

UNIVERSITY OF MARYLAND

# Nursing

The Magazine of the University of Maryland School of Nursing Fall/Winter 2012 Volume VI, Issue II

## **MAPPING** the Future of **GLOBAL HEALTH**

Nurses are key to addressing health inequity around the world—  
and the School of Nursing is leading the way to help expand nursing  
capacity in the most underserved regions.

**DEAN JANET D. ALLAN: REFLECTIONS  
ON A DECADE OF LEADERSHIP**

**AT THE BIRTH OF SHOCK TRAUMA**

**COALESCING TO IMPROVE HEALTH CARE**

JANE M. KIRSCHLING, NATIONALLY RECOGNIZED ACADEMIC LEADER, NAMED NEW DEAN



### Mission Accomplished

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Photo by Mary Regan



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## DEAN'S LETTER

THE UNIVERSITY OF MARYLAND SCHOOL OF NURSING'S long involvement in global health is based on the strong belief that we have the responsibility to address health care and workforce issues that impact nurses and citizens worldwide.

In 2002, the School of Nursing was named the first Pan American Health Organization/World Health Organization Collaborating Center for Mental Health Nursing in the U.S., and one of only two Centers in North, Central, and South America. During the Center's eight-year existence, faculty members worked with colleagues to create and improve the education of psychiatric/mental health nurses, in addition to collaborating on several research studies related to violence in the workplace.

In keeping with one of the strategic goals of the School's 2007-2011 Strategic Plan, all global health activities were combined into an Office of Global Health (OGH) in 2009. The objective was to expand and institutionalize global health activities within the School, the University, and the global community. To that end, the last five years have seen a tremendous growth in the School's global health activities. In 2007, the student organization, Nurses for Global Health, was formed, and it has been a catalyst for attracting students to participate in its many opportunities for international experiences.

In 2009, the OGH launched a 12-credit Global Health certificate. Through this program, students have traveled to Nigeria, Malawi, Guyana, and Haiti, working on projects that enormously impact the nurses and citizens of those countries. The OGH and members of the School's faculty, in partnership with the University of Maryland's Institute of Human Virology, have participated in a variety of President's Emergency Plan for AIDS Relief (PEPFAR)-supported nurse workforce strengthening projects in Haiti, Nigeria, Zambia, and Rwanda. Among their activities, faculty members developed a certificate program in infectious



disease to strengthen the knowledge and skills of Haitian clinical nurses and educators. Additionally, some of our nurse practitioner faculty members, working with nursing school deans in Nigeria, developed a Primary Health Care Specialist curriculum.

Our School's recent participation in the Human Resources for Health Program represents a major evolution in our global health activities, which you can read more about in this issue of *NURSING* magazine. These are just a few examples of the School's vibrant global health agenda.

Because this is my last letter as dean, I want to thank our entire community for allowing me to be a part of this extraordinary institution and for the pleasure of working with all of you to pursue huge opportunities and shared ventures. Our School has enjoyed unprecedented growth, and our faculty, students, and alumni have realized enormous success. My 10 years as dean have been remarkable, and it has been a privilege to serve in this role. I have every confidence that new heights will be achieved under the leadership of Dean Jane Kirschling.

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

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# Nursing

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## Kirschling Named New Dean

NATIONALLY RECOGNIZED academic leader **Jane M. Kirschling, PhD, RN, FAAN**, was appointed by University of Maryland Baltimore President Jay A. Perman, MD, as the sixth dean of the University of Maryland School of Nursing, effective Jan. 14, 2013.

"In her new role, Dr. Kirschling will take the School of Nursing to the next level," said Perman. "I expect her to further strengthen our nursing programs at the Universities at Shady Grove and to further develop the School's research enterprise, particularly as it relates to the national focus on health reform. Dr. Kirschling also will lead the School's transition of its advanced practice program from the current master of science to the doctorate in nursing practice."

Kirschling has served as dean and professor at the University of Kentucky College of Nursing since 2006. Previously she held administrative and faculty positions at the University of Southern Maine (dean and professor, College of Nursing and Health Professions), the University of Rochester (associate dean for academic affairs and professor, School of Nursing), and Oregon Health & Science University (associate dean for graduate studies and professor).

"The School of Nursing's national and international reputations speak volumes to the excellence of the nursing faculty and the leadership of Dean Janet Allan over the past decade," said Kirschling. "I welcome the opportunity to work with the larger University on advancing President Perman's vision for interprofessional education. This work is critical as we prepare the next generation of health care providers to provide team-based care that is safe, high quality, and truly patient-centered."

Kirschling received her BSN from Viterbo College in LaCrosse, Wis., and her MSN and PhD from the Indiana University School of Nursing.

She is an alumna of the Robert Wood Johnson Foundation Nurse Executive Fellows Program (2000-2003) and was inducted as a fellow in the American Academy of Nursing in 2009.

At the University of Kentucky, Kirschling oversaw a robust clinical research enterprise. She initiated a program that sustained support for senior investigators while investing in the development of junior scientists, with time for research and significant startup support for pilot work. She also led the redesign of the college's research infrastructure support to enhance investigators' ability to focus on their science when writing grants.

Kirschling's clinical expertise is in mental health nursing with a focus on end-of-life care. For more than a decade, her scholarship has focused on workforce development with a special emphasis on rural states. Earlier in her career her scholarship focused on family caregivers for persons with a terminal illness and grief following the loss of a family member. She founded the Kentucky Nursing Capacity Consortium and co-convenes Kentucky's Action Coalition, which is working to implement the Institute of Medicine's 2010 recommendations on the "Future of Nursing." Kirschling serves on the University of Kentucky's Center for Interprofessional HealthCare Education, Research and Practice Board of Directors.

At the national level, Kirschling has been active in the Hospice and Palliative Nurses Association, serving as president of the board of directors in 2002 and 2003. She also has been an active member of Sigma Theta Tau International—the Honor Society of Nursing. She co-chaired the International Advisory Council of Chief Nursing Officers and Deans (2007-2009).

In addition, Kirschling has served on the American Association of Colleges of Nursing (AACN) board of directors since



Jane M. Kirschling

2004 and began a two-year term as president in 2012. From 2006 to 2010 she served as the AACN's representative to the American Nurses Association Congress on Nursing Practice. She represented the AACN on the expert panel that developed Core Competencies for Interprofessional Collaborative Practice, sponsored by the Interprofessional Education Collaborative and released in May 2011.

Perman also announced Kirschling will serve as University director of interprofessional education (IPE) at the University of Maryland, Baltimore. Working with the president's IPE Task Force, she will lead the implementation of IPE recommendations that are emerging from the University's strategic planning implementation group.

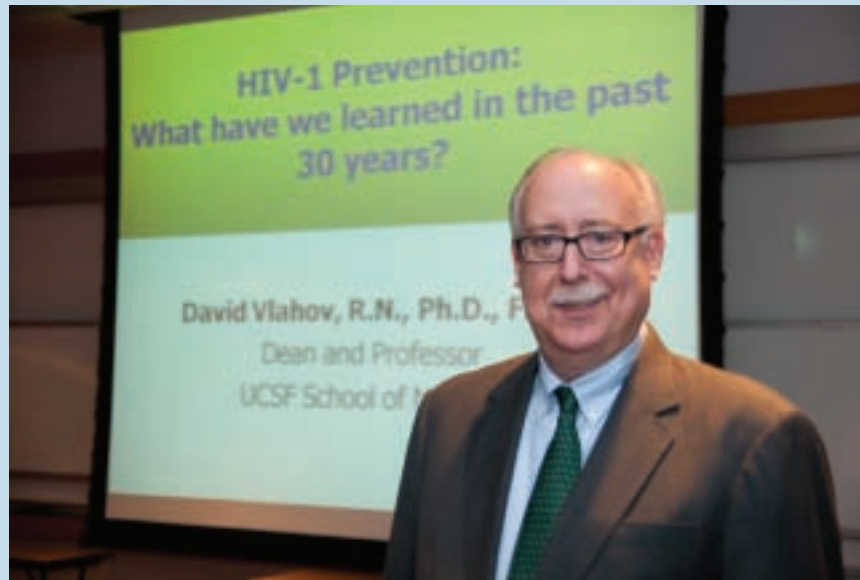
—Ed Fishel

### Correction

In "Empowerment Through Posters," which appeared on p. 14 of our Spring/Summer issue, Jana Goodwin, MS, RN, was incorrectly quoted. Her comment should have read: "In EBP, nurses are taught to understand what they are doing, what works, and what doesn't work based on research findings rather than relying on the past apprenticeship model, where students followed their mentor without question." We apologize for the error.

## Event Recaps

### HIV/AIDS: Three Decades Later



David Vlahov delivers annual Virginia Lee Franklin Lecture on HIV/AIDS.

WHEN HIV/AIDS burst onto the scene in the early 1980s, medical experts were baffled by its origin. The result: widespread fear, misinformation, and stigmatization of those who had contracted the virus. Today, some three decades later, the public has a better understanding of the disease, as major strides in education, research, and treatment have improved prevention efforts and allowed many with HIV to live fairly normal lives.

In October, David Vlahov, PhD, MS '80, BSN '77, RN, FAAN, dean and professor, University of California, San Francisco School of Nursing, spoke to School of Nursing faculty, staff, and students at the Dean's Distinguished Virginia Lee Franklin Lecture, about "HIV-1 Prevention: What have we learned in the past 30 years?"

Vlahov stressed de-stigmatizing HIV/AIDS, normalizing testing, and safe practices as keys to preventing the spread of the virus. By minimizing the stigma of HIV/AIDS, it is hoped that more people will disclose

Kathryn Montgomery, Dean Janet Allan, David Vlahov, and Mary Etta Mills



their status and seek proper care, which would be a big help when combined with other options.

"For people engaging in risky situations, there's always some kind of intervention that you can do that might reduce the risk of transmission," Vlahov said. "We want to figure out, for those infected, what we can do so that they're less likely to transmit to the unexposed."

Education, counseling, and vaccinations are among the strategies that have been used to thwart the spread of HIV/AIDS. Although much more is known about HIV/AIDS today than 30 years ago when it was first detected in the U.S., there is still work to be done. —Kevin Nash

### Leveraging Information Technology



William Tierney presents SINI keynote address.

THE SCHOOL OF NURSING'S SUMMER INSTITUTE in Nursing Informatics (SINI) is constantly evolving to meet the needs of nurse informaticians who are leading and supporting health care through major paradigm shifts that force an integrated patient experience in a complex system. To that end, the 22nd annual SINI, held at the School in July, featured discussions on national and global priorities in informatics and health care and how quality, efficiency, and effectiveness of care depends on our ability to manage information.

William M. Tierney, MD, president and CEO, Regenstrief Institute, Inc., and associate dean for clinical effectiveness research at the Indiana University School of Medicine, presented the keynote address, "Safe and Effective Health Care Systems: the Role of Informatics."

"High quality, complete, and timely information is key to high quality, effective health care," Tierney said at the conclusion of his address. "Build systems that serve clinicians' needs, and they will use them."

—Patricia Adams

Mark your calendar for SINI 2013, "Beyond Stage 7 and Meaningful Use: What's Next," scheduled for July 17-19. Kevin Fickensher, MD, president and CEO of the American Medical Informatics Association, will deliver the keynote address. Updates on the conference will be posted on the School of Nursing's website throughout the year at <http://nursing.umaryland.edu/sini>

### Bednash Delivers Edmunds Lecture

AS THE LANDSCAPE OF HEALTH CARE continues to change, the nursing profession must keep up with the times. Gone are the days when it was enough to simply have a certificate or associate's degree in nursing. Providing proper care now requires more.

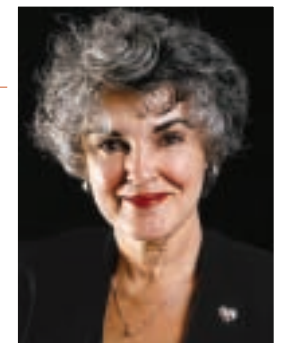
Geraldine "Polly" Bednash, PhD, RN, FAAN, executive director of the American Association of Colleges of Nurses (AACN), reinforced this fact while speaking to nurse educators and students at the School of Nursing's Annual Millicent Geare Edmunds Lecture in September. Her presentation focused on the revolution of health care and its implications for nurse educators, as they prepare the next generation of nurses.

"There needs to be a transformation with what happens around education. We need a different type of

professional. Our nurses have to be knowledgeable," she told an audience of 200. "Professional nurses are users of knowledge, information, science, and evidence. If you are a professional, that's the unique attribute that you bring."

While there is a great need for nurses, there is an even greater demand for highly qualified ones. According to the AACN, nursing executives now prefer to employ candidates with at least a Bachelor of Science degree in nursing. As a result, enrollment in these programs has nearly tripled.

—K.N.



Geraldine "Polly" Bednash

## A New “App” for Environmental Health



IN A WORLD where people are placing more importance on how our behavior affects the environment, the School of Nursing is making its own contribution to green practices—through the “Green RN Application,” available for download through The Apple App Store.

“I wanted to create something that would inspire, enable, and educate RN professionals and students about environmental health factors,” says Clinical Instructor Anjana Solaiman, MS, RNC, IBCLC, who teaches in the School of Nursing’s program at the Universities at Shady Grove.

“Additionally, I felt it was important to give the user actionable insights to positively affect their patients and themselves. Green RN can reach people globally to disseminate environmental health knowledge. There has been an

explosion of mobile device applications that have the ability to facilitate change. I wanted to capitalize on that wave.”

This free application provides nurses with quick snippets of useful environmental information—such as ways to “green” a nursing practice, the impact of environmental chemicals on human health, and more. There are also links

**“Green RN can reach people globally to disseminate environmental health knowledge.” —ANJANA SOLAIMAN**

embedded within the tips that provide further information on specific subjects.

Tips and resources can be accessed at any time once they have been published. In addition, Green RN features an integrated search function and index of previous tips that can be saved to a favorites folder for easy access to the most relevant tips. Currently available for iPhone devices, Green RN allows

users to share its tips via email, Facebook, and Twitter. In the future, Green RN is expected to be compatible with other hand-held mobile devices such as the Blackberry, Droid, iPad, and more.

Solaiman collaborated on the project with Assistant Professor Robyn Gilden, PhD, RN; former Environmental

Health Education Center Program Manager Katie Huffling, MS, RN, CNM; and retired Professor Barbara Sattler, DrPH, RN, FAAN. She answered a call to action from the Alliance of Nurses for Healthy Environments (ANHE), which supports innovative efforts to expand and deepen the involvement of nurses in environmental health issues. —K.N.

## Wellmobile Joins “Convoy of Care” Program

THE GOVERNOR’S WELLMOBILE PROGRAM, managed by the School of Nursing, is part of a new partnership aimed at providing free medical and dental care to students in 175 public schools throughout Prince George’s County, Md.

The new initiative, “Convoy of Care,” was launched at an event held in September at G. James Gholson Middle School in Landover, Md., where collaborators—including Prince George’s County Public Schools, Children’s Medical Center, Mary’s Center, the Deamonte Driver Dental Project, SMILE Maryland, and the Governor’s Wellmobile program—came together to announce the new project. Leading the roster of speakers was Rushern L. Baker, III, Prince George’s county executive, who announced the partnership before a crowd of more than 100 students, guests, and community members.

Kathryn Lothscheutz Montgomery, PhD, RN, NEA-BC, associate dean for strategic partnerships and initiatives at the



**Kathryn Montgomery addresses attendees at “Convoy of Care” launch.**

School of Nursing, delivered remarks on behalf of the Governor’s Wellmobile program. “The Governor’s Wellmobile program has a long history of providing service to Prince George’s County,” she said. “The ‘Convoy of Care’ is an opportunity to join in partnership with many more mobile health vans to make an even greater impact on the health of children and families in Prince George’s County.” —P.A.



**Jeanne Geiger-Brown and Jane Kapustin**

## Two Faculty Members Inducted as Fellows in AAN

TWO SCHOOL OF NURSING FACULTY MEMBERS were inducted as Fellows in the American Academy of Nursing (AAN) at the AAN’s 39th Annual Meeting and Conference held in October in Washington, D.C.

Jeanne Geiger-Brown, PhD ’01, RN, FAAN, associate professor and assistant dean for research, and Jane Kapustin, PhD, MS ’85, RN, CRNP, BC-ADM, FAANP, FAAN, professor and assistant dean for the master’s and DNP programs, were among 176 nurse leaders inducted into the 2012 Class of Fellows. Geiger-Brown and Kapustin join 16 other School of Nursing faculty members as AAN Fellows.

Geiger-Brown, who has been a member of the School’s faculty since 2001, is a nurse scientist whose research focuses on occupational epidemiology, cognitive science, and sleep medicine. Her studies include work schedules and sleep deficiency, occupational sleep disorders, and screening for sleep disorders in

occupational settings. In addition, Geiger-Brown conducts intervention research to assist individuals and organizations in improving the quantity and quality of sleep achieved by workers. Through her research, public awareness has been raised about fatigue among workers with shift work and extended work hours.

Kapustin, a member of the School’s faculty since 2000, is board certified by the American Nurses Credentialing Center as an adult nurse practitioner and in advance

**The AAN consists of more than 1,800 nurse leaders in education, management, practice, policy, and research.**

diabetes management. She mentors doctoral and master’s students at the University of Maryland Center for Diabetes in Baltimore, where she maintains a faculty practice. At the diabetes center, Kapustin manages complex patients with diabetes. She serves on numerous doctoral dissertation and/or capstone committees for students interested in diabetes, genetics, and health care policy. Kapustin has published more than 40 articles

and 12 book chapters, mostly on diabetes, and routinely lectures at national conferences such as the National Organization of Nurse Practitioner Faculties, where she serves on the board.

Also among the 2012 inductees were School of Nursing alumnae Darlene Curley, MS, BSN ’80, RN; Marla De Jong, PhD, MS ’96, RN, CCNS; Sharon Dudley-Brown, PhD ’95, FNP-BC; Alexandra Garcia, PhD, MS ’95, RN, APHN; Mary Beth Makic, PhD, MS ’92, RN, CCNS; Charlene Pope, PhD,

MPH, BSN ’74, RN, CNM; and Christine L. Savage, PhD ’97, MS ’93, RN.

The AAN consists of more than 1,800 nurse leaders in education, management, practice, policy, and research. Selection is based on evidence of significant contributions to nursing and health care and sponsorship by two current AAN Fellows. —K.N.

## The Promise of Better Health

IN AN ELEMENTARY SCHOOL CLASSROOM in the heart of a Baltimore City housing project, a group of people engages in a passionate discussion on the issues affecting some of the area's most vulnerable citizens.

The focus group, which included University of Maryland faculty and students, talked about everyday life for residents of the McCullough Homes, a housing project in West Baltimore's Upton/Druid Hill community, where many face chronic health issues such as asthma, and school attendance rates are dismal. According to the Baltimore City Health Department, nearly 50 percent of its residents live in poverty and 63 percent of deaths are avoidable with proper health education.

In response to the issues facing Upton/Druid Hill residents, specifically asthma, School of Nursing faculty and students began working with residents of the McCullough Homes in September 2011. A year later, faculty and students from the School of Social Work joined the School of Nursing on the project, named Promise Heights.

Master's students Michelle Antinozzi and Joel Forsyth conduct a physical exam on an elementary school student.



Promise Heights is a unique partnership between the University of Maryland and faith-based and non-profit organizations that seeks to improve the educational, physical, and developmental outcomes for children. The partnership is designed to level the playing field for socioeconomically disadvantaged youth by developing and

**“I know what life is like for some of these kids. We want something better for them, but it's not enough to want something better; we have to be a part of the work to get there.” —PATRICIA MCLAINE**

implementing a long-term strategic plan that incorporates evidence-based elements of nationally recognized best practice models. Its goal is to create a holistic, community-centered education continuum that serves children and families living in the Upton/Druid Heights communities of West Baltimore.

“I know what life is like for some of these kids. We want something better for them, but it's not enough to want something better; we have to be a part of the work to

get there,” says Patricia McLaine, DrPH, MPH, RN, an assistant professor at the School of Nursing and director for the School's community/public health master's specialty.

With the goal of educating the community, the School's students have gone door-to-door inquiring about residents who suffer

from asthma and providing individual and group education focused on symptoms, triggers, proper medication, and treatment.

During home visits, families are linked with educational programs about health issues, emergency preparedness, and school attendance for children. School of Nursing representatives complete a needs assessment to determine the appropriate assistance for families. Follow-up visits are conducted to provide resources, health education, and support. Parent involvement is critical to solving these issues and ultimately to the success of this program, according to Kate Scott, MPH, RN, clinical instructor at the School of Nursing, who is working with the nursing students on the Promise Heights project.

“If we're able to share information with the parents and bring about a level of awareness, it's a win-win situation for everyone,” Scott says.

School of Nursing students also help staff the health suite at Samuel Coleridge Taylor Elementary School and assist with the Breathmobile, a specialty clinic on wheels that visits the school monthly to provide asthma care.

Through the Promise Heights project, both parents and children are learning how to better manage their health and lead healthy, productive lives. —K.N.

## Six Doctoral Students Named Jonas Scholars

SIX SCHOOL OF NURSING DOCTORAL STUDENTS are among more than 100 students nationwide to be named Jonas Scholars by the Jonas Center for Nursing Excellence. Two PhD students—Ana Duarte, MS, PMHNP-BC, and Mari Griffioen, MS, RN—and two Doctor of Nursing Practice (DNP) students—Sonia Brown, MS, RN, ACNP-BC, and Susy Postal, MS, RN-BC—have been selected to receive grants from the Jonas Nurse Leaders Scholar Program.

The program, which launched in 2008, aims to address the nurse faculty shortage by increasing the number of doctoral-prepared faculty available to teach in nursing schools nationwide.

Darlene Curley, executive director of the Jonas Program, notes that in addition to bolstering the ranks of nursing faculty, Jonas Scholars will also expand the number of advanced practice nurses who can serve as primary care providers and health care leaders.

Two of the six School of Nursing students were among the first cohort to receive scholarship awards from the Jonas Nursing Scholars Program for Veterans Health: PhD student Benjamin Canha, MSN, RN, and DNP student Kathryn Gift, MSN, RN. The program, which launched in fall 2012, seeks to improve veterans' health care.

“The tremendous health challenges facing our veterans require a specially trained workforce, and this program is a significant first step in preparing nurses to be on the frontlines of veterans' care,” says



On an October visit to the School of Nursing, Donald Jonas, founder of the Jonas Center for Nursing Education, and Darlene Curley, executive director of the Jonas Nurse Leadership Scholar program, met with Dean Janet Allan and the Jonas Scholars. Front row: Darlene Curley, Donald Jonas, and Dean Janet Allan; second row: Mari Griffioen, Sonia Brown, Kathryn Gift, Susan Postal, Ana Duarte, and Benjamin Canha.

Curley. Each scholar will receive \$10,000 for the 2012-2013 and 2013-2014 academic years.

“We are extremely proud of our doctoral students who received these prestigious scholarships,” says Dean Janet Allan. “Through their research and practice, they will develop new knowledge about critical health issues, improve health systems, and help educate future generations of nurses. Our Veterans Health Scholars will develop new knowledge and care models to help provide better health care for our veterans.” —P.A.

## Investing in the Scholarship of Teaching

THREE FACULTY members have been named the School of Nursing's first Education Intensive Faculty (EIF) members: Assistant Professors Marian Grant, DNP, RN, CRNP, ACHPN; Allison Davis, PhD, APHN, BC; and Naomi “Bea” Himmelwright-Lamm, EdD, RN.

The EIF program, designed to support and develop faculty members who engage in the scholarship of teaching, is funded by an endowment that focuses on faculty development and recruitment.

The EIF program provides two years of protected time, financial support, mentoring, and other resources for faculty awardees. EIF members are expected to implement

a plan of scholarship leading to a final product—for example, a funded grant, an innovative teaching strategy, or a course or curriculum design that is disseminated in peer-reviewed journals.

**“This program offers our faculty awardees an exceptional opportunity to focus on their teaching role.” —LOUISE S. JENKINS**

Grant's focus is “Improving the Teaching of Communications Skills;” Davis' focus is “Improving the Education of Nursing Students by Developing a New Model for Teaching Community and Public Health Education;” and Himmelwright-Lamm's focus is “Addressing the Orientation Needs of Contractual Clinical Faculty.”

“This program offers our faculty awardees an exceptional opportunity to focus on their teaching role by providing resources to develop an area of nursing education scholarship that will benefit their individual professional development, the School and its students, and the nursing profession,”

says Louise S. Jenkins, PhD, RN, professor and co-director of the School's Institute for Educators in Nursing and Health Professions.

The EIF program is administered by the Institute for Educators in Nursing and Health Professions in close collaboration with the School of Nursing department chairs. —P.A.

## Agonizing Decisions



Crystal DeVance-Wilson prepares students for a poverty simulation.

### UNCEASING MONEY WORRIES.

Frustrating red tape. Transportation snafus. These were among the challenges faced by School of Nursing students in a half-day exercise designed to sensitize them to the struggles of low-income individuals.

The two October 3 “poverty simulation” sessions at the Universities at Shady Grove (USG) challenged 150 students from the School of Nursing and other disciplines (including the University of Maryland Schools of Social Work and Pharmacy and students from other Maryland universities studying education, criminal justice, and respiratory therapy) to role play as members of underprivileged families.

Their objective was to successfully navigate a frustratingly complex bureaucracy—represented by community volunteers playing such roles as community agency workers and business owners—in order to satisfy basic needs for clothing, shelter, and food.

Crystal DeVance-Wilson, MSN, MBA, PHCNS, BC, who organized the simulation and is clinical director for community and public health nursing for the School of Nursing’s program at USG, says it’s crucial for students who are

members of the helping professions to develop an understanding of the challenges many of their constituents face on a regular basis.

“Patients have to make some hard decisions in order to survive,” says Rebecca Wiseman, PhD, RN, assistant dean for the School of Nursing’s program at USG. “If we understand some of the barriers they face, we might be able to assist them in ways that can have a more positive impact on their health care.”

To conduct the simulation, DeVance-Wilson relied on an elaborate kit developed by the Missouri Association for Community Action. The program outlines all the roles and provides detailed biographies for participants, as well as the various challenges they will encounter.

In introducing the activity, DeVance-Wilson told the group, “Sometimes you only have negative choices to choose from”—a warning that proved true for several students. One participant had to choose between purchasing his medicine and buying food for his family. All had to struggle with issues such as transportation, childcare, and red tape.

Matt Marengi, a student in his final semester of the BSN program, portrayed

a 52-year-old disabled man caring for his grandchildren. “From an economic perspective, between my disability [payments] and my wife’s income, we didn’t quite take home enough to cover all of our bills, so we obviously had to prioritize and stretch every penny as best we could,” Marengi says. “Even though it was just role play, I really felt my anxiety levels rising as I was stuck at home, unable to contribute in many ways.

“In the midst of this,” he says, “life decided to throw us a few unexpected speed bumps—one of the kids was expelled from school, another was accidentally cut and needed medical care, [there was] a drive-by shooting in our neighborhood—and these just compounded an already stressful situation.”

Temí Adedoyin, a nursing clinical instructor who also participated in the simulation, played the role of a homeless mother with an infant. She bounced from agency to agency in search of assistance in gaining permanent housing. Each agency sent her somewhere else, with a different directive, until she finally ended up filling out a pile of forms at the Social Services office. “Now I’m feeling the frustration,” she said, trying to tend to her “baby” (a doll), while answering pages of questions.

At one point midway through the exercise, Marengi was looking harried. “I just sold a microwave for drugs,” he said, holding up two packets of sugar substitute. “I need cash, and apparently this is the only way I can get it. But if it’s between that and my grandchildren starving, then that’s what I’m doing.”

Afterward, Marengi said, “Admittedly, this was a silly move, but it really makes you wonder what drives some of the poor decisions people are forced to make.” —Christine Stutz

## Finding His Passion

BRIAN BURKE could have made good money in the business world, working in consumer finance and commercial banking. He had all the right training and all the right skills, having graduated from James Madison University with a business degree in 1996 and gone straight into a management training program before taking a job with M&T Bank.

“I have a business mind,” Burke says. “And I enjoyed the relationships I had with the people at the bank and in the community.” But though he liked his work and was well compensated, something, Burke says, was missing. “I sensed in myself that it wasn’t what I wanted to be doing many years down the road,” he says. “Even though I was doing well, I realized that if I were doing something where I had more passion for the work, then I could be even more successful.”



And so, about four years into his career as a commercial banker, Burke began searching for his new future. He wanted to find a transferable skill, so that he could find work no matter what the state of the world or economy. But more importantly, “I wanted something more meaningful to me and [something] that would have an impact on others,” Burke explains.

He had a number of female friends who were nurses, and their on-the-job stories had always piqued his interest. “I’d even sent away for information from nursing schools in the past,” Burke recalls, although he did so in a friend’s name.

At the same time, Burke was running marathons and volunteering for the Leukemia & Lymphoma Society’s Team in Training program. Through that experience, he started to encounter patients whose experiences stuck with him. But it was an old college friend whose own decision to go back to school for nursing cemented Burke’s decision to apply to the University of Maryland School of Nursing. That friend, Burke says, was one of the first men he’d ever known to pursue a nursing career. “I’d never been exposed to the idea of nursing as a profession for men,” he says. “His decision helped me to overcome any barriers I saw in terms of gender.”

After graduating from the School of Nursing with a BSN in 2007, Burke spent the next four-and-a-half years working on an acute care pediatric unit at the University of Maryland Medical Center. Eventually, his bent for business resurfaced, and he began developing an interest in how he could improve and support the nursing profession from an administrative or organizational level.

In December 2011, he completed a Master of Science degree in Health Services Leadership and Management, the first part of a dual MS-MBA degree offered through the University of Maryland School of Nursing and the University of Baltimore.

Recently appointed as an associate faculty member at the School, Burke is now working toward a PhD in Nursing Outcomes and Leadership. He eventually hopes to rise through the ranks to become a chief nurse officer.

“I look forward to many more years of growing experiences, but I’ve realized that all of the experiences I’ve had contribute to who I am as a professional,” Burke says. “The type of impact I’m having is different now than when I was at the bedside. Now I’m working more at the organizational level and making a difference that way.”

—Lauren Glenn

## Partnering to Produce More BSNs

AS THE AMERICAN HEALTH CARE SYSTEM has evolved, the need for more highly trained nurses has grown. Currently, some 60 percent of the RNs in the United States workforce hold an Associate Degree in Nursing (ADN). In its landmark report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine has called for an increase in the proportion of nurses with a BSN to 80 percent by the year 2020.

One of the major obstacles to meeting this goal is the difficulties that nurses with ADNs experience when they attempt to further their education. In response, Montgomery College (Montgomery County, Md.) and the University of Maryland School of Nursing's (UMSON) program at the Universities at Shady Grove have partnered to develop a model for a smoother academic progression from the ADN to the BSN.

"One of the barriers ADN nurses face when continuing for their BSN degree is a perception that there is no value in additional education," says Barbara Nubile, MSN, RN, associate dean/director of nursing at Montgomery College. "By working together, MC and UMSON will be able to develop a transition that clearly demonstrates the added knowledge, skills, and abilities that advanced education provides. This is an exciting project not just for the two schools, but also for the state."

The joint venture was awarded a two-year Nurse Support Program II grant through the Maryland Health Services Cost

Review Commission and the Maryland Higher Education Commission to develop a Model Dual Enrollment (MDE) project. Additionally, the Maryland Action Coalition, an arm of the Robert Wood Johnson Future of Nursing Campaign for Action, has identified an improved education system that promotes seamless academic progression as a solution and top priority.

While both institutions currently have their own nursing programs, the grant will allow them to share resources in developing the MDE project. The MDE project will be funded

**"One of the barriers ADN nurses face when continuing for their BSN degree is a perception that there is no value in additional education." —BARBARA NUBILE**

through Fiscal Year 2014, totaling more than \$161,000. If successful, it could be duplicated by other colleges and universities in the state.

"The MDE project will give us an opportunity to learn more about each other's programs and will set the groundwork for building on each school's strengths," said Rebecca Wiseman, PhD, RN, assistant dean for the UMSON program at USG. "We are excited about the possibilities this partnership holds for each of our institutions." —K.N.



Collaborators in nursing education: Barbara Nubile and Rebecca Wiseman

## A Better Tool for Measuring Pain

NURSING PROFESSOR Deborah McGuire, PhD, RN, FAAN, has long been interested in proper assessment of pain among non-communicative patients. "These patients are at high risk for ineffective treatment, leaving them vulnerable to unnecessary suffering and other adverse effects," she says.

In the 1990s she started exploring this with the help of a graduate student, studying how hospice nurses assessed pain in patients who were comatose or otherwise too ill to report their pain. Those nurses used factors that McGuire realized were included in an older pain measurement tool that relied on behaviors like facial expression or muscle tension to determine that patients had pain and needed relief.

McGuire and her colleagues took that tool, refined it, and in a series of studies validated its use among inpatients at a community hospice and in the acute care areas of the University of Maryland Medical Center (UMMC).

Now, with a four-year, \$2 million research grant from the National Institute of Nursing Research at the National Institutes of Health, McGuire—and colleagues at the University of Maryland Schools of Nursing, Medicine, and Pharmacy and UMMC—will incorporate the revised tool, called the Multidimensional Objective Pain Assessment Tool (MOPAT), into routine practice at UMMC and formally study whether MOPAT plus a pain algorithm and analgesic order sets can lead to better pain relief and outcomes for patients.

The hypothesis is that by using these tools together, nurses and other providers will use more pain medications at higher doses, thereby helping alleviate pain severity.

"That might sound counterintuitive, but when patients can't report their pain, health care providers worry about overdosing, especially with opiates, so they may not use enough medication," McGuire says. "If we



Deborah McGuire and Karen Kaiser discuss issues in using the MOPAT for patients who can't self-report pain.

have a tool to make them more comfortable about administering pain medications, they are more likely to use higher and more optimal doses."

The MOPAT scores patients' pain levels using behavioral signs of pain (like facial

collect baseline information on the use of MOPAT while managing patients' pain. The second phase will use MOPAT plus a pain algorithm and order sets to determine whether these tools produce better pain relief.

"We're really excited about this project," McGuire says. "To our knowledge, no one else has tried to do this in such a variety of settings. This tool could be used in hospitals, nursing homes, or hospice."

McGuire and adjunct Associate Professor Karen Kaiser, PhD, RN, also are using MOPAT in the development of a clinical case study of a patient who can't self-report pain. The case is part of an interprofessional, integrative curriculum they are developing with colleagues from the Schools of Dentistry, Medicine, and Pharmacy to teach students from each of those schools about pain management. The curriculum is being developed through UM's designation as a Center of Excellence in Pain Education by the National Institutes of Health Pain Consortium and supported by a contract. —Karen Blum

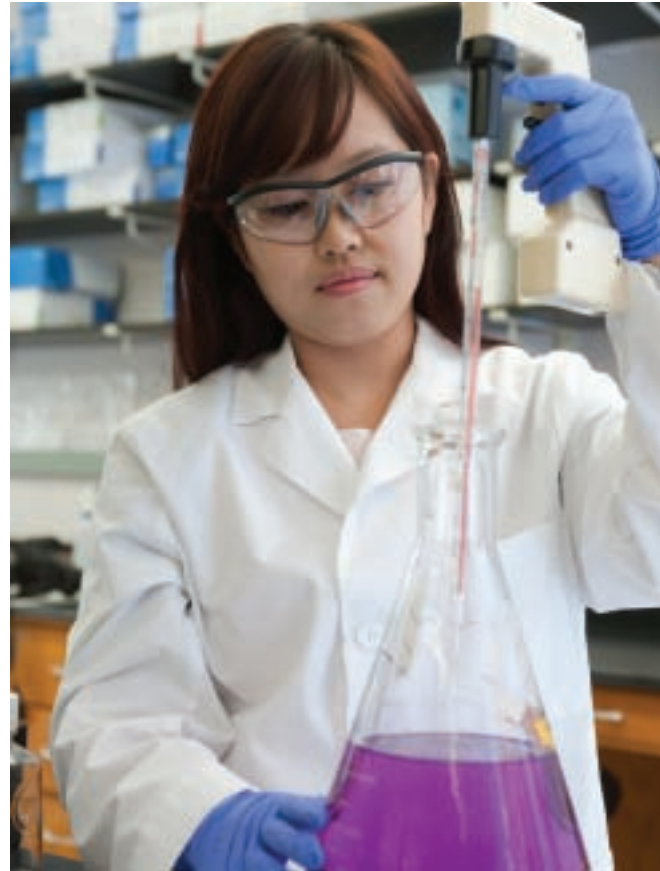
**"When patients can't report their pain, health care providers worry about overdosing, especially with opiates, so they may not use enough medication."**

—DEBORAH MCGUIRE

expressions, vocalizations such as moaning, and muscle tension) and physical signs of pain (such as increased heart rate, blood pressure, and respiratory rate).

The research team is now set to begin working with UMMC nurses to use the MOPAT in areas like the surgical and medical intensive care units and the Shock Trauma Center. The first phase of the study will





PhD student Gee Su Yang works in the School of Nursing's newly renovated lab space.

### Two New Research Centers Create Synergy

THE LAUNCH OF TWO NEW organized research centers (ORCs) at the School of Nursing marks a first for the School. “The School of Nursing is highly supportive of these new centers, which were officially approved by President Jay A. Perman, MD, in 2012. They fit nicely with our five-year strategic plan for research,” says Susan G. Dorsey, PhD, RN, FAAN, associate professor and associate dean for research at the School of Nursing. “The centers draw on faculty from other schools on campus; the synergy that is created should lead to new extramural funding opportunities and to collaborations that didn’t previously exist.”

The Center for Biology and Behavior Across the Lifespan (CBBAL), co-directed by Associate Professor Eun-Shim Nahm, PhD, RN, FAAN, and Professor Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, was developed to serve as an “important melting pot of research ideas with regard to clinically focused questions,” Resnick notes. Research questions will focus on the management of disease and optimization of health and the ways in which biological findings can influence disease prevalence. In addition to bringing together individuals with specific expertise in different areas,

the center will develop shared resources, such as the banking of blood samples and biospecimens and successful intervention approaches.

The Center for Health Outcomes Research (CHOR), which aims to improve health outcomes of people and systems of care, comes in response to national studies showing gaps in health care quality—for specific services, and based on where people live, their race, ethnicity, and socioeconomic status. “We envision collaborations of scientists who have not previously conducted research together,” says Professor Jeanne Geiger-Brown, PhD, RN, FAAN, center co-director, who notes that the CHOR has strengths in epidemiology, psychosocial environment assessment, participatory action research methods, survey research, multisite intervention studies, informatics, secondary data analysis, outcomes studies, and policy analysis. By leveraging these strengths, she says, CHOR will generate knowledge about the complex influences that impact health and safety and patient preferences for treatments and subsequently share results “that can change policy and practice.”

### At the Core of Pain Research

ONE OF THE MOST DEBILITATING complications associated with cancer treatment is acute and chronic pain, notes Susan G. Dorsey, who was instrumental in securing funding for the Center for Pain Studies at University of Maryland, Baltimore (UMB), in 2009.

An important element of the center has been the Core, which provides a wide array of preclinical and clinical testing services. Previously, access to instrumentation and services has been spread out across the UMB campus, notes Dorsey, “which decreases the rate that our scientists—from across nursing, medicine, and dentistry—can conduct their research to make important discoveries that can be used to design interventions to optimize health.”

The situation improved dramatically this fall with the renovation of 1,900 net feet of lab space at the School of Nursing that now allows for a single, centralized core behavioral testing facility for UMB scientists. The new Translational Phenotyping Core has been equipped with instruments and resources that will expand opportunities for pain testing in conjunction with other co-morbid conditions—such as anxiety, depression, or altered cognition. The goal: to determine whether co-morbidities contribute to the cancer pain phenotype.

“This new Translational Phenotyping Core will significantly accelerate the rate and comprehensive nature of the science that we are conducting within the UMB Center for Pain Studies and will expand our capacity to serve biobehavioral researchers in the region,” says Dorsey.

—Sue De Pasquale

The work of the Institute of Medicine and others has clearly demonstrated that when health care professionals understand each other’s roles and are able to communicate and work together effectively, patients are more likely to receive safe, quality care.



#### Why have you made interprofessional education a goal for the UMB campus?

Team-based delivery of health care is viewed by the Institute of Medicine and by those who accredit the professions for which we prepare students in our university as the best option for ensuring high-quality, safe care. The patient-centered medical home model, optimal population health, and management of chronic diseases all appear to be increasingly dependent on team-based approaches. The movement from fee-for-service-based to bundled payments for health care will lead to further demand for team-based provision of health care.

It is incumbent upon the University of Maryland, Baltimore to prepare those we teach to flourish in this new environment. We are perfectly positioned to be leaders in moving forward interprofessional health care education and IPE-related research. We should lead the nation in faculty development efforts to better enable our faculty to “teach team” and to devise new models to teach team-based health care delivery in clinical settings.

**Jay A. Perman, MD**  
President, University of Maryland, Baltimore



#### Why is interprofessional education important in preparing the professional nurse workforce?

To build a safer and cost-effective patient-centered and community/population-oriented health care system in the United States, we must educate all health professional students to deliberately work together. Growing evidence supports the importance of better teamwork and team-based care delivery and the competencies needed to provide that kind of care. The Institute of Medicine (2001) reminds us that developing effective interprofessional teams and redesigned

systems is essential for achieving care that is patient-centered, safe, cost-effective, and equitable. In essence, how care is delivered is as important as what care is delivered.

**Patricia G. Morton, PhD, RN, ACNP, FAAN**  
Professor, associate dean for academic affairs, and co-chair of the University of Maryland, Baltimore’s interprofessional education task force



#### How has your participation in a class with faculty and students from other disciplines affected your nursing education and how you make decisions as a nurse?

My participation in the President’s Clinic has renewed my belief that efficient, quality patient care is best provided when health care professionals work together. Patient needs often extend beyond medicine—there are dental, social, nutritional, and pharmacologic needs, as well as the navigation of patient rights and privileges. These challenges often interfere with a person’s health and function, and addressing potential obstacles can help with patient recovery. As a student learning an advanced practice role, it’s

important to remember that resources are available and to accept the limitations of where my expertise ends and where the expertise of another professional begins. My experience in the clinic was invaluable in demonstrating how professional teamwork can effectively meet patient needs and the importance of keeping the patient at the center of care.

**Christina Graham, BSN, RN**  
Current Master’s Student



Nurse with patient in the hyperbaric chamber, 1970s.  
Photography Courtesy of MIEMSS



The first medevac at the STU, 1968



Trump and Cowley, early 1970s

## Pioneers in Trauma

By Dan Caughey, MA, Curator,  
School of Nursing Museum

How a doctor/nurse team established trauma care as a medical specialty.



Trauma patient on the way to the second floor treatment room, 1970's.

The Shock Trauma Unit (STU) at the University of Maryland Hospital was the first research and clinical setting in the nation devoted to the study of shock and trauma.

The two forces behind it were R Adams Cowley, MD, and his partner, nurse administrator Elizabeth Scanlan Trump, MS '60. They worked tirelessly to build the initial two- and then four-bed research unit (opened in 1960) into the Center for the Study of Trauma (CST)—a five-story building that opened in 1970.

The STU was one self-contained unit, with one part focused on more fully understanding shock and the other on applying this knowledge in the clinical setting. The early years

of the STU were filled with struggles, both financially and clinically, but also with many medical firsts. Nurses were at the center of all these developments. Cowley and Trump fostered an environment where nurses collaborated to write the first trauma protocols and procedures and were an integral part of a team expanding knowledge of shock and trauma while treating thousands of patients.

Cowley first started to wrestle with the effects of shock and trauma as an Army surgeon in post-World War II Europe. At the University of Maryland Hospital he became a well-known and respected heart and chest surgeon in the 1950s. The nurses who worked with him recall his support and respect for them and that he put into practice many of the procedures and techniques they developed.

Elizabeth Scanlan Trump is widely recognized as the nation's first trauma nurse and the "mother of critical care." A graduate of Baltimore's St. Agnes Hospital nursing program, she earned a Master of Science degree from the University of Maryland School of Nursing in 1960. She worked side-by-side with Cowley as the first director of nursing at the STU

and was considered his partner, collaborator, and friend. Cowley referred to Trump as the "force behind the vision." She was a superb administrator and successfully secured grants from a variety of sources, including the National Institutes of Health and the military, which gave the initial grant to establish the STU in 1960. Trump's leadership in developing and recruiting talented nurses led to a highly skilled nursing team that partnered with physicians to achieve success with an increasing number of trauma patients.

In the early years, the STU was nicknamed the "death lab" by others at University Hospital because of its low success rate in healing trauma patients. That began to change, however, as the STU began to provide a variety of insights—including the use of pressurized air to re-oxygenate blood after shock and learning the balances of fluids and electrolytes that had a positive effect on patients in shock.

As key players on the Shock Trauma team, nurses provided an average of 19 to 24 hours of care per patient in the early years of the STU. They stayed with their patients continuously for eight hours and were expected to know enough about the mechanisms of shock and the therapy administered to make critical judgments. Trauma nurses monitored a variety of body indicators including heart rate, blood pressure, respiration, and kidney function and were responsible for recording significant observations. They also took regular blood and urine samples for study. The nurses were trained in the operation and maintenance of the special STU equipment, much of it designed or improved for the STU, such as electronic monitoring systems, EKG machines, and respiratory assistors.

It was widely believed that a trauma patient's chances of survival were greatest if he or she received definitive care

within the first hour, known as the "golden hour." Toward that end, Cowley and Trump set up one of the first civilian helicopter medevac systems in the nation in 1970. They also founded the Maryland Emergency Medical System in 1973, which streamlined and improved ambulance services and improved training for emergency medical technicians. Through state legislation, the CST was ultimately expanded several times to become the Maryland Institute for Emergency Medical Services Systems (MIEMSS) in 1976. Trump believed that education was the key to success and created the nursing component of MIEMSS the same year. This initiative led to the statewide networking of teaching trauma care to both

nurses and Emergency Medical Services providers.

A new, state-of-the-art Shock Trauma Center (STC) was completed in 1989. The R Adams Cowley Shock Trauma Center included eight

stories of facilities, including a helipad on the roof. It didn't take long, however, for patient needs to exceed the available space. By 2010, the STC was serving 8,000 patients annually in a building designed for 2,500 patients. Ground was broken that year on a new nine-floor building that would significantly expand the STC and increase its capacity to care for patients who need the highest level of trauma, emergency, and surgical critical care.

Beyond their impact on Maryland, Cowley and Trump's drive and pioneering work on shock and trauma helped lead to the rise of trauma care as a medical specialty throughout the nation. Today, more than 678,000 trauma patients are treated each year at 600 dedicated trauma centers across the United States.

As key players on the Shock Trauma team, nurses provided an average of 19 to 24 hours of care per patient in the early years of the STU.



# Janet D. Allan, PhD, RN, FAAN

Innovation, leadership, partnership, and collaboration defined the 2002-2012 tenure of Dean Janet D. Allan. As she prepares to step down as dean, leaders in nursing, health care, higher education, and government reflect on Dean Allan's legacy and accomplishments:

“NURSES are the face of hospitals because patients trust nurses’ professionalism and compassion. While her face was not the one patients saw, Dr. Janet Allan’s work over the past 10 years has helped nurses earn that status.

Her efforts to create the Nurse Support Program II and help the Maryland Hospital Association make the business case for additional nurse graduates brought our state national recognition. Her work on the Institute of Medicine’s recommendations on the future of nursing will ensure quality care for a generation.

All this, and more, in a decade? A retirement well earned, we say. Our thanks!”

*Carmela Coyle  
President & CEO  
Maryland Hospital Association*

“ON BEHALF of the American Association of Colleges of Nursing (AACN), I applaud the outstanding contribution Dr. Janet Allan has made to advancing professional nursing education. Besides her longtime service on the AACN Board of Directors, her vision and leadership has played a critical role in shaping many of the organization’s signature initiatives, including introducing the new Clinical Nurse

Leader role and the movement to the Doctor of Nursing Practice as the appropriate preparation for advanced nursing practice. The impact of Dr. Allan’s work will surely enhance the quality of care available to our nation’s patients for generations to come.”

*Geraldine “Polly” Bednash, PhD, RN FAAN  
CEO/Executive Director  
American Association of Colleges of Nursing*

“THE TRANSFORMATION of the School of Nursing under Dean Allan’s leadership has been truly remarkable. In my position as president of Sinai Hospital, we have worked together to create some unique partnerships including the sharing of faculty, offering online classes, and developing a Nursing Scholar program. In my role as head of the Governor’s Workforce Investment Board Health Care Committee, as well as Chairman of the Maryland Hospital Association Legislative and Regulatory Policy Committee, we’ve worked together on many fronts to address the nursing and ancillary health care worker shortages across the state of Maryland. Additionally, I was honored to work with Dr. Allan on the Maryland Action Coalition Executive Committee to review and implement the Institute of Medicine’s recommendations. We will miss the energy, enterprise, and spirit that were hallmarks of her deanship.”

*Neil M. Meltzer, President, Sinai Hospital*

“Leadership is Dean Janet Allan’s legacy.

Dean Allan is the consummate leader in nursing education. A nationally recognized trailblazer, she has inspired and led her team at the School of Nursing to create a challenging and innovative vision and then led them to realize it. She has a unique blend of skill, foresight, and wisdom that motivated a team of faculty and staff and encouraged them to pursue a road map that established and

sustained the School as a national leader in nursing education and research.

Dean Allan is a rare blend of a scholar and humanist who has left an indelible mark on the University of Maryland, Baltimore campus. For her colleagues at the University of Maryland Medical Center, perhaps Dean Allan’s greatest legacy will be championing the establishment of University of Maryland NURSING, a partnership between nurse

clinicians, educators, researchers, and leaders from both the academic and service worlds. The ongoing work of all of the nurses touched by the School of Nursing will be a lasting tribute to Dean Allan’s leadership and her commitment to patients and nurses everywhere.”

*Lisa Rowen, DNSc, MS ’86, RN, FAAN  
Senior Vice President of Patient Care Services  
and Chief Nursing Officer  
University of Maryland Medical Center*

“The University of Maryland School of Nursing is losing a great leader with the retirement of Dean Janet Allan. She has demonstrated her commitment to educating the next generation of nurses by assembling a top-notch faculty, providing the best hands-on training, and working

to expand resources and provide the tools students need to succeed. Under Dean Allan’s leadership, UMSON has continued to be the largest school of nursing in Maryland, preparing our state’s future nurse workforce to care for the sick and help save lives on the front lines

of emergency care. Dean Allan has gone above and beyond during her tenure. Her leadership in nursing and research will be missed.”

*Barbara A. Mikulski  
United States Senator*

“In a decade as dean, Dr. Janet Allan, professor and nurse scientist, has led the School of Nursing faculty in securing the greatest level of research funding by the National Institutes of Health in the School’s history, achieving a top-20 ranking for fiscal year 2011. An expert in nurse workforce development, Dr. Allan created the state’s first Doctor of Nursing Practice program, Nurse Anesthesia master’s specialty, and Clinical Nurse Leader master’s option. And at a University that prizes interprofessionalism, I laud her collaborative leadership role in the multi-stakeholder “Who Will Care?” campaign, which garnered funding to establish the School’s innovative Student Success Center.”

*Jay A. Perman, MD  
President, University of Maryland, Baltimore*

“WHEN I was the 22nd Chief of the Army Nurse Corps, Dr. Allan was one of the few people with whom I chose to discuss nursing challenges that I saw in the military and the nation. We were discussing the burnout that was occurring in my Army nurse colleagues after a 12-15 month rotation into the combat zones of Iraq and Afghanistan. That led us to a discussion of the need for highly competent, confident nurses as clinical faculty. Imagine if we worked together and solved both challenges! I identified six stellar clinical nurses who were thinking about departing the Army and offered them a two-year assignment at the School of Nursing. These six officers filled clinical positions and exposed both faculty and students to the professional expertise of the Army Nurse. We could not solve the national clinical faculty challenge, but by working together, we each got through challenges that required an out-of-the-box solution.”

*Gale S. Pollock, Major General (Retired)  
BSN ’76, MBA, MHA, MS, CRNA, FACHE, FAAN*

“DEAN JANET ALLAN’S LEADERSHIP has elevated the University of Maryland School of Nursing to new heights of excellence. Working with her peers and collaborating with health care providers, she has advanced numerous initiatives aimed at alleviating the state’s shortage of nurses and nurse educators. In response to changing dynamics in the health care profession, she launched new academic programs at the School of Nursing, including Maryland’s first Doctor

of Nursing Practice program. Dean Allan also had a critical impact systemwide. She was instrumental in expanding the School of Nursing’s program at the Universities at Shady Grove, further meeting the increasing demand for highly skilled nurses across the state.”

*William E. “Brit” Kirwin, PhD  
Chancellor and Chief Executive Officer, University System of Maryland*

“Dr. Janet Allan joined the U.S. Preventive Services Task Force in 1998 and quickly became a strong proponent of the value of evidenced-based clinical preventive services recommendations to improving health and health care. She served as Vice Chair of the Task Force from 2000 until 2004. She may be best remembered for her positive spirit, her ability to communicate her perspective and to elicit the perspectives of others, her passion for consistency in evaluating the strength of the evidence, and for her deep commitment to her profession.”

*Carolyn M. Clancy, MD  
Director, Agency for Healthcare Research and Quality*

“During Dean Allan’s tenure, she shared her vision for change, aligned the necessary resources, gave voice to faculty, worked collaboratively, and motivated faculty and staff toward a commitment to bring about change. Her vision and energy have been a driving factor behind growth in enrollment, programs, and the School’s national reputation. Because of her efforts, the School now has a richer past, a challenging present, and an exciting future.”

*Kathleen M. Buckley, PhD, RN, IBCLC  
Associate Professor and Chair of the UMSON Faculty Council*

“The partnership and friendship that the University of Maryland Medical Center’s (UMMC) leadership team has had with Dean Allan over the past decade has been a pleasure. Her constant support of UMMC has been integral to our success. I am deeply appreciative of her investments in our organization’s culture. Through her leadership and vision we have indeed “built a bridge” over Lombard Street, and this bridge connects the people, cultures, and talents of the University of Maryland School of Nursing and UMMC.

With deep admiration and our sincere thanks, we wish Dean Allan the very best as she embarks on the next phase of her life.”

*Jeffrey A. Rivest, FACHE  
President and Chief Executive Officer  
University of Maryland Medical Center*

# A Decade of Leadership

“YOU NEVER REALLY LEAVE A PLACE OR A PERSON YOU LOVE. PART OF THEM YOU TAKE WITH YOU AND PART OF YOURSELF YOU LEAVE BEHIND.” – ANONYMOUS

As Dr. Janet Allan leaves the School of Nursing after serving as dean for 10 years, we celebrate her legacy and her achievements that helped the School build on its reputation as one of the nation's top nursing schools.

**2002**

- Appointed fifth Dean of UMSON
- Established first Research Center of Excellence—the Center for Occupational and Environmental Health & Justice
- First nursing school in Maryland to offer entire RN-BSN program online

**2003**

- Established Institute for Educators in Nursing and Health Professions to address nurse faculty shortage
- Launched first Strategic Plan during Dean Allan's tenure
- Initiated Staff Council to help foster a positive work environment, which nourishes overall success for everyone

**2004**

- Launched state's first Nurse Anesthesia master's specialty for non-military nurses

**2005**

- Sent two Wellmobiles to Mississippi to assist victims of Hurricane Katrina
- Established state's first Clinical Nurse Leader master's program
- Launched state's first Clinical Research Management master's option
- Initiated state's first Master of Science/Juris Doctor dual degree program
- Dean Allan led establishment of 10-year, \$100 million Nurse Support II program to increase number of nurse faculty and entry-level nurses per year in Maryland
- Opened simulated operating room, bringing total simulation labs to 34

**2006**

- First nursing school to receive a grant from the Maryland Affiliate of Susan G. Komen for the Cure® to advance knowledge about breast cancer treatment and care
- Launched state's first Doctor of Nursing Practice program
- UMSON named Center of Excellence in Simulation Education by Laerdal Medical
- UMSON's Pan American Health Organization/World Health Organization (PAHO/WHO) Collaborating Center received re-designation

**2007**

- UMSON received highest-ever ranking (7th) by U.S. News & World Report
- Nurse Anesthesia master's specialty received 10-year re-accreditation
- Established two-year partnership with U.S. Army Nurse Corps to address nurse faculty shortage
- Partnered with University of Maryland Medical Center to form UM NURSING, a program to optimize patient outcomes by enhancing education, research, and practice
- Dean Allan became charter member of *Who Will Care?* Committee to double the number of RNs in Maryland (raised more than \$17 million)
- Launched second strategic plan during Dean Allan's tenure

**2008**

- Expanded BSN program at the Universities at Shady Grove
- Received largest-ever gift — \$1 million — from alumna Mary Catherine Bunting
- Established second Center of Research Excellence — the Center for Disorders in Neuroregulatory Function
- Adult Nurse Practitioner and Gerontological Nurse Practitioner master's specialties combined in response to recommendation by American Association of Colleges of Nursing
- Among first nursing schools in nation to receive Robert Wood Johnson Foundation New Careers in Nursing Scholarship Funds

**2009**

- Received American Association of Colleges of Nursing's Innovations Award for integrating evidence-based practice through all curricula
- UMSON joined Maryland Alliance to achieve greater diversity among health care professionals

**2010**

- BSN, MS, and DNP programs received maximum 5-year accreditation by Commission on Collegiate Nursing Education
- UMSON received American Association of Colleges of Nursing's Innovations Award for integrating evidence-based practice through all curricula
- UMSON joined Maryland Alliance to achieve greater diversity among health care professionals

**2011**

- Graduated record number of students — 626
- Student Success Center established with grant from *Who Will Care?*
- Dean Allan co-chaired Maryland Action Coalition Steering Committee and led State Summit to develop a strategic plan to implement the recommendations of the Institute of Medicine's Report on the Future of Nursing

**2012**

- Launched third Strategic Plan (2012-2017) during Dean Allan's tenure
- UMSON ranked 19th in funding from the National Institutes of Health (up from 53rd in 2003)
- Launched two Presidential-approved Organized Centers of Research — Center for Health Outcomes Research and Center for Biology and Behavior Across the Lifespan
- Designated as Center of Excellence in Pain Education by National Institutes of Health
- Participated in Joining Forces Campaign to educate nurses to meet unique health care needs of service members and veterans
- Six doctoral students named Jonas Scholars by Jonas Center for Nursing Excellence
- UMSON teams with 13 universities to assist Rwandan government in strengthening its health care system as part of the Clinton Health Access Initiative

# A CELEBRATION *of* LEADERSHIP *and* ACHIEVEMENT

Jay A. Perman, MD, president, University of Maryland, Baltimore, welcomed more than 150 guests at a reception honoring Dean Janet D. Allan for her 10 years of service as she embarks upon retirement at the end of the year. The event was held Nov. 14 at the Southern Management Corporation Campus Center.



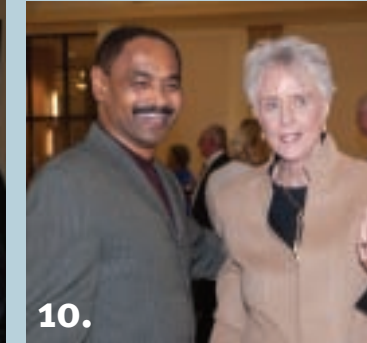
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1. Bruce Jarrell, Richard Barth, Donald Wilson, Dean Janet Allan, Natalie Eddington, Phoebe Haddon, Jay A. Perman, Albert Reece, and Christian Stohler

2. Dean Janet Allan, Sonia Smith, Amanda Wozinak, and Enjoli Sonnier

3. Jay A. Perman, Dean Janet Allan, Lisa Rowen, Neil Meltzer, Kathleen Buckley, and Liz Ness

4. Bruce Jarrell, Dean Janet Allan, and Donald Wilson

5. Marik Moen and Dean Janet Allan

6. Dean Janet Allan and Ruth Harris, faculty emerita

7. Beverly Hall, Mary Ripple, Dean Janet Allan, and Lisa Clem

8. Dean Janet Allan and Dean Martha Hill

9. Debra Wiegand and Dean Janet Allan

10. John Bing and Dean Janet Allan

PRESIDENT PERMAN served as master of ceremonies and set the tone for the evening, describing the various attributes that made Dean Allan an effective leader. He said he knew early on that with Dean Allan at the helm of the School of Nursing, the program was in good hands. “Janet and I clicked instantly and formed an instant relationship,” Perman recalled. “I found that we cared about the same things, especially the notion of collaborative practice among health care professionals.”

The themes of collaboration and partnership were echoed as priorities of Dean Allan’s for advancing the School of Nursing by guest speakers Neil Meltzer, president, Sinai Hospital of Baltimore; Lisa Rowen, DNSc, RN, FAAN, senior vice president of patient care services and chief nursing officer, University of Maryland Medical Center; Kathleen Buckley, PhD, RN, IBCLC, associate professor and chair of the School of Nursing’s Faculty Council; and Liz Ness, MS ’93, president of the School of Nursing’s Alumni Council.

“Dr. Allan is a champion of partnership. I knew immediately that she was a bridge builder who is as equally invested in your work as she is her own,” Rowen said. “When you work with someone who is equally invested, it builds trust and credibility. Dr. Allan is a gifted connector.”

Allan is seen not only as a promoter of collaboration, but also as a leader with vision.

“This celebration is bittersweet, but it is a chance to say thanks. It will not be easy to replace Janet’s energy, enterprise, and spirit, which have been hallmarks of her tenure,” Meltzer said. “The transformation of the School of Nursing that we’ve witnessed over the years has truly been remarkable.”

Dean Allan’s contributions were also recognized by U.S. Senator Barbara Mikulski (Md.), and Maryland Governor Martin O’Malley, who issued citations to her for her years of dedication and service. She was also inducted into the School of Nursing’s Alumni Association as an honorary member and was elated to join the 18,000-plus members that comprise the alumni association.

Dean Allan was humbled by the accolades and acknowledged she couldn’t have done it alone. “I really have to give credit to the community that I’ve worked with over the years,” Allan said. “I’ve been lucky to work with a nationally recognized, superb faculty, expert and talented staff, and great students. They have made a big difference.” —K.N.

# MAPPING THE FUTURE OF Global Health

Nurses are key to addressing health inequity around the world—and the School of Nursing is leading the way to help expand nursing capacity in the most underserved regions.

By Marlene England

“All over the map” describes a typical workday for Jeffrey Johnson, PhD, director of the School of Nursing’s Office of Global Health (OGH).

Whether fielding phone calls from Saudi health officials, meeting with a visiting nurse from Singapore, or reviewing reports on a project in Nigeria, Johnson has a to-do list that spans the globe, with a heavy concentration on African countries. Every task, however, contributes to the singular vision of the office he leads: to build nursing capacity, strengthen health systems, and improve health around the world.

“Nurses are the most numerous of health professionals in most parts of the world,” Johnson explains. “They are critical to addressing global health problems, yet they are often underutilized.”

Increasing nursing capacity is an important first step in addressing the enormous gap in health inequity between developed and developing countries, which Johnson refers to as the global north and the global south. “Ninety percent of the burden of disease is falling on poor countries in the global south, yet they have only 10 percent of the overall health resources,” he says, adding that the situation in Africa is particularly dire.

“What we’re trying to do in the OGH is help these countries take care of their own needs by



Jeffrey Johnson (front row, second from left) represented the School of Nursing at the Clinton Global Initiative’s annual meeting in September.

expanding the capacity of their nursing workforce to enable them to better address the disease burdens they face. And we can do that by doing what we’re good at—educating nurses.”

Johnson views the OGH as the bridge that connects the energy and capacity of the School of Nursing to the interests and needs of the global community. “We are a strong school with a lot of diversity in many different program areas,” he says. “That’s what we bring to the table to help in the development of nursing globally—and that’s why countries are interested in working with us.”

## A Paradigm Shift in Rwanda

In August, Kathryn Schaivone, MPA, director of the School of Nursing’s Clinical Education and Evaluation Laboratory, packed her bags and headed to Rwanda as part of the



At Kigali Health Institute in Rwanda, Kathryn Schaivone teaches nursing students how to use a stethoscope.

## Global Health Summit

On September 25, Jeffrey Johnson, PhD, director of the School of Nursing’s Office of Global Health, represented the School at the closing session of the 2012 Clinton Global Initiative’s annual meeting in New York City. The School of Nursing was recognized for its participation in the Human Resources for Health (HRH) Program, the pioneering initiative led by Rwanda’s Ministry of Health with support from the Clinton Health Access Initiative.

It was a thrilling experience for Johnson to meet President Clinton and some of the most prominent figures in global health. “We were all waiting in the ‘green room’ for two hours, meeting each other and talking. It was a real opportunity for me to meet some people who have influenced my thinking,” he says. “Just being invited to participate in this national effort is very wonderful for us as a school.”

## Nigeria: Toward Improving Neonatal Care

The School of Nursing continues to strengthen partnerships with three universities in Nigeria, where efforts are focused on increasing nursing capacity and improving neonatal care.

Leading the School of Nursing's involvement in Nigeria is Yolanda Ogbolu, PhD '11, MS '05, BSN '04, RN, CRNP, whose work in the country dates to 1998. This summer, she presented her research, "Nursing and Neonatal Mortality in Nigeria," at the University of Nigeria at Enugu. Nigeria has one of the highest infant mortality rates in the world, Ogbolu reports, with an estimated 240,000 infants each year dying in their first month of life. Combating this crisis requires more nurses with access to more advanced training.

During her visit, Ogbolu worked with faculty at Obafemi Awolowo University in Ile Ife to plan for the coming year and also advised several university doctoral students on their dissertation projects.

"We're in the third year of our partnership with Nigeria—and it doesn't just happen, Ogbolu explains. "It's all about relationship building. When you have that relationship, it builds a more sustainable partnership."

In addition to having Global Health Certificate students visit Nigeria in the future, Ogbolu looks forward to welcoming Nigerian health officials and nurses to the U.S. The International Scholars Program at the School of Nursing helps build faculty capacity from other countries, and several Nigerian nurses have already submitted applications to participate in the program. They will be the first International Scholars from sub-Saharan Africa.

Human Resources for Health (HRH) Program. HRH Rwanda is an unprecedented effort spearheaded by the Rwanda Ministry of Health with support from the Clinton Health Access Initiative. The goal of the pioneering program is to strengthen the capacity of Rwanda's health workforce and improve the quality and quantity of care.

The program is exceptional in many ways. First of all, notes Schaivone, the School of Nursing's in-country coordinator, the program aims to address the country's health system as a whole, rather than tackling individual diseases, or one geographical area—the common approach for development projects.

three alumni, plus 93 other nurses and physicians. More than 100 U.S. faculty members from 13 of the top-ranked schools in the U.S. will spend a minimum of 11 months over the next seven years to train 500 health care providers.

Schaivone, who had never previously worked outside of the U.S., says that the Rwandans have wholeheartedly embraced this approach. "The people are so grateful we're here and doing more than the typical international 'go in, provide care, get out' approach," she explains. "Everyone knows we're in it for the long haul."

The third, and the most unique, aspect of the program is that faculty

"The people are so grateful we're here and doing more than the typical international 'go in, provide care, get out' approach."

—Kathryn Schaivone

Secondly, the scale and duration of the infusion of U.S. mentors is unparalleled. Usually, one or two faculty members from a single U.S. institution travel for a few weeks to offer consultation services during a one- to five-year grant cycle. However, traveling around the same time as Schaivone were six School of Nursing faculty members, including



and universities are making a financial sacrifice to participate. Minimal overhead will go to the universities, and individual faculty members have taken a significant cut in salary and benefits. They have chosen to invest in HRH Rwanda, Schaivone says, to be a part of a revolutionary approach—perhaps a paradigm shift—to international partnerships for health system change.

Notes President Clinton: "These universities have agreed to work for only 7 percent overhead and will probably lose money. In the past, developed country universities

Sarah Horwath, UMMC cardiac nurse and School of Nursing clinical instructor (center), and School of Nursing Intensive Care (ICU) faculty member Caroline Orwenyo (far right), with their Rwandan partners in the ICU at the Butare Teaching Hospital in Huye, Rwanda.



School of Nursing midwifery faculty member Rani Kahn and her Rwandan nursing partner at a local hospital in Byumba, Rwanda.

charged overheads of more than 35 percent so half of the money is spent in the U.S. before it ever gets to its destination. With this program, \$0.93 of every dollar will be spent in Rwanda. This has never been done in my lifetime."

Schaivone understands why significant, sustainable change to Rwanda's health workforce will take

time—although the country on its own has made impressive strides after the 1994 genocide that killed an estimated 800,000. "In addition to the loss of life (including nurses and doctors), the health care system itself was destroyed as were institutions such as schools of nursing," she says.

While access to hospitals and primary care has dramatically

improved, the burdens of conditions associated with infectious diseases and poverty (AIDS, TB, malnutrition, a high infant mortality rate) are accompanied by an increase in chronic diseases. In rural areas, nurses are often called upon to perform jobs they have not been trained to do. They are running entire health centers on their own, functioning as doctors without the necessary resources. Midwives also must manage difficult and complicated births without a physician present. Fetal monitoring is virtually non-existent outside of the hospital

(continued on p. 29)

## Kenya: Matters of Life and Death

As a Kenyan woman prepares for the birth of her child, she has an important decision to make: have the baby in a modern health facility or use a traditional birth attendant. Her decision directly influences her own health, as well as the health of her baby.

Determining what factors influence the choice of birth location is the focus of a study that was conducted by the School of Nursing in partnership with the University of Nairobi School of Nursing. Lynnee Roane, MS, BSN '85, RN, nurse coordinator at the School, was one of two Global Health Certificate students who traveled to Kenya last summer to conduct research. The other student was Nwamaka Oparaoji, MS, RN.

"Women should not die as they bring life into the world," Roane comments. "It's very important that we figure out why women are not seeking the lifesaving care they need."

During their six-week stay, Roane and Oparaoji visited both urban and rural health care sites to assess nursing care, patient needs, and outcomes, with particular attention to maternal mortality. At two of Kenya's larger immunization clinics, they interviewed many mothers

who indicated they chose to have their babies in health care facilities because they felt that it was safer, especially if complications arose.

However, the cost and quality of care at the facilities is often a deterrent. Some mothers explained that their decision to have babies at home was based on not having received compassionate or respectful care at other facilities.

Research results are now being analyzed, but Roane hopes the study will help nursing administrators in Kenya develop interventions that would increase the use of health care facilities for childbirth, with the ultimate goal of reducing maternal mortality.



Lynnee Roane holds a newborn after assisting with the birth.



Mary Regan (second from left); Gerald Nakhoma, district health officer; and Barbara Smith (fifth from left) with a team of nurses at a hospital in the Chikwawa district of Malawi.

### Malawi: Resourceful Solutions

Last July and August, a dozen students from all six University of Maryland, Baltimore professional schools traveled to Malawi to study maternal/child health services. The students administered the World Health Organization's Safe Motherhood Survey in the rural district of Chikwawa, one of the largest and most populated districts in Malawi and also one of the poorest.

Assistant Professor Mary Regan, PhD, RN, and two School of Nursing students (and former faculty member Barbara Smith, PhD, RN, FAAN) were among those who participated in the six-week trip. For Regan, it was especially meaningful to see students from the different schools working together. "I think they learned from each other as much as they did from being in a different country," she says.

Each day, students conducted research at two hospitals and 10 rural health care centers, surveying staff, reviewing hospital records and supply inventories, and interviewing women who were receiving prenatal care. At the end of the six weeks, the students shared survey results with staff at participating hospitals and health care centers.

The survey revealed that health care providers in the district are stretched to the limit by not enough personnel and resources—a problem compounded by few transportation options when a rural center needs to transfer a patient to another location for more sophisticated care. The survey also revealed the admirable and creative ways that health care workers in the district use the scarce resources at their disposal, such as using plastic sheeting to make hospital gowns.



Mary Regan with women attending a postpartum clinic in a rural health center in Chikwawa.

Vera Kuffour-Manu, MS '10, RN, a PhD and Global Health Certificate student at the School of Nursing, was impressed by the resourcefulness of the nurses she met in Malawi. With no umbilical cord clamps, nurses would instead use a string or cord. The nurses also worked with limited supplies and equipment, such as alcohol pads, gloves, thermometers, blood pressure cuffs, gauze, and other essential medical items. With no intravenous pumps, the nurses used drop rate to run IV fluids. "These nurses are experts. I could not do what they're doing," Kuffour-Manu says.

Global Health Certificate student Dorothy Njathi, MS '12, BSN '10, RN, agrees: "In most facilities that we visited, nurses were practicing under dismal conditions and with very few resources—yet they are able to provide optimal care to their patients and actually report job satisfaction."

"My Malawi experience is one that I would wish on every nursing student," Njathi continues. "There was so much to learn, but it boils down to basics. It is no longer OK to just do your job. It's everyone's duty to educate, encourage, assist, and provide a service that can improve the health of a friend, a family member, a neighbor, a community, a nation, and the world."

An interprofessional team of UM students at Ndakwira Health Center in Malawi's Chikwawa district. From left: Sarah Britz (Medicine), Ashley LaRicca (Law), Monet Stanford (Pharmacy, holding child), Dorothy Njathi (Nursing), and Dasha Smith (Social Work).



School of Nursing faculty member Caroline Orwenyo and her Rwandan nursing partner in Huye, Rwanda.

setting, and most women give birth in the small health centers in their communities, Schaivone says. Knowing that a better-educated nursing and midwife workforce is critical to the health of its population, Rwanda is committed to significantly increasing the number of nurses and

Says Marik Moen, MSN, MPH, RN, assistant professor at the School of Nursing and Rwanda project coordinator, "We are so proud of the U.S. faculty members who are making significant sacrifices to promote the progress of nurses in Rwanda. They will agree that their Rwandan counterparts are the true heroes, given what they are called upon to do every day in these conditions and at

"[Our] Rwandan counterparts are the true heroes, given what they are called upon to do every day in these conditions..." —Marik Moen

midwives with advanced training and education.

Schaivone's School of Nursing colleagues—Rani Khan, Sarah Horwath, Caroline Orwenyo, and Melody Brooks—are assigned to various parts of Rwanda, some in rural hospitals, where there is intermittent electricity, lack of clean running water, and a scarcity of both medical supplies and people who speak English. Despite the significant challenges, these nurses are successfully training Rwandan nurses about best practices in labor and delivery and emergency care.

one-eighth of the salary of the lowest-paid nurse in the U.S."

Having spent almost two years in Rwanda working with the President's Emergency Plan For AIDS Relief (PEPFAR), Moen recognizes the challenges faced by the U.S. faculty as well. Making the transition between nursing in the U.S. to nursing in a low-resource setting isn't easy. "We are used to identifying a problem and trying to fix it right away, especially when it comes to life-and-death situations. But in another country, one must observe and learn and then slowly plan and facilitate change

### Haiti: Training Has Paid Off

After Haiti's devastating earthquake in 2010, Marik Moen, MSN, MPH, RN, spearheaded the development of an infectious disease-training program in collaboration with the University of Notre Dame of Haiti (UNDH) nursing school. Still going strong, the joint effort is funded by the Centers for Disease Control and led by University of Maryland's Institute of Human Virology, School of Medicine, and School of Nursing, along with Catholic Relief Services, a network of Catholic hospitals, and UNDH Schools of Medicine and Nursing. To date, six faculty candidates have completed the faculty training program, and 10 Haitian nurses have completed the post-graduate certificate program.

The junior faculty members now do most of the preparation and delivery of training sessions, Moen says. "These nurses went from minimal computer usage to preparing professional Power-Point presentations, reading literature, and integrating lessons learned into health care practice. It's pretty amazing how much they have progressed."

Moen works closely with Yveline Auguste, her counterpart in Haiti, who does the lion's share of executing the training and day-to-day aspects of the program. Both are pleased to see how training has helped nurses to assume more responsibility in patient care—such as taking patient histories, conducting physical exams, executing key nursing interventions, and advocating on behalf of patients.

"They're modeling some of the best nursing behavior I've seen in Haiti," Moen says. On a recent visit, she witnessed an infant in severe respiratory distress in the hallway of an emergency room. "While facility staff seemed too overwhelmed to react, the junior faculty members jumped in and did everything necessary to try to save the baby."





Jeffrey Johnson, Mary Etta Mills, and Kathryn Montgomery at His Highness Prince Ahmad Bin Bandar Bin Ahmed Al Sudairy's oasis farm.

### Saudi Arabia: "Knowledge Workers" in Demand

Three faculty spent six days in Saudi Arabia last summer evaluating the country's nursing profession and identifying possible areas for collaboration. The trip was in response to an invitation from the Office of His Highness Prince Ahmad Bin Bandar Bin Ahmed Al Sudairy, a member of the Saudi royal family who is responsible for encouraging new health initiatives.

Jeffrey Johnson, PhD, director of the School's Office of Global Health; Professor Mary Etta Mills, ScD, RN, FAAN; and Associate Professor Kathryn Montgomery, PhD, RN, NEA-BC, met with representatives from the Saudi Ministry of Health, as well as with senior administrators, physicians, and nurses from both public and private hospitals. With these and other officials, they discussed current

challenges in Saudi nursing education and practice, including the shortage of nurses who are Saudi compared with expatriates. The country plans to send a delegation to the School of Nursing to further explore collaborative projects.

"It was a fabulous trip, culturally and professionally," Montgomery says. "Everyone we talked to clearly articulated that nursing at a professional level is critical to the health of their nation." Physicians want nurses who are "knowledge workers," she says—able to practice independently at a critical level of judgment. Saudi health officials have moved to an all-baccalaureate approach to nursing education, with more prerequisites and higher expectations. "They're taking a long-term view, which is very refreshing," Montgomery says.

For Mills, the visit highlighted the complexities of designing and implementing educational programs and managing nursing in practice settings. "Saudi Arabia is challenged with how best to simultaneously provide staffing and patient care in a culturally appropriate way while also considering the needs of staff and hospital nursing requirements," she explains. These concepts are important as future nurse leaders prepare for advanced roles in more culturally diverse environments.



Mary Etta Mills and Kathryn Montgomery with Marouk, an attendant of the Prince.

"Changing the way in which nurses are educated and elevating their capacity should in theory improve practice and result in better health outcomes." —Marik Moen

in a culturally and contextually appropriate way." Moen knows the road will be long, but the focus on Rwandan nurses should pay off. "Keep in mind that Rwanda is the size of Maryland without the Eastern Shore—and with 10 million people, extremely densely populated. Meeting the mostly rural population's health care needs is largely dependent on performance of nurses," she says. "Changing the way in which nurses are educated and elevating their capacity should in

theory improve practice and result in better health outcomes." Schaivone says the experience is worth any sacrifice. "I am honored to be here—and so encouraged by the Rwandan nurses' willingness to listen and accept new ideas and balance that with the realities in their country."



Sister Barbara Brilliant, dean, Mother Pattern College of Health Sciences; Archbishop Lewis Zeigler; Yolanda Ogbolu; and Pujeeta Lawot-Pfau.



Poster relating to the need for midwives in Catholic Hospital in Liberia.

### Liberia: Understanding the Needs

The School of Nursing recently signed a memorandum of understanding with Liberia's top nursing school, Stella Maris Polytechnic University: Mother Patern College of Health Sciences. As the first step in this collaboration to build nursing capacity in Liberia, Yolanda Ogbolu, PhD '11, MS '05, BSN '04, RN, CRNP, deputy director of the Office of Global Health, and Pujeeta Lawot-Pfau, MS '08, BSN, and Global Health certificate student, visited Liberia last summer.

The two met with key stakeholders—including staff of the Ministry of Health, nursing boards, and chief nursing officers—to examine the current state of nursing in the primary health care sector and to help identify the specific health needs of the country. Currently, Liberia is facing a crisis with maternal and neonatal mortality and hopes to collaborate with Mother Patern College to develop a program that builds the capacity of nurses, midwives, and physician assistants to address the country's most immediate health needs.

"Our visit was a very positive experience, and it opened our eyes to the needs on the ground," Ogbolu says.

Ogbolu and Lawot-Pfau toured two hospitals and five primary health care centers in rural areas. They spoke with nurses and physicians assistants interested in pursuing advanced training

and degrees. For Lawot-Pfau, these conversations were vital to her understanding of how global health works—and the importance of considering the unique needs of the country and those already providing care. "You have to make good contacts, understand the needs, do basic research, and consider sustainability," she says. "You have to take the time to think of long-term implications. We want to make sure we're thinking 10 years ahead."

Pujeeta Lawot-Pfau and Magdaline Gbatoo, officer in charge of Tubmanville Health Clinic.



# COALESCING to Improve HEALTH CARE

In 2010, Maryland was designated by the Robert Wood Johnson Foundation's Future of Nursing Campaign for Action as one of 36 state-based coalitions to be formed in response to the groundbreaking Institute of Medicine Report, *The Future of Nursing: Leading Change, Advancing Health*. Dean Janet Allan; Neil Meltzer, president, Sinai Hospital of Baltimore; and Lynn Reed, executive director, Governor's Workforce Investment Board, were founding members of the Maryland Action Coalition Executive Committee, who would lead this effort in Maryland. We sat down with Meltzer and Reed to find out how the coalition got started, what its goals are, and what is being planned for the future.

**Neil Meltzer, president, Sinai Hospital of Baltimore**

## How did the Coalition get started?

Initially, the Robert Wood Johnson Foundation (RWJF) and AARP joined forces to focus on the nursing profession because of nursing's vital role [in health care]. With 3 million members, nurses represent the largest segment of health care workers. [They] are critical to transforming the health care system and ensuring equitable and cost-effective care. Then, two years ago, the Institute of Medicine (IOM), with RWJF, released its report, *The Future of Nursing*, offering recommendations to transform the nursing profession to improve the quality of health care and the way it is delivered.

The Campaign for Action [a joint initiative of RWJF and AARP] builds upon the recommendations of the IOM report, addressing issues of health care access, quality, and cost by utilizing nurses more effectively and preparing nurses for the future. RWJF is working with states across the country to form action coalitions—groups of nursing and non-nursing leaders aimed at implementing these goals locally. I am one of the co-leaders of the Maryland committee, with Dean Janet Allan and Lynn Reed, executive director of the Governor's Workforce Investment Board (GWIB).

## How did you get involved in the Coalition?

I am chair of the Maryland Hospital Association's (MHA) Legislative Policy Committee, and I got involved and now chair the GWIB's Health Care Committee, working with the

MHA on their nursing initiative. I've also been appointed by President Obama to one of 15 spots on his National Health Care Workforce Commission. Sinai Hospital and Dean Allan have had a close working relationship. We share some faculty members, so this was a natural partnership.

## What has the Coalition done so far?

We have set for the state eight specific recommendations, each with its own sub-goals, responsibilities, accountabilities, and timelines. We meet virtually or in person on a regular basis to ensure we are making progress.

We have five main goals: to strengthen nursing education and training; to enable nurses to practice to the full extent of their training; to advance interprofessionalism to ensure coordinated, improved patient care; to expand health care leadership ranks to move nurses to the top level [of health care]; and to improve health care workforce data collection. Right now there are lots of databases but none really work together.

## How do you see this taking shape in clinical/hospital settings?

It will unfold as we begin to develop new competencies. I see nurses taking on larger roles, especially as we reinvent primary care. At Sinai, we employ more PhD nurses than we've ever had before. Many more are going for their master's degrees or advanced certifications. We only hire baccalaureate-educated nurses now because the evidence shows the care is stronger. There's a move nationally in that direction.



**Lynn Reed, executive director, Governor's Workforce Investment Board (GWIB)**

## How did you get involved in the Coalition?

The GWIB has a longstanding history of convening leaders from private industry, government, education, and other key stakeholders to assess the opportunities and challenges related to high-growth workforce industries, including health care. We've convened several committees to look at nursing practice in Maryland, and we've had a longstanding relationship with the School of Nursing. Shortly before the Coalition convened, I received a call from Dean Allan asking if I would co-chair the committee with Neil Meltzer, because we would represent the workforce's voice. It was a natural fit for the GWIB.

At the same time, the GWIB was awarded a \$150,000 planning grant from the U.S. Department of Health and Human Services to look at how Maryland would respond to the need for increased primary care workers in the state, as a result of the Affordable Care Act. There was a lot of synergy there; it made sense for the GWIB to be a part of that group.

## How can the GWIB help implement a data center for health care workers?

From that same grant, we issued a report, *Preparing Maryland's Workforce for Health Reform: Health Care 2020*, containing a series of actions and goals. The first was comprehensive workforce planning



and analysis and developing/implementing a statewide program for data collection to inform policymaking in the state of Maryland—that is the big goal. We need to know what exists now in terms of nursing and health care data before we make any policy decisions about where to put our resources.

The GWIB seemed to be a good place to start with workforce data collection. We are working with the Governor's Office of Health Reform to identify partners to help us launch a large-scale health care data collection initiative. Joshua Sharfstein, secretary, Department of Health and Mental Hygiene (DHMH), has also been an invaluable partner in this effort. Currently, we're working with the Graham Center to develop a concept paper for how they can support us in data collection.

**“We need to know what exists now in terms of nursing and health care data before we make any policy decisions about where to put our resources .... There are pockets of information available but there's not a comprehensive data collection repository in Maryland.” —LYNN REED**

## How important is it to know this data?

There are pockets of information available from this board or that board, but there's not a comprehensive data collection repository in Maryland. The DHMH does a great job collecting and housing a great deal of information, but we want to develop a comprehensive dashboard that looks at ongoing assessment of Maryland's health care workforce. We want to integrate data collection from several sources, including health care professional licensing boards and health care service providers. Again, Secretary Sharfstein has designated a contact in his office to help. The GWIB will not be doing this in isolation of other partners that should be at the table.

## Where will the data center be housed?

That's what we're trying to figure out. We're not looking at some brick-and-mortar center ... [instead] possibly a website or a dashboard. It needs to be something that's accessible to everybody in the state, and updated frequently.

It pleases me that we have so many groups, Dr. Allan, and Neil Meltzer realizing we all have a common goal: ensuring Maryland has the best health care workforce—but more importantly that Marylanders have access to the best primary care workforce. I think we're in a good place.

# Alumni Pulse

CLASS NEWS AND NOTES

## 1960s

**Margarethe Cammermeyer, BSN '63**, joined the Army Student Nurse program, ultimately serving 31 years in the Army, Reserve/National Guard. She was stationed in Texas, Georgia, Germany, Virginia, Washington, and Vietnam. Her military awards and honors include the Bronze Star for Meritorious Service during the Vietnam War, the Meritorious Service Medal, and "A" proficiency designator by the Surgeon General. She was named Woman of the Year by the Woman's Army Corps Veterans, Nurse of the Year by the Veterans Affairs Department in 1985, and Who's Who (various editions since 1991). She earned her PhD from the University of Washington in 1991. Following her challenge of the military anti-gay policy, she was awarded the Woman of Power Award, NOW, 1992; Distinguished Alumni Award, University of Washington School of Nursing, 1995; and the Woman Who Dared Award, National Council of Jewish Women, 1999. She currently runs an adult family home; serves as the Hospital Commissioner at Whidbey General Hospital in Coupeville, Wash.; serves as a member of the Defense Advisory Committee on Women in the Services; and is a guest lecturer around the country on issues of gay/lesbian social justice.

**Claudia M. Smith, PhD, MPH, BSN '65, RN-BC,** and **Frances A. Maurer,**

**MS '79**, were co-editors and authors of the 5th edition of Maurer, F., & Smith, C. (2013). *Community/Public health nursing practice: Health for families and populations*, published Oct. 1, 2012, by Elsevier. Both Smith and Maurer are former faculty members at the University of Maryland School of Nursing.

**Patricia G. Morton, PhD '89, MS '79, ACNP, FAAN**, professor and associate dean for academic affairs at UMSO and a Robert Wood Johnson Foundation Executive Nurse Fellow, was appointed editor of the *Journal of Professional Nursing*, the official journal of the American Association of Colleges of Nursing.



## 1970s

**Alice L. O'Keefe Demarais, BSN '72**, began her career as a Navy Nurse. Following her tour in the Navy, she worked at Georgetown University Hospital and then joined the Army. She retired from the Army in 2002, with her last assignment as the Commander (CEO) of the U.S. Army Medical Activity and Reynolds Army Community Hospital, Ft. Sill, Okla. She moved to Arizona and worked for TriWest Healthcare Alliance until 2010. She is now retired. She met her husband, Chip, in 1981 in the Army, and they have one son, Richard, who is in the Army and is married.

**Lila Metts, BSN '72**, earned an MSN with a focus on Adult Education from the University of Oklahoma in 1983. She taught nursing at the community-college level for six years. She is currently employed as a registered nurse at the Home Health Agency in Austin, Texas.

**Deborah Johnson Powell, BSN '72**, who graduated from the Walter Reed Army Institute of Nursing program at the University of Maryland School of Nursing, is currently working as an RN at the Portneuf Medical Center in Pocatello, Idaho.

**Patricia McMullen, PhD, MS '81, BSN '75, FAANP**, dean of The Catholic University of America School of Nursing, was inducted as a Fellow of the American Academy of Nurse Practitioners on June 22, 2012 during the Academy's 27th national conference.

**Joseph Kelly, PhD, MS '88, BSN '77**, is employed by Lockheed Martin Corporation, where he conducts clinical quality research for the Department of Defense Military Health System Clinical Quality Management Program. He was elected to a two-year term (beginning July 1, 2012) as a Member-at-Large on the University of Maryland School of Nursing Alumni Council.

**Richard McKnight, BSN '77**, transitioned into full-time work as a nurse practitioner after earning certification as an Advance Practice Hospice and Palliative Care Nurse. Thirty-

five years after graduation, he says he is doing the most challenging and rewarding work he has ever done.

## 1980s

**Sue Ellin Grier Clarke, BSN '80**, is employed as a clinical educator at Holy

Cross Hospital in Silver Spring, Md. She has achieved certification in Telephonic Nursing Practice and Maternal Newborn Nursing.

**Marion Burns Tuck, PhD, MS '80**, has served, since 2001, as executive director of the Pennsylvania Organization of Nurse Leaders, the state affiliate of the American Organization of Nurse Executives. She was elected to a two-year term (beginning July 1, 2012) as a Member-at-Large on the UMSO Alumni Council.

**Karen McQuillan, MS '86, BSN '81**, a member of the Association of American Colleges of Nursing (AACN) Board of Directors, has been appointed as AACN's representative to the AACN Certification Corporation Board of Directors for a one-year concurrent term.

**Loretta (Lori) Marshall, BSN '82**, worked at



**Patricia Peters Better, BSN '81**, is semiretired after working 30 years as a full-time RN. She started her career in the emergency department and completed her career as a school community health nurse. She has been married for 29 years and has three daughters. One of her goals is to author a picture book, with two of her daughters, on health for early-elementary age students. One of her daughters is an artist and another is a teacher.

University of Maryland Medical Center in the Adolescent PICU and Labor and Delivery for 14 years. She then worked per diem in Labor and Delivery, taught Pediatric Clinical Nursing for the Community College of Baltimore County-Catonsville, and conducted sonograms for the Pregnancy Center. Five years ago, she went into school nursing at Notre Dame Preparatory in Baltimore.

**Karen Mary Mack, MS '00, BSN '83**, is a Heart Failure Disease Management Nurse Practitioner at MedStar's Washington Hospital Center in Washington, D.C. She earned an MBA in Medical Services Management from Johns Hopkins Carey Business School in 2010.

**Karen J. Sullivan, MSN, BSN '83, PMHCNS-BC**, earned an MSN from the Catholic University of America in 1987. She is currently an integration specialist with the Assessment Technologies Institute of Nursing Education, where she provides consultation on best practices in nursing education and facilitates enhanced implementation and



**Lynelle N. B. Pierce, MS '86**, is a clinical nurse specialist at University of Kansas Hospital (UKH) and clinical assistant professor at the University of Kansas School of Nursing (UKSON). She received two awards this past year: the Jayhawker RN Lecturer Award from UKSON and the Expert Nurse Leader Award from UKH.

integration of nursing education technology and elearning software among BSN, ADN, PN, and Diploma nursing faculty administrators in Southern Virginia, North Carolina, and South Carolina.

**Suzanne F. Sherwood, MS '93, BSN '87**, gave a presentation last summer at the Silver Ribbon Series program, a partnership with the Seniors and Law Enforcement

**Geraldine "Geri" Feaster, MS '89**, was married to Calvin Bethea, an Air Force retiree, on June 12, 2012, in Kauai, Hawaii. She began working for the District of Columbia Veterans Administration Medical Center (DCVAMC) in 1965. During her time with the VA, she earned both her bachelor's and master's degrees in nursing. In 2005, she was appointed Chief Nurse Executive of DCVAMC, where she was responsible for a staff of more than 600. In 2012, she retired after 47 years with DCVAMC.

Together Council of Frederick County, Md. She discussed how to recognize physical signs of abuse, trauma, and neglect in the elderly.

## 1990s

**Gwynne Maloney-Saxon, MS '92**, is working as a Rheumatology Clinical Nurse Specialist at the Geisinger Medical Center in Danville, Pa.

**Christine Lynch, MS '04, BSN '93**, is one of the acute care nurse practitioners who run the Critical Care Transport Team at the Cleveland Clinic in Cleveland, Ohio. The team utilizes rotor wing aircraft for most missions and ground units for close, lower acuity local transfers. For international missions and those that are out of their rotor wing range, which is about 200 nautical miles, they use fixed wing

aircraft. The Cleveland Clinic's program in the only one in the nation that uses nurse practitioners on board all missions.

**Joyce Parks, MS '93 RN-BC, PMHCNS-BC**, practices at the Johns Hopkins Hospital's Department of Psychiatric Nursing, where she specializes in the care of older adults with a variety of psychiatric and somatic illnesses and with individuals who have persistent

pain and co-morbid psychiatric problems. She is currently enrolled in the University of Maryland School of Nursing's Doctor of Nursing Practice program. She was elected to a two-year term (beginning July 1, 2012) as a Member-at-Large on the University of Maryland School of Nursing Alumni Council.

**Christine L. Savage, PhD '97, MS '93, FAAN**, has been selected as chair of the Department of Community Public Health at the Johns Hopkins University School of Nursing.



**Sandra Wieland, MS '98, BSN '94, CRNP**, was among four nurses honored with a Veterans Affairs Secretary's Award for Nursing Excellence at the local level. She is a nurse practitioner at the Cambridge and Pocomoke VA Outpatient Clinics on Maryland's Eastern Shore, where she collaborates with primary care staff to conduct education groups with diabetic veterans.

**Wai-Ling Lo, MS '03, BSN '96**, is employed as a Certified Registered Nurse Anesthetist at Johns Hopkins Hospital.

**Kenneth J. Rempher, PhD '05, MS '99**, was



**Marla De Jong, PhD, MS '96**, is dean of the U.S. Air Force School of Aerospace Medicine (USAFSAM), Wright-Patterson Air Force Base, Ohio. In her leadership role, she oversees and executes all USAFSAM education and training.

working with supplemental staffing in critical care and clinical practice professional development at the University of Maryland Medical Center. She is also working as a clinical instructor at the University of Maryland School of Nursing.

**Melinda Woods Beglin, MS '08**, graduated with an MS in Community Health Nursing. She recently moved to Hill Air Force Base, Utah, where she is working as the education and training flight commander.

(beginning July 1, 2012) as a Member-at-Large for the University of Maryland School of Nursing Alumni Council.

**Erin Irene Hutchison, MS '10, BSN '06**, is a Major in the Air Force Reserve Nurse Corps. She was recently assigned to Aeromedical Staging Squadron (ASTS) 446 at Joint Base Lewis McChord,

School of Nursing and holds a PhD in nursing from the University of Maryland School of Nursing, a master's degree in nursing from Thomas Jefferson University, and a BSN from Holy Family College.

**Stacey Lynn Kram, MS '11, BSN '01**, is an education specialist with Shore Health System in Cambridge, Md.

**Michelle C. Wike, BSN '98**, is president of All Staffing, Inc. and All Staffing Medical Equipment in Pikesville, Md. She is also chief executive officer of All Together Network, Inc., a non-profit corporation whose primary mission is to provide health care training, community outreach, and housing for seniors.



**Lisa Stewart Covell, MS '08**, a family nurse practitioner, was recently promoted to Medical Director of the Brentwood Square Health Center, a Unity Health Care Service Center in Washington, D.C. Unity Health Care provides people with quality health care regardless of their ability to pay.

Tacoma, Wash. This squadron provides staging and critical care transport of patients in the Aeromedical Evacuation System worldwide.

**Rebecca Ann Holford, BSN '07**, completed her MSN from Walden University in 2010. She is currently

**Gregory Raymond, MS '08, BSN '05**, is Director of Nursing and Patient Care Services for Clinical Practice and Professional Development, Neurosciences, and Behavioral Health Services at the University of Maryland Medical Center. He was elected to a two-year term

appointed associate chief nursing officer at the University of Iowa Hospitals and Clinics in Iowa City, Iowa.

**Cynthia Kerr Salmond, DNP '12, MS '05, BSN '99**, completed her DNP in May 2012 and received the Sigma Theta Tau DNP Capstone award for her work, "Using acupressure to decrease anxiety in hospitalized orthopedic trauma patients requiring surgical intervention." She works as a nurse practitioner at the University of Maryland Medical Center.

2000s

**JoAnne S. Reifsnnyder, PhD '00, ACHPN**, was appointed chief nursing officer at Genesis HealthCare, one of the nation's largest providers of skilled nursing and assisted living care. She completed a postdoctoral fellowship in psychosocial oncology at University of Pennsylvania



**Helen Hughes, BSN '02**, is currently a Clinical III staff nurse in the ICU at Suburban Hospital in Bethesda, Md., where she serves as a preceptor/mentor for new and graduate nurses, encouraging them to continue their professional development. She was on the Beacon Award Committee, where she was instrumental in Suburban's successful application process, raising awareness of the benefits of the Beacon distinction, and encouraging peers to achieve their certification. She has been a member of the American Association of Critical Care Nurses (AACN) since 2006 and is the immediate past president of the AACN's Greater Washington Area Chapter (GWAC). She is the new Region 4 Chapter Advisor for AACN, serving the 16 chapters in Maryland, Virginia, West Virginia, and Washington, D.C. She continues as a member of GWAC's "Spotlight on Critical Care" Conference planning committee as subcommittee lead and was chairperson in 2010.

**Justin Dusza, MS '08**, has been employed as an RN II at MedStar Franklin Square Medical Center since 2006. He was elected to a two-year term (beginning July 1, 2012) as a Member-at-Large for the University of Maryland School of Nursing Alumni Council.

**Jillian K. Hamel, MS '08**, is employed as a nurse practitioner at University of

Delivery Nurse at Washington Hospital Center in Washington, D.C.

**Samantha Ann Lane, BSN '11**, is employed as a patient care supervisor at Civista Medical Center in LaPlata, Md.

**Kristine Mayer, BSN '11**, is an RN in the Neonatal Intensive Care Unit at

support to local and regional care coordinators.

**Patricia Pui-Gee Yu, MS '11**, is working as a registered nurse at Allegheny Valley Hospital in Natrona Heights, Pa.

**Maureen E. Archibald, MS '12**, is a clinical education specialist at the University of Maryland Medical Center.

**Ronnie Ursin, DNP, MBA, MS '07, BSN '05, RN, NEA-BC**, is Director of Nursing Resources at Providence Hospital in Washington, D.C. He is a member of the National Black Nurses Association's (NBNA) Board of Directors, where he serves as the National Parliamentarian and chair of the finance committee. He was also appointed editor-in-chief of *NBNA News*, the official newsletter of NBNA. In May 2012, he was elected president of Black Nurses Association of Baltimore.



California Irvine Medical Center in South Orange, Calif.

**Hershaw Davis, Jr., MSN, BSN '09**, received an MSN with a concentration in Health Systems last August from the University of Virginia School of Nursing. He is president of the Maryland Nurses Association, District 2, and serves as a Member-at-Large on the University of Maryland School of Nursing Alumni Council.

**Kerri L. Bouchard, MS '11, BSN '10**, is employed as an acute care nurse practitioner at the University of Maryland Medical Center.

**Jessica C. Poetker, MS '10**, is working as a Labor and

Children's National Medical Center in Washington, D.C.

**Theresa J. Ruddy, MS '11**, is employed as a Certified Registered Nurse Practitioner at Johns Hopkins Hospital.

**Pearl Lillian Simon, BSN '11**, is employed as an RN at the University of Maryland Medical Center.

**Randi E. Woods, MS '11**, is working with CareFirst BlueCross Blue Shield under the Patient Centered Medical Home division. She is a QI/Trainer, providing

**Jacqueline Bethel-Warner, MS '12**, is employed as an RN at Sinai Hospital of Baltimore.

**Jennifer Marie Howard, MS '12**, is employed as a clinical nurse and **Wichittree Hutton, MS '11**, is employed as an RN at Holy Cross Hospital in Silver Spring, Md.

**Sherry Mae Killius, MS '12**, is an acute care nurse and her husband, **Kristopher Killius, MS '12**, is a flight commander at Travis Air Force Base in California.



**Roslyn C. Kelly, MS '09**, won the Veterans Affairs Secretary's Award for Nursing Excellence (local level). She has been selected as the American Association of Diabetes Educator Chair for the Veterans Affairs/Department of Defense Community of Interest.

IN MEMORIAM

- Pauline R. Andrus, BSN '51
- Nancy L. Appler, BSN '74
- Mildred M. Bailey, DIN '47
- Leah K. Bonovich, BSN '71
- Anne R. Connery, DIN '48
- Clara D. Crawford, DIN '48
- Linda M. Dudley, MS '92
- Merrikay Fausti, BSN '73
- Mary E. Godlove, DIN '46
- Elaine Gosey, DIN '47
- Mary J. Haase, DIN '44
- Norma L. Joy, MSN '73
- Felicia R. Kendall, BSN '98
- Helen Jane Landon, BSN '67
- Sarah M. Long, BSN '73
- Shirley C. Mason, BSN '67
- Nancy L. McBride, MS '00
- Ruth J. Metta, DIN '46
- Margaret K. Oshida, BSN '71
- Jacqueline S. Pavy, BSN '00
- Pamela M. Reid, BSN '91
- Maria Sagardia, DIN '43
- Daphyni M. Somaram, BSN '00
- Ruth M. Torquist, MS '65
- Elizabeth Scanlon Trump, MS '60

This list includes notices received by the University of Maryland School of Nursing from May 17, 2012, through November 1, 2012.

**Annamarie Norris, BSN '12**, is a staff nurse in the U.S. Army.

**Shoshana A. Yudkowsky Polsky, BSN '12**, is an RN at the University of Maryland Medical Center.



## Liz Ness Elected Alumni Council President

The School of Nursing Alumni Association recently named Elizabeth “Liz” Ness, MS '93, as its new president. Ness earned a master's degree in Nursing Education from the University of Maryland School of Nursing in 1993. She currently serves as director of staff development at the Center for Cancer Research, National Cancer Institute (NCI),

Bethesda, Md. She has worked as a research nurse at Georgetown University's Lombardi Cancer Center and as a contractor consultant/deputy project manager for the Cancer Therapy Evaluation Program at NCI.

Ness is an active member of the Oncology Nursing Society (ONS) and has been on various conference planning committees and project teams. She serves as the education coordinator for the Clinical Trial Nurse Special Interest Group. She has presented clinical research-related sessions at national meetings of the ONS, International Association of Clinical Research Nurses, and at a variety of cancer centers.

Ness has been active on the School's Nursing Alumni Council, serving as vice-president and a member-at-large. Her goals as Alumni Council president include 100 percent participation by Council members in the School's Annual Fund, enhanced recognition of alumni achievements, revision of the Association's bylaws, and the creation of a Regional Representative program in conjunction with planning alumni events to meet the new dean of the School, Jane M. Kirschling.



## Alumni Share Your News!

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

## The Bridge to Better Health Care



LIZ KRUG, MS '10, always knew she wanted to be a nurse; she just took a different path than most to accomplish that goal.

Krug, 30, earned her BA in political science and international relations from St. Joseph University in Philadelphia and worked in Xi'an, China as an English instructor, as well as for Franklin Square Hospital in nurse recruitment and

retention before deciding to make a career switch. “My mom is a nurse and I watched how she cared for people and knew that this was something I wanted to do, too,” Krug says.

The Baltimore native completed her MS at the University of Maryland School of Nursing through the Clinical Nurse Leader program that helps people with bachelor's degrees in other fields earn a master's degree and sit for the boards. Today, she works on the Progressive Coronary Care Unit at Sinai Hospital of Baltimore, where she cares for adult patients with various cardiac conditions as well as angina and congestive heart failure.

As an MS student at the School, Krug was active with the Graduate Nurses Association (GNA), serving as the Community Affairs Chair in her final semester. As part of that role, she implemented an after-school fitness and nutrition program at George Washington Elementary School in Baltimore's Washington Village, which she continued to run after completing her degree.

Krug also hopes to get more of her fellow School of Nursing alumni involved in the community through her work as chair of the School's Recent Graduate Alumni Committee. One of the organizations Krug plans to help is Paul's Place, a center for the underprivileged in Washington Village, where alumni will staff the nursing clinic in December and January.

Alumni volunteers have also prepared meals at My Sister's Place, which helps homeless women and children near the School, and through an on-campus program called Project Jump Start. “Once people graduate, they tend to drift apart,” says Krug. “I want to find ways of bringing everyone together while also helping those who need it the most.” —Ron Snyder

## A Strategy for Nursing Survival

As nurse manager for occupational health at Children's National Medical Center in Washington, D.C., VANNESIA MORGAN-SMITH, PhD, MGA, BSN '80, BS, is responsible for ensuring the health of 6,500 employees.

She has learned that just because the patients here are health care professionals, they don't necessarily excel at looking out for their own health. “They come to you expecting you to manage it and seek solutions for them,” says Morgan-Smith.

After earning her BSN from the University of Maryland School of Nursing, Morgan-Smith received a BS in emergency health services at University of Maryland, Baltimore County, worked in pediatrics and OB, and earned her master's in general administration at University of Maryland University College, becoming a nurse manager in 1990. She spent 14 years as administrative manager at Children's National before starting her new role last winter and earned her PhD in management at Walden University in fall 2012.

Along the way, Morgan-Smith has been careful to make choices that both build a career and leave options open.

“Developing a strategy for nursing survival was very important to me,” Morgan-Smith says. “I didn't want to be one of those nurses who burned out and left the career.” So when an endocrinologist colleague asked five years ago if she was interested in teaching adults, she agreed, opening the way to a second business: VMS Health Services in Columbia, Md. As owner and consultant, Morgan-Smith teaches patients and families to administer shots of growth hormone.

Across her expanding career, one thing has remained constant. In matters personal as well as professional, Morgan-Smith says she applies the “AAEE” approach—asking whether a plan is adequate, appropriate, effective, and efficient—that she learned in nursing school all those years ago.

—Rachel Wallach



## SAVE THE DATES - REUNION 2013 EVENTS

### TRADITIONAL ALUMNI REUNION Saturday, April 27, 2013

Reunion festivities will honor undergraduate classes ending in “3” or “8” (1948-1998). Come to Baltimore and enjoy all the great events! Meet up with old friends and see what's new on campus.

### RECENT ALUMNI REUNION Friday, June 7, 2013

Undergraduate alumni from the last decade (2003-2013) are invited to this new event at UMSON to include tours, a Continuing Nursing Education lecture, and a reception with lots of time for mingling and reconnecting.

If you would like to volunteer on the reunion planning committee for your class, contact Cynthia Sikorski, associate director of alumni relations, 410-706-0674 or [alumni@son.umaryland.edu](mailto:alumni@son.umaryland.edu). Visit <http://nursing.umaryland.edu/alumni> for more information.



## Great Beginnings

Though it's been 46 years since COL. DANIEL O'NEAL, MA, BSN '66, graduated from the University of Maryland School of Nursing, he hasn't forgotten the value of the education he received there.

The retired Army Reservist and nurse educator wants to ensure others have the same quality experience at the School. That is why the Tampa, Fla., resident has become a generous donor to the School. He recently made an unrestricted planned gift to the School, along with a multiyear pledge to support the Class of 1966 endowed scholarship.

"The education I received at the School of Nursing began a great career that made a difference to the people and institutions I've served," says O'Neal. "I want to

help others receive the same quality of education that began my career."

While technically "retired," O'Neal is still involved with the Veterans Administration in Tampa and mentors clinical nurse leader students.

O'Neal says he made his planned gift unrestricted because he trusts that the School will continue to utilize the funds to support innovation and high-quality education, research, and service.

"The gift will help the University of Maryland School of Nursing remain a world-class institution," says O'Neal. "I look forward to watching its history evolve in the future." —R.S.



## Keeping Pace in an Evolving Field

JOYCE WILLENS, PhD '94, remembers what it was like to be a new nurse and is always seeking ways to best prepare her students for the constantly evolving field.

Willens, an assistant professor of nursing at Villanova University since 1986, teaches a wide variety of courses, including in the RN-to-BSN program for nurses with associates or certificate degrees seeking to earn their bachelor's degree (known as the "bridge" program). She also teaches courses in physical assessment and nursing fundamentals and assists doctoral students.

"Nursing is a wide-open field today," says Willens, who received her PhD in pain management from the University of Maryland School of Nursing in 1994. "There are also a lot more challenges out there, as hospitals and other facilities are requiring more education for their nurses."

Along with her teaching responsibilities, Willens is a longtime advocate for pain management. She is President of the American Society for Pain Management Nursing (ASPMN) and editor of *Pain Management Nursing*. "Pain management is a critical part of nursing care today," Willens says. "You really need to have a broad understanding of a variety of fields, as pain management is handled differently in labor and delivery, compared to oncology, compared to orthopedics."

Willens credits the education and support she received at the School for much of her professional success and is committed to giving back. She contributes annually to the School's scholarship fund so current and future students will have access to the same opportunities. Her philanthropic motivations were inspired in part by her late husband, and her contributions reflect their commitment to education and health care.

"I received a great education at the University of Maryland," Willens says. "The faculty was great, and there was someone always willing to help." —R.S.



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## HONOR ROLL

Andrew R. Goldberger, MS '01, BSN '95  
 Erin E. Gologly, BSN '97  
 Rebekah Golstein  
 Giannakos, BSN '95  
 Mariluz Gonzalez, MS '01  
 Jacquelyn J. Goodrich, BSN '77†  
 Frances C. Gordon, MS '80, BSN '73  
 Elaine D. Gosey, BSN '47†  
 Reba E. Goslee, MS '76  
 Barbara A. Gundersen, BSN '54  
 Ann E. Gunnett, BSN '68  
 Marc G. Gurvitch, BSN '84  
 Susan E. Gutkin, MS '99  
 Christine Guzowski, BSN '75  
 Pauline S. Hanich, BSN '79  
 Barbara J. Harris, MS '91  
 Ann Harrison, BSN '62  
 Virginia Hedges, BSN '80  
 Phyllis B. Heffron, BSN '74†  
 Carol Ann Helfrich, BSN '67  
 Rita C. Hendershot, BSN '69  
 Julie C. Henne-Reese, MS '00, BSN '96  
 Elizabeth L. Hester, BSN '82  
 Shannon S. Hill, MS '03  
 Ellen M. Hilsheimer, MS '73†  
 Barbara E. Hobbs, BSN '67  
 Jessica N. Hoff, BSN '03  
 Deana Lee Holler, MS '10, BSN '81  
 Kristine R. Holmes, BSN '74  
 Todette L. Holt, BSN '65  
 Angelita A. Hoover, MS '95, BSN '91  
 Jane M. Houck, MS '84†  
 Elizabeth J. Huebner, MS '74, BSN '69  
 Judith L. Humphries, MS '70  
 Christine L. Ingle, BSN '68  
 Nadine A. Jacobs, BSN '74  
 Catherine L. Jansto, MS '94  
 Sarah F. Johnson, BSN '74  
 Demetrius A. Jones, BSN '98  
 Jennifer A. Jordan, MS '00  
 Joyce F. Kaetzl, BSN '58  
 Danielle J. Keene, BSN '00  
 Marilyn J. Keiser, BSN '99  
 Sue J. Kim-Saechao, BSN '99  
 Dawn C. Knebel, BSN '83  
 Barbara G. Kormann, BSN '66  
 Mary Koutrelakos, BSN '55  
 R. Kathleen Kruse, BSN '85  
 Marie La Penta, BSN '81  
 Mary A. Lancaster, MS '87  
 Beverly R. Lang, BSN '85  
 Henrietta H. Latimer, DIN '44  
 Patricia A. Lavenstein, MS '59†  
 Jose Leandro, MS '02, BSN '99  
 Ruth M. Lebet, BSN '79  
 Amy E. Lewis, MS '09, BSN '05  
 Gerald U. and Dorothy Liddel, BSN '61†  
 Patricia R. Liehr, PhD '87  
 Janet J. Lina, BSN '57  
 Edward Lindeman and Sharon C. Lindeman, BSN '75  
 Vanita Linder, BSN '70  
 John W. Lotz  
 Patricia K. Lovaas, BSN '74  
 Barbara J. Lubejko, MS '92  
 Marianne Lucot, BSN '75  
 Suzanne C. Lutz  
 Dianne L. Mackert, BSN '72  
 Mary Mahon, BSN '85  
 Demetria Manandic, BSN '54  
 Jane E. Mansfield, BSN '76  
 Eugene R. Marcelle, MS '06  
 Angela A. Martin, MS '92  
 Eleanor A. Martin, MS '73  
 Kathleen M. Martin, DNP '08, MS '97, BSN '95  
 Anne E. Matey, MS '87, BSN '85  
 Gail O. Mazzocco, MS '74†  
 Olivera E. McAphee, BSN '81  
 Lois R. McFadden, MS '68, BSN '65  
 Donna L. McGhee, MS '90, BSN '79  
 Margaret M. McNeill, PhD '07, MS '93  
**Beverly J. Meadows, PhD '06, MS '84, BSN '69**  
 Rose Ann Meinecke, BSN '79  
 Diane R. Michalek, BSN '82  
 Jacqueline Ruth Mickley, PhD '90  
 Christine C. Miller, MS '92, BSN '89  
 Mary J. Miller, BSN '87

Daniela S. Minkin, BSN '07  
 Cathy Mitchell, BSN '81  
 Marik A. Moen  
 Edith M. Moerschell, BSN '68  
 Dawn M. Moreland, BSN '94  
 Patricia Mueller, MS '96  
 Patricia T. Nagorka, BSN '57  
 Marina V. Needham, MS '06, BSN '98  
 Sandra R. Nestor, MS '11  
 Lois H. Neuman, BSN '63  
 Lorraine W. Newborn Palmer, MS '95  
 Diana M. Ng, MS '96, BSN '94  
 Mary G. Nolan  
 Peggy S. Novotny, DIN '48  
 David F. Nsimbo, BSN '10  
 Karin T. Nudo, MS '04, BSN '93  
 Lisa Z. Orcutt, BSN '04  
 Jacqueline J. Papachriston, BSN '85  
 Terry S. Peck, BSN '82  
 Kathryn F. Penn, BSN '00  
 Britta Phillips, BSN '52  
 Lynelle Baba Pierce, MS '86  
 Cynthia L. Pike, BSN '84  
 Rosemary C. Polomano, PhD '95  
 Suzanne E. Porter, MS '90, BSN '85  
 Rita Przygocki, BSN '82  
 Margaret I. Dorr, MS '92, BSN '86  
 Nan K. Pue, BSN '66  
 Suzanne R. Ranson, BSN '76  
 Joyce H. Rasin, PhD '88  
 Rochelle M. Ratliff, MS '99  
 Elizabeth W. Ratrie, MS '90, BSN '82  
 Kristen Rawlett  
 Norma R. Rawlings, MS '68  
 Gregory D. Raymond, MS '10, BSN '05  
 Roberta A. Raymond, PhD '99  
 Joyce A. Reft, MS '74  
 Mary Jane Reichert, DIN '47  
 Laurel A. Renaud, BSN '80  
 Kathleen A. Renchan, BSN '79  
 Susan M. Renda, MS '89  
 Priscilla V. Rivera, BSN '77†  
 Anne Robin Waldman, BSN '58†  
 Sharon C. Rochon, MS '00  
 Joyce K. Rosenblatt, MS '73  
 Bethany A. Royal, BSN '88  
 Anne V. Samuels, BSN '84  
 Thomas N. Santa, MS '99  
 Sharon A. Saunders, BSN '89  
 Linda M. Sayre, MS '92  
 Barbara B. Scharf, PhD '09  
 Rhonda E. Scharf, BSN '72  
 Carole Schauer, MS '70  
 Giovanna B. Schummer, BSN '07  
 Miss Ruth C. Schwalm, MS '66†  
 Carolyn W. Schweitzer, BSN '64  
 Susan J. Seyala, BSN '67  
 Mary Ruth Shafer, BSN '73  
 Joanne M. Shafik, MS '82  
 Jill M. Sheehan Wiles, BSN '75  
 Linda F. Smith, BSN '69  
 Seidou N. Soweh, BSN '09  
 Katharine S. Speers, BSN '54  
 Rebecca S. Stanevich, BSN '73  
 Beth M. Steinbock, MS '79  
 Sherrie L. Stephens-Hunt  
 Joann Stevens, BSN '69  
 Kathleen P. Stevens, BSN '75  
 Mary M. Stevens, BSN '78  
 Jeffrey S. Stier and Madeline Stier, BSN '68†  
 Nancy Sullivan, BSN '67  
 Arla Sussman, BSN '63  
 Zane A. Szurgot, BSN '75†  
 Rita E. Talley, BSN '78  
 Charlotte L. Talman, BSN '71  
 Heather A. Taylor, MS '01  
 Mary Wockenfuss Taylor, MS '83  
 Juthamars W. Thewsuvat, MS '95  
 Susan M. Thompson, MS '01  
 Virginia C. Tysinger, MS '79, BSN '76  
 Michele R. Bennett, BSN '94  
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## Legacy Society Co-Chairs Announced

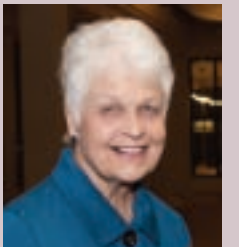


Catherine Ingle

CATHERINE INGLE, BSN, spent 47 years working as a nurse—in everything from the psychiatric unit to the cardiac cath lab to the classroom—in Baltimore and Alaska, before retiring in 2008.

Now 73, Ingle wants to give back to the University of Maryland School of Nursing. The Baltimore native, a graduate of Western High School who was raised by her grandparents after her parents died, had worried that college would be too expensive. However, the School offered her a full scholarship, including books, which made possible the education she so strongly desired. Ingle, who now divides her time between Alaska and Minnesota, recently pledged to include the School in her will. "The instructors and everyone at the University of Maryland made everyone there so proud to be associated with the School," Ingle says. "I just want other students to receive the same benefit I did because an education means everything today." She, along with ELIZABETH O'CONNELL, MS, and ANN BENNETT, MS, were recently invited to become co-chairs of the School's Legacy Society.

O'Connell, who is active in church and community activities, earned her degrees at the School nearly 40 years ago. She recently named the School, where she also volunteers, as the beneficiary of her T. Rowe Price retirement plan. "The University of Maryland School of Nursing provided me with the foundation for my career in nursing," O'Connell says. "Through various positions in health care I have been able to help people and give service to others. Nursing has been good to me. I am 'giving back' to the school as a volunteer and a donor so that other students may have the education benefits that were given to me."



Elizabeth O'Connell

Bennett earned her master's in Medical-Surgical Nursing with a sub-specialty in Shock Trauma at the School of Nursing in 1969. She returned to the University of Maryland in the late 1970s as a Robert Wood Johnson Nurse Faculty Fellow and completed the Adult Nurse Practitioner certificate program. Her career, which focused on both clinical practice and teaching, was influenced by both of these educational experiences. She highly values the benefits gained, which included creating career opportunities. The retired nurse and nursing instructor has included an unrestricted gift in her will. "My experiences in Baltimore still resonate with me today," Bennett says.

Ann Bennett

Because of her continued contact with the School, she is aware of enormous growth since her times there. "They have such great programs," she says, "and I want that to continue."

**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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<p>April 27, 2013 For information, call 410-706-0674 or go to <a href="http://nursing.umaryland.edu/alumni/events">http://nursing.umaryland.edu/alumni/events</a></p>	<p>May 17, 2013 1st Mariner Arena For information, call 410-706-0501 or go to <a href="http://nursing.umaryland.edu">http://nursing.umaryland.edu</a></p>	<p>Pre-conference Tutorials: July 15-16, 2013 Conference: July 17-19, 2013 For information, call 410-706-3767 or go to <a href="http://nursing.umaryland.edu/sini">http://nursing.umaryland.edu/sini</a></p>



**A Fine Finish!**

Dean Janet Allan, seen here after completing the 2012 Baltimore Heart and Stroke Walk, has gracefully carried the baton in guiding the School of Nursing through the first decade of the 21st century. As she approaches the finish line of her tenure, we congratulate her and wish her well in her future endeavors.