

UNIVERSITY OF MARYLAND

Nursing

The Magazine of the University of Maryland School of Nursing

Fall/Winter 2011 Volume V, Issue II



LEADING FROM WHERE YOU STAND

Meet eight nurses from the University of Maryland who are blazing new paths to improve patient care—and the profession.

GAINING THROUGH LOSING

WALKING IN HER SHOES

**GETTING REAL IN
THE SIM LAB**



New Additions to the Family

Simulation Lab Director Mary Fey prepares “Noelle Maternal” and “Newborn Hal” for a simulated birth scenario. These new mannequins, along with other new and updated simulation lab equipment, were funded through an American Recovery and Reinvestment Act grant the School recently received. *See story on page 28.*

Photo by Rick Lippenholz



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Leading From Where You Stand

Today's nurses have a golden opportunity to lead the way in transforming the health care system. Meet eight from the University of Maryland who are blazing new paths to improve patient care —and the profession.

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When Dean Janet Allan talks, people listen—whether she's testifying before state legislators or casually chatting with students. *NURSING* tags along with the School's top leader for a weeklong profile.

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Mary Fey, director of the School's 24 simulation labs, tells how students are tapping technology to improve their clinical judgment and make strides in patient safety.

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On the Cover Col. Peggy McNeill, PhD '07, RN, is stationed at Andrews Air Force Base and works out of the new Walter Reed National Medical Center, where she is a senior nurse scientist of clinical investigation. For more on her work, see page 19. Photograph by Christopher Ruano.

DEAN'S LETTER

THE UNIVERSITY OF MARYLAND SCHOOL of Nursing was founded in 1889 by Louisa Parsons, a graduate of the Nightingale Fund School for Nurses in London, England, the first modern school of nursing. During her short stint as our School's "superintendent," Parsons paved the way for the future of nursing education by instituting a two-year course of nurse training and by convincing the Maryland University Hospital medical faculty to build residential quarters for student nurses. And so, our school began, with a decorated veteran of the British Army—a visionary who saw the potential of young women to become healers, educators, and leaders—a graduate of Florence Nightingale's training school.

Florence Nightingale, as we know, was the epitome of a "leader" in the field of nursing. She was more than "the founder of modern nursing." She was an educator, a reformer, and a leader—qualities that must resonate within all nurses to ensure the effectiveness of ongoing efforts to improve health care and health care delivery across the nation.

This point is driven home in the Institute of Medicine's (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. Today's nurses are positioned to both define and demonstrate leadership across a broad range of health care issues. In fact, in the wake of the IOM report, a national initiative is taking shape to advance comprehensive health care transformation by enhancing the capabilities of nurses and better utilizing their insight, knowledge, and experience.

To help foster this movement and sharpen Maryland's focus in establishing true "nurse leaders," our School hosted a state-wide summit in September, designated as Maryland's response to *The Future of Nursing: Campaign for Action*.

One immediate outcome of the summit was the formation of eight leadership teams to address each one of the recommendations in the IOM report. The ultimate goal is to create an interdisciplinary, collaborative health care approach that more effectively meets the



needs of patients. Under such a model, physicians, nurses, and all professionals involved with patient care will work collaboratively, with an emphasis on cooperation and communication to provide seamless, quality health care. We truly espouse the conviction that nobody can get there unless everybody gets there.

This national initiative recognizes the fundamental role that nurses have in transforming health care. Nurses make up the largest single sector of the health care workforce, and the empowerment of nurses is critical if we are to bring the highest level of care to our citizens. Just as our faculty, students, and alumni make a difference every day in *providing* care, so too must we make a difference in redefining how care is provided, with an emphasis on enhancing the leadership of nurses.

In closing, I want to share the news that I recently announced my plans to retire at the end of this academic year. Because of the School's commitment to innovation and the quality of our faculty and staff, I step down with confidence that the School will continue to grow in excellence and stature. I am extremely proud of the work we have done, and will continue to do, to shape the profession of nursing and the health care environment by developing leaders in education, research, and practice.

A handwritten signature in black ink that reads "Janet D. Allan". The signature is fluid and cursive, with the first name being the most prominent.

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

UNIVERSITY OF MARYLAND

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\$1 Million Bequest Earmarked for Nursing Informatics Professorship

PROFESSOR NANCY STAGGERS, PhD '92, MS '85, RN, FAAN, announced last summer that she has included the School of Nursing in her will, with a \$1 million bequest to establish an endowed professorship in nursing informatics. She announced her gift at the School's 21st Annual Summer Institute in Nursing Informatics, an event that she co-chaired.

Staggers, who joined the faculty in 2010, has an extensive background in clinical informatics. She has held a variety of executive positions, including associate chief information officer, Information Technology Services, for the Health Sciences Center at the

University of Utah; program director for the \$138 million enterprise clinical information systems at Catholic Healthcare West; and director for corporate informatics at the U.S. Department of Defense. She retired from the U.S. Army in 1998 after 25 years of service and was the first formally trained informatics nurse in the Army Nurse Corps.

"I would like to make a difference going forward, and this is one small way to do that," said Staggers. "I am happy to be in a position where I can give back to the School because I received such an extraordinary education here. It allowed me to be a



Dr. Nancy Staggers and Dean Janet Allan

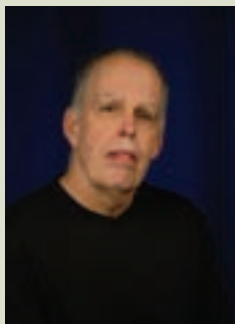
leader in informatics when folks couldn't spell 'informatics.'"

"We are extremely grateful for this extraordinary gift from Dr. Staggers," said Dean Janet Allan. "By supporting an endowed professorship, her gift will also help strengthen the research efforts for generations of nursing informatics students."

Bausell Awarded Emeritus Status

BARKER BAUSELL, PhD, who served on the School of Nursing's faculty for 30 years before retiring in January 2011, was recently awarded the rank of Professor Emeritus. He is the 11th School of Nursing faculty member to obtain emeritus status. Bausell was a tenured faculty member, author, biostatistician, mentor, and member of countless research grants. He served as Director of Evaluation in the School of Nursing's Office of Research; chaired the Appointment, Promotions, and Tenure Committee; and served as a member of the Research Council. Bausell authored 12 books,

eight research monographs, and more than 80 peer-reviewed articles. He also served as editor-in-chief of the peer-reviewed journal, *Evaluation and the Health Professions*, for more than 30 years.



Dr. Barker Bausell

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Event Recaps

A Call to Action for Future of Nursing



From left: Maryland Sen. Delores Kelly; Dr. Denise Seigart, associate dean, nursing education, Stevenson University; and Dean Janet Allan discuss the promotion of doctoral education among nurses.

THE MARYLAND SUMMIT on the Future of Nursing drew leaders from nursing education and health care, along with physicians, elected officials, state government organizations, and business leaders, to the School of Nursing in September for a conference held in response to a 2010 groundbreaking Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*.

The purpose of the summit was to develop a strategic plan for implementing the recommendations of the IOM report in Maryland. The summit was led by the executive committee of the Maryland Action Coalition, one of 36 state-based coalitions named by the Future of Nursing: Campaign for Action. Maryland's designation was announced Sept. 26 by the Center to Champion Nursing in America, an initiative of the Robert Wood Johnson Foundation (RWJF), the American Association of Retired Persons (AARP), and the AARP Foundation.

Dean Janet Allan, a founding member of the Maryland Action Coalition Executive Committee, welcomed the 200-plus

participants to the all-day working conference. "This is a call to action for nursing, and for the country," she said. "The vision of the IOM report is that all Americans have access to high-quality, patient-centered health care in a system where nurses contribute as essential partners in transforming the health care delivery system."

Maryland Lt. Governor Anthony Brown urged the group to help the state meet an expected need for 11,000 new nurses by 2018.

"The Future of Nursing Campaign could not have come at a better time," said keynote speaker William D. Novelli, distinguished professor of the practice at Georgetown University McDonough School of Business and former CEO of AARP. "The nation, indeed the entire world, is aging. Chronic disease management is becoming increasingly important. And so is advanced illness and end-of-life care."

Deborah E. Trautman, PhD, RN, executive director, Johns Hopkins Medicine Center for Health Policy and Healthcare Transformation, presented "Linking the IOM Report and Health Care in Maryland." She said health reform is needed because our nation's current system is "expensive, ineffective, and unjust."

The conference was organized into eight work groups—one for each IOM recommendation—to draft a strategic plan for implementing *The Future of Nursing's* recommendations in Maryland. The recommendations are:

- Remove scope-of-practice barriers
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

- Implement nurse residency programs
- Increase the proportion of nurses with a Bachelor of Science in Nursing degree to 80 percent by 2020
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health
- Build an infrastructure for collection/analysis of inter-professional health care workforce data.

In addition to Dean Allan, members of the Maryland Coalition Executive Committee are Neil Meltzer, MD, president and CEO, Sinai Hospital and senior vice-president, LifeBridge Health; Lynn Reed, executive director, Governor's Workforce Investment Board; Frank Calia, MD, vice dean of clinical affairs, University of Maryland School of Medicine; Larry Strassner, PhD, RN, NEA-BC, vice president of patient care and CEO, Franklin Square Hospital and president, Maryland Organization of Nurse Executives; Kelly Nevins Petz, CRNA, president, Maryland Association of Nurse Anesthetists; Nancy Adams, MBA, RN, president, Maryland Board of Nursing; and Pat Travis, PhD, CCRP, RN, immediate past president, Maryland Nurses Association.

—Patricia Fanning and Patricia Adams

Members of the Maryland Coalition Executive Committee. Not pictured: Neil Meltzer, president and CEO, Sinai Hospital/senior vice president, LifeBridge Health.



“Empirical Outcomes vs. Urban Myths” is Topic of Edmunds Lecture

ONE OF THE BIGGEST challenges facing today’s nurses is learning how to recognize and understand the evidence behind their practice. This challenge of nursing practice and others were addressed at the 2011 Millicent Geare Edmunds Lecture, “Empirical Outcomes vs. Urban Myths.”

“There are many misconceptions in today’s nursing practice, which are too easily accepted as the truth,” said Julia Aucoin, DNS, RN-BC, CNE, nurse research scientist at Duke University Hospital, who

presented the lecture. “We must look at how these common misconceptions developed and what can be done to change nurses’ approach to practice through improved inquiry and appraisal skills.”

The Millicent Geare Edmunds Lecture was made possible through the generosity of Edmunds who, upon her death in 1963, left an endowment to the School of Nursing to promote the



Dr. Julia Aucoin

education of students and faculty. She was one of 12 nurses who graduated from the School in 1905 when enrollment was just 55 students.



Dr. Farzad Mostashari

Informatics Institute a Huge Success

MORE THAN 400 PEOPLE gathered at the School of Nursing in July for the 21st Annual Summer Institute in Nursing Informatics (SINI), the nation’s pre-eminent conference on nursing informatics. This year’s conference, “Real Meaningful Use: Evolution or Revolution,” featured keynote speaker Farzad Mostashari, MD, ScM, national coordinator for health information technology, U.S. Department of Health and Human Services. In his address, Mostashari noted, “Health IT does not lead directly to improvements in the quality or efficiency of care, but it is the foundation for what does improve quality.”

Mark your calendar for SINI 2012, “National and Global Priorities in Informatics and Health Care,” scheduled for July 18-20. William M. Tierney, MD, president and CEO, Regenstrief Institute, Inc., and associate dean for clinical effectiveness research at Indiana University School of Medicine, will deliver the keynote address. Updates on the 2012 conference will be posted to the School of Nursing’s website throughout the year at <http://nursing.umaryland.edu/sini>.

NEWS

Five DNP Courses Receive Quality Matters Certification



QUALITY MATTERS (QM), a leader in quality assurance for online education, awarded QM certification to five core courses included in the School of Nursing's Doctor of Practice program.

Under the leadership of Associate Professor Kathleen Buckley, PhD, RN, IBCLC, who is a certified QM peer reviewer, a team of School of Nursing faculty members spent several months preparing their courses for the review. Each course was then assigned to three external reviewers who made up the QM Peer Review Team. Members of the team completed QM training to become a peer reviewer; one of the reviewers also had expertise in the

content of the course. To evaluate the courses, the reviewers used a research-based rubric consisting of eight general standards and 40 specific criteria that describe best practices in online and hybrid course design.

"Our faculty members worked very hard to prepare their courses for this review," said Buckley. "We are proud that our faculty has received this prestigious recognition for including elements associated with best practices in teaching and improved student learning outcomes in the design of the DNP courses."

Faculty members who participated in the review process include Dean

Janet Allan; Kay Blum, PhD, RN, assistant professor; Allison Davis, PhD, RN, assistant professor; Marian Grant, DNP, RN, CRNP, ACHPN, assistant professor; Shannon Idzik, DNP, CRNP, CCRN, assistant professor and director of the DNP program; Meg Johantgen, PhD, RN, associate professor; Jane McCarthy, CRNA; Robin Newhouse, PhD, RN, NEA-BC, FAAN, associate professor and chair, Department of Organizational Systems and Adult Health; Brigit VanGraafeiland, DNP, CRNP, assistant professor; and Deb Schofield, DNP, CRNP, assistant professor.

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AKINTADE



AMOS



BINDON



BRAID



CHAKRAVARTHY

Welcome New Faculty

BIMBOLA AKINTADE
PhD '11, MS '05, BSN '03
Assistant Professor

VERONICA AMOS
PhD, MS '07, MS '00,
BSN '99, CRNP, PHCNS-BC
Assistant Professor and
Assistant Director,
Nurse Anesthesia
Master's Specialty

SUSAN BINDON
DNP '11, MS '95, RN-BC
Assistant Professor

SUSAN BRAID
DrPH, MPH, MSN, RN
Assistant Professor

AMEERA CHAKRAVARTHY
MS, BSN '02, ACNP, FNP
Clinical Instructor

LING-YIN CHEN
PhD
Associate Professor
and Evaluator

ANN HOFFMAN
MS, MAEd
Clinical Instructor,
Universities at Shady Grove

JENNIFER KLINEDINST
PhD, MSN, MPH, RN
Assistant Professor

KRISTEN RAWLETT
MSN, FNP-BC
Clinical Instructor

VALERIE ROGERS
PhD '09, MS '97, CRNP-P,
CPNP-BC
Assistant Professor



CHEN



HOFFMAN



KLINEDINST



RAWLETT



ROGERS

New Center Offers Services to Promote Student Success

STUDENTS AT THE SCHOOL OF NURSING (UMSON) are benefiting from a new facility that is intended to improve their retention and graduation rates. The Student Success Center (SSC), specifically designed to meet the needs of pre-licensure students, was officially unveiled during a grand opening ceremony in October.

The SSC offers a variety of services to help nursing students meet their academic and graduation goals, including assistance with writing, academic enrichment workshops, guided study sessions, private peer tutoring, and assistance with the medical calculations laboratory curriculum.

The SSC is funded by a four-year, \$980,000 grant through the *Who Will Care?* Campaign, an initiative to increase the number of nurse graduates in the state by 1,500 per year, thereby helping to alleviate a shortage of professional nurses. The campaign, established in 2007, has attracted broad-based support from hospital, insurance, business, and academic leaders; nurses; long-term care providers; and concerned private citizens.

The University of Maryland Medical System, LifeBridge Health, and Mercy Health System were honored during the ceremony for having designated contributions to the state-wide campaign for UMSON. The campaign, under the leadership of the Maryland

Hospital Association, has raised \$17 million for 23 nursing education programs in Maryland.

"It was an amazing accomplishment to raise that amount of money to support nursing education in the state," said Dean Janet Allan, who opened the ceremony by thanking the donors. "This was a major need of our students," she said of the SSC, which was conceptualized as a campus model.

Allan was a co-author of the grant, along with Sandra McLeskey, PhD, RN, professor, and Patricia Morton, PhD, RN, CRNP, FAAN, professor and associate dean for academic affairs at UMSON, who led the grant team. Morton said each grant application differed, depending on the needs of the various nursing programs state-wide. At UMSON, the team saw the need to assist Bachelor of Science in Nursing and Clinical Nurse Leader students by creating a center with a full array of services to promote success in their nursing studies.

"The SSC will increase the retention rate and timely graduation of our pre-licensure students," said Morton. "For instance, some students can be baffled by a clinical case scenario in test-taking. The SSC will familiarize them with the format, so they can better demonstrate their grasp of the material."

McLeskey said, "We admit highly qualified students, but our nursing curriculum is extremely rigorous. I have always wanted a school-wide mechanism to help these very smart students over the bumps in the road they may encounter on their way to



From left: Dr. Jay A. Perman; Dean Janet Allan; Dr. Patricia Morton; Robert Chrencik, president and CEO, University of Maryland Medical System; Dr. Carmela Colye, president and CEO, Maryland Hospital Association; and Dr. William "Brit" Kirwin.

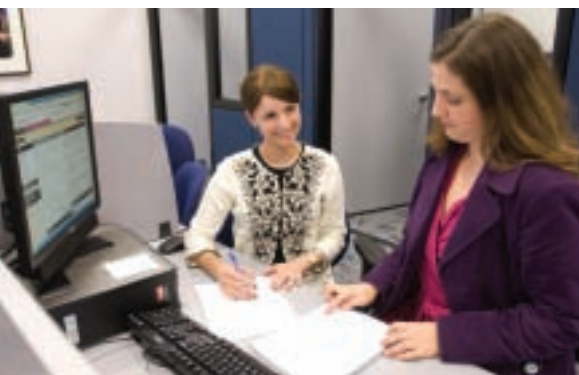
becoming outstanding nurses. The SSC is the fulfillment of this need, and I am so happy it is finally here."

University System of Maryland Chancellor Brit Kirwan, PhD, said it is a major imperative for the system to respond to work-force needs in key fields such as nursing, noting the SSC is "right at the sweet spot" of system initiatives and priorities by helping to meet two key goals of a strategic plan for 2020. The first is to have 55 percent of the state's young adult population holding a degree; the second is enhancing Maryland's competitiveness and meeting vital work force needs.

"By helping nursing students succeed academically by becoming more efficient and effective learners, you are helping to ensure that more nursing students complete their degrees," Kirwan said.

University of Maryland President Jay A. Perman, MD, said the center's task of helping students succeed by assisting with study skills, writing skills, and clinical performance enriches the university. "Everybody's boats are raised," he said. "Here is further evidence that the university cares about its students and what they become."

—Patricia Fanning



Student tutors Jamie Rubin (left) and Jheremy Sigler



Dr. Robin Newhouse (left) and Dr. Susan Dorsey

Dorsey, Newhouse Inducted as Fellows in AAN

ASSOCIATE PROFESSORS Susan Dorsey and Robin Newhouse were among 142 nurse leaders inducted as Fellows in the American Academy of Nursing during the AAN's 38th annual meeting and conference held in Washington, D.C., in October.

Dorsey, PhD '01, MS '98, RN, FAAN, joined the School of Nursing faculty in 2004. Her research on the molecular, cellular, and genetic mechanisms underlying the development and persistence of chronic pain has been continuously funded by the National Institutes of Health and the American Pain Society. Dorsey is director and principal investigator of the National Institute of Nursing Research P30-funded University of Maryland Center for Pain Studies. The current focus of her lab includes the identification of cellular and molecular mechanisms of chronic pain so that new therapeutic targets can be identified to improve or ameliorate chronic pain. Her most recent project, supported by funding from the 2009 American Recovery and Reinvestment Act, addresses molecular signaling and

transcriptional alterations associated with neuromuscular dysfunction in muscular dystrophy.

A member of the faculty since 2007, Newhouse, PhD '00, MS '99, BSN '87 RN, NEA-BC, FAAN, has served as assistant dean for the Doctor of Nursing Practice program and co-director of the Developing Center of Excellence in Health Systems Outcomes. She is currently chair of the Department of Organizational Systems and Adult Health. Newhouse is a leading expert in evidence-based practice (EBP), as

The AAN's approximately 1,500 Fellows are nursing leaders in education, management, practice, and research.

demonstrated by her development and implementation of innovative models of EBP and extensive research on evidence translation in acute-care settings. She is the only nurse appointed to the federal Patient-Centered Outcomes Research Institute Methodology Committee. She was lead author on a systematic review published recently in *Nursing Economic\$*

suggesting that APRNs garner similar, and in some ways better, outcomes than their physician counterparts. Newhouse was also the recent recipient of a \$1.1 million grant from the U.S. Health Resources and Services Administration to enhance the School of Nursing's Doctor of Nursing Practice program in ways that will benefit executive nurse leaders and the communities where they live and work.

Also among the 2011 inductees were School of Nursing alumni Kathryn Fiandt, PhD, BSN '71, RN, FNP-BC, associate dean for graduate programs and clinical affairs, University of Texas Medical Branch; Hae-ra Han, PhD '01, RN, associate professor and director, PhD program, Johns Hopkins University School of Nursing; Mildred Horodyski, PhD, BSN '72, RN, professor, Michigan State University College of Nursing; Karen McQuillan, MS '86, BSN '81, RN, CNS-BC, CCRN, CNRN, clinical nurse specialist, University of Maryland Medical Center; C. Fay Raines, PhD '85, RN, dean and professor, University of Alabama in Huntsville College of Nursing; Linda Rose, PhD '92, RN, associate professor, Department of Acute and Chronic Care, Johns Hopkins University; and David Vlahov, PhD, MS '80, BSN '77, RN, dean and professor, University of California at San Francisco School of Nursing.

The AAN's approximately 1,500 Fellows are nursing leaders in education, management, practice, and research. Fellows contribute their time and energy to the AAN and engage with other health care leaders outside the AAN in transforming America's health care system. —PA.



Jana Goodwin (third from right) holds a debriefing with students following their simulation exercise.

Beyond the Stereotypes

AS AN ELDERLY WOMAN in a hospital bed nears the end of life, nursing students surround her. At this point, there are no more decisions to make regarding treatment. But when it comes to meeting the patient's needs, there are still many choices to be made.

By showing sensitivity to the woman's cultural background and related preferences, the students can make her last moments as comfortable as possible. The patient, a devout Catholic, has made known her desire for rosary beads, to be used in prayer. The students readily accommodate her. Down the hall, another patient also is preparing to leave this world. An atheist and war veteran, his end-of-life preferences differ significantly from the first patient. He wants to celebrate his life and requests that those in the room make a toast in his honor. The nursing students acquiesce, filling plastic champagne flutes with sparkling juice.

The hospital rooms, as well as the patients that lie in them, are simulated.

And while the sensitive situations they represent are realistic, they are rarely discussed in nursing school curriculum. But at the School of Nursing's Shady Grove location, the popular three-credit elective, Healthcare and Culture, tackles such issues head on.

Unlike in courses on anatomy or biology, nursing students in Healthcare and Culture can't arrive at the correct answers by memorizing terms in a textbook.

"To be culturally competent requires immersion," says course instructor Jana Goodwin, MS, RN. She has her students watch movies, read books, and role play scenarios in which cultural differences play a role in health care. "The challenge is how to acknowledge cultural differences without stereotyping," she says.

That's why class discussion is a vital part of the immersion process. It not only gives students a better understanding of other people's differences, it also helps them discover things about themselves.

Consider the student who chose to watch the 1993 movie *Philadelphia* for her immersion experience. The film is about a young homosexual lawyer with AIDS who is fired by the conservative law firm where he works. During a classroom discussion about the film, the student acknowledged her own prejudices against homosexuality and her struggle to overcome them.

In fact, students often find the course is as much about confronting their own beliefs as it is about understanding how cultural influences affect patients.

"You become more aware of your own biases and values. It helps you become more open-minded," says David Ortega-Navas, who completed the course in July. The insights he gained surprised Ortega-Navas, a native of Nicaragua and a practicing physician in his homeland.

"Once I started participating in the [class] discussions and doing the role play, I got into it. I realized that there is so much diversity among patients," Ortega-Navas says. Now, during clinical rotations, he finds himself more observant about common cultural characteristics. Patients of certain racial backgrounds, Ortega-Navas finds, tend to be very soft-spoken and reserved; those from others are more outspoken. But he is quick to acknowledge that these are mere generalizations. "People from the same ethnic background can show very different behavior, so health care providers should keep an open mind," Ortega-Navas says.

It's this nuanced way of looking at cultural diversity that Goodwin hopes the course sparks in students.

"We must have a willingness and openness to ask and learn [about a patient's culture] so that we can provide the best possible care," she says.

—Elizabeth Heubeck

A New Legacy

AT AGE 46, Lysle Everhart was comfortable in his job as an assistant vice president at GE Capital Commercial Financial, a global finance company, when thoughts of a career change started flashing across his mental radar screen.

It was 2009, and the ballooning real estate crisis was negatively impacting his business. The financial security that Everhart had long known in his career started seeming like an underwhelming reason to get up and go to work each morning. Subsequently, his long-buried thoughts of entering the medical profession began to resurface.

“I think when you’re making a good salary and you don’t want for material things, you start asking yourself: ‘What’s my legacy? Am I going to have the opportunity to impact somebody’s life?’” Everhart says.

These nagging questions jump started Everhart’s active search for a new career path. A self-described “fast-paced thinker,” he quickly took stock of what he enjoyed and excelled at in his current career—particularly the opportunity to think critically and analytically—and melded that with benefits he felt were missing. “I wanted to do something where I could have a direct impact on people,” Everhart says. Nursing seemed like the ideal answer.

With his mind made up, Everhart started taking pre-requisite courses at Anne Arundel Community College (AACC) in August 2009. Though he hadn’t sat in a college classroom since he obtained his BS in Business Administration from University of Notre Dame, Everhart had no problems adjusting. He enjoyed success in biology and chemistry, the pre-requisites that tend to be most challenging to students.

In addition to his natural propensity for science, Everhart attributes another factor to his success as a returning student. “I’m a lot more serious now. I have 18 years of real-world experience,” he says.

Everhart’s maturity made him a natural candidate to assist other students in tutoring and supplemental instruction at AACC. He dove into this role, gaining



Lysle Everhart

a sense of the satisfaction that he believes will grow with his new career. Everhart hopes to have the opportunity to get involved similarly at the School of Nursing. This fall, he started working toward his BSN, with an eye on eventually pursuing a master’s degree.

Everhart still has plenty of time to decide which area of nursing he’d like to pursue. But he’s already considering both cardiac care and trauma. “I need something that’s pretty fast-paced, and that involves critical thinking and analysis. That’s what I’ve done my whole life,” he says.

—E.H.

The Heart of the Matter

YOUR HEART IS A MUSCLE PUMP:

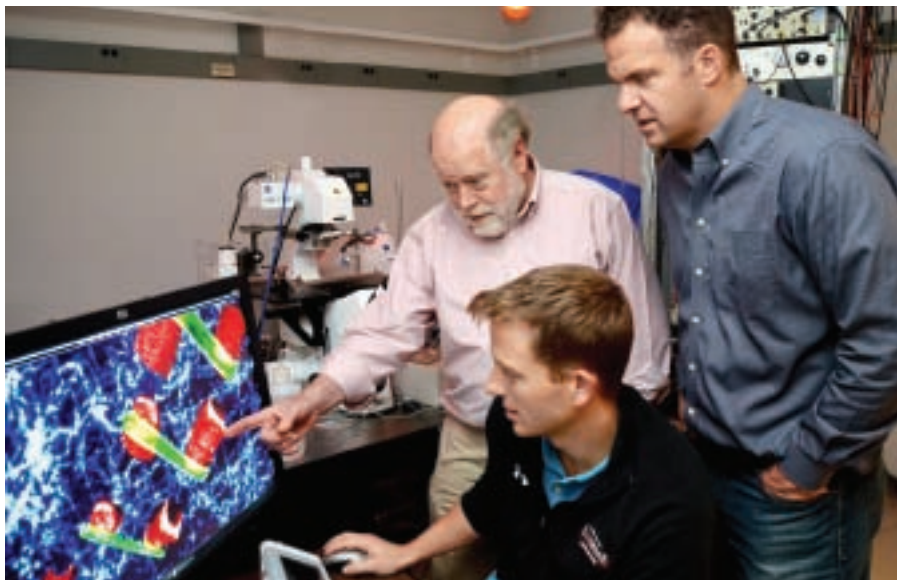
Before each beat, the muscle is relaxed and as it fills with blood, it undergoes a stretch. During each heartbeat it then contracts to propel the blood into the arteries and carry oxygen throughout your body. If you're healthy, this happens between 50 and 100 times a minute in an even, perfect rhythm.

Ernest H. Starling first recognized the importance of the relaxation portion of the heart cycle with work in the late 1800s and early 1900s that formed the basis for "Starling's law of the heart." In this work it was recognized that when heart muscle is stretched during filling, this stretch increases the force of contraction. In 2009, a team comprised of School of Nursing Associate Professor Chris Ward, PhD; Jonathan Lederer, MD, PhD, director of the University of Maryland Center for Biomedical Engineering and Technology (BioMET); and colleagues at Oxford University in the United Kingdom provided important insights into a new mechanism by which mechanical stretch of the heart increased the forcefulness of contraction. In a paper published in *Circulation Research* (2009; 104:787-795), these researchers found that microtubules, hollow rods that help support and shape the cell,

"The techniques we had been using to stretch the cells were inefficient," says Ward, whose work, with colleagues, led to the development of an adhesive to attach the heart cells to experimental apparatus.

were critical to the sensing of mechanical stretch and converting this mechanical signal to increased calcium release that fuels contraction. Despite these important new insights, the physiological basis of this essential new mechanism had remained elusive.

In a recent publication in the journal *Science* (333, 1440-1445), Ward, Lederer, and Benjamin Prosser, PhD, a postdoctoral fellow at BioMET, found the answer: When the heart cells stretch, the mechanical stress



Dr. Jon Lederer (left), Dr. Benjamin Prosser (seated), and Dr. Chris Ward examine experiential data. On screen is a series of images in which single heart cells are shown attached to custom-designed apparatus via MyoTak-coated glass rods.

acts through microtubules to trigger a burst of reactive oxygen species (ROS) molecules, also known as free radicals, that then trigger calcium release in the cell, a process they termed "X-ROS." The answer is ironic: Free radicals, the target of antioxidants, are famous for causing cell damage. But it turns out that they are critical to this mechanism.

The significance of their finding was realized when turned their attention to Duchenne muscular dystrophy (DMD), a devastating disease in boys that often leads to death due to arrhythmias and heart failure. It was well established that heart cells from the DMD mouse (i.e., mdx) have increased ROS production, misregulated calcium release, and increased levels of microtubule protein. The researchers reasoned, "If the X-ROS mechanism is dependent on microtubules, then stretch dependent ROS production must be greatly

enhanced in the DMD heart," says Ward.

But first, they had to develop some new tools. "The techniques we had been using to stretch the cells were inefficient," says Ward. Their work led to the development of an adhesive to attach the heart cells to experimental apparatus. This adhesive, MyoTak™, is now being marketed to researchers around the world.

Using their new techniques, Ward and colleagues discovered that stretching a heart cell from a healthy heart resulted in microtubules tugging on enzymes that produce ROS, and the ROS triggering calcium release—the newly identified X-ROS pathway. In the DMD cells? As hypothesized, they found that in mdx, which have excess microtubules, there was excess ROS release that triggered hyperactive calcium release consistent with that needed to trigger arrhythmias. "The excitement around this paper in *Science* is not just the intricate biophysics and discovery in the heart, but also that we have identified a pathway that could be a potential target for therapy in patients with DMD," says Ward.

—Kristi Birch contributed to this article

Champions for Function-Focused Care

TWO SCHOOL OF NURSING faculty members are on a mission to change the way nurses approach the care of residents in assisted living facilities.

“Traditionally, nurses learn to take care of people. Now, we’re teaching nurses to ask patients to think about what they’re going to do for themselves,” says Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, the Sonya Ziporkin Gershowitz Endowed Chair in Gerontology at the School. Thanks to a \$100,000 grant from the Leonard & Helen Stulman Charitable Foundation, Resnick and Assistant Professor Beth Galik, PhD, CRNP, will now be able to extend this philosophy of “function-focused care” to 20 residential living facilities in the Baltimore area.

Function-focused care optimizes patients’ current abilities and integrates functional and physical activity into interactions between nurses and patients. This might mean walking nursing

Dr. Beth Galik gets residents up and moving to help them maintain and improve their ability to walk.



home residents to the bathroom rather than providing them a bed pan, or handing them a hair brush instead of brushing their hair for them. While performing the task for the resident may be quicker and easier, it won’t promote the goal of function-focused care—to increase physical activity and decrease sedentary behavior.

“If you don’t move a joint, it eventually freezes,” Resnick says.

Previous studies have shown that even nursing home residents with advanced dementia can benefit from function-focused care, Resnick notes. Positive results range from reduced depressive and agitated behavioral symptoms to a more hopeful attitude and a higher quality of life.

Resnick and Galik will use a “train the trainer” model to disseminate function-focused care. This involves identifying a key staff member within a facility who learns how to implement the care and becomes an “internal champion”—a cheerleader of sorts who makes sure the philosophy is effectively recognized and practiced throughout the facility.

“When you have an excited ‘champion,’ things happen more rapidly,” Galik says.

Resnick says they also will employ a “socio-ecological approach” to ensure that facilities adopt the approach. This requires gauging the current environment at each participating facility to determine if it hinders or promotes the type of care the researchers are espousing.

“The first thing we do is look at a facility’s environment and policies,” Resnick says. “Then, we fix the environment to optimize physical activity.” For facilities that always lock their doors to ensure patient safety, for instance, this



Dr. Barbara Resnick works with residents to maintain range of motion so they can continue to perform their personal care activities.

might involve discussing ways to permit residents safe access to the facility’s grounds for walking.

Making these changes is easier said than done. The majority of older people who live in assisted living facilities are extremely sedentary, with many getting only about one minute of moderate activity per day, according to Resnick. This is largely because the facilities’ policies often promote residents’ safety over safe engagement in physical activities, she explains.

Once employees understand the benefits, they can learn more about residents’ former interests and activities.

Galik tells of one gentleman who suffered from dementia and had lost his ability to walk. After learning that he once was an avid bicyclist, the employees made a cycling machine available to him. “Eventually, it helped with his level of agitation. If we had him do his pedaling first, he not only easily engaged in daily living tasks, but was not as resistant to care,” Galik says.

—E.H.

Gaining through Losing

WHEN A BREAST CANCER PATIENT finishes treatment, it is not always an easy transition: Typically she receives good wishes from her nurses—and a recommendation that she lose weight. This comes at a time when she's likely to feel exhausted from treatments such as surgery, radiation, or chemotherapy and changes in her body.

Yet, the point is important. Women typically gain weight after diagnosis and treatment for breast cancer (due in part to medications they take during treatment), and obese women with certain types of breast cancer are twice as likely to experience a recurrence of the cancer. African-American women are nearly twice as likely to experience obesity as white women (54 percent to 30 percent) and so are at even greater risk.

“I've spent many years looking after breast cancer patients who tend to gain a lot after diagnosis,” says Assistant Professor Kathleen Griffith, PhD, CRNP, AOCN®, who has received funding for a pilot study to investigate weight gain in African-American breast cancer survivors through a K12 Calabresi Scholar Award from the National Cancer Institute, in conjunction with the University of Maryland Greenebaum Cancer Center. Having completed a post-doctoral fellowship at the Johns Hopkins School of Nursing on health care disparities, Griffith sees this pilot study as perfectly aligned with her interests and expertise. She aims to test the feasibility of a focused dietary program for these vulnerable patients.

Most women diagnosed with breast cancer are age 60 or older and usually fairly entrenched in their eating habits, says Griffith. Still, she sees an opportunity.

“Having a life-threatening illness shakes things up,” she says, “so people are open to change.” They're also open to support from other women in similar situations, which comes through group meetings of study participants. The women receive individual dietary counseling from a registered dietitian, using the exchange system for weight loss published by the American Dietetic Association, which emphasizes low fat, healthy food choices in conjunction with calorie reduction. Many women in the study may find that learning aspects of nutrition gives them confidence, says Griffith. “When they have these tools they feel empowered.”

Alice Ryan, PhD, Griffith's mentor for the study and a professor in the Gerontology Division of the University of

Maryland School of Medicine, says Griffith's work tackles a difficult area that can have broader implications. Ryan's role in the study involves monitoring changes in body fat composition, measuring inflammatory processes related to the cancer before and after the weight-loss program and tracking the dietary recommendations on caloric intake.

For guiding the intervention with the study participants, Griffith adapted a mindfulness approach. Rooted in Buddhism, mindfulness, defined as a “nonjudgmental, present-oriented, focused attention,” came to health care in treatment for stress reduction and depression. Its concept of focusing attention on the present is widely used in weight management for non-cancer patients.

So far, says Griffith, the women in the study have been receptive to the sessions on mindfulness led by Catherine Kelleher, ScD, MPH, RN, associate professor at the School of Nursing. “The mindfulness piece has really resonated with them,” says Griffith, noting that they often email follow-up questions afterward. “It extends beyond the weight loss,” she notes. “Losing weight this way shows they can regain control over parts of their lives.”

The pilot study began in May and involves three cohorts of 10 women each. Griffith plans to finish data collection next summer. If analysis shows sustained weight loss, she hopes to conduct a randomized clinical trial comparing the mindful weight-loss intervention plus exercise with the standard treatment: a recommendation to lose weight with no structured support for it. —David Taylor

Dr. Kathleen Griffith consults with one of her study participants.



Why is it important for nurses to take leadership roles?



**Kathleen M. Buckley, PhD,
RN, IBCLC**

*Associate Professor and Chair,
Faculty Council
University of Maryland School of Nursing*

The patients, families, and communities that nurses serve today expect high-quality care and service at affordable costs. Nurses are in a position to critically examine if the health care provided is based on the best available evidence. Nurse leaders are driving major changes in health care delivery by promoting the use of evidence-based interventions to ensure quality care and patient safety. Bridging the gap between current care and evidenced-based care is not only the responsibility of experienced nurse leaders, but also an expectation of all nurses—from the clinician to the executive—especially in a context of shared governance and inter-professional collaboration. Nurses at all levels have the opportunity, through leadership, to positively impact the future of health care in our nation, leading to improved patient safety outcomes, healthier work environments, increased job satisfaction, lower patient turnover rates, and positive outcomes for patients and organizations.



**David Vlahov, PhD, MS '80,
BSN '77, RN**

*Dean and Professor
University of California, San Francisco
School of Nursing*

Nurses are at the vanguard of public health. Having an adequate number of nurse leaders who can manage highly trained nurses to deliver care to all segments of the population, whether in resource poor countries or in our own communities, is essential to meet public health goals. Recently, a major foundation approached me to engage with an African country to develop a nursing education program. Their overall program concept included advanced training to produce Western-style medical practice, modern hospitals, and diagnostic equipment. Visiting faculty members would train high school-prepared nurses to become, in essence, two-year nursing graduates. The plan included no new schools for nursing, very little new equipment, and no plans to develop nursing leadership. We reminded the foundation that without nurse leaders, it would be impossible for the country to sustain and grow this important part of the health sector.



Sanna Ali

*Current Bachelor of Science
in Nursing Student
President, Nursing Student
Government Association*

Leadership is a quality that nurses at all levels must possess. Nurses have authority, the ability to influence patients, and the privilege of providing holistic care. These are a few responsibilities that make all nurses leaders. However, like any skill, leadership takes time, practice, and effort. The ability to be a leader requires nurses to transform our attitudes and modify our behaviors. With the imminent changes in health care, and with nurses having a seat at the policy table, it is important now, more than ever, for the profession to have strong, influential leaders. We are at a point where nurses can directly influence future health care legislation, but there is a limited supply of nurse leaders.

Fortunately, nurses do not have to wait until they are practicing to begin developing proficient leadership abilities. Many nursing schools, such as UMSON, provide numerous opportunities for students to build their clinical and leadership skills. It is up to us, as future leaders of our profession, to take advantage of these privileges.



Museum Celebrates Renovated Space, New Exhibits

By Dan Caughey

Changes update the story of nursing to address contemporary developments in the profession.

A September reception celebrated the reopening of the School of Nursing's newly renovated Living History Museum. The restoration was the result of a yearlong project to update the existing space and add an exchangeable exhibit, where new artifacts, photographs, and documents can be displayed.

The museum opened to the public in 1999 as a permanently installed exhibit of the School's 100-year history. Over the past decade, the original exhibits became outdated and worn, and many new developments—which have taken place within the School and the nursing profession—had to be added.

The changes to the permanent gallery bring the exhibit to the modern day and update the story of nursing to address contemporary developments such as new nursing specialties, contemporary nurse-led research, and the ongoing nursing shortage. There are two new rotating aspects to the permanent exhibit. The first, on the Research-themed wall, will change annually and will highlight recent nurse-led

◀ **Items on display at the Living History Museum include nursing uniforms, such as a graduate uniform (center), and artifacts, such as a mobile infant care kit (right).**

research conducted at the School of Nursing. The other rotating section includes wall and exhibit case space for covering a variety of historical School of Nursing topics and stories of nursing history in general.

The Living History Museum's current rotating exhibit, "Angels of the Battlefield: Nursing during the Civil War," is on display to commemorate the 150th anniversary of the start of the conflict and is open until Jan. 27, 2012. The exhibit incorporates historic photographs, prints, and letters, as well as artifacts on loan from the National Museum of Civil War Medicine in Frederick, Md.

The Civil War was a turning point for women and the profession of nursing. Before the war, most of what is considered "nursing" today was done by women in the home. Within the military, nursing—whether it involved assisting with surgeries or giving comfort to the wounded—was mostly done by men, known as orderlies. By the end of the Civil War, thousands of women had served as nurses on both sides of the conflict. They faced a variety of challenges during the war: societal obstacles; woeful working conditions; and inadequate knowledge of injury and disease. Many nurses, such as Clara Barton and Susie King Taylor, were strengthened by their experiences during the Civil War and emerged as effective advocates for the advancement of nursing.

The nursing profession underwent a transformation after the Civil War, partially because of the thousands of soldiers who returned home with firsthand knowledge of the quality of care they received from female nurses. Women had proven that they could be excellent nurses and could handle themselves admirably under stressful situations. Changes in the profession were swift; the vast majority of nursing students were women by the 1880s, when a large number of the first nursing schools were founded, including the University of Maryland Hospital Training School, which eventually became the University of Maryland School of Nursing.

The Living History Museum is open from 10 a.m. to 2 p.m. Monday and Tuesday during the academic semesters. The museum is supported by a dedicated team of volunteer docents who are alumni of the School of Nursing. If you are interested in becoming a docent, contact Museum Curator Dan Caughey, 410-706-2822 or dcaughey@son.maryland.edu.

Early Nurse Leaders — "ANGELS OF THE BATTLEFIELD"

(on display until Jan. 27)

Clara Barton



Nicknamed the "Angel of the Battlefield," Clara Barton worked tirelessly to help the wounded during the Civil War. Her most important contribution was providing Union surgeons and hospitals with desperately needed bandages, food, and other supplies.

Early in the war, aid stations were woefully unprepared for the human misery they encountered, and Barton was an important figure in aiding the effort.

Barton was a tireless promoter of nursing after the war and is remembered today as the founder of the American Red Cross in 1881.

Photograph courtesy of the National Archives

Susie King Taylor



Of the hundreds, or perhaps thousands, of African-American women who served with the Union Army's Colored Regiments during the second half of the Civil War, Susie King Taylor is the only one who left a published memoir of her experiences.

At age 14, she ran away with some of her family members and found sanctuary in the Union lines in the small pockets of Union-controlled South Carolina. From 1862 to the end of the war, she served as a nurse for the 33rd Colored Regiment. She also taught some of the soldiers in the regiment (many runaways themselves) how to read and write.

Photograph courtesy of the Library of Congress

Sally Louise Tompkins



Born in Virginia, Sally Louise Tompkins practiced nursing skills from an early age. During the Civil War, she became the supervisor of Robertson Hospital, where the most critically wounded Confederate soldiers were sent. She received more than 1,400 patients from

Aug. 1, 1861 through June 13, 1865; only 73 died. Tompkins believed the secret to her success was her passion for cleanliness and her concern for the spiritual well-being of her patients.

Photograph courtesy of the Library of Congress

LEADING

From Where You Stand

BY MARLENE ENGLAND

IF ever there was a time for nurses to shine as leaders, that time is now, says **Karen Daley, PhD, MPH, RN, FAAN**, president of the American Nurses Association (ANA). The Affordable Care Act and the Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health*, have created a golden opportunity for nurses to become more visible and vocal leaders in health care, she points out.

"By virtue of our knowledge, competencies, and close proximity to patients and their families, nurses are positioned to assure everything possible is done to place patients at the center of health care delivery systems.

"To fully exercise that power is to 'lead from where you stand,'" Daley says, borrowing a phrase from a recent ANA webinar. She knows, as we do, that University of Maryland School of Nursing faculty, students, and alumni put their leadership skills to work every day for the benefit of their patients, colleagues, and the nursing profession. The passion and commitment of these leaders is inspiring to all.



Peggy McNeill, now stationed at Andrews Air Force Base, recently completed a seven-month stint in Afghanistan, as an inpatient flight commander.



LEADING BY EXAMPLE— IN AFGHANISTAN

When **Peggy McNeill**, PhD '07, RN, packed her bags last November, it wasn't for vacation. As a colonel in the United States Air Force, McNeill was headed for a seven-month stint in Afghanistan as inpatient flight commander for the 455th Expeditionary Medical Group at Bagram Air Field. It was quite an adventure for the career nurse who, in 1984, joined the military "on a whim" to see if she would like it.

At the medical facility on Bagram's base, McNeill was in charge of all the inpatient capability—the intensive care unit, medical surgery ward, and post-anesthesia care unit. Although she helped prepare many patients for aero-medical transport back to the United States or to hospitals in Germany, she also did her fair share of patient care. "More than once someone would say to me, 'I haven't seen too many colonels doing patient care at the bedside,'" she recalls. "But that's leading by example. I don't expect anyone else to do something I'm not willing to do."

Throughout her time in Afghanistan, McNeill drew from the skills she developed in her years as a clinical nurse specialist. "No one wants to be away from home, but that's what you train for—it's the ultimate nursing challenge."

Approximately 80 medical personnel reported to McNeill, including nurses, physicians, and respiratory therapists. In the Air Force, nurses have the opportunity to lead all types of health care providers, with enlisted medical technicians and officer physicians frequently reporting to nurses. The nurse leader's goal is to ensure that the entire health care team has what is needed to provide the best care. McNeill did a great deal of teaching and mentoring at the

bedside, as her team provided care for wounded service members, U.S. citizens and foreign contractors in the area, along with local Afghan families.

"The diagnoses ranged from trauma to burns to pneumonia to meningitis, and the clinical environment was pretty challenging," she says, estimating that approximately 300 patients a month received care at Bagram, with many more readied for aero-medical evacuation.

Trained as a critical care air transport nurse, McNeill knows how important patient preparation is to a successful flight. A military plane isn't the ideal setting for treating patients, but her doctoral research has helped make the ride a little smoother for patients and for nurses. McNeill's research focused on the effect of altitude and noise on nursing care, as well as the impact of fatigue and clinical experience on the cognitive and physiological performance of critical care air transport providers.

She is pleased that, in recent years, training for air transport nurses has improved and equipment has been modified to ease the burden on nurses. "People are more conscious of how difficult it is to work in that environment," she says, noting that the 7,000-mile trip from Bagram to the U.S. takes a toll on nurses. "It doesn't all have to be clinician decision-making. Technology can assist." Better alarms for the noisy environment, for example, can help compensate.

Now that she's stateside, McNeill can keep closer tabs on her daughter Elizabeth, who is earning her Bachelor of Science in Nursing degree at the University of Maryland School of Nursing's location in Shady Grove, and once again turn her attention to research. McNeill is stationed at Andrews Air Force Base but



Altitude and aircraft noise are factors that impact nurses during air evacuations. Here, McNeill recreates such a scenario in the Sim Lab with a student volunteer.

working out of the new Walter Reed National Military Medical Center, where she is senior nurse scientist of clinical investigation in the Department of Research Programs' Center for Nursing Science and Clinical Inquiry.

"It's very exciting because I'm getting to use the research skills I learned during my doctoral education more," she says. One of several new research initiatives involves a partnership with another School of Nursing alumna, **Colonel Sara Breckenridge-Sproat**, PhD '09, RN, United States Army. With funding from the military's TriService Nursing Research Program, McNeill and others are investigating ethical issues in military nursing practice during wartime. As an example, McNeill cites questions that often arose at Bagram. "If a patient has extremely severe wounds, when is the care being delivered considered futile? And does the fact that resources are finite in a war zone impact that determination?"

"All of my experiences from Afghanistan give me greater insight into some of the things we do well, what the nurses and patients are experiencing, and how we can better help them," McNeill says. "I think in a lot of ways it is our clinical experiences that inform the next research project or study."



INFORMATICS EXPERT

Rebecca Burgess, BSN, RN, speaks a language that both nurses and Information Technology (IT) staff understand. “I do a lot of translating,” she says with a smile. Her ability to communicate effectively is a skill honed during her 10 years as manager of nursing informatics at Bay Pines Veterans Administration (VA) Healthcare System in west-central Florida.

Burgess had no job description to guide her when she stepped into her current position. She created the job—in fact, she created the department. Before Burgess arrived on the scene, the IT process at Bay Pines mostly involved assigning computer menus and keys that gave nurses permission to do specific and very limited tasks on the computer. “What I wanted to do was so much more



Rebecca Burgess with N3 (Nurses News Network) collaborators Joseph Desimone, MSN, RN, (left) and Jason Barton, BSN, RN.

types of medications administered each month. When computers unexpectedly went offline for three days (with a backup system that lasted for just 24 hours), Burgess and her three-person team worked with

their day? This is easy to use, and even if they don't have time to watch the video they can listen to it while they're doing other things.”

With a sense of humor as strong as her love for nursing, Burgess is able to smile about the twists and turns of her career. She worked for the Department of Defense at a hospital in Germany, where she developed an immunization clinic for children, then worked as an emergency room nurse in South Dakota prior to moving to Florida. Last summer she enrolled as a distance learner in the School of Nursing's master's specialty in nursing informatics, eager to learn the latest in this burgeoning field so she can make even more effective contributions in the workplace. Burgess earned all A's and B's in her first year while working full time and battling breast cancer.

“At times it feels a lot like *Mr. Toad's Wild Ride*,” she says with a laugh. “I've been a nurse for 30 years, out of school for 18 years, and now I decide to go back to college. But this time I'm going to school because I want to know. This is for me.”

“BEDSIDE NURSES HAVE REACHED THEIR CAPACITY. HOW MANY MORE THINGS CAN THEY PUT IN THEIR DAY? THIS IS EASY TO USE, AND EVEN IF THEY DON'T HAVE TIME TO WATCH THE VIDEO THEY CAN LISTEN TO IT WHILE THEY'RE DOING OTHER THINGS.”

— REBECCA BURGESS, BSN, RN

than that, but I didn't have a clue what to call it,” she says. In 2001, after reading some literature reviews from the American Nurses Association, she settled on “nursing informatics,” a term that was not yet widely used in the military.

Her first major project was implementing a computerized barcode system for medication administration. With a quick scan of a barcode on a patient's wristband, nurses can confirm that the patient receives the appropriate medication and dose, and the department can easily determine the number and

nurses and programmers to develop a contingency plan, which may in the future be implemented nationwide.

Most recently, Burgess and her staff launched the Nurses News Network—N3 for short. Brief informative videos are filmed in YouTube-fashion and linked to an icon on the workstation computers of direct care nurses. With a quick click, nurses can stay current on procedural or policy changes, staff additions, product news, and more. “Bedside nurses have reached their capacity,” Burgess explains. “How many more things can they put in



Dr. Lisa Plowfield with students Fuzail Siwani and Anna Robuccio.

the department chair saying to me, 'Look who's busy around you. That's who you ask to get things done.'"

And there's no doubt that Plowfield has been busy. At Florida State, she led the College of Nursing through national accreditation and a rigorous state university system quality enhancement review. She facilitated the first successful promotion and tenure of nursing faculty in 13 years and established the first doctoral education programs within the College of Nursing.

At the University of Delaware, she became the highest funded investigator in the School of Nursing—setting the example for others who have since surpassed her achievement. She was a founding board member of the National Nursing Center Consortium and appointed by the governor to the Florida Center for Nursing's board of directors.

The fact that Penn State York doesn't have a nursing program is not an issue for Plowfield, who began her career as a staff nurse on a trauma-neurology unit. She recognizes the similarity between health care and academic systems. "The missions remain the same," she says, adding that her nursing background may, in fact, offer some unique benefits. "Nursing comes naturally to me. All those listening skills, the ability to really hear what's being said and what's not being said—that's part of the assessment we

do as nurses," she reflects. "It's a different way of understanding information from different people's perspectives, and that's not always at the table."

As chancellor, Plowfield oversees full campus operations at Penn State York, where students choose from eight bachelor's degree programs or opt for two years of study toward 160-plus majors offered at other Penn State campuses. Plowfield is responsible for serving students and faculty, as well as ensuring a high quality, safe learning environment, where all faculty and staff work collaboratively to meet the students' needs.

"Although I might not be giving nursing care in a physical way, my skill set allows me to look at our community as a regional campus and see what the needs are, how we keep our community healthy, employed, and successful," she continues. With interests in safety that stem from her clinical background and system level interactions, Plowfield wants to examine issues that affect families and well-being across the lifespan and health continuum. Penn State York has a strong focus on engineering and business, and she will use these majors as a foundation to examine system-level issues throughout the community. "I'm still taking care of people—just in another perspective," she reflects.

Plowfield relishes her leadership role but says she's found that nurses sometimes don't recognize themselves as leaders. "A nurse caring for a patient at the bedside is in a leadership role, as an advocate for that patient," she points out. "Every nurse is a leader."

"ALTHOUGH I MIGHT NOT BE GIVING NURSING CARE IN A PHYSICAL WAY, MY SKILL SET ALLOWS ME TO LOOK AT OUR COMMUNITY AS A REGIONAL CAMPUS AND SEE WHAT THE NEEDS ARE, HOW WE KEEP OUR COMMUNITY HEALTHY, EMPLOYED, AND SUCCESSFUL."

— LISA PLOWFIELD, PhD, MS '87, RN



AT THE HEAD OF THE CAMPUS

Lisa Plowfield, PhD, MS '87, RN, always knew she wanted to teach. But she never anticipated that her love for academia would one day land her in the chancellor's seat.

In August, Plowfield was appointed chancellor at Penn State York, becoming the first woman—and the first nurse—to serve in the position. She is former dean and professor of the College of Nursing at Florida State University and also has served as director of the School of Nursing in the College of Health Sciences at the University of Delaware.

"It's been a serendipitous path," says Plowfield, a native of nearby Lancaster County, Pa. "I didn't target myself for academic administration. People targeted me." In her multiple and often overlapping roles as teacher, committee member, advisor, administrator, and researcher, Plowfield shone—and her hard work and leadership skills produced results that got noticed. "As a young faculty member, I remember



THE BOTTOM LINE: HIGH PERFORMANCE

As if working in one hospital isn't challenging enough, PhD student **Jeffrey Purvis, MS '98, MBA, RN**, is the director of performance consulting for 12 hospitals—yes, 12.

He and his colleagues are responsible for supply chain management and contract implementation for the 12 member hospitals of the University of Maryland Medical System (UMMS). Working with the Performance Consulting and Systems Contracting departments, Purvis focuses on the bottom line—what's used where, and why, and how much it costs. Last year, the team was instrumental in saving UMMS more than \$7 million by improving standardization pricing and utilization. Purvis anticipates even greater savings this year and has already added three analysts and is recruiting two more clinical consultants.

But it's not all about the numbers for Purvis. He sees the bigger picture of how products impact nursing staff and, ultimately, patient care. That's why he takes a multidisciplinary approach to clinical product review in nursing and surgical services, as well as other departments. "We want as many perspectives as possible—physicians, nurses, purchasing and contract folks—so we can make an educated decision," Purvis says.

Never content with the status quo, Purvis takes the lead in identifying new opportunities to save valuable resources and, at the same time, improve workplace efficiency to benefit staff and patients. He points to oral care as an example. Nurses created a standardized

protocol for oral care but needed support in finding a company that provided products that suited their needs. Purvis' group helped by identifying potential companies and then facilitated the process of review to choose the best one. He doesn't hesitate to ask a vendor to create a new product to better meet the needs of UMMS nurses and patients. "The future lies within utilization and identification of products that provide

delivery and outcome. As director of nursing and business operations at Baltimore Washington Medical Center, Purvis developed the strategic financial plan for supplies in all nursing departments and collaborated with clinical staff on product review, performance metrics, and communications.

It was the question of one of Purvis' former School of Nursing professors, Mary Etta Mills, ScD, RN,

"WE WANT AS MANY PERSPECTIVES AS POSSIBLE—PHYSICIANS, NURSES, PURCHASING AND CONTRACT FOLKS—SO WE CAN MAKE AN EDUCATED DECISION." — JEFFREY PURVIS, MS '98, MBA, RN

a better solution, based on feedback from clinicians," he states. "This eliminates waste, reinforces clinical protocol, and supports better patient outcomes. If we do it right, it will lead to savings."

Purvis' past experiences—starting as a mental health worker at Sheppard Pratt and then as an operating room nurse at University of Maryland Medical Center, with a brief stint in surgical sales and service—have shaped his skill set and fueled his desire to analyze and improve care

FAAN, that led him back to school. "She asked me what kept me up at night," he recalls. "And I realized that what still bothers me most as a nurse are all the new products added to nursing care that always come with the hype from the vendor—but with no appropriate measurement in place to know if the product has a positive effect on patient care," he explains.

His PhD focus is concentrated in examining the effects of utilizing new products and technology involved in nursing patient care.



Vikky Bates, CPM, APP, director of system contracting for the University of Maryland Medical System, and **Jeffrey Purvis** review a proposed custom oral care kit—the result of work between their departments and the University of Maryland Medical Center.



Deborah Kolakowski (left) collaborates with her mentor Dr. Clare Hastings.



REDEFINING CLINICAL RESEARCH NURSING

Nearly three decades ago, **Deborah Kolakowski**, MSN, RN, was at the hospital bedside of President Ronald Reagan, serving as his primary critical care nurse after the 1982 assassination attempt on his life. Now a Doctor of Nursing Practice student at the School of Nursing, she is program director of advanced practice and outcomes management for the National Institutes of Health (NIH) Clinical Center, Nursing and Patient Care Services, a 240-bed hospital dedicated to biomedical research.

While Kolakowski never would have predicted such a 360-degree evolution in her professional path, she sees a common theme: helping nurses develop and advance in clinical practice and, more recently, in the specialty practice of clinical research nursing. In her 19 years at George Washington University Medical Center, she transitioned from staff nurse to nursing management to director of critical care services. First serving at NIH as nurse manager, Kolakowski embraces her current program director role as a way to support nurses and improve patient outcomes in a research setting.

“We translate basic research into clinical applications, bolstering biomedical research aimed at discovering, interpreting, and revising knowledge in a clinical setting,” Kolakowski explains. “We’re looking at how we can define the specialty practice of clinical research nursing to better support the NIH research mission—and that’s for the good of the country.” Working closely with advanced practice clinical nurse specialists keeps Kolakowski connected to patients and what’s happening on the unit. “I’m very much an operational hands-on person,” she says.

In addition to her program director responsibilities and her doctoral studies, Kolakowski also works with the patient classification program at the NIH Clinical Center, a hospital-wide system that measures the clinical acuity and complexity of patients that translates to nursing workload. The system’s data enables nurse managers and administrators to determine the proper amount of nursing staff to meet patient care needs.

At NIH, Kolakowski reports to **Clare Hastings**, PhD ’95, BSN ’77, FAAN, who serves as the Clinical Center’s chief nursing officer. But Hastings is more than a boss; Kolakowski considers her a mentor as well. The two share ideas and engage in creative brainstorming and problem-solving several times a week.

Says Hastings, “We came to the Clinical Center at almost the same time, and Deb demonstrated immediately that she was committed to the mission here. She’s a highly contributing member of the team and has shown unusual talent in taking her understanding of management processes—staffing, recruitment, data components, variables and outcomes—and putting them to use for the whole department.”

Kolakowski is grateful for Hastings’ support, particularly with regard to her doctoral studies, which focus on identifying and measuring the impact of research activities on nurse workload. “Clare is very much a visionary and has really defined the role of clinical research nursing as a specialty practice. She really opened that door for everyone to walk through,” Kolakowski says.

Having such a wonderful mentor has inspired Kolakowski to mentor her own staff in its efforts to support the department, measure and improve outcomes, and demonstrate clinical leadership.

“Leading from where you stand’ can apply to nurses no matter what role they’re in,” she notes. “With the health care environment changing so rapidly, the nurses at the bedside make all the difference because they’re the ones doing the work.”



GAINED IN TRANSLATION

Robin Newhouse, PhD '00, MS '99, BSN '87, RN, NEA-BC, FAAN, didn't set out to be a researcher. For years, she anticipated growing her skills as a clinical nurse in intensive or peri-operative care. "What drove me toward a PhD was the need in the clinical arena to have data on which to base better decisions," she says. "The higher I moved on the clinical side, the more I realized how critical that data was."

When Newhouse left her position as director of patient care services at Sinai Hospital in Baltimore nearly a decade ago, she became nurse researcher for the Department of Nursing Administration at Johns Hopkins Hospital and assistant professor at Johns Hopkins University School of Nursing. Four years ago, she returned to the University of Maryland School of Nursing as an associate professor, serving first as assistant dean for the Doctor of Nursing Practice (DNP) program and now as chair of the Department of Organizational Systems and Adult Health.

As in any academic environment, the expectations for faculty research and engagement are high—and Newhouse never fails to deliver. Her diverse research efforts have focused on the impact of nursing in rural hospital environments, the role of nurses in improving heart failure outcomes, and the effectiveness of nurse-led interventions in improving screening and treatment for substance use, among other topics.

Results of a recent study, led by Newhouse with School of Nursing colleagues Meg Johantgen, PhD, RN, and Lilly Fountain, MS, RN, CNM, indicated that advanced practice registered nurses (APRNs) have similar patient outcomes to other providers and in some areas might outperform physicians and other health care teams without APRNs.

Newhouse and her research colleagues analyzed 69 studies published between 1990 and 2008, comparing APRN processes and patient outcomes to those of physicians or teams with physician providers. Certified nurse midwives, for example, had lower rates of cesarean sections and perineal lacerations than their physician/physician team counterparts.

Funded by the Tri-Council for Nursing and the Advanced Practice Registered Nurse Alliance, the study was a collaboration among faculty members at the University of Maryland School of Nursing, Johns Hopkins University (nursing, medicine and public health), and Catholic University (nursing). "It was quite a rigorous and intense project," says Newhouse, who was pleased that the study reinforced the important role that APRNs play in providing high-quality, effective patient care.

Now Newhouse is rolling up her sleeves to implement a \$1 million-plus training grant from the Health Resources and Services Administration (HRSA) to enhance the DNP program at the School of Nursing. The goal is to reduce disparities in health care by improving access to quality care and by providing a diverse and culturally competent workforce of DNP graduates. The project calls for the addition of four electives in the DNP program specifically intended for nurse executives and chief nurse officers, along with increased emphasis on recruiting and retaining ethnically diverse students from rural or medically underserved areas or with plans to practice in those areas.

"This project will have high relevance [in advancing] leadership and quality outcomes in areas that



Dr. Robin Newhouse is a leader in nursing education, research, and practice.

serve an underserved and vulnerable population," Newhouse says.

Newhouse balances her research with faculty obligations. She has taught at all levels, with a recent focus on graduate courses in evidence-based practice and outcomes measurement, as well as two funded research studies. She co-chairs the Implementation Team of the University of Maryland Nursing Oversight Committee with Kristen Seidl, PhD, RN; serves on the Comparative Effectiveness Working Group; and is a U.S. Government Accountability Office-appointed member of the Methodology Committee of the Patient Centered Outcomes Research Institute, the only nurse holding this prestigious appointment.

Whenever the opportunity arises, Newhouse encourages her students and nurse colleagues to embrace their role as leaders. "You have to influence from where you stand," she advises.



Student leaders Regina Leonard and Regine Faucher.



LEADING AND LEARNING

Most nursing students struggle to find enough time for their studies. But Regina Leonard and Regine Faucher, both in the School of Nursing’s program at the Universities at Shady Grove, successfully manage their coursework and leadership roles in the National Student Nurses Association (NSNA), as well as other student nursing organizations.

Leonard, a second-career student who joined NSNA as soon as she enrolled in the BSN program, is a firm believer in the importance of professional organizations. “You need to know what’s going on, how you fit into the big picture,” she says. If something’s not being done right,

then I’ll speak up. It’s not right to just sit back and watch.”

Leonard recently served as president of University of Maryland Association of Nursing Students (UMANS) and serves as president of the Maryland Association of Nursing Students (MANS) and chair of the NSNA’s Council of State Presidents (COSP). Her position as COSP chair enables her to sit on the board of NSNA as a liaison between the state and national levels. “If nursing students in Montana or Guam or anywhere across the nation think NSNA should have a stance on a national nursing issue, then they contact me, and I contact the board to bring it to their attention and discuss,” she says.

Because she is a scholarship recipient, the topic is important to Leonard. She was instrumental in implementing three new

scholarships through MANS for Maryland students.

Like Leonard, Regine Faucher doesn’t hesitate to step up to lead. During her first semester as a BSN student, she connected with UMANS and helped with health fairs, blood drives, and fundraising. She currently serves as president of UMANS and this spring attended NSNA’s national convention in Utah, where she was elected as chair of the Nominating and Elections Committee. Now she’s busy with conference calls, email blasts, and workshops across the country in an effort to inspire other nursing students to run for national office.

“I guess I’ve always been one to go the extra mile and take on additional responsibilities,” says Faucher, who is an active-duty sergeant in the U.S. Army. After deploying as a medic to her native Haiti immediately after the 2010 earthquake, she was accepted into the Army’s Enlisted Commissioning Program, which enables soldiers to attend college full time to complete a BSN with a four-year service commitment after graduation.

Faucher’s volunteer pursuits are not limited to nursing. Together with family members and friends, she plans to build an orphanage in Haiti.

The following UMSON alumni are leading universities and schools of nursing across the nation:

- Sara K. Barger, DPA, BSN ’67, RN, FAAN, dean and professor, University of Alabama, Capstone College of Nursing
- Elizabeth Berrey, PhD, MS ’73, APRN, BC, dean of nursing, Cuyahoga Community College
- Paulette G. Burns, PhD, BSN ’71, dean and professor, Texas Christian University, Harris College of Nursing and Health Sciences
- Katharine C. Cook, PhD, MS ’78, BSN ’72, dean, School of Nursing, Notre Dame of Maryland University
- Dorrie K. Fontaine, PhD, MS ’77, RN, FAAN, dean, University of Virginia School of Nursing
- Patricia McMullen, PhD, MS ’81, BSN ’75, JD, CRNP, dean and ordinary professor, Catholic University of America School of Nursing
- Georgia L. Narsavage, PhD, BSN ’69, RN, FAAN, dean and professor, University of West Virginia School of Nursing
- Lisa A. Plowfield, PhD, MS ’87, RN, chancellor, Pennsylvania State University, York Campus
- Laura Cianelli Preston, MS ’91, BSN ’77, dean, Nursing and Allied Health, Harford Community College
- C. Faye Raines, PhD ’85, RN, FAAN, dean, University of Alabama in Huntsville College of Nursing
- Gail W. Stuart, PhD, MS ’73, RN, FAAN, dean and distinguished university professor, Medical University of South Carolina College of Nursing
- David Vlahov, PhD, MS ’80, BSN ’77, RN, dean and professor, University of California, San Francisco School of Nursing

Additions or corrections to this list can be forwarded to padams@son.umaryland.edu.

Walking in Her Shoes

By Patricia Adams
Photos by Richard Lippenholz
and Justin Tsucalas



IT WILL COME AS NO SURPRISE THAT, as head of the School of Nursing, Dean Janet Allan has a very busy schedule. But, it is also a diverse schedule—one in which she takes time to relax, exercise, and enjoy life while leading one of the nation’s top nursing schools. We decided to tag along with Dean Allan for a week to get a glimpse into the life of this busy nurse leader.



Top: Dean Allan, whose research is in women’s obesity, knows the importance of exercise. She regularly walks along the waterfront near her home in Canton.
Above: During office time, Dean Allan answers phone calls and emails, works on projects, and meets with faculty and staff.



◀ **Left:** University of Maryland President Jay A. Perman, MD, holds regular meetings with UM deans. Here, President Perman discusses an issue with Dean Allan and UM School of Pharmacy Dean Natalie Eddington, PhD, FAAPS, FCP. **Middle left:** During the Maryland Legislative Session in Annapolis, Dean Allan discusses nursing and health care issues with state legislators. Here, she addresses the Maryland Women Legislator's Caucus.



◀ **Left:** Hot dog or hamburger? Dean Allan enjoys meeting students and serving up food at the annual Founder's Week Student Picnic. **Above:** At the end of a busy day, Dean Allan unwinds by tackling a jigsaw puzzle.

GETTING REAL in the Sim Lab

Interview by David Taylor

Mary Fey, MS, RN, the new director of the Clinical Simulation Laboratories (CSL) at the School of Nursing, had her first involvement with simulation learning in 2005, when she enrolled in the School's post-master's certificate in teaching and worked with Debra Spunt, DNP, MS, RN, FAAN, who was director of the CSL at the time. Spunt, who directed the CSL until her death in 2007, was instrumental in taking the original labs—founded in Whitehurst Hall by Patricia Morton, PhD, RN, CRNP, FAAN, associate dean for academic affairs—to the next level of excellence.

Fey recalls how engaged nursing students were in their simulation exercises. "It activated all their senses. I saw it was a great way to teach nursing in a very realistic way," says Fey, who until recently was coordinator of clinical simulation at the College of Southern Maryland. Today, as director of the CSL, she leads the School's 24 simulation labs, which serve hundreds of nursing students—at every stage of study—each year. She is also enrolled in the School's PhD program.

What is your vision for the CSL?

We need to take our simulation program toward use of existing and new tools that can measure clinical judgment, and give our students simulation cases that help develop those judgment skills. I also envision a program of research related to the use of simulation in health care education.

Could you explain what you mean by "clinical judgment?"

I mean a student's ability to assess a patient's situation, figure out what's going on clinically, and from their assessment, understand what their own abilities are, what the scope of practice is, and what resources are available. Then solve that patient's problem on their own or collaboratively.

We can re-create collaboration in the simulation lab by having students call a physician or another practitioner.



Mary Fey

We're looking for opportunities to collaborate with other disciplines on campus. For example, we have simulations where medical students come to the School of Nursing and work with nursing students to care for patients. We want to do more of that. We envision simulations with pharmacy students, students from the School of Social Work, and even law students, all working together to provide patient care.

How can clinical judgment be measured in the simulation lab?

Let's say students enter a simulation where the patient's presenting symptom is dangerously low blood pressure. The students have to understand the patient's history of the present illness (that is, why are they in the hospital?), and figure out why the patient's blood pressure might be low. Then they need to present their assessment of what's wrong to the physician. Reasons for low blood pressure can vary from dehydration to heart problems, to a really bad infection. By looking at the history and the chart they can assess: Is the patient bleeding somewhere? Does the lab work suggest a bad infection?

Is there much “front end” work required to prepare these scenarios?

The most important part of any situation is setting it up appropriately for what students will learn, and setting up the environment so it looks realistic. The instructors have to make patient presentation consistent with reality. With the patient with low blood pressure, for example, if I want to convey that post-operative patients sometimes bleed, I have to make sure that when students go into that simulation: 1) they’ve had education in theory classes about post-operative patients; 2) they have a chart where they can review lab work to compare with pre-operative levels; and 3) they have access to current values during the simulation. The vital signs on the simulator have to give the impression that the patient is bleeding (very low blood pressure, high heart rate), and there must be a surgical dressing saturated with blood. All the pieces need to tell the same story.

Are there “props” involved?

Yes, you do have props: IV pumps that reflect reality; compressed air equipment that can deliver simulated oxygen with a flow meter that students can turn on; even simulated medications. There needs to be a phone so they can call, and somebody on the other end who answers and gives them realistic instructions.

It’s almost like a theater production: You’re creating an alternative reality for them in the simulation lab.

You recently received new equipment for your labs. How often is it necessary to update the equipment?

Inventory control is quite a job. The new equipment that came as a result of our recent American Recovery and Reinvestment Act grant included a couple of respirators, which I expect to last for 10 years. We also got a good medication-dispensing system.

We use many kinds of equipment, so the frequency with which each needs to be updated varies. There are anatomical models called “task trainers,” which teachers use, for example, to start an IV or dress a wound. Those get used a lot, and we replace them fairly frequently. Then we have the mid-level fidelity mannequins, which students use to listen to breathing or heart sounds or for taking vital signs. They can last five to 10 years. For our high-fidelity mannequins like SimMan (which can cost up to \$50,000), a rule of thumb is that they have a lifespan of about five years before the technology has improved so much that you have to replace them.

How does simulation learning compare with clinical time spent with real patients?

In the simulation lab students can exercise clinical judgment in ways we can’t allow in a clinical environment. A real patient with dangerously low blood

pressure couldn’t be cared for by a student nurse independently. But in simulation, the students can make all the decisions, for better or worse. They can implement whatever care they think is right; we can let the patient get worse, and no one gets hurt. Simulation can never substitute for the clinical environment, but it’s a wonderful adjunct.

How do clinical simulation labs help improve patient safety?

For many fundamental skills at the beginning of the nursing curriculum, students spend hours in the simulation labs learning and being tested on techniques and procedures prior to working with actual patients. For example, they learn the principles of sterile technique, safety practices related to medication administration, and techniques for safely moving patients with mobility impairments.

Later in the program, students do more complex work in the simulation labs and are expected to make independent decisions related to patient care. For example, they may have to make decisions regarding pain management or decide when a patient’s condition is deteriorating and when a physician or nurse practitioner needs to come evaluate the patient.

The most important part of simulated care is the debriefing afterward, where students can ask questions. In the debriefing we help them put all the pieces together and then we can run the simulation again. We have the potential to improve patient safety by working through lots of problems in the lab. By the time students get to the clinical area, they’re better prepared.



Students Danielle Crane and Dan Indelicato listen to breath sounds to determine if the “patient” needs to be suctioned.

Alumni Pulse

CLASS NEWS AND NOTES



1940s

Barbara Thomson Lamb, DIN '46, has been married for 62 years to Capt. Harold Lamb, USN, Retired. They have six children and nine grandchildren. After moving many times while in the service, they retired to Maine in 1977 and built their own home in the woods. They enjoy sailing and traveling.

Amber Arnold Zimmerman, DIN '46, volunteers at a nursing home several times a week and assists with residents' activities. She also volunteers at a food pantry once a week.

1950s

Barbara L. Daniel Pickett, MS '92, BSN '60, DIN '56, is retired and enjoys compiling the history of the School of Nursing's last diploma class (1956), some of which is available in the School's Living History Museum. She is involved with researching her family history and genealogy, published in *Rappahannock Roots* in

Lisa Rowen, MS '86, senior vice president of patient care services and chief nursing officer at University of Maryland Medical Center, recently received the top award from *Nursing Spectrum* magazine for "Advancing and Leading the Profession" in the Maryland/District of Columbia/Virginia region. Her effort in building the UM NURSING partnership with the School of Nursing is among her many accomplishments.



2001. She assisted with the publication *Baltimore, My Home Town (1940-1956)* by Amy Lewis, published in December 2009.

1960s

Claire Greenhouse, BSN '66, retired in June 2011 after 31 years as a school nurse, most recently at Ridgely Middle School in Lutherville, Md.

Rosemary Noble, BSN '66, coordinates the volunteers for Neighbor Ride, a nonprofit supplemental transportation program serving Howard County, Md., residents ages 60 and older.

Suzanne Marie Clark, BSN '67, is a consultant with

Capitol Healthcare Group, LLC, in Bethesda, Md.

1970s

Winifred S. Hayes, MS '74, BSN '71, president and CEO of Hayes, Inc., was an invited speaker at the 21st Annual Conference and Expo of the Case Management Society of America. She explained how comparative effectiveness research and evaluation of evidence-based research can advance health care in ways that measurably improve the care of patients, as well as their clinical outcomes and overall health. Hayes was elected a member-at-large on the School of Nursing's Alumni Council for a two-year term beginning July 2011.

Sister Charlotte Kerr, BSN '71, is a practitioner of traditional acupuncture, a health care consultant, and a faculty member at the Tai Sophia Institute in Laurel, Md. She was appointed a member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health in the

Obama Administration, and held a similar post during the Clinton Administration.

Kathleen Deska Pagana, BSN '74, is professor emeritus at Lycoming College (Penna.) and has published more than 75 articles and 25 books. Two of her books were recently published—*Mosby's Diagnostic and Lab Test Reference, 10th Ed.* and *The Nurse's Communication Advantage: How Business-Savvy Communication Can Advance Your Nursing Career*.

Kathleen Willis Gray, BSN '77, worked in the open heart/trauma Intensive Care Unit at the Washington Hospital Center until 1979. She has worked in critical care at the Washington Adventist Hospital Center since 1981 and in cardiac and vascular research for the past 10 years.

1980s

Fran Lessans, MS '85, BSN '80, CEO and founder of Passport Health, was

Annie M. Clavon, MS '83, BSN '79, received the Evelyn C. Keiser Teaching Excellence Award in October 2010. She is a 2013 candidate for a PhD in Educational Leadership from Keiser University.





Patricia Gonce Morton, PhD '89, MS '79, professor and associate dean for academic affairs at the School of Nursing, was selected as a Robert Wood Johnson Foundation Executive Nurse Fellow, beginning in fall 2011. The three-year leadership and development program is designed to prepare selected registered nurses who are in senior executive positions for influential roles in shaping the U.S. health care system. Morton was among 20 nurses selected for the program out of 138 applicants.

honored as one of the top Influential Marylanders of 2011 by *The Daily Record*, a leading business and law state-wide newspaper. Lessans founded Passport Health in 1994 and has successfully expanded the company to become the nation's leading provider of travel medical services and immunizations. Passport Health recently opened its 180th office and now operates in 36 states.

Genemarie Worley McGee, MS '84, is Chief Nurse for the East Coast at Sentara Healthcare, a major hospital system in the Norfolk, Va., area.

Jeanne M. Floyd, MS '84, retired as executive director of the American Nurses Credentialing Center (ANCC) in 2010, having served in that position for nearly 10 years. Following her retirement, Floyd served as a consultant to ANCC. Floyd achieved many major accomplishments during her tenure, including the significant growth of the Magnet Recognition Program™ from 22 designated hospitals at the end of 2000 to the

372 currently recognized organizations around the world. She implemented the first National Magnet Conference in 2003, with 1,200 attendees; in October 2010, the ANCC hosted more than 6,500 nurses at the annual conference. Under her leadership, ANCC's nursing certificate program has become the largest credentialing

She shared the following words for School of Nursing students and alumni: "Wear your accomplishments as you go through your nursing journey at the School of Nursing with pride. When you leave, you will be welcomed and respected because the professional alliances and colleagues you make will know you came from a solid foundation."

Linda Hudson, BSN '91, has worked at the VA Maryland Health Care (VAMHC), Nursing Service, for 19 years. She recently received the VAMHC Secretary's Award for Excellence in Nursing and the Advancement of Nursing Programs. Hudson served as acting Women's Health coordinator from December 2009 to September 2010 and played a key role in the development and expansion of the Women's Health program at eight sites within the VAMHC System.



organization in the world, recognizing nearly 150,000 ANCC board-certified nurses.

Barbara Colvert, BSN '89, is a clinical research associate-RN I at the St. Jude Children's Research Hospital in Memphis, Tenn. Colvert received her master's degree in March 2011 and is applying to the University of Mississippi for a post-graduate certification in education.

1990s

Maria Guadalupe Urbina De Ford, BSN '95, is seeking the Democratic Party nomination for the position of Cameron County District Attorney in Brownsville, Texas. De Ford currently serves as an assistant district attorney for the county and has worked for the office since 2007. She earned a JD from Indiana University Maurer School of Law.

Besides serving as state prosecutor in Cameron County, De Ford also was a state prosecutor in Harris County. She served in the U.S. Army Nurses Corps as a 1st Lieutenant at Walter Reed Medical Center and in the 121st General Hospital in Seoul, Korea.

Ann Baile Hamric, PhD '96, received the Distinguished Nurse Award from the Beta Kappa Chapter of Sigma Theta Tau International Honor Society of Nursing at an awards banquet held at the University of Virginia (UVA). Hamric, an internationally

renowned leader in advanced practice nursing and nursing ethics, joined the UVA School of Nursing in 1999. She has served as senior editor for six books on advanced practice nursing—two editions of *The Clinical Nurse Specialist in Theory and Practice* and four editions of *Advanced Practice Nursing: An Integrative Approach*.



Nancy Lamb, MS '98, is a nurse practitioner at the Senior Health Center, University of Arkansas Medical Center. She serves as a preceptor for BSN and NP students. Lamb gave a poster presentation at a recent American Academy of Nurse Practitioners conference.

Renee John Repique, MS '99, has been appointed interim chief administrative officer for Jackson Mental Health Hospital and Correctional Health Services of the Jackson Health System in Miami, Fla. In October 2008,

Repique joined Jackson Health System as its first chief nursing officer for the Jackson Mental Health Hospital.

2000s

Kimberlie Ann Bieber, MS '00, MS '07, is an assistant chief nurse, Joint Trauma System, at the U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas. She recently completed a one-year Army fellowship in policy analysis and research at the RAND Corporation in Santa Monica, Calif.

Marty Rice, MS '01, is a registered nurse and nurse informaticist. Since receiving his master's in nursing informatics, Rice has held a number of positions in Electronic Health Record implementation, data modeling/design, enterprise architecture, clinical quality measures, retooling clinical quality measures, and data standards. He was an adjunct faculty member at the School of Nursing from 2001 to 2007, and currently teaches at the Johns Hopkins School of Nursing.

Joy Chizobam Ahanonu, nee Aninwene, MS '06, BSN '02, has been appointed Special Assistant on State Affairs to the Minister of Power, Federal Republic of Nigeria. She recently completed a health awareness teaching and medical mission at Umoude, Enugu State.

Captain Gerbert Flores-Chaves, BSN '06, a Captain in the Army Nurse Corps, was deployed to Afghanistan for six months in 2010. Flores-Chaves expressed his gratitude for the leadership and education he



Melissa, RN, BSN, CCRN
UMSON '03

Loretta, RN, BSN
UMSON '96

Nick, RN, BSN
UMSON '07

Rebekah, RN, BSN
UMSON '10

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At the University of Maryland Medical Center, we share your goals of advancing your career, enhancing the practice of nursing and promoting positive patient outcomes. The exciting and dynamic partnership of UMMC and University of Maryland School of Nursing creates an environment for heightened learning and exceptional practice, combining the strengths of a prestigious nursing school with a nationally recognized academic medical center.

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received at the School of Nursing in a letter to Dean Janet Allan and with an American flag and a certificate stating that the flag had been flown over the headquarters of the U.S. Army's 31st Combat Hospital, Camp Dwyer, Afghanistan, in Dean Allan's honor, during Operation Enduring Freedom.

Ashley L. Meiklejohn, MS '11, BSN '06, who received a Master of Science degree (pediatric nurse practitioner) with honors from the School of Nursing in May, is currently working in the intensive care unit at Georgetown University Hospital.

Anna Burnell, BSN '07, married Alex Turpin in May 2011. She is currently employed as a nurse at the Johns Hopkins Hospital and is a student at the University of Maryland School of Nursing, where she is a master's degree candidate (pediatric nurse practitioner).

Hershaw Davis, Jr. BSN '09, is employed as a registered nurse at the Johns Hopkins Hospital Adult Emergency Department. He is pursuing a master's degree at the University of Virginia. Davis was recently nominated for induction into the University of Virginia's Beta Kappa Chapter of Sigma Theta Tau. He was also elected a member-at-large on the School of Nursing's

Alumni Council for a two-year term that began on July 1, 2011.

Ruth Lee, PhD '09, has been elected a member-at-large on the School of Nursing's Alumni Council for a two-year term that began July 1, 2011.

Elizabeth Krug, MS '10, has been elected a member-at-large on the School of Nursing's Alumni Council for a two-year term that began July 1, 2011.

Emily Palmisano Lederer, MS '10, received the Rising Star award from the University of Maryland Medical Center, where she works as an oncology RN. The award is presented to a nurse with less than two years experience who demonstrates exceptional promise to advance the practice of nursing through enthusiasm, commitment, passion, and innovation. She married Timothy Lederer in 2010.

Cory Riley, MS '10, is employed as a registered nurse at Genesis Health Care, Franklin Woods Center, in Glen Burnie, Md.

Gary Dupart, Jr., BSN '11, is Nurse Corps Officer in the U.S. Air Force.

Heather Hoff, BSN '11, is employed as a Clinical Nurse I at the University of Maryland Medical Center's R Adams Cowley Shock Trauma Center.

Dana James, MS '11, is a nurse at the University of Maryland Medical Center. She was married to Matt Hutchinson on Oct. 1.

Patricia E. Jones, BSN '11, passed the American Nurses Credentialing Center's Nurse Practitioner boards and accepted a job as the only nurse practitioner in the Surgical Intensive Care Unit at the University of Maryland Medical Center.

Jennifer Passwaters, BSN '11, is a Clinical Nurse I at the University of Maryland Medical Center.

IN MEMORIAM

Alice J. Akehurst, MS '66
Mary C. B. Besett, DIN '46
Cheryl R. Esty, MS '05
Georgia L. Helmick, BSN '55
Carrie S. Hickman, BSN '89
Thelma Inskeep, BSN '39
June Winn Jennings, DIN '47
Carol A. Nily, MS '76,
BSN '69
Laurie Shinham, MS '92,
BSN '85

This list includes notices received by the University of Maryland School of Nursing from March 24, 2011, to September 12, 2011.

Marita Ventura, MS '11, is employed as a registered nurse at the Baltimore Washington Medical Center.

Timothy Jerald Vojak, BSN '11, is a medical surgical nurse in the U.S. Air Force, stationed at Lackland AFB, Texas.

Alumni Share Your News!

If you have information to share about what's happening in your life—new jobs, family events, awards, advanced degrees, marriages, etc.—please share it with us so we can include it in the Alumni News & Notes section of *NURSING* magazine. Photos are welcome! Email your news items to alumni@son.umaryland.edu or mail to Cynthia Sikorski, associate director of alumni relations, University of Maryland School of Nursing, 655 W. Lombard St., Suite 209W, Baltimore, MD 21201.

The Hayes Report

Do mechanical stretching devices improve health outcomes in patients after joint surgery when compared with conventional physical therapy? Does Botulinum toxin reduce the frequency, severity, or duration of migraines? Compared with other imaging techniques, how accurate is PET (or PET-CT) for diagnosis and initial staging in patients suspected of having ovarian cancer?



When health care providers and insurers want answers to important questions like these, they frequently turn to Hayes, Inc., the international research and consulting firm launched in 1989 by WINIFRED HAYES, PhD, MS '74, BSN '71. Today, with 35 scientific analysts located throughout the United States, Canada, Europe, Asia, and New Zealand, the company produces more than 200 evidence-based reports annually on new technologies and protocols for hospitals, government agencies, and health care insurers—including the Mayo Clinic, Kaiser Permanente, United

Healthcare, Wellpoint, Tricare, and CareFirst.

“Evidence should be the foundation for all clinical decisions in health care, but too often we see new technologies adopted and disseminated prematurely, [in part] because we, as a society, are enthralled with new technology,” says Hayes, who was a founding member and the first president of the National Association of Independent Review Organizations (NAIRO).

When Hayes launched her company more than two decades ago, her primary customers were senior claims examiners for health insurers. They needed scientific proof that new treatments and protocols were safe before they could approve reimbursement—and the information being provided was “pretty abysmal, and often based on someone’s opinion,” says Hayes. Currently, Hayes’ audience consists largely of physicians, nurses, and pharmacists. Among a wide range of services, her company provides subscribers with access to evidence-based assessments and information on more than 1,000 medical technologies, including devices, drugs, and procedures; clear information regarding the impact of a technology on patient outcomes and safety; and the proprietary “Hayes Rating”—an evidence-scoring system that has become a standard in the industry. Hayes’ scientific analysts hold advanced degrees in health-related fields, and many of them, like her, have a background in nursing.

She earned her Bachelor of Science in Nursing (1971), Primary Care Nurse Practitioner Certification (1977) and Master of Science (1974) degrees from the School of Nursing and holds a PhD from Johns Hopkins’ Bloomberg School of Public Health.

Today, with health care reform efforts in full swing, the work of Hayes, Inc., couldn’t be more timely. In an era in which legislators, health care leaders, and insurers are looking for ways to improve efficiency and cut costs, while improving patient outcomes, “there is increasing appreciation for the clinical and financial value that evidence-based solutions bring,” says Hayes, who lectures widely and has served on the faculties of the University of Pennsylvania School of Nursing, Emory University, and the University of Maryland. She is currently affiliated with the Senior Scholars Program in the Department of Health Policy at the Jefferson Medical College.

With the growing trend toward personalized medicine, made possible in part by a burgeoning number of genetic

“We are the leader in the genetic testing field in terms of evaluation—the source that most organizations turn to.”

—WINIFRED HAYES, PhD, MS '74, BSN '71

screening tests, Hayes says she is proud of her company’s ongoing advances in genetic test evaluation. “The field is exploding, with more than 1,500 genetic tests on the market today, many produced by small labs.” Such testing demands scrutiny, she says. “Indiscriminate genetic screening can cause more harm than benefit, and there is the potential for a huge misuse of dollars.”

In response, Hayes, Inc. has pledged to produce a scientific report for every genetic test this year that is newly CPT-coded (codes assigned by the American Medical Association to medical services, tests, and procedures that are used by providers and insurers to submit and process health care claims for payment). “We are the leader in the genetic testing field in terms of test evaluations—the source that most organizations turn to,” says Hayes.

—Sue De Pasquale

Leading Hospital-Wide Projects

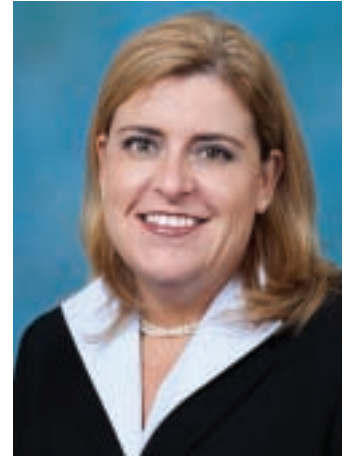
For BONNIE HARTLEY FAUST, MBA '07, MS '02, BSN '87, a Director of Patient Care at Sinai Hospital in Baltimore, no two days are alike—and she couldn't be happier.

Faust supervises the work of nurse managers on three units: the Sandra & Malcolm Berman Brain & Spine Institute; the Rubin Institute for Advanced Orthopedics; and the Orthopedics/Trauma Unit. Mentoring is an important part of her role and something she particularly enjoys. "The satisfaction and success of my managers is near and dear to my heart, because that's what drives the satisfaction of our nurses," says Faust.

"In addition, I am responsible for leading and/or participating in many hospital-wide projects and initiatives." Within the past year, for example, Faust led the project team that selected bedside medication cabinets and had them installed across the hospital, and she's currently the main patient care representative for Sinai's new medication bar coding initiative. "I feel really fortunate to work in an organization where I am given the opportunity to be able to lead and be involved in major efforts to improve patient satisfaction," she says.

For more than one project, Faust has been called on to write a business plan—a task she can accomplish with ease, thanks to the strong preparation she received in the School of Nursing's joint MS/MBA program. "I now have such a good understanding of the business side of health care," says Faust, who intends to enroll in a PhD program within the next couple of years.

But before then, she has a 25th reunion to help plan. She and fellow BSN '87 classmates Regina Donovan Twigg, Lisa Broccolino Johnson, Suzanne Sherwood, Karen Stumpf, and Mark Weiber are spearheading efforts to track down their old friends and entice them back to campus for the big event on April 28. "I think it will be really fun," says Faust. "The wonderful thing about nursing is that you can do so many things with your degree. I can't wait to see what paths people have taken." —S.D.



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D.C.-Area Alumni Brunch held at Shady Grove



DEAN JANET ALLAN hosted a brunch for Washington, D.C.-area alumni at the Universities at Shady Grove (USG) on Sept. 25. Dean Allan updated attendees on School of Nursing initiatives, while two current students, Sanna Ali and Regina Leonard, spoke about their nursing school experiences. Liz Ness, MS '93, vice president of the School of Nursing Alumni Council, served as emcee for the event. Pam Shumate, MSN, RN, CCRN-CMC, clinical instructor at USG and current Doctor of Nursing Practice student, led a tour of the USG clinical simulation labs.

From left: Henrietta Hubbard, BSN '73; Sanna Ali; Faye Trageser, BSN '91; Carol Romano, PhD '93, MS '85, BSN '77; Emile Deady, BSN '72; Dean Janet Allan; Liz Ness, MS '93; Regina Leonard; Mary Brewster, MS '88; Brenda Roup, PhD '95; Priscilla Rivera, BSN '77; Christine Boltz, MS '98; and Barbara Alexander, BSN '77.

SAVE THE DATE

Saturday, April 28
FOR REUNION 2012

Reunion 2012 festivities, scheduled for Saturday, April 28, will honor undergraduate classes ending in "7" or "2." Save the date and come to Baltimore to reconnect with classmates and renew your pride in the University of Maryland School of Nursing! Look for your invitation in January 2012. If you would like to volunteer as a Class Representative for your class, please contact Cynthia Sikorski, associate director of alumni relations, 410-706-0674 or alumni@son.umaryland.edu. Visit <http://nursing.umaryland.edu> for more information.

The following class years will be celebrated:

Class of 2007 – 5th
Class of 2002 – 10th
Class of 1997 – 15th
Class of 1992 – 20th
Class of 1987 – 25th
Class of 1982 – 30th
Class of 1977 – 35th
Class of 1972 – 40th
Class of 1967 – 45th
Class of 1962 – 50th
Class of 1957 – 55th
Class of 1952 – 60th
Class of 1947 – 65th
Class of 1942 – 70th
Class of 1937 – 75th



A Boost for Graduate Education

Martha Shively completed her Bachelor of Science in Nursing degree at the School of Nursing in 1972 as part of the Walter Reed Army Institute of Nursing (WRAIN) program. “I feel grateful for the education I earned,” says Shively, who went on to earn her master’s in nursing from the University of Washington, Seattle in 1977 and her PhD in nursing from the University of Texas at Austin in 1986.

“I completed those two degrees through the GI Bill. I was fortunate to have that financial support to further my education in nursing,” she says. “One way I can give back to the profession of nursing is by donating to a scholarship fund.” Shively recently made a gift to the School of Nursing to support graduate scholarships. Her pledge, which spans five years, will enable one student each year to receive the Martha Shively scholarship.

“These days it’s more important than ever for nurses to pursue graduate education in nursing,” says Shively, whose active research career included a faculty position with the San Diego State University School of Nursing and adjunct status in the Uniformed Services University of the Health Sciences, in Bethesda, Md. Her research focused on behavioral management of chronic heart disease. Though Shively officially retired in 2010, she hasn’t stopped working completely; she is finishing up a research project and continues to mentor a doctoral nursing student.

“I had a very fulfilling nursing career,” says Shively. “Nursing research is important and exciting. It was fun for me to look at the research questions that truly would have an impact on patient care.” —S.D.

Capturing Greatness

As a veteran nurse anesthetist, who first worked at University of Maryland’s R Adams Cowley Shock Trauma Center and then went on to serve as president of the Maryland Association of Nurse Anesthetists, John Bing, CRNA, knows how important it is to prepare nurse anesthesia students to fill a looming shortage in the specialty.

“There’s clearly a need. The average age of today’s nurse anesthetist is about 50 years old. We need to make sure we have a new generation ready to serve,” says Bing, who worked with leaders of the School of Nursing to establish a nurse anesthesia master’s specialty in 2009.

“Dean Janet Allan and Dr. Patricia Morton are forward-thinking and were very receptive [to starting the nurse anesthesia specialty at the School],” says Bing. “We now have our sixth class enrolled, and students are working at eight or nine clinical sites around the state of Maryland,” he says proudly.

Recently, Bing created the Jihan D. Bing Memorial Scholarship, an endowed fund that will provide scholarship support for nurse anesthesia students at the School. The scholarship is named in memory of his daughter, who died at just 15 months old from complications related to spina bifida.

“Nurse anesthetists are some of the hardest working people I’ve ever seen. If you want to capture greatness in people, you have to give them an opportunity. People who can’t afford to go to school won’t go,” he says in explaining his motivation for establishing the scholarship.

Bing, who serves on the School of Nursing’s Board of Visitors, is also president of a nonprofit mentorship diversity program; he visits campuses around the country to give talks and workshops aimed at opening doors for people of color in nursing. “Of the 44,000 nurses in the United States, only 10 percent are people of color and only 2.5 percent are African-American. That’s got to change,” he says.

And twice each year, Bing does medical mission outreach in Nicaragua, working with a medical team to repair cleft palates in Nicaraguan children.

“Once you get to a certain point,” Bing says of all his philanthropic activities, “you have to give back. I feel it’s my duty.” —S.D.



Honor Roll OF DONORS

JULY 1, 2010 – JUNE 30, 2011



Greetings, UMSON Alumni!

We are proud to present our annual Honor Roll of Donors, which recognizes those who made gifts or pledges to the University of Maryland School of Nursing (UMSON) between July 1, 2010 and June 30, 2011.

The entire UMSON community deeply appreciates your generous support, whether it was designated for scholarships, research, simulation lab equipment, or other needs. During this uncertain economic climate, we realize that you have many wonderful causes vying for your donations. The fact that you made the decision to give to UMSON is, therefore, all the more meaningful. Your vote of confidence, while keenly felt by our students and faculty, is also recognized by our foundation and corporate donors and prospects, who are understandably interested in alumni participation rates. Currently, only 5 percent of our 19,000 alumni give back to UMSON, and we hope to double that amount in the next few years.

To those of you who have given to the Annual Fund and have joined the Louisa Parsons Legacy Society by including the School of Nursing in your estate plans, we thank you! To those who have not yet participated, we urge you to seriously consider becoming a donor. It is one of the few investments that is guaranteed to pay rich rewards—the ultimate satisfaction of helping the next generation of nurses achieve its highest potential!

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Create a Lasting Legacy



WHEN ANN CAIN retired from the School of Nursing in 1994 after serving for 30 years on the faculty, her colleagues and students came together to create the Ann Ottney Cain Endowed Lectureship in Psychiatric Nursing. “I was overwhelmed. It was such a meaningful expression of high regard,” Cain recalls today.

“Psychiatric nursing was the first specialty to be offered in the Master of Science program at the School, beginning in 1954,” explains Cain, who says she loved working with graduate students at the School—“serving as teacher, mentor, advisor, and role model to them and to many other professionals in the field of mental health.”

Recently, Cain made a planned gift of life insurance to support the lectureship. “I did this because psychiatric nursing is a wonderful and challenging field,” she says, “and the lecture is a way of celebrating it on a yearly basis at a school of nursing with a long history of psychiatric nursing excellence. The lecture calls attention, in a very positive way, to the many contributions psychiatric nurses have made and currently make.”

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.

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Many of our alumni and friends, like Ann, 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.

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Earthquakes and hurricanes and classes ... Oh my!

At the start of September, an earthquake shook Baltimore and Hurricane Irene blew through with strong winds and rain, but these unusual weather events did not keep students from celebrating the new academic year with a back-to-school ice cream social.