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Seated – Sue A. Thomas, PhD, RN, FAAN, assistant dean, PhD program; Brigit VanGraafeiland, MS, RN, DNP student.
Standing – Robin Newhouse, PhD ’00, RN, CAN, CNOR, assistant dean, DNP program; Lt. Col. Gary Lang, PhD ’07, RN.
Photography by: Joe Rubino
An early innovator of the nursing PhD, our School of Nursing’s program was launched in 1979, one of only 14 such programs established in the U.S. in the 1970s. Prior to 1970, there were only three PhD and two Doctor of Nursing Science (DNS) programs – or what have become know as research-focused doctoral programs.

These research-focused programs prepare students to pursue intellectual inquiry and conduct independent research for the purpose of extending knowledge [AACN, 2001]. The programs grew out of a need for knowledge development in the discipline and parity with non-nursing faculty in academia. During the early development of these programs, many barriers had to be overcome, including a lack of federally funded research for nursing, lack of support for a research degree in nursing, and few role models. Now, more than three decades later, there are more than 100 research-focused doctoral programs in nursing [AACN, 2006], the National Institute for Nursing Research at the National Institutes of Health is well-established, and nurse researchers are providing the scientific basis for care, thus changing practice and people’s lives.

While nursing research is vitally needed and contributes to the improvement of health care for the nation, many nurses prefer to remain focused on direct patient care or provide leadership in patient care systems as they pursue advanced degrees in their profession.

Therefore, the impetus for the Doctor of Nursing Practice (DNP) program grew from the recognition that, in order to address the complexity of care, new technology, changing population demographics, and the fragmented health delivery system, a transformation in advanced practice education was needed.

Practice-focused doctorates prepare nurses to be experts in specialized advanced practice [AACN, 2006]. DNP graduates have doctoral preparation in competencies that include organizational systems and leadership for quality improvement, information systems/technology for transformation of health care, clinical scholarship, and clinical prevention and population health. DNP graduates offer the potential for a different future for the practice of nursing—a future in which these practice leaders can improve and transform health care.

Once again, our School demonstrated visionary leadership, launching its DNP program in fall 2006. The program was the first in the state of Maryland and one of only 10 programs established nationally in the early 2000s. Prior to that time, only four nursing programs offered a professional doctorate. Currently there are 20 DNP programs in the U.S. and 63 are in the planning stages [AACN, 2006].

Both the PhD and the DNP are terminal degrees in the discipline. They represent complimentary, but different, approaches to the highest level of preparation in nursing, offering nurses and the profession two very exciting career paths. These two doctoral programs are consistent with our School’s mission: We shape the profession of nursing and the health care environment by developing leaders in education, research, and practice.

This issue of University of Maryland NURSING celebrates doctoral education at our School of Nursing. You will read about pioneers who helped create our doctoral programs, as well as current program leaders and faculty. Doctoral students and alumni share their successes and future goals, and a high school student intern shares her thoughts on becoming a nurse scientist. We are proud to be at the forefront of doctoral education in nursing, as we celebrate the 28th year of our PhD program and the second year of our DNP program.

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

References:
During my 27-year tenure at the School of Nursing, I have had the privilege of serving in various leadership positions. In my current role as associate dean for academic affairs, I am involved in all academic programs offered by the School, including the PhD and the Doctor of Nursing Practice (DNP) programs. Over the years, I have watched our PhD program grow into one of the largest and most renowned in the nation, and as a graduate of the program, I am extremely proud!

My involvement with the School's DNP program began early on when, as program director, I crafted a proposal, “The Doctor of Nursing Practice: An Initiative to Increase Maryland's Nursing Faculty,” which led to a five-year, $1,020,000 grant from the Maryland Health Services Cost Review Commission and the Maryland Higher Education Commission, Nurse Support Program II. Subsequently, I led a task force to develop our DNP program, followed through to its inception in fall 2006, and watched the program grow to its current enrollment of 45 students.

Because of the various roles I have held in the School—both past and present—I am continually approached by students and others seeking information about our academic programs. With the advent of the DNP and the long history of our PhD program, I have fielded many questions about doctoral education, so I thought I would share some of them with you.

Q: People still don’t understand why a nurse would get a doctoral degree. Why would they?

A: Nursing as a professional discipline changed from training schools in hospitals to teaching nursing in academic institutions. The doctoral degree is an expectation for a person pursuing an academic career, and nurse executives in the service sector also seek the knowledge and skills resulting from doctoral education so that they can provide leadership and innovation for complex health care systems.

Q: Why does the nursing discipline have a doctoral degree?

A: Nursing needs to contribute to the scientific research basis that guides the profession. The PhD allows nurses to conduct the research to guide the discipline. The DNP gives nurses the skills to critique and apply the research in the practice setting.

Q: How can you make the case for people entering a doctoral program with a baccalaureate degree?

A: The average age of a nursing PhD graduate in 1999 was 46 years old; the average age of all research doctorates given in 1999 was 33.7 years. Many nurses enter graduate programs with a bachelor's degree, but stop after completing their master's. We need to change that mindset and convince nurses to continue on for their doctoral degree. We want the person earning the terminal degree to have the skills and competencies at an earlier age so they can make maximum contributions over the course of their career.
Q: Do other health care professions have a practice doctorate?
A: Yes. The movement towards the option for a practice-focused doctorate or a research-focused doctorate is comparable to other professions that now offer professional degrees, for example the Doctor of Pharmacy (PharmD) and Doctor of Psychology (PsyD). Nursing, like our colleagues in Pharmacy and Psychology, offers two career options—a research career requiring a PhD degree or a practice-focused career for which the DNP is designed.

Q: What do nursing doctoral graduates offer to society, and why is that important?
A: By providing leadership in research and practice, doctorally-prepared nurses improve our nation’s health care system and the health of our citizens. They include nurse scientists, who are conducting cutting-edge research and serve as professors in our nursing schools and executives in service settings; nurses in direct patient care, such as nurse practitioners, clinical nurse specialists, nurse anesthetists, and certified nurse midwives; and indirect providers such as administrators and specialists in public health and informatics.

Q: What are doctoral students excited about?
A: They are excited about having the knowledge and skills necessary to become leaders and innovators in helping to reshape the health care system. They are also excited about the many career options available to them if they hold the doctoral degree.

Q: What is the major difference between a PhD and a DNP?
A: Let me start with the similarities. Both are terminal degree programs that share demanding expectations, a scholarly approach, and a commitment to the advancement of nursing. A major difference is the objectives of the programs. The PhD prepares nurse scholars to conduct research that advances the theoretical foundations of nursing and health care globally. It focuses on the discovery of knowledge. The DNP prepares nurses at the highest level of nursing practice who will be leaders and innovators in applying and translating research into practice.

Q: As associate dean for academic affairs, what are your goals for the School’s doctoral programs?
A: I want the University of Maryland School of Nursing to continue as a leader in doctoral education for both the PhD and the DNP, so we can prepare the next generation of scholars to lead the profession and help create a better health care system. I want to continually improve the quality of our programs to produce the best and brightest researchers, executives, informaticians, academicians, and practitioners in the profession.

Patricia Gonce Morton, PhD ’89, MS ’79, CRNP, FAAN
Associate Dean for Academic Affairs
To understand the progression of nursing as a profession, one need only look at the last 30 years. Back when disco was king, Jimmy Carter was president, and the Sony Walkman was the hot new must-have, nursing was a profession that was just beginning its leap from bedside to bench.

Arguably, one seismic change was the introduction of a PhD degree in nursing. At the time, recall those who were there, it seemed puzzling. Why would a nurse want to be a doctor? What else is there for a nurse to do aside from direct patient care?

What else, indeed.

Today, with an acceptance of the nurse-scientist role firmly in place and rigorous doctoral research programs throughout the United States, another important alternative has developed. The new Doctor of Nursing Practice degree, focused on advanced practice, is the perfect complement to the research track.

Both terminal degrees take the nursing profession to the highest levels in scholarship and competencies. Unlike decades ago, when the idea of doctorate-level nursing raised eyebrows, these pathways offer ambitious nurses a choice—conducting research to advance the foundations of the profession or applying research to practice and evaluating the results.

Evolution of a Program

The planning for a nursing PhD program at the University of Maryland School of Nursing didn’t happen over night. Although once it began, it moved quickly, recalls Elizabeth “Betty” Lenz, PhD, RN, FAAN, who served as the first director of the School of Nursing’s doctoral program. By the early 1970s, there were several schools offering a doctorate in nursing. One of the earliest driving forces behind the creation of a doctoral program at the School of Nursing was Marion Murphy, PhD, RN, who served as dean of the School from 1967 to 1978.

“Dean Murphy had the support of Dr. William Kinnard, who was dean of the pharmacy school,” says Dr. Lenz. At the time, the School of Pharmacy was starting its PharmD program. There was great support that nursing was also a scientific discipline and needed to have a good base of research to guide practice.”

Did You Know?

Established in 1979, our PhD program is one of the oldest in the nation and in the world.

Karen Soeken, PhD, a retired School of Nursing professor, recalls that there were very few options for nurses desiring a PhD. “There was great tension in realizing the need for a high-quality program,” she says. “We were very competitive and selective in admission. Always, our goal was to provide a strong grounding across all research methods, and we have remained true to that.”

Of course, venturing into new territory required learning from other fields, adds Dr. Lenz. “Prior to the mid-’70s, a number of nurses had earned their PhDs in basic science fields such as psychology and physiology. They would bring that knowledge and application to the beginning of the nursing doctorate.”
Dr. Lenz fondly recalls serving with a small task force of nursing faculty—Dr. Ada Lindsey, Dr. Lisa Robinson, Dr. Lesley Perry, and Dr. Caroline White—to hammer out a blueprint for the PhD program. With disparate backgrounds in sociology, physiology, psychology, public health, and various nursing specialties, this team tackled the big questions about the nature of nursing science and what doctoral education should encompass. Over eight months, the group crafted a proposal and presented it to the nursing faculty and the Graduate School.

“Early in 1979, when the program was approved by the University of Maryland, it was a very snowy day,” recalls Dr. Lenz. “The first class of four students arrived the following September: Audrey Gift, Shirley Ann Jarecki, June Lunney, and Jane Sherman.” As might be expected, during the next few years, the program was tweaked. “We modified the first year of the curriculum after realizing that the course load was too heavy.”

Of those heady first years, she recalls renowned University of Maryland, College Park Professor Frederick Suppe, PhD, who came to the campus once a week to co-teach the philosophy of science content in the theory course. “In the afternoon, we would assign him to observe specialty areas such as Shock Trauma and the OR. He gained tremendous respect for nursing and always said that when he began he knew nothing about the field and soon learned a lot.”

In time, these first leaders navigated through additional territory, including arranging for faculty to earn their doctorates through an agreement with the University of Maryland System Board of Regents with “built-in policies to ensure that faculty were not treated differently than other students.”

Today, in her role as dean of The Ohio State University College of Nursing, Dr. Lenz is grateful for her role as a pioneer. “The work informed me as a dean in the way to get things done, such as creating small task forces to work intensively on a project. It was a very exciting time in my career because it was such a creative undertaking.”

**Did You Know?**

*Our PhD program is one of the nation’s largest, with 72 students currently enrolled.*
And she has enjoyed watching Maryland’s program grow in reputation and accomplishment, and particularly seeing the successes of its graduates. “The University of Maryland School of Nursing has very strong clinical and research foci, an outstanding faculty, and wonderful resources to guide PhD students. They are truly expert researchers who are working at the leading edge of the practice and the discipline.”

Developing Scholars
From the start, one of the hallmarks of the doctoral program was its emphasis on quantitative research and analytical methods. The School of Nursing was the first program to have a doctoral-level course in measurement, recalls Carolyn Waltz, PhD, RN, FAAN, professor and director of international activities at the School.

“The major characteristic of our program, since the beginning, has been its ability to produce strong researchers,” she says. “Previously, PhD programs in nursing did not have courses in evaluation and measurement, and students needed to take courses in other disciplines to gain those skills.”

Dr. Soeken, who taught meta-analysis (the study of synthesizing research findings across disciplines), notes that the program was one of the first to emphasize the importance of measurement, surveying, statistics, and technology.

“Students spent a lot of time learning to use the computer; they were anxious. We were still using punch cards and then the DECWriter,” she says. “Today, it’s all about PowerPoint presentations, SMART Boards, chat rooms, and technology—it’s changed a great deal from Day One. These tools inspire teamwork and collaboration, as well as provide incredible access to information and resources beyond what is locked in a textbook.”

Did You Know?

Twenty-one of our alumni are deans or directors of nursing programs; three are PhD alumni.
Building on the work of Dr. Ernest Boyer in espousing the importance of teaching and service, as well as disseminating and generating knowledge, the implementation of the Integrated Scholarly Portfolio facilitated the academic and professional growth of students and provided additional avenues for student-faculty collaboration. “The portfolio informed the structure of the program,” says Louise S. Jenkins, PhD ’85, MS ’81, RN, FAHA, professor and co-director of the School’s Institute for Educators in Nursing and Health Professions. “Many people thought the doctorate was more of a credentialing tool, preparing students for research and/or teaching,” she says.

A number of related innovations remain in effect to this day: encouraging and supporting students to present their research at regional, national, and international meetings; integrating various types of service to professional organizations; submitting articles to journals; and serving as graduate research or teaching assistants. “Our goal was to prepare our students for the real world and parallel our program with that. We wanted to produce strong researchers,” says Dr. Jenkins. “Through this participation, students learn to integrate activities in research, teaching, and service in developing as scholars.”

Drs. Waltz and Jenkins, who are past directors of the PhD program, point to many advances. These include enriching the research climate at the School by establishing regular research seminars, developing the Doctoral Student Organization, garnering new scholarship funding for students (as well as increasing graduate assistantships), and obtaining funding for the School’s Alumni Association for awards such as Outstanding Doctoral Candidate and Sigma Theta Tau International’s Outstanding Dissertation of the Year.

“These activities produce a collaborative environment for the support and development of nursing scholars,” adds Dr. Jenkins.

Did You Know?

The largest-ever cohort of male PhD students (4) entered the program in fall 2007.

It Takes a Nurse to Do It

Ultimately, the 60-credit doctoral program, now one of the largest in the United States, has remained true to the heart of the profession—providing the best patient care. “With the doctorate, we were able to develop the tools for a nurse to scientifically evaluate what is best for patients,” says Dr. Soeken.

“In the beginning, there was more of a tendency for nurses to study attitudes of nurses. Today’s emphasis blends bench science with psychosocial topics, multiple research methods of complex topics, and an interdisciplinary approach,” she says.

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Dr. Louise S. Jenkins

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Doctoral-level nursing is primed for a role in today’s evolving health care system. Research projects at the School of Nursing range from access and cost to pain management. “Doctoral nurses are prepared to conduct research at the individual, systems, and community levels,” says Sue A. Thomas, PhD, MS ’73, BSN ’69, RN, FAAN, assistant dean of the PhD program. “The future of nursing is research and education.”

Dr. Thomas points to a multidisciplinary array of projects under way at the School. One student is evaluating the time required to move patients from one area to another in the OR, especially important considering that OR time costs about $1,500 per minute. Another student is looking at the period between admission and discharge. Still another student has identified toxic substances present in group homes for the mentally challenged and is working with national agencies to create safer alternatives. “The idea is that even such substances as cleaning products may increase risk for those who are neurologically impaired,” Dr. Thomas says.

Adding to the collegial atmosphere is the international presence. Almost from the start, the School of Nursing participated with the International Network for Doctoral Education in Nursing. About a dozen international students attend the School each year. Taiwan, for example, has sent students to the School for 30 years. “In Taiwan and Korea, our program is well-known and we are recognized as a top school,” says Dr. Thomas. “Students come here for the education and then go home and become professors in their countries. They become role models for the next generation of nurses.” In addition, Korea is seeking to create more nurse practitioners. As such, the country sends its students here to become qualified to teach in its growing schools.

The crux of research is to identify problems and solutions. “Through findings we can create critical change. Nurse researchers are at the forefront,” says Dr. Thomas. Of the growing body of research, she adds, “We’re not about the disease-oriented part of health care. We’re about optimum health—it takes a nurse to do it.”

**Transformation on the Front Lines**

While research-focused doctorates had become well-established in schools of nursing, there were still many nurses whose passion and career direction was excellence in practice and not research. By 2004, the momentum for a new kind of doctoral nursing education peaked. That year, a position paper recommending that the nursing profession adopt the Doctor of Nursing Practice (DNP) as its highest practice degree was approved by the American Association of Colleges of Nursing (AACN), which represents 90 percent of the baccalaureate, master’s, and doctoral nursing programs in the nation.

**Did You Know?**

*The record time for completing our PhD program is three years.*

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In January 2005, the AACN convened a task force of leading nurse educators, practitioners, and administrators charged with developing the curricular expectation to guide and shape DNP education. Janet D. Allan, PhD, RN, CS, FAAN, dean of the School of Nursing, served on that national task force—the Task Force on the Essentials of Nursing Education for the Doctor of Nursing Practice.

After much discussion and a series of national forums, AACN member institutions voted to endorse the Essentials of Doctoral Education for Advanced Nursing Practice. A practice doctorate degree was formally introduced in 2006, with an additional requirement: Advanced practice nurses would need to go beyond the master’s degree to a clinical doctorate by the year 2015.

“Building on the work of the 2004 position paper on the DNP, the task force developed eight DNP essentials deemed necessary for all graduates of a DNP program regardless of specialty or functional focus. We also made recommendations about curricular elements, program length, and the practice experience,” says Dean Allan, adding that the group also outlined faculty characteristics, resources, and the academic infrastructure that would be required for a DNP program.

“We believed that a DNP was needed because current master’s education—due to content and practice hours needed to educate advanced practice nurses—could not provide the additional knowledge and skills to address the explosion of information, technology, and scientific evidence to guide practice,” continues Dean Allan. “The eight DNP essentials addressed this new knowledge by outlining the competencies expected of a DNP graduate. These essentials include competencies related to interprofessional collaboration, information systems and technology, clinical scholarship, and analytical methods for evidence-based practice, and health care policy.” Further, the DNP would also address clinical prevention and population health.

Even before the ink was dry on the AACN’s Essentials of Doctoral Education for Advanced Nursing Practice document, the School of Nursing’s program was under way. The School unveiled its DNP program in fall 2006 with 20 students in the 38-credit program.

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Did You Know?

Eighteen PhD alumni are members of our faculty.

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This fall, 26 students began the DNP program. Their backgrounds range from clinical specialists, nurse executives, and nurse educators, to nurse practitioners and nurse anesthetists. “People enter the DNP program to expand their clinical, educational, or administrative advanced practice excellence to a level of evidence-driven leadership,” Dr. Newhouse says.

Despite the program’s short history, its leaders already have had some pleasant surprises. The first one is the number of excellent applicants and the overriding interest in the program. The second one is the value that applicants see in the DNP and the innate realization that the program will produce leadership skills and expertise to “move the quality dot,” says Dr. Newhouse. “It’s not just clinical quality, but also the cost-quality equation that can be used for data-driven decisions in systems and organizations.”

Acute care hospitals that aspire to Magnet status (American Nurses Credentialing Center) rely on having nurse leaders with these types of skills. A DNP program creates a pipeline of leaders who can interpret research and non-research evidence for application to practice, implement recommendations, and evaluate the outcomes of these initiatives.
Clearly, at the policy level, a DNP-prepared nurse bodes well for health care policy and practice, says Tim Porter-O’Grady, DM, EdD, ScD(h), FAAN, senior partner of Tim Porter-O’Grady Associates in Atlanta, and a visiting professor at the School of Nursing. “Within the context of public policy, we are beginning to change our focus on how we deliver health care. The current model is not sustainable. Whatever model we choose will require a real focus on primary care medicine and long-term care.”

And who are the best people to lead the charge? Nurses. “The only ones to step up to the plate for community and health needs are nurses,” says Dr. Porter-O’Grady, who is teaching a leadership course at the School this fall. “The DNP prepares nurses to lead the transformation in health care and translate advance practice into community practice.”

That transformation occurs on the front lines, he emphasizes. “As we inevitably go toe-to-toe with each other, we need leaders who are articulate about their views and can move into action within a short time period.”

The advanced degree, he notes, “respects, values, and honors research and the data-driven process, and incorporates the findings in evidence, policy, and clinical decisions. We expect and hope for DNP graduates to use their research in a format that is translational, applicable, and relevant.”

Dr. Porter-O’Grady, who calls himself a futurist, adds that the issues facing health care will define the role of nursing. Nursing will be less institution based and will be more fluid and mobile, primarily to care for the country’s burgeoning older population—many of whom will age in place. Further, he notes, primary care emphasis is essential. Eighty percent of the medical care provided is for diseases of choice, problems that occur because of lifestyle, diet, and exercise.

“The DNP has the programming and leadership element of timeliness, appropriateness, and rightness,” he says. “As we transition our health care system, I see a tremendous opportunity for our nurses to play a major role in primary care, policymaking, and community health.”

Did You Know?

One-third of our DNP students attend full-time and two-thirds attend part-time.
With four academic degrees (three from the School of Nursing and one from the University of Maryland University College) and 30 years of clinical and leadership experience under her belt, Robin Newhouse, PhD '00, MS '99, MGA '91 (UMUC), BSN '87, was ready to take the next step in her career. This fall, she returned to the School of Nursing to assume a new role as Assistant Dean for the Doctor of Nursing Practice (DNP) program and Associate Professor in the Department of Organizational Systems and Adult Health.

Dr. Newhouse says she came back to the School to follow her passion for evidence-based practice and health services research, and to develop urgently needed nurse leaders at the doctoral level.

“There is strong evidence-based practice content in the DNP program, as well as organizational systems and management and nursing leadership development,” she says, noting that this content has been identified as a critical competency for health care providers in an Institute of Medicine Report, Health Professions Education: A Bridge to Quality and by the American Association of Colleges of Nursing in their document, The Essentials of Doctoral Education for Advanced Nursing Practice.

Dr. Newhouse believes that DNP graduates will be a major force in improving and promoting the quality of health care.

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“My goal is to grow the DNP program and develop a network for evidence-based practice and action research,” she says. “Taking the program to the next level will require the development of expertise in synthesizing evidence, collaborating with organizations to implement well-supported nursing and interdisciplinary practice, and evaluating clinical and economic outcomes.”

Dr. Newhouse began her professional nursing career at Anne Arundel Medical Center (AAMC), where she held a number of staff roles. Her first management position was Supervisor of Ambulatory Services at AAMC, followed by Perioperative Supervisor. She worked as a nurse manager and Director of Patient Services at Laurel Regional Hospital, and later became Director of Patient Care Services, Perioperative, at Sinai Hospital of Baltimore. She then became a nurse researcher at The Johns Hopkins Hospital and an assistant professor at The Johns Hopkins University, where she built a program of evidence-based practice and research, teaching research and outcomes courses at both the graduate and undergraduate levels.

As a nurse leader in acute care settings, Dr. Newhouse has extensive experience with leading, developing, and managing large programs and departments in complex environments, and in conducting organizational and clinical research. She has published numerous manuscripts, books, and book chapters, and has presented and consulted nationally and internationally on the topic of evidence-based practice. She led a group of clinical and academic nurses in the creation of “The Johns Hopkins Nursing Evidence-Based Practice (EBP) Model,” which includes an EBP conceptual and prescriptive process. Her team won the 2005 International Research Utilization Award from Sigma Theta Tau International Honor Society for Nursing.

As a health services researcher, Dr. Newhouse has worked with multiple teams to study nursing structures, processes, and related outcomes. Examples of her recent publications include the study of the affect of a new nurse graduate socialization program on retention, and another on the creation of a screening tool for unlicensed assistive personnel to test for basic competency. She was the recipient of a competitive KO8 award from the Agency for Healthcare Research and Quality focusing on policy, market, and organizational forces that affect rural hospital nursing. And, she was recently awarded a two-year grant from the Robert Wood Johnson Foundation to study the affect of a rural hospital quality collaborative on heart failure care.

Dr. Newhouse is delighted to return to her alma mater, and looks forward to growing the state of Maryland’s first DNP program.

“The University of Maryland School of Nursing has a stellar Nursing Administration program and research faculty who focus on organizational work environment,” she says. “We now know about the important relationship between strong work environments, leadership, nursing care, and patient and nurse outcomes. The exciting thing for me is the partnership between health services research that generates new knowledge, and the DNP-prepared leader who uses, implements, and evaluates knowledge generated. This partnership is exactly what nursing needs to take a leadership role in quality and safety initiatives.”
Looking Back, Looking Forward — Alumni and Students Share Their Experiences

School of Nursing alumni and students praise the School for its forward-thinking approach that has defined their careers.

Military Workplace Findings

When measuring such findings as satisfaction in the workplace or ability to provide timely care, how effective are these instrumentation tools when applied in a military setting? For Lt. Col. Gary Lang, PhD '07, RN, the question drove his dissertation, presented this May.

“The findings showed promise, but they were not sensitive to the unique nature of an Army hospital,” he says, citing such factors as the possibility of deployment and rank structure. Dr. Lang completed his doctorate through a program with the U.S. Army, which paid his tuition.

Now serving at Walter Reed Army Medical Center in Washington, D.C., he is grateful for his experiences at the School of Nursing.

“Until I entered the doctoral program, I always thought I would pursue an administrative track in the Army Nurse Corps,” says Dr. Lang, who has been in nursing for 20 years. “The PhD program allowed me to think about research and finding answers to questions that affect nurses.”

As a “novice researcher,” he notes that he’s building on what he learned at the School of Nursing. “I was encouraged to apply to the School and it was good advice,” Dr. Lang adds. “The rigorous program was challenging and prepared me to be a high-quality researcher.”

In five years, Dr. Lang will complete his military obligation. Always, he explains, he stands a chance of being deployed and notes that there is a research cell with a nurse-researcher position overseas. Ultimately, he would like to become a university professor.

Where History and Health Care Meet

For Patricia Liehr, PhD ’87, RN, who is currently associate dean for nursing research and scholarship at Florida Atlantic University, her emphasis has long been on how communication affects one’s health. Admitted to the PhD program in 1982, she credits Dr. Lenz with encouraging her to attend the School.

“I felt like Dr. Lenz was very enthusiastic about my coming to Maryland,” she recalls. “I worked especially with Dr. Sue Thomas, who was my dissertation chair.”

Dr. Liehr’s work at the time focused on the physical manifestations of stress and how words spoken in anger express themselves in the body. Further, she notes, her work has continued to delve into how people’s stories help to shape actual outcomes, as well as the role of stress in health outcomes.

As an outgrowth of this original research, she began working with survivors of Pearl Harbor and Hiroshima. In collaboration with the Tokyo Metropolitan Institute of Gerontology, she began talking to people who had suffered strokes. What struck her as unusual, though, was the reference point some stroke survivors had. “They kept bringing up that they lived through World War II and got through it, so they could certainly manage a stroke.”

She found equivalent findings with Pearl Harbor survivors, who used that same reference point to gauge how well they overcame later obstacles.

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There is a difference, however, between individuals who were civilians, as in Hiroshima, and in the military, as in Pearl Harbor,” Dr. Liehr says. “Hiroshima survivors often express guilt that they lived; Pearl Harbor survivors usually tell us that they did what they had to do.”

Throughout her career, Dr. Liehr has relied on her earliest lessons at the School of Nursing. “I came into the program with a strong foundation in qualitative research and learned to put the stories and the numbers together,” she says. That’s been her life’s work. “I’m still looking at it, and I’m proud to be a graduate of a School with such a legacy.”

Balancing the Future

As a pediatric nurse practitioner, Dionne Mebane-Raley, MSN, RN, AE-C, CRNP, always saw herself as practicing health care, translating scientific findings into usable practicalities. “I wanted the terminal degree, but I didn’t want to do research,” she says. So, when she heard about the DNP program at the School of Nursing, she knew immediately that it was the perfect fit.

“I want translational research where I take the information and put it into real-life practice,” she says. Looking to complete her DNP in December 2007, Mebane-Raley is focusing on pediatric asthma. She’s also balancing a hectic schedule. In addition to her full-time coursework, she teaches at Coppin State University and sees patients three days a week at a health clinic. Add to that a baby born in April (just before finals) and she admits that the last year has been chaotic at best.

“I am attracted to this degree because of the relationship between nurses and patients,” she says. “I am always interested in what findings are out there that will benefit my patients in the best way.” Her eventual goal is to combine administrative and clinical roles in a practice geared toward pediatric asthma.

Taking Flight

U.S. Air Force Nurse Corps Col. Peggy McNeill, MS, RN, CCRN, CCNS, CNA, says her 23 years as a critical care nurse were satisfying, but she wanted more. She wanted to earn her doctorate, what she calls “the epitome of education in nursing.” As of December 2007, she expects to have her PhD.

“I love the School, the faculty, and the breadth and depth of the program,” she says. Her research has focused on critical care performance in a simulated military aircraft cabin environment. In other words, what happens to nursing care when it is provided thousands of feet in the air?

“The purpose is to identify altitude and noise effect on the performance of nurses and physicians when caring for patients during an evacuation,” Col. McNeill explains. “We know how exhausting it is to fly with patients over long trips, for example from Iraq to Germany and from Germany to the U.S.”

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Using one of the School’s simulation labs, she was able to re-create some of the effects, such as hypoxia (low oxygen) and aircraft noise. Her findings are directly applicable to domestic environments, such as Shock Trauma, where staff transports the critically ill or injured.

“Every class in the PhD program builds skills in conducting research, and the simulation lab lent itself well to my research study,” she says. “The faculty has been supportive on a myriad of topics for all the PhD students, and at every step.”

**Pioneer Reflections**

As the first graduate of the PhD program at the School of Nursing, Audrey Gift, PhD ’84, RN, FAAN, has fond memories of those early years. “I was a diploma school grad from St. Luke’s Hospital in New York,” she says. “Then, I felt that I just had to have more education, and I earned my master’s degree from the University of Pennsylvania.”

It was when she was teaching as a clinical instructor that someone asked her, “So, when are you going to get your doctorate?” It was a tough decision. She had just had her second child. “It wasn’t on my mind at the time,” she says, but the seed was planted.

When her husband was transferred to Maryland, she began investigating the newly launched program at the School of Nursing. “Whenever I told people that I was a nurse completing my doctorate, all conversations would stop. People just could not compute why an RN would want a doctorate.”

Her research honed in on shortness of breath in chronic lung patients. “It was a transition for all of us,” Dr. Gift says. “Some of the faculty was not up to date on the research and they learned, too.” She credits Dr. Lenz for her guidance and support as the program grew. “The four of us in that first class became a team and helped each other through.

“Betty became a role model for me. When I became associate dean of research and started a new doctoral program at Michigan State University College of Nursing, I modeled the program after her approach.”

Today, when thinking about the tremendous growth of the program, Dr. Gift adds, “A number of people from the program have become leaders in nursing. I am very proud to be in their company and to be a graduate of the University of Maryland School of Nursing.”

**On Track for a PhD**

Kelly Flannery, BSN, RN, always knew that she wanted to complete a doctorate in nursing research. The question was, how? A 2005 BSN graduate of Drexel University, she worked first as a nurse and then came to Bethesda, Md., to work at the National Institute on Aging as a research coordinator, and then to Baltimore as a research assistant at the School of Nursing’s Work and Health Research Center. After talking with faculty members at the Center, she became convinced that the School’s doctoral program was the right choice.

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When Flannery was selected for a Graduate Assistance in Areas of National Need (GAANN) Teaching Scholars Training fellowship (the School is one of only 14 nursing schools in the national program), she was further convinced. “This was an unbelievable opportunity,” she says, one that allowed her to enter the PhD program knowing that her costs for tuition, books, and room and board were covered, and that she would receive a stipend as well.

This fall, she began the BSN-PhD program, with an anticipated completion date of May 2010. “My focus is on evaluating and implementing programs within health departments and public health with a focus on prevention and health education,” she says. The School offers extensive opportunities for internships and hands-on learning, she adds. “There are so many positives with the faculty and research under way here.

“I’ve always had a strong passion for research and I know that I want to teach once I earn my PhD,” says Flannery. “I would like to help younger nurses and inspire more of them to enter public health and research. I think it’s important for nurses to know that there are so many options in addition to the traditional hospital setting.”

Championing the DNP Program

“I have always been a medical center nurse,” she says. “I never wanted to do research. I’ve worked in many areas—clinical nurse, burn nurse, spinal cord. I like to look at the patient.”

In February 2006, she left her home in New England to become director of the Nursing Education and Research Center at the VA Maryland Health Care System. Her role also includes serving as co-chair of the Evidence-Based Practice Committee and working closely with the School of Nursing, as well as chairing the Nursing Practice Council.

While Marchetto is enthused about putting her experience to work, she admits that it is a challenge to remain updated on the latest findings in high-level practice. Never one to pass up a challenge, Marchetto is determined to bridge this gap, so this fall she began the DNP program.

“The DNP program immerses me in evidence-based practice, preparing me to lead efforts to move from what has been done traditionally to what has been demonstrated to benefit the patient,” she says. “The bottom line is that as nurses, we affect how people are cared for.”

The frenetic pace suits her. When she’s not at work, Marchetto is a marathon runner and triathlete, competing in the New York City and Boston marathons. “At my interview, I pulled out my recent medal for the New York City More Marathon, where I placed first in my category. When I started this program, though, I put my medals away. This is the ultra-marathon where I earn an incredible medal at the end.”

Ultimately, she plans to stay in Baltimore for a few years and then return to New England, continuing her role at the VA hospital. “I love being a VA nurse,” Marchetto says. “I tell younger nurses to keep in mind the image of the vet the way he or she once looked in uniform. Each of these veterans once wore a uniform and stood ready to defend our nation.”
Global Influence: School Attracts Brightest Scholars from Overseas

One of the hallmarks of the School of Nursing is its international presence. Students are attracted to the School because of its stellar reputation as a training ground for top-notch researchers.

A Practical and Professional Decision

Amy Hsieh, MS, RN, a PhD student, is quick to note the strong program, excellent faculty, and outstanding resources at the School of Nursing. “I researched other schools, but in my opinion, Maryland was the best. One of the reasons was its Writing Center—I really appreciate that,” says this native of Taiwan.

Hsieh, who is a clinical nurse specialist at a large private hospital in her homeland, adds that she has 15 years of experience in bone-marrow transplantation and was working toward her advanced degree, but was frustrated by the lack of support. “I decided to apply in the United States because I wanted to study in a practical way and with respect. I learned that people here are very encouraging and I have found that this program has given me back my confidence.”

Now entering her fourth semester, Hsieh is studying multivariate and measurement courses, with hopes of taking her knowledge back home where she will design nursing research programs.

One more benefit: “I looked at the weather in different places and saw that Maryland does not have severe hurricanes—I liked that.”

Informatics Solution at the School

With significant experience in informatics and nursing in South Korea, Joon Ho Park, MPH, BSN, got involved in developing the electronic medical record and gained expertise in how informatics could positively affect patient care and research, especially in patient satisfaction with cancer care. Unfortunately, he recalls, there were some limitations in finding “the exact place” in South Korea to help him better understand nursing informatics. While presenting a poster at the International Congress of Nursing Informatics, he was able to learn about programs elsewhere, including the School of Nursing.

“Maryland was at the top level in nursing informatics with many international students,” he says. “I was pleased to receive the letter of admission and fellowship, and accepted the offer.” Park is studying research and systems management, including learning computer languages such as C++, ASP, and JSP. His work also entails Web-based information systems, data mining, the electronic health record, and decision support systems.

After graduation, he plans to consider all of his options. “It’s possible that I will get a job in the U.S. or return to Korea,” he says. “They need professional manpower for nursing informatics relating to the cancer program. How can we help a society in need have sophisticated information technology?”

Dr. Sue A. Thomas, assistant dean of the PhD program, consults with PhD student Amy Hsieh

Joon Ho Park (right) poses with Darren Couture and George Newcomer, three of the four men who entered the PhD program in fall 2007. This set a record for the most men entering the program at one time.

Not pictured: Bim Atkintade

continued from pg. 19
Planting the Seed

Unlike a typical high school junior, Portia Dyson spent much of her summer vacation preparing samples of mouse brains for scientific study. She worked on an ongoing pain research project in one of the School of Nursing’s laboratories under the tutelage of Assistant Professor Susan Dorsey, PhD ’01, MS ’98, RN.

Dyson, a student at the Vivien T. Thomas Medical Arts Academy in West Baltimore, was one of 16 city high school students selected to participate in a summer research program operated by Jordan Warnick, PhD, assistant dean for student education and research at the University of Maryland School of Medicine.

Ever since she was a young girl, Dyson has been interested in science and has aspired to become a nurse. But she never knew that nurses conducted bench research until she participated in this program. The experience enabled her to be involved in an aspect of nursing that many people, even aspiring nurses, are often unaware of.

“I got to see that hospitals and nursing are not just about taking care of sick people, they are about research,” she says. “I learned a lot by talking to and interacting with PhD students during my experience at the School of Nursing.”

“Portia enjoyed the work, brought excellent skills, and had an uncanny ability for attention to detail,” says Dr. Dorsey. “I believe this experience has sparked her interest early on, and that we have planted the seed for a future doctoral student.”

Dr. Dorsey might be right. Dyson returned this fall to work in the labs after school and on weekends, with hopes of someday becoming a nurse scientist.
Brigit VanGraafeiland, MS, CRNP, clinical instructor, Department of Family and Community Health, often thought about getting a terminal PhD degree, but she struggled with the misconception that she would have to give up her faculty practice and devote her career to research. When the School of Nursing announced that it was launching the Doctor of Nursing Practice (DNP) program in 2006, Brigit knew this would be a perfect fit for her. Follow along, as she shares her journey to the DNP.

May 1987
I completed my BSN at the University of Rochester.

May 1990
I completed my MS (Pediatric Advanced Practice Nurse) at the University of Rochester.

August 1999
I was hired as a faculty member at the University of Maryland School of Nursing and a PNP in the School’s Pediatric Ambulatory Center. Practicing as a PNP gave me a great deal of joy and confidence.

Early 2000’s
I contemplated getting a PhD terminal degree, but struggled with the misconception that I would have to give up practicing and devote my career to research.

2005
I heard that the School of Nursing might be starting a DNP program. I realized that maybe a good balance could be achieved with any doctorate, but the new DNP seemed like the perfect fit for me.

The School of Nursing announced that it would launch a DNP program in fall 2006.

April 2006
I applied for the DNP program.

The School announced that there were 56 applicants, and they would be accepting 25. I knew it would be a competitive process, and I was sure there would be no favoritism, just because I was a faculty member.

July 2006
My letter of acceptance arrived, and I was thrilled!

I was very excited to be a pioneer and a member of the inaugural DNP class, but it was a bittersweet decision—to give up my faculty practice and return to the classroom full-time.
August 2006
My journey as a full-time doctoral student, faculty member, mother, and wife began.

Going back to school was a huge adjustment, both professionally and personally. It required an entire family commitment. It also required me to adapt to the role of a novice from my expert role as a practitioner. I have always cautioned my pediatric graduate students that once they entered graduate school, their roles would be in transition. While they are expert RN's, they would now be novice advanced practice students. And here I was, having a difficult time taking my own advice.

I view doctoral education as a paradigm shift. You begin to look at your surroundings and the world differently. You look at each clinical, educational, and personal experience through a diverse lens.

Being a student for the first time in 16 years was daunting and overwhelming at times. But, I found that being part of the first DNP class has allowed me to form strong ties among my colleagues and classmates. We are a pioneering group struggling to manage work, school, and our personal lives, so we can relate well to each other. Knowing that we are in this together has led to the formation of new friendships and a strong support system. We share information and form study groups to help us achieve our goals.

January 2007
I began my second semester, and found it somewhat easier to settle into a routine.

Summer 2007
This was the turning point when I finally felt like a doctoral student. I was in the middle of putting my research proposal together. I was working with my doctoral committee and benefiting from working with incredibly bright researchers who were assisting me in furthering my own program of research. As a DNP student I felt that I really relied on my committee for guidance because I did not necessarily have the research background that some PhD students may have.

August 2007
I began my last semester of coursework, and could finally see the light at the end of the tunnel. I continued to work on my research project.

Before I started this program, I would have said that things will settle down and get back to normal as soon as I finish school. However, what I have learned is that change is never constant and that life is about constant motion. In the end, it will all be worth it.

Spring 2008
My research project is due.

May 2008
My journey to the DNP will end; I expect to graduate with my terminal nursing degree. The journey has been incredible, indeed!
More than 600 people, including international participants from the United Kingdom, Canada, Taiwan, and Australia, attended the School of Nursing’s 17th Annual Summer Institute in Nursing Informatics (SINI), held at the School in July. The conference, the largest of its kind in the nation, is for nurse managers and executives, nurses who interface with information systems departments, informatics nurses and specialists, managers of nursing information systems, and informatics educators. Some attendees are new to informatics, and others are experts in the field.

In his presentation, “Transforming Health and Care: Health Information Technology Approaches the Tipping Point,” Robert Kolodner, MD, national coordinator for health information technology, U.S. Department of Health and Human Services, said health information technology will help the U.S. address “a burning platform in health care in both the quality arena and the cost arena.”

“In the quality arena, we are experiencing unnecessary deaths every day, and in the cost arena, we are not getting the value for our dollar,” he said. “We have an aging population, we are living longer, and health care costs increase dramatically as we grow older. Health IT will help providers work smarter.”

Judy Ozbolt, PhD, RN, FAAN, FACMI, conference chair, professor, and director of the School of Nursing’s Nursing Informatics (NI) program, says the conference was “a grand success.” She commended the planning committee, the volunteers, and everyone who helped make the event a success.

“We’ve set a new standard here, and next year will be even better,” says Dr. Ozbolt, who recently received a three-year grant of more than $950,000 for her study of diversity among the NI workforce.

The 2008 Summer Institute in Nursing Informatics is scheduled for July 16-19 at the School of Nursing.
An innovative partnership between the School of Nursing and the U.S. Army Nurse Corps (ANC) is helping address the School's faculty shortage. The pilot program calls for up to eight ANC officers to be utilized as undergraduate faculty, at no cost to the School, for a maximum of two academic years. The first six ANC nurse educators began teaching this semester. The School of Nursing provided formal faculty orientation and training for the ANC faculty members, who also have free access to programs at the School.

“Faculty shortages across the nation are limiting student capacity,” says Dean Janet Allan. “This mutually beneficial program will help us tackle our faculty shortage, allow us to continue educating large numbers of undergraduate students, and help the Army enhance officer training.”

School of Nursing alumna Maj. Gen. Gale S. Pollock, BSN ’76, MBA, MHA, MS, CRNA, RN, FACHE, acting Army surgeon general, commander of the U.S. Army Medical Command, and chief of the Army Nurse Corps, came up with the idea for the program while discussing nursing issues with Dean Allan. Pollock graduated from the School in 1976 as part of the Walter Reed Army Institute of Nursing (WRAIN) program. She was one of more than 1,200 nurses to complete the WRAIN program during its 14-year existence, from 1964 to 1978.

At a recent event celebrating the partnership, MG Pollock stated, “We need to expand the whole pool of nurses across the nation. Adding new faculty members through this program will help produce more nurses.” She also noted that the Army nurses will serve as role models for students, assisting with Army recruiting. “Since many Army nurses want to teach, the program will also help retain excellent nurses.”

The new ANC faculty members come from a variety of backgrounds, including psychiatric nursing, family nurse practitioner, and adult health/critical care. All of them have master's degrees, clinical skills, and some teaching experience. They will be divided between the School’s two academic departments, teaching a variety of courses and leading students through clinical rotations.

A seasoned Army nurse, Lt. Col. Richard T. Knowlton, MS, RN, FNP-C, one of the ANC faculty members, has served eight years of active duty in the Army, including two combat tours in Iraq, and 18 years in the Army reserves. He most recently served as Deputy Chief in the Primary Care Department at Brooke Army Medical Center, Fort Sam Houston, Texas.

“We Army nurses bring unique experiences to the table, and we look forward to sharing those experiences with the nursing students,” he says. “Through this partnership, I can see our organizations complementing each other, creating a win-win situation for both of us. But ultimately, I believe the students and our communities will benefit the most.”

The ANC faculty members unanimously agree that being an Army nurse provides countless opportunities, and participating in this partnership is a perfect example. They are excited to be here and they look forward to helping educate the next generation of nurses.
School of Nursing faculty and educators from other institutions attended a conference, “Disrupting Tradition in Nursing Education,” held at the School in August. The event, designed to initiate a focus on the first initiative of the School’s Strategic Plan (committing to a learner-centered teaching philosophy), was the second annual conference sponsored by the School’s Institute for Educators in Nursing and Health Professions.

“This event is exciting in that it is faculty driven and allows for exploration of changing paradigms in how we teach our students” said Louise S. Jenkins, PhD ’85, MS ’81, RN, FAHA, professor and co-chair of the event.

Keynote speaker Lynne Young, PhD, RN, associate professor and associate director, scholarship and research, University of Victoria School of Nursing, British Columbia, discussed best practices, challenges, and models to consider as educators shift to less traditional methods of instruction. Dr. Young, an international expert on student-centered learning, challenged and inspired participants to rethink their faculty role and their approach to teaching. Other program participants included Joan Davenport, PhD ’00, RN, assistant professor; Meg Johantgen, PhD, RN, associate professor; and Lily Fountain, MS, CNM, assistant professor, all from the School of Nursing, as well as Anne Belcher, PhD, RN, FAAN, senior associate dean for academic affairs, The Johns Hopkins University School of Nursing; and Laura Putland, MS, RN, assistant professor, Harford Community College.

“We were delighted to see the large number of nurse educators attending, sharing their experiences with student-centered learning, and considering the relevance of the conference to their own teaching,” said Carol O’Neil, PhD, RN, CNE, assistant professor and co-chair of the event.

Drs. Jenkins and O’Neil co-direct the Institute for Educators in Nursing and Health Professions, which is focused on the nurse faculty shortage. A core initiative of the Institute is a post-graduate certificate program designed to prepare nurses and health professionals for teaching roles.
Faculty Appointments/Transitions

Kapustin Named Assistant Dean for Master’s Studies

Jane Kapustin, PhD, MS ’85, CRNP, has been named assistant dean for master’s studies. She has served on the School’s faculty for seven years as an assistant professor and director of the Adult Nurse Practitioner program. In addition, she assisted with the development of the School’s Doctor of Nursing Practice program, and teaches several of the program’s core courses.

Dr. Kapustin is president of the Nurse Practitioner Association of Maryland, and has served on the organization’s board of directors for more than seven years. She is also a member of the leadership council for the Baltimore Chapter of the American Diabetes Association. She maintains a faculty practice at the Joslin Diabetes Center in Baltimore, where she manages complex diabetic patients.

Dr. Kapustin is a reviewer for eight peer-reviewed journals and serves on the editorial board for the Journal for Nurse Practitioners. She was named Maryland’s “Nurse Practitioner of the Year” in 2006.

“Our master’s graduates are well-prepared as advanced practice nurses, academicians, informaticians, researchers, and leaders to meet the challenges of today’s health care system, as well as the health care system of the future,” says Dr. Kapustin. “I look forward to working with our talented master’s specialty directors and contributing to the long-standing tradition of high quality, evidence-based education at the School of Nursing.”

Kauffman to Lead Department of Family and Community Health

Karen Kauffman, PhD, CRNP, has been appointed chair of the Department of Family and Community Health. An associate professor, Dr. Kauffman previously served as interim assistant dean for master’s studies and program director of the Community/Public Health Nursing master’s specialty.

Dr. Kauffman serves on the board of directors of the Alzheimer’s Association at both the state and national levels. She also sits on the State Advisory Council for Quality Care at End of Life, and leads an initiative to improve care for people with Alzheimer’s disease. Certified as a gerontological nurse practitioner, Dr. Kauffman operates a private practice as a long-term care consultant. An ethnographer, she has conducted numerous ethnographic studies in inner cities and has served as a qualitative research consultant on many grants.

“The Department of Family and Community Health has a faculty group of renowned and esteemed occupational health researchers, advanced practice nurses, and global health advocates who develop leaders in education, research, and practice,” says Dr. Kauffman. “As department chair, I aim to champion their work in shaping the profession of nursing and the health care environment locally and globally.”
Marsha Booker has returned to the School of Nursing (from retirement) as an academic program specialist for the Nurse Support Program II – Competitive Institutional Grant, “Master’s Preparation of Staff Nurses to Expand Clinical Instruction Capacity.”

Vu Cap, MPA, has joined the Department of Academic Affairs as an academic program specialist. He holds a Master’s in Public Administration from the University of the District of Columbia and a BA in Political Science from Louisiana State University. Cap comes to the School of Nursing from Walden University, where he served in a dual capacity as an instructor and online course manager. He managed, developed, and implemented admissions and student service policies.

Roger Falsis, AA, has been named director of information technology for the School of Nursing, Office of Administrative Services. He formerly served as the network systems engineer and supervisor in the School’s Department of Information and Learning Technologies.

Tonyia Jeffries has joined the Department of Student Affairs as an office clerk. She comes to the School of Nursing from the University of Maryland School of Pharmacy, where she worked in a temporary position as an office clerk.

Phyllis Lovito has joined the Department of Family and Community Health as an office manager, responsible for the placement of students in their experiential learning rotations. She comes to the School Nursing from the University of Maryland School of Pharmacy, where she served as an academic coordinator.

Matthew Rietschel, MS, has been named director of instructional technology, Department of Information and Learning Technologies. He formerly served as lead instructional design technologist.

Leah Smith has joined the Department of Information and Learning Technologies as a data entry IT specialist. She comes to the School of Nursing from the Department of Public Safety and Correctional Services, where she worked as a certified fingerprint specialist.

Tonya Appleby, MSN, RN, has been appointed clinical instructor, Department of Organizational Systems and Adult Health. She holds an MSN from The Johns Hopkins School of Nursing, a BSN from Towson University, and an AA in nursing from Essex Community College. Appleby comes to the School of Nursing from Good Samaritan Hospital, where she currently works as an acute care nurse practitioner in the Emergency Department.

Steven “Chris” Simmons, MS ’01, BSN ’00, CRNP, FNP, has been appointed clinical instructor, Department of Family and Community Health, and coordinator of the Central Maryland Wellmobile Team. Simmons holds an MS and BSN from the University of Maryland School of Nursing. He comes to the School from Jacksonville, Fla., where he worked as a family nurse practitioner at Family Medical Centers of Argyle.

George Zangaro, PhD ’05, MS ’97, RN, has been appointed assistant professor, Department of Organizational Systems and Adult Health. He holds a PhD and MS from the University of Maryland School of Nursing, and comes to the School from the U.S. Navy, where he served for 25 years in various roles, including nurse manager, nurse researcher, and executive assistant.

Administrative/Staff Appointments
From the Alumni Director

As the new Director of Alumni Relations and Annual Support for the University of Maryland School of Nursing, I am very pleased to have joined such a reputable and well-respected institution. The School of Nursing could not have achieved such outstanding rankings and recognition without your hard work, and we thoroughly enjoy proudly promoting the accomplishments of our successful and distinguished alumni.

Please take this opportunity to update us with any new contact information, notes of your comings and goings, and highlights of your professional endeavors by completing and mailing back the form below, by sending us an e-mail at alumni@son.umaryland.edu, or by visiting us online at www.nursing.umaryland.edu and clicking on “Alumni.”

I eagerly anticipate working with an enthusiastic, passionate, and growing Alumni Association that supports exciting programs and networking opportunities for our students and graduates. I look forward to meeting you at an upcoming event and to hearing from you soon!

Best wishes,

Allyson B. Yospe
Director of Alumni Relations and Annual Support

Alumni – Share Your News!

Please send us information about what’s happening in your life – appointments, presentations, honors, awards, advanced education/degrees – so we can include your news in the “Alumni Pulse” section of the NURSING magazine. Photos are welcome! Your announcements will be incorporated as space permits.

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Class Notes

1970’s

Janet Kozak Shapiro, BSN '77, who worked full-time as a hospice nurse since 1983, is now working part-time as a hospice and home health nurse in Durango, Col. She says she is enjoying working in a small community and “blending in home care patients in her day’s work.”

1980’s

Janet P. Moye, PhD, MS ’88, BSN ’77, CNAA, RN, assistant professor, East Carolina University School of Nursing (ECUSON), has been named a 2007 Robert Wood Johnson Executive Nurse Fellow. She was also recently credentialed as a CNAA (Certified Nursing Administration, Advanced). Moye was director of nursing at East Carolina University School of Medicine from 1999 to 2007, and recently joined the faculty at the ECUSON as a tenure-track assistant professor.

Donna Dennis Ignatavicius, MS ’81, BSN, ’76, was recently inducted as a Fellow in the Academy of Nursing Education’s inaugural class.

Genie Lipa Wessel, MS ’84, received the Maryland State Department of Education’s 2007 Career and Technology Award of Excellence, Distinguished Service Award - Post-Secondary. Wessel is a faculty member at Howard Community College, where she is working on project RENEW, a program focused on bringing low to moderate income persons into nursing using a career ladder model.

Judith “Ski” Lower, MS ’89, has been elected to a three-year term on the Board of Directors of the American Association of Critical Care Nurses. In addition, Lower had an article, “Brace Yourself — Here Comes Generation Y,” published in the August 2007 issue of American Nurse Today.

1990’s

Karen Rentz Peddicord, PhD, ’91, MS, ’72, BSN ’70, RNC, recently received the Association of Women’s Health, Obstetric and Neonatal Nurses’ (AWHONN) Caring Award. Peddicord, who serves as AWHONN’s Director of Research, Education and Publications, was recognized for her outstanding leadership as the Association’s Interim Executive Director.

Lauren B. Putland, MS ’91, BSN, ’77, was recently named interim dean of the Nursing and Allied Health Division at Harford Community College, Bel Air, Md.

Margaret Faith Hart, PhD, MS ’96, RN, received her PhD on May 5, 2007, from Barry University, Miami, Fla. The title of her research was, “Culturally Diverse Newly Graduated Registered Nurses’ Lived Experience of Being Mentored.”

continued on next page
Dee Jones, MSNc, BSN ’98, RN, had the following article published in the March-April 2007 issue of Med-Surge Matters, the official newsletter of the Academy of Medical-Surgical Nursing, “Pulmonary Hypertension Requires Creative Nurses.” Jones is currently the care coordinator for the Home Telehealth Program at Perry Point VA Medical Center, and an adjunct faculty member at Harford Community College, Bel Air, Md.

2000’s

R. Suzie Miltner, PhD ’01, RNC, director of nursing, Washington Hospital Center, was the recipient of a 2007 Nursing Spectrum Excellence Award in the “Management” category. Also receiving an Excellence Award was Karen McQuillan, MS ’86, BSN ’81, RN, CCRN, clinical nurse specialist, University of Maryland Medical Center, whose award was in the “Teaching” category. The annual awards recognize extraordinary contributions nurses make to their patients, each other, and the profession.

Deborah Dang, PhD ’06, MS ’78, BSN ’72, RN, was selected to receive the inaugural Interdisciplinary Research Group on Nursing Issues New Investigator Award on the basis of her abstract, “Understanding Influences on the Association Between Nurse Staffing and Preventable Patient Complications.” She presented this paper and received the award at the Interdisciplinary Research Group on Nursing Issues, Academy Health Annual Conference, held last June in Orlando, Fla.

Susan Newbold, PhD ’06, MS ’85, RN-BC, FAAN, FHIMSS, co-authored the following report released recently by the Maryland Workforce Commission, which included the results of a survey of 933 Maryland nurses and recommendations of the Work Group: Challenges and Opportunities in Documentation of the Nursing Care of Patients: A Report of the Maryland Nursing Workforce Commission Documentation Group. To access the report, visit: www.mbon.org/commission2/documentation_challenges.pdf.

In Memoriam

Mrs. Ruth Goeb, DIN ’30
Mrs. Gladys Sheldon, DIN ’32
Mrs. Beatrice Mays, DIN ’35
Mrs. Winifred Q. Matol, BSN ’37
Mrs. Mary G. Fountain, DIN ’41
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Mrs. Betty N. Oliver, BSN ’55
Ms. Ethel L. Garrison, MS ’57
Mrs. Mary B. Twiner, BSN ’62

Mrs. H. E. Sudders, ’62
Ms. Frances I. Nolte, MS ’69
Mrs. Robbin W. DeMul, BSN ’71
Sr. Christina M. Daily, MS ’73
Dr. Elizabeth C. Clipp, BSN ’72, MS ’80
Ms. Barbara R. Boswell, BSN ’86

Six Alumnae Inducted Into
American Academy of Nursing

Congratulations to the following alumnae who were inducted as Fellows in the American Academy of Nursing at festivities held November 10 in Washington, D.C. Selection is based on evidence of significant national and/or international contributions to nursing and health care.

Elizabeth C. Clipp, BSN ’72, MS ’80*
Linda Lindsey Davis, PhD ’84
Myrna Eileen Mamaril, MS ’93
Christine Ann Mueller, PhD ’95
Ruth Ann Mulnard, MS ’80
Carol Ann Reineck, PhD ’90

*Deceased
Nearly 100 alumni, faculty, and staff gathered on Friday, June 1 and Saturday, June 2, 2007, to mix and mingle with former classmates and friends at the School of Nursing’s 2007 Alumni Reunion and Heritage Class Celebration. In addition to honoring the class of 1957 as the newest members of the Heritage Class, other commemorative classes were well represented.

On Friday evening, alumni and their guests were invited to a dinner at the Corinthian Room, located in downtown Baltimore’s newest architectural gem, the Tremont Grand Conference Center. Guest speaker Gilbert Sandler, a Baltimore historian, reflected on neighborhoods, people, and landmarks that have been important to the City, and provided anecdotes that captured the spirit of early generations.

Dean Janet Allan provided opening remarks and welcomed everyone to Saturday’s festivities, which included a luncheon at the School. A special presentation, “Greening Nursing,” by Barbara Sattler, DrPH, RN, FAAN, professor, Department of Family and Community Health, discussed the emerging health issues that are associated with environmental exposures in our air, water, food, and products, and the emerging role of nurses in addressing these environmental health threats. Tours of the School’s Living History Museum, clinical simulation labs, and the R Adams Cowley Shock Trauma Center were available throughout the day.

Save the Date

Please plan on joining us as we celebrate the 2008 School of Nursing Reunion Classes on May 2 and 3, 2008. Highlighting the weekend’s festivities will be the induction of the Class of 1958 into the 50th-year Heritage Class. Specific times and locations for 2008 Reunion activities will be posted on our online calendar of events during fall 2007-winter 2008. Formal invitations will be mailed to designated reunion classes in early spring 2008.

What better time to reminisce and reconnect with former classmates, friends, and faculty members than an exciting weekend full of professional presentations, entertainment, good food, and fun? For more information, e-mail alumni@son.umaryland.edu or call 410-706-1502.
Members of the Class of 1967 – Jo Gail Wenzel, Sally Koch, Dottie Douglas, Sandra Lapatka Doherty, Betty Callahan, Trish Falkler, Valli Power and Anne Hammerlund Cole – picked up right where they left off 40 years ago.

The Alumni Association proudly inducted the Class of 1957 as the newest members of the 50th-year Heritage Class.

Members of the 60th-year reunion class, Nancy Cochran Hubbard; Bette Rohr Singleton; Eleanor Rogers Kramer; Jane Brown Johnson; Georgia Rosas Boulmetis; Betty Lacy Allan; and Thelma Kleckner, created their own memory book to capture the last decade.

Mary Stevens Riley, ’57, and Sean Riley, pose with guest speaker Gilbert Sandler.

Guests were welcomed to the beautiful Tremont Grand by Alumni Council President Caleb Rogovin, ’92, shown here with faculty member Dr. Norbert Mylinski.

Members of the Class of 1947 – in Gail Wenzel, Sally Koch, Dottie Douglas, Sandra Lapatha Doherty, Betty Callahan, Trish Falkler, Valli Power and Anne Hammerlund Cole – picked up right where they left off 40 years ago.

Docents, Mary Catherine McKenzie, ’45; and enjoy the alumni dinner.
School of Nursing Marketplace

Show your school spirit by treating yourself or by purchasing a gift for your favorite School of Nursing alumnus at the School of Nursing’s Marketplace! A variety of original apparel and unique souvenirs are available, including spirit wear, jewelry, tote bags, note cards, and more. Proceeds benefit the School’s Living History Museum and the Alumni Association. To place your order, complete and mail back the form below. For more information, visit our web site today at www.nursing.umaryland.edu and click on “Alumni.”

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(Make checks payable to: University of Maryland School of Nursing) Questions? E-mail alumni@son.umaryland.edu or call 410-706-1502.
Honor Roll of Donors

With this Honor Roll, the University of Maryland School of Nursing gratefully acknowledges and proudly celebrates the generosity and support of alumni, faculty, staff, friends, corporations, and foundations.

Every effort has been made to accurately list all donors who made contributions to the School of Nursing between July 1, 2006 and June 30, 2007. If your name is misspelled, omitted, or listed incorrectly, please accept our sincerest apologies. We hope you will contact us so that corrections can be made in future publications.

If you have questions, please contact:

Alvette Chase
Development Associate
University of Maryland School of Nursing
660 West Redwood Street, Room 021
Baltimore, MD 21201
410-706-7640
chase@son.umaryland.edu
The following is a list of alumni, faculty, staff, friends, corporations, and foundations who made gifts, pledges, or pledge payments to the University of Maryland School of Nursing fund during the Fiscal Year 2007, which began July 1, 2006 and ended June 30, 2007. Giving level is determined by the total giving to all funds during Fiscal Year 2007. Gifts received after July 1, 2007 will appear in next year’s report.

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Caleb A. Rogovin, ’92
Elizabeth R. Singleton, ’47
Robert T. Singleton
Howard Sollins
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“I am deeply grateful to the faculty and preceptors who were so instrumental in my getting through the Nurse Anesthesia program. Although I shook their hands and said ‘thank you’ at graduation, I wanted to do something special. So, I made this gift because it represents my sincere appreciation for everyone who helped me.”
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E. Recasas, '05
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Joyce A. Reft, '74
Jane Y. Reger
Elizabeth M.
Rehkemper, '67
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Robin E. Remsburg, ‘94
Eleanor Rice
Daniel C. Riley, Jr.
Danielle M. Rinck, ’01
Sherrill L. Ringley, ’69
Eleanor Riordan, ’47
Priscilla J. Rivard, ’77
Lisa Robinson, ’65
Flora D. Rodney, ’77
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Donna L. Rolland, ’81
Natalie J. Rook, ’72, ’85
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Rosenblatt, ’94
Joyce K. Rosenblatt, ’73
Howard J. Rosso, ’74
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Sayle, ’76
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Carole Schauer, ’70
Charles M. Schewitz, ’81
Elena T. Schjavland, ’89
Julie A. Schuetz, ’85, ’92
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Marlyn J. Storch-Escott, ’75

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Carol E. Tessman, ’67
Courtney A. Thomas, ’66
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Adele E. Young, ’84, ’96
Ellis Q. Youngkin, ’65
Diane E. Zalewski, ’91
Lauren A. Zang
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Visions for Tomorrow...Expressed Today

THE LOMBARDI-DYE MEMORIAL ENDOWMENT
Celeste A. Dye, BSN ’66, PhD, MSN, MSAD
traveled from Hawaii to Baltimore in April 2007 to announce her pledge to leave a $250,000 bequest to the School.

The career of Dr. Celeste A. Dye was strongly influenced by Dr. Beverly Baldwin, who was first to hold the Sonya Z. Gershowitz Chair in Gerontology. Dr. Dye has worked in the area of gerontology for the last 30 years, and has published two textbooks. Her career also has parallels with Dean Janet Allan’s, including faculty appointments at the University of California San Francisco and at the University of Texas in Austin. Dr. Dye, a World Health Organization Fellow, holds a BSN from the University of Maryland School of Nursing, an MSN from Columbia University, N.Y., an MSAD in Psychology from the University of California Santa Cruz, and a PhD from Purdue University.

We are grateful for Dr. Dye’s pledge to establish the Lombardi-Dye Memorial Endowment for the University of Maryland School of Nursing. This important legacy will provide fellowships for research on geriatric health and illness, particularly with regard to mind-body interaction.
Few individuals are as active in the School of Nursing as Lyn Stankiewicz Murphy, PhD, MBA, MS ’01, RN. She is the new Director of Professional Development; she teaches research, statistics, and health finance on the master’s level; she is faculty advisor to the Nursing Student Government Association; she serves on the School’s Faculty Council and the University of Maryland, Baltimore’s Faculty Senate; and she is an Alumni Association Member-at-Large. Murphy is also a believer in carefully planning ahead and has decided to include the School of Nursing in her will. She discusses why planned giving plays an important role in her life.

**Why are you making a specific bequest to the School of Nursing?**

As you go through life, certain occurrences, people, and places have an impact on you. The University of Maryland School of Nursing has certainly had an impact on me. It has provided me with many opportunities and has assisted me in advancing my career. As I see it, this is my professional home. I enjoy working here. I see this as a place from which I would like to retire. So in my estate planning, I have taken all of this into consideration.

**When did you make this decision?**

Last summer, while my husband and I were planning a church mission to Prague in the Czech Republic, we recognized that our will was outdated. We thought, ‘Okay, if something happens to us, do we really want our money disbursed as we stated in our will 10 years ago?’ The answer was ‘no.’ So we began to do some research. Where did we think we could best leave a legacy or leave an impact from our lives? The School of Nursing has been a significant part of my life. It has been part of my educational process, part of my professional process, and part of my occupational development. It is my turn to give back.

**Why do it so early in your life?**

I am a nurse by trade; however, I spent 11 years in the private sector. I did traditional nursing for three years and then went to work for Hill-Rom as a sales rep for their medical equipment, and then was promoted to a corporate account director. All along we’ve been saving and working with a financial planner because our goal is to retire early. Part of that planning includes estate planning. Not that we have millions, but the fact is we work so we can enjoy our lives. That discussion leads to the question of how our money can continue to work for us after we are gone.
Do you know how you want your gift used? It will be for the students. Students are a vital part of this School and of this academic community. Specifically, I am looking at the students who are in the Health Services Leadership and Management track because that’s where I received my master’s degree and that’s where I currently teach. If I could make a difference through a scholarship, and someone’s life would be a little easier, that would suffice for me.

Are there any other areas where you might make a gift? I think the Alumni Association is an incredibly important component of the School, for support and for mentoring. It’s a great resource, a component that needs to be nurtured.

So you would leave an amount to the Alumni Association? Yes. It is interesting; it is different. We produce more nurses than any nursing school in the nation. When you look at harnessing the power of those individuals and bringing them together, it could be amazing. That is the role of the Alumni Association. I see the importance of an Alumni Association to this School and this University.

Why do you think faculty members are reluctant to make a planned gift? It goes back to life planning. As a society, we don’t plan for death. But it is an important component of life. Some may view the University as just a place of employment. That’s fine, but I look at this School as part of my being. This is what I do in my professional life and I feel a responsibility to continue making a difference after I am gone.

I believe that a great deal of faculty – not just at the School of Nursing, but at all the schools on this campus – probably have the same questions that I did. What are you going to do about your will? Is the University of Maryland part of your life plan? Is this something you would consider? So, providing information is imperative for estate planning.

This seems very important to you. Why is that? Many people believe that giving back to society is something we can only do while we are alive. I believe death is a part of life and after we are gone we can continue to give back. For instance, I know that my gift to the University of Maryland School of Nursing will live on. With the financial strategy we are currently using, there will be a substantial fund. So after I am gone, I will still be able to contribute and make a difference in the world. It is a very comforting thought, and it is all part of planned giving.

Have you considered a gift to the School while you are still teaching? To be honest, my husband and I are talking about a scholarship. I would love to assist a working mother with children who is trying to make a go of it at the School of Nursing. If my gift could help make a difference, that would be wonderful!

The School of Nursing has been a significant part of my life. It has been part of my educational process, part of my professional process, and part of my occupational development. It is my turn to give back.”

—Lyn Stankiewicz Murphy

Do you know how you want your gift used?

continued from pg. 46
Dorothy C. Calafiore, DIN '51, DrPH, MS, BSN, became a practitioner, researcher, scholar, and author. Throughout her distinguished career she recognized significant options for nursing among the public health challenges she encountered. In 1967, three years after earning a Doctorate in Public Health, she wrote, “The nursing profession has an opportunity now . . . to exert a profound influence on the success of the national effort to eradicate measles. The combined efforts of all nurses can effect a change in the ‘everybody must have measles,’ philosophy and can make it possible to add measles to the list of communicable diseases that have been or are being eradicated from the United States.”

Indeed, her greatest achievement was helping develop a vaccine for measles, and she and her colleagues were among the “Who’s Who” in public health. Calafiore was one of the co-authors (with Dr. Donald A. Henderson, who later led the effort to eliminate smallpox worldwide) of a report, “A Collaborative Study of Measles in the United States,” printed in the American Journal of Public Health in 1963.

An acquaintance described Calafiore as “very sharp, sure of herself, the salt of the earth . . . operating in what, at that time, was primarily a man’s world.” She was also a smart investor. Just as she saw value in the combined efforts of nurses, she recognized the value of accumulating a tidy sum of stock over time. She also placed value on her education. Actions she took to plan her retirement were fueled by gratitude to the three universities that had launched her successful career in nursing and epidemiology – and by a sobering sense of responsibility for her family.

By 1996, Calafiore had lost three siblings, and she was suffering complications from a fall. She wondered what she might put in place to provide for her remaining sister in case she predeceased her. Dorothy had a “nest egg” tucked away from many years of savings, investments, and a modest lifestyle. With thoughtful consideration and guidance, she found a way to enjoy her retirement, provide for her sister, and make a significant philanthropic contribution, upon her death, to the educational institutions that had come to mean so much to her.

Calafiore told acquaintances that she always considered her years at the University of Maryland “very meaningful” and that she felt closest to her hometown nursing school. And so it is that she managed to do much more than leave a “legacy” to the nursing
Dorothy Calafiore had a “nest egg” tucked away from many years of savings, investments, and a modest lifestyle. Thinking ahead on how to dispose of her savings was important to her. She consulted her attorney for assistance in planning a strategy that would be best for her and her family, while at the same time providing her with income, so she could also offer assistance to family members and give to her philanthropic interests. Following is how she structured her philanthropy.

1. CREATE AN ANNUITY

During her lifetime: Dorothy was age 78 when she met with a University of Maryland Planned Giving officer to set up a charitable gift annuity. She chose to fund her annuity using shares of stock she had invested in during her working years. When she turned this asset over to the University, the stock was assessed for value, and approximately half was immediately credited as a tax deductible gift to the School of Nursing. The entire amount entered an investment pool from which Dorothy received quarterly payments, providing her with income until her death in May 2007 at age 88.

After her death: The amount of money remaining in the annuity is paid in a lump sum to the University of Maryland School of Nursing for use as predetermined by Dorothy. (See Memorandum of Understanding below.)

2. ESTABLISH A WILL

During her lifetime: Dorothy talked with her attorney about her will, and together they created a trust within her overall estate plan. She designated her sister to receive a specific portion of her estate if she predeceased her, and named the three universities she had attended as equal beneficiaries of the other half of her assets – the University of Maryland School of Nursing, the University of Minnesota, and the University of Michigan.

After her death: Because Dorothy’s sister had already died, her portion of the trust passed on to her daughter. The balance of the trust is divided equally among the three universities named by Dorothy in her will.

3. ESTABLISH A MEMORANDUM OF UNDERSTANDING

During her lifetime: When Dorothy created her annuity, she also discussed, with the School of Nursing’s development officer, how she would like her gift to be used by the School. She elected to set up a scholarship fund in her name, to be used toward the tuition of students of merit who also needed financial assistance. The terms of this scholarship were specified in a Memorandum of Understanding (MOU) with the University of Maryland Baltimore Foundation, Inc. (UMBF), which administers philanthropic funds for the University of Maryland School of Nursing. Dorothy, the Dean of the School of Nursing, and UMBF officers all signed three originals of the MOU so each had the fully signed document.

After her death: Upon receipt of funds from the annuity and the Trust, the scholarship described by the MOU will go into effect. The combined value of the two gifts more than satisfies the minimum $25,000 required to establish an endowment. In order to continue to build the size of that endowment, only a portion of the earned income will become available each year as the “spendable” amount to be given to one or more students. In this way, Dorothy’s annual scholarship will be awarded in perpetuity, and the legacy of the nursing career built by this Diploma in Nursing student will live on with the School forever.
Marjorie Bergemann is passionate about the School of Nursing’s Nurse Anesthesia program. She has established a scholarship to aid one student each year and has written into her will a $100,000 bequest to the School.

“My late husband, Till, for whom the scholarship is named, used to say, ‘Education is never wasted,’” Bergemann recalls. “The University of Maryland School of Nursing’s Nurse Anesthesia program is the only one in the state, and we should support it.”

Bergemann lives in Leesburg, Va., and turns 77 late this year. She comes from a family of health care practitioners, so it was natural she would enter the Fordham Hospital School of Nursing in the Bronx. She graduated in 1953.

“I loved being a nurse,” she relates. “I found the work very rewarding.”

Bergemann earned her nurse anesthesia diploma at the Prince George’s Hospital Center Nurse Anesthesia School at the age of 43 after raising three children. She worked there, at Georgetown University Hospital, and at the National Institutes of Health as a staff nurse anesthetist, until she retired in 1990.

Today, she advocates for nurse anesthetists and for the University of Maryland’s master’s specialty program, which graduated its first class in December 2006.

The demand for nurse anesthetists, who administer 65 percent of anesthesia in our nation’s urban areas and 90 percent in rural areas, far exceeds the supply. “We need CRNAs to come up from the nurse graduate ranks,” says Bergemann. “We must support the profession.”

She is doing her part with the Till Bergemann Memorial Scholarship, which gives $1,000 annually to a student in the master’s degree program. “It isn’t much,” she notes, “but it at least pays for some tuition.” She has decided to continue her initial five-year commitment indefinitely. Bergemann also says she “cranks out a check” to the School’s CRNA program “whenever I can.”

The scholarship award “makes me feel good,” she admits. “The only thing I feel bad about is that I can’t give more. But I have taken care of that with a provision in my Last Will and Testament.”

Additionally, Bergemann pays for her scholarship student to attend the annual convention and banquet of the American Association of Nurse Anesthetists (AANA).

One scholarship recipient, Mike Broussard, MS ’07, CRNA, says her financial aid “lightened the load” on him. “Any little bit helps when you have a wife and three small children. It takes away some of the financial burden.”

Broussard was deeply impressed with Bergemann’s determination to help new generations of CRNAs. “Ms. Bergemann said, ‘Make sure you always give back.’ That really stuck with me.”

He now wants to sponsor his own student at the AANA convention and create his own student scholarship when his finances permit.

Bergemann believes all nurse anesthetists should take that approach, particularly given the high salaries they command. “It’s important to help the profession,” she says. “Nurses have to work weekends to get through the CRNA program, and they can’t even do that during the second year. It is a very difficult program. They need our support.”
Include the School of Nursing in your will or estate plan and make one of the most significant tributes the School can receive. Ensure a tradition of scholarship, research, and programming for years to come. Through your will, you can create a lasting legacy for the things you consider most important. There are several means by which you can provide for future generations of nursing students. You can leave a bequest to the School in your will or trust for a specific amount, a percentage of your estate, or whatever may remain after all other bequests are satisfied. **When designating the School of Nursing in your plans, please use our official bequest language as it appears below:**

All gifts and bequests to benefit the School of Nursing should be made to the University of Maryland Baltimore Foundation, Inc. (UMBF), a 501(c)(3) organization that holds and administers funds on behalf of the schools on the University of Maryland campus.

Please contact us if you would like more information on how to make a bequest. If you have already taken this important step and included the School in your estate plans, let us know so we may thank you personally. We would also like to recognize you as a member of our Legacy Council, which is a select group of benefactors who have chosen to support the School in this special way.

**MYRNA J. PETERSEN**  
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School of Nursing  
410-706-4008  
petersen@son.umaryland.edu

**LIZ SMITH**  
Associate Director of Planned Giving  
University of Maryland  
Office of Planned Giving  
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Dean’s Distinguished Virginia Lee Franklin Lecture
Wednesday, Nov. 14, 2007
4 to 5:30 p.m.; reception to follow lecture
Foreign Aid: Do No Harm
Featuring Pulitzer-Prize winner Laurie Garrett, science journalist
For information, call 410-706-3767 or visit:
www.nursing.umaryland.edu/events

Black History Month Lecture
Monday, Feb. 25, 2008
4 to 5:30 p.m.; reception to follow lecture
Featuring Linda Burnes Bolton, DrPH, RN, FAAN, president of the American Academy of Nursing and vice president and chief nursing officer, Cedars-Sinai Medical Center, Los Angeles
For information, call 410-706-3767 or visit:
www.nursing.umaryland.edu/events

Komen Distinguished Lecture
Tuesday, March 4, 2008
4 to 5:30 p.m.; reception to follow lecture
Featuring Karen Dow Meneses, PhD, RN, FAAN, professor and associate dean for research, School of Nursing, the University of Alabama at Birmingham
For information, call 410-706-3767 or visit:
www.nursing.umaryland.edu/events

Institute for Maternal and Child Health Leadership: Building Family Strengths
Friday, March 14, 2008
8 a.m. to 3:30 p.m.
For information, call 410-706-3767 or visit:
www.nursing.umaryland.edu/events

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SCHOOL OF NURSING
655 West Lombard Street
Baltimore, MD 21201
www.nursing.umaryland.edu