

UNIVERSITY OF MARYLAND

Nursing

The Magazine of the University of Maryland School of Nursing Spring/Summer 2013 Volume VII, Issue I

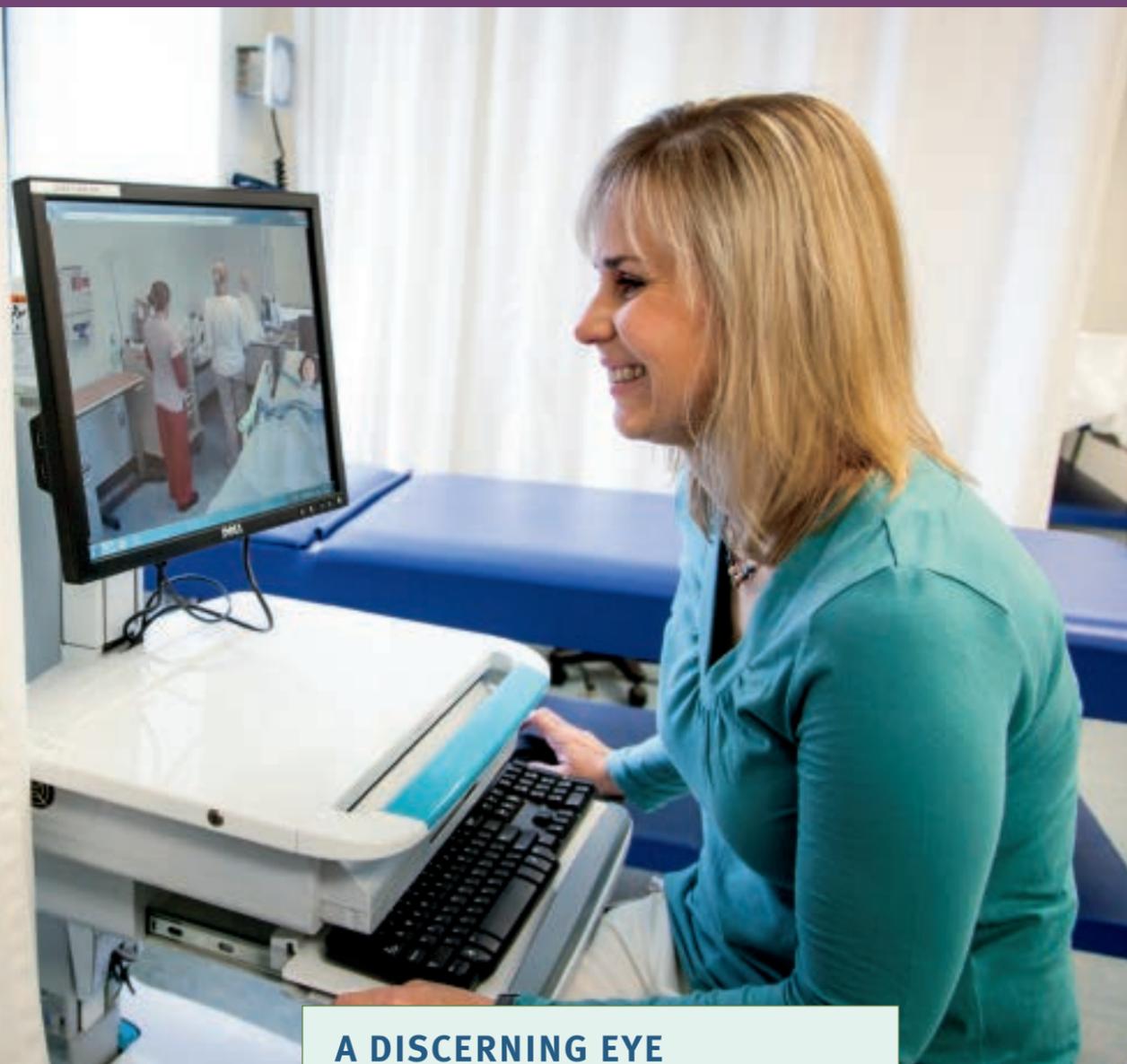
DNP

PhD

At a CROSSROADS

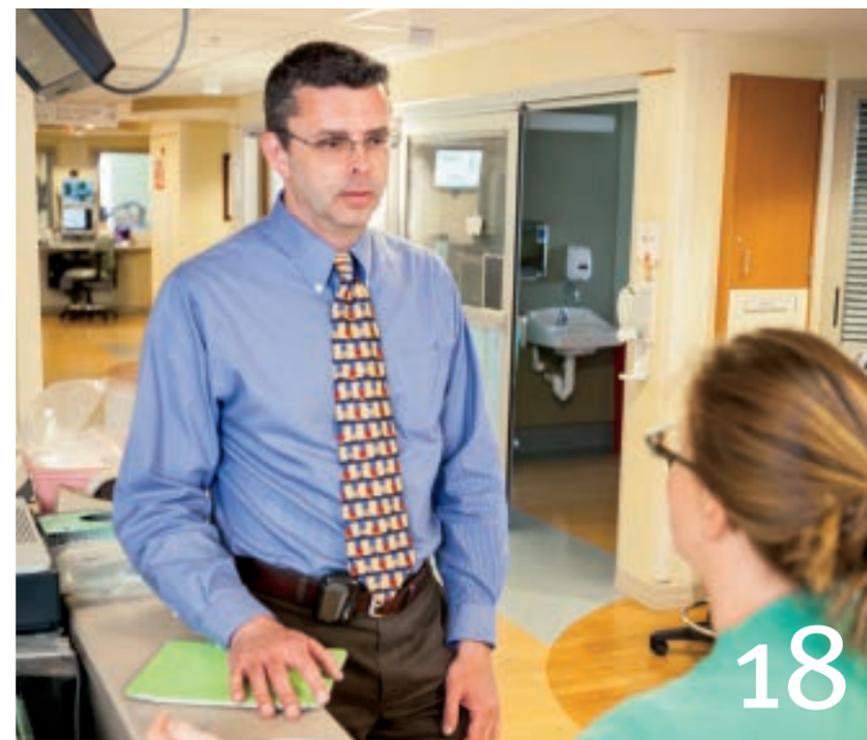
The state's first post-BSN to DNP program means more nurse leaders who will bring clinical breakthroughs to the bedside.

CONVOCATION 2013
A VIRTUAL REVOLUTION
"AHA!" MOMENTS
FOR THE NEW DEAN



A DISCERNING EYE

Using METI Learning Space, a video system that integrates with simulation-based environments, student Susan Rusnak is able to watch a recording of herself practicing a newly-learned skill.
See story on page 24.



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A Matter of Degree

The School of Nursing will launch the state's first post-BSN to DNP program in 2014 to graduate more nurse leaders who can also bring clinical breakthroughs to the bedside.

By Jennifer Walker

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A Virtual Revolution

The advent of new technology is transforming the way today's nurses learn.

By Elizabeth Heubeck

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"Aha!" Moments for the New Dean

Just a few months into her tenure, Dean Jane Kirschling talks candidly about her leadership style, the value of breaking down silos, and more.

Interview by Karen Nitkin



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DEAN'S LETTER

I AM PLEASED TO CONTRIBUTE my first "Dean's Letter" to *NURSING* magazine and have the opportunity to discuss two subjects that are vital to nursing education.

At the School of Nursing, we always want to ensure that we are meeting the needs of both current and potential students. This issue of *NURSING* features two topics that are intricately connected: doctoral education—more specifically, the Doctor of Nursing Practice (DNP) degree—and technology in teaching. This relationship is necessitated by the evolving sophistication of medical technology, the complexity of health care delivery, and the need to apply evidence-based practice.

It is important to recognize the connection between learning and technology, and we must put a plan into action that integrates the two and will be beneficial to our students. It appears that more and more working nurses who are advancing their education are looking for academic programs delivered in a hybrid or completely online format. Undergraduate students are seeking high-tech opportunities in their learning environment. They want to be able to replay lectures as they study and learn from their own performances in simulated clinical experiences.

To be responsive to these needs, nursing faculty members must expand their teaching toolkit, while integrating technology into the curriculum and continuing to grow as educators. Additionally, more technology leaders must be added to our faculty to initiate these new technologies in our classrooms and help change the way we teach.

One area in which our School recognizes the vital need for technology is in the DNP curriculum. We are committed to the goal of increasing the number of doctoral-prepared nurses as set forth in the 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*. Building on the strength of our existing Master's-to-DNP program, the School



will admit the state of Maryland's first cohort of post-Bachelor of Science in Nursing to DNP students in fall 2014.

The DNP, which concentrates on direct patient care for improved delivery of care, patient outcomes, and clinical systems management, is critical to the education of qualified nurses and is necessary to meet the nation's quickly evolving and complex health care system. It is recommended that the DNP be the terminal degree for advanced practice nurses by 2015.

Doctoral education for nurses has undergone dramatic changes over the last decade, and our School will continue to meet these challenges. Our discipline's potential to truly impact the delivery of health care in the United States is greatly strengthened by our commitment to educating advanced practice nurses in DNP programs and nurse scientists in PhD programs. This commitment is crucial if we are to meet the health care needs of Maryland, the region, and the world.

Through our innovative work in leveraging technology to enhance and expand the learning experience, our School remains committed to its mission of shaping the profession of nursing and the health care environment by developing leaders in education, research, and practice.

Jane M. Kirschling, PhD, RN, FAAN
Dean and Professor

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Patricia Adams	Kevin Nash
Karen Blum	Karen Nitkin
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Simone Ellin	Ron Snyder
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Debbie Joy	Matt Ward

DESIGN AND EDITORIAL:

Clipper City Media
11459 Cronhill Drive, Suite A
Owings Mills, MD 21117
Jeni Mann
410-902-2302
www.clippercitymedia.com

CONSULTING EDITOR:

Sue De Pasquale

ART DIRECTOR:

Cortney Geare

PHOTOGRAPHY:

David Anderson
Richard Lippenholz
Kevin Nash
Justin Tsucalas

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SEND CORRESPONDENCE TO:

Patricia Adams
Executive Director of Communications
University of Maryland School of Nursing
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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NEWS

True to the Core

IN KEEPING WITH ITS MISSION to shape the profession of nursing and health care by developing leaders in education, research, and practice, the School of Nursing has launched a new Strategic Plan.

The School's new plan was developed simultaneously with the University of Maryland, Baltimore's (UMB) Strategic Plan. Several of the goals and objectives in the School of Nursing's Plan align with the UMB Plan's eight themes—innovation, diversity, accountability, community, interprofessionalism, leadership, entrepreneurship, and resources—which mirror six core values adopted by the School.

In January 2012, the School of Nursing hosted an all-school retreat for faculty, staff, administrators, partners, and stakeholders to get a firm grasp on the School's outlook on solving health care's many challenges. The outcome of the retreat led to the development of Strategic Plan 2012–2017, which seeks to hold the School accountable to its stated initiatives and allows for it to

consistently and methodically analyze its successes and challenges.

"The School of Nursing fully expects to execute its new Strategic Plan by achieving the outlined goals and objectives. In accomplishing this, we will further our mission and continue to produce leaders who act as change agents for the health care field," said Dean Jane Kirschling.

Goals of the new five-year plan include preparing leaders to shape and influence the nursing profession and the health care environment; optimizing health through discovery and translational science; creating a robust and enduring financial model; elevating the School of Nursing's competitive position through advancing a culture that embodies the School's core values; and leveraging technology to enhance and

expand education, research, and practice. Each strategic goal is accompanied by a set of objectives that will aid in accomplishing it.

"The new Plan, which will serve as a guide to our School, has been made possible through the hard work of Dean Emeritus Janet Allan, who led the 2012–2017 Strategic Plan effort," said Kirschling. "Her vision and forward thinking will be invaluable in implementing the Plan." —Kevin Nash



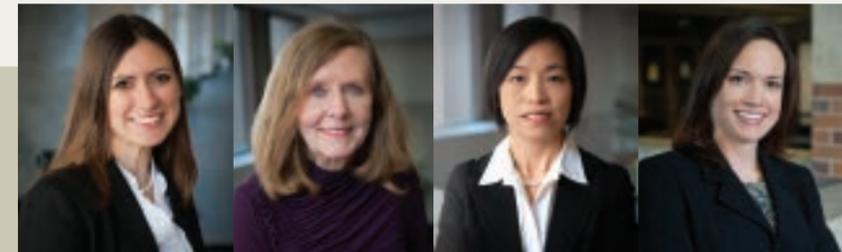
Welcome New Faculty

KRISTEN ALTDOERFFER
MSN, RN, CPNP
Clinical Instructor

LINDA COSTA
PhD, BSN '76, RN, NEA-BC
Assistant Professor

MEI CHING LEE
PhD '11, RN
Assistant Professor

REBECCA SHELLEY
PhD, MS '05, RN
Assistant Professor



ALTDOERFFER

COSTA

LEE

SHELLEY

Event Recaps



Dean Jane Kirschling, Esther McCreedy, Jay A. Perman

School of Nursing Community Welcomes Dean Kirschling

MORE THAN 100 GUESTS, including faculty, staff, alumni, campus administrators, and others assembled in the ballroom of the Southern Management Corporation Campus Center on February 5 for a reception to welcome the School of Nursing's new dean, Jane M. Kirschling. Kirschling, who officially began her tenure as dean in January, greeted guests and posed for pictures before being formally introduced by University of Maryland, Baltimore (UMB) President Jay A. Perman, MD.

During his introduction, Perman reminisced about their days as administrators at the University of Kentucky and how elated he is to be working with Kirschling again. Perman recalled being disappointed that he was losing Kirschling as a colleague when he accepted the presidency at UMB in 2010. However, after former dean Janet Allan announced her retirement, Kirschling became a candidate for the position, reuniting them.

"I had the difficult task of convincing Jane to come to Maryland, and I knew Kentucky wouldn't be



Katie Kinzie, Elinor Wells, Claire Greenhouse, Dean Jane Kirschling

willing to let her go easily," Perman said. "We had a great ride at Kentucky. It was her destiny to come here."

Following Perman's introduction, Kirschling briefly addressed her guests, letting them know how excited she was to be the School's new dean. She also expressed her commitment to interprofessional education and that she welcomes the opportunity to serve as director of interprofessional education for the UMB campus, an additional role assigned to her by Perman. [See p. 16 for more.]

"I look forward to not only working as the dean of the School of Nursing, but also to collaborating with my colleagues from other programs," Kirschling said. "Coming to the University of Maryland was absolutely the right decision." —K.N.

Ed Suddath, Janice Hoffman, Dean Jane Kirschling, Pat Travis



Advocacy in Annapolis

SCHOOL OF NURSING STUDENTS and faculty got a glimpse into what it's like to be a lawmaker in the state of Maryland when they traveled to Annapolis on February 20 for the School's annual Advocacy Day.

Approximately 20 students, accompanied by Dean Jane Kirschling and several members of the faculty and staff, had the chance to meet members of the Maryland General Assembly, including School of Nursing alumnae Shirley Nathan-Pulliam, BSN '80, District 10, and Adelaide Eckardt, MS '80, BSN '78, District 37B. Students also had an opportunity to shadow a legislator. But before they met with legislators, they spoke with University of Maryland, Baltimore President Jay A. Perman, MD, who encouraged them to promote interprofessional collaboration and the prominent role that nurses play.

"You are a very diverse group of students and I think legislators appreciate professional diversity," Perman said. "We want to let our legislators know the importance of health care delivery by a team. Let's help them understand."



Delegate Keith Haynes, District 44, grasps the importance of collaborative efforts in health care. He is also aware of how important nursing is to the health care equation and is on board with Perman's mission.

"As we look at the transformation of health care and the new initiatives coming from the federal level, it's important that all health care providers are involved with patients. There has to be greater interaction between nurses, pharmacists, dentists, and physicians," Haynes said. "In order to get a full diagnosis and proper care, all health care professionals need to be involved."

Students shadowed their legislator for about one hour while the officials met with different constituents. During that time, delegates listened to a variety of concerns, which reinforced the importance of collaborative efforts for Johnny Gayden, a nurse anesthesia master's student.

"While it's important that nurses have a voice in how health care is shaped, this experience made me want to hear more of what everyone has to say," Gayden said.



Students with Dean Jane Kirschling, faculty, and staff

"In health care reform, everyone has to work together with the patient being the focus."

After meeting with constituents, legislators assembled to discuss various issues as students observed. Dean Kirschling was formally introduced to the House of Delegates and briefly spoke on the importance of a well-prepared nursing workforce to care for the citizens of our state.

"It's truly an honor to serve the citizens of Maryland as dean of the School of Nursing," Kirschling said. "I hope that we can continue the long tradition of preparing well-educated nurses for all of the areas that you represent so they can receive high-quality health care."

Students concluded their visit with lunch and a brief question-and-answer session with guest speakers. Many students noted that it was a valuable experience and were happy that collaboration between professions was continuously reinforced. —K.N.

Left to right: Adelaide Eckardt and Noah Bennett; Del. Jon S. Cardin and student Johnny Gayden

Event Recaps

Convocation 2013

638 Graduates Receive Degrees



Dean Jane Kirschling delivers Convocation address.

LED BY DEAN JANE KIRSCHLING, the School of Nursing's Class of 2013 processed into the 1st Mariner Arena on Friday, May 17, to celebrate the successful completion of their nursing degrees. The Class of 2013 consisted of 275 Bachelor of Science in Nursing, 332 Master of Science, 17 Doctor of Nursing Practice, and 14 PhD graduates, making it the largest class of nursing graduates in the state of Maryland.

Kathleen Buckley, PhD, RN, IBCLC, associate professor and chair of the Faculty Council, welcomed graduates, family members, faculty, and friends.

In her Convocation address, Dean Kirschling encouraged students to embrace the many opportunities afforded by the nursing profession.

"You have chosen a career that will provide you with tremendous opportunities over your life-time. You will have opportunities to redesign the work that you do—in ways that cannot be predicted or imagined today. I encourage you to embrace these

opportunities with the courage, open-mindedness, and knowledge that your education at the University of Maryland School of Nursing has positioned you for—to not simply accomplish, but to excel and to lead. And remember, every challenge you encounter is a chance for success."

Later in the day, School of Nursing graduates participated in the University of Maryland, Baltimore Commencement ceremony at 1st Mariner Arena, where graduates heard the inspiring words of keynote speaker Stanley A. McChrystal (Four-Star General, ret.), MS, MA, Jackson Institute for Global Affairs senior fellow, Yale University.

"Whatever your professional training is, your positions of leadership are going to require you to empathize with the communities you serve, and with the individuals you lead. You won't be able to cure every ill, but you should work hard to understand as deeply as possible the circumstances that affect those around you," he said.

—Patricia Adams



Shady Grove grads celebrate the day



Faculty members Kathleen Michael and Jeffrey Johnson



BSN grads Ben Demsky, Alimatu Sesay, and Noah Bennett



Beatrice Grant and her son, Andrew Wright

Grant, who has worked in nursing for 25 years, completed her master's degree in community/public health on May 17, graduating on the

On the other hand, Wright isn't as shocked that he and his mother are graduating together. He says his determination and pursuit of his goals are a direct result of his mother's influence, so when she wanted to further her education, he returned the favor.

"My mother has always pushed me, so now I'm pushing back. She has always understood the value of education and was the one who influenced me to go to medical school," Wright said. "This is the perfect ending to our story: that we'd end up at the same university, graduating at the same time."

Grant isn't so sure that she is finished, as more schooling may be in her future.

"I never thought that I would have a master's degree. When I think back on it, I've now accomplished a long-term goal," Grant said. "I'm still thinking about a doctorate in public health." —K.N.

Dual Degrees

THERE IS NO SUCH WORD as "can't," according to Beatrice F. Grant, a member of the Class of 2013.

"Can't" was eliminated from Grant's vocabulary in high school after a teacher instilled in her that she could do anything she set her mind to. Her ambitious mindset has been infectious in her family and has propelled her family members to strive for excellence.

same day as her son, Andrew Wright, 26, who received his degree from the University of Maryland School of Medicine. But Grant, 54, acknowledges that she had her doubts about earning a master's degree and certainly never expected to be in the same graduating class as her son.

"It feels strange because I still remember the day he was born," Grant said. "I never would've thought that he'd be graduating at the same time as I am. I'm so excited and proud of him. This accomplishment feels really good."



Assistant Professor Pat McLaine surrounded by happy grads



CNL grads Duncan Leech, Yvonne Gitukui, and Amara Keldsen



BSN graduates Sekinah Hassan and Misbah Naureen (center) celebrate with Sekinah's mother and Misbah's brother.

Presidential Pipeline



Barbara Dobish, Cheryl Appleton, Anastasia Valentino

ANASTASIA VALENTINO FOUND HER CALLING IN JOHANNESBURG. On a mission trip to South Africa in 2007, Valentino visited a shantytown of 20,000 residents. Toddlers with open sores roamed the sewage-laden streets. The visit took Valentino and her group past a local medical clinic, which was boarded up; it had obviously been closed for some time. “There was this whole population of people who visibly needed medical care and didn’t have access to it,” Valentino says. The experience led her to go into nursing.

Now a Bachelor of Science in Nursing candidate in the School of Nursing’s program at the Universities at Shady Grove (USG), Valentino is president-elect of the Maryland Association of Nursing Students (MANS). She’ll be the third straight MANS president to hail from USG, and she hopes to use the office to make a difference close to home.

“I didn’t feel it was necessary to wait until I graduate to make an impact,” Valentino says. “We can make an impact as students as well.”

Valentino has a lot on her plate: She works as a patient care technician at Suburban Hospital and is also serving as secretary of the USG chapter of MANS, even as she learns the ropes as president-elect.

“I do love and enjoy being busy,” says Valentino, 23, who intends to work in critical care after graduation.

As incoming president of MANS, one of Valentino’s responsibilities will be organizing the group’s annual convention, to be held in January 2014. The 2013 convention was held at the Johns Hopkins University Homewood Campus in Baltimore.

Current MANS president Cheryl Appleton, 37, played a big role in organizing that convention, coordinating volunteers, vendors, speakers, and fundraising efforts. She also traveled to San Diego in November to represent MANS at the National Association of Student Nurses’ mid-year conference. In her term as MANS president, Appleton has logged stops at many nursing school campuses in the region, where she recruits new students into

the organization, and has worked to lobby state and national legislators to protect funding for nursing research.

The position is much more than a resume booster, Appleton says, noting that MANS’ mission includes student leadership development, bridging the gap between nursing school and professional nursing, and community outreach. The USG chapter organizes the campus blood drive and runs a winter coat drive for the homeless.

Barbara Dobish, MSN, RN, assistant professor and faculty advisor for the University of Maryland Association of Nursing Students, has been a major factor in USG’s streak of MANS presidents.

“The student nursing association is all about teaching leadership and fostering community service,” Dobish says. “It helps with their career development, and it helps with networking.” Students who serve as officers in the state-level organization, “really have a great opportunity to network with people from across the country,” she adds.

For her 2013–2014 term in MANS, Valentino hopes to work with the community chair of her board to provide more community service opportunities for the School’s nursing students.

Membership in the university MANS chapter is free; students can join the state and national organizations for a single, \$35 annual fee. MANS holds its monthly meetings at the offices of the Maryland Nurses Association in Baltimore. —Matt Ward

A Second Act for Lara Bruckmann

IT’S TAKEN TWO DECADES, but Bachelor of Science in Nursing (BSN) student Lara Bruckmann is back to school and back to science. When she entered college at Rice University in 1991, her plan was to double major in biochemistry and music.

“I thought I might go into research, but then I started to think, ‘I don’t want to spend my life running after grants.’ As a singer, I was getting roles and gigs, applying everything I was learning technically and historically immediately. So I left the sciences. Then, of course, I ended up running after grants,” she laughs.

When she graduated from Rice, Bruckmann went straight to New England Conservatory in Boston, earning a Master of Music degree. “I knew I didn’t want to sacrifice everything else to focus on the path most young classical singers take, aiming for the biggest opera houses; I liked new music, theater, and musical theater too,” says Bruckmann.

While most of her peers headed to New York after graduation, Bruckmann moved to San Francisco, where she spent the next 10 years, acting, singing, teaching, and working in community organizing.

“I got a lot of experience in those years. As a musician, you have 12 jobs at a time, so I built a whole tool box of skills,” she recalls.

In 2004, Bruckmann got married, and her son Gus was born in 2009. Around that time, her husband was hired as an assistant professor at the University of Maryland School of Social Work, and the family prepared to relocate.

“Nursing had been in the back of my head for a few years. My husband had actually suggested it to me years ago when I was in a rough patch with singing, but I thought he was crazy. There was still a lot of work I wanted to do as a musician then. The move triggered

When she’s not studying, Bruckmann competes with the Charm City Roller Girls.



Bruckman performs Golijov’s Ayre at the Pittsburgh Jewish Music Festival.

a change. I just didn’t want to rebuild a full-on performing career in a new city, and I wanted a new brain-toy. The more I talked to friends in nursing, the more it added up to the right match.”

Since starting her nursing education, Bruckmann, a three-year veteran of the Charm City Roller Girls (Baltimore’s female roller derby league), has been impressed by the School of Nursing’s BSN program.

“It’s mind boggling how they fit so much theoretical and practical information into the two years. Especially in the first semester, they sort of frontload a lot of information to give you a meta-view of the field. In the second semester there’s more filling in of details,” she says. “Trying to incorporate and apply all this information is challenging and fun. I missed this kind of thinking.”

Although Bruckmann is still discovering all the options, at this point, she sees herself completing her BSN, spending a couple of years gaining experience, and then returning to nursing school to pursue education as a family nurse practitioner. She’s particularly drawn to working with the homeless, but has also considered becoming a midwife or using her voice training to work with ear, nose, and throat patients. In fact, Bruckmann sees similarities between her voice teaching and her role as a nurse.

“It may seem very different at first, but in both practices, you develop trusting relationships with clients, and you see them at their most vulnerable. You’re problem-solving physiologically and emotionally. With nursing, I believe I will have the best opportunity to make a positive impact and to contribute something valuable to the world.” —Simone Ellin

Former Dean Janet Allan Honored with Dean Emeritus Title

FORMER SCHOOL OF NURSING DEAN Janet D. Allan, PhD, RN, FAAN, was honored with the title of Dean Emeritus in January, joining Nan B. Hechenberger, PhD, RN, as the School's second dean to receive this prestigious honor.

University of Maryland, Baltimore (UMB) President Jay A. Perman, MD, praised Allan in conferring the status of dean emeritus. "Janet Allan's collaborative skills and versatile leadership abilities will continue to distinguish her contribution to the University," he said.

Allan, who retired as dean on Dec. 31, 2012, has continued to serve UMB,

working with senior leadership of the Office of Academic Affairs to implement policies of the University System of Maryland Board of Regents. She has helped establish criteria for the periodic evaluation of deans and senior vice presidents, as well as criteria to encourage entrepreneurial achievement at various levels. Allan will remain on the UMB campus serving in this capacity until June 30.

Allan made a major impact during her decade-long tenure as dean. The School's *U.S. News & World Report* ranking reached an all-time high, and the School rose to 11th in receipt of funding (for schools of nursing) from



Dean Emeritus Janet Allan

the National Institutes of Health. Enrollment rose steadily, making the School one of the nation's largest. —K.N.



Jacqueline Mitchell engages students during a class.

family, dog, and job behind, she is happy to be applying her training on the battlefield.

"Jacqueline has made major contributions to assure the delivery of high-quality education and clinical experience to her students. Although we miss her tremendously, we are extremely proud of her service to our nation," says Robin Newhouse, PhD, RN, NEA-BC, FAAN, professor, and chair of the School's Department of Organizational Systems and Adult Health.

Mitchell expects to return to the School in time for the spring 2014 semester. True to form, she planned out a curriculum for her students while she's away. Mitchell feels that she can rest assured that her students have been left in good hands. —K.N.

Mitchell Deploys to Kuwait

TWENTY-FIVE DAYS into the New Year, Lt. Col. Jacqueline Mitchell, MS, CRNA, thought she had 2013 all mapped out. She had just celebrated her birthday the day before, planned trips for later in the year, and was preparing to advance her education. However, that all changed with a text message from her U.S. Army commander.

Mitchell, the School of Nursing's director of clinical education, learned that she was being assigned to Kuwait—a deployment that she only had six weeks to prepare for. "I was overwhelmed because I'm a planner; a whole year of life planning just went away before my eyes," Mitchell says. "But I focused on what I could do to make this happen."

This is Mitchell's third deployment overseas; she was sent to Afghanistan as the assistant head nurse in the intensive care unit in 2002 and as a certified registered nurse anesthetist in 2008. Currently she is serving a nine-month stint as the 48th Combat Support Hospital's chief nurse. In this role, Mitchell is principal advisor to the commander for professional nursing

and supervises daily nursing services for three different locations.

A native of Trinidad and Tobago, Mitchell and her family relocated to New York City when she was 10. Soon after, she fell in love with the TV series *M.A.S.H.*, and more specifically with the character Maj. Margaret Houlihan.

"Maj. Houlihan was a strong personality like the women that I was used to in the Caribbean. I saw *M.A.S.H.* and thought—'I want to do that.' It was natural to be attracted to that," Mitchell says. "I wanted to be a part of something where I could take care of patients, have good cohesiveness with the people I work with, and feel like I'm giving back. My purpose in life is to serve." After she earned a Bachelor of Science in Nursing degree from the City College of New York, she enlisted in the Army.

Mitchell left for Kuwait in April and acknowledged that she will miss many things while she is away. Although she left her



Karen Kauffman, Ann Mech, Barbara Resnick, and Lisa Rowen

assistant professor and coordinator of legal affairs; Barbara Resnick, PhD '96, RN, CRNP, FAANP, FAAN, professor and Sonya Ziporkin Gershowitz Chair in Gerontology; and Associate Professor Lisa Rowen, DNSc, MS '86, RN, FAAN, senior

vice president for patient services and chief nursing officer at the University of Maryland Medical Center, made the list.

In addition, Kauffman and Rowen were named to the 2013 Top 100 Women's Circle of Excellence, honoring those who have been named to the list three times.

"It is a very unique accomplishment for an organization to have four honorees named to this list of distinguished women at one time," says Dean Jane Kirschling. "We are very proud to count them among the members of our esteemed faculty."

Since 1996, *The Daily Record* has recognized more than 1,000 high-achieving women who are making an impact in Maryland. The *Daily Record's* annual list of Maryland's Top 100 Women was created to recognize outstanding achievement by women who have demonstrated significant professional accomplishments, outstanding community leadership, and inspirational mentoring.

A panel of judges composed of business professionals and past Top 100 Women winners from throughout Maryland reviewed all of the applications, narrowing the list to select this year's Top 100 Women. The process is comprehensive and includes multiple panels judging hundreds of applicants. This year, 63 women were first-time recipients.

The winners were honored at a ceremony at the Meyerhoff Symphony Hall in Baltimore on May 6. —K.N.

In Distinguished Company

FOUR SCHOOL OF NURSING FACULTY members were among those named to *The Maryland Daily Record's* 2013 list of Top 100 Women.

Karen Kauffman, PhD, CRNP-BC, associate professor and chair, Department of Family and Community Health; Ann Mech, JD, MS '78, BSN '76, RN,

Hourly Rounds Ensure Holistic Care

By Lisa Rowen, DNSc, MS '86, RN, FAAN



Lisa Rowen

IN NOVEMBER 2012, nurses at the University of Maryland Medical Center (UMMC) implemented hourly caring rounds across all units and ambulatory care areas. Hourly caring rounds are defined as purposeful checking in on patients at hourly intervals, separate from all the times nurses go to a patient's room. While making hourly rounds, the goals are to ensure the patient's comfort and proper positioning, assess and provide effective pain control, assess and implement necessary toileting/elimination activities, and ensure the patient's desired possessions and call light are within reach.

Research supports the effectiveness of such hourly rounds. In a review of research and quality improvement studies, for instance, researcher M.A. Halm reported in *American Journal of*

medical center. Halm concluded her review by noting that available evidence indicates making hourly rounds is appropriate, safe, and useful for practice.

Purposeful hourly rounds offer a fresh twist on the structure of nursing, actively engaging patients and their families. So why are hourly rounds somewhat controversial?

I've heard nurses say they don't need to make hourly rounds because they are always at the bedside, or that the "scripted" dialogue that accompanies purposeful hourly rounds feels rehearsed or stilted. The fact is, the language we use with our patients is important not only to standardize practice and let patients and families know what to expect, but also to communicate our genuine care about the patient. Yet we can still make hourly rounds personal for each patient.

If we were hospitalized, we would appreciate the nurses and staff coming into our rooms to address our

pain, positioning, personal needs, and the proximity of our personal items.

If we were in the ED, procedural, and ambulatory areas, we'd appreciate hourly rounds that addressed our pain, plan of care, and any delays. These types of hourly rounds, different from going into a patient's room to deliver medications or perform a physical assessment, engender the feeling of being sincerely cared about. These regular visits reassure patients and families that we schedule time to look at patients in a holistic way to make sure all their needs are addressed. Our patients deserve nothing less.

"The language we use with our patients is important not only to standardize practice and let patients and families know what to expect, but also to communicate our genuine care about the patient."

Critical Care (2009) that use of call lights was reduced when nurses conducted hourly rounds, in five of six studies. In seven of nine studies in which falls were evaluated, fall rates went down—as did the use of restraints and sitters—when hourly rounds were instituted. In eight of nine studies, overall scores for patient satisfaction rose, as did the likelihood of recommending the hospital. Scores also improved for nurse-sensitive quality indicators of patient satisfaction, such as anticipation of and attention to personal needs, timeliness of nurses' response, and management of pain.

The data told a compelling story, the kind we expect to unfold at our



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Valerie Rogers and Jennifer Klinedinst

“Protected” Time for Research

A COMMON CHALLENGE among new faculty members is finding time to balance teaching with starting up a solid research program. Recognizing this, the School of Nursing, for the past decade, has offered a Research Intensive Faculty (RIF) program, allowing two to four faculty members at a time up to three years of protected time away from teaching to work with mentors and jump-start research.

“Faculty members frequently spend the time gathering preliminary data necessary in applications for larger grants from the National Institutes of Health (NIH) or other funders,” explains Susan Dorsey, PhD, RN, FAAN, associate professor and associate dean for research.

“When coming to a new place and a new area, you just need the time to read, to write, to publish, and to write grants,” says Assistant Professor Valerie Rogers, PhD, RN, CPNP, who has participated in the RIF program since fall 2011. The RIF program is “probably *the* major reason I came to the University of Maryland. We like teaching and we like students, but most of the research faculty who earned PhDs did so because we want to pursue research.”

Rogers has been investigating sleep disorders in children with chronic illness and how such disorders impact the severity of

their disease. She and pulmonologist Steven Scharf, MD, PhD, of the University of Maryland Medical Center, have begun studying sleep disorders among children with asthma. “A growing body of research shows that children with asthma do worse when they have sleep apnea,” Rogers says. She would like to investigate asthma control in these children before they have their tonsils and adenoids removed surgically as treatment of their sleep apnea, and then after, to see if there are improvements in asthma severity. A proposal for a larger federal R21 grant is currently in review by the NIH.

Rogers also is pursuing a collaboration with researchers at Children’s National Medical Center in Washington, D.C., to evaluate circadian rhythms in children with leukemia. She hopes to use data from an earlier study in which these children were monitored with wristwatch-like actigraphs, devices that measure sleep/activity over time, to evaluate children’s sleep-activity rhythms during cancer treatment. Poor circadian rhythms have been associated with more rapid tumor progression in adults with cancer, but this has not been evaluated in children.

Assistant Professor Jennifer Klinedinst, PhD, MPH, RN, also values the RIF program

in her research on reducing depressive symptoms among older adults. During her RIF time, she received a two-year fellowship from the John A. Hartford Foundation and funding from the Gerontologic Advanced Practice Nurses Foundation to explore the influence of genetic factors on depression, and participation in activities to reduce depression among older adults living in a continuing care retirement community north of Baltimore. She has been querying older adults about their depressive symptoms, volunteerism, alcohol intake, and physical activity, and taking blood samples for DNA analysis.

In a second project, Klinedinst is working with colleagues from the University of Maryland School of Medicine to examine the relationship between genetic factors, function of mitochondria (the energy-producing bodies of cells), and post-stroke fatigue and depression.

The RIF program offers “the protected time I need to obtain internal and external funding and build the collaborative relationships necessary to make these research studies a reality,” Klinedinst says. “Otherwise, it would have taken me four times as long.” —Karen Blum

Easing the Pain of Bereavement

EARLY IN HER CAREER, Assistant Professor Debra Wiegand, PhD, RN, CCRN, CHPN, FAAN, FAHA, worked as a critical care nurse in intensive care settings. There she saw a clear struggle in families who were quickly forced to make decisions as their loved ones were dying.

“A lot of focus in critical care is on the patient, the technology, and cure,” she says. “But when it becomes clear that a patient is not going to survive, everyone has difficulty with that transition. You have a family there, very hopeful, on one trajectory, when things suddenly change. There’s a discomfort among providers in how to help families.”

Now, with a two-year grant from the National Institutes of Health’s National Institute of Nursing Research, Wiegand and colleagues at the University of Maryland Medical Center, Michigan State University,

Oregon Health and Science University, and the University of Washington will explore the best clinical approaches to prepare and support families through the dying process of their critically ill relatives. Sixty families will participate in their investigation, which aims to design educational and psychological

“Families need to know that they will not be abandoned and that clinicians will care for and support the patient and the family during the dying process.” —DEBRA WIEGAND

support interventions to help them and future families.

The work is crucial, Wiegand says. Solid evidence shows that families of patients who die in critical care settings have high levels of stress and anxiety, and are at increased risk for post-traumatic stress disorder and other medical problems. Many families have

reported being supported through the end-of-life decision-making process, but not during the dying process after life support was withdrawn.

There are a range of steps that clinicians can take to ease a family’s pain, Wiegand says, including informing families that the dying process for each person is variable, so it is impossible to predict how long the death vigil will be: “Families need to know that they will not be abandoned and that clinicians will care for and support

the patient and the family during the dying process.”

Families will be asked if they would like favorite music played in their loved one’s room and will be offered mementos, such as a mold of their loved one’s hand or locks of their family member’s hair. During the study, researchers will prepare families for what to expect during the dying process and will support families during that time. Interviews will be conducted with families several months after their loved one has died to determine what families found to be most helpful.

“Families can come away from this experience with a negative memory or a positive memory,” Wiegand says. “This can help them look back at the experience as a meaningful process. The information and support that family members receive from clinicians can be a source of comfort during the bereavement process. We hope our research findings will be a monumental step forward in helping and supporting these families through an extremely difficult transition.” —K.B.

Debra Wiegand (center) prepares families for the dying process.



All in This Together



Students from several disciplines discuss a Do Not Resuscitate order with a “patient’s” family member.

on the UMB campus, noted the effort the event required. “Pulling off such a day, for the first time at this University, was an incredible feat,” she says. “A wide range of faculty carved out time. The success of the day was illustrated by the debrief; students were asking ‘what’s next?’ and showed a great deal of energy and enthusiasm for IPE. It’s clearly the way of the future.”

The UMB Interprofessional Education Task Force, co-chaired by Patricia Morton, PhD, R.N., ACNP-BC, FAAN, professor and associate dean for academic affairs in the School of Nursing, and Ed Pecukonis, PhD, MSW, professor in the School of Social Work, planned the event, which is part of a larger initiative.

“The University, as part of its strategic plan, has a commitment across all schools to do this work,” Kirschling says. “This was just the beginning. Students will continue the work as they develop new skills. They’ll learn to be respectful of other professions and their roles and know how those professions work so they can meet the care needs of patients.”

“Working as an interprofessional team in planning the day was a learning experience for the faculty as well. We are committed to faculty development for IPE so we can be the best educators and role models of collaboration and communication for students,” says Morton.

The day was worthwhile for physical therapy student Michelle Venesky. “After today, I’m more inclined to reach out to other disciplines. I have a better understanding of the wealth of information each team member brings,” she says. “It’s nice to see that I have a role and know where I fit in and how I can contribute.” —Debbie Joy

IN BASKETBALL, BUSINESS, and health care, the message is the same: Teamwork is vital. But is interprofessional teamwork in health care really doable? Can professionals from different disciplines really work together in the often-chaotic real world of patient care?

It is, and they can.

That’s the take-away from the first Interprofessional Education (IPE) Day held April 10 at the University of Maryland, Baltimore (UMB). Students and faculty from nursing, pharmacy, medicine, social work, physical therapy, dentistry, and law gathered to learn why interprofessional teamwork is important—and how that teamwork looks, feels, and can be accomplished.

“If we work in our own narrow fields, in the same fragmented ways we always have, the patient is not served and there is unnecessary suffering,” said UMB President Jay A. Perman, MD. “We have to overcome reluctance for the sake of our patients. That’s why we set aside a day to understand the need to be part of a team. All of us are in this together, and the change we’re working to effect will not happen tomorrow, but it will happen incrementally and will come from you who are beginning your careers.”

Students chose from nine complex scenarios, each of which offered the chance to explore interprofessional collaboration. The issues weren’t easy; examples include a family member who wasn’t comfortable with a Do Not Resuscitate order, a child whose abuse wasn’t easy to recognize, and a non-compliant patient whose livelihood was at risk because of an HIV diagnosis.

Nursing student Rich James participated in the HIV diagnosis scenario. “Definitely, there’s a lot more than nursing going on here,” he says. “The legal ramifications, for example. This lady could lose her job. She has a family and might need financial assistance or psychological assistance. As members of different professions, we need to come together to create a solution for her. That’s what it’s all about.” Students learned firsthand that the definition of success in one discipline that doesn’t necessarily translate to success in another. For pharmacy professionals, a low viral load means therapy is successful. For social workers, family and job stability defines success. Ultimately, achieving “success” in each area is necessary for patient well-being.

School of Nursing Dean Jane Kirschling, who is also director of IPE

As the School of Nursing prepares to launch a new entry option to the Doctor of Nursing Practice degree (BSN to DNP) in fall 2014, we asked: Why the DNP?



Deborah A. LaFond, DNP '12, PNP-BC, CPON, CHPPN

*Nurse Practitioner
PANDA Care Team,
Division of Hospitalist Medicine
Children’s National Medical Center
Washington, D.C.*

I see the DNP as a partner with our PhD nurse scientists to translate the best available evidence to improve practice. I continue to direct patient care, but have expanded my focus to include program development, advocacy, clinical research, and interdisciplinary collaboration at the systems level. I am currently in a new role as director of the Pediatric Advanced Needs Assessment and Care Team, a new palliative medicine service at Children’s National Medical Center in Washington, D.C. My DNP education was an integral part of convincing hospital administration of the need for this service for our most vulnerable children and families.



Janice Lazear, DNP, CRNP, CDE

*Assistant Professor
University of Maryland School of Nursing*

The new nursing practice doctorate, the DNP, was developed to prepare nurses as leaders in an increasingly complex health care environment. The Institute of Medicine (IOM) has called for nurses to practice to the fullest extent possible, based on their training and education. The IOM has also recommended that nurses obtain higher levels of education. Nurses prepared as DNPs are expert clinicians focused on improving outcomes for individuals as well as populations. The DNP graduate is adept at translating evidence into practice—a vital role, as much research evidence is never implemented. Additionally DNPs are in the forefront of health care policy, effecting change on the local, state, and national levels. As a faculty member, it is gratifying to see our DNP graduates utilize their skills in advancing evidence-based practice and providing leadership to improve health outcomes.



Kathryn Gift, MSN, RN, CEN

*Staff Developer
VA Gulf Coast Veterans Health Care System
Biloxi, Miss.
Current DNP student*

I selected the DNP program because I wanted to enhance my current nursing practice knowledge to improve quality of care and patient outcomes. A DNP program is ideal for the nurse who is committed to a practice vs. research career. The program is designed to advance the ability to use information technology, synthesize and integrate evidence-based practice, and provide insight into the advocacy role for health care policy. DNP preparation also enhances leadership skills designed to facilitate interprofessional collaboration for the benefit of improving patient and population health outcomes.



A Matter of DEGREE

The School of Nursing will launch the state's first post-BSN to DNP program in 2014 to graduate more nurse leaders who can also bring clinical breakthroughs to the bedside. BY JENNIFER WALKER

Lieutenant Commander Margaret Bevens, who holds a PhD in nursing, and Kimmith Jones, who holds a Doctor of Nursing Practice (DNP), spend their days very differently.

As a clinical nurse scientist at the National Institutes of Health (NIH) Clinical Center, Bevens, PhD '05, RN, AOCN®, is studying how to improve health outcomes for cancer patients undergoing hematopoietic stem cell transplantation and their caregivers. In her recent study, she designed problem-solving-based education sessions and administered questionnaires to determine their effect on caregivers' self-efficacy—how they feel about their ability to reach goals—and distress. Bevens and her colleagues found that caregivers who reported high distress and low confidence prior to their loved ones' transplants were those who benefited most from the intervention in terms of reduced fatigue and improved sleep quality.

Jones, DNP '11, RN, CCNS, a clinical nurse specialist at Sinai Hospital of Baltimore, synthesizes research like Bevens' study and uses the findings to institute new protocols. In 2010, when he was a DNP student, he wanted to reduce the number of days that ICU patients spent on the ventilator. Based on his review and synthesis of the literature, he instituted a new protocol at Sinai. Nurses started turning off continuous sedation infusions in the

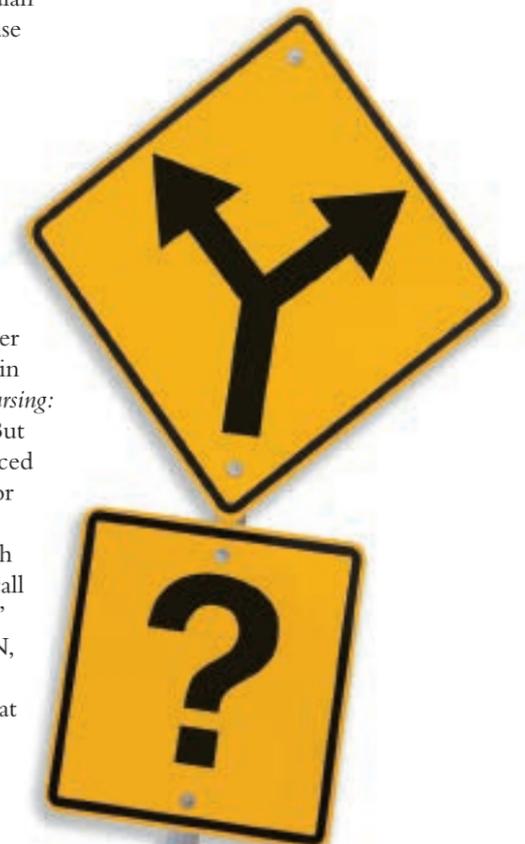
morning for selected patients on mechanical ventilation who were medicated throughout the night. If patients woke up, nurses allowed them to breathe on their own without assistance from the ventilator; if not, the nurses turned on the ventilator and tried the process again the next morning. By slowly decreasing the amount of assistance the ventilator was providing, nurses saw patients' median mechanical ventilation time decrease from 3.8 to 2.7 days.

In today's complex health care environment, nurses who aim to improve patient care for large populations increasingly require doctoral degrees to do so. For this and other reasons, the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation recommended doubling the number of nurses with doctorates by 2020 in their 2010 report, *The Future of Nursing: Leading Change, Advancing Health*. But how do nurses know which advanced degree—PhD or DNP—is right for them? "The PhD is intended for people who want to have a research career and work toward what we call the 'discovery of new knowledge,'" explains Patricia Morton, PhD, RN, ACNP-BC, FAAN, professor and associate dean for academic affairs at the School of Nursing.

"At my agency, the PhD is the gold standard for doing research,"

adds Bevens, who credits the School with developing her measurement and survey methodology skills, especially in patient-reported outcomes tools like questionnaires.

But it can take about 17 years for research to get to patients, according to the NIH. That's where DNP-educated nurses come in. The DNP





Lieutenant Commander Margaret Bevans

“Even though we were preparing exquisite clinicians in the advanced practice master’s programs, the need to evolve was imperative,” says Geraldine “Polly” Bednash, PhD, RN, FAAN, chief executive officer of AACN, about the shift to the post-BSN to DNP degree. “Nurses need another layer of skills to transform practice in today’s world. The only way we are going to do that is by redesigning the expectations for advanced practice education.”

THE NEED FOR MORE DNP NURSES

The School of Nursing has long been a pioneer in offering groundbreaking education programs. In 1979, it was one of the first nursing schools to start a PhD program; in 2006 it became the first school in Maryland to offer a DNP degree to non-military nurses. Building on that reputation, the School’s new post-BSN to DNP program will help reduce faculty shortages, prepare nurses for the changing health care system, and bring research to patients faster.

AACN has supported the DNP since 2004, when its member institutions voted to move the preparation necessary for advanced practice nursing from the master’s to the DNP degree by 2015.

This is partly to ensure that nurses receive the right credential for their extensive graduate work. Nurse practitioner master’s programs now include an average of 60 credits, while some master’s degrees in business require fewer than 40 credits, says Bednash.

“We were giving nurses the wrong degree,” she adds. “They were taking many more credits than were required for a master’s degree, but we weren’t recognizing that with the actual degree they were receiving.” Other professions like medicine, dentistry, pharmacy, and physical therapy offer post-baccalaureate practice doctorates. Now, with 90 post-BSN to DNP programs available

is a practice-focused doctorate for nurses “whose scholarly work might be examining evidence when we put new protocols into practice,” Morton says. “These DNP experts can more efficiently and effectively bring knowledge to practice and really test if that knowledge works.”

“There’s so much research out there that needs to get to the bedside,” Jones adds. “The DNP-prepared nurse helps close that gap.”

This is one of the reasons the American Association of Colleges of Nursing (AACN) advocates transitioning programs for advanced practice registered nurses in four roles—clinical nurse specialists, nurse anesthetists, nurse midwives, and nurse practitioners—from the Master of Science degree to the DNP degree.

In response, the School of Nursing will launch the state’s first post-BSN to DNP program in fall 2014. Unlike the School’s current DNP program—a 38- to 48-credit degree for master’s-prepared nurses—the 80- to 85-credit post-BSN to DNP program will offer six advanced practice nursing specialties that were once reserved for master’s education. (AACN is in favor of master’s education for clinical nurse leaders, and the School will continue offering master’s degrees in four specialties.)



nationwide, and 83 additional programs in the works as of March, the School of Nursing is joining their ranks.

There is also a dire need for doctoral-prepared nursing faculty who can teach the next generation of nurses. In 2011, AACN found that nursing schools turned away 75,587 qualified baccalaureate and graduate nursing applicants because, in part, the schools lacked enough faculty members to teach them. With the average age of nurse educators ranging from 51 to 61 years, and mass retirements looming, the problem is only going to get worse.

“We have an enormous nursing faculty shortage in this nation,” says Susan Hassmiller, PhD, RN, FAAN, senior advisor for nursing at the Robert Wood Johnson Foundation and study director of *The Future of Nursing* report. “That’s really the big crisis in nursing at the moment.”

“Nurses need another layer of skills to transform practice in today’s world. The only way we are going to do that is by redesigning the expectations for advanced practice education.” —POLLY BEDNASH

Nurses with the DNP credential are equipped to teach—the School has 17 DNP faculty members and is recruiting more—but the bigger reason for transitioning advanced practice master’s programs to the DNP degree is the changing health care system.

In the past, nurses took care of patients one-on-one, but now health insurers are holding nurses accountable for meeting health care targets for large

populations. “Nurses have been really good at taking care of individuals but have not had the skill to look at their population and assess whether they are meeting quality benchmarks,” Bednash says. “The DNP is really teaching people how to do risk management and apply the best evidence for the care of groups and communities.” To reduce risk with diabetic patients, for example, DNP nurses can check to see that an

Kimith Jones



“The DNP is not going to prepare you to do a better physical examination or interpret lab values better, but it will provide you with the skill and ability to translate research to the bedside to improve patient care and safety.”

—KIMMITH JONES

entire hospital’s diabetic population is getting their A1C, vascular systems, and renal functions checked, and that patients are meeting the right outcomes based on research findings for this group.

As the clinical nurse specialist overseeing nursing informatics at

Sinai, Jones is helping large patient populations by making it easier for nurses in the Department of Patient Care Services to navigate the hospital’s computer systems. He chairs the patient care services IT group—a group that includes 27 staff nurses from all

units—that meets monthly to review proposed changes to the electronic medical record (EMR) from the nursing perspective. “What we find is that the nurse tries to document a particular event, and there’s really no place to do it,” he says. As requests for changes come in, “I look globally to see if they will help improve the efficiency of the nurse and if they are consistent with what the literature says documentation should be.”

In the past, for example, after going through the questions on the pain assessment form, nurses had to go to another area of the EMR to document the patient education they provided. To improve efficiency, the group voted to add the patient education section to the pain assessment form.

“That will absolutely make the nurse more efficient,” Jones says. “The DNP is not going to prepare you to do a better physical examination or interpret lab values better, but it will



Patricia Morton

COLLABORATING TO IMPROVE CARE

At the NIH Clinical Center, clinical nurse scientist Bevens has already seen some of her findings reach clinical settings. After her studies showed that caregivers might be putting their health at risk by caring for family or friends with cancer, she co-organized the center’s first annual NIH Family Caregiver Day in 2010. Staff provided resources for caregivers about maintaining their physical, social, and emotional health and led stress-reducing activities, such as a nature walk and seated massages. “That program came out of the research we’re doing with caregivers,” Bevens says. “But I think the work done by myself and others in the field of caregiver interventions is moving quickly to the bedside.”

In coming years, PhDs and DNPs could work together to bring knowledge in other areas to patients faster. “What we see for the future is that our research teams would include both PhDs and DNPs, so that the PhD on the team is helping to discover new knowledge, while the DNP could help bring that knowledge to the bedside,” Morton says.

This type of collaboration could soon take place at the School, where nurse scientists are working to understand the mechanisms of pain at the cellular level by studying spinal cord injuries. “I see a great place for a DNP on the team who might be testing a new protocol for pain management,” Morton says, adding that the School is in the early stages of making this happen as they hire more DNP faculty.

“That teamwork between PhDs and DNPs could help an organization make this quantum leap in patient care,” Jones adds.

It’s a possibility that makes him excited about nursing’s future.

provide you with the skill and ability to translate research to the bedside to improve patient care and safety.”

INSIDE THE SCHOOL’S NEW POST-BSN TO DNP PROGRAM

Jones credits the DNP program with taking his practice to the next intellectual level. He was especially taken by the Methods in Evidence-Based Practice class, where he was exposed to the seven steps for translating research into practice, such as asking the right clinical questions and searching for the best evidence. “This course helped me understand the steps that need to take place in order to truly apply the evidence to a practice setting,” he says.

With the post-BSN to DNP program, nurses who want to work in advanced practice specialties will now also take courses in systems thinking, leadership, ethics, policy, and the economics of health care. They will also choose one of six advanced practice specialties that used to be offered at the

master’s level. These include adult and gerontological primary care nurse practitioner, acute or primary pediatric nurse practitioner, family nurse practitioner, adult and gerontological acute care nurse practitioner and clinical nurse specialist, psychiatric and mental health nurse practitioner, and nurse anesthetist. (The School will still offer master’s degrees in community/public health, nursing informatics, and health services leadership and management, as well as the Master of Science for clinical nurse leaders and the post-Master’s to DNP program.)

About the transition from the master’s degree to the DNP for advanced practice nurses, associate dean Morton says, “The master’s-prepared nurse practitioner is educated to take care of patients with a certain type of disease, but does not necessarily have the skill set to participate at the organizational level to solve problems. The DNP is adding bigger picture thinking and another whole dimension to advanced practice nurses’ skill sets.”

	DNP	PhD
OBJECTIVES	Prepares nurses at the highest level of nursing practice who will lead in applying and translating research into practice	Prepares nurses at the highest level of nursing science to conduct research that advances the empirical and theoretical foundations of nursing and health care globally
COMPETENCIES AND CONTENT	Knowledge and skills in applying and translating research into practice; leads dissemination and integration of new knowledge in health care organizations	Knowledge and skills in theoretical, methodological, and analytic approaches to the discovery and application of knowledge in nursing and health care
PROGRAM OUTCOME	Practice leaders such as an advanced practice nurse caring for individuals, or other practice leadership positions in nursing, such as health care administration	Nurse scientists prepared for a career in research in academia or other research-intensive environments, focused on the design and testing of interventions to advance nursing and health care
FINAL PROJECT	A practice application-oriented DNP capstone project	Completion and defense of an original research project

A Virtual Revolution

BY ELIZABETH HEUBECK

THE ADVENT OF NEW TECHNOLOGY IS TRANSFORMING THE WAY TODAY'S NURSES LEARN.



Susan Rusnak, a junior at the School of Nursing, is a career changer who first attended college 20 years ago. “We didn’t even have email then. It’s a totally different experience now,” she says. This time around, sophisticated technology, including a video content management system called METI, allows Rusnak to review practical information like how to use a catheter or listen to a broadcast of a lecture a second or even a third time, hitting pause or rewind as needed; or she can use the METI Learning Space, a video system that integrates with simulation-based environments, to watch recordings of herself practicing a newly learned skill.

As Rusnak’s experience illustrates, the advent of new technology is transforming how today’s nursing students learn. But the availability of technology is only part of the equation. Taking a systematic, supportive, and flexible approach to the adoption of technology throughout the curriculum, the School has positioned itself as a leader in the technology revolution that is sweeping through the nation’s nursing schools.

The transition toward more technology in teaching at the School of Nursing did not happen overnight. The first course offered by interactive

video technology was transmitted from a classroom at the School in Baltimore to a classroom at Frostburg State University in fall 1991. Three master’s level courses and one RN to BSN course were offered at the Universities at Shady Grove (USG). By 1995, distance technology enabled the School to offer programs in six counties through a combination of interactive video and on-site instruction. In 1996, the School was offering the complete RN to BSN program, as well as the entire Adult Nurse Practitioner, Pediatric Nurse Practitioner, Administration, and Health Policy master’s specialties at USG via distance technology. By 2002, the entire RN to BSN curriculum was offered online.

In the 2012–13 academic year, the School offered 41 different courses that were completely Web-based (online) and 112 courses that are Web-enhanced. Two of the School’s master’s degree specialties, Nursing Informatics and Health Services and Leadership Management, can be pursued completely online; so, too, can the Graduate Certificate in Teaching in Nursing and Health Professions. From the start, this deliberate technological transformation has been led and supported by dedicated faculty members and the learning technologies team.

Leading the charge is Matt Rietschel, MS, director of Educational Strategies, and a clinical assistant professor. He has overseen the adoption





of several technological innovations at the School, ensuring not only that the technology works as it should and adds meaning to the educational experience, but also that faculty and students are comfortable using it.

“Very few schools can identify with the level of support available at our

“We have instructional designers on campus and an office whose sole purpose is to support the faculty, staff, students, and researchers in their use of learning technologies.” —Matt Rietschel

School; we have instructional designers on campus and an office whose sole purpose is to support the faculty, staff, students, and researchers in their use of learning technologies,” Rietschel says.

While Rietschel’s office ensures standardization of the technology being utilized for learning, he also leaves room for flexibility. “Some of

the implementation of technology is ad hoc to solve a need, from a teacher’s perspective,” Rietschel explains.

Such was the case with Assistant Professor Regina Twigg, DNP, RN, whose lectures are an hour and 50 minutes long. Increasingly, students were requesting that they be allowed to place a tape recorder on her podium during lectures so that they could replay them later as they studied. They also wanted access to the PowerPoint slides she used. So Twigg approached Rietschel, asking him for a better solution.

Subsequently, Rietschel introduced to Twigg’s class Mediasite, the video and audio lecture capture system. Now, students can leave their tape recorders home, knowing they can log into Twigg’s lectures via Mediasite at their convenience as many times as they like to view and listen to lectures. Students are not only accessing the video content of Mediasite online, they are also accessing METI Learning Space. METI Learning Space allows students to watch themselves. Junior Rusnuk explains, “When we have to perform validations to demonstrate that we know a given skill, it [METI Learning Space] records you performing that skill,” she says. Rusnuk admits that, initially, she was uncomfortable seeing herself on camera, but that watching her performance on her home computer helps reinforce the skills she does well and what areas need improvement.

Rietschel recognizes that not all faculty members are eager to embrace technology-based solutions. “In that case, we provide whatever level of support and teaching is necessary for that teacher to be successful,” he says. His office even creates duplicate courses and other scenarios that mimic the online environment in which faculty and students will eventually immerse themselves. Called “sandbox areas,” these allow

instructors to enter and, in essence, play with the technology that they’ll eventually be utilizing. “We try to be as accommodating as possible,” says Rietschel.

While Rietschel’s office provides the nuts-and-bolts technology solutions for the School, partnerships with key faculty members elucidate the broader vision. Associate Professor Kathleen Buckley, PhD, RN, IBCLC, is one of Rietschel’s key collaborators.

Buckley, who pioneered the use of Web conferencing technology as a faculty member at another university’s Doctor of Nursing Practice (DNP) Program, came to the University of Maryland School of Nursing poised to help take its DNP from a traditional program format to a blended format. A grant from the Maryland Higher Education Commission made the move possible.

“It’s a little face-to-face, the majority of it online, and some interactive sessions via Web conferencing,” explains Buckley of the recently re-formatted DNP curriculum.

Buckley has taken on technology guru status among the School’s faculty members. In addition to helping shape the School’s newly blended format

DNP, she has also become the chief mentor for faculty in developing and evaluating blended courses. In this role, she analyzes students’ acceptance of technology and acts as the liaison between the School and Quality Matters, a peer review organization that certifies the quality of online and blended courses. To date, seven of the School’s courses have been evaluated by Quality Matters; each has received certification.

Together, Buckley and Rietschel recently co-wrote a chapter on blended courses that will appear in the third edition of Carol O’Neil’s forthcoming book, *Developing Online Learning Environments* (Springer Series on the Teaching of Nursing). O’Neil, PhD, RN, is an assistant professor and co-director of the School’s Institute for Educators in Nursing and Health Professions.

A Move Toward Active Learning

Not surprisingly, technology has created a learning environment that’s more convenient for students, allowing those who live a distance from campus and lead busy lives to access online course content from the





Mary Fey

comfort of their own homes. But the increasing use of advanced technology also had some unexpected benefits, including making learning more collaborative, hands-on, and active.

“We’ve really gotten away from passive learning. We use more active learning strategies,” Buckley says. For example, with students now being able to tune in to an increasing number of lectures simply by turning on their computers at home, instructors sometimes require that students “log on” to a lecture outside of the classroom, so that class time can be spent on discussion.

Using the innovative educational technology Blackboard, some small-group discussions also take place outside the classroom. Blackboard Conferencing allows for many small groups of students to “chat” privately in virtual “breakout rooms.” “In a ‘real classroom,’ it’s hard to find the space to do that,” says Buckley. When the group has decided on a response, one representative then posts

the response on the online discussion board.

While technology can facilitate the best of classroom learning, it can also prepare students for the environment in which they’ll eventually be working. Consider Epocrates, a medical software application for mobile devices like iPads; the app provides access to pharmacological and other medical information.

“Nurses can’t possibly remember all the information they need to know. I wanted to make valid, reliable information available to students when needed,” says Mary Fey, MS, RN, assistant professor and director of the Debra L. Spunt Clinical Simulation Laboratories at the School. So now, rather than referring to information in quickly outdated hard-cover books, students in clinical simulation settings can simply look up information—from symptoms of a given medical condition to appropriate medication dosages for patients of a certain weight—on an iPad.

As they reach for their iPads, students may be responding to any number of situations presented in a clinical simulation laboratory, where high-tech mannequins simulate real physiologic conditions. They bleed, blink, have seizures, and more. Five years ago, the School had just two such mannequins. Now, they have 14.

Fey recalls an instance where a student’s quick perusal of information via the iPad filled in the blanks not just for herself, but also for a simulated patient. “The patient was experiencing a thyroid storm and said, ‘I don’t know what’s going on here.’ The student stepped away from the bedside for a moment, got information on Micromedex [a trusted source of medical information], and shared it with the patient,” Fey says. It’s a scenario that could very well happen in the clinical setting.

“What we really hope we’re doing is building habits that will carry

“We want to instill in students, ‘You don’t have to know everything from memory. You just need to know where to go to get reliable information.’” —Mary Fey

into their practice. We want to instill in students: ‘You don’t have to know everything from memory. You just need to know where to go to get reliable information,’” Fey says.

It’s a lesson that practicing nurses have begun to internalize, especially with the advent of electronic medical records (EMRs) that store patient information electronically for use by a patient’s multiple health providers across disciplines and locations. Now, our students are learning how to use EMRs in the simulation lab, where they look up medical histories of their simulated patients. “They can extract a lot of information from EMRs,” Fey says.

Whether students are perusing simulated patients’ EMRs or practicing how to deliver care to them, faculty members see the benefit of these high-tech practice mechanisms.

“They definitely improve clinical reasoning and judgment,” says Mary Pat Uliny, MS, RN, CNE, clinical instructor and clinical simulation lab director for the School of Nursing’s program at the Universities at Shady Grove. Uliny co-teaches an interprofessional course in which students from multiple health professions—nursing, pharmacy, social work, and respiratory therapy—come together to practice working on the mannequins.

The mannequins, used in a collaborative, hands-on setting, provide yet another illustration of how the School is embracing technology effectively. With a program that serves 500 undergraduates, a key objective is determining how to ensure each of these students gets the practical experience needed to become a competent

nurse. Experiences in the clinical simulation lab are part of the answer.

“There are a lot of conversations [at nursing schools] that start with ‘What technology is available to me now?’ Our mindset is the opposite. We ask ourselves, ‘If you could have the perfect lesson or experience, what would it look like and, then, let’s work backwards and find the technology to support it,’” Rietschel says.



Mary Pat Uliny

“Aha!” Moments FOR THE NEW DEAN

Jane M. Kirschling, PhD, RN, FAAN, joined the School of Nursing as dean in January. In her first days on the job, she met with faculty, staff, students, and other stakeholders, listening more than talking as she embarked on her quest to provide the best possible education for the next generations of nurses. In this interview with *NURSING* magazine, Kirschling describes her leadership style, the joy of the “Aha!” moment, and the value of breaking down silos. Interview by Karen Nitkin

Q. WHAT ATTRACTED YOU TO THIS JOB?

A. There are really a number of factors. I’ve had the good fortune to know former Dean Janet Allan since the early 2000s, and she planted a seed about just what an exceptional nursing school this is. I also had the good fortune to work with University of Maryland, Baltimore (UMB) President Jay A. Perman, MD, when he was Dean of the School of Medicine at the University of Kentucky. I hold him in high regard, so the possibility of working with him again appealed to me. Also, one of the distinctions for me in looking at the University of Maryland was its strong history and tradition of producing leaders who impact policy.

Q. WHAT ARE SOME OF YOUR SHORT-TERM AND LONG-TERM GOALS?

A. From a short-term standpoint, I’ve been working pretty constantly to try to learn about the School of Nursing, and to learn more about the community. I’ve offered invitations to the faculty to come and meet with me one on one. We talk about what’s working at the School, as well as opportunities for improvement.

I’ve been out and about meeting with key stakeholders, including attending alumni events in San Francisco, San Diego, and Tampa. We’ve had two staff forums where staff members could ask questions and state concerns. We hosted a pizza party on the Baltimore campus and an ice cream

social at the Universities at Shady Grove, so I could meet our students at both locations. I’m trying to make sure I get in front of every student, so I’m going to classes to introduce myself, to talk to them about the choice they made, and to thank them for choosing nursing and our School.

In the long term, we’re particularly interested in understanding and providing leadership in optimizing the ability of a student to participate in team-based care. That will be an area of focus. We have a new strategic plan developed under the leadership of Dean Allan, and we’re now putting tactics and timelines to that plan. In terms of the generation of new knowledge, we’re making sure we have extremely strong academic programs that are responsive to today’s health care needs.

Q. WHY WERE THOSE EFFORTS TO REACH ALL LEVELS OF THE SCHOOL’S POPULATION IMPORTANT?

A. The vision of the School of Nursing can’t reside with one person. Every stakeholder brings a perspective, not only in terms of what they’ve experienced with the School, but also their hopes and dreams for the School. It really is my opportunity to listen more than talk. They’re wonderful conversations. In each one, I get an “Aha!” moment—something I hadn’t heard before.



Q. AS PART OF YOUR NEW JOB, YOU ARE DIRECTOR OF INTERPROFESSIONAL EDUCATION FOR UMB. CAN YOU EXPLAIN BRIEFLY WHAT THAT MEANS? WHAT DO YOU SEE AS YOUR ROLE IN FOSTERING HEALTH CARE COLLABORATION?

A. Interprofessional education means two or more disciplines come together to learn. This could mean bringing nursing students, pharmacy students, and medical students together in a lab and doing a mock code for someone in cardiac arrest. The richness comes in the intersection across the disciplines. They



Dean Jane Kirschling (center) takes time from her busy schedule to converse with faculty member Eun-Shim Nahm, student Jerry Abcede, staff member Arthur Talbert, and student Alexandra Bauernschub.

start to learn that maybe their assumptions aren't totally correct. Maybe the nursing student knows more about how to comfort a family member and maybe the pharmacy student has more in-depth knowledge about medications in this situation and we don't have to rely 100 percent on the physician.

We have been fairly siloed in our disciplines. We need to create opportunities for faculty to gain the knowledge they need to teach students how to learn and work in interdisciplinary teams.

Q. WITH SO MUCH FOCUS ON HEALTH CARE REFORM, WILL THE ROLE OF NURSES CHANGE?

A. One of the shifting landscapes for nursing as a discipline is a much clearer understanding that education matters. There is a growing awareness

in this nation that we need more baccalaureate-educated nurses. The majority of new registered nurses (58 percent) enter the profession with an associate's degree. Also, the American Association of Colleges of Nursing in 2004 recommended that by 2015, advanced practice registered nurses (APRNs) be educated at the doctoral level. Currently, most APRNs are educated in master's programs, however, the transition to the doctorate is underway.

There's a conversation taking place nationally that we need to remove scope of practice barriers, which limit APRNs from practicing at the highest level of their abilities. It's happening in every state, and at the federal level as well.

There are 3.1 million registered nurses in the nation. We have to play an active role in terms of shaping health care that is affordable, safe, and high quality.

Q. WHAT IS YOUR LEADERSHIP PHILOSOPHY?

A. In terms of philosophy, I would say one of the things I have learned by watching exceptional leaders over my career is that they will roll up their sleeves and get involved, no matter what the issue is and no matter what the concern is, to work with respective stakeholders to find the solution. I would say that is a characteristic of my leadership style. Another part of my leadership philosophy is my belief that we must be informed by our past and our history, but we must also be open to our future and to opportunities that present themselves. I tend to look outward in terms of being cognizant of what's happening around us, what the trends are. I'm concerned about the affordability of higher education, about having the right mix of health care providers. Part of my leadership goal is keeping my ears to the ground.

Q. YOUR BACKGROUND IS IN MENTAL HEALTH NURSING, PARTICULARLY END-OF-LIFE CARE. HOW DO YOU THINK THAT EXPERIENCE WILL INFORM YOUR DECISION-MAKING AND PRIORITIES AT THE SCHOOL OF NURSING?

A. They inform who I am as a person, but I have to draw from the totality of nursing to best leverage my knowledge and skills.



Greetings,
and welcome
summer!

A LOT HAS HAPPENED at the School of Nursing since the last issue of *NURSING* magazine was published. Most notable was the retirement of Dean Janet Allan after a decade of exemplary leadership, and the arrival of Dr. Jane M. Kirschling as the School's new dean. Change, although sometimes daunting, almost always presents exciting opportunities for growth and renewal of purpose.

Dean Kirschling hit the ground running in January and has already attended "Meet the New Dean" alumni networking events in San Diego; San Francisco; Tampa; Baltimore; Howard County, Md.; and in the Philadelphia area. She also presided over the annual Alumni Reunion and our inaugural Recent Alumni Reunion (for those alumni who graduated 10 years ago or fewer). Alumni who met Dean Kirschling at these events were deeply impressed by her genuine interest in them and the School, and her sincere offer to help them in any way possible. She is tireless, which makes some of us want to try green tea, since that is her beverage of choice!

We invite you to come out and get to know Dean Kirschling at future "Meet the Dean" alumni events being planned for Washington, D.C.; Richmond, Va.; San Antonio; and the Eastern Shore of Maryland. I promise you that you will be glad you took the time.

Until then, thank you for all you do to support your alma mater.

Best,

Laurette L. Hankins
Associate Dean for Development and Alumni Relations



Meet the New Dean Networking Event Held in Baltimore

On April 11, Baltimore area alumni had the opportunity to meet Dean Jane Kirschling and network during a reception at Canton Docks.

Seated left to right:
Jodi Shaefer, PhD '96, MS '80, BSN '74;
Janice Chance, BSN '75; Dean Jane Kirschling;
the Hon. Shirley Nathan-Pulliam, BSN '80;
Barbara Parker, PhD '86, MS '76;
Lori Edwards, BSN '80

Second row, left to right:
Eun Shim-Nahm, PhD '03; Deborah Harper, BSN '73; Carrie Fisher, MS '09; Erin O'Grady, MS '09; Renee Gruel, MS '87, BSN '82;
Joyce Parks, MS '93; Mary Deeley, BSN '71;
Zoe Bouchelle, BSN '71; Liz Ness, MS '93;
Sheila Green, MS '77; Lyn Murphy, MS '01;
Elizabeth "Ibby" Tanner, MS '74, BSN '70;
Joan Kub, BSN '75; Joan Hebden, MS '85; BSN '75

A Cause for Celebration

WHEN THE LEADERSHIP OF THE SCHOOL OF NURSING set a capital campaign goal of \$30 million in 2005, it was seen by many as a significant stretch. Because the School had not enjoyed a tradition of philanthropy among its alumni, meeting this goal required a combination of education and creativity to increase the level of participation and offer the community new ways to support its programs.

“Another sobering challenge we faced was the dramatic economic downturn,” says Laurette Hankins, the School’s associate dean for development and alumni relations. “That is why our major gifts strategy in 2008 turned to planned giving—encouraging alumni in their 60s and older to consider joining the Louisa Parsons Legacy Society by including the School in their estate plans. Alumni who were understandably wary about increasing their outright giving felt a great sense of satisfaction about creating legacy gifts to support the School, and we were honored by their truly thoughtful philanthropy.” During the course of the campaign, the number of Legacy donors more than doubled.

Almost one-third of the funds raised during the campaign came from individuals (including alumni), while foundations contributed another third. The remainder came from corporations and other organizations. In terms of designation of funds, most of the money raised benefited academic and community programs, student scholarships, research, and faculty support.

Forty-two new endowments were created, primarily for scholarships and programs.

The School received its first-ever \$1 million gift from alumna Mary Catherine Bunting, a 1972 graduate of the Master of Science program, to provide scholarships for students in the Clinical Nurse Leader program. “We also established a robust faculty and staff campaign to fund student scholarships,” says Janet Allan, Dean Emeritus.

By December 2012, the campaign—called “The Power and Promise of Nursing”—had raised \$29 million, but was still about \$1 million shy of its goal. Allan, who was just completing her tenure as dean of the School that month, stepped up and made her own bequest “that really put us over,” she says.

At first, Allan wanted her bequest to be anonymous, she says, but Hankins asked her to consider making her donation public. “She felt it would send a positive message to alumni and faculty and staff,” Allan says.

Hankins notes, “We are deeply appreciative to Dean Emeritus Allan and to all of those who contributed in ways large and small to this ambitious multi-year fundraising initiative. However, we cannot rest long on these laurels. While the formal campaign has officially concluded, the needs of the School remain. We will continue to work toward a scenario in which our superlative faculty and students are limited only by their ideas and hard work, not by a lack of sufficient funds.” —Christine Stutz

Bunting Gift Boosts Clinical Nurse Leader Program

A GENEROUS GIFT from a School of Nursing alumna is creating opportunities for adults with non-nursing backgrounds to be educated as master’s-level professionals in the relatively new role of Clinical Nurse Leader (CNL). Mary Catherine Bunting, a 1972 graduate of the School’s Master of Science program, has contributed \$1 million to establish the Mary Catherine Bunting Scholarship to aid Maryland residents enrolled in the CNL program.

The CNL program allows people with a bachelor’s degree in a non-nursing discipline to obtain a master’s degree in nursing in 16–23 months and sit for the Registered Nurse (RN) licensure exam.

Bunting, a retired nurse practitioner and teacher, says she chose to support the CNL program because it helps address both the nursing shortage and a need for innovative problem-solving in health care. The CNL program appeals to her, she says, because it draws non-traditional students from many walks of life and trains them relatively quickly to apply their life experience to the nursing profession.

“This program is like no other. I just thought it was so creative and innovative,” she says. “There are so many people with great backgrounds and great talent

who want to go into nursing, and so many diverse areas in nursing that can benefit from their contributions.”

One recipient of the Bunting scholarship, Quinn Gorman, completed the program in May 2012. He works in the Trauma Disorders Unit at Sheppard Pratt Hospital in Towson, caring for patients with complex post-traumatic stress disorder.

Gorman, 33, came to nursing after a varied career teaching college English and working as a legislative aide. “I liked the professional ethos behind nursing, and the idea of working with a population that’s really vulnerable,” he says. Caring for psychiatric patients can be very challenging, Gorman points out. “It’s not as task-oriented

as much of nursing,” he says, “and it’s much more about the therapeutic relationship.”

Gorman had not studied much science in college and had to take classes such as physiology, microbiology, and statistics so he could enter the program. He says he appreciates the confluence of science and the humanities in psychiatric nursing. “You have to step outside of the purely patho-physiological framework to adequately treat people,” he says.



—MARY CATHERINE BUNTING

“This program is like no other. I just thought it was so creative and innovative. There are so many people with great backgrounds and great talent who want to go into nursing, and so many diverse areas in nursing that can benefit from their contributions.”

Gorman says he is truly thankful for the Bunting Scholarship. “Obviously nursing school is expensive, so the help I received was great,” he says. The financial assistance “took the pressure off” and allowed him to focus on his studies and even do some volunteer work doing HIV testing with the University of Maryland School of Medicine’s Institute of Human Virology’s JACQUES Initiative.

Sherri Bauman, an ultrasound technician, completed the CNL program in May. She appreciates the unique perspective the CNL brings to the practice of nursing. While nursing has traditionally focused on the individual needs of patients, she says, “We are taught to look

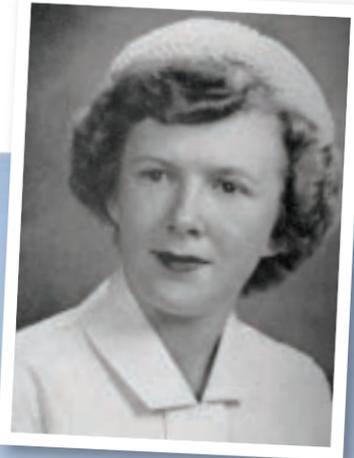
globally, to look at a unit as a whole and look at a group of patients as a whole, to consider

what’s going on with their care, and how we can improve outcomes.”

Bauman, who will turn 50 this year, says the Bunting Scholarship made a huge difference in her ability to complete the program. “It enabled me to go to school full time and not have to work,” she says, “and has relieved the burden for my husband, who supports our family.”

A kidney donor who gave her brother a kidney in 2007, Bauman is currently doing a practicum in the transplant unit at the Johns Hopkins Hospital. She is passionate about organ donation and says she is pursuing “a calling” to work in transplant medicine after obtaining her master’s degree. —C.S.

A School “Legend,” Shubkagel’s Impact Lives On



Betty Shubkagel '54

She was an active member of the American Nurses Association, the National League for Nursing, the American Heart Association, and the American Association of Critical Care Nursing. She was also a member of the School of Nursing’s Faculty Senate for numerous years and served as a board member for the Maryland Nurses Association and the Southern Region Education Board.

After retiring in 1985, Shubkagel volunteered countless hours to the School as a mentor to students and as a docent for the Living History

Museum. She was a proud alumna who maintained close contact with her former classmates and the many students she taught. In 2005, she was awarded the honor of Professor Emeritus at the School.

Thomas considered Shubkagel both a mentor and a friend. She credits Shubkagel with pushing her to pursue an advanced degree and become a member of the faculty. The pair first met when Thomas was an undergraduate student.

“She was just so supportive of me,” Thomas recalls. “During those early years, a nurse who was married with children just wasn’t encouraged to pursue that path. Dr. Shubkagel had a vision for the School and the profession.

“She had a desire to push others to succeed and her name is synonymous with the School of Nursing. She is a legendary figure here and the endowment will ensure that for future generations.”

—Ron Snyder

Nurses from the class of '54 and '55.



Dean Janet Allan awards Betty Shubkagel Faculty Emeritus status (2005).

IN MANY WAYS, Betty Lou Shubkagel’s life was inextricably linked with the School of Nursing.

For more than 28 years, Shubkagel, who was among the School’s first 10 baccalaureate graduates in 1954, served as an educator and leader. Though she passed away in April 2010, her impact at the School will be felt for years to come.

Shubkagel made a bequest in her will in 2008 to gift 50 percent of her IRA to the School to create the School of Nursing Endowment for Graduate Program Excellence. The purpose of the fund is to enhance graduate programs with spendable income to support faculty development, program resources, and student scholarships.

“Dr. Shubkagel was devoted to the School and dedicated to the profession,” says Sue Thomas, PhD, MS '73, BSN '69, RN, FAAN, a professor and assistant dean for the PhD program at the School, who first met Shubkagel nearly 40 years ago. “She never sought credit for anything and I wasn’t even aware of the endowment until after she passed away.”

The endowment represents a lasting legacy to Shubkagel’s impact at the School. She began her career by teaching in the undergraduate program from 1957 to 1966. In 1975, she became chair of the Medical-Surgical Graduate Program, and for the next decade she developed and expanded the Clinical Specialist programs. Under her visionary leadership, the Gerontology Master’s Specialty was initiated and continues today.

Shubkagel led the Medical-Surgical graduate faculty in the development of an advanced training grant, which was the foundation of the School’s nationally acclaimed Trauma and Critical Care program. Her scholarly contributions to nursing began early in her career with the co-authorship of the text *Pharmacology and Therapeutics*, a standard in excellence for pharmacology textbooks, in 1965.

Legacy Society

The School of Nursing’s Legacy Society is named in honor of nurse pioneer and philanthropist Louisa Parsons. Parsons was the first superintendent of the School and also made the first planned gift to the School in 1916. This gift began a long tradition of philanthropy, and the Louisa Parsons Legacy Society is comprised of individuals who, like Parsons, have the desire to support future generations of students and nurses.

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 via your estate plans. A planned gift can be designed to achieve your financial and philanthropic goals, and it also makes you eligible for membership in our Louisa Parsons Legacy Society.

MAKING A PLANNED GIFT TO THE SCHOOL OF NURSING doesn’t have to be complicated. Even better, these gifts have no immediate impact on your current lifestyle, but they will make a significant difference to future nursing students. 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.

As is evident by viewing the Louisa Parsons Legacy Society list below, many of our alumni and friends 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, prepare for retirement, or make low-yielding assets more productive, a carefully crafted planned gift may provide a solution that satisfies your needs. To learn more about making a planned gift to the School of Nursing, please contact:

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
877-706-4406
plannedgiving@umaryland.edu
umaryland.planyourlegacy.org

THE LOUISA PARSONS LEGACY SOCIETY

In gratitude to our members

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Janet D. Allan
Anonymous
Floraine B. Applefeld
Estate of Carolyn V. Arnold
Estate of Zabelle S. Howard Beard

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Estate of E. L. Bunderman, DIN '31
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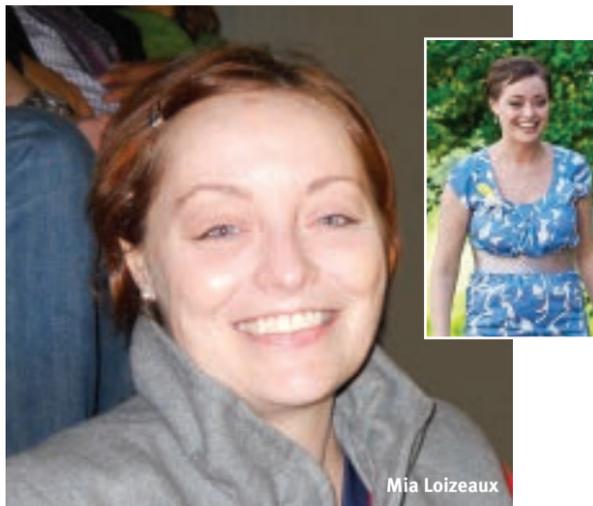
Estate of Marie L. Hesselbach
Estate of Kjerstine K. Hoffman, DIN '47
Margaret H. Iles, DIN '53
Catherine Ingle, BSN '61
Estate of Mary McCotter Jackson
June Jennings, BSN '47
and E. R. Jennings
Jacquelyn Jones Stone, MS '71
Jeanette Jones, MS '70
Jean W. Keenan, DIN '48
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Cynthia P. Lewis, BSN '58
and Jack C. Lewis
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Myrna Mamaril, MS '93
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Margaret A. McEntee, MS '73
Estate of Wealtha McGunn
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Sharon L. Michael, BSN '71
Nancy J. Miller, BSN '73

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MS '79
Lyn Murphy, MS '01 and John Murphy
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Daniel O'Neal, BSN '66
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Estate of Amelia Carol Sanders,
DIN '53

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Phyllis J. Scharp, BSN '50
Sandra Schoenfisch, MS '76
Beverly Seeley
Deborah K. Shpritz, MS '82, BSN '78
and Louis Shpritz
Estate of Betty Lou Shubkagel,
BSN '54
Estate of Anna Mae Slacum
Nancy T. Staggers, PhD '92, MS '84

Estate of Marie V. Stimpson,
MS '89, BSN '84
Courtney Ann Kehoe Thomas, BSN '66
Virginia D. Thorson, BSN '55
Estate of Norma C. Tinker, BSN '48
Estate of Martha C. Trate, BSN '48
Joella D. Warner, BSN '64
Estate of Patricia Yow



Keeping Mia's Memory Alive

MIA LOIZEAUX never got the chance to live her dream of becoming an oncology nurse.

But that doesn't mean she won't get the chance to help those battling cancer. Loizeaux was just 31 when she died following a five-year battle with chronic lymphocytic leukemia in August 2012. To help preserve her memory, her father, Doug Loizeaux, recently established the Mia Loizeaux Memorial Scholarship that provides support to graduate nursing students whose focus is oncology.

"Seeing others sick in the hospital with her motivated Mia to want to become a nurse and help others," says Doug, a Baltimore County businessman. "She just wanted to make a difference."

Mia was first diagnosed with the rare blood cancer in 2007. She received treatment for the disease for two years before going into remission following a bone marrow transplant in 2009, her father says.

It was during that time that Mia decided to make a career change and enrolled in the School of Nursing. To accomplish that, she first had to go back to community college to take several required prerequisite classes.

Prior to that, she had worked in advertising for five years after graduating from Vanderbilt University in 2003 with a bachelor's degree in economics. A lifelong Baltimore-area resident, Mia also attended the Bryn Mawr School and

graduated in 1999 from the McDonough School, where she had played lacrosse and field hockey.

Trying to help others was nothing new to Mia. She had participated in the Maryland State Police Polar Bear Plunge for the Maryland Special Olympics and volunteered for the Ulman Cancer Fund and at the Baltimore Animal Rescue and Care Shelter. It was at the Polar Bear Plunge where she met Chris Leverenz, who was her fiancée at the time of her passing.

Unfortunately, Mia's cancer returned in 2011 and she was eventually forced to withdraw from nursing school due to her illness, which normally afflicts those in their 60s and 70s.

"Mia was always involved in charitable work," Doug Loizeaux says. "She just wanted to be in a position to help others who were going through what she went through."

Doug said he did not realize the true depth of the impact his daughter had on others until after she passed away. After her death, he says, many School of Nursing students reached out to tell him what a difference Mia made in their lives and how she motivated them to succeed.

"Being a little older, Mia was really a mentor to many students," Doug says.

While Mia never got to accomplish her dream, her father is hopeful that the scholarship that bears her name will help others reach that point—students who may not have had the opportunity otherwise.

Myra Woolery, PhD '13, BSN '81, MN, RN, CPON, was able to use the scholarship to help pay for her final semester in the School of Nursing's PhD program.

"Having the chance to further my education through a scholarship named after someone who lost their battle with cancer is very meaningful to me," says Woolery, who is a clinical nurse specialist with the National Institutes of

"Mia was always involved in charitable work. She just wanted to be in a position to help others who were going through what she went through." —DOUG LOIZEAUX

Health. She has spent almost all of her 30-year career working in oncology. "It's sad to see that Mia was unable to realize her dream, but I'm glad that her family is able to memorialize and honor her through a scholarship that will help others combat cancer," Woolery says.

Says Doug Loizeaux, "I just wanted to keep Mia's memory going. We're hoping she can continue to make a difference in other people's lives for many years to come." —R.S.



UNIVERSITY OF MARYLAND SCHOOL OF NURSING
Board of Visitors

Front (left to right): Sandra Schoenfisch, Kathy McCullough, Charlene Passmore, Fran Lessans, Jeanette Jones.
Back (left to right): Hurst Hessey, Patricia Morton, Lisa Rowen, Daniel O'Neal, Natalie McSherry, Dean Jane Kirschling, Vicky McAndrews, John Bing, Liz Ness, Alan Silverstone, Christopher Callaghan.

The School of Nursing's Board of Visitors consists of accomplished and dynamic individuals, many of whom are alumni. Their contributions of time, expertise, and philanthropic support serve as a cornerstone to sustaining excellence in undergraduate and graduate education. At the invitation of the dean, Board members serve in an advocacy role, communicating the School's message to external audiences and partnering with the School in fundraising initiatives.

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Johns Hopkins Hospital
Baltimore, Md.

Victoria C. McAndrews
Co-Founder, Senior Vice President,
and Chief Financial Officer
CMB Outsourcing Solutions
Baltimore, Md.

Katherine McCullough, MS '79
Consultant
Columbia, Md.

Natalie McSherry, JD '77
Attorney and Principal
Kramon & Graham
Baltimore, Md.

Elizabeth Ness, MS '93
President, School of Nursing
Alumni Association
Director of Staff Development
National Cancer Institute
Rockville, Md.

Daniel O'Neal, III, BSN '66
Army Reservist (retired)
Tampa, Fla.

Charlene Passmore, BSN '77
Case Manager (retired)
Millersville, Md.

Judy Akila Reitz, MS '76, BSN '71
Executive Vice President and
Chief Operating Officer
The Johns Hopkins Hospital
Baltimore, Md.

Lisa Rowen, DNSc, MS '86, RN, FAAN
Senior Vice President for Nursing
and Patient Care Services
and Chief Nursing Officer
University of Maryland Medical Center
Baltimore, Md.

Sandra Schoenfisch, MS '76
Director
Florida Department of Health
Office of Public Health Nursing
Tallahassee, Fla.

Alan Silverstone
Independent Consultant
Trustee, University of Maryland,
Baltimore Foundation, Inc.
Potomac, Md.

Courtney Kehoe Thomas, BSN '66
Public Health Nurse and
Nurse Practitioner (retired)
Broomfield, Colo.

Alumni Pulse

CLASS NEWS AND NOTES



1960s

Lisa Robinson, PhD, MS '65, RN, CS-P, FAAN, professor emeritus, was honored as the International Society of Psychiatric-Mental Nurses' first Living Legend at their annual conference held in April in San Antonio. Robinson began her career as a faculty member at the School of Nursing in 1970. She later served in various administrative roles,



Adele Wilzack, MS '66, has been named chair of Maryland University of Integrative Health's (MUIH) Board of Trustees. Wilzack has been a member of that board since 1998 and has served as vice chair since 2006. MUIH is a private, nonprofit, academic institution focused on integrative health, wellness, and prevention.

including interim department chair and coordinator of the graduate program in psychiatric-mental health nursing. She is an originator and champion of the role of psychiatric consultation-liaison nurse and produced a documentary film that garnered appreciation for the unique contributions of nurses in this role.

Susan Tancredi, MS '79, BSN '69, is a nurse practitioner, employee occupational health, at Sharp Health Care in San Diego, Calif.

Carolyn Schubert, MS '83, BSN '74, completed her Doctor of Nursing Practice (DNP) degree in 2011 at Chatham University in Pittsburgh, Pa. She is an assistant professor of clinical nursing at the Ohio State University, where she specializes in teaching adult health in the undergraduate program and quality improvement at the graduate level. Her DNP project, "Effect of Simulation on Nurses' Knowledge and Performance in Failure to Rescue Events," was published in the *Journal of Continuing Education in Nursing* in October 2012. She and her husband reside in Columbus, Ohio. They have two children and three grandchildren.



1970s

Donna Feickert Eichna, MSN, BSN '73, is a stem

Linda Sherman Martin, BSN '74, is living in Bordeaux, France, where she works as a professor of English in nursing schools.

Betsy R. Bradford, BSN '75, retired from the Veterans Administration Maryland Health Care System and accepted a position as a long-term care surveyor with The Joint Commission.

Marianne Rogers Gerardi, BSN '75, is a director of case management and social services at Doctors

Medical Center in San Pablo, Calif.

Margaret "Peggy" Chamberlain Wilmoth, PhD, MS '79, BSN '75, has been appointed to the National Advisory Council on Nurse Education and Practice by Department of Health and Human Services Secretary Kathleen Sibelius. Wilmoth is dean of the Byrdine F. Lewis School of Nursing and Health Professionals, Georgia State University, Atlanta, Ga.

Jeanette Barnes Priest, BSN '71, began her career in California, holding a variety of positions, from camp nurse to working in the Neonatal Intensive Care Unit. After marrying Brian Priest and moving to Montana, she spent six years working as a public health nurse for the Indian Health Service on the Blackfeet Reservation in Browning, Mont., and later spent 15 years working in home health and hospice care, while raising their son, Nate. In 1996, she earned a Master of Science in Nursing from Montana State University, Bozeman, with a focus in adult education and diabetes management. After moving to Lewistown, Mont., in 2000, she taught level one nursing students at Montana State University, Northern. When an opportunity to start a diabetes education program arose, Priest was instrumental in developing a nationally certified diabetes education program for Central Montana Medical Center. She is a Certified Diabetes Educator and currently serves as the program's Diabetes Education Coordinator.



Lori Jean Weitzel Perkins, BSN '77, is a medical presenter for the "Worth the Wait" Pregnancy and Sexually Transmitted Disease Prevention Program and a volunteer at Salem Pregnancy Care Center in Salem, N.C.

Marlon Alafriz, PhD, CRNA, BSN '78, earned his PhD and is a Certified Registered Nurse Anesthetist



Bonnie DiPietro, MS '85, BSN '78, has joined the Maryland Patient Safety Center, the state's official center for patient safety issues and education, as director of operations. In this role, she will work with health care organizations throughout the state to educate their employees on best practices for patient safety. She previously served as director of acute care nursing at Baltimore Washington Medical Center in Annapolis. DiPietro has more than 30 years of health care experience, having held clinical, educational, management, and administrative positions throughout the Baltimore-Washington metropolitan area.

at Health Dynamic Services, LLC, in Livonia, Minn. and at Garden City Hospital in Garden City, Minn.

Carole Hair, PhD, MS '79, is an associate nurse executive/education at the Veterans Administration San Diego Healthcare System.

1980s

Connie Walleck Jastremski, MS '82, BSN '80, is the network chief nursing officer at Bassett Healthcare Network in Cooperstown, N.Y.

Deborah Mariko Tsunoda, MS '98, BSN '81, is employed as a cardiology nurse practitioner at Providence Holy Cross Medical Center in Mission Hills, Calif.

Tracey Glover Eberhardt, MS '87, BSN '82, has worked as a faith community nurse for 12½ years at St. Francis of Assisi Parish in Fulton, Md. She considers it

her best job ever. Eberhardt is grateful for her University of Maryland School of Nursing education, as it prepared her to practice with confidence and independence.



Rear Adm. Elizabeth Schuyler Niemyer, BSN '78, is deputy chief, Wounded, Ill, and Injured, U.S. Navy Bureau of Medicine and Surgery. She was appointed as the 23rd director of the Navy Nurse Corps in August 2010.

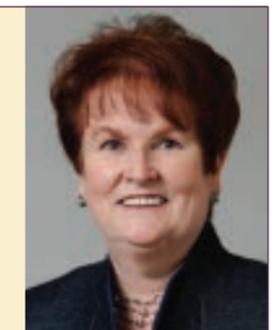
Mary Donnelly Ostick, MSN, BSN '82, is a nurse practitioner at Villanova University Health Center, Villanova, Pa. She earned a Master of Science in Nursing and certification as a family nurse practitioner from the University of

Ga. In 2005, she was presented the Florence Nightingale Award by the Internationale Committee of the Red Cross. She earned a Bachelor of Science degree in microbiology from Georgia State University, a Master's of Public Health in epidemiology from the Johns Hopkins University, and is a Captain in the United States Public Health Service.

Julie Lynn Wolpert Cooper, BSN '83, is employed as a school nurse at Lansdowne High School in Baltimore County, Md.

Margaret Lyons Jones, BSN '83, is a database developer at Epsilon in Lafayette, Colo.

Beth A. Shughart McKee, BSN '83, recently retired as a research nurse from the Pennsylvania State University.



Regina Cusson, PhD, MS '79, has been named dean of the University of Connecticut School of Nursing (UCSON). She has served as interim dean since 2011 and as a professor at UCSON since 1998. From 2007 to 2010, she also served as associate dean for academic affairs and advanced practice. Cusson, a certified neonatal nurse practitioner, coordinated the UCSON's Neonatal Nurse Practitioner Program. Her current research focuses on advanced nursing practice role transition and neonatal nurse practitioner workforce issues in the U.S. and Britain.



Mary Miller-Mazza, BSN '83, is a Certified Registered Nurse Anesthetist at the Mayo Clinic in Jacksonville, Fla.

Laura Walter Triola, MS, MSN, BSN '83, is a family nurse practitioner at Mendez Family Care in Jacksonville Beach, Fla. She earned a master's degree from Johns Hopkins University in 1988 and a MSN from the University of North Florida.



Lynn Marie Derickson, EdD, MS '99, earned an EdD from Wilmington University in 2012, specializing in organizational leadership and higher education. She was appointed to a four-year term on the Maryland Board of Nursing.

Georgie Cusack, MS '99, BSN '84, RN, AOCNS®, has been recognized as the Advanced Oncology Certified Nurse of the Year for 2013. This award recognizes an AOCN®/AOCNP®/AOCNS® who has made significant contributions to oncology nursing and oncology nursing service, and who has supported and promoted oncology nursing certification.

Cusack is the Nurse Educator in the Office of Clinical Director for the National Heart, Lung, and Blood Institute, National Institutes of Health (NIH).

Diane L. Krasner, PhD '98, MS '94, BSN '79, has been selected by the National League for Nursing to participate in LEAD, a leadership development program designed for nurse educators who are transitioning to positions of faculty and administrative leadership. She joined the York County School of Technology Adult Nursing Education Program as coordinator in July 2012. She is an internationally known wound, ostomy, and continence nurse, educator, and researcher, and has written more than 100 articles in the nursing literature and serves as an expert witness in legal cases involving wound and skin care.



She is a member of the International Society of Nurses in Cancer Care and co-chaired the scientific planning committee for the

MS '92, and **Elizabeth Ness, MS '93**, presented a pre-conference, "Clinical Trials Awareness on a Global Level." Barb is currently a project manager on the Education Team at the Oncology Nursing Society (ONS) and Liz is a Nurse Consultant in Education for the Center for Cancer Research at the National Cancer Institute, NIH.

Healthcare Quality Standards in the Global Science and Standards Division of the United States Pharmacopeia (USP), in recognition of her expanded role since joining USP more than 34 years ago. She provides scientific leadership and strategic direction, and collaborates with other groups to develop practitioner-based standards for nomenclature, patient safety, labeling, and compounding. Becker leads two committees—the Nomenclature, Safety and Labeling Expert Committee,

meeting held September 9–13, 2012 in Prague, Czech Republic. At the same meeting, **Barbara Lubejko**,

1990s
Shawn Becker, MS '05, BSN '93, was promoted to Senior Director in

Mary C. DiBartolo, PhD '01, was promoted to full professor at Salisbury University (SU), where she has taught full time in the Department of Nursing since 1995. She also works as a core faculty member and nurse educator for the Copper Ridge Institute, where she is responsible for providing dementia education and training at health care facilities across Maryland's Eastern Shore. In addition to maintaining American Nursing Credentialing Center certification in gerontological nursing, she recently earned National League of Nursing certification as a nurse educator. Since 2002, DiBartolo has been the host/producer of a health education series, *Focus on Health*, which airs on PAC14, the community access channel based on SU's campus. She has hosted more than 185 programs on a variety of topics, including surgery shows (total knee replacement, robotic prostatectomy, CABG surgery, etc.) and reading nutrition labels at the local supermarket. Her shows can be accessed at www.pac14.org (click on Video on Demand and Focus on Health). She hopes to reach the 200 milestone this year as one of the longest running programs on PAC14.



and the Compounding Expert Committee. Both of these committees do extensive work with the Food and Drug Administration, with direct links to the patient safety community. Becker is Secretariat to the National Coordinating Council for Medication Error Reporting and Prevention, and continues to be instrumental in developing practitioner guidelines that positively impact patient safety around the globe.

Jennifer Wines Hill, BSN '93, is an RN–Maternal/Child Health–Patient Care Coordinator and Certified Breastfeeding Counselor at Sherman Hospital in Elgin, Ill.

Jennifer Nicole Gaines Lockhart, MSN, MBA, BSN '99, is a practice administrator with the Johns Hopkins Health System in Baltimore. In 2010, she earned dual master's degrees: an MSN in Health Systems Administration from the Johns Hopkins University School of Nursing and an MBA from the Johns Hopkins Carey Business School. She was recently honored as one of Maryland's Leading Women by the *Daily Record*, a program that identifies women age 40 or younger for the tremendous accomplishments they have achieved in their careers.

2000s

Paige Schwartz, MSN, BSN '02, was promoted to nurse manager of the Joint Academy/Joint Surgery units at Howard County Hospital (HCH), Columbia, Md. She has worked at HCH since 2002, serving in many roles, including patient care technician, staff nurse, clinical program manager, and nurse manager. Schwartz earned an MSN in Nursing Leadership and Management from Walden University.

Emily Ann Clark, MS '06, is a nurse practitioner in the Department of Infectious Diseases at the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center.

Marlena Henry, BSN '06, is an RN at Vanguard Health Systems in Detroit, Mich.

Paul Thurman, MS '07, is a clinical nurse specialist at University of Maryland Medical Center.

States Department of Public Health Service.

Christina B. Mullenix, BSN '08, is a staff nurse at the Walter Reed National Military Medical Center in Bethesda, Md.

Ltc. Jennifer M. Walters, MS '08, was promoted to lieutenant colonel in the U.S. Air Force in October 2012. Walters is a critical care nursing fellowship director assigned to the

Staci Bruce, MS '07, RN, PHN III, writes, "After getting my feet wet as a Public Health Nurse in Colorado and Virginia, I sought the adventure of working in remote Alaska. I am a Public Health Nurse/Itinerant Nurse providing services to several native villages in the Southwest region of Alaska." Bruce travels by small aircraft to the villages and spends three to five days per visit working with the Yup'ik Eskimos and Athabascan Indians who have been in the region for thousands of years. Some of the services provided include tuberculosis education, screening, control, and case management; sexually transmitted disease education, counseling, screening, and treatment; child and adult immunizations; and community health assessments.



Susan Dale Tannenbaum, MS '02, APRN, FNP-BC, is an assistant professor in the College of Nursing and Health Sciences at Hawaii Pacific University in Kaneohe, Hawaii.

Cristina Mahabir, MS '07, BSN '03, is director of clinical information services at New York–Presbyterian Hospital in New York City.

Nelson A. Vanucci, BSN '07, CNOR, is an RN at Washington Adventist Hospital in Takoma Park, Md.

Jill Waters, BSN '07, is a Staff Nurse IV in maternal child health at Santa Rosa Memorial Hospital in Santa Rosa, Calif.

Candrea Cherry, BSN '08, is a case manager for the U.S. Marshall Service, United

Walter Reed National Military Medical Center at Andrews Air Force Base, Md. She has served in the military for 20 years.

Kimberly Taylor Foltz, BSN '09, is a clinical systems manager at Johns Hopkins Bayview Medical Center in Baltimore, Md.

Emily Palmisano Lederer, MS '10, married Timothy

Col. Sara Breckenridge-Sproat, PhD '09, is Chief of the Department of Nursing at Tripler Army Medical Center in Honolulu, Hawaii. Tripler is a 217-bed facility and is the Army's referral hospital for the Pacific, supporting more than 500,000 beneficiaries in Hawaii, Guam, Samoa, South Korea, Japan, and the Philippines. She continues the research protocols that she started as Director of the Center for Nursing Science and Clinical Inquiry at Walter Reed National Military Medical Center in Bethesda, Md. Breckenridge-Sproat's research areas of interest include the professional practice environment of staff nurses and its effect on nurse and patient outcomes, nurse staffing and patient outcomes (fall, medication errors), nurse-sensitive indicators of quality, data-driven quality improvement, and nursing administration. She is currently the appointed consultant to the Army Surgeon General for Nursing Research. She has been an invited presenter at national and international conferences, including presentations in Saudi Arabia and Israel. Her passion is the mentoring and development of junior officers and nurses, perpetuating the standards of care and quality.



IN MEMORIAM

Nancy Winton Ball, MS '93
 Shirley S. Bederman, MS '64, BSN '62
 Nelda Biasi, DIN '38
 Rosemary R. Borowski, DIN '47
 Gloria M. Clark, BSN '82, MS '87
 Esther Denker, BSN '67
 Rosalie Agnes Vorbach Fonner, BSN '85
 Lavinia Clara Shockley Hearn, BSN '69
 Phyllis D. Kavanagh, DIN '46
 Francis O. Lane, BSN '78
 Helen Mae White Murray, DIN '45
 Mary Nock, BSN '85
 Octavio Blas Norman, BSN '79
 Catherine E. Kurzenknoke Owen, DIN '43
 Betty H. Lee Randolph, DIN '48
 Elaine Loretta Embrack Ridgeway, DNP '09
 Joan Seiders Roemer, DIN '49
 Mary Barbara Rowan, DIN '50
 Betty Jane Ward, MS '89
 Eloise J. Goode Williams, DIN '43
 Beatrice L. Wolcott, BSN '65

This list includes notices received by the School of Nursing from November 2, 2012 to March 31, 2013.

Lederer in 2010. After graduating from the School of Nursing, she worked on the medical oncology unit in the Greenebaum Cancer Center at the University of Maryland Medical Center. She is currently working as a senior research nurse with the hematologic malignancies group at the Johns Hopkins University School of Medicine. She works with myeloma, lymphoma, BMT,

and leukemia patients, and enrolls them in clinical trials.

Monique Bowens, BSN '11, is serving in the U.S. Air Force in Biloxi, Miss.

Sherry Killius, MS '11, was mistakenly identified as an acute care nurse in the "Alumni Pulse" section of the fall 2012 *NURSING* magazine. She is an acute care nurse practitioner

(ACNP). She recently returned from a deployment to Afghanistan, where she was the first ACNP to serve on the deployed Tactical Critical Care Evacuation Teams. Her husband, **Kristopher Killius, MS '12**, is a Major in the U.S. Air Force and serves as a flight commander for the Surgical Inpatient Flight 60 IPTS/SGIS at Travis Air Force Base in California.

Curley Honored for Wide-Ranging Contributions to Nursing

THERE'S NOT MUCH DARLENE CURLEY, MS '82, BSN '80, has not accomplished in her career.

Over the last 30 years, she has been a nurse, a businesswoman, a politician, and an executive. Curley says her career has taken her wherever she felt like she could make a difference—something she doesn't believe would have been possible without the education and foundation she received at the School of Nursing.

Curley, who earned her BSN in 1980 and her MS in community health nursing/administration in 1982, was recognized for her accomplishments as the recipient of this year's Distinguished Alumni Award.

"I've been very fortunate in my career, and it starts with attending the University of Maryland, which shares a common mission with me in wanting to improve the health of the community," Curley says.

Since 2009, Curley has served as the executive director of the New York-based Jonas Center for Nursing Excellence, a philanthropic program dedicated to tackling today's most pressing nursing workforce issues.

Dean Kirschling presents Darlene Curley with the School's Distinguished Alumni Award at the 2013 Alumni Reunion.



She also served as a state representative in the Maine legislature from 2002 to 2007, where she established herself as one of the legislature's top health policy experts. There, she was appointed to the Health Committee of the National Conference of State Legislatures and the State's Long-term Care Oversight Committee.

"My experience in health care helped me become an advocate for patients, especially those who need help with Medicare and Medicaid. There's just insufficient support in those areas," says Curley.

"My experience in health care helped me become an advocate for patients, especially those who need help with Medicare and Medicaid. There's just insufficient support in those areas."

— DARLENE CURLEY

Prior to entering politics, which also included a run for Congress in 2006, Curley was founder and CEO of a home health care and medical staffing business, Community Homecare, Inc. She also served on the faculty of the University of Southern Maine and was Director for Strategic Planning for Healthsouth Corporation/ Advantage Health.

"I've always had an interest in community health and home care," Curley says. "I saw there was a growing demand for home care in the 1980s and worked to help address that need, especially in rural areas where there were often shortages of primary care physicians."

Today, at the Jonas Center, Curley is able to tackle some difficult issues head-on. This includes a recent initiative at the Jonas Center to direct close to \$14 million of its own funds (and secured pledges of another \$10.5 million in leveraged funds) to prepare 1,000 nurse faculty members and clinical leaders for training, with an emphasis on mental health issues. Mental health is a growing issue nationally, she says, especially as it pertains to veterans returning from war.

Curley encourages today's nurses to explore continuing educational and advanced-degree opportunities to help them keep pace with the ever-changing health care landscape.

"There continues to be a growing need for health care workers, and there are so many more opportunities for nurses today to fill those specialized roles," she notes.

—R.S.



Alumni Share Your News!

If you have information to share about what's happening in your life—new jobs, family events, awards, advanced degrees, marriages, etc.—please share it with us so we can include it in the Alumni News & Notes section of *NURSING* magazine. Photos are welcome! Submit your updates online at <http://nursing.umaryland.edu/alumni/update>, email your news to alumni@son.umaryland.edu, or mail to Cynthia Sikorski, associate director of alumni relations, University of Maryland School of Nursing, 655 W. Lombard Street, Suite W-209, Baltimore, MD 21201. Questions? Call 410-706-0674. (Please note that we reserve the right to edit submissions for length and clarity.)

2013 Alumni Reunion Celebration

THE ANNUAL SCHOOL OF NURSING ALUMNI REUNION was held Saturday, April 27. More than 140 alumni, faculty, and guests gathered at the School to celebrate class years ending in “3” and “8.” Members of the Class of 1963, celebrating their 50th anniversary, were inducted as the new Heritage Class. To enjoy more photos from the event, visit <http://nursing.umaryland.edu/alumni/events>.



1. Class of 1948

Front (left to right): Peggy Sappington, Jean Warfield Keenan

Back (left to right): Bunny Tegler, Betty Byers Cooper, Annetta Muir Richter

2. Class of 1953

Front (left to right): Carolyn Baer, Shirlie O' Leary, Fae Renninger Reber, Esther McCready

Back (left to right): Mary Muir Dilzer, Ruth Josten, Kari Schoening, Verna Zang Martin, Sue Wood

3. Class of 1963

Front (left to right): Dean Jane Kirschling, Ann Reiter, Jane Penny, Linda Brian, Hermi Nudo, Sara Chedester, Theresa Hommel

Middle (left to right): Ann Bruce, Donna Gipner, Carol Wolfe, Cynthia Jennette, Carolyn Handa, Joella Warner

Back (left to right): Connie Eastman, Anita Sapp, Margarthe Cammermeyer, Donna Douse, Christine O'Brien, Judith Cleaver

4. Class of 1968

Front (left to right): Harriet Palmer Willis, Lynda Otte

Back (left to right): Carol Libonati, Pat Snyder, Roz Kendellen, Joanne Damon, Lucy Boland

5. Class of 1973

Front (left to right): Mary Kerney, Chris Shippen, Debby Harper, Judith Ferere Moreau, Christine Greifzu, Lynne Goldstein, Mindy Hayes, Jane Holsinger, Jane McMurray, Susan Layos, Beth O'Connell, Ginny Everstine

Back (left to right): Bonnie Miles, Jackie Melonas, Berlyn Carlson, Beverly Scott, Mary Jo Dennis, Paula Thrasher, Robin Nida, Nance Crockett, Donna Feickert-Eichna, Nancy Miller, Shirley Guy, Rebecca Simons Stanevich, Vicki Burt, Kathy Clark

6. Class of 1978

Front (left to right): Dean Jane Kirschling, Maggie Horan, Betsy Niemyer, Bonnie DiPietro, Debra Oelberg, Voncelia Squires Brown

Middle (left to right): Shirley Edwards, Lonn Alafriz, Sue Wingate, Ellen Thompson

Back (left to right): Robin Smith, Ruth Burkhart, Dianne Fullerton, Diane Rybinski, Ron DeGrange

7. Class of 1983

Front (left to right): Linda Walsh, Lisa Chamberlain, Karen Mack, Amy Collins, Sheree Kwash, Kristi Brennan, Sheila Lee

Back (left to right): Theresa Sutton, Beth McKee, Mary Barnes, Lori Schroeder, Nina Klein Ungar, Laura Triola, Marianne Moulet, Liz Shotland, Cheryl Stillman

8. Class of 1988

Front (left to right): Dean Jane Kirschling, Donna Bouey, Linda Ellwood, Patricia Sweet, Kathleen Burks

Middle (left to right): Kitty Violette, Kathy Weich, Angelia Parraway, Amy Englemann, Lisa Stambolis

Back (left to right): Marcie O'Reilly, Stephanie Zafonte, Michelle Culp

Dean Jane Kirschling Meets Alumni from Coast to Coast

Three meet-and-greet events held during the winter months provided opportunities for alumni from California and Florida to meet the School of Nursing's new dean, Dr. Jane Kirschling, connect with fellow alumni, and learn about all of the exciting developments taking place at the School.



1.

1. San Diego area alumni attended a luncheon, held January 26, at the Il Fornaio Restaurant on Coronado. The event was hosted by Dean Kirschling and Laurette Hankins, associate dean for development and alumni relations.

Left to right: Connie Eastman, BSN '63; Yu Wang, BSN '11; Deborah Tsunoda, MS '98, BSN '81; Pat Davies Saunders, BSN '68; Dorcas Edge, DIN '52; Mary Greenwood, MS '90; Ann Hamric, PhD '96; Dean Jane Kirschling; Regina Cusson, MS '79; Carole Hair, MS '79; Gaby Kuperman, BSN '72; Susan Tancredi, MS '79, Richard McKnight, BSN '77; Gayle Campbell, MS '76, Angelina Surillo Durdiev, BSN '96.



2.

2. San Francisco Bay area alumni were invited to a brunch, held January 27, in the hospitality room of the condominium complex residence of University of California, San Francisco School of Nursing Dean David Vlahov, PhD, MS '80, BSN '77.

Front (left to right): Lina Gage Kelly, BSN '79; Dana Myerson Green, MS '11; Jill Waters, BSN '07; Marianne Gerardi, BSN '75.
Back (left to right): Margot Miles, BSN '70; Marti Wolf, BSN '70; David Vlahov, MS '80, BSN '77; Dean Jane Kirschling; Harold Smith, MS '77, BSN '72; Deby McFadyen, BSN '87.



3.

3. On February 23, some Florida alumni enjoyed a luncheon at the Tampa Palms Golf and Country Club with Dean Jane Kirschling, Laurette Hankins, and Stacey Conrad.

Left to right: Carolyn Cook Handa, BSN '63; Claudette Clunan, BSN '72; Daniel O'Neal III, BSN '66; Dean Jane Kirschling; Georgia Narsavage, BSN '69; Ruth Lovett, MS '79, BSN '75.



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A NEW LEADER

Dean Jane Kirschling led the faculty procession at Convocation for the first time as Dean of the School of Nursing.

UPCOMING EVENT:

SUMMER INSTITUTE IN NURSING INFORMATICS
Beyond Stage 7 and Meaningful Use: What's Next?
Conference: July 17–19
Preconference Tutorial: July 15–16
For information, call 410-706-3767 or go to:
<http://nursing.umaryland.edu/sini>