

UNIVERSITY OF MARYLAND

# Nursing

The Magazine of the University of Maryland School of Nursing

Spring/Summer 2011 Volume V, Issue I



## Speaking UP

**Nurses have found a voice as advocates for themselves and the profession and are wielding political influence across the state—and the nation.**

**A SMALL WORLD AFTER ALL  
CHAMPIONS FOR THE CAUSE  
IN THE FLOW**

## Pockets of Joy

The impoverished country of Haiti has some of the worst health indicators in the world—and a severe shortage of health care providers. The School of Nursing is working to improve life for Haitian citizens, such as these irrepressible young girls, through a new postgraduate certificate program in infectious diseases that's aimed at teaching experienced nurses in Haiti the best practices and most current knowledge related to HIV, tuberculosis, malaria, and other diseases. See “A Small World After All,” p. 18, for more.





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PHOTO BY KIRSTEN BECKERMAN

## DEAN'S LETTER

THIS ISSUE OF *NURSING* showcases two feature stories that might seem at first glance to be dissimilar: advocacy and global health. In reality, however, they are inextricably linked, and both require partnerships and collaboration. Nurses are called upon to advocate individually and collectively every day—for patients, for the profession, and for health care—locally, nationally, and internationally.

At the time of this writing, the Maryland 2011 legislative session had just come to a close; statewide lawmakers finalized budget cuts, while the federal government barely skirted a shutdown. At the same time, our School of Nursing continues to struggle with economic uncertainty, grave health care concerns of our citizens, workforce shortages, and education challenges. With more than 3 million nurses in the United States, nurses make up the largest segment of the health care workforce. They also spend the greatest amount of time delivering patient care. Therefore, they have valuable insights and unique abilities to contribute as partners with other professionals in improving the quality and safety of health care, as envisioned in the Affordable Care Act. Not only does our School provide more than 40 percent of Maryland's professional nurse workforce, but we also contribute health care services for underserved communities valued at \$6.5 million annually.

Our School's impact, however, does not stop at our doorstep. Because health care is never stationary and is not practiced in a vacuum, we approach this issue as a continuum, advocating for all. We constantly strive to ensure the right care by the right provider at the right time, while widening access and improving quality, safety, and cost-effectiveness. And yet, there remains one constant: We need more nurses and better educated nurses—locally, nationally, and globally. Our School is working to strengthen the global nursing capacity in Haiti and Nigeria in both education and practice.

In Fall 2010, the Institute of Medicine (IOM), in conjunction with the Robert Wood Johnson Foundation,



mapped out a plan for how nurses can be even more helpful in solving the nation's drastic health care predicament. This comprehensive, 562-page report, *The Future of Nursing, Leading Change, Advancing Health*, is the first in more than 80 years aimed at improving health and the health care system through the fundamental transformation of nursing.

Focusing on the "future of nursing" is nothing new to our School; everything we do centers around preparing future generations of experts and finding new ways to enhance the impact of nursing on health and health care. As such, we already have much of the philosophy and infrastructure in place to implement the IOM's recommendations.

Our School participated in the launch of an action plan to implement sweeping changes in the nursing profession by hosting one of 121 regional awareness meetings conducted throughout the United States last fall. We have convened an illustrious group of diverse stakeholders from both the public and private sectors, across all areas that involve health care—practice, research, policy, and education—to encourage the community to think constructively about a shared vision for improving access to better patient care.

A handwritten signature in black ink that reads "Janet D. Allan". The signature is fluid and cursive.

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

UNIVERSITY OF MARYLAND

# Nursing

Spring/Summer 2011

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## CEEL Relocates to Larger Space

THE SCHOOL OF NURSING'S CLINICAL Education and Evaluation Lab (CEEL) began the spring 2011 semester in a new, larger space that is sure to enhance educational opportunities for undergraduate and graduate students.

The 4,962-square-foot area contains 12 fully equipped outpatient examination rooms, four hospital rooms, and two family counseling rooms with video and two-way audio response capability in each room, as well as a computer-supported automation system to enable students to see multiple standardized patients in a streamlined teaching or testing process.

"This expansion allows us to meet the needs of our growing population of learners by providing additional and creative opportunities for learning," says Kathy Schaiivone, MPA, manager of the CEEL. "Recently, we helped our pediatric nurse practitioner students learn how to break bad news to our

'standardized' parents. It's a safe environment where students can practice in a realistic setting."

The CEEL is a joint program between the School of Nursing and the University of Maryland School of Medicine, where Standardized Patients (SPs) put nursing and medical students through their paces as students learn to interact with living, breathing humans

**"Being able to observe yourself going through a patient encounter is an invaluable part of the learning process, especially in the advanced practice setting."**

who present particular health problems. The students' interactions with SPs are digitally filmed for teaching and assessment. Faculty members work with students to assess how well they solicit pertinent information from their patients, their listening skills, and their overall rapport with the patient. Students are evaluated on physical

exam and diagnostic reasoning skills.

"The SP experience is a wonderful learning tool. Not only does it provide us with feedback on our interpersonal and communication skills from the perspective of the patient, but it also gives us the opportunity to fine-tune our history-taking and physical exam skills," says master's student Carrie Dana-Evans, BSN, RN. "The actors are

excellent at playing their roles and providing valuable feedback that is generally difficult to get in a practical setting. Being able to observe yourself going through a patient encounter is an invaluable part of the learning process, especially in the advanced practice setting."

Building on the success of its clinical simulation labs, the School of Nursing opened its CEEL in January 2001. The School was one of the first in the nation to educate nursing students using this method of teaching and assessment.

—Patricia Adams



Master's student Merha Feseha conducts a physical assessment on standardized patient Emily Frank.

### Correction

An article on p. 12 (first paragraph) of the Fall/Winter 2010 edition of *NURSING*, "Teaming Up to Battle Breast Cancer," contained an error in the reference to the School of Nursing's partnership with Susan G. Komen for the Cure®. The sentence should read, "... the School of Nursing has partnered with the Maryland Affiliate of Susan G. Komen for the Cure® to bring ..." We regret the error.

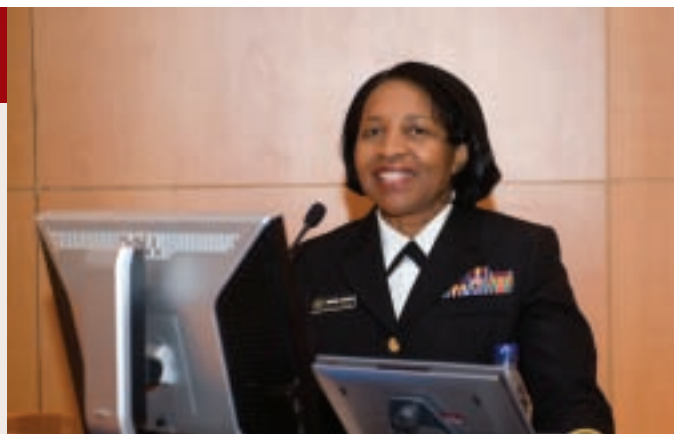
## Event Recaps

### Nurse Pioneer Delivers Black History Month Lecture

THE SCHOOL OF NURSING celebrated Black History Month with a lecture, “The Contribution of African-American Nurses in the U.S. Public Health Service,” presented by RADM Deborah Parham Hopson, PhD, RN, FAAN, associate administrator, HIV/AIDS Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Parham Hopson presented an overview of the U.S. Public Health Service (USPHS), including the organization’s mission to protect, promote, and advance the health and safety of the nation. She noted that USPHS health professionals—now 6,600 (full-time) strong—have been providing public health and health care services for more than 200 years. Of the 6,600 active duty officers, 1,500 are nurses, making them the largest group in the U.S. Commissioned Corps.

Parham Hopson also described how she rose through the ranks to become USPHS’s first African-American Rear Admiral. “It’s one thing to be promoted yourself, but I believe you have the responsibility to bring others with you—to help others,” she said, referring to the



RADM Deborah Parham Hopson

fact that there are currently three African-American Rear Admirals in the USPHS.

Parham Hopson encouraged students and others in the audience to consider a career with the USPHS. “Non-traditional career paths can be exciting and fulfilling,” she said. “Not everybody who goes to nursing school is cut out to work in hospitals. There are other things you can do that are just as rewarding.”

In her role as Associate Administrator, Parham Hopson is responsible for managing more than \$2.2 billion for programs authorized under the Ryan White HIV/AIDS program. In addition, as part of the President’s Emergency Plan for AIDS Relief, Parham Hopson directs a multimillion-dollar global HIV/AIDS program with training, care, and treatment activities in Africa, Asia, and the Caribbean. —Patricia Adams

## The Emerging Impact of Health Care Reform

TOP OFFICIALS CHARGED WITH overseeing implementation of federal health care reform were among nursing leaders who spoke at the 2011 Evidence-Based Practice Conference, held March 31 and April 1 at the School of Nursing.

Mary Wakefield, PhD, RN, administrator of the Health Resources and Services Administration (HRSA), delivered a distinguished lecture at the eighth annual conference, “Nursing Practice Based on Evidence: The Emerging Impact of Health Care Reform,” which is

co-sponsored by the Veterans Affairs Maryland Health Care System.

Wakefield’s presentation, the Commander Lura Jane Emery Distinguished Lecture, was made possible by the Commander Lura Jane Emery Seminar Series for Nursing Practice Endowment Fund.

Wakefield was welcomed by Jay A. Perman, MD, president of University of Maryland, Baltimore (UMB), who addressed the need for greater cooperation in health care delivery and education. Dean Janet Allan, in her opening remarks, spoke of the trend-setting

nature of the conference presentations and the opportunity for participants to gain a vision of where the nation’s health is proceeding.

Frances Phillips, MHSA, BSN, RN, deputy secretary for public health services, Maryland Department of Health and Mental Hygiene, participated in a panel, “Health Care Reform, New Directions in Community and Public Health.” She reviewed widening roles for nursing as Maryland implements the Affordable Care Act, and she urged nurses to become active as advocates. —Patricia Fanning

## A “New Normal” in Breast Cancer Survivorship

**“BREAST CANCER SURVIVORSHIP: Defining a New Normal”** was the topic of the School of Nursing’s annual Komen Distinguished Lecture, held April 14 at the School. Patricia Ganz, MD, director of the Division of Cancer Prevention and Control Research at the Jonsson Comprehensive Cancer Center, University of California, Los Angeles, delivered the lecture, which emphasized the growing number of breast cancer survivors and the diversity of their post-treatment requirements.

Ganz noted that the decline in breast cancer mortality means that for many women, cancer is now a chronic disease. But the same treatment advances that

have prolonged lives and reduced risks of second malignancies have been accompanied by physical effects, including symptoms of persistent, post-treatment fatigue that Ganz described as “under-reported and under-treated.”

The annual lecture is part of a grant, “The Komen Maryland Affiliate Nursing Partnership: Advancing Education and Practice,” from the Maryland Affiliate of Susan G. Komen for the Cure®, to advance education and practice in the treatment of breast cancer.

The School is proud to announce that it recently received a sixth year of funding in the amount of \$204,673 to continue this initiative and help



From left, Dr. Sandra McLeskey, Dr. Patricia Ganz, and Dr. Deborah McGuire

expand it to include the University of Maryland School of Pharmacy and School of Social Work, as well as for nursing programs at Bowie State and Coppin State Universities. Salisbury University joined the partnership in June. —P.F.

## Franklin Lecture Focuses On Interprofessionalism

JAY A. PERMAN, MD, president, University of Maryland, Baltimore (UMB), and Elsie Stines, MS, CPNP, project director, president’s office, UMB, delivered the annual Dean’s Distinguished Virginia Lee Franklin Lecture, “‘We’: Interprofessionalism in Health Care Education and Delivery,” at the School of Nursing last December. Perman noted that all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team. He said mounting research shows that health care delivered by health professionals working in teams not only improves quality, but also leads to better patient outcomes, greater patient satisfaction, improved efficiency, and increased job satisfaction on the part of health professionals. —P.A.



Elsie Stines and Jay A. Perman, MD

## Healing Relationships in the Shadow of Trauma

NEIL WEISSMAN, PSYD, delivered the 17th Annual Ann Ottney Cain Endowed Lecture in Psychiatry, “Healing Couples’ Relationships in the Shadow of Trauma.” Weissman, who is certified in Emotionally Focused Therapy, is a staff psychologist at the Veterans Affairs Maryland Health Care System in Baltimore and a clinical assistant professor in psychiatry at the University of Maryland School of Nursing and School of Medicine. He also has a private practice specializing in couples’ therapy. His talk, in March, focused on a therapy model that has helped military combat trauma survivors strengthen their marital relationships, which creates a healing environment for recovery. The Cain Lecture was established to honor Ann Cain, PhD, RN, FAAN, professor emeritus, upon her retirement. —P.A.



Dr. Neil Weissman

## Event Recaps

# Convocation 2011

## 626 Graduates Receive Degrees

THE SCHOOL OF NURSING graduated the largest class of nurses in the state—and possibly the largest in the nation—at its annual Convocation ceremony held May 20 at 1st Mariner Arena.

The 626 graduates included 299 Bachelor of Science in Nursing, 302 Master of Science, 15 Doctor of Nursing Practice, and 10 PhD graduates.

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

Pamela S. Hinds, PhD, RN, FAAN, director, Department of Nursing Research and Quality Outcomes, Children’s National Medical Center, Washington, D.C., and a professor of pediatrics at George Washington University, delivered the Convocation address.

Her message focused on three words that, she said, “describe us as

nurses and the nature of our nursing practice. These three words are ‘ordinary,’ ‘extraordinary,’ and ‘miracle.’”

“‘Ordinary,’ she said, “sounds like a small word, but may be the largest explanatory factor for all the good that happens when we, as nurses, give care to another person. It is through ‘ordinary’ that the other two words—‘extraordinary’ and ‘miracle’—come to be.”

Hinds cited examples of how the three words related to different experiences she has had in her practice as a nurse and nurse researcher working with children and adolescents who have incurable cancers.

Later in the day, School of Nursing graduates participated in the University of Maryland, Baltimore (UMB) Commencement ceremony at 1st Mariner Arena, where Jay A. Perman, MD, president of UMB, delivered the Commencement address. Linda H.



Nursing grads, led by Nicole Watkins Brynes, prepare for the Commencement procession.

Aiken, PhD, RN, FAAN, FRNC, Claire M. Fagin Leadership Professor in Nursing, professor of sociology, and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, received an Honorary Doctor of Science degree. —P.A.



Master’s grads celebrate the day.



Dean Janet Allan (left) and Convocation speaker Dr. Pamela S. Hinds



# Realizing a Dream



**Miata Koroma**

**AS A TYPICAL CHILD** growing up in Sierra Leone, Miata Koroma had no real worries until civil war broke out in

June 1996. The rebels destroyed villages, killed and raped women, and kidnapped children. Because her father was a member of parliament at the time of the coup, her family had to go into hiding.

"I remember running out of my house one morning at age 8, barefoot, with my passport hanging around my neck. My siblings and I ran to a friend's house, where we hid in a small room for almost three weeks. I recall driving through congested streets full of dead bodies. However, through all this terror, I took great comfort in the arms of a UNICEF nurse riding with us. She was scared, too, but she assured us that we would survive," recalls Koroma.

Koroma had no idea how that UNICEF nurse would im-

pact her life. Two years later, at age 10, Koroma arrived in the United States as a refugee with an asylum visa and a dream of becoming a nurse, just like the one who had helped her family in Sierra Leone.

"Coming to the U.S was exciting, but we were greeted with a rude awakening—poverty," says Koroma. "In our first year, the adults worked two or three jobs at a time just to keep the family afloat. We were living in unsafe neighborhoods while on welfare. Fortunately, within a few years, my family gained some stability. But college was difficult. I depended solely on academic scholarships, student loans, and income from working 24 to 30 hours a week to survive through school."

Eventually, Koroma was able to complete her prerequisites at Howard University and enter the University of Maryland School of Nursing's BSN program. A proud graduate of the Class of 2011, Koroma was honored to be chosen to deliver remarks on behalf of the graduates at Convocation.

"As difficult as my journey has been, I am thankful for every life experience because these events made me a more mature and caring individual," she says.

Looking ahead, Koroma plans to return to Sierra Leone to help others who were victims of the war. She says she wants to let them know that there is hope for the future and that they have not been forgotten. —P.A.



**Shady Grove faculty members (from left) Mary Pat Ulicny, Barbara Dobish, Dr. Karen Clark, Denise Owens, and Vivian Koroknay**



**Esther McCready, the first African-American student admitted to the School of Nursing (in 1950), pins master's graduate Nicole Parson.**

# New Branding Brings Unity



UNIVERSITY of MARYLAND  
SCHOOL OF NURSING

ON MAY 12, the University of Maryland, Baltimore (UMB) and the University of Maryland Medical Center (UMMC) unveiled a new visual identity, including logos and colors, which reflects the collaboration between the two institutions. The goal of the new look is to provide a simplified and consistent external public image to students, faculty, staff, alumni, patients, referring physicians, donors, and the community that is easy to recognize and visually unifying.

The new logo, the result of a year-long effort, replaces independent logos across the university's six professional schools and its various academic and

research units and the visual identity of UMMC, an academic medical center that is the flagship of the 12-hospital University of Maryland Medical System.

"The University of Maryland, in Baltimore, has incredible individual schools and a world-class academic medical center, all co-located on the same campus and doing amazing work together. A common look will help us maximize this collaboration now and in the future," said Jay A. Perman, MD, president of UMB, the founding campus of the University System of Maryland.

The logo represents the pillars of Davidge Hall, the signature building on the UMB/UMMC campus at Lombard and Greene streets and one of Baltimore's most recognizable public landmarks. The Davidge icon anchors both the university and the medical center in the deep historical tradition of the campus. Next year will mark the 200th anniversary when the state legislature rechartered the College of Medicine of Maryland as the University of Maryland here in Baltimore and Davidge Hall was constructed. —Ed Fishel

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The activity that is the subject of this ad was produced with the assistance of a Nurse Support II grant under the auspices of the Health Services Cost Review Commission.



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## Honing Skills in Team Care



**USG nursing students Domingo Baez-Diaz and Danielle Warren (center) participate in an inter-professional simulation exercise led by UMB President Jay A. Perman, MD.**

JOHN THOMAS IS HAVING a tough day. During afternoon rush hour, the 19-year-old lost control of his motorcycle on the D.C. Beltway and spun out. He suffered a complex compound right ankle fracture and fractured ribs 3 through 8 on the right. Moreover, his alcohol level on admission was 0.168. After five hours of surgery and a trip to the post-anesthesia care unit, he's recovering in a private room and appears to be in stable condition.

But suddenly, Mr. Thomas, who had been alert and talking, becomes unresponsive. His vitals crash, and his breathing turns shallow at less than 12 breaths per minute. What's going on here?

That was the scenario played out on a stage at April's Interprofessional Critical Care Simulation event at the Universities at Shady Grove (USG). The patient was really a life-size SimMan 3G patient simulator, and attending him were students from the University of Maryland School of Nursing and School of Pharmacy, and Salisbury University's

Respiratory Therapy Program.

The event was sponsored by the Collaboration, Interprofessional and Interdisciplinary Education Strategies (CIPES) Committee—a group formed in 2010 to emphasize and arrange opportunities for interdisciplinary teamwork in an educational setting.

University of Maryland, Baltimore President Jay A. Perman, MD, who played the consulting physician during the simulation, stressed in his keynote speech the importance of such training. “None of us has a complete knowledge set that is required to take care of a patient,” he said. “The best care is often team care—health care professionals working together, with each one bringing his or her expertise to a situation. If that happens as it's supposed to, there will be one major beneficiary: the patient, which is what this is all about.”

Critical care patients, he said, already receive specialized care from a team of physicians. “Now it's time to take the critical care model and bring it to all

avenues of health care. To do that, you need interprofessional education.”

Heather Congdon, PharmD, assistant dean of the University of Maryland School of Pharmacy program at USG and a co-chair of CIPES, noted:

“Getting pharmacy and other health profession students involved in interprofessional collaborations during their schooling will help them understand the importance of the various professions involved in providing patient care and subsequently enhance their communications skills and interprofessional interactions.”

In Mr. Thomas' case, nursing student Domingo Baez-Diaz reacted quickly by calling in a rapid response team, comprised of nursing master's student Danielle Warren, pharmacy student Ashleigh Vines, and Habtam Ayalew, a student in Salisbury's respiratory therapy program. Vines recognized that the patient was having a reaction to the patient-controlled analgesia and prescribed Narcan to counteract its effects. Ayalew quickly recommended bagging the patient to help him breathe. After a few seconds, Mr. Thomas' vitals returned to normal.

“The idea with simulations like these is to not only see students work through a case and collaborate with each other, but [for them] to understand each other's role in the health care system,” says Patricia G. Morton, PhD, RN, CRNP, FAAN, associate dean for academic affairs at the School of Nursing and a co-chair of CIPES. “The goal is to better understand each other's contributions so students are better prepared for real-world circumstances.” —**Joe Sugarman**

# Faculty and Staff Recognized with Prestigious Honors, Awards, and Appointments



**Dr. Vanessa Fahie and Dean Janet Allan**

**Dean Janet Allan** was re-elected to a two-year term as treasurer of the American Association of Colleges of Nursing's (AACN) Board of Directors. AACN serves the public interest by setting standards, providing resources, and developing the leadership capacity of member schools to advance nursing education, research, and practice.

**Vanessa Fahie, PhD '94, BSN '76**, assistant professor, received the University of Maryland, Baltimore's (UMB) Outstanding Faculty/Staff Diversity Award at ceremonies held in February. The annual event commemorates Dr. Martin Luther King, Jr., and recognizes UMB faculty and students who have played a leadership role or have been an integral part of the diversity of the campus.

**Marjorie Fass, MA**, assistant dean for student and academic services, received the AACN's 2011 Graduate Nursing Admissions Professionals' "Service to the Graduate Nursing Admissions Professional Leadership Network" Award for "Best Practices in Graduate Nurse Recruiting and Willingness to Share Insight and Expertise with Colleagues Near and Far."

**Terry Laidlow, DNP, MS '95, RN**, clinical instructor, and her team from Sinai Hospital of Baltimore won a 2011 Nursing

IT Innovation Award. This national recognition acknowledges excellence and inventiveness in the use of information technology in the field of nursing to directly improve patient care and safety.

**Robin P. Newhouse, PhD '00, MS '99, BSN '86, RN, NEA-BC**, associate professor and assistant dean for the Doctor of Nursing Practice program, was among the 15 members appointed to the Methodology Committee of the Patient-Centered Outcomes Research Institute (PCORI) by Comptroller General Gene L. Dodaro, head of the U.S. Government Accountability Office. The Methodology Committee is responsible for helping PCORI develop and update methodological standards and guidance for comparative clinical effectiveness research. Newhouse was the only nurse selected for the newly formed committee.

**Barbara Resnick, PhD '96, RN, CRNP, FAAN, FAANP**, professor, was named one of Maryland's Top 100 Women for 2011 by the *Maryland Daily Record*. Each year since 1996, the Top 100 Women program has recognized outstanding achievement by Maryland women as demonstrated through professional accomplishment, community leadership, and mentoring. In addition, Resnick was elected president of the American Geriatrics Society (AGS) during the Society's Annual Scientific Meeting, held in May. She is the first nursing professional to lead AGS, one of the largest professional organizations of health care providers. Resnick and the University of Maryland's Function Focused Care program received a Dorland Health 2011 Silver Crown Award in the Aging in Place category.

**Marjorie Fass, Dr. Terry Laidlow, Dr. Robin P. Newhouse, and Dr. Barbara Resnick**



# A Spirit Reawakened

WHEN ANA DUARTE was a little girl she would fold marbles into Silly Putty and then carefully make incisions with a small tool to remove them. Then she would close the incision and create mock scars on the putty. “I had a 100 percent cure rate,” she says proudly.

Duarte may have always been interested in medicine, but in college at the University of Maryland, College Park, she decided to major in accounting—a career path taken by her father and other family members. “I guess it was fear of the unknown,” she says, “a fear of what medical school held in store.”

She was hired soon after graduating in 1980 by an up-and-coming telecom company called MCI and worked first in accounting and then in IT. But her interest in health care didn’t wane. “I was happy enough, and I enjoyed work,

which kept me busy, but I always felt that I just wasn’t living the dream,” says Duarte who says she watched hospital dramas on TV voraciously and especially enjoyed “real-life” surgical programs, much to the dismay of her housemates. “I could watch an open heart surgery while eating dinner, even though it grossed out my roommates.”

She even started taking some nursing school prerequisites but “chickened out,” as she says. “I thought, ‘If I go back to school, what am I going miss? Am I going to be successful?’ I was very scared about moving on to something else.”

But then, like so many others, she was changed by the events of September 11, 2001. On that day, Duarte had been attending a business meeting across from the Pentagon; she witnessed the tragedy there firsthand. She says that experience “reawakened a spirit of trying to help people.” She volunteered as an EMT for the Ellicott City Fire Department and started planning for a career change.

A year later, MCI/WorldCom made the decision that much easier for her. After 21 years at the company, Duarte, and many other long-serving employees, were laid off in the wake of the company’s bankruptcy. She was shocked and sad

**“I was happy enough, and I enjoyed work, which kept me busy, but I always felt that I just wasn’t living the dream.”**

“for about a week,” and then she decided, at the age of 42, that it was finally time to pursue her long-held dream.

She enrolled in the School of Nursing in 2004, earned her BSN in 2006, and an MS in 2009. These days, Duarte splits her time between working as a clinical instructor and coordinator for the School’s undergraduate psychiatry clinics and seeing patients in clinical practice. And she couldn’t be happier with the path her life has taken.

“Never in my wildest dreams would I have believed that things would’ve worked out as beautifully as they have,” says Duarte, who began the School’s PhD program last year. “I’m getting to do everything I like to do. I have no intention to deviate from this career. I am finally where I am supposed to be.” —Joe Sugarman





Melissa, RN, BSN, CCRN  
UMSON '03

Loretta, RN, BSN  
UMSON '96

Nick, RN, BSN  
UMSON '07

Rebekah, RN, BSN  
UMSON '10

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## Why is it important for nurses to advocate for themselves and the profession?



**Susan Wozenski, JD, MPH**  
Assistant Professor and Vice Chair,  
Department of Family and Community Health

Nurses are the largest segment of our nation's health care workforce, yet the profession's voice has not been the loudest in ensuring that our health care system improves the health status of our nation. As is the case with most health professionals, nurses are prepared in schools and programs that do not provide many opportunities for interdisciplinary education and practice. Many find that when they begin practicing, they and their colleagues from other health professions are unaware of the unique skills each discipline brings to patient care, communicating health information, leadership and management, and improving the health of the community. Advocacy on behalf of the profession is essential for nurses to be able to practice to the full extent of their professional education, ultimately enhancing outcomes for the patients and the populations they serve. In the absence of our own voices, misconceptions about the roles of nurses and devaluations of our contributions to health care get to rule the day.



**Quinn Gorman**  
Current Clinical Nurse Leader Student

As someone who has worked in the Maryland General Assembly, I can say that legislators truly do rely on the testimony of outside experts for an accurate picture of an issue at hand, especially when that issue is technical in nature. No less importantly, advocates serve to represent a portion of the stakeholder landscape. If the nursing profession fails to bend the ears of those who control the legislative and regulatory framework surrounding our work, someone with another set of interests won't hesitate to step in—and potentially effect changes that will make our working conditions worse and our public image no better.

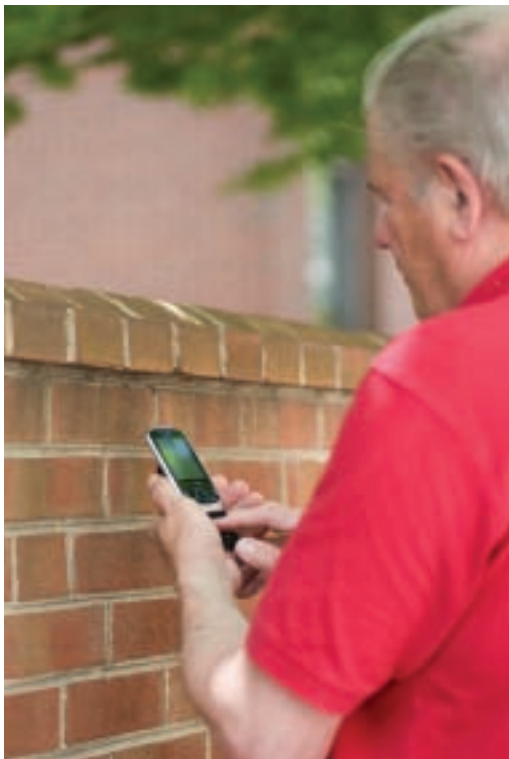
I am a new student at the School of Nursing without the clinical experience of many of my classmates, yet I have heard from many of those who are already on the job what can be a troubling narrative of under-appreciation and exhaustion. I think we'd all like to change that; I think we all know advocacy is one of the most powerful tools to do so.



**Shirley Nathan-Pulliam, MAS, BSN '80, RN**  
Delegate, Maryland State Legislature

While nurses have historically advocated for their patients, they have not done much advocating for themselves or for the profession. However, it is very important to do so. Only nurses understand their scope of practice, passion, and enormous capacity for caring for the sick. Nurses are trained to identify and solve problems through the nursing process; they are the backbone of the health care delivery system. If nurses would work collectively they would gain more respect and have more power. Nurses could come together to advocate for a common cause, e.g. funding for nursing, working conditions, or health care delivery. Nurses can be found at the bedside, in the board room, in faculty roles, in legal and political arenas, and in research labs. The nursing profession can lead you anywhere your heart desires. I would urge new nursing graduates to take a stand and learn how to become strong advocates, not only for themselves but also for the profession. Stand up and be heard!

# Cell Phones Offer Connection to Better Health



**Homeless study participants who received automated medication reminders on their cell phones reported high rates of compliance.**

caught up in other things,” explains Charon Burda, MS '03, CRNP-PMH, an assistant professor at the School of Nursing who has worked in psychiatric nursing since 1985 and at Health Care for the Homeless since 2005.

To address this problem, she did something that hadn't been done before. She provided 10 homeless individuals who had substance abuse and psychiatric disorders with cell phones, as part of a small pilot study. Every day for 30 days they received an automated call reminding them to take their medications. The results were surprising. The automated calls reached participants 93 percent of days, and when reached, participants reported 100 percent adherence with the prescribed medication regimen. “We were just bowled over,” says Burda. “Nobody has ever used technology with this acuity of illness or this economic group before.”

Some skeptics told Burda that giving cell phones to the homeless was a mistake. The phones were too valuable and would get lost or sold or be used to sell drugs. That never happened.

What did happen was that the cell phones had positive impacts that Burda never expected. For the duration of the study, participants were allowed unlimited use of their cell phones, which came equipped with Bluetooth technology and other high-tech bells and whistles. Having the cell phones made them feel safe,

that someone cared about them, they reported. And being able to call family members, some of whom they hadn't spoken to in years, made them feel less isolated. “They didn't feel as marginalized because they had those connections,” she explains. “And they felt an increase in safety because there are no longer any public pay phones in Baltimore.”

School of Nursing collaborators on the study included principal investigator Professor Mary Haack, PhD, RN, FAAN and current PhD student Ana C. Duarte, MS, CRNP-PMH. The study is scheduled for publication in the *Journal of the American Academy of Nurse Practitioners*.

In the future, Burda hopes to do a larger study of this type and work to illustrate how cell phones and other forms of technology can help provide care to hard-to-reach populations.

“I want to show that when people have access to resources and technology, they use it appropriately,” she says. “Not only is this very cost-effective, it is information [that can be generalized] because compliance is such a big issue for all of health care. If we have a way to cue patients, even those whom we feel might not be able to fully access care the way we want them to, we could save a lot of money and make a difference, and our patients will feel more connected. Really, it doesn't get better than that.”

— Maria Blackburn

ONE OF THE MOST basic tenets of managing chronic diseases is to take medications as prescribed to control symptoms.

But for the thousands of chronically mentally ill people who are homeless and living on the streets of downtown Baltimore, remembering to take their medications regularly isn't an easy proposition. Many have no watches, no alarm clocks, no computers or phones, no calendars or datebooks. Often, the need to take their medicine gets lost amid their daily struggles to secure food, water, shelter, and safety.

“When people live in survival mode there are so many things that need your attention, and without any outside cues to take their medication, people just get



## An End to the Waiting Game?

WHETHER THEY ARE standing at the pharmacist's counter or lying in a hospital bed, few people relish waiting for their prescription medications.

But consider the plight of new patients at sub-acute care facilities, such as a nursing home or rehabilitation center, who arrive from the hospital after recent surgery. They often have to wait for hours until the facility's off-site pharmacy can fill and deliver their pain medication, blood pressure pills, or nightly sleep aid. "Sometimes if patients arrive late in the day they have to wait until the next day to get all of their routine medications," says Assistant Professor Marisa Wilson, DNSc, MHSc, RN-BC.

And the waiting game can reoccur frequently throughout their stay as providers change their patient's medication to more effectively respond to their symptoms. Every time there's a change, nurses may have to scramble to gather the medications needed to care for patients while they wait for the filled prescriptions to be delivered. Often they must make multiple calls to the offsite pharmacy, attempting to speed up the process.

Automated dispensing systems, refrigerator-sized machines that securely store and dispense some 300 of the most commonly ordered drugs onsite, could help improve the dispensing process. But there is still so much about them that remains unknown. Do they shorten patient wait times? Since the devices allow nurses to remove single doses of medications, can they help curb the waste and health costs associated with frequent medication changes? Can they improve workflow and reduce dispensing errors?

That's what Wilson and Nicole Brandt, PharmD, an associate professor at the University of Maryland School of Pharmacy, are hoping to find out. The two researchers have embarked on an interdisciplinary study of a Talyst automated dispensing device recently implemented in two units at Brightwood Center, a Genesis HealthCare site in Lutherville, Md. "Having this device sounds like a dream come true, and it can be," says Wilson. "But it depends on how it is implemented and on the processes and procedures that are put in place to support it."



**Dr. Marisa Wilson, pictured here next to a Talyst automated dispensing system, is measuring the effectiveness of such systems.**

Here's how the devices work: A provider orders medication for a patient and the prescription is sent to the offsite pharmacy, where it is reviewed and validated by a pharmacist and then transmitted electronically from the pharmacy to the automated dispensing device at the facility. Nurses at the facility then transcribe the order into the patient's Medical Administration Record, go to the machine to withdraw the medication, and then administer it to their patient. Because the drugs are already in the facility, nurses and patients don't have to wait for them to be delivered once the prescription is validated.

Brandt will be evaluating how the system works at Omnicare, the offsite pharmacy provider for Brightwood residents that must process the orders from the pharmacy end, including keeping the automated dispensing device at the facility filled. The interdisciplinary view is essential to understanding best practices for implementing automated dispensing devices, Brandt says. "With any new technology there are always glitches, and if you were to just look at the facility side you wouldn't see all of what's happening," she says. "You need to look at this process from a whole systems perspective."

Wilson says, "Hopefully, the end result of what we do will allow participants to fine-tune this automated dispensing process so that we have a device that reaches its maximum efficiency for nurses and patients and will provide them with a satisfying experience." —M.B.



During Advocacy Day in Annapolis, Dean Janet Allan took a moment to explain the importance of interprofessional collaboration—the focus of a University of Maryland exhibit—to a group of students.

# Champions for the Cause

Over the decades, nurses have advocated for issues vitally important to advancing the profession.

By Dan Caughey

NURSES ADVOCATING for themselves and the profession is not a new phenomenon, although prior to the 19th century, not a great deal of advocacy by nurses or for nurses was evident. Nurse advocacy in the modern era began in the late 1800s with the push by nurses in several British colonies to have nursing registration acts endorsed. South Africa passed the first law in 1891 that dealt with nurse registration, though other health professions were also addressed in the same legislation. New Zealand passed the first true nursing act in 1901, which dealt solely with the nursing profession. In the United States, control of education and professional practice came under each state's jurisdiction, and a decentralized advocacy arose. Sophia Palmer (1853–1920) was one of the early advocates for the nursing profession. She was a leader in the development of nursing organizations and the movement to

secure state regulation of nursing. She also championed the needs of the individual nurse while shaping the foundation of the profession. By 1903, five states, in a span of two months, enacted licensing laws. Twenty years later, legislation regulating nurse training was implemented in every state. The push for state regulations strengthened the various nursing organizations and helped to bind nurses together.

In its early years, the University of Maryland School of Nursing's contribution to nursing advocacy was mainly through the efforts of its alumni. Early faculty members and alumni helped to create the Maryland State Association of Graduate Nurses (MSAGN), later known as the Maryland Nurses Association (MNA). Immediately after being formalized, the MSAGN set out to accomplish one of the first objectives for which it was created—advocating for the state

registration of nurses. From the start, the Association was successfully involved with lawmakers in crafting the legislation, and a bill was put forward to form a Board of Nurse Examiners, which was signed into law in 1904. School of Nursing alumni also helped in the effort to shape internal school policy, in addition to raising money and contributing services to the School and University Hospital.

School of Nursing alumni were rightly proud of their advocacy achievements. The editors of the first *Alumni Association Bulletin* in 1920 noted their role in advocating for trained nurses and opening up more employment opportunities for graduates. The School, through its alumni, continued to advocate for nurses and shape policy. By the 1920s, 10 percent of the MNA's members were from the School. At one point in the early 1920s, the School could boast that all the national associations had its graduates as their presidents. The Alumni

NACGN was important, as black nurses at that time were not allowed membership in the ANA or most state associations. The main purpose of the NACGN was to gain integration of black nurses into nursing schools, nursing jobs, and professional organizations. Through tireless advocacy, in addition to greater tolerance and inclusiveness espoused by ANA leadership after World War II, black nurses were able to earn membership in various state nursing associations in 1948, and in national associations by the mid 1950s.

Throughout its history, the ANA has advocated for better working hours and pay for nurses. The organization was also an early backer for certain sub-groups of nursing—most notably military nurses and minority nurses—that faced greater obstacles to fair conditions. The ANA helped to secure a series of laws that improved the status and pay of military nurses within the various armed services in the first half of



Left to right: Dean Heller with other advocates after Governor Glendening signed a bill that created a statewide commission on the crisis in nursing in 2000; Sophia Palmer, early nurse advocate; and State Senator Paula Hollinger (right) with a UMSON representative at the first legislative reception in 2001.

Association also pushed to get other nursing alumni associations in the state to pool their resources and work together to effect changes and improvements for nurses. Such activism was seen on the national scale as well. The three most prominent national nurses' organizations—the American Nurses Association (ANA), National League of Nursing Education (NLNE), and the National Organization for Public Health Nursing (NOPHN)—all sought to harness their state chapter's advocacy energies and focus them on the national level.

Some national associations, such as the NOPHN, advocated for certain types of nursing. Established in 1912 by Lillian Wald, the founder of American public health nursing, NOPHN was designed to set professional standards, share techniques, and protect the reputations of its members. In 1952, NOPHN merged with the National League for Nursing. Other organizations were formed to push for better rights for minority nurses who had been under-represented because of discrimination. In 1908, the National Association of Colored Graduate Nurses (NACGN) was founded by Martha Minerva Franklin. This organization was dedicated to promoting the standards and welfare of black nurses and breaking down racial discrimination within the profession.

the 20th century. The organization also worked toward greater diversity within state and national nursing organizations. By 1979, the Alumni Association helped in getting legislation passed to create a new Nurse Training Act. The School took a more active and direct role in advocating for the profession in 2000, when it hosted a statewide summit on the nursing shortage, which included discussions of initiatives such as accelerated programs and collaborative agreements with community colleges to help meet nursing demands. In 2001, the School held a legislative reception at the Governor Calvert House in Annapolis, marking a milestone in the School's history. More than 300 faculty, students, staff, and alumni mingled with state legislators and government officials in an informal setting, in an effort to raise awareness of challenges facing the profession.

The School of Nursing continues this tradition of advocacy today. Last February, more than 50 students and faculty members, along with Dean Janet Allan, traveled to Annapolis to encourage funding for Loan Assistance Repayment Programs for nursing students and continued support for the Governor's budget request for the University of Maryland, Baltimore.



A SMALL  
**WORLD**  
AFTER ALL

IN THE FACE OF A GLOBAL HEALTH CARE CRISIS, THE SCHOOL OF NURSING IS REACHING OUT TO HELP BUILD THE CAPACITY OF NURSES IN IMPOVERISHED REGIONS OF THE WORLD THROUGH PARTNERSHIPS IN EDUCATION AND TRAINING.

STORY BY MARIA BLACKBURN



**Rehabilitation tent ward at Scared Heart Hospital, Milot, Haiti**

THE FIRST TIME that Yolanda Ogbolu traveled to Nigeria to teach several dozen health care providers the intricacies of neonatal resuscitation, her goals were modest. “If I can help save one baby’s life, it will have been worth it,” the seasoned nurse practitioner told herself.

But her experiences in the small hospital for women and children in a rural part of northern Nigeria opened her eyes to the realities of infant mortality in sub-Saharan Africa. There were not enough doctors and nurses, even basic medical equipment was scarce, and patients were so sick with infectious diseases like AIDS and malaria that the small medical staff was often overwhelmed. Despite their best efforts, they could save very few babies—a grim reality in a

country where 240,000-plus infants die annually in their first month of life.

Shocked to learn that 99 percent of infant deaths occur outside the United States, Ogbolu realized that saving just one baby wasn’t enough. She had to do more to help the people of Nigeria care for their sick and save lives long after she had returned home to Baltimore.

“I wanted to make a difference,” says Ogbolu, PhD ’11, MS ’05, BSN ’04, an assistant professor at the School of Nursing.

As a master’s and doctoral student at the School, Ogbolu studied the complex reasons why health disparities exist throughout the world. Now, as deputy director of the School’s Office of Global Health, she is working to address these disparities by col-

laborating with faculty and partners at University of Maryland, Baltimore, and around the world, to help increase the capacity of nurses in under-resourced countries. By equipping people and organizations with the knowledge and resources they need to independently address their country’s public health, she is confident that countries like Nigeria can create strong, sustainable health care institutions. “There is a severe health care shortage in many parts of the world, and I believe empowering nurses is the way to best address patient outcome needs,” she says. “Nurses are the backbone of the health care system in many developing countries, and we need to empower them through [additional] education and by increasing their capacity.”



Dr. Yolanda Ogbolu holding a Nigerian infant

“IF I CAN  
SAVE  
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WORTH IT.”

—YOLANDA OGBOLU

Building sustainable partnerships to strengthen the critical role of nurses in the global health workforce has been a priority in the Office of Global Health since its founding in 2009. In addition to giving students opportunities to provide care and conduct research in countries like Honduras and Zambia, sharing the School’s resources and faculty expertise with international nurses as part

of a visiting scholars exchange program, and offering the nation’s first post-master’s certificate in global health for nurses, the office is collaborating with nursing schools across the globe on a variety of projects dedicated to building the global capacity of nurses.

“Some 20 percent of the world’s population in the richer countries consumes 80 percent of the world’s health care resources, while the poorest regions of the world, like Africa and Southeast Asia, have 50 percent of the total global disease burden yet only 2.4 percent of the world’s health resources. This enormous global health inequity is one of the most glaring problems in our human civilization,” says Jeffrey V. Johnson, PhD, director of the Office of Global Health. “There is a global health crisis, and a huge burden of disease is falling on developing countries. The number one obstacle to dealing with that crisis is a lack of health care providers.”

Even in the face of a global nursing shortage, nurses still comprise the largest group of health care workers in many regions of the world. “Nurses are very critical to jump-starting the capacity of health systems in developing countries to be able to engage more proactively in their own global health crises,” Johnson says. “They are not only the most prevalent and available health providers, they can do a lot more than what they are doing.”

But the world’s estimated 13 million nurses can’t respond to this need without additional training and education, and that’s where the School’s Office of Global Health comes in. “We are now working with a number of countries to partner with nursing schools and help them develop their capacity to train nurses who are capable of moving into advanced practice, where they are taking on the roles more like those of physicians—particularly

in resource-limited settings,” says Johnson.

There’s a lot to do, and the global health faculty members are working hard to keep up with it all. A visit to the Office of Global Health on an afternoon in mid-February found the place buzzing with activity. Six nurses, all faculty members from the University of Notre Dame of Haiti, were in Baltimore for a six-week infectious disease certificate training program. Two nursing school deans from Nigeria were visiting to review a primary health care specialist curricula being developed, visiting clinical sites, and meeting with the School’s faculty. And Shavon Moses, a nurse educator from Guyana who participated in the office’s International Nurse Exchange Program last year, had returned to prepare students in the Essentials for Global Health class for their upcoming fieldwork trip to Guyana. Boxes of donated nursing textbooks lined the floor, all awaiting shipment to Nigeria as part of the annual Nurses for Global Health book drive. Phones were ringing, meetings were convening, classes were being taught—and change was happening.

“I remember three years ago sitting all by myself in this big office and it was completely silent,” says Johnson. “I told myself, ‘this has got to change,’ and it has, because so many people want to do [global health].”



**I**N THE DAYS AND WEEKS after the January 2010 earthquake in Haiti killed an estimated 316,000 people and injured 300,000 more, physicians and nurses from the University of Maryland Medical Center and around the world flocked to this devastated island country to care for its citizens.



Open air ward at St. Françoise de Sales Hospital, Port au Prince, Haiti



**Dr. Carol O'Neil discusses different learning styles with visiting Haitian nurses (from left) Hermlande Gardere, Chantal Corioland, and Marie Nicole Sully-Guerrier Jean.**

Some 4.5 percent of the population in Haiti is infected with HIV/AIDS, according to the World Health Organization (WHO), and the country's health indicators are among some of the worst in the world. Like many developing countries, Haiti does not have enough nurses, physicians, and other health care providers to

address its high burden of disease. In 2008, WHO reported that there were three physicians and only one nurse for every 10,000 people in Haiti.

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After the earthquake, Marik Moen, MSN, MPH, RN, worked to develop a postgraduate certificate program in infectious diseases designed to teach experienced nurses in Haiti the best practices and most current knowledge related to HIV/AIDS, tuberculosis, malaria, and other diseases.

"Before, if there was any type of certification or specialization within nursing in Haiti it wasn't standardized—nurses learned on the job," says Moen, coordinator of education initiatives for the

School's Office of Global Health. "Beyond their terminal degree for nursing there is no accredited post-graduate education." Under this "train the trainer" program, School of Nursing faculty members teach the first group of nurses, who then return to the University of Notre Dame, Haiti, and their home hospital institutions

in Haiti to train the next group of nurses. Once nurses earn their certificates through this Ministry of Health-accredited program they will return to work at their home institutions throughout the country to provide a higher level of infectious disease care to patients.

The first six-week training session was originally scheduled to take place in Haiti last fall, but it was moved to Baltimore after cholera, as well as civil unrest brought on by the country's presidential elections, broke out. And so a morning during the spring semester found Hermlande Gardere, Chantal Corioland, and four other nurses from Haiti in a School of Nursing classroom. They were

learning the intricacies of performing chest and lung physical assessments from Assistant Professor Joan Davenport, PhD '08, RN, and practicing their skills on one another.

"I like how the teachers here share information and assess patients in clinic—it's so different than it is in Haiti," explains Gardere. "Here they take a lot of time to assess patients. At home we have to see a lot of patients and we don't really have time to assess each patient properly."

During the class, Davenport repeatedly showed her students how much valuable information a thorough physical assessment could provide. Gardere vowed to put her newly honed assessment skills to work when she returned home. "It's very important for me as a nurse to make a change in health care in Haiti, especially in infectious disease," she says. "We have to properly take care of these patients."

Corioland, a nurse at St. Françoise de Sales Hospital who has been providing care to patients in tents since the earthquake destroyed some 70 percent of the hospital, acknowledged that it had been difficult to leave her 5-year-old twins at home so she could attend the training in Baltimore. But she was confident that the intensive training would help



make a difference. “After the earthquake there was a lot to do, but there were not so many hands to help,” she says. “People need health care providers like us to help prevent disease, and we are going to have a lot of diseases with so many people living under tents. Six of us are not enough to cover it all, but it is a place to start and to teach others how to help.”

Imparting knowledge about infectious diseases isn’t the only purpose of the training; it’s also about teaching the trainers how to teach, says Associate Professor Carol O’Neil, PhD, RN, CNE, co-director of the School’s Institute for Educators in Nursing and Health Professions. O’Neil, who has more than 30 years of teaching experience, worked with other School of Nursing faculty members to

convey to the six Haitian nurses the importance of student-centered learning; how to respond to different learning styles; and the best way to use case studies, PowerPoint, and other resources to effectively convey information.

O’Neil and Moen were both impressed by the group’s seemingly boundless desire to expand their knowledge. One day, two-and-a-half hours into a three-hour class, after her several suggestions that the students take a short break went ignored, O’Neil had to order the group to stand up and stretch. And when Moen tried to plan a one-day sightseeing trip to Washington, D.C. over the weekend, it never got off the ground. Why?

“They wanted to stay in Baltimore and study,” she says.

IN NIGERIA, THE BURDEN of disease is as great as the health care workforce is small. In addition to having one of the highest infant mortality rates in the world, and high rates of malaria and tuberculosis, Nigeria is home to some 3 million people living with HIV/AIDS, according to the Nigerian Federal Ministry of Health. Even though it has only 2 percent of the world’s population, Nigeria accounts for more than 10 percent of the world’s maternal deaths in childbirth. Each year some 55,000 Nigerian women die giving birth.

There are only 35,000 physicians and 210,000 nurses to serve Nigeria’s 150 million citizens, according to WHO. And some 70 percent of Nigerians, especially those in rural

## MEET LOCALLY. ACT GLOBALLY.

When Carolyn Nganga-Good, MS ’07, RN, took Jeffrey V. Johnson’s course on Social Justice and Health in 2006, she learned from speaking with him that there were faculty and students who shared her global health interests. Certainly, she thought, there must be a way to inform students about global health disparities around the world and to share with them how to get involved.

“Do something about it,” Johnson told her. So with his support and the help of classmate Neshat Tebyanian, MS ’08, RN, CRNP, and Yolanda Ogbolu, PhD ’11, MS ’05, BSN ’04, she co-founded Nurses for Global Health. “Most of the student groups at the time were focused on what was happening locally,” explains Nganga-Good, who works as a program analyst in the STD/HIV Prevention Program at the Baltimore City Health Department. “I saw Nurses for Global Health as an avenue for people who have global health interests to hear about what’s happening in the world.”

Today, the group has more than 300 members and is one of the largest and most active student groups at the School. It hosts an annual global health conference;



**Dr. Jeffrey Johnson presents nursing textbooks to Olatokunbo A. Olanipekun, secretary-general/registrars, Nursing and Midwifery Council of Nigeria.**

sponsors speakers, seminars, and other events; and brings together students from across the University of Maryland, Baltimore (UMB) campus. Its annual textbook drive, established in 2009, collects several hundred books a year that have been donated to nursing students with limited resources in Nigeria and Haiti. The group hopes to expand its efforts to reach out to other resource-limited countries.

“Every year the group has gotten bigger and bigger,” says Nurses for Global Health’s current co-chair

Pujeeta Pfau, a Family Nurse Practitioner student in the Global Health Post-Master’s certificate program. “Most programs at UMB are very demanding of students’ time and mental energy, and sometimes you think you don’t have time to do anything else. For me, being involved in Nurses for Global Health is really uplifting because it gives you more of a personal view of what global health is all about.” —M.B.

For more on Nurses for Global Health, visit <http://umaryland.edu/ngh>.



**Marik Moen helps Haitian nurse Emmelynne Pierre-Louis translate words from French to English.**

areas, don't have access to health care in the country's primary, secondary, and tertiary care centers. Much of the health care in Nigeria's primary care centers is provided by nurses and community health workers who are overburdened and outnumbered. Because of this, these nurses are often forced to "task shift" and prescribe medicine or take on other clinical and public health leadership roles outside their range of practice. "All over the world,

centers. Most primary care nurses lack the proper education and training to work at this higher level, and that's a problem, according to Emilia Iwu, MSN, APNC, an assistant professor at the School who is based in Nigeria and works as a senior technical advisor with the Institute of Human Virology-Nigeria (IHV), an institute of the University of Maryland School of Medicine. "Look at the many public health implications that exist if that care is not done

women, children, newborns, and patients with infectious diseases. The two-pronged strategy—which is being coordinated as part of a partnership that includes IHV-Nigeria, Nigeria's Ministry of Health, the Nursing and Midwifery Council, and the departments of nursing at the University of Nigeria at Enugu and Obafemi Awolowo University—will not only build capacity, it will increase professionalism among nurses, says Ogbolu.

**“WHAT WE ARE GIVING THEM IS THE KNOWLEDGE AND THE EXPERTISE TO GO BACK TO THEIR COMMUNITIES AND GIVE CARE TO THE PEOPLE WHO ARE MOST IN NEED.”** —CAROL O'NEIL

nurses are extending beyond their level of training not because they want to, but because they feel obligated to take care of their patients," Ogbolu says. "They are taking leadership on the ground, primarily because under certain conditions they are the only people there."

And the needs of patients at primary care centers are about to get more complex, as the Nigerian government moves to decentralize HIV/AIDS care from tertiary care

properly," she says. "The patients may end up with resistant viruses that can be transmitted to the rest of the population."

To address this, School faculty members are working on a project to train nurses and community health workers at primary care facilities in Nigeria to task shift more effectively and engage in such tasks as prescribing antiretroviral drugs for healthy people with HIV and assessing and treating pregnant

To focus on Nigeria's immediate health needs, a School of Nursing faculty work group headed by Ogbolu has spent much of the last year developing a curriculum for a 12-month advanced diploma program. Its aim: to improve the competency and education of nurses, nurse midwives, and community health officers working in the primary health care sector by training them to become primary health care specialists. "The idea of task shifting is that the nurse takes on some of the tasks of the doctor, and the doctor can then focus on the most demanding cases," Johnson says. "Rather than see everyone, the doctor sees only the patients he or she needs to see, and the nurse sees everyone else. The work of the nurse—taking vitals, triage, etc.—  
*(continued on inside back cover)*



## IMPROVING THE ODDS FOR INFANTS IN NIGERIA

For four months at the end of 2001, nurses in Nigeria were on strike, and the country's neonatal mortality rate, already one of the highest in the world, skyrocketed. At Wesley Guild Hospital in Ilesa, the neonatal mortality rate doubled from 125 deaths per 1,000 live births to 250 deaths per 1,000 live births during the strike, despite the fact that physicians and parents who had received special training were caring for the newborns during this period.

Some researchers might quickly overlook those statistics, which were published in 2005 in the Internet *Journal of Pediatrics and Neonatology*, and move on. Not Yolanda Ogbolu. "To me this said that there was something very special about what nurses are doing that can help improve the lives of babies," says Ogbolu, PhD '11, MS '05, BSN '04.

The assistant professor wanted to learn more about how the care nurses provided to newborns in Nigerian hospitals correlated to infant mortality rates at those facilities. So last May, for her doctoral dissertation, she spent six weeks in Nigeria, visited 27 hospitals in 10 states, and surveyed 231 nurses and 27 hospital administrators to find out more about staffing levels and organizational conditions at these hospitals and how they related to neonatal outcomes.

Although Ogbolu had traveled to Nigeria before and conducted trainings in hospitals there, she was taken aback by the conditions she found. In some wards, one nurse was caring for as many as 150 patients. In others, there was no running water, no oxygen, no working phones, and so few beds that

patients who couldn't share a bed slept on the floor. The nurses lacked critical knowledge. For example, some 77 percent of the nurses she interviewed had never received training in neonatal resuscitation or in caring for premature infants. "I started to see many of the reasons why babies die in the field," she says. And from that data she concluded that adding more nurses in Nigeria may not be enough; the health care system needs to be strengthened to make a major impact on neonatal mortality.

Her study, which will be published, was qualitative as well as quantitative. "When I tell the qualitative story, that's when people begin to understand the true story of nursing and neonatal care in Nigeria," she says. There was the physician who, after telling Ogbolu his hospital lacked a resuscitation bag and oxygen, laughed sarcastically as he said, "When a baby comes in and is not breathing, there is nothing I can do." And another who, after telling her his hospital had an ambulance, confessed that the vehicle had neither gas nor a driver.

Witnessing these conditions was difficult for Ogbolu as a nurse and a mother, but she pushed on because she believes her research is critical to understanding the nurses and babies behind the statistics. "We all know there's a health care [provider] shortage, but no one has taken the time to go there and show what nurses really experience on the ground and how it impacts whether newborns live or die," she says. "I have that data, and I want to publish it so that people hear and understand the nurses' stories. I owe it to them." —M.B.

# Healing Brigade

Story by Sue De Pasquale  
Photos courtesy of Genevieve Parr

**I**N THE IMPOVERISHED COMMUNITY of La Cienega, Honduras, few people have access to medical services. So when students from the Medical Brigades group from the University of Maryland, Baltimore (UMB) visited last January and set up a small clinic, local people walked for hours to receive basic health care and education. Over three days, the UMB students—together with local doctors—saw and treated more than 700 men, women, and children. The Brigade included Genevieve Parr, a [then] master's student in the School of Nursing's Clinical Nurse Leader program, and 25 other UMB student volunteers. While villagers presented a variety of health issues, says Parr, the most common problems were parasites (which cause stomach pain), fungal skin infections, and dry and irritated eyes. Despite the language barrier (Parr says her Spanish is "mediocre") she and her colleagues found it surprisingly easy to communicate.

"It was really rewarding," says Parr. "Global Medical Brigades provided the opportunity for our graduate students to take the skills and knowledge that they have acquired through their respective programs to a much-needed outlet. We not only provided professional care for the community members, but we also gave them tools, education, and support to make healthy changes in their everyday lives."



**Above:** Genevieve Parr keeps an Honduran infant calm while a nurse practitioner student removed stitches from the abdomen of the baby's mother. **Far left:** Parr counts out a two-months supply of multivitamins for distribution. "We made hundreds of these bags," she says. Through fundraising efforts, the group brought more than \$70,000 worth of medications to the impoverished area. **Left:** Parr provides fluoride treatment to a young boy. Children and families were also given toothbrushes and counseled on dental hygiene.



**Far Left:** A rock-solid brigade—Students from each UMB professional school painted a rock to represent their school. **Left:** On their last day in Honduras, the Medical Brigades students from UMB made time to tour the beautiful Valley de Angeles. The group, sponsored by Global Medical Brigades, the world's largest student-led global health and sustainable development organization, included students from the schools of nursing, dentistry, pharmacy, law, and social work. **Below:** Parr sterilizes dental equipment for use by UMB dental students, who, together with a local dentist, assessed and treated hundreds of people—many of whom had never received dental care.



# SPEAKING UP

NURSES HAVE FOUND A VOICE AS ADVOCATES FOR THEMSELVES  
AND THE PROFESSION AND ARE WIELDING POLITICAL INFLUENCE  
ACROSS THE STATE—AND THE NATION.

By Len Lazarick

**ON WEDNESDAYS** throughout the spring, Abigail Ehret, BSN, RN, has not been going to her job as a nurse at the University of Maryland Medical Center's Cardiac Care Unit. Instead, she heads to Capitol Hill for hearings on health care legislation.

A student in Health Services Leadership and Management master's specialty at the School of Nursing, Ehret exemplifies the expanded dimensions of nursing practice the School is working to foster. As an intern with the American Nurses Association (ANA), Ehret meets regularly with members of Congress and their legislative aides to explain her role as a nurse, she says, "and how the Affordable Care Act can help my patients."

"They love hearing from nurses," Ehret says, noting that many members of Congress have been working with hospital associations and nurses on health care issues in their home states. Many of the lawmakers have a family member who is a nurse or have had other positive contacts with nurses. "They've had an experience to share with me about how a nurse has touched them in a special way," she says.

Like other nurse advocates, Ehret has been pushing the priorities of the ANA, which has focused on implementing the recommendations in the 2010 Institute of Medicine (IOM) report on "The Future of Nursing." The report

emphasized as one of its four main policy goals, "nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States."


The ANA is also trying to gain support for a bill that would allow advanced practice nurses to order home health care. There is a fiscal dimension, too, Ehret says. "We've been focusing on cost-saving measures."

"I'm surprised at how much access I've had," Ehret says. "It's been an eye-opening activity for me. Realizing that nurses do have a voice, more of us need to be aware of health care legislation, and be aware of the changes needed for a healthy work environment for ourselves and our patients," she says. "More nurses need to become more politically involved."

That's indeed the goal of leaders at the School of Nursing.

In recent years, the School has placed a greater emphasis on engaging state and federal policymakers in helping to increase the supply of nurses and the faculty to teach them, and in expanding what these nurses can do for patients. That's especially crucial today as federal health care reform adds 20 million to 30 million people to the insurance rolls, and millions of Baby Boomers move into their golden years.

"It's a public health crisis," says School of Nursing Dean Janet Allan.

A woman with long dark hair, wearing a black blazer, a black skirt, and black high-heeled shoes, stands on the wide stone steps of the United States Capitol building. She is smiling and looking towards the camera. The Capitol's iconic dome is visible in the background under a clear blue sky. The scene is brightly lit, suggesting a sunny day.

*“More nurses need to become  
more politically involved.”*

—ABIGAIL EHRET



**Dr. Janice Hoffman (center), assistant dean for the BSN program, and a group of students arrive in Annapolis for Advocacy Day 2011.**

“If you don’t have nurses, you don’t have health care.”

Allan notes that nurses have had a long-standing philosophy of advocating for their patients. “We really wanted to increase the amount of advocacy for the profession,” putting more emphasis on that in the curriculum, she says.

With the School’s location near Annapolis, the state capital, and the nation’s capital in Washington, D.C., “it’s very easy for our students and faculty to become involved,” Allan notes, pointing as one example to the American Association of Colleges of Nursing’s Student Policy Summit held this spring in Washington. The annual conference, which focuses on the importance of policy engagement for future nursing leaders, drew 18 students from the School, including representatives from the undergraduate, master’s, and doctoral programs.

Indeed, faculty and students have participated in a wide range of activities to advance both the nursing profession and improved access to health care—from the corridors of Annapolis to the

halls of Congress. They have successfully fought to increase funding to educate additional nursing faculty to help reduce the shortage of trained nurses. They have worked to break down the barriers that prevent nurse practitioners from providing the full range of nursing care. They continue to fight for full recognition and reimbursement for advanced practice nurses. And they continue to work on the policies that will implement federal health reform on the state level.

### **“Wildly Successful Advocacy”**

In 2002, when she came to Maryland, Dean Allan found that health policymakers “knew that there was a nurse shortage, but they had no idea there was a nurse faculty shortage.” Nurses in practice have always been paid higher than those in academia, she notes, but the gulf has widened in recent years.

So Allan and legislative assistant Shannon McClellan met with the deans and directors of nursing programs from around the state, along with representatives of the Maryland

Hospital Association (MHA), the state Department of Health and Mental Hygiene, and other agencies. They also met with U.S. Senator Barbara Mikulski, who challenged them to come up with a plan that she could advocate.

Together, they persuaded Maryland’s Health Services Cost Review Commission, which sets all hospital rates, to levy a .1 percent special assessment on hospitals to produce \$8 million to \$13 million a year for the Nurse Support Program II. The program is now about five years old and has financed the education of scores of nurses with master’s degrees and doctorates from university and college programs in Maryland. Many now hold faculty positions at nursing schools around the state.

“It’s kind of a model for the country,” Allan says—an example of “wildly successful advocacy.”

In addition, the School joined with others in Maryland to partner with the MHA to establish the “Who Will Care?” campaign, aimed at addressing the nurse shortage by doubling the number of students graduating with



BSN degrees. Dean Allan was a member of the original planning committee.

The campaign has raised \$17 million from more than 400 donors, including the hospitals themselves, nurses, vendors, and other contributors, according to Catherine Crowley, EdD, MBA, RN, vice president of the MHA.

The money has been used for grants to subsidize training at nursing schools and to help fund space for clinical practice sites. “We’ve seen an increase in the number of enrolled student and graduates,” Crowley says. With the growing emphasis on primary care in health care reform, “these people will be in increasing demand.”

### At the Forefront of Health Care Reform

Unlike leaders of other states who are challenging the federal 2010 Patient Protection and Affordable Care Act in court, Maryland’s top leadership has acted quickly to implement the federal health care changes.

Throughout the spring legislative session, School of Nursing faculty served on and testified to the work groups for the Health Care Reform Coordinating Council chaired by Maryland Lt. Gov. Anthony Brown.

The School’s Assistant Dean for the Master’s Program, Jane Kapustin, PhD, CRNP, BC-ADM, FAANP, testified on behalf of the Nurse Practitioner Association of Maryland (NPAM), a group in which she’s long been active and served as president. “They asked me what barriers

I foresee to primary care,” Kapustin says.

Her response: Maryland needs to grant nurse practitioners (NPs) parity with physicians for reimbursement—“equal pay for equal work,” she says, while insurers must recognize the practitioners as “credentialed” primary-care providers. What “really got the attention” of lawmakers, she says, were the current restrictions on what NPs can bill from private insurers and the Medicare program as well.

As a longtime NP, Kapustin has fought many a battle at the State House over scope of practice for NPs.

“Once you go and once you are met with success, you want to go again,” says Kapustin. She believes so strongly in the advocacy role that she requires students in her “role synthesis” course to attend one or two advocacy sessions, and she urges her students to get involved with the NPAM, “so that they become future advocates.”

In the 2010 session of the state’s General Assembly, the NPAM went through the Maryland Code to see what was allowed to physicians but not to NPs. “We were met with such acceptance. The legislators had no issues at all,” Kapustin says. “They like us, they trust us.” While some competing interests “talk about protecting their wallets,” Kapustin says, “we’re never in Annapolis for more money” but to get barriers removed to patient care. “We just want what’s fair.”

Assistant Professor Ann Mech, JD, RN, who coordinates legal affairs for the School, also prepared testimony for the Health Care Delivery System Workgroup of the Health Care Reform Coordinating Council. “You see the sort of waxing and waning of reimbursement as an issue and that depends a lot on the economy, as well as scope of practice issues coming to the forefront,” Mech says.

Nurses are “certainly gaining more traction on these issues,” she says, but they are still continuing efforts to be seen as “co-equal with physicians in primary care.”

The IOM report “gives nursing a little more gravitas to weigh in on some of these difficult things,” Dean Allan notes. The report includes a recommendation for the Federal Trade Commission to investigate restraint of trade on nursing by other professions.

“There’s plenty of room for everybody. We’re going to need everybody,” Allan says. “We need more primary care providers. One way to have enough is to remove the practice barriers.”

### SUPER Students Get in the Game

Associate Professor Catherine Kelleher, ScD, MPH, MS, RN, got her first taste of political activism working with communes and free clinics in the San

**Nurse legislators Addie Eckardt (left) and Shirley Nathan-Pulliam meet with students during Advocacy Day. Right: Dr. Jane Kapustin regularly testifies at the State House over scope of practice for NPs.**



KIRSTEN BECKERMAN



**Left: Dean Janet Allan waits for UMSON to be recognized on the floor of the Senate. Above: Dr. Suzanne Miyamoto, (left) director of government affairs, AACN, meets with Dr. Catherine Kelleher and SUPER officers Marissa Hildebrandt, vice president; Oluwatoyin Orunja, treasurer; and Heather Boulanger, president.**

San Francisco area in the early 1970s. She later worked on international health projects, eventually earned public health degrees from Harvard and Johns Hopkins, and worked as a health services researcher and in public health policy.

Now she teaches health policy and advocacy to School of Nursing undergraduate and graduate student nurses, such as Abigail Ehret, who took Kelleher's semester-long seminar in health policy last year. The course provides an overview of how health professionals can influence health policy and includes field trips to agencies in which nurses are engaged in policy roles.

Kelleher is also the advisor to the School's SUPER Group (Students United for Policy, Education and Research), a student chapter of Academy-Health, the national health services research and policy organization. The School is the only nursing school in the nation with such a chapter; most of the other 22 student chapters are at schools of public health.

In the past, "nurses too often have been on the sidelines when it comes to public policy," Kelleher says, and the extracurricular SUPER group, which gets students engaged in discussions with public policymakers, is one way that the School has been seeking to change that.

under- pinning policy-making and the need for broad input. Nursing students themselves bring a variety of perspectives, including students in the Clinical Nurse Leader (CNL) program who often serve as SUPER officers.

"Everybody in the CNL program has a bachelor's degree in something other than nursing," says CNL student Heather Boulanger, chapter president who plans to go into pediatric oncology and earn a Doctor of Nursing Practice degree. As an undergrad, she had studied political science and history and had planned on going to law school before she turned to nursing.

Like Ehret, Faye Koerner took Kelleher's health policy seminar and is also working with the ANA. During the spring semester, she worked on an independent study project for the ANA on defining the regulations that surround the practice of advance practice nurses (APRNs). This is aimed at encouraging more third-party payers to include APRNs in direct reimbursement. The hope is that APRNs can use this information as they discuss provisions with insurance companies.

"The insurers have a lack of knowledge of advanced practice nurses, what they are capable of and permitted to do", says Koerner a nurse practitioner. Working with an economist and nursing

analysts at ANA, she's assembling "what's almost becoming a dictionary" of terms and definitions. She says she's excited that her work will help nurse practitioners with their reimbursement issues.

Other students and faculty are also encouraged to attend the School's annual Advocacy Day in Annapolis, where meetings are scheduled with numerous state senators and delegates (see "This is Our Time," p. 33). Lawmakers and policy-makers are also invited to the School of Nursing for a half-day program in the fall in which they're exposed to nursing issues. Last September, those attending were shown how students are taught using patient simulators and how advanced practice nurses learn to handle a range of illnesses. The visitors were also exposed to the kinds of nursing research done at the School on health care outcomes.

Faculty and students get involved in advocacy issues as well through their work with vulnerable and disadvantaged groups such as the homeless. "We try to embed [advocacy] very much in our curriculum," Allan says.

Over the course of 24 years dealing with nursing issues at the MHA, Catherine Crowley has seen a major change in how nurses tackle public policy issues. Today, she says, "they are vastly more sophisticated, they're more highly organized, and their message development is more concise. The lawmakers now see nurses as a major constituency and look for their support as well as to hear what [nurses are] saying."

# This is **OUR** Time

The School of Nursing's annual Advocacy Day in Annapolis is about winning friends and influencing the General Assembly. But for dozens of white-coated students and faculty who participate, it is also a teachable moment about how to advocate for the profession among people who can shape policies that affect them.

The 2011 Legislative Day on February 23 began with a pep talk from Barbara Klein, the university's associate vice president for government affairs, who urged those assembled to make a personal connection with legislators in their effort to explain the value of the School and its programs.

The students then fanned out through the House and Senate office buildings for appointments with 65 legislators and, in some cases, their aides.

The students brought personal and professional issues to the table. "I've always been one to advocate for people. When there's something wrong, I'm the one to get it fixed," says Regina Leonard, a student in the School's nursing program at the Universities at Shady Grove who is president of the Maryland Association of Nursing Students, chair of the National Student Nurses Association (NSNA) Council of State Presidents, and a member of the NSNA Board of Directors.

Leonard's particular issue of focus: "There's not enough funding for people who are changing careers," as many of her classmates at the School of Nursing are doing.

Leonard, 33, who holds a master's degree in science education, had been a biology teacher at T.C. Williams High School in Alexandria, Va. Now, she wants to be a nurse anesthetist and also has plans to run for public office some day.

"A lot of people are going back to nursing as a second career," agrees Christy Callahan, 35, who was a dental assistant for 16 years. She now plans to

go into psychiatric nursing and behavioral health for children. "I was in a car accident and broke my back and the nurses were amazing," Callahan says. "I decided to do that. I wanted to make people feel like that." She believes the trip to Annapolis "made a difference. They're not going to support us unless we support them," she says of the state's legislators.



**Top: Regina Leonard. Above: UMSON students take a break from their busy Advocacy Day schedule to visit the House of Representatives, where UMSON was recognized.**

Alysia Holsey, 21, was a pre-med student at the University of Maryland, College Park before she turned to nursing. "I felt I wanted to be more hands-on with patients," Holsey says.

Jay A. Perman, MD, president of the University of Maryland, Baltimore, spoke to the students at lunch. Perman's message: "If these legislators won't listen to you, they won't listen to anyone. Administrators can talk and talk, but the people they listen to are students."

Perman urged the nursing students to be advocates for patients and advocates for health care.

Delegate Shirley Nathan-Pulliam of Baltimore County, MAS, BSN '80, RN, a native of Jamaica who earned her Bachelor

of Science in Nursing degree at the School of Nursing after training in England, emphasized the need for students to advocate for underserved populations.

"You need to see yourselves beyond just students at the University of Maryland," Nathan-Pulliam said. "You have an obligation to educate legislators." With nurses being one of the largest professions in the United States, she said, "we should have more power than we do."

In her own remarks to the students, School of Nursing Dean Janet Allan rallied them with the inspirational message: "This is really our time ... a time to really make a difference"— especially on health care reform. —Len Lazarick

# In The FLOW

Interview by Joe Sugarman



After earning a master's degree in nursing with a focus on gerontology from the University of Hawaii at Manoa, Korean-born Eun-Shim Nahm, PhD '03, RN, FAAN, made the unusual decision to move to Baltimore. "Can you imagine that?" she asks. "Baltimore from Hawaii!" But Nahm had her reasons: "I really wanted to do nursing informatics, and there was no other place for me to study." At that time, the School of Nursing had the oldest and largest graduate program in nursing informatics. "And I'm still here," she says. "It's a very good place to be."

Since 2003, Nahm has been a faculty member in the nursing informatics master's specialty and currently serves as its program director and as an associate professor. Here, she explains why her discipline is so important to the future of health care and why she left such a beautiful place to pursue it.

## **So what, exactly, is nursing informatics?**

Good question! Have you heard about health care informatics? Nursing informatics is a sub-domain of health care informatics. It involves using nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice. That's the reason why we offer nursing informatics as a specialty at the graduate level—it integrates several disciplines. It's a fun domain.

## **What makes it so interesting?**

In clinical practice, nurses provide care and the patient gets better, but in nursing informatics, we see different aspects of care. We see data flow within

health care systems, such as from admissions to the finance office, and then to external agencies. We help clinicians and administrators utilize that data to enhance patient care. When the patient is admitted, the admissions office enters their demographic information into an information system, which then flows to the clinical systems for the entry of treatment data. Finally, all the data goes to the finance department and to the payers or other regulatory agencies. In nursing informatics, you can see all those aspects of care on top of clinical care. To me, that's why it's so interesting (and fun).

### **Why is nursing informatics important?**

Nowadays, health care can't be sustained without health care information technology (HIT). HIT allows clinicians to provide safer and more efficient care, improving the quality of care and reducing costs. When I was a staff nurse 15 years ago, I would have to track down paper-based copies of patient records. And when I found them, it would take so much time to read what others wrote. In addition, patients' information was all over the hospital. I would have to read progress notes to understand doctors' treatment plans for the patient and the admissions records to see medications, and call the lab to see what the most current lab reports were for the patient. Now, you just go to the electronic health record (EHR) and access all that data right away. That's certainly helped me in taking care of my patients.

### **How do EHRs reduce costs?**

By using EHRs, many redundancies in health care can be eliminated. For instance, clinicians do not have to ask a patient the same questions over and over again. So the patient gets better and more coordinated care, which also saves expensive professionals' time. It can also prevent medical errors, improving quality of care and reducing costs. You can also eliminate a lot of paperwork.

Another benefit: When you have paper-based copies of medical records, the information is not available remotely. EHRs make patient information available when and where it is needed by gathering records together in one place. And they can be constantly updated.

### **What has been the impact of health care reform on informatics?**

The main goal of health care reform is to make health care more affordable and more widely available and to hold insurance companies more accountable. A vital component of that is information technology infrastructure and EHRs.

### **What role has the School of Nursing played in the field?**

The School of Nursing offered the first nursing informatics graduate programs in the world, establishing a master's program in 1989 and a doctorate in 1991. Since then, we have graduated

more than 500 students from our program—and we're all over the world. We're definitely one of the leading programs worldwide. For more than two decades, we've offered the Summer Institute in Nursing Informatics, which draws 500 to 700 attendees annually.

Many of our graduates have been national leaders in health care informatics, such as Dr. Carol Romano, a Rear Admiral who was an Assistant Surgeon General and chief nurse officer in the U.S. Public Health Service. Many hold important positions at the National Institutes of Health or at the federal level. In hospitals, many serve as chief nursing informatics officers or directors of information technology departments. One of the main goals of our program is to prepare our students to be leaders in nursing informatics.

### **What else can you do with a degree in nursing informatics?**

Our graduates are working in many areas. The majority work in hospital settings, but many work for vendors—the companies that develop health care information systems. They also work for federal agencies or consulting firms. A lot of small hospitals don't have resources to implement HIT within their organizations, so they hire consulting firms to help them evaluate and implement systems. Nowadays, an increasing number of hospitals have separate nursing informatics departments, as do schools of nursing, where our graduates can teach.

### **What do you see for the future of this field?**

It's very exciting and bright. Nursing informatics has become a core essential for all levels of nursing education. The average age of nurses today is 48. Many of them did not learn informatics when they were students, so there is a great deal of educational need.

Information technology has become a national priority, and our students are in very high demand. In many cases, our graduates write their own job descriptions because they contribute uniquely to an organization. I don't think there's a limit to what a nurse informatician can do.

The 21st annual Summer Institute in Nursing Informatics takes place at the School of Nursing July 21-23, 2011. This year's theme is "Real Meaningful Use: Evolution or Revolution?" The keynote speaker is Farzad Mostashari, MD, ScM, deputy national coordinator for the Programs and Policy Office of the National Coordinator for Health Information Technology, U.S. Department of Health and Human Services. For more information and to register, see <http://nursing.umaryland.edu/sini/index.htm>.

# Alumni Pulse

## CLASS NOTES AND NEWS



### 1970s

**Barbara L. Hudson, BSN '75**, spent several years as an Army nurse after graduation, with her first assignment as charge nurse on a 10-bed cardiac step-down/19-bed Hematology/Oncology floor. She then went to work in the Recovery Room/Surgical ICU (Army) and Cardiothoracic ICU (civilian). She worked for a few years in Psych/Chemical Dependency nursing and then returned to the ICU in a small, rural hospital. Hudson recently moved to Louisiana and works for a safety school that conducts drug tests and provides Occupational Safety and Health Administration classes for maritime and oil industry workers.

**Bill Hergenroeder, BSN '77**, worked as a registered nurse for about five years after graduating. Since 1986, he has been following his passion as a custom woodworker at his shop in Cockeysville, Md., where he constructs custom-made tables, chairs, headboards, bookshelves, and built-ins. Hergenroeder won the Fine Craft-Body of Work Award at the 2010 Fine Furnishings Show in Baltimore. He received a commission from architect Thomas Sutton to build several small tables for an interior renovation of Baltimore's Pazo Restaurant. Hergenroeder's passion in woodworking is inlay work, also known as parquetry.

**Donna Z. Leister, MS '86, BSN '77**, administrator at FutureCare Cherrywood in Reisterstown, Md., was named Administrator of the Year by the Health Facilities Association of Maryland. For more than 20 years, Leister has provided care to older Marylanders and individuals with disabilities. She was featured in an HBO television series, *The Alzheimer's Project*, that focused on the daily work of her nursing staff, including short-term therapy and long-term care with residents at FutureCare Cherrywood. Leister's doctoral research, "The Vanishing Nursing Home Administrator: Stress and Intent to Leave," focused on the relationship between the number of hours administrators worked per week and the intent to leave their positions.

**Elizabeth Schuyler Niemyer, BSN '78**, was promoted to Rear Admiral of the Upper Half in August 2010. She serves as the 23rd Director of the U.S. Navy Nurse Corps at the Bureau of Medicine and Surgery in Washington, D.C. As Director, she leads a team of 2,840 active, 1,135 reserve, and 2,200 Federal civilian nurses in support of Navy Medicine's mission. Admiral Niemyer was commissioned as a Lieutenant in the Navy Nurse Corps in 1981. She has held executive positions at the National Naval Medical Center in Bethesda, Md., where

she served as Director for Managed Care; the Naval Hospital in Rota, Spain, where she was Executive Officer and Commanding Officer; TRICARE Area Office-Europe, where she was Executive Director; the Bureau of Medicine and Surgery, where she was Assistant Deputy Chief of Staff for Operations; and the TRICARE Regional Office-West, where she was Regional Director. Admiral Niemyer's personal decorations include the Defense Superior Service Medal, Legion of Merit Medal (two awards), Meritorious Service Medal (two awards), Navy Commendation Medal, Navy Achievement Medal, and the National Defense Medal.

### 1980s

**Gloria K. Lamoureux, Col. (Ret), USAF, NC, MS '83**, retired from the U.S. Air Force in 2000. She is currently a consultant on Air Force implementation of a patient-centered medical home.

**Susan K. Newbold, PhD '06, MS '83**, edited and wrote a chapter in the International Perspectives section of Saba and McCormick's *Essentials of Nursing Informatics* (2011) (5th Ed) New York: McGraw-Hill. In addition, she co-edited *Nursing Informatics: Where Technology and CARING Meet* (2011) (4th Ed) New York: Springer-Verlag. Newbold is the education team leader for the Hospital

Corporation of America, Nashville, Tenn.

**Lisa Rowen, DNSc, MS '86, RN, FAAN**, chief nursing officer, University of Maryland Medical Center, was selected by the Baltimore Daily Record as one of Maryland's Top 100 Women for 2011. Rowen was also named to this list, which recognizes outstanding achievement by Maryland women, in 2008.

### 1990s

**Jeffrey Derry, MS '90, ANP-C**, is an adult nurse practitioner and a Captain in the United States Public Health Services. He currently works at the Federal Correctional Complex in Butner, N.C. Derry, his wife Zenaida, and their six children live in Oxford, N.C.

**Dana R. Keller Palka, BSN '93**, is employed as a Quality Improvement Coordinator-Emergency Medicine at Rhode Island Hospital in Providence, R.I. She is a master's candidate (Class of 2011) in the Nursing Management and Policy Leadership program at Yale School of Nursing.

**Michael R. Jones, BSN '99**, successfully defended his dissertation, "A Quantitative Study on Nurses' Job Satisfaction and Its Effect on Retention," in the University of Phoenix's School of Advanced Studies, for the

degree of Doctor of Health Administration. Jones will continue his professional purpose to improve access and delivery of health care in the United States through the adoption of technology. He currently serves as a principal with Dell Services' Healthcare and Life Sciences Consulting Group.

**2000s**

**Ronnie Ursin, DNP, MS '07, BSN '05, RN**, completed his Doctor of Nursing Practice degree at Case Western Reserve University in December 2010. He received Nurse Executive, Advanced certification (NEA-BC) through the American Nurses Credentialing Center in November 2010. Ursin is currently the Nursing Director for Medicine/ Pulmonary at Washington Hospital Center, Washington, D.C. He was selected as a site visitor for the National League for Nursing Accrediting Commission, and he was accepted into the Master of Business Administration program at Hood College in Frederick, Md.

**Elizabeth Galik, PhD '07, CRNP**, is president-elect of the Gerontological Advanced Practice Nurses Association (GAPNA), which represents nearly 10,000 certified advanced practice nurses who work with older adults in a wide variety of practice settings.

**Hilary Goldberg, MS '10**, is employed as an oncology nurse at the New York University Medical Center.

**Erin Elizabeth Compton, MS '10; Kelly Gaudreau, MS '10; Samantha Jacobs, MS '10; and Lauren Thiel, MS '10**, are employed at the University of Maryland Medical Center.

**Jo Hannah Bellis Hurtt, MS '10**, is employed as an oncology RN at Suburban Hospital, Bethesda, Md.

**Elizabeth Krug, MS '10**, is working as an RN on the Progressive Care Unit at Sinai Hospital of Baltimore. She continues to manage the community service project that she started in May 2010 at the George Washington Elementary School, which provides opportunities for children to gain increased exercise and physical activity.

**IN MEMORIAM**

- Angela Dooley Clark, DIN '36
- Mary J. Custer, DIN '44
- Thelma Baugher Feld, DIN '48
- Bettie Geesaman Kahl, DIN '48
- Elizabeth Warfield Kraus, BSN '52
- Virginia Banes Layfield, DIN '37
- Helen Powers, DIN '35
- Della Riley Rasmussen, DIN '36
- Laurie A. Shinham, MS '92, BSN '85
- Joyce A. Shivers, BSN '80
- Norma C. Tinker, DIN '48
- Sandra Tossman, BSN '69

\*This list includes notices received by the University of Maryland School of Nursing from November 6, 2010 to March 23, 2011.



**Alumni  
Share Your News!**

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

NAME: \_\_\_\_\_

MAIDEN (AT TIME OF GRADUATION): \_\_\_\_\_

DEGREE(S) & YEAR(S) OF GRADUATION: \_\_\_\_\_

SCHOOL OF NURSING OR CURRENT SPECIALTY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IS THIS A NEW ADDRESS?    YES     NO

PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

NEWS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE FORM AND RETURN TO:**  
 Cynthia Sikorski, Associate Director of Alumni Relations  
 University of Maryland School of Nursing, 655 W. Lombard St., Suite 209W, Baltimore, MD 21201  
 Fax: 410-706-0399 | [alumni@son.umaryland.edu](mailto:alumni@son.umaryland.edu)

# 2011 Alumni Reunion Celebration

The annual School of Nursing Alumni Reunion was held Saturday, April 30. More than 140 alumni, faculty, and guests gathered at the School to celebrate class years ending in “6” and “1.” Members of the Class of 1961, celebrating their 50th anniversary, were inducted as the new Heritage Class. Visit event photo gallery at: <http://nursing.umaryland.edu/alumni>.



**THE 2011 DISTINGUISHED ALUMNI AWARD** - Dean Janet Allan (left) and Alumni Council President Deborah Schofield, DNP '09, MS '95, BSN '92 (right), present Donna S. Havens, PhD '91, with the 2011 Distinguished Alumni Award. Havens is a professor at the University of North Carolina at Chapel Hill School of Nursing. Her career is a rich blend of roles in nursing, practice, academe, administration, and research. She is one of a few researchers who is defining and translating evidence-based practice for executive nurse leaders and managers.



**NEW HERITAGE CLASS – THE CLASS OF 1961** - The Class of 1961 celebrated its 50th Anniversary and its induction into the School of Nursing's Heritage Class. It also attained the highest Reunion Class Gift participation rate – 49 percent!



**THE CLASS OF 1966** – The Class of 1966 achieved the highest Reunion Class Gift raised – more than \$475,000 in gifts and pledges, including a \$25,000 named endowed scholarship that will be recognized as the Class of 1966 Scholarship and a \$450,000 bequest intention.



**THE CLASS OF 1981** - The Class of 1981 enjoyed the largest turnout at the reunion with 19 classmates gathering to reconnect and celebrate.



## Bringing Comfort to Haiti

Immediately following the devastating earthquake in Haiti in early 2010, **EDDIE LOPEZ, MS '02**, traveled to Haiti to provide emergency medical care for three months.

As a nurse specializing in trauma and critical care and a Lt. Commander in the Navy, Lopez was one of



hundreds of Navy personnel affiliated with the Baltimore-based hospital ship, the *USNS Comfort*.

“We received the call three days after the earthquake hit, and I had 15 hours to get ready,” Lopez recalls. “As soon as the ship was within helicopter range of Haiti we started taking on patients. There were so many cases of spinal injuries, crushed legs, and dehydration. Tetanus and rapid rhabdomyolysis

were also huge problems. We even had to deliver babies because mothers were giving birth prematurely due to stress.”

Lopez, who reports directly to the Admiral of the Navy, recalls the desperate conditions in which relief operations took place. “We worked 16-hour days with limited supplies. It was disaster medicine, which means you just do the best you can with what you have.”

Lopez served in the Navy while attending the School of Nursing full time. After graduation he worked as an intensive care nurse in Iraq and Kuwait. In 2003, he joined the Navy Medical Center in Bethesda, Md., where he became an administrator. In 2007, he took a position at the Bureau of Medicine and Surgery in Washington, D.C.

Lopez is currently pursuing a master’s degree in national security and strategic studies at the Naval War College in Newport, R.I.

Lopez also acts as an ambassador for the School of Nursing, recruiting potential students. “In my travels for recruiting, I have spoken at a lot of schools, and I think the University of Maryland School of Nursing has a huge advantage over others,” he says.

—Peter Krause

## Less is More, with Palliative Care

As a geriatric nurse practitioner working in long-term care, **BETH YARNOLD, MS '98, BSN '96**, makes sure that patients enjoy the highest possible quality of life for their remaining years.

In her 11th year at Forest Hill Health and Rehabilitation Center in Forest Hill, Md., Yarnold works directly with elderly patients receiving sub-acute rehabilitation or long-term care. Many of her patients have dementia. One of her specialties is palliative care.

“Palliative care is the aspect of long-term care that I most enjoy. It ensures that whatever time a patient has remaining is defined by comfort and dignity. It serves to avoid procedures that would only prolong a life without quality and, for many, a life of emotional turmoil. Doing less in those cases is actually doing more for the well-being of the patient,” says Yarnold.

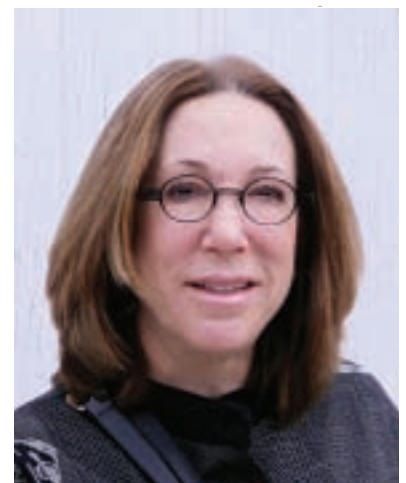
Before joining Forest Hill, Yarnold worked in Baltimore as a primary and critical care nurse at Bayview Medical Center and as a nurse practitioner at St. Elizabeth Home for Nursing Care.

Yarnold says that the School of Nursing prepared her well for her field. “The School of Nursing has had a tremendous influence on my career. I was able to receive both my BSN and MS through the School’s RN-to-MS fast track program, which was very flexible. I worked three days a week while attending class. It was wonderful,”

says Yarnold, who has served on the School’s Alumni Council Executive Committee since 2003.

Yarnold also served as a clinical instructor at the School for two semesters, working with first-year nurse practitioner students. She also volunteers as a preceptor for nurse practitioner students.

“Giving back to my profession is very important to me,” says Yarnold. “It is imperative to support the School that gave me the opportunity to work in a field I love.” —P.K.





## Greetings, UMSON Alumni!

In the course of our lives, we come across many things that are puzzling. We seek the truth, we pursue wisdom, and we endeavor to find answers. Nurses, in particular, want to *solve* the puzzle, to *fix* the problem. Nurses effect positive outcomes and necessary changes.

As a state school without a strong tradition of financial support from alumni and friends, there is much that is misunderstood and unknown about the importance of giving back to the School of Nursing.

We offer for your contemplation, on this page and the next:

- some statistics and statements—some are fact, some are fiction
- a “wish list” showing how you can make an impact
- a favorite of many self-confessed problem-solvers—a crossword puzzle, this one based on the School of Nursing

Thank you for heeding the call, not only to solve *this* puzzle, but also to participate in providing solutions to some of the School’s most pressing challenges. Together, we will continue to strengthen the nursing profession and improve the outcomes for countless patients!

Wishing you and yours a healthy and rejuvenating summer.

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

## Fact or Fiction?

**?** Out of 18,000 alumni, 35 percent give back by donating money to the School of Nursing. **(FICTION)**

**The fact is, only 4.7 percent of alumni contribute financially to the School.**

**?** The School of Nursing has two endowed chairs and five endowed professorships. **(FICTION)**

**The fact is, the School has one endowed chair and no endowed professorships.**

**?** Tuition and fees cover the cost of a Bachelor of Science in Nursing (BSN) student’s education. **(FICTION)**

**The fact is, the annual tuition for a BSN student is \$8,000, but it costs the School of Nursing \$25,000.**

**?** Only 11 percent of the School of Nursing’s budget comes from state funding. **(FACT)**

**The School depends on support from alumni and friends to provide what state assistance, tuition, and fees do not cover—critical funding that is needed to continue the teaching, research, and clinical programs essential to the School’s mission.**

## Make an Impact

*Did you know that ...*

- \$50 buys suturing supplies for student workshops?
- \$250 provides asthma medication for the Wellmobile?
- \$350 names a seat in the School of Nursing’s auditorium?
- \$500 sends two students to an educational conference?
- \$1,000 purchases a heart lung simulator for the clinical simulation labs?
- \$1,500 funds a scholarship for one student for one semester?
- \$25,000 endows a named undergraduate or graduate scholarship in perpetuity\*?
- \$1,000,000 endows a named professorship in perpetuity\*?

*\*May be funded as a multiyear pledge or a planned gift.*

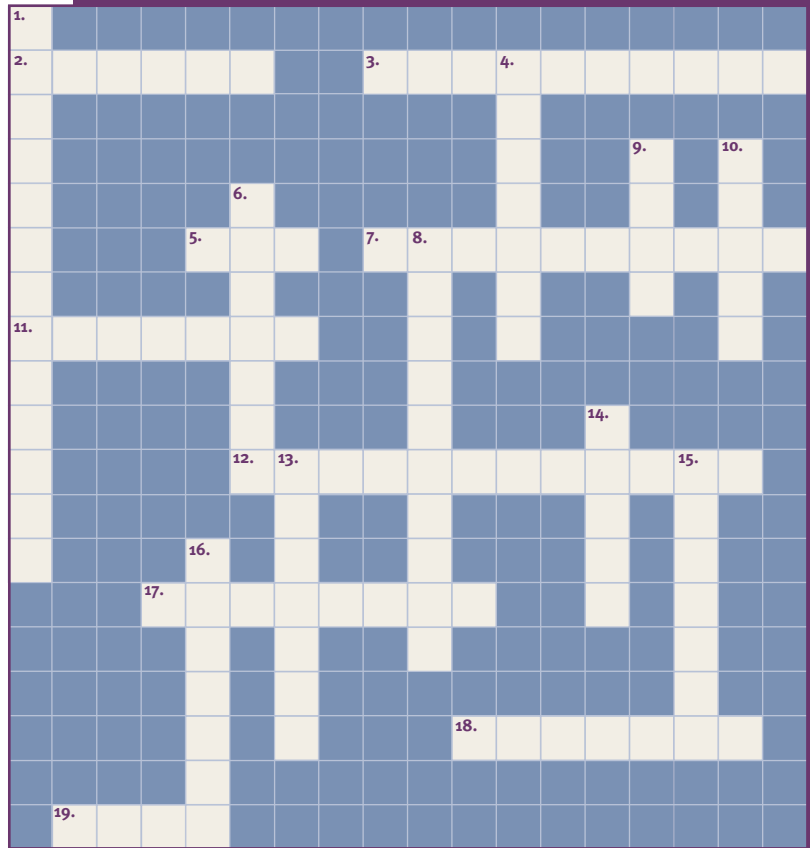
# Problem Solving

## ACROSS

2. Each year, UMSON loses qualified students who simply cannot \_\_\_\_\_ to attend.
3. Donors can make a \_\_\_\_\_ in helping UMSON achieve excellence in its tripartite mission of education, research, and clinical practice.
5. All gifts to UMSON are \_\_\_\_\_ deductible.
7. This Governor's program provides primary health care to uninsured Marylanders, and has suffered from deep budget cuts.
11. Contributions to UMSON can be made by check, credit card, life insurance, a deferred income gift, or a \_\_\_\_\_.
12. These allow additional qualified students to enroll at UMSON.
17. Charitable contributions can help fund costs of fuel, medications, and these types of educational materials for the Wellmobile program.
18. Contributions from alumni and friends \_\_\_\_\_ updated equipment and supplies to keep simulation labs functioning at optimal level.
19. Donors of \$350 can have a message engraved on the arm this auditorium item.

## DOWN

1. Scholarships do this for student-incurred debt.
4. UMSON must provide competitive salaries and enrichment opportunities to retain this group.
6. This is the last name of the founder of UMSON.
8. Donations to support salaries and continuing education opportunities will ensure the \_\_\_\_\_ of our faculty.
9. Many UMSON students accrue a significant amount of this: average of \$30K undergraduate and \$60K for graduate students.
10. Individual donors can fund this type of research project.
13. Simulation labs and equipment must be updated frequently to keep them \_\_\_\_\_.
14. UMSON offers courses at this location in Montgomery Co. \_\_\_\_\_ Grove.
15. Individuals who make this type of gift become members of the Louisa Parsons Legacy Society.
16. While government funding is important for UMSON, there is an increasing need for private \_\_\_\_\_.



**ANSWERS (Across):** 2. Afford 3. Difference 5. Tax 7. Wellmobile 11. Bequest 12. Scholarships 17. Outreach 18. Provide 19. Support  
**(Down):** 1. Ease the Burden 4. Faculty 6. Parsons 8. Excellence 9. Debt 10. Pilot 13. Current 14. Shady 15. Planned 16. Support



## Critical Support for a Critical Profession

SANDRA SCHOENFISCH, MS '76, who recently retired from her position as Director of the Office of Public Health Nursing in the Florida Department of Health, recognizes the importance of directly supporting the nursing profession.

"My family has had to deal with a variety of health problems and ailing parents. It became very clear to me that there is a continuous need for professional nurses. Nurses play a critical role in so many settings," says Schoenfisch.

By making a generous multiyear pledge and bequest to the School of Nursing, both of which are unrestricted, Schoenfisch understands the importance of "greatest needs" gifts.

"I have confidence that the School will put the money where they need it most. My baccalaureate nursing school at American University closed in 1988. Given my concern for nursing

education, my allegiance is with the University of Maryland School of Nursing," she says.

In addition to her philanthropy, Schoenfisch remains involved with the School by serving on the Board of Visitors.

Schoenfisch, who has held teaching positions at George Mason University (1976-1979) and Florida State University (1979-1983), praises the School of Nursing for preparing her for her career. "I had a really good experience. The faculty worked well with the nurses. They were student advocates and mentors. These qualities are valuable, and I would hope that they will continue to be available to nursing students," says Schoenfisch.

"The School and the range of programs offered today are even more exciting. The Clinical Nurse Leader program, integration of evidence-based practice, and research are needed for the advancement of the nursing profession," says Schoenfisch. "That is why I give back." —Peter Krause

## A Shining Light at the Museum

HERMI NUDO, MS '71, BSN '63, a retired clinical nurse specialist, continues to employ her expertise by doing consulting work and participating in medical missions to her home country of the Philippines. She is also involved with various other charities.

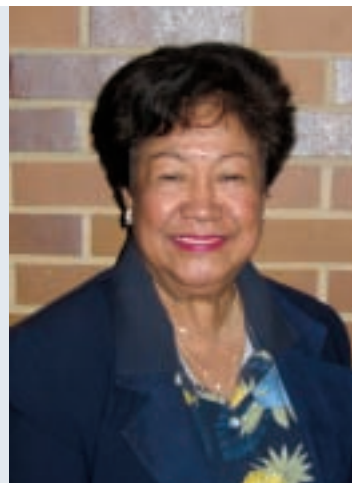
Nudo recently made a generous pledge to support the School of Nursing's Living History Museum, where she serves as a docent. "I appreciate the education I received from the School of Nursing and I like history, so the museum was a great place for me to give," says Nudo.

As an undergraduate at University of Maryland, College Park, Nudo was hesitant to enter the nursing profession because she wanted a bachelor's degree from a university instead of the traditional associate's degree offered by hospital-based programs. A friend told her about the School's bachelor's degree program, one of only a few available at the time, and she switched her major immediately.

After receiving her BSN from the School in 1963, Nudo helped develop the University of Maryland Medical Center's (UMMC) R Adams Cowley Shock Trauma Center, introduced and developed the clinical specialist role at UMMC, and developed the nursing support for UMMC's first Live Donor Kidney Transplant Program. She later became part of a nursing management team to open the Baltimore Rehabilitation and Extended Care Center.

In 2000, Nudo was diagnosed with breast cancer, which led her to another career path as a staff nurse doing home nursing through the Veterans Administration's Home Based Primary Care Program. She retired in 2005, having completed a successful career spanning from the most technical role in a tertiary hospital setting to various roles in the community.

Nudo credits the excellent education she received at the School for the successes in her career. "I received such a wonderful education and had such a successful career that it is important for me to do what I can to give back," says Nudo. "The more funding we have for nursing, the more chances there will be for others to have the same opportunities I did." —P.K.





## Board of Visitors

The School of Nursing's Board of Visitors consists of dynamic leaders from both the private and public sectors, whose contributions of time, knowledge, and funds serve as a cornerstone for sustaining excellence in undergraduate and graduate nursing education. At the invitation of the Dean, Board members serve in an advisory role; communicate the School's messages to the greater Baltimore business and professional communities; and partner with the School in strategic fundraising initiatives.

**Alan Silverstone, Chairman**

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<http://nursing.umaryland.edu>

# Create a Lasting Legacy



**COURTNEY ANN KEHOE THOMAS, BSN '66**, has always been at the forefront of nursing.

Thomas spent most of her career in the field of public health as a public health nurse and nurse practitioner. She served for many years as Director of Child Health Programs for the State Health Department of Colorado and recently retired from her position as nurse consultant for Colorado's Nurse-Family Partnership Program. As one of the first nurse practitioners in the nation, Thomas has been active on clinical, professional, and political fronts in spearheading changes to nursing practice and nursing statutes in Colorado and nationwide. She has been recognized at local, state, and national levels for her contributions to her profession.

Thomas says she feels fortunate to have received her education at the University of Maryland School of Nursing at a time when many nurses were still entering practice from non-academic schools of nursing.

"Having a baccalaureate degree allowed me to take advantage of the opportunity to become a nurse practitioner in the very early days of that new role," she says. "Nurses like me have blazed a trail for others and facilitated changes to nursing practice that have not only benefited nurses, but also our patients. As the largest group of health care providers, the growth and development of our own practice as nurses has brought about significant, lasting, and positive impact on how health care is delivered in this nation."

Thomas, along with her husband Jim (whose mother was a public health nurse), is giving back to the School of Nursing because, "I have strong ties to the University of Maryland through my family and my own experience there. I'm a proud graduate of the School and it makes sense for me, when the time comes, to leave whatever I have to the School and the nurses who will be there to serve as change agents and to carry the banner for all of us who helped to lead the way! I firmly believe that all professional nurses have a responsibility to continue to build on our past struggles and successes to assure the ongoing visibility and leadership of professional nurses as well-prepared and well-qualified components of health care delivery. I can think of no better way to do this than to do my part to assure that future members of the profession are able to participate in the type of high-quality nursing education that is the tradition of the University of Maryland School of Nursing."

**Whether you wish to support scholarships, research, faculty positions, or other areas of need, there are several methods by which you can benefit the School of Nursing, future generations of nursing students, and patients.**

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

Some popular types of planned gifts include charitable bequests and life income gifts. If you would like to learn more about making a planned gift, please contact us. We are available to work with you and your advisors to create a personalized plan.

**Laurette L. Hankins**

Associate Dean for Development and Alumni Relations  
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**Thomas F. Hofstetter, JD, LLM**

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

## THE LOUISA PARSONS LEGACY SOCIETY

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Anonymous  
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Deborah K. Shpritz, MS '82, BSN '78  
and Louis Shpritz  
Betty Lou Shubkagel, BSN '54  
Estate of Anna Mae Slacum  
Estate of Marie V. Stimpson,  
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Courtney Ann Kehoe Thomas, BSN '66  
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Norma C. Tinker, BSN '48  
Martha C. Trate, BSN '48  
Joella D. Warner, BSN '64  
Estate of Patricia Yow

(continued from page 24)



**Rachel Hitt (right), assistant director of the UMSON simulation labs, accompanied by Yolanda Obgolu (back), give Nigerian nursing school deans Omolola Irinoye (left) and Agnes Anaradoa a tour of the neonatal simulation lab.**

is done by a trained community health worker. Everyone shifts responsibilities to expand the capacity of the system as a whole.”

The program focuses on strengthening nurse capacity in areas where their knowledge is weak, including pathophysiology, pharmacology, and physical assessment. “What we are giving them is the knowledge and the expertise to go back to their communities and give care to the people who are most in need,” says O’Neil, who serves on the 11-member faculty workgroup that developed the curriculum.


The second part of the strategy, designed to address long-term needs for capacity building in Nigeria, involves establishment of a master’s level family nurse practitioner program that would prepare nurses to practice in a wide variety of settings and serve as nurse educators, clinical leaders, and mentors. It would be the first nurse practitioner program in the country.

But changes this major don’t happen overnight. They take time, planning, and lots of collaboration. At a recent meeting of the School of Nursing’s faculty work group, Omolola Irinoye, PhD, RN, dean of nursing at Obafemi Awolowo University, and Agnes Anarado, dean of nursing at the University of Nigeria,

Enugu campus, shared details about their schools’ infrastructure and answered questions. During their two-week visit, the deans had many opportunities to meet with their collaborators in person, tour the School and its facilities, and gain a fuller understanding of nursing education at one of the top nursing schools in the United States.

“Being here made this [partnership] more real,” Anarado explains. “We could see the disparities in our institutions and further realize the benefits of our working together. There is no way we could have met so many people in so many different units or have been able to act one-on-one with them if we hadn’t come.”

Despite the differences between her nursing school and the University of Maryland School of Nursing, the visit cemented Irinoye’s understanding of how much the institutions have in common. “You are our partners,” she told the faculty work group. “You share our vision.”

——  
**W**HEN THEIR TIME IN Baltimore concluded, the visiting deans from Nigeria and nurses from Haiti returned to their universities and

hospitals, eager to carry on their work. “When you leave your country and come to another country to get skills and new knowledge, you have to use many strategies when you return and find where things can be improved,” Corioland says. “The work is not over.”

At the School of Nursing, the Office of Global Health’s efforts to build global nurse capacity are also far from being fully realized. In the months ahead, the office will be working with Haiti’s Ministry of Health to establish certificate programs for nurses in areas including trauma and critical care, surgery, and rehabilitation. And as the primary health care specialist curriculum moves through the approval process in Nigeria, nursing schools from other parts of the world are contacting Obgolu; they are eager to explore the curriculum as a way to help meet their population’s health needs. “This is a very focused role that we are trying to take,” Johnson says. “We are not trying to take on all of the world’s problems, but we are focusing on how we can build the capacity of nurses where it’s needed most.”

And given the size of the world, and the needs that exist in so many countries, it is an effort that requires not only the expertise and collaboration of the School’s faculty, but also numerous partnerships with many countries, institutions, and organizations worldwide.

“We are not just training nurses for ourselves, we are training them to work anywhere,” says Anarado, the University of Nigeria Dean of Nursing. “You don’t lose anything by lighting another candle with your own. You make the environment brighter.”



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### Maryland Nurses, Maryland Pride!

School of Nursing students and faculty members gathered at the Great Seal of Maryland during Advocacy Day in Annapolis in February. More than 50 representatives from the School met with legislators to encourage them to support funding for Loan Assistance Repayment Programs and to continue to support the Governor's budget request for the University of Maryland, Baltimore. (For more on Advocacy Day, see p. 33.)

