni Association Council recently named Deborah Schofield, DNP '09, MS '95, CRNP, as its new president. A two-time graduate of

the School, Schofield currently serves as an assistant professor in the School's Trauma, Critical Care, and Emergency Nursing master's specialty. She is widely published and has an extensive background in emergency medicine. Schofield was recently elected to the Board of Commissioners of the Commission on Collegiate Nursing Education and to the Editorial Board of the *Journal of Radiology Nursing*. She is currently serving in a leadership position at the University of Maryland Medical Center (UMMC), leading nurse practitioners in the areas of emergency medicine, perioperative services, and moderate sedation.

Schofield's goals as Alumni Council President include recognizing, encouraging, and facilitating alumni services; enhancing visibility of alumni efforts through the School's NURSING partnership with UMMC; and facilitating fundraising efforts.

CALLING ALL CLASSES

...ESPECIALLY THOSE ENDING IN "6" OR "1"

We are beginning to make plans for Reunion 2011 to be held Saturday, April 30. If you would like to participate as a class representative, share an interesting experience, or provide some suggestions on how to make the event even more special, please contact us at 410-706-7640 or e-mail alumni@son.umaryland.edu

More details will be shared as they become available.

Alumni Council Executive Committee

Deborah Schofield, DNP '09, MS '95, President
 Pam Lentz Williams, MS '00, BSN '84, Past President
 Barbara Resnick, PhD '96
 Beth D. Yarnold, MS '98, BSN '96

Members-at-Large

*Ann F. Bennett, MS '69
 Amy E. Chesser-Lewis, MS '09, BSN '05
 Ethlynn "Woody" E. Crow, DIN '48
 Joan M. Davenport, PhD '00
 *Ann L. Ellenson, BSN '70

W. Conrad Gordon, MS '02, BSN '96
 Janet R. Harris, PhD '97
 Gail (Cameron) Hooper, BSN '64
 Jane B. Johnson, DIN '47
 Kimmith Jones, MS '92
 *April C. Kopec, MS '09, BSN '03
 Pamela A. Lentz, MS '00, BSN '84
 Beth Ann Martucci, MS '99, BSN '96
 *Carmel A. McComiskey, MS '96
 Esther E. McCready, DIN '53
 Karen A. McQuillan, MS '86, BSN '81
 Kathryn Montgomery, PhD '97
 Patricia G. Morton, PhD '89, MS '79

Jewel Moseley-Gray, BSN '59
 Marilyn S. Murphy, MS '01
 Eun-Shim Nahm, PhD '03
 *Elizabeth A. Ness, MS '93
 *Elizabeth G. O'Connell, MS '74, BSN '73
 Minnie M. Raju, MS '05, BSN '02
 Barbara M. Resnick, PhD '96
 RADM Carol A. Romano, PhD '93, MS '85, BSN '77
 *Christine Shippen, MS '98, BSN '73
 Sue A. Thomas, MS '73, BSN '6,

* Indicates new Member-at-Large



Improving Patient Outcomes

AS A CLINICAL NURSE specialist at the University of Maryland Medical Centers, R Adams Cowley Shock Trauma Center, Karen McQuillan, MS '86, BSN '81, is at the forefront of improving trauma care.

Since 1987, McQuillan, in her role as an advanced practice nurse in the Shock Trauma Center units, has been a leader in implementing evidence-based practices to improve patient outcomes.

Recently, she was instrumental in developing and implementing a protocol for induced hypothermia in patients post arrest, an innovative practice that involves chilling the patient after cardiac arrest in order to limit brain damage, and improve recovery. "We've invested a great deal of time evaluating the research on this practice, to incorporate evidenced-based best practices into the protocol that was developed," says McQuillan, whose article "Inducing Hypothermia After Cardiac Arrest" appeared in the 2009 issue of the *Critical Care Nurse Journal*. Also, she is lead editor of the nursing textbook, *Trauma Nursing: From Resuscitation Through Rehabilitation*, and a frequent contributor to publications related to traumatic spinal cord and brain injuries.

In addition to her clinical duties and research, McQuillan also teaches at the bedside, in the classroom—at the School of Nursing and in international locales including China, Canada, India, and Australia. Also, McQuillan regularly precepts students in the Trauma/Critical Care master's specialty. "Not one day is the same. Finding the time to get everything done is one of the biggest challenges," she says.

For more than 17 years, McQuillan has been an active member of the American Association of Critical Care Nurses (AACN), an organization that gives nurses from all over the nation the opportunity to "shape best practices for patients," she notes. As a member of various task forces, like the Evidence-Based Practice Resource Work Group, and as chair of the 2009 National Teaching Institute Education Planning Committee, she collaborates with other nurses to remedy current issues in the field. "AACN is a great way for nurses to exchange relevant information that can be implemented in facilities across the nation," she says.

McQuillan traces the knowledge she uses in each facet of her career back to her experience at the School of Nursing. "The school has influenced my entire career track. My work at Shock Trauma has been unbelievably rewarding," she says. "I am really proud to be a nurse." —JH

A Voice for Nursing Home Residents

SHIRLEY EDWARDS, MS '80, BSN '78, believes the School of Nursing propelled her career path and inspired her to hold leadership positions well into her retirement years.

Since February 1999, Edwards has been an active member of the Long Term Care Ombudsman Council of East Central Florida. Administered by the Department of Elder Affairs, the volunteer-based program has been established by federal law to cover four counties within the district. For the past 11 years, she has visited long-term care facilities to assess them for compliance with federal and state regulations and to address residents' complaints. Though she evaluates specific aspects of the facilities and their offerings—from food and water supplies to activity schedules—the residents are her main concern. "The residents always know we are here for them," she says. "We are their voice."

In addition, she assists the District Ombudsman Manager by interviewing and selecting prospective members, and is currently serving her second year as vice president for the local AARP chapter in Apopka, Fla. "My work as an ombudsman is very gratifying. It's my way of giving back after such a successful nursing career," says Edwards.

After emigrating from Jamaica with her family in 1954, she began her nursing career at Bellevue Hospital in New York, where she earned her diploma in nursing in 1959. Edwards went on to D.C. General Hospital, where she would eventually spend 26 years of her career. "I wanted to feel I was needed," says Edwards of working in Washington D.C.'s first and only public hospital, which served many indigent patients (and closed in 2001). Edwards began as a staff nurse on one of the hospital's surgical units and later progressed to department director.

In 1975, while raising her young family in Silver Spring, Md., Edwards returned to school. After earning her BSN from the School of Nursing in 1978, she continued her career at D.C. General, managing the staffing office for all the hospital's nurses. In 1980, she earned her MS in nursing administration from the School, graduating with honors and joining Sigma Theta Tau, Pi Chapter.

In 1993, she was honored as one of the 100 Extraordinary Nurses in a program presented by Sigma Theta Tau, Gamma Chapter, at Howard University. Later that same year, she was appointed Acting Associate Executive Director for the Division of Nursing at D.C. General. —JH



2010 Alumni Reunion Celebration

The annual School of Nursing Alumni Reunion was held Saturday, May 1. Nearly 100 alumni and faculty members gathered at the School to celebrate class years ending in “5” and “0.” Members of the Class of 1960, celebrating their 50th anniversary, were inducted as the new Heritage Class.



THE 2010 DISTINGUISHED ALUMNI AWARD Dean Janet Allan presents Myrna Mamaril, MS '93, with the School of Nursing's 2010 Distinguished Alumni Award. Mamaril, a Captain in the Naval Reserves, is Nurse Manager, Pediatric Post-Anesthesia Care Unit, Johns Hopkins Hospital, and has more than 30 years of clinical expertise in perianesthesia nursing.



NEW HERITAGE CLASS – THE CLASS of 1960 First row, left to right—Dean Janet Allan, Gwen Rodney, Jane Barrell, Ruth Weinstein, Dorothy Throneburgh, and Thelma McCoy. Second row, left to right—Betty Jo Clark, Joan Herner, Elaine Collins, Elizabeth Gladstone, Carol Embrey, Sandra Warner, and Kay Sienkilewski



THE CLASS OF 1975 First row, left to right—Debbie Kramer, Sheri Stern, Ruth Ann Sheetz, Margaret Wilmoth, and Katharine Becker. Second row, left to right—Maryellen Rechen, Anne Marie Gersch, Sheila Lampel, Charlyn Cassady, Mary Ann Manly, Maureen Rochelle, Connie Groves, and Marguerite Whall



THE CLASS OF 1970 First row, left to right—Pat O'Donnell, Pam Cavallo, and Ann Ellenson. Second row, left to right—Phyllis Marion, Christina Duetsch, Jeanette Jones, Sandy Jensen, and Phyllis Scharps

Greetings, UMSON Alumni!

BY THE TIME YOU RECEIVE THIS ISSUE of *NURSING* magazine, the School of Nursing will have celebrated the conclusion of another successful academic year, completed another year of critically acclaimed clinical and basic research, and proudly witnessed another dynamic group of students receiving their hard-earned degrees. At Convocation, the majority of students who walked across the stage received their Bachelor of Science in Nursing degree, but there were also many who earned Master of Science, Doctor of Nursing Practice, or PhD degrees. From entry level to the highest degrees awarded in the nursing field, we are honored to have played a role in educating these exceptional health care professionals. Some will begin careers in trauma critical care, nurse anesthesia, pediatrics, or gerontology. Some will assume leadership roles in hospital administration, informatics, community health, or as nurse educators. No matter what professional path they choose, our alumni are better equipped to succeed because of the education they received here.



An important and rewarding aspect of the School's Development and Alumni Relations effort is to reach out to our nearly 18,000 alumni. We want to engage you as active partners and hope that you will become involved in any way you can. We are grateful to those of you who have already participated by sharing your news for class notes, returning the alumni survey, volunteering as a Reunion Class Representative, attending your class or specialty reunion, responding to an Annual Fund appeal letter, speaking with a student phonathon caller, or accepting an invitation for a visit with me or associate directors Stacey Conrad and Cynthia Sikorski. Thank you for all you do to stay connected with the School of Nursing and to support our current students and faculty. Together, we will ensure that our proud 121-year tradition lives on!

Sincerely,

A handwritten signature in black ink that reads "Laurette L. Hankins". The signature is written in a cursive, flowing style.

Laurette L. Hankins
Associate Dean for Development and Alumni Relations
hankins@son.umaryland.edu



LEAD DONORS HONORED AT RECEPTION

School of Nursing Leadership Donors joined Dean Janet Allan for a May reception at the Southern Management Corporation Campus Center. Scholarship recipient Helene Gold, who will graduate with her BSN in 2011, made a brief speech expressing her gratitude for the generous support of School of Nursing donors. Leadership donors are those who have given \$500 or more to the School of Nursing since July 1, 2008.

Valuing Education

BOSTON NATIVE Charlene M. Passmore, BSN '77, believes in the value of education.

Recently, she made a five-year campaign commitment to the School of Nursing, creating the Charlene M. Passmore endowed scholarship to benefit the School's graduate students. "I believe in education, especially the one I received from the University of Maryland," she says.



After earning her diploma in nursing in Boston in 1955, Passmore got married and quickly started a family—having seven children over the next nine years. Busy raising her family, she placed her career on hold for two decades, before returning to school to earn her Bachelor of Science in Nursing degree at the School of Nursing in 1977.

She began working in the Medical-Surgical unit at Baltimore Washington Medical Center (BWMC) in 1990. Then, in 1996, she earned her master's degree in nursing from Bowie State University; the degree enabled her to become a case manager who serves as the liaison for complicated patient discharges at BWMC.

Passmore, who is Board Certified in Medical-Surgical Nursing and Case Management and is a member of the American Nurses Association and the Case Management Society of America, believes in supporting the schools that supported her and her family. In addition to the School of Nursing, she is a contributor to St. Vincent Pallotti High School, from which all of her children graduated.

By endowing a scholarship to benefit future graduate students at the School of Nursing, Passmore hopes to open doors to a new generation of nurse leaders. Looking back on her own experience, she says, "I thought it was a tough but fabulous program." —JH

DURING HER ACADEMIC CAREER at the School of Nursing in the late 1970's, CMDR Lura Jane Emery, MS '79, recognized a need for nurses with advanced education. This eventually led her to create the Lura Jane Emery Nursing Seminars endowed fund.

Prior to attending the School, Emery had a long and successful career in the U.S. Navy Nurse Corps, where she served for 27 years. Upon retirement from the Naval Hospital in Annapolis, Md., she received credit for 30 years of service. Emery's military career began in November 1947 when she started working as an Ensign at the U.S. Naval Hospital in Newport, R. I. After two years, she was transferred to the U.S. Naval Hospital, San Diego, Calif. She was subsequently ordered to duty on the U.S.S. Repose AH16 at Hunters Point, in San Francisco, Calif.

In 1950, Emery was called to Pusan, Korea; she spent the next 19 months caring for those injured in the Korean War. "As soon as I arrived there, I treated patients with smallpox, brain injuries, and missile wounds close to 20 hours a day," she recalls. "It was a tremendous experience.

The most memorable moment was when our ships were traveling up the river near Incheon with armed Chinese troops lining the banks." Fortunately, she says, "When they saw the red crosses on the side of our ships, they dropped their guns—not one shot was fired. That was indeed a miracle."

When her military career ended, Emery wasn't sure what her future would hold.

"After I retired from the Navy in 1974, I felt lost, but becoming involved in nursing again helped ease the transition," she says. She returned to Maryland and received her master's degree from the School of Nursing in 1979.

Each year, Emery's fund supports a scholarly lecture presented during the School's Evidence-Based Practice Conference. "When nurses have a good education," she says, "they can easily advance in their field." —JH



Create a Lasting Legacy



Graduating from the University of Maryland School of Nursing was a dream come true for **Sharon Michael, BSN '71**. "I always tell everybody how proud I am to be a University of Maryland graduate," she says.

After taking a professor's advice to pursue her graduate studies in a different geographic location, she headed west to the University of Colorado, where she earned a master's degree as a nurse practitioner specializing in the Medical/Surgical field. Early in her career as a home health care consultant, she taught courses in the burgeoning field, but "some of the nurses just didn't have the perspective like those from the University of Maryland," she says. During the last 12 years of her 20-year career at the Colorado State

Health Department, she worked as the section chief in chronic disease prevention.

"A portion of my estate goes to the organizations that have meant so much to me over the years—one being the School of Nursing," says Michael. As a recipient of two scholarships when she was a student at the School, she wanted to give current students the same opportunity she had by creating an endowment to benefit BSN students. "The School of Nursing prepared me for any type of nursing field. I never thought I would end up in public health administration, but nursing is a great career with lots of opportunities," she says.

Whether you wish to support scholarships, research, faculty positions, or other areas of need, there are several methods by which you can benefit the School of Nursing and future generations of nursing students and patients. A planned gift can be designed to achieve your financial and philanthropic goals, and also makes you eligible for membership in our Louisa Parsons Legacy Society.

SOME POPULAR TYPES OF PLANNED GIFTS INCLUDE:

BEQUESTS AND OTHER GIFTS: After providing for your loved ones, you can designate a gift to the School of Nursing. Charitable bequests can include cash, securities, real estate, or other property. They may be for a specific percentage of your estate, a fixed dollar amount, or the part remaining after fulfilling other bequests.

LIFE INCOME GIFTS: These enable you to make a gift to the School of Nursing while receiving an income for life. Benefits also include federal income and state tax deductions, increased income from low-yield assets, and preferential capital gains tax treatment on gifts of long-term appreciated property.

Many of our alumni and friends, like Sharon, have already discovered that a planned gift can be an invaluable component of their financial and charitable planning. Whether you are seeking to satisfy current income and estate tax needs, diversify a portfolio, liquidate a business, prepare for retirement, or make low yielding assets more productive, a carefully crafted planned gift may provide a solution that satisfies your needs.

If you would like to learn more about making a planned gift, or about membership in our Louisa Parsons Legacy Society, please contact us. We are available to work with you and your advisors to create a personalized plan.

Laurette L. Hankins

Associate Dean for Development
and Alumni Relations
University of Maryland School of Nursing
410-706-7640
hankins@son.umaryland.edu

Thomas F. Hofstetter, JD, LLM

Senior Director of Planned Giving
University of Maryland, Baltimore
410-706-2069
plannedgiving@umaryland.edu

The Louisa Parsons Legacy Society

IN GRATITUDE TO THE MEMBERS OF THE LEGACY SOCIETY.

Janet D. Allan
Estate of Carolyn V. Arnold
Floraine B. Applefeld
Ann F. Bennett, MS '69
Marjorie S. Bergemann
Jean L. Bloom, DIN '46
Mary J. Brewer
Estate of E. L. Bunderman, DIN '31
Ann Ottney Cain
Estate of Dorothy C. Calafiore,
BSN '51
Shirley E. Callahan, DIN '52
Avon B. Chisholm
Estate of Gladys B. and
Lansdale G. Clagett
Estate of Bonnie L. Closson, BSN '61
Stephen Cohen
Regina M. Cusson, MS '79
Celeste A. Dye, BSN '66
Lura Jane Emery, MS '79
Mary Gilley, DIN '44
Carolyn Cook Handa, BSN '63
Barbara R. Heller-Walsh
Marie L. Hesselbach
Estate of Kjerstine K. Hoffman,
DIN '47
Margaret H. Iles, DIN '53
Mary McCotter Jackson
June Jennings, BSN '47 and
E.R. Jennings
Jean W. Keenan, DIN '48
Cynthia P. Lewis, BSN '58 and
Jack C. Lewis
Myrna E. Mamaril, MS '93
Estate of Lois W. Marriott
Margaret A. McEntee
Estate of Wealtha C. McGunn
Joan L. Meredith, BSN '62
Sharon L. Michael, BSN '71
Patricia Gonce Morton, PhD '89,
MS '79, CRNP, FAAN
Lyn Murphy, MS '01 and
John Murphy
Ann E. Roberts, BSN '93
Linda E. Rose, PhD '92
Amelia Carol Sanders, DIN '53
Patricia A. Saunders, BSN '68
Phyllis J. Scharp, BSN '50
Sandra Schoenfisch, MS '76
Ruth C. Schwalm, MS '66
Deborah K. Shpritz, MS '78 and
Louis Shpritz
Estate of Betty Lou Shubkagel,
BSN '54
Estate of Marie V. Stimpson,
MS '89, BSN '84
Virginia D. Thorson, BSN '55
Norma C. Tinker, BSN '48
Martha C. Trate, BSN '48
Joella D. Warner, BSN '64
Estate of Patricia A. Yow



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SUMMER INSTITUTE IN NURSING INFORMATICS	EDMUNDS LECTURE	DEAN'S DISTINGUISHED FRANKLIN LECTURE
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Signs of Spring

After an unprecedented winter with record-breaking snowfalls, the arrival of the cherry tree blossoms in the School of Nursing courtyard was a welcome sight. Faculty, staff, students, and visitors enjoyed the beautiful flowers as they delighted in the arrival of spring.