

UNIVERSITY OF MARYLAND

Nursing

The Magazine of the University of Maryland School of Nursing Fall/Winter 2009 Volume III, Issue II

A photograph of two nurses in white lab coats standing in a brightly lit hospital hallway. They are looking at a clipboard together. In the background, another person in blue scrubs is walking away. The hallway has a polished floor and white walls with a wooden handrail.

Lessons in Innovation

From online offerings to team-based instruction to the newest simulation technology, the School's faculty are forging new paths in nursing education.

**IN NURSING EDUCATION,
"TO STAND STILL IS TO GO BACK"**

COOL IN THE FACE OF CRISIS

**TOWARD A WORLD WITHOUT
ALZHEIMER'S**

Is that your final answer?

USING AUDIENCE RESPONSE devices, students at the School of Nursing answer multiple choice questions about material just covered in their lecture. The devices send a signal to a receiver on the classroom computer, which draws a bar graph showing how many students chose each answer. This method of learning gives students instant feedback on how well they are grasping the content of the lecture and helps instructors know which topics need more teaching time. (For more on innovative methods of teaching at the School, see p. 22.) **Photo by Kirsten Beckerman**





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The School of Nursing is pushing the boundaries of nursing education with a learner-centered approach that equips today’s students to meet tomorrow’s health care challenges.

By Maria Blackburn

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For clinical nurse Chris Kuligowski, BSN ’09, work in the R Adams Cowley Shock Trauma Center is fast-paced. “I need to react quickly when a ball comes at me from out of nowhere,” he says.

By Martha Thomas/Photos by Kirsten Beckerman

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Karen Kauffman—a national leader in efforts to improve care for people with Alzheimer’s disease and their caregivers—tells why nurses will be critical to the daunting challenges that lie ahead.

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Lessons in generosity

On the Cover Educator, clinician, administrator—Patricia Gonce Morton, PhD, RN, CRNP, FAAN, professor and associate dean for academic affairs, often shares her expertise with students. Here, master’s student Jennifer Pickering (left) consults with Morton during a busy clinical day at the University of Maryland Medical Center.

Nursing education is under assault. But never before has it been so critical not just to hold the line, but to raise the bar.



RECOGNITION OF NURSES as professionals rather than skilled technicians has been hard won. Long gone is the hospital apprenticeship of Cherry Ames: Only 75 diploma schools exist in the U.S. today, and nearly all are affiliated with colleges and universities. At its most basic level, the movement of nursing into academia comes from the acknowledgement that nurses need a broad liberal arts education—a strong socio-cultural and scientific grounding, along with development of analytical skills, critical thinking capacity, and the ability to integrate knowledge.

Yet tension between health policy experts, on the one hand, and workforce planners on the other, persists. Health policy experts argue for raising the level of academic preparation: the evolving sophistication of medical technology, complexity of health care delivery models, and application of evidence-based practice require advanced nursing education and an intensification of scholarship. Legislators, prodded by industry and fearing that a shortage of nurses will restrict access to care, push instead for pedagogical shortcuts, pared down didactics, and elimination of real life clinical experience to get more nurses to the bedside fast.

Some states have stepped so far into the danger zone as to enact laws or regulations that relax licensure criteria, opening the door to nurses who fail to meet established minimum standards—for example, allowing graduates of nursing programs that provide no structured, supervised clinical education whatsoever to qualify for initial RN licensure. This dubious workforce strategy ignores the conclusive findings of multiple studies showing that when nurses have more education, patient mortality drops and fewer people end up back in the hospital.

In its 2008 report to Congress, the National Advisory Council on Nursing Education and Practice (NACNEP) cautioned that, “more nurses are needed, but more is not enough.” Rather than fast tracking RNs into practice, the NACNEP recommended enhanced education that would produce an adequate nurse workforce “with the skills and abilities required to work competently in a changing and increasingly complex and diverse health care environment.” The Institute of Medicine has called for improved evidence-based education for all health professionals to reduce avoidable errors and achieve better patient outcomes.

At the University of Maryland School of Nursing, we understand the urgency of building the nurse workforce without undermining its effectiveness. New thinking at the national level about how health care is defined and delivered heralds a more expansive, prominent, and autonomous role for nurses. Concepts like “prevention,” “wellness,” “primary care,” and “health homes” that are intrinsic to nursing’s holistic approach are now the watchwords of policy makers seeking a solution to the nation’s health care woes. The solution is right in their own backyards, at nursing’s doorstep, so long as we don’t squander the potential of the profession. This issue of *NURSING* brings you a glimpse of our creative educators and innovative educational approaches that are leading nursing into a promising future.

Janet D. Allan

Janet D. Allan, PhD, RN, FAAN
Dean and Professor

Fall/Winter 2009
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Vernell P. DeWitty, PhD, RN, deputy program director, American Association of Colleges of Nursing (AACN); C. Fay Raines, PhD, RN, president, AACN; Lauren Underwood, BSN, AACN Policy Fellow; Suzanne Begeny, PhD, RN, director of government affairs, AACN; Hershaw Davis, Jr., BSN student; and Dean Janet Allan pose in front of the White House.

School of Nursing Goes to Washington

DEAN JANET ALLAN and Hershaw Davis Jr., a Bachelor of Science in Nursing student, were among the 120 participants in President Barack Obama's nationally televised town hall meeting on health care reform held at the White House June 24.

Prior to her departure for Washington, Dean Allan was interviewed by Baltimore's ABC affiliate, WMAR-TV 2. "We need to do something about our health care system because we have the most expensive health care system in the world," said Allan.

During the White House forum, ABC's Diane Sawyer asked Davis about the severity of the nurse shortage.

"It's bad, sir," he told President Obama. "Our patient load is increasing due to patients not having a source of primary care. And, I want to ask, what's the administration going to do to place primary care providers—physicians and nurse practitioners—back in the community so the ER is not America's source of primary care?"

President Obama responded: "Well, first of all, we need more people like Hershaw, who are going to school and committed to the kind of primary care that's going to be critical to bringing down costs and improving quality. We're not going to be able to do it overnight.

Obviously, training physicians, training nurse practitioners—that takes years of work.

"But what we can do immediately is start changing some of the incentives around what it takes to become a family physician. Right now, if you want to go into medicine, it is much more lucrative for you to go into a specialty. Now we want terrific specialists, and one of the great things about the American medical system is we have wonderful specialists, and they do extraordinary work.

"But increasingly, medical students are having to make decisions based on the fact that they're coming out with \$200,000 worth of loans. And if they become a primary care physician, often times they are going to make substantially less money, and it's going to be much harder for them to repay their loans.

"So what we've done in the recovery act, we've started by seeing if we could provide additional incentives for people who wanted to go into primary care. Some loan forgiveness programs, I think, are going to be very important.

"But what we're also going to have to do is start looking at Medicare reimbursements, Medicaid reimbursements, working with doctors, working with nurses to figure out how can we incentivize quality of care—a team



Rebecca Wiseman shakes President Obama's hand in the Oval Office as Rebecca Patton, MSN, RN, CNOR, president of the American Nurses Association, observes.

approach to care that will help raise and elevate the profile of family care physicians and nurses, as opposed to just the specialists who are typically going to make more money if they're getting paid fee-for-service?"

Later in the summer, Rebecca Wiseman, PhD, RN, assistant dean for the School of Nursing's program at the Universities at Shady Grove, was chosen by the American Nurses Association to represent nurses at a White House Rose Garden press conference held July 15. She had the opportunity to meet President Obama and stand behind him during the press conference. White House staffers were so impressed with the nurses that they were invited back in September, and Wiseman had a second chance to represent the profession in Washington.

Three Faculty Members Inducted as Fellows in the AAN

ASSOCIATE PROFESSORS Linda Flynn, PhD, BSN '75, RN, FAAN; Eun-Shim Nahm, PhD '03, RN, FAAN; and adjunct faculty member Lisa Rowen, DNSc, MS '85, RN, FAAN, senior vice president of patient care services and chief nursing officer, University of Maryland Medical Center, were among 98 nurse leaders inducted as Fellows in the American Academy of Nursing (AAN) during the AAN's 36th Annual Meeting and Conference held recently in Atlanta.

Flynn, who joined the faculty in 2008, teaches community and public health leadership. Her research focuses on nurse staffing/work environment and reducing medication errors. She is the recipient of several Robert Wood Johnson Foundation grants. Her most recent project, "A Multifaceted Approach to Reducing Medication Errors," is an interdisciplinary study to determine the impact of nurse work environment, staffing levels, and care processes on medication errors in acute care hospitals.

Nahm, a nursing informatics faculty member, came to the School of Nursing in 2003. Her research centers on the use of technology-based interventions to promote health and manage chronic illnesses of older adults. She is the recipient of multiple grant awards from the National Institutes of Health, most recently an R01, "Dissemination of a Theory-Based Bone Health Program in Online Communications," supported by the National Institute of Nursing Research.

Rowen, an adjunct associate professor since 2007, is founding editor-in-chief of *Bariatric Nursing and Surgical Patient Care*, the official journal of the National Association of Bariatric Nurses. She has contributed significantly to the development of standardized best practices for the care of bariatric patients. In addition, she pioneered best safety practices for perioperative procedures and promotes improvements in the safety culture of all patient care environments.

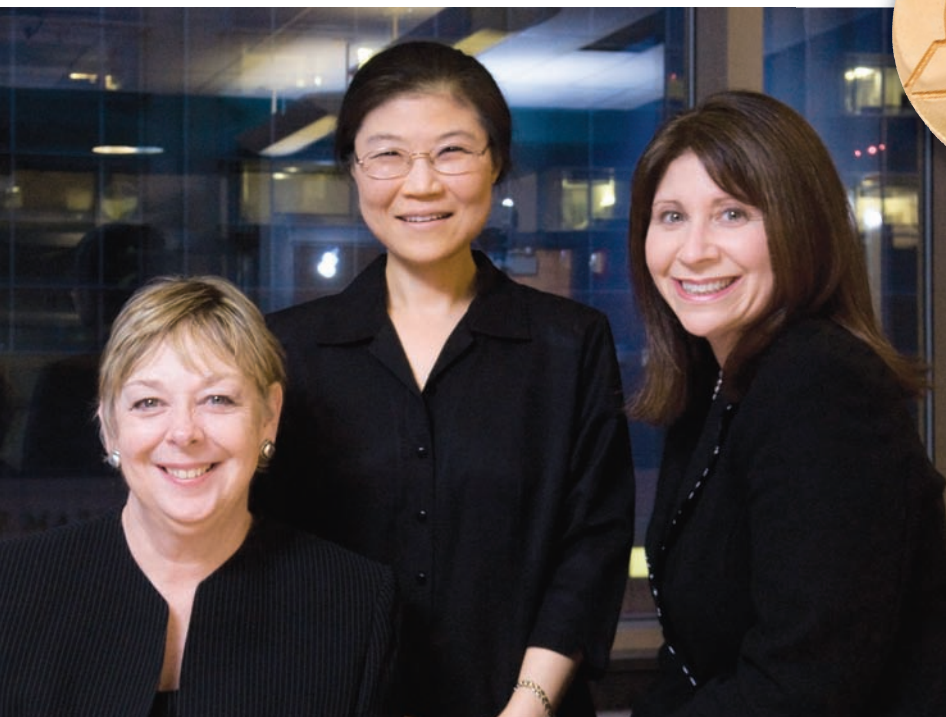
Also among the 2009 inductees were alumnae Nancy Glass, PhD '01, MPH, RN, associate professor, Johns Hopkins University School of Nursing; and Connie Ulrich, PhD '01, RN, associate professor, University of Pennsylvania School of Nursing.

Selection criteria for this prestigious honor include evidence of significant contributions to nursing and health care. Each nominee must be sponsored by two current AAN Fellows. Selection is based, in part, on the extent to which nominees' nursing careers influence health policies for the benefit of all Americans.



ALSO HONORED BY AAN

Professor Barbara Resnick, PhD '96, RN, CRNP, FAAN, FAANP, Sonya Ziporkin Gershowitz Chair in Gerontology, and co-director of the School of Nursing's Adult Nurse Practitioner/Gerontological Nurse Practitioner master's specialty, was selected as the AAN's 2009 Nurse Leader in Aging. The award, established in 2007, recognizes leaders in gerontological nursing for their outstanding dedication to promoting quality health and nursing care in the elderly. Resnick received the award at the AAN's 36th Annual Meeting and Conference.



Linda Flynn, Eun-Shim Nahm, and Lisa Rowen

Congratulations!

THE SCHOOL OF NURSING family congratulates the University of Maryland Medical Center and Senior Vice President of Patient Care Services and Chief Nursing Officer Lisa Rowen, DNSc, MS '86, RN, on achieving Magnet Designation in recognition of the hospital's nursing excellence. The School also acknowledges and congratulates our other partners, Sinai Hospital of Baltimore and Franklin Square Hospital, who have also received this esteemed honor.



Magnet status is awarded by the American Nurses Credentialing Center to hospitals that meet specific criteria for nursing professionalism, teamwork, and the highest standards in patient care. Only about 5 percent of hospitals across the U.S. have this prestigious designation.

A “Second Home” for the UMB Community



SMC Campus Center

THE LONG-AWAITED and much-anticipated Southern Management Corporation Campus Center (SMC) is revolutionizing campus life at the University of Maryland, Baltimore (UMB). As a destination—a place of energy and gathering where the UMB community can connect and grow—the SMC Campus Center is becoming a second home for students, faculty, and staff.

The five-story building, which opened last August at 621 W. Lombard St., was made possible through a \$5 million gift

from SMC CEO David Hillman and his wife, Suzanne. The gift is the largest ever from a trustee in the history of the University of Maryland, Baltimore Foundation, Inc. Board of Trustees. The sunlight-filled structure features an array of dining, meeting, and conference options with an upgraded fitness facility, including a recreational swimming pool and sauna, among other amenities.

“With the SMC Campus Center’s wealth of recreational, educational, and programmatic opportunities, the UMB community,

for the first time, will have one central location to come together to share knowledge and ideas in an interdisciplinary commingling that is both enriching and enjoyable,” says UMB President David J. Ramsay, DM, DPhil.

The building is physically connected to the Health Sciences and Human Services Library and the School of Nursing. The entire building has wireless Internet capability. An energy-efficient facility, the SMC Campus Center offers extensive recycling of paper, plastic, and aluminum.

“There are several aspects of the SMC Campus Center that impressed me, but what I find most exciting is that I can go for an early morning swim in the beautiful pool and then walk right next door to the School of Nursing for my 8 a.m. class,” says Genevieve Parr, a Clinical Nurse Leader student at the School. —Abbreviated version reprinted from a special edition of the University of Maryland, *Baltimore Voice*, Aug. /Sept. 2009.

School Unveils a New Web Site

A NEWLY DESIGNED WEB SITE, launched in early October, concluded a nine-month project to create a new Web presence for the School of Nursing.

The new site, developed by LMD, includes a fresh look, updates to the architecture for improved navigation, and the inclusion of visual and interactive elements that are more appealing to the user. Also included are a centralized calendar; student, faculty, and staff login pages; and improved search capacity. The new site is modular so the School will be able to utilize Web 2.0 technologies such as blogs, wikis, and other features.

"Web sites have become the primary marketing tool for most organizations," says Hector Gonzalez, senior account manager at LMD. "They create a first impression and provide valuable information about the organization, so it is imperative to keep them up-to-date not only in content, but also in appearance."

The project was led by Bryan Hantman, director of Web development and e-communications at the School. Hantman, along with designers and developers at LMD and staff from the School's Office of Communications, created a transparent redesign process that included meetings with



Hector Gonzalez and Bryan Hantman review new web pages.

a Web advisory committee, telephone interviews, online surveys, and many blog and postings to keep our community updated and actively involved throughout the process.

"Research shows that approximately 40 percent of today's students make a decision on whether to apply to a school prior to (or even without) a phone call, an e-mail, or a campus visit," says Hantman. "That is why attracting more prospective students and lifelong learners, along with showcasing the quality programs offered at our School, were among the main goals of the new Web site design."

RWJF Scholarships Awarded for Second Consecutive Year



RWJF Scholar Teena Friend says, "The clinical experience I received in the CNL program has been invaluable. Every patient is different and so much more is learned in the clinical setting when we, as students, are able to apply the didactic portion of our classes. Without this funding from RWJF, I would not have been able to attend this exceptional program."

CLINICAL NURSE LEADER (CNL) student Teena Friend has experienced firsthand the positive impact that scholarships can have on a student's life. Monies she received from the Robert Wood Johnson Foundation (RWJF) New Careers in Nursing (NCIN) Scholarship Program helped pay for her tuition and childcare last year, reducing her need to obtain additional loan funding.

Friend is one of eight students who received awards from the 2008 RWJF Scholarship Program. Now, the School of Nursing has received more scholarships from RWJF, in the amount of \$10,000 each, that will be distributed to approximately 12 newly admitted CNL students for the spring 2010 semester. The 16- to 23-month CNL program allows students with at least a bachelor's degree in a non-nursing discipline to earn a master's degree and be eligible to take the examination for licensure as a registered nurse. Award preference is given to students from groups underrepresented in nursing or from disadvantaged backgrounds.

"This funding couldn't have come at a better time, with the challenges our students are facing in today's economy," says Gail Schoen Lemaire, PhD, PMH/CNS-BC, co-director of the CNL program. "We are very pleased to have received the scholarship funding for the second time."

Launched in 2008 by RWJF and the American Association of Colleges of Nursing, this national initiative aims to help alleviate the nation's nurse shortage by dramatically expanding the pipeline of students in accelerated nursing programs, as well as enhancing the diversity of the profession. Grants provided through the RWJF/NCIN program will build upon the School's previous efforts to increase the number of students enrolled in its CNL program and to diversify its student base.



Angela, RN, MS, CNL
CCU

Today, I'm open to the possibilities.

Wide-ranging specialties...progressive technologies...unlimited opportunities for growth. That's what the future holds for you in a career with University of Maryland Medical Center. Recently designated a Magnet® hospital for our nursing excellence, UMMC gives Registered Nurses, Nurse Practitioners, Nurse Anesthetists, and Clinical Nurse Specialists the open collaboration, educational resources, and clinical variety they need to enjoy meaningful careers. Here, you'll feel encouraged to share your ideas, and inspired to broaden your expertise. As we continue to set the standards for excellence, we invite you to join our world-class facility.

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UMMC is proud to support an environment of diversity and encourages inquiry from all applicants. EOE



www.ummcnursing.com



Event Recaps

Convocation 2009

EXCITEMENT FILLED THE AIR as the largest class of nurses in the state of Maryland—559 strong—gathered at the Baltimore Convention Center on May 15 for the School of Nursing’s annual Convocation ceremony.

Dean Janet Allan welcomed graduates, family members, faculty, and friends, and extended remarks to the graduates.

“As the linchpins of the health care system, you, more than any other health professionals, bear the burden of safeguarding patient welfare not only by providing highly-skilled care, but by educating the public about the roles and functions of nurses, and advocating for greater support from policymakers. As nursing goes, so go the health and the well-being of our nation.”

Rear Admiral Carol A. Romano, PhD ‘93, MS ‘85, BSN ‘77, RN, BC, NEA, FAAN, acting chief of staff, Office of the Surgeon General; director, Office of Reserve Affairs; and chief nurse officer, U.S. Public Health Service, delivered the Convocation address.

“They call it commencement because your journey of learning is just beginning. You see, life is not just about finding answers, but it is about learning to raise the right questions that will guide us into tomorrow. Set your goals high, take responsibility for your actions, learn from your mistakes, build bridges—not barriers, and find inspiration in the world around you.”

Later in the day, School of Nursing graduates participated in the University of Maryland, Baltimore Commencement ceremony at the First Mariner Arena, where Gov. Martin O’Malley delivered the Commencement address.



Preparing for the procession.



We did it!



Happy grads pose with Dean Janet Allan.



Lisa Rowen, DNSc, MS '86, RN, and RADM Carol Romano, PhD '93, MS '85, BSN '77



Faculty members Dr. Deborah Sherman and Dr. Carolyn Yocom

STEADY AS HE GOES

SGT. EDWARD Murray Jr., the seventh of 10 children, could have followed the lure of street life. Instead he has dedicated his life to helping others. Last May, he was awarded a BSN from the School of Nursing. The next day, he and his wife, Katrina, also received degrees in social sciences from the University of Maryland University College.

Murray was 15 when his nephew's father was shot and killed while trying to rob a convenience store. Murray visited the man in the hospital before he died, where a nurse grabbed Murray's hand and begged him to take a different direction. "Please, do not let this happen to you," Murray recalls the nurse saying. "You can make something positive happen with your life."

But in high school, he came close to dealing drugs. "I set up a meeting with a cousin to pick up a package of cocaine; however, the meeting never took place since my cousin was shot by a city police officer during a shootout, and he was paralyzed from the waist down. That is when I knew that the life of crime was definitely not for me," says Murray.



Edward Murray, Jr. celebrates with daughters Kaitlin, Kandice, and Katherine; wife Katrina; and sons Elijah and Emanuel

After graduating from Baltimore's Dunbar High School in 1994, he enlisted in the Army Reserves. In 2003, Murray and his family, which includes five children, left for four years in Germany, where he served as an Army hospital administrator. Upon his return the U.S. in June 2007, he began classes at the School of Nursing while living with his family at Fort Meade.

Since his return, Murray has tried to educate his extended family about disease prevention. His oldest brother died several years ago from AIDS-related heart failure, and he sees others around him living unhealthy lifestyles. After fulfilling his military obligation, Murray hopes to start his own program in Baltimore to reduce health care disparities through interventions targeted at heart disease and HIV/AIDS.

—Abbreviated version of an article that first appeared in *Nursing Spectrum* magazine and online at Nurse.com

Event Recaps

SINI Addresses Informatics at the Point of Care

IS INFORMATICS A BARRIER—or a bridge to safe, evidence-based, personalized health care? This question gains new urgency with the federal government’s push to integrate informatics into health care at all levels and locations. Conference participants explored this issue at the School of Nursing’s 19th annual Summer Institute in Nursing Informatics (SINI), held at the School.

More than 500 people from across the U.S. and around the world attended the conference in person or via Web streaming. SINI is not only one of the largest conferences focused on nursing informatics; because of the timeliness of its topics and the stature of its speakers, it is regarded as the premiere event.

“This year’s conference theme focused on both the positive and negative impacts of informatics on patients, nurses, and care processes,” said conference chairwoman Judy Ozbolt, PhD, RN, FAAN, FACMI, a professor at the School. “There were opportunities for nurses at all levels of expertise to explore the benefits and challenges of informatics with leaders in field, in an environment that promotes thought-provoking discussion and networking with colleagues.”

The keynote address, “Informatics as a Bridge to Knowledge at the Bedside,” was delivered by James J. Cimino, MD, FACMI, chief, Laboratory for Informatics Development, National Institutes of Health. Cimino addressed the needs of clinicians for knowledge and information at the moment of making clinical decisions to carry out evidence-based best practices.

“Putting the patient, the nurse, and the technology in the room is not sufficient,” said Cimino. “Informatics is needed to understand the information needs, provide the resources, and integrate them into the workflow.”

SINI 2010, scheduled for July 21-24 (preconference July 19-21), will mark the 20th anniversary of this conference. The theme, “Nursing Informatics: From First Use to Meaningful Use,” will include topics such as enhancing quality and safety, educating clinicians for effective use of informatics, and promoting health care reform. Watch the School of Nursing’s Web site for information: nursing.umaryland.edu.



SINI poster sessions drew large crowds.

SINI ALUMNI RECEPTION

As part of SINI 2009, the Office of Development and Alumni Relations hosted a reception for School of Nursing Informatics alumni. Attendees enjoyed reminiscing and reconnecting with faculty members and former classmates.



Marion Ball, Judy Ozbolt, and Patricia Walker, MS '81



Farewell to Army Nurse Faculty

THE SCHOOL OF NURSING bade farewell last spring to six Army Nurse Corps (ANC) members who served on the faculty since 2007. They came to the School through an innovative partnership designed to address both the nation's shortage of nursing faculty and the military nurse shortage by promoting retention of existing personnel. A program honoring the ANC faculty members included reminiscences, awards, and gifts, along with many words of thanks from students, faculty, and staff for their work over the past two years.

"We owe much to these six faculty members—for bringing superb clinical expertise to our students and faculty; for participating as an integral part of the faculty, even volunteering to serve on faculty committees; and for their perspectives gleaned in military service and life experiences that enhanced our educational programs," said Dean Janet Allan. "But most of all, we are grateful for the joy, dedication, and enthusiasm they brought to the faculty role."

Left to right: Maj. Tom Sawyer, MS, RN, APRN-PMH; Maj. Sarah Williams-Brown, MSN, RN, CCRN; Maj. Clausyl ("C.J.") Plummer, MS, RN; Dean Janet Allan; Col. Rick Knowlton, MS, RN, FNP-BC; Lt. Col. Doris Reeves, MSN, RN, CCRN; and Lt. Col. Beth Pettit-Willis, MSN, CNOR

ANTOL TO LEAD WELLMOBILE PROGRAM



Susan Antol

ASSISTANT PROFESSOR Susan Antol, MS, RN, has been named director of the Governor's Wellmobile Program. The program, which is operated by the School of Nursing, was severely reduced last summer due to state budget cuts. Prior to the cutback, the Wellmobile Program consisted of four mobile units that traveled across the state providing primary care to underserved and uninsured citizens. It has been downsized to one van that currently serves Central Maryland. As the program's new director, Antol plans to find creative ways to rebuild this vital program to its former level and beyond.

"The Wellmobiles are very successful nurse-run clinics that provide primary care, education, and advocacy to local underserved populations in rural and urban communities," says Antol. "I am seeking community partners with an interest in working collaboratively to seek funding opportunities through local, state, and national initiatives, as well as community-based participatory research

initiatives that can advance the School's education and research missions. Throughout this process, we will conduct needs assessments and utilize grant opportunities to partner with communities to create a sustainable service."

Since joining the School in 1998, Antol has served in many capacities, including instructor in the Community/Public Health Nursing specialty and Director of Clinical Operations, where she led the School's nurse-managed initiatives, including the Wellmobile Program, the Open Gates Health Center, and school-based wellness centers. She worked with the Maryland Department of Human Resources in the development and implementation of the Healthy Child Care program, and the statewide Covering Kids and Families initiative funded by the Robert Wood Johnson Foundation.

Antol is currently completing her PhD in Public/Community Health, with a focus in health services administration and vulnerable populations, at the University of Maryland, College Park.

Putting Nurses at the Forefront of Forensics



Diane Alonso, PhD, director, Psychology Program, USG; Karen Clark; and Stephanie Gerstenblith, PhD, director, Criminology Program, USG, collaborate on forensic course.

IN NARENE KONG'S NATIVE LAND of Cambodia, forensics nursing is unheard of. Sexual assaults and the injuries they cause are considered subjects of great taboo, and typically go unreported. So it was with great pride that Kong, a Bachelor of Science in Nursing student who plans to focus her nursing career on women's health, enrolled in the recently developed interdisciplinary course—A Multi-disciplinary Examination of Forensics—offered through the School of Nursing at the Universities at Shady Grove (USG).

"The course mirrors the way forensics should work in the real world, by exploring forensics through the lens of nursing, psychological dynamics, and criminal investigation," says Rebecca Wiseman, PhD, RN, assistant dean of the nursing program at USG.

"If you're talking about an abuse case, you get the legal system involved; you also look at it from the psychology aspect and the health of the victim," says assistant professor Karen Clark, PhD, RN, who teaches and helped design the course.

Clark attributes the successful development of the course, first offered in spring 2008, to the unique environment of USG's regional campus, in which nine of University of Maryland's 11 schools share

space—and ideas. "The boundaries are so open here. We see opportunities and participate in them," Wiseman says. "In this climate, the intent is that we will interact and have this synergy together."

One needs to look no further than the classroom to see this interdisciplinary synergy at work. The first time the course was offered at USG, students representing seven different disciplines enrolled, including accounting, biology, communications, criminal justice, pharmacology, psychology, and nursing. Such diversity has continued in subsequent semesters.

Guest lecturers from various disciplines speak to students several times throughout the semester. Thomas Mauriello, a lecturer in Criminology and Criminal Justice at the University of Maryland, College Park, is just one of several lecturers who have covered a specific aspect of forensics. He addressed the crime scene, polygraph testing, and other methods of questioning both victims and perpetrators. "This really provides a mechanism for faculty to prepare students for an interdisciplinary, real-world practice," Clark says.

Although students learn how forensics professionals from a variety of disciplines—medicine and nursing, criminal justice, mental health, patient advocacy, social work—must work cooperatively to reach the best outcomes, they're also introduced to the expectations of those at the frontlines of these often complex cases: nurses.

"Nurses in the emergency room often have the first encounter with that patient. How they collect evidence can make a difference in whether someone goes free or will be prosecuted," Wiseman says. "Their expertise doesn't end at the crime scene. Oftentimes, a nurse's expert testimony in the court helps assure that justice is served."

While students learn about the central role that nurses play in forensics, it's the interdependency of all forensics professionals that the course strives to underscore for students. "I learned a lot about other disciplines involved in forensics," says Kong, "like criminal justice and psychology." —**Elizabeth Heubeck**

USG Alumni Reunion



Nearly 50 nursing alumni from the Universities at Shady Grove (USG) gathered at the Rockville campus in September to mix and mingle with former classmates and faculty and to get a "sneak peek" at USG's new clinical simulation labs, which were under construction. Honored guests included retired faculty members Elizabeth Arnold, PhD, RN, and Eileen Fishbein, PhD, BSN '58, as well as current faculty members Karen Clark, PhD, RN, assistant professor and former interim assistant dean for the nursing program at USG; and Denise Owens, MS, BSN '04, RN, clinical instructor.

From Serving Customers to Caring for Patients



Though you wouldn't know it from Richard Van Rensselaer's stellar academic record in nursing school, he didn't even consider becoming a nurse until recently. The 44-year-old master's degree candidate, who will graduate in May 2010 from the School of Nursing's Clinical Nurse Leader program to pursue nursing in a critical care setting, admits: "Never in a million years did I think I'd be where I am right now."

But three years ago, the former retail store operator and owner confronted a family crisis that opened him to the possibility. His mother, living in Harford County, Md., where Van Rensselaer had spent much of his youth, fell ill with cancer. Unable to find a nurse to provide home care for her, Van Rensselaer left his Florida residence and took on the job himself. "You take care of a dying mother and you realize you can handle the care," Van Rensselaer says.

Van Rensselaer is used to meeting other people's needs. For 18 years, he managed retail operations, from convenience stores to department stores. Most recently, he and his wife owned and operated a wine and coffee store in the small coastal town of Ponce Inlet, Fla. They enjoyed the work and the store had begun to turn a profit and become a popular gathering place among local residents. But the all-consuming nature of the business took its toll. "We were open six days a week, and on the seventh day we did all the paperwork. It tied us down," Van Rensselaer says. The couple sold the store just as Van Rensselaer's mother was diagnosed with cancer.

After his mother passed away, Van Rensselaer gave serious consideration to entering the field of nursing. To test his ambitions, he first became certified as a medical assistant and worked at the Port Orange Urgent Care in Port Orange, Fla. Then, having solidified his interest in switching careers, he applied to the School of Nursing.

It was with some trepidation that Van Rensselaer made the bold step. "After being away from the classroom for so many years, my fear was: 'Can I do it? Can I still memorize things?'" he recalls.

His GPA—3.5—answered that question. Van Rensselaer shares his strategy for academic success: "When I decided to go back to school, I treated it like having a business: when you run up against obstacles, you've got to figure out a way to do it. Failure is not an option." —EH



CALAMARO

CONNOR

FARRAR

MASSOGLIA

MOEN

REGAN

WELCOME NEW FACULTY

CHRISTINA CALAMARO
PhD, CRNP
Assistant Professor

CLARA CONNOR
MS, CRNP-PMH, BC
Clinical Instructor

JOCELYN FARRAR
DNP '08, MS '87,
BSN '74, ACNP,
CCRN
Assistant Professor

LOLA MASSOGLIA
MSN, RN
Clinical Instructor and
Assistant Director,
Clinical Simulation
Labs

MARIK MOEN
MSN, MPH, RN
Clinical Instructor

MARY JESS REGAN
PhD, RN
Assistant Professor

MATTHEW RIETSCHEL
MS
Clinical Instructor and
Director, Educational
Strategies and Tech-
nology

SUZANNE SHERWOOD
MS '93, BSN '87, RN
Assistant Professor

ANJANA SOLAIMAN
MS, RNC, IBCLC
Clinical Instructor
Shady Grove

MARY FRANCES VALLE
MS, CRNP
Clinical Instructor

KELLEY WILSON
MSN, RN
Clinical Instructor

MARGARET WATT
MSN, CRNP, SANE-A
Clinical Instructor

PATRICIA ZIMBERG
JD, MS, RN
Clinical Instructor



RIETSCHEL

SHERWOOD

SOLAIMAN

VALLE

WILSON

WATT

ZIMBERG

Do you believe that new television shows such as TNT's *Hawthorne* and Showtime's *Nurse Jackie* have helped improve the perception of nurses and the profession?



Suzanne Gordon, BA
Visiting Professor

In my opinion, *Hawthorne* is just bad television, bad acting, and infuriatingly unrealistic. It repeats the problem of many medical shows on TV. In this case, the Chief Nurse Officer does all the nursing while the bedside nurses seem to be silly and beside the point. So perhaps the public thinks CNOs have time to deliver bedside care rather than to do the important work of managing hospitals. But for me, that doesn't do much to illuminate the work of bedside nurses in hospitals. *Nurse Jackie* on the other hand, is beautifully produced, written, and acted. I have heard nurses complain because she is deeply flawed, addicted to drugs, and breaks the rules. What these nurses ignore is that Nurse Jackie is depicted as smart, competent, and compassionate. What nurses need to remember is that the American hero is a rule breaker. To echo Pulitzer Prize-winning historian Laurel Thatcher Ulrich, just as well-behaved women seldom make history well-behaved nurses seldom make good television.



Andrew Lebson, BS
Clinical Nurse Leader student

While I believe there is still room for improvement in the way television and other media represent nurses, *Hawthorne* and *Nurse Jackie* have taken major strides in making a positive impact on the way nurses are portrayed—that they are intelligent, compassionate members of the health care team. The fact that nurses are the lead characters in these programs shows how important nurses and the nursing profession are to the American public. Nursing has become a popular profession, and television and other forms of media are beginning to mirror that trend. Though the profession may have been falsely portrayed in the past, it seems that the media is finally catching on.



Priya Saha, BSN '07, RN
Clinical Nurse II
Pediatric Hematology/Oncology
Ronald Reagan UCLA Medical Center

When I saw the premiere of *Nurse Jackie*, my jaw nearly dropped to the floor as I said out loud, in a room full of non-health care providers, "Wow, I can't believe they're allowed to show this on TV!" I snapped around to my friends and told them that they better start paying attention to this show if they really wanted to know what it's like to be a nurse.

For so many decades, television shows have placed physicians in the limelight, portraying them as heroes who have achieved perfection in performing every important decision during surgeries, procedures, exams, emergencies, etc. This depiction is so far from reality; it is an insult to nurses. And if you have never been a patient yourself, you might actually perceive it to be reality. With the help of shows like these, nurses are a little closer to receiving the public recognition they deserve—recognition that is long overdue.

Sleep Deprivation: A Hidden Hazard



SLEEP HAS BECOME A HOT BUTTON TOPIC in health care, at least when it comes to physicians. The fact that doctors-in-training don't get enough of it has resulted in regulations governing duty hours in resident training programs across the nation. In 2002, the Accreditation Council of Graduate Medical Education (ACGME) reduced the number of hours that resident physicians can work to 80 hours per week. Until now, however, the relationship between sleep and errors, injuries, and worker's health has been little studied in nursing. Researchers including Jeanne Geiger-Brown, PhD, RN, an associate professor at the School of Nursing, are changing that.

Until the late 1960s, most hospital-based nurses worked eight-hour shifts. That began to change in the early 1970s, and today, as researcher Alison Trinkoff, ScD, RN, FAAN, a professor at the School, has helped to document, the majority work 12 hours or more. Geiger-Brown is now researching the impact of extended work on RNs' ability to get enough sleep—seven to eight hours on a routine basis.

To find out how nurses are faring with 12-hour shifts, Geiger-Brown recruited 80 hospital nurses from a Southern U.S. hospital and outfitted them with an actigraph, a wristwatch-like device that measures their sleep. What she found is alarming. Two-thirds of the RNs in her study got fewer than six hours of sleep between 12-hour shifts. One-third got fewer than five hours of sleep, and some only had two hours of sleep.

Most of the nurses in her study were chronically sleep deprived, she says, because working a 12-hour shift often doesn't give nurses enough time to rest. "First of all," she says, "many don't leave their workplaces when their shift is over, but remain at work for 30 to 60 minutes or more to finish their activities and charting. Then there's commute time plus chores to do at home."

Many of Geiger-Brown's subjects know they are exhausted. "One nurse told me she has her husband call her on the cell phone while she's driving home to keep her awake. Some nurses don't go to the bathroom, hoping a full bladder will prevent them from falling asleep during their drive."

Because sleep affects brain function, nurses who are sleep deprived cannot process information effectively and may be irritable with colleagues and even patients, notes Geiger-Brown. She points to studies showing they are also at higher risk for cardio-vascular disease, hypertension, metabolic syndrome, diabetes, obesity, and suppressed immune function. They are also at higher risk for making errors or sustaining an accident or injury on the job.

Unfortunately, says Geiger-Brown, exhausted nurses often have "false beliefs" about the risks of chronic sleep deprivation. Because they have not yet made an error or had an accident, they think they won't in the future. Or they believe that if they are careful, they won't harm a patient or themselves. The reality, says Geiger-Brown: "No individual can control the consequences of chronic sleep deprivation. It's a biologic phenomenon that is beyond our control."

"When hospitals and nurses agreed that the 12-hour shift was a good thing, they risked a generation of nurses having ill health as a consequence of chronic sleep deprivation," says Geiger-Brown.

So what does she recommend? First of all, rethink the wisdom of the 12-hour plus shift as standard operating practice for all nurses. To do this, she says, nurses and hospital administrators need to better understand "the mechanics" of sleep. She also believes hospitals need to help nurses cope better with shift work—by allowing nurses to take naps in the workplace.

"I can't change the system, but if I can get nurses to get an extra hour of sleep, that's a victory," says Geiger-Brown.

—Suzanne Gordon, visiting professor

Bench Marks

DEVELOPING NURSE SCIENTISTS

The School of Nursing's Research Intensive Faculty (RIF) program, initiated in 2004, helps shape the nursing profession by developing nurse leaders who engage in cutting-edge science and research. Faculty participants receive a reduced teaching load for two to three years, some financial support, and other resources to establish their program of research through the publication of their work and the attainment of extramural support.



New Help for Assisted Living Residents with Dementia

More than 50 percent of assisted living residents have dementia and experience decline in physical function at a rate greater than nursing home residents. Only one-third of those with moderate to severe cognitive impairment remain in assisted living after one year. To address this issue, Assistant Professor Elizabeth Galik, PhD '07, CRNP, wrote a successful grant proposal that will allow her to conduct a study for testing the feasibility and impact of a Function Focused Care Intervention designed to change nursing staff behavior. The goal: to motivate and teach nursing staff skills that will positively impact the function, physical activity, mood, and behavior of assisted living residents with dementia and postpone their transfer to nursing homes. The study is being funded by a grant from the Robert Wood Johnson Foundation Nurse Faculty Scholar program.

"Because the RIF program bought out some of my teaching time, I was able to spend more time developing research grant proposals," says Galik. "This allowed me to have some articles accepted for publication and to apply for and receive two more grants that will permit me to expand upon my dissertation research, which focuses on preventing functional disability in older adults with moderate to severe dementia."



Exploring the Impact on Families in End of Life Care

Withholding and/or withdrawing life-sustaining therapy (LST) with family consent is ethically and legally permissible. But how do these processes affect family members involved in making LST decisions? Through a grant from the National Institute of Nursing Research, National Institutes of Health, Debra Wiegand, PhD, MBE, RN, CCRN, FAAN, assistant professor, is conducting a study to explore and describe the experiences of family members involved in these processes, as well as issues they encounter during the death and dying process. Qualitative data will include family interviews and observations. Quantitative data will include measures of family members' stress, anxiety, depression, and risk for post-traumatic stress. Future studies will test interventions that health care providers can use to assist families. Ultimately, says Wiegand, the results of the study will contribute to improved care and wellbeing of families of patients who are dying in the critical care setting.

"The RIF program supported me with time to seek additional qualitative and mixed methods research training, training related to grant writing, submission of manuscripts for publication, and submission of abstracts for scientific presentations," says Wiegand. The program also linked me to experienced faculty for research mentorship."



Developing New Therapeutic Strategies to Address Persistence of Pain

As a result of drug therapy, cancer and HIV patients often develop pain that starts in their hands and feet and gradually progresses up their arms and legs. This pain does not respond well to therapies that are currently available. Therefore, it is important to gain a better understanding of the physiologic mechanisms that underlie the development and persistence of this pain so that new therapeutic strategies can be developed.

Through a grant from the Southern Nursing Research Society, Cynthia Renn, PhD, MS '97, RN, assistant professor, is using a variety of experimental approaches, including behavioral, biochemical, molecular, biological, electrophysiological, and genetic methods to study this problem. The overall goal of her research is to gain a better understanding of these neuropathic pain conditions and develop new therapeutic strategies to improve patient care.

"The RIF program was an outstanding opportunity for me to start my research career," says Renn. "Not only did it provide me with funding, but it also provided mentorship and allowed me to have a reduced teaching load. These three things combined to form a great foundation on which I could build my program of research."

Logging on for Better Bone Health



Eun-Shim Nahm demonstrates the use of her online resource site to a caregiver.

ONLINE CONSUMER EDUCATION, or E-interventions, are nothing new. But delivering critical health behavioral messages to older adults and their caregivers via the Internet is a relatively nascent strategy used to improve patient behavior. Even newer is the development and delivery of E-interventions using social cognitive theory (SCT)—which emphasizes self-efficacy, outcome expectations, goal-setting, and motivation. At the School of Nursing, Associate Professor Eun-Shim Nahm, PhD, RN, FAAN, and her research team are investigating the effects of SCT-based online interventions in improving health behaviors related to hip fracture prevention and bone health in older adults and their caregivers.

Delivering E-interventions among older adults isn't just research for Nahm. In her spare time she has volunteered to teach computer courses to residents of several area retirement and low-income communities. While acknowledging that seniors often take longer to get comfortable with computers, she delights in their progress. "Once older adults make a commitment to learning something, they will stay true to it. They're so sincere," Nahm says.

With that in mind, Nahm developed the first segment of her E-learning study, an interactive Web site for adults 55 and older. Funded by a two-year, R21 grant (\$334,868) from the National Institutes of Health's National Institute on Aging, it includes hip fracture prevention information and a discussion board moderated by a registered nurse. The Web site covers content on osteoporosis, which can increase an older person's risk of hip fracture, and reviews information on dietary supplements and exercise to prevent hip fracture. What's unique about the Web site is its interactive nature, says Nahm, which provides the perfect forum for disseminating the program's social cognitive component.

Each week the 245 participants complete two learning modules, online. Then, the moderator posts two discussion questions related to the modules, to which the participants are strongly urged to respond. The questions do more than check participants' knowledge of the modules' content; they focus on the participants' behaviors

relative to that knowledge. For instance, during a week in which the module focuses on exercise, the moderator might ask: Which exercise goals did you set for yourself? What strategies are you using to help you continue exercising? After reviewing responses, the moderator offers personalized feedback, thereby supporting participants' belief in their ability to maintain or improve bone health—key to preventing hip fractures.

The second segment of Nahm's E-learning intervention, also funded by the National Institute on Aging through a two-year, R21 grant (\$338,250), targets caregivers of older adults recovering from hip fractures. Too often overlooked, caregivers can be vital to a patient's successful recovery, believes Nahm. "In hip fracture cases, most caregivers face their situation without any preparation," she says.

In order to provide the best support for their loved ones, caregivers must first understand what to expect—not just from the surgical procedure itself, but what comes next—including possible post-operative complications and a demanding rehabilitation schedule, Nahm notes. They must also play the role of cheerleader for their loved one during the long and sometimes painful rehabilitation, acting as a motivating force for that family member or friend to become more self-efficacious; hence, the social cognitive component. Finally, caregivers must be reminded to take time out for themselves, as care giving can be both time-consuming and emotionally draining.

An exhaustive seven-module online manual educates caregivers on these topics. Moderated discussion boards, "Ask the Expert" sections, and virtual libraries enhance the interactive experience and underlie the social cognitive theory component of the program.

Recently, Nahm was awarded a four-year, \$1.8 million R01 grant from the National Institute of Health's National Institute of Nursing Research for a third segment of the E-health intervention program. With the long-term goal of improving bone health among adults 50 and older, this program will disseminate a research-based health behavior intervention in two large online communities, offering practical ways to boost bone health—like engaging in weight-bearing exercise and regularly taking the recommended daily allowance of calcium. The study plans to enroll 768 subjects, the largest number of the three studies.

Nahm and her research team predict that participants stand a good chance of learning more about their bone health by logging onto the computer-based program. "You cannot imagine older adults' enthusiasm when they learn to use a computer. You just need to take the time to teach them," Nahm says. —EH

A Team Approach to Preventing Cancer Pain

PAIN IS ONE OF THE MOST significant and debilitating complications related to cancer treatment. Studies show that most cancer patients experience some kind of treatment-related pain—and in some cases this pain is so severe it can limit treatment and reduce chances for survival.

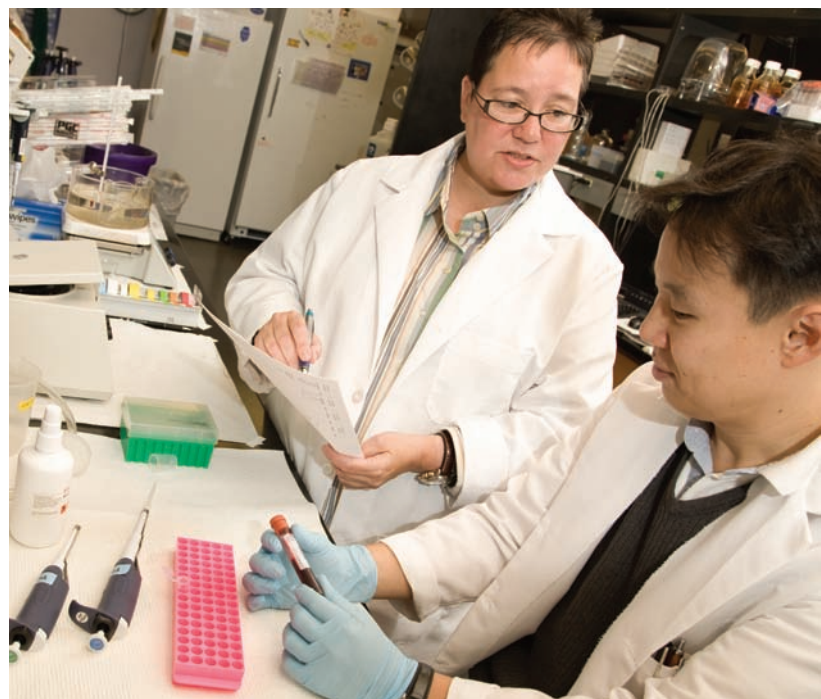
Although cancer treatment-induced pain is widely documented, it is not well understood. With the launch of a new collaborative Center for Pain Studies at the University of Maryland, Baltimore (UMB), researchers aim to increase their understanding of such pain, with the hope of ultimately preventing it. The interdisciplinary center, spearheaded by the School of Nursing, brings together pain researchers from the Schools of Nursing, Medicine, Dentistry, and the Marlene and Stuart Greenebaum Cancer Center. It has been funded through the School of Nursing's first P30 Center Core grant, a five-year, \$2.4 million award from the National Institutes of Health's National Institute of Nursing Research.

Center scientists are focusing on the study of peripheral neuropathy, damage to the peripheral nervous system that can be caused by certain chemotherapy drugs; and oral mucositis, inflammation of the mucosal tissue caused by some forms of chemotherapy and radiation.

“Without an interdisciplinary team it would take us much longer to begin to get a handle with what’s going on with patients who suffer from peripheral neuropathy and mucositis,” says Pain Center Director Susan G. Dorsey, PhD ’01, MS ’98, RN, associate professor at the School of Nursing and a full member in the Program in Oncology at the School of Medicine and the Greenebaum Cancer Center. “Interdisciplinary team science such as this helps us move science forward as quickly and efficiently and as well as we can.”

The P30 grant, says Dorsey, is unique in that it is not a traditional research grant given to the University and a particular investigator. Rather, it is designed to provide infrastructure and support to develop and grow key Core resources that center scientists can utilize to move their research forward. One such Core in the new center, the Genetics Core, will enable center scientists to use cutting-edge genetic and genomic assays to potentially identify new mechanisms underlying pain.

“This is a great formalized mechanism for bringing different disciplines together that might not otherwise collaborate on a problem of common interest,” says Deborah B. McGuire, PhD, RN, FAAN, a professor at the School and the center’s administrative Core associate director. “Each discipline brings a unique perspective and set of skills and expertise to the problem.”



Susan Dorsey and her technician Peter Rhee discuss the extraction of RNA and DNA from a blood sample taken from a cancer patient who is receiving chemotherapy.

The center has undertaken five pilot studies, each of which is headed by a new investigator and a senior center scientist and mentor. These studies make the most of shared resources and include:

- A pre-clinical bench science study on the effects of the chemotherapy drug oxaliplatin on peripheral neuropathy, led by Cynthia Renn, PhD, RN, an assistant professor at Nursing.
- A clinical study on the development of peripheral neuropathy among patients in the year following treatment led by Kathleen Griffith, PhD, CRNP, an assistant professor at Nursing.
- A clinical study on oxaliplatin-induced peripheral neuropathy in colorectal cancer patients led by Naimish Pandya, MD, an assistant professor in the School of Medicine.
- A pre-clinical bench science study on oral mucositis led by Niloofar Rezvani, PhD, a senior post-doctoral fellow at the Dental School.
- A clinical study on oral mucositis in human patients led by Joan Davenport, PhD, RN, an assistant professor at Nursing.

Says Dorsey, “We’re uniquely situated to do this in part because not every school of nursing has a significant bench science program like we do. We can have bench to bedside and bedside to bench transfer of information.” —**Maria Blackburn**



Louisa Parsons and physicians educate nurses at the bedside, c 1890

In Nursing Education, “to Stand Still is to Go Back”

By Jennifer Ruffner

WHEN THE UNIVERSITY of Maryland Training School for Nurses opened in 1889, Superintendent Louisa Parsons was tasked with educating student nurses “in the art of caring for the sick.” A student of the Nightingale Fund School at St. Thomas’ Hospital in London, Parsons’ teaching methods reflected Florence Nightingale’s own philosophy of nursing education. Students were trained to care for patients, learning exclusively at the bedside, with instruction provided by nurses and physicians. The primary focus was to provide patient care rather than create a strong learning environment for the student nurses. In addition to medical lectures provided by doctors, Parsons herself instructed the students in the Ethics and Standards for Professional Conduct, and provided daily ward instruction in nursing procedures.

During the tenure of Nettie S. Flanagan, DIN 1902, who served as superintendent from 1904 to 1908, lectures from the doctors were given to the nurses almost every evening, after the students served a 12-hour day

on duty in the wards. Though the educational component to the training was increasing, the focus was still on the work needed from student nurses. Ellen C. Israel, DIN 1910, recalled: “*We didn’t have time to think about ‘why’ we were rendering a specific service to a patient, we just did it. I do not remember too much about ‘books’ being used.*”

Annie Crighton was appointed superintendent in 1922, and she quickly began to update teaching methods. She adjusted the teaching schedule to ensure that the majority of coursework was provided during the first two years of training, leaving senior students available for “Special Training.” She worked to increase the number of medical lectures that were provided to the student nurses, and she reported that “*an effort [has been] made to have a better correlation between the classroom instruction and the bedside care.*” Crighton also made a fundamental change to students’ schedules, insisting that all classroom lectures be given during the day, and on time, regardless of the schedule of the doctors, who were required to pro-



Anatomy class, c 1949

vide a substitute if they were not available at the assigned time. By 1923, students were given 523 hours of lectures over the course of three years—a big increase from 1908, when students only received 205 hours of classroom instruction during their three years of study.

The next major shift in nursing education took place when Florence Gipe took the post of Director of Nursing Education and Nursing Service in 1946. Gipe was the first superintendent whose title included “Nursing Education,” and was the first to hold faculty status within the University. This signaled a major shift in the educational philosophy of the School, which became firmly focused on nursing education.

A Curriculum Construction Committee was formed to expand and improve the clinical and classroom instruction at the School. In 1948, student nurses received 1,245 hours of instruction, nearly three times what they were given in 1923. Emphasis was placed on clinical, rather than ward instruction, with students spending their first six months

primarily in clinical instruction. Student nurses came to be considered learners, not apprentices.

This shift from a training school to an academic institution was finalized in 1952 when the school became a college of the University of Maryland. Florence Gipe became the first Dean of the School of Nursing, and the nursing instructors were given academic faculty status. A distinction arose between nursing faculty members, who instructed the student nurses, and the graduate nurses who operated the nursing service at the hospital.

The 1960s and 1970s saw an expansion of graduate programs at the School of Nursing, and a shift to a more interdisciplinary approach to nursing education to prepare students for new roles in disease prevention and health maintenance. Focus was placed on increasing the enrollment and retention of minority and non-traditional students. In 1974, a new undergraduate curriculum was introduced that took a systems theory approach. A team approach to teaching was devised, with faculty from different specialties working as a group to educate a portion of the undergraduate student body.

As the School of Nursing left the 20th century and entered the 21st, the undergraduate curriculum was once again rebuilt, introducing new academic specialties, new instructional methods, and support for an expanding and increasingly diverse student body.

Today, the School of Nursing continues to be a leader in nursing education, adapting to meet the needs of the modern health care system. In the words of Florence Nightingale, “Nursing is a progressive art, in which to stand still is to go back. A woman who thinks to herself, ‘Now I am a full nurse, a skilled nurse, I have learned all there is to be learned’— take my word for it, she does not know what a nurse is and never will know.” ■



Clinical education, c 1950's



Students learning in simulation lab, c 2009

The School of Nursing is pushing the boundaries of nursing education with a learner-centered approach that equips today's students to meet tomorrow's health care challenges.

Story by Maria Blackburn

LAUREN HOCKEL WAS NERVOUS. The semester had only just begun and in less than a week she would start her clinical rotation on the Labor and Delivery Unit at the University of Maryland Medical Center for her Maternal Child Health course. The third semester undergraduate at the School of Nursing had never set foot on a labor and delivery unit before and didn't know what to expect. She worried about making the transition from classroom to clinical, from reading about birth in her 1,113-page textbook to actually caring for new and expectant mothers and their infants. And yet, there she was on a September morning in one of the School's Clinical Simulation Laboratories (CSL), tentatively feeling across an expectant mother's abdomen for the position of her 36-week old fetus so that she could attach a fetal heart rate monitor. Her hands were uncertain at first, but then with the guidance of teaching assistant and former clinical instructor Claire Bode, MS(c), BSN, RN, Hockel knew what to do. Her shoulders relaxed. The butterflies in her stomach quieted. And as she moved through a 10-hour day in the lab learning how to do everything from determining a due date to how to clamp an umbilical cord, Hockel became more familiar with the equipment and the terminology she would encounter during her clinical rotation. She felt her confidence grow. The expectant mother may have been a simulated patient, but the learning experience the high-tech mannequin provided was real. "I'm still going to be nervous when I go to the hospital for clinical but this definitely eased my mind," says Hockel.

Hockel's clinical experience was just one of many occurring in the School's 24 state-of-the-art CSLs that morning. Next door in Room 260, a group of first semester undergraduates practiced wound care. Down the hall, students from an Adult Health class worked at eight different stations performing such tasks as priming an IV pump, inserting a nasogastric tube, and reconstitution of medications. "Our philosophy is that we like to provide students the opportunity to use as many skills as they can and solve as many problems as they can in the CSLs so that when they go into the

Student Lauren Hockel (right) practices her labor and delivery skills on high-tech mannequin “Noelle Maternal,” under the direction of Claire Bode.



LESSONS IN INNOVATION



Through a one-way mirror, Joan Davenport and Valerie Sabol observe the clinical interaction of students managing a rapidly deteriorating patient.

hospital it's not as frightening to them," explains Clinical Instructor Regina Donovan Twigg, MS, RN, who directs the CSLs.

The CSLs, which are among the largest and most sophisticated in the nation, offer just one example of the many innovative modes of teaching taking place at the School. From online classes that allow students to work at their own pace (see p. 26) to standardized patient labs in which students can practice their diagnostic and communication skills by working with specially trained actors, the institution is committed to a learner-centered approach to teaching and learning. It's a philosophy based on the principle that each person learns in a unique, individualized manner.

"Our goal is to create an environment where our faculty functions as a facilitator of the learning," says Patricia Gonce Morton, PhD, RN, CRNP, FAAN, professor and associate dean for academic affairs. "We're here to engage the student and let the student direct the learning."

Morton notes that this evidence-based and holistic approach to learning is vastly different from the one she experienced as a nurs-

ing student in the 1970s, when students would go from lectures to clinical rotations without much of an opportunity to practice and ask questions. "You went from the lecture hall right into the hospital without a transition period," says Morton. "I think what we've discovered in health care is that such a learning model can be dangerous because of the risk of errors."

As proof, she cites a report from the Institute of Medicine, "To Err is Human," which states that between 44,000 and 98,000 people each year die in U.S. hospitals because of medical errors that could have been prevented. One of the main causes of these errors is lack of communication and collaboration. Nurses, who are so central to patient care and to the health care team, have an important role in preventing those errors, she says.

Today at the School, students progress from lecture, to simulation lab, to standardized patient lab, to clinical rotations—each step providing an opportunity to build on what they know and to further develop their competencies and skills in a safe, clinically realistic environment. "You can't put people in a lecture hall and hose them

down with content and expect them to know how to apply the information. That's not the way our brains work," Morton says. "We have to use the information and practice application."

Accompanying this seismic shift in teaching philosophy is a dramatic change in the demographics of nursing students today. When Norma Rawlings, MS, CRNP, started teaching at the School 41 years ago, students were primarily young, white, and female. Most lived in dorms and did not have to balance their education with jobs and families. That's no longer true. "Today we have a wide variety of diverse individuals as our students," says Rawlings, who retired last August after four decades of teaching maternal child health

to undergraduate and nurse practitioner students. "We have students who are older. We have more men. We have individuals who really have to multitask because of children, families, and work schedules."

Currently, 37 percent of students at the School are minorities and 12 percent are male. Educators clearly can't assume that everyone has the same cultural background and can take away the same information from a lecture. As a result, the School is committed to using technology to enhance the learning environment and make it more accessible—through such innovations as online classes and lectures broadcast via the Web. "We used to tell our students, 'Read a book,'" Rawlings says. "We still tell them that but we also know the book is only one of many resources they will use as part of their education here."

A Learner-Centered Approach

The shift toward a learner-centered approach at the School dates back to the mid-1980s. That's when Morton, a critical care nurse, realized that students needed a place to practice their clinical skills in a safe, supervised setting. She founded the CSLs, and the School became a pioneer in their use in nursing education. Over the last two decades the number of CSLs at the school has grown from one to 24. There are now 128 beds in the labs, occupied by "patients" that have evolved from basic plastic dolls to high fidelity mannequins that can be programmed to have a heart rate and pulse. In addition to the labs at its Baltimore campus, the School has six labs with 24 beds for student learning in its program at the Universities at Shady Grove in Rockville, Md. For its pioneering efforts and leadership, education, and research initiatives in simulation learning, the School has twice been designated a Center of Excellence in Simulation Education by Laerdal Medical, an international manufacturer of medical devices.

Faculty researchers at the School continue to innovate how the labs are used. Last spring, Assistant Professors Valerie Sabol, PhD, CCRN, ACNP, and Joan Davenport, PhD, RN, used a Dean's Teaching Scholars grant to pilot a unique team approach that paired Sabol's advanced practice nursing students, many of whom had years of experience at the bedside, with Davenport's less-experienced, entry-level Clinical Nurse Leader (CNL) students. Five

"You can't put people in a lecture hall and hose them down with content and expect them to know how to apply the information. That's not the way our brains work," says Patricia Gonce Morton, associate dean for academic affairs.

WHEN NURSING STUDENTS at the School participate in "hands-on" learning in clinical settings, the experience is multi-faceted, tapping into cognitive, affective, and psychomotor domains, explains Patricia Gonce Morton, PhD, RN, CRNP, FAAN, professor and associate dean for academic affairs. Some examples of learning activities in each domain include:

COGNITIVE

- View a videotape that reinforces cognitive principles of a procedure before implementing the psychomotor skill.
- Distinguish between normal and abnormal hemodynamic waveforms simulated on the monitor and describe the physiological basis for the differences.

AFFECTIVE

- Role-play communication with a family after conducting a mock code in the laboratory and discuss cultural values surrounding death and resuscitation.
- Demonstrate postmortem care and discuss fears and concerns about caring for patients who have died.

PSYCHOMOTOR DOMAIN

- Recording an ECG
- Troubleshooting an arterial catheter
- Caring for a patient with a tracheostomy

ONLINE OFFERINGS—AND TEACHING—PROVE POPULAR

TEACHING AN ONLINE COURSE isn't simply a matter of posting a PowerPoint presentation or a videotaped lecture on the Web, says Assistant Professor Carol O'Neil, PhD, RN, CNE, co-director of the Institute for Educators in Nursing and Health Professions. New technology allows for interaction and social exchange, creative assignments involving video and audio, and often more direct interaction among students and faculty than you'd find in a traditional class. "In a classroom, it is more difficult to have an open and active discussion because of the number of students or lack of classroom time," O'Neil says. "Online, you can."

O'Neil, who has been teaching online for the last decade, is co-author of the 2009 book *Developing Online Learning Environments in Nursing Education*. She recently helped design a course for School of Nursing faculty to help them learn more about teaching online. The course, *Teaching and Managing Online Learning Environments*, was initially designed as an elective for students in the School's teaching certificate program. But when the course was presented to a committee at the School for approval, says O'Neil, the faculty asked if it could be offered to them. A workshop for faculty began in September, while the teaching certificate course for students will be offered beginning in January 2010.

Online instruction has grown dramatically at the School, from 22 course offerings in 2004 to about 190 in 2009, says Matt Rietschel, MS, clinical instructor and director of educational strategies. Rietschel, who leads the office that helps faculty members design online courses, says the demands of contemporary life, which frequently require students to juggle jobs and family, have fueled the desire for remote learning alternatives. The benefits of online learning are many, he says. "Students take ownership of their education with the teacher as a facilitator."

O'Neil points to what she calls the great contradiction of online teaching: "People say it's a more anonymous approach. But when students feel anonymous, they are more honest in their thinking, and they take more risks," she says. "Online interactions are very exciting. Students share their experiences, ideas, and resources. They think and rethink, and therefore, learn."

O'Neil plans to teach by example. "You can't really teach how to teach online," she says. "We learn about a discussion board by using one." And faculty members will be given the opportunity to choose activities they would like to share with their peers. "Some may want to post a picture for a particular assignment," says O'Neil. "Others may want to create a YouTube video."

—Martha Thomas

teams faced a scenario of a rapidly deteriorating patient in the simulation lab. "In school these two groups [typically] never meet," Sabol explains. "But in real life these groups interact all of the time. So we wanted to provide an opportunity to have these students work together before they go out into the real world."

In the scenario, a CNL was left to care for a post-operative abdominal surgery patient who seemed to be doing well at the beginning of the nurse's shift, but soon began having sudden painful shortness of breath. It was up to the CNL to evaluate the situation, call the advanced practice nurse into the room, and explain what was happening. The two students then had to work together to diagnose and treat the underlying problem, a pulmonary embolism, which if left undiagnosed or improperly treated could have resulted in cardiac arrest.

The students were videotaped and Sabol and Davenport observed the scenario unfold through a one-way mirror. All of the students performed the technical aspects of their roles well. But what surprised their instructors the most was how poorly some of the team members communicated with one another. In one team, a CNL student failed to tell the advanced practice nurse that she was making an error in an order because she was afraid to speak up. "People weren't communicating," Sabol says. "They were doubting their ability."

For the students, who watched their encounters on tape, the experience was helpful because it enforced the idea that everyone is accountable and that it's okay to ask questions because people make mistakes, Davenport says. "For our students, the ability in this situation to go back to the video and watch themselves make a

Online instruction has grown from 22 course offerings in 2004 to 190 in 2009. Dean Janet Allan, pictured here with Matt Rietschel, director of educational strategies, is among those on the faculty who teach via the Internet.





Academic Program Specialist Stephanie Sommerville, Louise Jenkins, and Carole O'Neil discuss recruitment efforts.

mistake was a much more powerful learning tool than just having Valerie or me say in class, 'You've got to do this,' or, 'Don't do that.' It helps them learn how to never make that mistake again."

The students weren't the only people who came away from the exercise with new knowledge. Sabol and Davenport, who are compiling their findings to submit for publication in a scholarly journal, found the experience so insightful that they both plan to draw on what they learned to improve how they teach their students to communicate. They would also like to see other practice groups engage in similar training.

"It was a learning experience for all of us," Sabol says. "I was so impressed by the students' abilities and it also helped give me some insight as to where their deficits are so I can adjust my teaching. Providing these kinds of opportunities can be a very time consuming process but at the same time it was completely worth it."

Fine-tuning Clinical Skills with SPs

The School's Clinical Evaluation and Education Laboratory (CEEL) is another environment where faculty can watch and assess their students' clinical skills and offer valuable feedback. Unlike the CSLs where students work with simulated patients, often with instructors at their side to offer guidance, the CEEL uses standardized patients—allowing students to work one-on-one with a live person and develop their skills at a more advanced level.

Standardized patients (SPs) are people who have been carefully coached to portray an actual patient so precisely that the simulation cannot be detected by the clinician, explains Kathy Schaivone, MPA, clinical instructor and manager of the CEEL. "The SP presents not just the history, but the body language, the physical findings, and the emotional and personality characteristics of an actual patient."

SPs were pioneered for use in medical schools in the late 1960s, have been used at the School of Nursing for about 10 years, and have become widely used since 2004, according to Schaivone. The lab, which has 10 patient exam rooms and a database of 100 SPs, hosts more than 4,000 student encounters annually. It is a joint venture between the School of Nursing and the University of Maryland School of Medicine.

Undergraduate instructors tend to use SPs to fine-tune their students' clinical skills before they begin working with real patients in community settings. But graduate students use the lab differently. For them, the SPs provide their instructors an opportunity to evaluate how they interact with patients they are seeing in the community. The patient encounters are timed and students are not told in advance what diagnosis they will be seeking. After their encounter is over, they are assessed by the SP on how they performed. Then, a faculty panel reviews a recording of the encounter and grades it.

Rosemarie Brager, PhD, CRNP, an assistant professor who regularly uses SPs to evaluate students in the Adult and Gerontological Nurse Practitioner specialty, considers them an invaluable resource. "I think the faculty learns as much from the encounters as the students do, if not more," she says. "As faculty members, we're not able to be with the students as they rotate to primary care sites in the community. Also, SPs can be better than site visits because you have control over what the 'patients' say and do. I think SP encounters come as close as we can possibly get to seeing how our students interact with real patients."

While it can be stressful for students to know they are being timed, taped, and graded, says Brager, that anxiety fades as they gain more exposure to hands-on learning experiences as well as more clinical experiences.

LESSONS IN INNOVATION

That's exactly what Lauren Hockel discovered as she prepared to head out to her first day of clinical rotation on the hospital's Labor and Delivery Unit. As she progressed from lecture to simulation laboratory to standardized patient laboratory, her anxiety about the unknown faded and she felt more confident in her knowledge. On the day before her clinical rotation started, Hockel performed a post-partum exam on an SP in the CEEL and was complimented by the patient for her warm, accessible bedside manner. "I'm definitely more prepared for my clinicals than I would have been if I hadn't done all of this," she says. "Now I have more of an idea what to expect."

Often when she is reviewing new material in an undergraduate class, Morton hears the same question again and again from her students. "Do we need to know this for the test?" she's asked. "No," she tells her students. "You need to know this for the rest of your lives."

Leading the Way

Nursing education has come a long way from the days of chalkboards and lecture classes and the School of Nursing has been a leader in the evolution. But finding the best methods to teach the nurses of tomorrow is a constantly evolving process, and the School can't rest on its laurels, says Louise S. Jenkins, PhD, RN, professor and co-director of the Institute for Educators in Nursing and Health Professions. "The world is changing, education is changing, and the practice arena is changing," Jenkins says. "To do things the way they've always been done would be a mistake."

MORE FROM THE NURSE SUPPORT PROGRAM:

A FIVE-YEAR, \$1.02 million NSP II grant is being used to transition the Doctor of Nursing Practice (DNP) to a blended format, so most of the courses in the 38-credit program will be taught online, with students coming to campus twice each semester. (See p. 30.)

ANOTHER NSP II GRANT, "Nursing Faculty for Maryland," is a three-year, \$499,999 project focused on increasing the number of nurses with master's or doctoral degrees prepared to take on faculty positions. Like the other NSP II grants, the ultimate goal is to ease the nurse shortage by increasing faculty numbers. "The addition of one faculty member potentially allows for 10 more qualified applicants to be admitted to a nursing school," says Louise S. Jenkins, PhD, RN, co-director of the School of Nursing's Institute for Educators in Nursing and Health Professions. She and Carol O'Neil, PhD, RN, co-director of the Institute are co-investigators on the grant. —MT

EASING THE BOTTLENECK

KIM SHANAHAN, MS '09, RN, has been a practicing nurse for nearly 24 years, most spent in the maternity ward at Franklin Square Hospital in Baltimore. Recently, she's been reminded of how exciting the job can be. In addition to her nursing duties, she's now a clinical instructor, and is seeing her work anew, through the eyes of her students. "My students are thrilled. For some, this is the first time they've worked with actual newborns," she says.

Shanahan, who received her master's degree from the School of Nursing in May 2009, is the first nurse from Franklin Square to graduate with the help of the Nurse Support Program II (NSP). The NSP II funds are aimed at increasing clinical instruction capacity for nursing schools by preparing staff nurses like Shanahan to be hospital-based clinical instructors. Funding comes through Maryland's Health Services Cost Review Commission. Two of these grants—one that began in 2006 and another in 2009—were awarded to Professor Mary Etta Mills, ScD, RN, CNAA, FAAN.

"By increasing the number of clinical instructors," says Mills, who is principal investigator on the grants, we're easing the bottleneck of access to clinical instructors so we can teach more students to become nurses, thereby easing the nurse shortage in acute care hospitals." Most nurses who participate in the master's program will have a service obligation at their hospitals for two years.

Since receiving her master's degree, Shanahan has taken on a new position at Franklin Square, which involves managing the nurse residency program. Shanahan "is our trailblazer," says Joan Warren, PhD, RN, NEA-BC, director of professional practice and research at Franklin Square, and co-investigator on the grants.

The first wave of 100 students, from the initial \$1.3 million grant, came from Franklin Square and the University of Maryland Medical Center, and are scheduled to graduate by 2011. Another 100 nurses will enter the program over the next three years, thanks to the second, \$1.9 million NSP II grant. This new group includes nurses from six hospitals: Baltimore Washington Medical Center, Anne Arundel Medical Center, Good Samaritan Hospital of Maryland, Mercy Medical Center, Shore Health (part of the University of Maryland Medical System), and Sinai Hospital of Baltimore.

"The idea is to ensure that nurses can continue as direct patient care providers in their original hospitals while they complete their studies," says Mills. "And when they are finished, they will be available as clinical instructors to any nursing school in the state."

Franklin Square's Warren says the grants have helped to motivate nurses to go back to school. She points out that a 2004 study by the Health Resources and Services Administration, "The Registered Nurse Population: National Sample Survey of Registered Nurses," shows that 51 percent of working nurses have less than four years of education. "If you think of the complexity of health care these days, higher education is very helpful to meet the demands." —MT

A newly minted clinical instructor, Kim Shanahan, MS '09, now shares her labor and delivery expertise with the School's students from her post at Franklin Square Hospital.



LESSONS IN INNOVATION

“You can’t have a viable curriculum in any degree program if you are not continually monitoring new scientific knowledge, practice changes, and innovations in teaching,” says Dean Janet Allan. That’s why Allan founded the Dean’s Teaching Scholar Awards in 2002. Each year, the awards offer up to four faculty researchers grants of \$5,000 each to fund one-year research projects that evaluate teaching strategies and educational programs or help them to develop publications related to teaching scholarship. To date, the Dean’s office has funded 21 projects, which have examined a wide variety of issues—ranging from how best to integrate

a maternity simulator in undergraduate and graduate education to developing Web-based health learning modules for older adults.

“In nursing we’ve really neglected the importance of developing the evidence base for instructional methods as applied to the education of our students,” Allan explains. “The Dean’s Teaching Scholar Awards program is one way to rectify this neglect and begin to develop the pedagogical scholarship that will lead to the implementation of more effective teaching strategies.”

Consider the study being done by current Dean’s Teaching Scholar Janice Hoffman, PhD, RN, assistant professor and vice-chair for the School’s Department of Organizational Systems and Adult Health. Hoffman is examining the types of questions clinical instructors in the entry-level Adult Health class pose to students in the clinical setting. Do their questions simply test comprehension and knowledge, or are they higher level questions that, according to the literature, promote critical thinking?

“When you are a nurse you need to be constantly asking questions to understand what’s going on with your patient,” explains Hoffman, an educator for more than 20 years. “But if educators only ask students questions like, ‘What does this drug do?’ then their students may not be learning everything they need to know to provide care at the bedside.”

She continues, “We want students to use problem-based learning. They need to be able to ask themselves, ‘What is the problem and what do I need to do about it?’” One of the pilot’s major goals, says Hoffman, is for the clinical instructor to model the types of questions the students (and ultimately nurses) should be asking themselves to better understand the rationales for the care they are providing.

The results of Hoffman’s study could lead to the creation of a new educational program at the School that assists clinical faculty in the use of higher-level questioning. It might also lead to further studies that examine the effects of these questioning strategies on student learning and performance.

Whatever the results may be, Allan is confident that Hoffman’s study and others will push teaching scholarship forward at the School and result in more effective learning on the part of students. She expects nothing less. “We’re committed to the principles of leadership, partnership, and innovation,” Allan says. “Innovation is something I expect of everybody.” ■

A BLENDED APPROACH TO THE DNP

KERRY NESSELER LIVES in Silver Spring, Md., and works full time in the Department of Health and Human Services at the Health Resources and Services Administration in Rockville, Md. She’s also enrolled in the Doctor of Nursing Practice (DNP) program at the School of Nursing, in the first class of DNP students taking most of their courses online. The new “blended” format for the DNP, says Nesseler, “allows for flexibility in managing my work, my school schedule, and my personal life.”

Beginning this fall, the DNP core courses are now being offered via blended delivery. Students take many online and Web-based classes, while coming to campus only twice each semester, explains Robin Newhouse, PhD, RN, CNAA, BC, CNOR, assistant dean for the DNP program. The change was driven by requests from current and potential students, who said they were interested in having some classes online, she says.

At the same time, Newhouse points out, “they didn’t want to lose interaction with faculty and other students,” so a team of faculty members, including Matt Rietschel, MS, clinical instructor and director of educational strategies, came up with a format that allows students to do the bulk of their coursework on their own schedules, coming together at designated times for online discussions. Those enrolled will visit the campus during weeks one and eight in the spring and fall semesters, for two days at a time, says Newhouse.

The 38-credit DNP, which emphasizes evidence-based practice, is the highest level of nursing practice degree available. Funded by a \$1.02 million NSP II (see p. 28) grant from the Maryland Higher Education Commission, the move to a blended format will be complete by the end of 2010. The DNP is currently offered as a full- or part-time program to post-master’s nurses with a specialty or advanced practice specialty.

Nesseler is pleased about the new model. “This is the wave of the future,” she says. “When I retire, I may want to teach, and I couldn’t transition into academia without experiencing first-hand this new blended model of instruction.” —MT

“You can’t have a viable curriculum in any degree program if you are not continually monitoring new scientific knowledge, practice changes, and innovations in teaching,” says Dean Janet Allan.

TEACHERS WHO HAVE MADE A DIFFERENCE



“The first seminar I ever took as a nursing student was taught by Professor Emeritus **Betty Shubkagel, PhD, RN**, who was chair of the Department of Medical Surgical Nursing, and Ann Madison, PhD, RN. I remember how amazing it was to sit around the table with these two faculty members. They let us into their lives and guided us. We saw where their opinions came from, and how they came to be where they were.

“Betty went on to write the training grant for Trauma/Critical Care nursing and I became a teacher in that area. So we went from a student-teacher relationship to being colleagues. Betty had high standards and encouraged people to rise up and meet them. She was always fair and open-minded, and had a clear sense of how we should be preparing master’s students. She was a wise person who really understood nursing.

“Now, as a teacher, I try to be very personal, to let the students know a little about myself, so they know I’m not just a teacher on a pedestal. I’m also a dean, and it’s my job to hire good teachers. I have great examples to inform these decisions. I was at University of Maryland School of Nursing for 15 years, as a student and then as a teacher, and that is where I learned what makes a good teacher.”

DORRIE FONTAINE



PhD, MS ’77, RN, FAAN, Sadie Heath Cabaniss Professor of Nursing and Dean, University of Virginia School of Nursing



“Embarking on the MS portion of the Diploma-to-MS nursing degree, I had numerous questions about how to proceed. Many staff members at the Shock Trauma Center told me the only person to talk with was **Patricia Morton, PhD, RN, CRNP, FAAN**. I knocked on her door and quickly realized that Dr. Morton was an unassuming but highly professional educator. She immediately made me feel as if I mattered—not just as a student to guide through the system, but as a friend.

“Dr. Morton’s seemingly benign suggestions—‘Write an article on airway pressure release ventilation’—often worked out to be so much more. I cursed the entire way through that paper; it was the equivalent of 10 final assignments. Yet the published paper led to many professional opportunities I would never have imagined.

“Dr. Morton also encouraged me to audition to deliver Student Remarks at the 2001 Convocation. My mother, a retired RN, had traveled from Australia, and Dr. Morton suggested that I identify Mum to the audience. They responded with huge applause. From the podium, I glanced at Dr. Morton, who gave me a smile and a wink. It was an honor to have the two most influential nurses in my life in the same room.”

P MILO FRAWLEY



MS ’01, RN, ACNP, CCNS Frawley recently started a job in Guernsey, in the Channel Islands off the coast of Normandy, France, as an RN in the Intensive Care Unit.



“Professor **Carolyn Waltz, PhD, RN, FAAN**, was my dissertation chair in the doctoral program and became a mentor. She encouraged me to think of myself as a leader, and supported my combining a senior administrative role at the University of Maryland Hospital with work on my doctorate. So when I started my doctoral studies in 1989, I also began a job as director of professional development at University of Maryland Hospital.

“Evaluation work from my role at the hospital led to my dissertation. Dr. Waltz encouraged me to use my experience as an administrator. The idea was to look at how participatory management could be used in hospitals with the goal of retaining nurses. I was able to use data from the hospital nursing staff, and therefore could inform the work I was doing at the hospital. We also co-authored an article that appeared in the *Journal of Nursing Administration* in 1995.

“I try to encourage my own staff to take a step outside of their immediate daily activities and see how their work can fit into a larger context. One of the duties of a senior person in any field is supporting people in their own growth: that’s the giving-back part of the role.”

CLARE HASTINGS



PhD ’95, BSN ’77, RN, chief of nursing and patient care services, Clinical Center, National Institutes of Health

Cool in the Face of Crisis

Story by Martha Thomas
Photos by Kirsten Beckerman

IN HIS FAST-PACED JOB as a clinical nurse at the University of Maryland Medical Center's R Adams Cowley Shock Trauma Center, Chris Kuligowski, BSN '09, RN, spends most of his time closely monitoring patients in critical care.

During his 12-hour shifts, the 28-year-old is usually assigned to a single patient, one of about 100 in the Center at any given time. Patients come in to Shock Trauma with severe injuries—from motor vehicle collisions, falls, gunshot wounds, stabbings. His job, he says, “is not only to follow the protocols, but to act as a link between the patient and the doctor. I'm the one who spends most of the time with the patient, and knows what is going on.”

Kuligowski came to nursing after earning a Bachelor of Science degree in microbiology at University of

Maryland, College Park, and working as a lab technician for several years. He graduated from the School of Nursing last May, and worked in Shock Trauma during both his externship and his senior practicum. “I chose trauma because it suits my personality,” he says. “I like the challenges, and I like constantly moving around. I'm using all the knowledge I learned in nursing school.”

We caught up with Kuligowski on an evening in September as he worked in the fifth floor Critical Care Unit. His patient was a middle-aged man who had suffered severe internal injuries after being crushed by a delivery truck as it backed up to a loading dock. The patient had since suffered a stroke and was experiencing multiple organ failure.

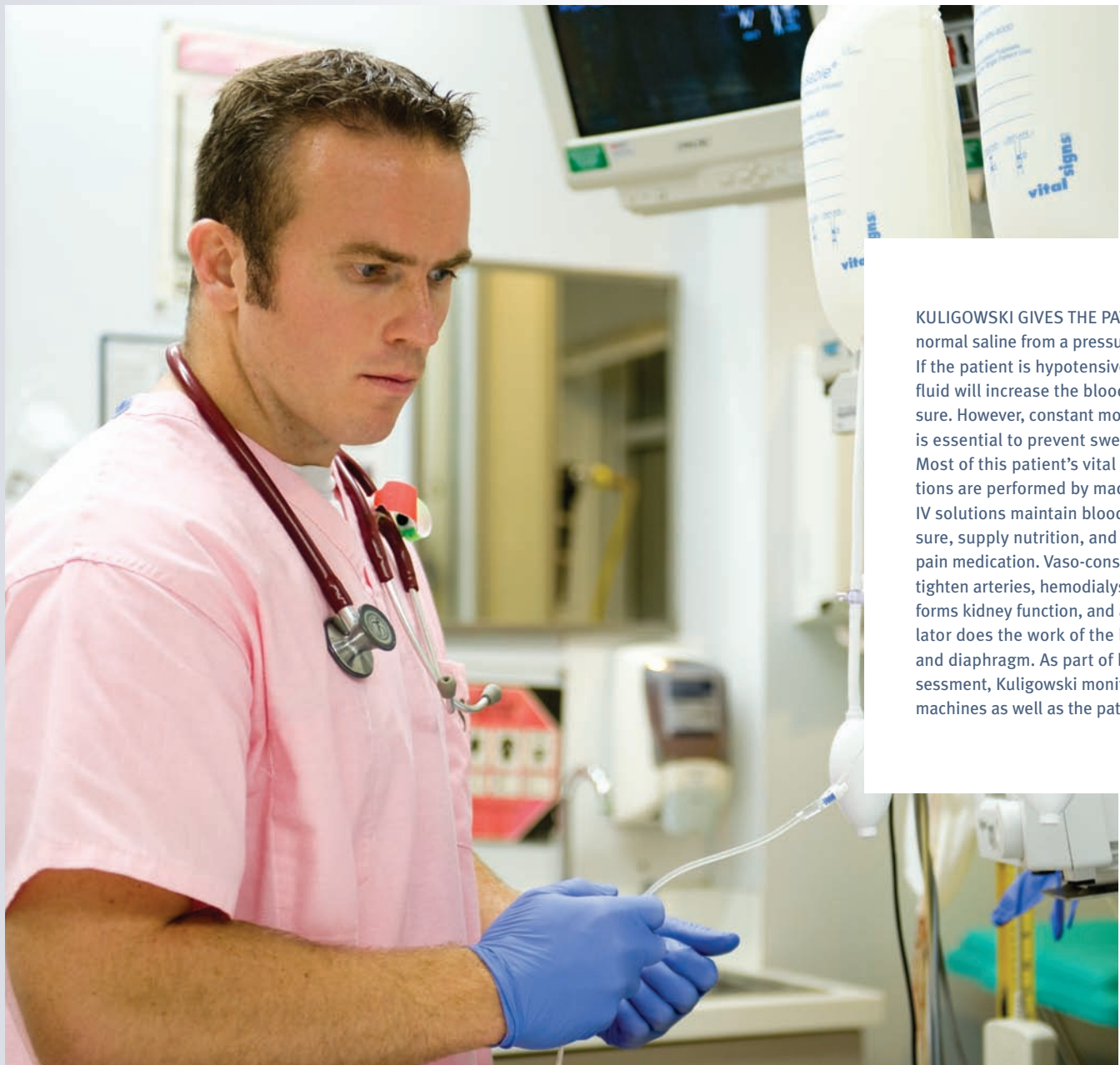


KULIGOWSKI AND HIS PRECEPTOR, Heather Wilke, BSN, RN, CCRN, review the patient's chart. As a Clinical Nurse I, Kuligowski works closely with his mentor to make sure everything is done—accurately, and in the right order. “One of my challenges is setting priorities,” he says. “I'm very methodical, so I need to learn how to react quickly when a ball comes at me from out of nowhere.” Wilke, he says, is well respected on the floor. “We have a friendly relationship, but she's there to make sure that the work gets done.”



EVERY FOUR HOURS, Kuligowski performs a “head-to-toe” examination on his critical care patient, who has suffered severe internal injuries. He checks systems including the respiratory, cardiovascular, gastrointestinal, neurological, and muscular functions, and does pain assessments. “We compare his condition to a baseline, so we know if he’s doing better or worse,” says Kuligowski. Here, he checks the patient’s respiration, holding the ventilator tube out of the way for access to the lungs.

IN A SHOCK TRAUMA room personalized with cards, balloons, and gifts from the patient's family and friends, Kuligowski checks for a pulse in the patient's foot, to monitor blood circulation. When a patient has systemic circulation problems, blood may not reach the extremities, and Kuligowski must make sure that all extremities are perfused.



KULIGOWSKI GIVES THE PATIENT normal saline from a pressure bag. If the patient is hypotensive, the fluid will increase the blood pressure. However, constant monitoring is essential to prevent swelling. Most of this patient's vital functions are performed by machines: IV solutions maintain blood pressure, supply nutrition, and deliver pain medication. Vaso-constrictors tighten arteries, hemodialysis performs kidney function, and a ventilator does the work of the lungs and diaphragm. As part of his assessment, Kuligowski monitors the machines as well as the patient.



RETURNING TO HIS PATIENT, Kuligowski hooks up the suction canister, which acts as a sort of vacuum, keeping suction pressure on the patient's abdominal area.

A QUICK TRIP to the supply room near the nurses' station for fluid, a suction canister, and hand sanitizer. Most basic supplies—bathing products, tubes and IV bags—are within easy reach.



Toward a World Without ALZHEIMER'S

Karen Kauffman PhD, RN, CRNP, BC, associate professor and chair of the School of Nursing's Department of Family and Community Health, is a recognized expert in Alzheimer's disease and is very active in the public policy arena. From 2001-2003, she sat on the work-group of the U.S. Senate Special Committee on Assisted Living, representing the National Conference of Gerontological Nurse Practitioners. Additionally, she has been a Governor-appointed member of the State Advisory Council on Quality Care at the End of Life since 2002, and has led the initiative to improve care for people with Alzheimer's disease.

Kauffman served on the Board of the Alzheimer's Association Greater Maryland chapter between 1999 and 2005 and was reappointed in 2009. She has been a member of the National Board of the Alzheimer's Association since 2005.

Interview by Sue De Pasquale

The new report issued by Alzheimer's Disease International (ADI) in September is sobering: According to the ADI, some 35 million people around the world are currently living with Alzheimer's or dementia—a 10 percent increase over 2005. This number is expected to nearly double every 20 years, to over 65 million in 2030 and over 115 million in 2050.

Yes, the statistics for Alzheimer's are mind-boggling. Every 70 seconds someone is diagnosed anew with the disease. The cost of caring for people with Alzheimer's in 50 years is going to cripple our country—just providing care alone—if we don't do something to stop it. Yet there doesn't seem to be a sense of urgency in addressing Alzheimer's. It's a disease you don't really think about unless you're faced with it. And then when you are, providing care becomes so overwhelming that there's no time to think about anything else.





What drew you to the field of Alzheimer's care?

When I was doing my graduate work in advance practice gerontological nursing at the University of Pennsylvania, I was in a hospital setting caring for older adults, many of whom had what was then called organic brain syndrome or senility. Many of them were suffering and dying alone. I decided at that point to focus on gerontology and end-of-life issues.

The issue became personal for you soon afterward?

Yes. After completing my graduate work, I began to recognize symptoms of Alzheimer's disease in my mother. She lived in Pennsylvania with my brother and father, and I had been living in Cleveland, then more recently in Baltimore, and serving as a long distance caregiver. I would go home as often as I could to help her with bathing and grooming and I became intimately familiar with the burden of care giving.

My mother lived with the disease for nearly 19 years. She died last spring, on Memorial Day.

How have you shared the knowledge and expertise you've gained with families of those suffering from Alzheimer's?

I launched Life Passages Care Consultants, Inc. in 1998 and continue to stay involved. Our clients are families of persons with Alzheimer's—either children or spouses—who need help figuring out what happens next and what services are needed to care long term for their loved ones.

In addition to doing in-home assessment to determine what care is required, much of what I do is education. I help families know what to expect and help them deal with issues that arise. For instance, many people with Alzheimer's have behavioral symptoms that require a special kind of understanding. I also support and encourage caregivers to take good care of themselves. It's been well-documented that caregiver health declines more rapidly than the person being cared for.

And you've also begun extending this kind of support to colleagues within the School of Nursing?

Several faculty and staff members have come to me over the past year asking about Alzheimer's because their lives had suddenly been touched by it. I thought that if I could help others understand what I came to know about the disease, I wanted to be able to do that for as many of my friends and colleagues as possible.

So we now have a support group that meets every other Monday at 4:30 p.m. and quite a few people attend. Until one's life is touched by the disease personally, it's very difficult to understand what persons with AD and their caregivers experience. People are uncertain and feel all alone. But tremendous support can be gained by meeting and talking with others about what works and what doesn't work to care for their loved ones.

You're also quite involved in the public policy arena?

I do lots of public education for other professionals. For example, the Maryland Institute for Continuing Professional Education of Lawyers recently asked me to present to elder law attorneys and judges who determine guardianship to help them better understand Alzheimer's, dementia, and cognitive impairment as they relate to legal issues.

Also, as a national board member of the Alzheimer's Association, I serve on the public policy committee and advise the national staff on how to proceed with policy initiatives at the federal level. Closer to home, a team here at the School has participated in the Memory Walk in Central Maryland. This year's walk was held on October 31. The goal is to raise money for research, and for care and support of people living with the disease and their caregivers.

Ultimately, our vision is a world without Alzheimer's disease.

How close are we to achieving that vision?

While there's no cure yet, there continues to be promising breakthroughs. This past July, I attended the International Conference on Alzheimer's Disease in Vienna, Austria. It was so exciting, because it was reported that we now have six drugs in Phase 3 clinical trials. They are interventional drugs designed to slow or stop the progression of the disease. We have nine biomarker studies in various phases, which we hope will lead us to earlier detection and treatment. Recently, two additional genes were detected that seem to be precursors for developing Alzheimer's. These are all major findings with promise, but we still have some way to go. Continuing to support this research is critical to finding the cure.

How should policies/programs for Alzheimer's disease be taken into account in the ongoing debate over health care reform?

Unfortunately, many families are no longer financially able to provide care for their loved ones with Alzheimer's who are near end of life, the point when their care needs become the greatest. Institutional care in nursing homes is the last resort. But it's very expensive care, and furthermore, in 10 years, nursing homes are not going to exist as they are today. This care is largely funded through Medicaid and those dollars are dwindling quickly.

We need to find an alternative to institutional care for families who can't pay privately for that kind of service, which is most of us. That's a huge challenge. As things exist now, 24-hour care by a certified nursing assistant in home can be as expensive as nursing home care.

It's very hard to predict how things are going to turn out. I can tell you that the role of nurses at a very high level is critical to anything we do in the future. The care needs of people with Alzheimer's disease— from early stage to end of life care —are extremely complex. The goal is to maximize cognitive and physical function and quality of life until death. That's what highly competent nurses know best how to do. ■

Alumni Pulse

CLASS NOTES AND NEWS



1940s

Jean Louise Bloom, PhD, MEd, BSN '46, received a professional diploma in counseling from Columbia University and a PhD in Rehabilitation Administration from New York University, graduating with honors. She was last employed as a professional rehabilitation counselor at Edinboro University of Pennsylvania.

1950s

Inez (Parks) Crispens, DIN '50, retired in 1989 and is enjoying her grandchildren. She and her husband, who celebrated their 59th wedding anniversary on Sept. 2, 2009, are very active in their church.

Anne (Schuck) Gaver, DIN '55, taught use of relaxation and imagery to patients and various groups of adults. She developed a stress management program that she taught at the Greater Baltimore Medical Center's Women's Resource Center and other locations. She is also a professional artist in watercolor.

Sallie (Hipp) Packham, MS, BSN '57, received a Master of Science in Applied Behavioral Science from the Johns Hopkins University School of Continuing Studies in 1985 while working for the Baltimore City Health Department. She authored a newsletter that documented the work of school nurses and hearing and vision aides while working for the Midwest Baltimore City School Health Program. She currently writes a monthly newsletter for a non-professional organization.

Eileen (Greif) Fishbein, PhD, MS, BSN '58, retired in 2007 from

her position as an assistant professor in the University of Maryland School of Nursing's program at the Universities at Shady Grove in Rockville, Md. She formerly served as an associate professor at the Georgetown University School of Nursing.

Ellen (Paddock) Doctor, BSN '59, is researching her genealogy and has been admitted to the Daughters of the American Revolution and the Mayflower Society for her distant grandparents, John and Pricilla Alden and Finch Guildersleeve. It has been a great honor for Ellen to provide her family with access to information about their heritage.

1960s

Barbara Frassa Smith, MS '61, BSN '60, graduated from the University of Georgia Law School in 1988 and entered the field of criminal prosecution after an extensive career in neurological nursing. She advanced to Chief Assistant District Attorney in Augusta, Ga., where she later received the state's Assistant District Attorney of the Year award. Smith began her career with prosecutions of narcotics and violent crimes and was ultimately responsible for capital murder prosecutions. She later joined her daughter's law firm, where she continues to practice today.

Rosetta F. Sands, PhD, MS '70, BSN '66, donated artifacts, publications, and awards from her nursing career to the School of Nursing Living History Museum's collection. These items were included in a special display at a Chi Eta Phi sorority event held last May to celebrate Sands' achievements. She also com-

pleted an oral history recording for the Museum's archives.

Col. Christine (Coons) Ingle, U.S.

Army Ret., BSN '68, received a Legion of Merit retirement award from the U.S. Army.

1970s

Phyllis Sharps, PhD '88, BSN '70, received the Emerging Leader award from the Associated Black Charities in June 2009 and was inducted into the National Black Nurses Association's Institute of Excellence in August 2009.

Nancy M. Crawford, BSN '74, is liaison for the Nursing Clinical Practice Recognition Program at Montgomery General Hospital. She is co-president of the Nation's Capital Chapter of the National Association of Orthopaedic Nurses.

Christina M. Borowsky Duetsch, MS '74, BSN '70, works in geriatric psychiatry and is a member of the Board of Directors of the Malignant Hypothermia Association of the United States.

Barbara Ann Fede, BSN '74, has served as president of the Maryland Association of School Health Nurses for the past two years.

Kathleen (Deska) Pagana, PhD, BSN '74 (WRAIN), RN, had her book, *The Nurse's Etiquette Advantage: How Professional Etiquette Can Advance Your Nursing Career*, published by Sigma Theta Tau International. She authored more than 75 articles and 22 other books, including the best-selling *Mosby's Diagnostic and Laboratory Test Reference*, 9th edition, and *Mosby's Manual of Diagnostic and Laboratory Tests*, 3rd edition. She is a

national keynote speaker and a professor emeritus at Lycoming College, Williamsport, Pa.

Following graduation from the School of Nursing's Family Nurse Practitioner specialty in May 2009, **Elaine Bundy, MS '09, BSN '75**, embarked on a medical mission to the Dominican Republic. She enjoys playing the cello in the Susquehanna Symphony Orchestra.

Jane Fall-Dickson, PhD, RN, BSN '77, received the 2009 RADM Faye G. Abdellah Award from the U.S. Public Health Service Commissioned Corps. The award recognizes nurses whose body of work stimulated the development of nursing knowledge and practice through scientific investigation and research.

Beatrice F. Flynn, MS '77, recently moved to Rehoboth Beach, Del., and will maintain her part-time psychotherapy practice in Baltimore.

Tom Dewey, BSN '78, RN, is a program manager with Microsoft LTD in Bangkok, Thailand, where he is working on the Computer Physician Order Entry and Electronic Medical Record features of Microsoft's Amalga Hospital Information System product.

1980s

Marye Kellermann, MS '81, RN, CRNP, was a featured presenter at the 10th Quadrennial Congress of the World Federation of Neuroscience Nurses, held last May in Toronto. Her topic was teaching neuro using right brain techniques. Kellermann also presented at the National Sympo-

sium for the American Academy of Nurse Practitioners, held last June in Nashville. She has provided international teaching to nurses, faculty, students, and NPs for 16 years.

Gena (Stiver) Stanek, MS '85, BSN '80, gave a poster presentation at the International Conference on Patient- and Family-Centered Care, held last August in Philadelphia, Pa.

Charlotte L. Radu, BSN '85, a Lt. Col. in the Maryland Air National Guard, currently serves as chairwoman of the Chapter Resource Committee of the National Gerontological Nurses Association (NGNA) and treasurer of the Maryland-Washington, D.C. Chapter of NGNA.

1990s

Ann B. Hamric, PhD '96, was promoted to professor at the University of Virginia (UVA) and currently serves as chairwoman of the UVA Faculty Senate.

Linda K. Cook, PhD '05, MS '97, was promoted to professor at Prince George's Community College in Largo, Md.

2000s

Gloria (Gutina) Moretz, MS '02, is proud of her involvement in Franklin Square Hospital's (Baltimore) receiving Magnet Designation. She works part time at Health Care for the Homeless in Baltimore County. The *Baltimore Daily Record* named Moretz a "Health Care Hero" in the community outreach category, and she was also named "Advance Practice Nurse of the Year" for 2008 at Franklin Square Hospital. She was married February 21, 2009.

Emily A. Clark, MS '06, a graduate of the University of Maryland School of Nursing's Clinical Nurse Leader program, will

complete a post-master's certificate in the School's Trauma/Critical Care and Emergency Nursing specialty in December 2009.

Melvina Evereklian, BSN '07, works in a Level 3 Neonatal Intensive Care Unit at Shady Grove Adventist Hospital in Rockville, Md.

Kimberley Murray, MS '07, a graduate of the University of Maryland School of Nursing's Clinical Nurse Leader program, has been elected to a two-year term as treasurer of the Board of Directors for the National Clinical Nurse Leader Association. She is a founding member of the organization, which was established in 2008.

Florence Nwoga, MS '08, BSN '07, received the Cynthia B. Northrop Award from the University of Maryland School of Nursing in 2009 as an outstand-

ing graduate of the Community/Public Health Nursing specialty. In summer 2009, she traveled to Nigeria to complete a field work study for the School's Global Health certificate program. Nwoga moderated two scientific sessions at the American Public Health Association's annual conference held in Philadelphia, Pa. in November.

Caterina E.M. Lasome, PhD '08, MBA, RN, CPHIMS, and a Lt. Col. in the U.S. Army Nurse Corps, retired after 23 years of military service. She accepted a position as the Chief Operating Officer at the National Cancer Institute's Center for Biomedical Informatics and Information Technology.

Jennifer T. Loud, DNP '08, received the National Institutes of Health Merit Award for contributions to the Inherited Bone Marrow Failure cohort study at the National Cancer Institute.

In Memoriam:

Carolyn O. Bronushas, BSN '53

Sandy Condon, MS '74

Jane Dawson, BSN '57

Ella Elbourne, BSN '54

Thelma H. Ey, DIN '47

Kjerstine K. Hoffman, DIN '47

Elizabeth Hughes, MS '67

Dorothy Justice, BSN '49

Paula C. Kassolis, BSN '69

Anne Kelling, DIN '38

Ellen S. Lipira, DIN '46

Gladys McGill, BSN '55

Deborah A. Nikkahi-Ghadiri,

MS '98, BSN '94

Karen L. Reed, MS '04

Loretta Seitz, MS '68

Jane B. Wiley, MS '72

Alumni Share Your News!

Please send us information about what's happening in your life — appointments, presentations, honors, awards, advanced education/degrees — so we can include your news in the "Class Notes" section of the *Nursing* magazine. Photos are welcome! Your announcements will be incorporated as space permits. E-mail your news to: alumni@son.umaryland.edu

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Michelle Healy, Associate Director of Alumni Relations and Annual Fund,
University of Maryland School of Nursing, 655 W. Lombard St., Suite 731B, Baltimore, MD 21201
Fax: 410-706-0399 | alumni@son.umaryland.edu

Safety First

Carl Ausfahl, MS '84, RN, CCHP, who has been a nurse for 37 years, says a seminal moment in his career came after he read the 1999 report, "To Err is Human: Building a Safer Healthcare System." The report from the Institute of Medicine documented that medical errors kill more than 98,000 patients each year—more than motor vehicle accidents, breast cancer, or AIDS.

Today Ausfahl serves as assistant vice president of quality and patient safety at New Jersey's CentraState Health Systems, where he works to ensure that each patient's hospital stay is the safest possible.

"Nursing is critical, because you are the safety net for your patient," he says. "When the nurse is not on the ball, then really bad things can happen." He

adds, "Each step of administering medication is a potential error. It's a matter of looking at patient care as multiple, inter-linked processes."

Though Ausfahl has been in his role for less than a year, the hospital has put in place several interventions aimed at improving patient safety. "One of our most significant issues is patient falls," he says of his 378-bed facility. Working with CentraState's Falls Task Force, the hospital implemented several preventive steps—including bed alarms and more frequent

rounds to monitor elderly patients who attempt to leave their beds. Already, the hospital has seen a 25 percent decrease in the number of falls causing fractures. "It's been wonderful seeing the progress firsthand," he says.

The hospital administration also worked with surgeons at CentraState to show them the benefits of using the World Health Organization's newly created standardized preoperative checklist. "The surgical checklist and universal timeouts enforce the idea that the surgeon has to recognize who the surgeon is working with and who the patient is before surgery," he explains. "It's been very effective and the doctors have been very receptive."

Ausfahl, who grew up in a family of nurses and earned his LPN, BS, and MS in nursing after completing four years in the U.S. Air Force, says he has always had an inquiring mind. After nearly four decades in the field of nursing he continues to constantly question the way medical procedures are carried out. "Doing things one way," he says, "is not always the right way." —Jennifer Hale



Firmly Planted

Diane Skojec, MS '01, BSN '00, CRNP, who has devoted most of her nursing career to assisting patients in need of new hearts, says, "I couldn't imagine doing anything else."

As a heart transplant coordinator at Johns Hopkins Hospital, Skojec helps guide patients and their families through every step of the transplantation and recovery process. She is there to evaluate heart-failure patients to see if they belong on the transplant list. She teaches them how to prepare for what life will be like post-transplant. And after transplant she follows patients for life, acting as their advocate for each step of the recovery process.

"Since they are on a cocktail of medications, sometimes certain medications can go awry and can interfere with their recovery. The challenge is tremendous," says Skojec. "It's a constant vigil—watching and making sure they are doing what they are supposed to do." Fortunately, says Skojec, she works with a collaborative team of cardiac surgeons, cardiologists, social workers, pharmacists, transplant coordinators, and nurse practitioners at Hopkins who share the same philosophy for treating their base of more than 200 patients.

"A transplant is not a cure," Skojec notes. "It's only a fix to a problem." While heart transplantation, pioneered in the late 1960s, initially had dismal survival rates due to organ rejection, today's patients fare much better. Nationally, she notes, the one-year survival rate is now 90 percent, and many patients go on to live for 10 or 20 years or more. Skojec often grows very close to her patients, as the snapshots and greeting cards that line her office walls attest.

Skojec divides her time between providing primary care for her patients in Hopkins' outpatient clinics, and caring for her ill patients in the hospital. In addition, she leads three education sessions each year to prep her nursing colleagues on the latest in care and treatment for heart transplant patients.

To gain a broader knowledge and leadership base, Skojec is currently completing her Doctor of Nursing Practice (DNP) degree at the School of Nursing, which she expects to finish in May. She is simultaneously completing a post-master's teaching certificate at the University of Maryland, which will allow her to teach nurse practitioner students.

Skojec says she has no intentions to leave her post once she earns her DNP. "I never have been tempted to go anywhere else," she says. "I love taking care of my patients." —JH



Create a Lasting Legacy



Pat (Davies) Saunders, BSN '68, feels strongly that the years she spent at the School of Nursing opened up a world of opportunity. "Though I only worked professionally as a nurse for three years, the knowledge, experience, and skills I gained from the School were invaluable in my private life and with volunteer work with international relief agencies. For more than 13 years, I've helped American nurses and doctors provide neonatal and obstetrical education for hundreds of nurses and physicians in Eastern Europe," she says. "My experiences overseas serves as a reminder of how incredibly fortunate I am to have been educated at the School of Nursing."

Saunders is extremely grateful for the scholarship she received as a nursing student and has contributed to School of Nursing education for more than 25 years. However, she wanted to know that she could continue to make a difference in the lives of nursing students for generations to come. To create her legacy, she has designated a portion of her estate to create an endowed scholarship at the School. Scholarships provide students with the financial freedom, time, and confidence needed to succeed academically and they enable the donor to touch the future. Says Saunders, "Endowments allow us to extend ourselves beyond our lifetimes."

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

SOME POPULAR TYPES OF PLANNED GIFTS INCLUDE:

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

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

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

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

Laurette L. Hankins

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

Thomas F. Hofstetter, JD, LLM

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

The Louisa Parsons Legacy Society

IN GRATITUDE TO THE MEMBERS OF
THE LEGACY SOCIETY.

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

2009 Alumni Reunion Celebration

The annual School of Nursing Alumni Reunion was held Saturday, May 30. Alumni and faculty gathered at the School to celebrate class years ending in “4” and “9.” Members of the Class of 1959, celebrating their 50th anniversary, were inducted as a new Heritage Class.



MUSEUM DOCENTS

First row, left to right – Jane Johnson, DIN '47; Elinor Wells, DIN '46; Esther McCready, DIN '53; Mary Catherine Besset, DIN '46; Woody Crow, DIN '48; and Dean Janet Allan. Second row – Katie Kinzie, BSN '62; Betty Cooper, DIN '48, MS, '61; and Bette Singleton, DIN '47



Kathleen Young, BSN '74; Cynthia Winter, BSN '74; Nancy Crawford, BSN '74; Pat Bassalone, BSN '79; and Patricia Morton, PhD '89, MS '79, associate dean for academic affairs

After a welcome from Dean Janet Allan, Reunion speakers included:

Carl B. Ausfahl, MS '84, RN, CCHP

Assistant Vice President of Quality and Patient Safety
CentraState Health Systems
Freehold, N.J.

Eileen Nagel Heistand, BSN '69

Director of Nursing
Benedictine Center for Developmentally Disabled Adults
Ridgely, Md.

Betty Reynolds Turner, MS '69, BSN '59

Nursing Supervisor, Bed Coordinator
Peninsula Regional Medical Center
Salisbury, Md.

Class Representatives included:

Jean Warfield Keenan, DIN '48

Ginger Swisher, DIN '49

Betty Dorfler Hoatson, BSN '54

Barbara Gunderson, BSN '54

Katharine Swint Speers, BSN '54

Marjorie Fedyshyn Pittas, BSN '59

Doris Baumgardner Webb, BSN '59

Eileen Nagel Heistand, BSN '69

Katharine Wahaus Parris, BSN '69

Sue Thomas, BSN '69

Andrea Sadey Van Horn, BSN '69

Judy Royer Sinclair, BSN '74

Nadine Zerwitz Jacobs, BSN '74

Denise C. Geiger, BSN '79

Kim Sadtler, BSN '84

Leslie Elelhasim, BSN '99

Following the program and Heritage Class induction ceremony, alumni toured the School of Nursing's Living History Museum, clinical simulation labs, and the R Adams Cowley Shock Trauma Center.



NEW HERITAGE CLASS – THE CLASS OF 1959

Front row, left to right – Ellen Doctor, BSN '59; Fran Fleming, BSN '59. Middle row – Dean Janet Allan; Pat King, BSN '59; Elaine Jones, BSN '59; Mary Lou Reilly, BSN '59; and Becky Merrill, BSN '59. Back row – Doris Webb, BSN '59; Betty Turner, BSN '59, MS '69; Becky Wilkerson, BSN '59; June Smith, BSN '59; Marjorie Pittas, BSN '59; and Sandy Cardinale, BSN '59, MS '75



THE CLASS OF 1969

Front row, left to right – Linda Pugh, BSN '69, MS '76, PhD '90; Sue Thomas, BSN '69, MS '73; Kathryn Mulcahy, BSN '69; Regina Carelli, BSN '69, MS '75; Eileen Heistand, BSN '69; and Katharine Parris, BSN '69, MS '95. Middle row – Beverly Meadows, BSN '69, MS '84, PhD '06; Jennie Payne, BSN '69; Millie Glaw Carpenter, BSN '69; and Dena Horton, BSN '69; and Dean Janet Allan. Back row – Jill DeCesare, BSN '69; Bette Boggess, BSN '69; and Donna Riley, BSN '69

Professor Emeritus Betty Shubkagel, BSN '54;
Bette Singleton, BSN '47; and Sue Thomas, BSN '69

SAVE THE DATE

2010 REUNION ON TAP FOR MAY 1

The 2010 Alumni Reunion, scheduled for Saturday, May 1, will honor undergraduate classes ending in "5" and "0." If you would like to volunteer as a Class Representative (a great way to reconnect with your classmates), please contact Michelle Healy, associate director of alumni relations and annual fund, 410-706-0674, or e-mail: alumni@son.umaryland.edu.

THE FOLLOWING CLASS YEARS WILL BE CELEBRATED:

- Class of 2005 – 5th
- Class of 2000 – 10th
- Class of 1995 – 15th
- Class of 1990 – 20th
- Class of 1985 – 25th
- Class of 1980 – 30th
- Class of 1975 – 35th
- Class of 1970 – 40th
- Class of 1965 – 45th
- Class of 1960 – 50th
- Class of 1955 – 55th
- Class of 1950 – 60th
- Class of 1945 – 65th



HONOR ROLL OF DONORS

JULY 1, 2008 – JUNE 30, 2009



Laurette Hankins, associate dean for development and alumni relations

WE HAVE HEARD the phrase “in these uncertain times” so often lately that it has become the norm. Clearly, there is much in our daily lives that is unclear or transient, and that uncertainty can be worrisome and frustrating. But there are some constants. One of the things we can count on is the fact that nurses make a positive difference in the lives of countless patients who need their help. Nurses do not avoid challenges—they address them head on. Nurses want to fix the problem, whether great or small. Nurses get things done.

At the University of Maryland School of Nursing, we are proud to boast more than 17,000 alumni. Our alumni not only give back each day of their professional lives, but many have also decided to help current nursing students and faculty, and those of the future, by financially supporting the School. They give what they can through donations to the annual fund, by making commitments to the capital campaign, or through their estate plans.

Because of their thoughtful philanthropy, students are able to receive much-needed scholarship funds; equipment in our clinical simulation labs can be upgraded or replaced as needed; our dedicated faculty are able to participate in national conferences; and our research faculty can conduct studies aimed at relevant health care issues such as identifying sources of pain, preventing workplace violence, giving hope to local impoverished communities, and finding ways to improve the quality of life for our elderly.

The following Honor Roll of Donors recognizes all gifts and pledges to the School of Nursing received between July 1, 2008 and June 30, 2009. We are deeply grateful for the contributions from our alumni, faculty, and staff, as well as the vital support from corporations, foundations, and friends. Their generosity enables the School to provide an outstanding educational experience that prepares nurses for the challenges they will face as they embark on their professional careers.

\$1,000,000+

Mary Catherine Bunting, MS '72

\$500,000 to \$999,999

Estate of Gladys B. and Lansdale G. Clagett*
University of Maryland Medical System

\$250,000 to \$499,999

Dorothy C. Calafiore, DIN '51*
Robert Wood Johnson Foundation

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Susan G. Komen Breast Cancer Foundation

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Sonya G. Goodman, MS '79, BSN '73
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Mildred S. Kreider, MS '68
Theresa M. Maskell, DIN '50
Ann M. McCollum, BSN '78
Deborah B. McGuire
Kathleen P. Mitchell, MS '02
Beverly A. Nelson, MS '76
Marian Osterweis
Kathleen L. Pelch, BSN '77
Gale S. Pollock, BSN '76
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Jo Ann B. Swenson, DIN '44
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Leanne M. Downey
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Clare E. Hastings, PhD '95, BSN '77
Winifred S. Hayes, MS '74, BSN '71
Kathleen E. Hider
Dorothy R. Kuhn, DIN '46
Joyce S. Lamson-Scribner, PhD '94

- Pamela A. Lentz, MS '00, BSN '84
Rita Malek, DIN '49
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Tools for Healthier Living

As a resident of Richmond, Va., Jeannette Jones, MS '70, pursued her passion for teaching community health nursing during a 25-year tenure at Virginia Commonwealth University.

During those years she designed and launched a gerontology program, based on extensive knowledge and experience she gained while treating older patients as a public health nurse for the Virginia State Health Department from 1964 to 1968. Her goal: to teach students to educate patients to be their own health advocates in order to prevent diseases during their lifetimes.

Now retired, Jones has had time for reflection. "Looking back," she says, "I realized that if it hadn't been for the School of Nursing and the education I received, I couldn't have pursued my dream."

After learning about the "Healthy People, Healthy Homes, Healthy Communities" program at the School, she knew just where she wanted to direct her support. "Our program is a public and environmental health initiative," explains Clinical Instructor Marjorie Buchanan, MS, RN, "that enables our students to develop the skills they require" to better serve Baltimore families.

Jones chose to make a gift to support Buchanan's work, specifically to help buy supplies for tool kits used in the Community and Public Health simulation lab, where students practice for home visits.

Though no longer teaching, Jones is continuing her work in community health nursing and taking care of her 94-year-old father. She plans to share her skills by doing mission work at American Indian reservations in the western part of the U.S. —JH

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Staying Connected

Caleb Rogovin's relationship with the School of Nursing didn't end after he graduated in 1992 with a Master of Science degree in Trauma Critical Care Nursing. In the years since then he has returned as an instructor, led the alumni association, and made an important gift that will benefit future generations of students.

"My love for nursing developed at the School, says Rogovin, MS '92, CRNA, CCRN, CEN, currently a Certified Registered Nurse Anesthetist at Temple University Hospital in Philadelphia. "It was one of the best experiences I ever had. The quality of education was very notable from the first class I took until the very last."

As a graduate student at the School, he was the fortunate recipient of the Patricia Roberts Harris Fellowship Award, which allowed him to pursue his degree at no cost. Now he wants to "pay forward." He has pledged \$25,000 to create a Rogovin Endowment for the Trauma, Critical Care, and Emergency Nursing master's specialty. "In this day and age, nursing is never a big money winner," he says. "When you become an alum, you need to give back."

In 2004, Rogovin returned to the School, with the encouragement of Patricia Gonc Morton, to serve as assistant director of the School's newly launched Nurse Anesthesia master's specialty. He has also served as president of the Alumni Association, stepping down just last year.

Looking back, Rogovin said he is grateful for the intimate learning environment he experienced at the School "From the day I started as a student and when I returned [to teach]," he says, "I had strong mentoring."

—JH

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The Komen Maryland Affiliate Nursing Partnership



In 2004, Robin Prothro, BSN '79, MPH, RN, director of the Komen Maryland Affiliate of Susan G. Komen for the Cure, realized that the Komen Foundation had very few partnerships with nurses. Prothro, an alumna of the School of Nursing, approached Dean Janet Allan with a proposal to join forces in developing a plan to advance nurses' knowledge of breast cancer. Working collaboratively, UMSON faculty members developed a proposal for a comprehensive and sustainable evidence-based educational program that, with the Komen Maryland Affiliate's support, would better prepare nurses to screen, treat, and manage breast cancer patients, and to respond to important questions from patients, families, and friends.



This funding initiative is intended to model a unique and innovative way for the Komen Foundation to emphasize critically important roles that nurses and other health professionals play in the fight against breast cancer and for the UMSON to educate and prepare students, faculty, and practicing nurses who work in the field of breast cancer.



The partnership is comprised of a series of five interrelated components: Komen Visiting Professor, Scholar-in-Residence, Komen Distinguished Lecture, Komen Conferees, and Komen Educational Outreach. The Scholar-in-Residence component is described below.

The Scholar-in-Residence: Web Modules

Because cancer in general, and breast cancer in particular, are often neglected in nursing school programs, Scholar-in-Residence Sandra McLeskey, PhD, RN, professor and assistant dean for the baccalaureate program, led members of the UMSON oncology faculty in developing breast cancer specific Web modules for student learning. The Web modules allow a cost-effective curricular change, ensuring that breast cancer content is included in the curriculum. The Web modules include units on breast cancer epidemiology, pathology, diagnosis, and treatment. The modules are now required for all UMSON undergraduate and master's students. To date, the modules have been completed by more than 600 students. They have also been made available to more than 3 million practicing nurses worldwide and have been viewed by people in 25 countries on six continents.



To view the Web modules, visit the Web site:

breastcancerlearning.umaryland.edu/website/webpages/index.htm



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Reviving a Tradition

Members of the Class of 2009 launched a uniform stringing revival last May to celebrate the completion of their studies. The tradition began in 1974 when students strung uniforms from Parson's Hall across Lombard Street to proclaim their new careers. The stringing lasted until 1998 when Parson's Hall was demolished.