MAPPING the Future of GLOBAL HEALTH

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

DEAN JANET D. ALLAN: REFLECTIONS ON A DECADE OF LEADERSHIP AT THE BIRTH OF SHOCK TRAUMA

COALESING TO IMPROVE HEALTH CARE

JANE M. KIRSCHLING, NATIONALLY RECOGNIZED ACADEMIC LEADER, NAMED NEW DEAN
Mission Accomplished
Team Malawi celebrates completion of Week 1 data collection at a tea estate in Thyolo.
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Photo by Mary Regan

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School of Nursing student Dorothy Njathi carries a baby during her group’s visit to the Dolo Health Center in Malawi for an educational session about family planning. Photo by Zach Schonfeld, UM School of Dentistry student
D E A N ’ S L E T T E R

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

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

In keeping with one of the strategic goals of the School’s 2007-2011 Strategic Plan, all global health activities were combined into an Office of Global Health (OGH) in 2009. The objective was to expand and institutionalize international global health activities within the School, the University, and the global community. To that end, the last five years have seen a tremendous growth in the School’s global health activities.

In 2007, the student organization, Nurses for Global Health, was formed, and it has been extremely effective in attracting students to participate in its many opportunities for international experiences.

In 2009, the OGH launched a 12-credit Global Health certificate. Through this program, students have traveled to Nigeria, Malawi, Guyana, and Haiti, working on projects that enormously impact the nurses and citizens of those countries. The OGH and members of the School’s faculty, in partnership with the University of Maryland’s Institute of Human Virology, have participated in a variety of President’s Emergency Plan for AIDS Relief (PEPFAR)-supported nurse workforce strengthening projects in Haiti, Nigeria, Zambia, and Rwanda. Among their activities, faculty members developed a certificate program in infectious disease to strengthen the knowledge and skills of Haitian clinical nurses and educators. Additionally, some of our nurse practitioner faculty members, working with nursing school deans in Nigeria, developed a Primary Health Care Specialist curriculum.

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

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

Jane M. Kirschling, PhD, RN, FAAN
Dean and Professor

Kirschling Named New Dean

NATIONALLY RECOGNIZED academic leader Jane M. Kirschling, PhD, RN, FAAN, was appointed by University of Maryland Baltimore President Jay A. Perman, MD, as the sixth dean of the University of Maryland School of Nursing, effective January 1, 2013.

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

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

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

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

She is an alumna of the Robert Wood Johnson Foundation Nurse Executive Fellows Program (2000-2003) and was inducted as a fellow in the American Academy of Nursing in 2009. At the University of Kentucky, Kirschling oversaw a robust clinical research enterprise. She initiated a program that sustained support for senior investigators while investing in the development of junior scientists, with time for research and significant startup support for pilot work. She also led the redesign of the college’s research infrastructure support to enhance investigators’ ability to focus on their science when writing grants.

Kirschling’s clinical expertise is in mental health nursing with a focus on end-of-life care. For more than a decade, her scholarship has focused on workforce development with a special emphasis on rural states. Earlier in her career her scholarship focused on family caregivers. To that end, she was named to Kentucky’s Act for attracting students to participate in its many opportunities for international experiences.

Jane M. Kirschling

Correction

In “Empowerment Through Posters,” which appeared on p. 14 of our Spring/Summer issue, Jana Goodwin, MS, RN, was incorrectly quoted. Her comment should have read: “In EBP, nurses are taught to understand what they are doing, what works, and what doesn’t work based on research findings rather than relying on the past apprenticeship model, where students followed their mentor without question.” We apologize for the error.
AS THE LANDSCAPE OF HEALTH CARE continues to change, the nursing profession must keep up with the times. Gone are the days when it was enough to simply have a certificate or associate’s degree in nursing. Providing proper care now requires more.

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

“There needs to be a transformation with what happens around education. We need a different type of professional. Our nurses have to be knowledgeable,” she told an audience of 200. “Professional nurses are users of knowledge, information, science, and evidence. If you are a professional, that’s the unique attribute that you bring.”

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

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

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

Vlahov stressed de-stigmatizing HIV/AIDS, normalizing testing, and safe practices as keys to preventing the spread of the virus. By minimizing the stigma of HIV/AIDS, it is hoped that more people will disclose their status and seek proper care, which would be a big help when combined with other options.

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

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

—Kevin Nash

Event Recaps

HIV/AIDS: Three Decades Later

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

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

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

—Patricia Adams

Leveraging Information Technology

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

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A New “App” for Environmental Health

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

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

“Additionally, I felt it was important to give the user actionable insights to positively affect their patients and themselves. Green RN can reach people globally to disseminate environmental health knowledge. There has been an explosion of mobile device applications that have the ability to facilitate change. I wanted to capitalize on that wave.”

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

Tips and resources can be accessed at any time once they have been published. In addition, Green RN features an integrated search function and index of previous tips that can be saved to a favorites folder for easy access to the most relevant tips. Currently available for iPhone devices, Green RN allows users to share its tips via email, Facebook, and Twitter. In the future, Green RN is expected to be compatible with other hand-held mobile devices such as the BlackBerry, Droid, iPad, and more.

Solaiman collaborated on the project with Assistant Professor Robyn Golden, PhD, RN, former Environmental Health Education Center Program Manager Katie Huffling, MS, RN, CNM, and retired Professor Barbara Satterl, DrPH, RN, FAAN. She answered a call to action from the Alliance of Nurses for Healthy Environments (ANHE), which supports innovative efforts to expand and deepen the involvement of nurses in environmental health issues. —K.N.

Wellmobile Joins “Convoy of Care” Program

THE GOVERNOR’S WELLMOBILE PROGRAM, managed by the School of Nursing, is part of a new partnership aimed at providing free medical and dental care to students in 175 public schools throughout Prince George’s County, Md. The new initiative, “Convoy of Care,” was launched at an event held in September at G. James Gholson Middle School in Landover, Md., where collaborators—including Prince George’s County Public Schools, Children’s Medical Center, Mary’s Center, the Deamonte Driver Dental Project, SMILE George’s County Public Schools, Children’s Medical Center, and 12 book chapters, mostly on diabetes, and and routinely lectures at national confer- ences such as the National Organization of Nurse Practitioner Faculties, where she serves on the board. Also among the 2012 inductees were School of Nursing alumnae Darlene Curley, MS, BSN ’76, RN; Maria De Jong, PhD, MS ’94, RN, CCS; Sharon Dudley-Brown, PhD ’95, FNP-BC; Alexandra Garcia, PhD, MS ’95, RN, APHN; Mary Beth Makic, PhD, MS ’93, RN, CCNS; Charlene Pope, PhD, MPH, BSN ’74, RN, CNN; and Christine L. Savage, PhD ’97, MS ’95, RN. The AAN consists of more than 1,800 nurse leaders in education, management, practice, policy, and research. —K.N.

Jeanne Geiger-Brown and Jane Kapustin

Two Faculty Members Inducted as Fellows in AAN

TWO SCHOOL OF NURSING FACULTY MEMBERS were inducted as Fellows in the American Academy of Nursing (AAN) at the AAN’s 39th Annual Meeting and Conference held in October in Washington, D.C. Jeanne Geiger-Brown, PhD ’01, RN, FAAN, associate professor and assistant dean for research, and Jane Kapustin, PhD, MS ’85, RN, CRNP, BC-ADM, FAANP, FAAN, professor and assistant dean for the master’s and DNP programs, were among 176 nurse leaders inducted into the 2012 Class of Fellows. Geiger-Brown and Kapustin join 16 other School of Nursing faculty members as AAN Fellows.

Geiger-Brown, who has been a member of the School’s faculty since 2001, is a nurse scientist whose research focuses on occupational epidemiology, cognitive science, and sleep medicine. Her studies include work schedules and sleep deficiency, occupational sleep disorders, and screening for sleep disorders in diabetes management. She mentors doctoral and master’s students at the University of Maryland Center for Diabetes in Baltimore, where she maintains a faculty practice. At the diabetes center, Kapustin manages complex patients with diabetes. She serves on numerous doctoral dissertation and/or capstone committees for students interested in diabetes, genetics, and health care policy. Kapustin has published more than 40 articles in education, management, practice, policy, and research. —K.N.

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Jeanne Geiger-Brown and Jane Kapustin
The Promise of Better Health

IN AN ELEMENTARY SCHOOL CLASSROOM in the heart of a Baltimore City housing project, a group of people engages in a passionate discussion on the issues affecting some of the area’s most vulnerable citizens. The focus group, which included University of Maryland faculty and students, talked about everyday life for residents of the McCullough Homes, a housing project in West Baltimore’s Upton/Druid Hill community, where many face chronic health issues such as asthma, and school attendance rates are dismal. According to the Baltimore City Health Department, nearly 50 percent of its residents live in poverty and 63 percent of deaths are avoidable with proper health education.

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

Promise Heights is a unique partnership between the University of Maryland and faith-based and non-profit organizations that seeks to improve the educational, physical, and developmental outcomes for children. The partnership is designed to level the playing field for socioeconomically disadvantaged youth by developing and implementing a long-term strategic plan that incorporates evidence-based elements of nationally recognized best practice models. Its goal is to create a holistic, community-centered education continuum that serves children and families living in the Upton/Druid Heights communities of West Baltimore.

“I know what life is like for some of these kids. We want something better for them, it’s not enough to want something better; we have to be a part of the work to get there,” says Patricia McLaine, DrPH, MPH, RN, an assistant professor at the School of Nursing and director for the School’s community/public health master’s specialty. With the goal of educating the community, the School’s students have gone door-to-door inquiring about residents who suffer from asthma and providing individual and group education focused on symptoms, triggers, proper medication, and treatment.

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

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

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

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

Six Doctoral Students Named Jonas Scholars

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

The program, which launched in 2008, aims to address the nurse faculty shortage by increasing the number of doctoral-prepared faculty available to teach in nursing schools nationwide. Darlene Curley, executive director of the Jonas Program, notes that in addition to bolstering the ranks of nursing faculty, Jonas Scholars will also expand the number of advanced practice nurses who can serve as primary care providers and health care leaders.

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

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

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Investing in the Scholarship of Teaching

THREE FACULTY members have been named the School of Nursing’s first Education Intensive Faculty (EIF) members: Assistant Professor Marian Grant, DNP, RN, CRNP, ACHPN; Allison Davis, PhD, APRN, BC; and Naomi “Bea” Hammelwright-Lammen, EdII RN. The EIF program, designed to support and develop faculty members who engage in the scholarship of teaching, is funded by an endowment that focuses on faculty development and recruitment.

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

“The program offers our faculty awardees an exceptional opportunity to focus on their teaching role by providing resources to develop an area of nursing education scholarship that will benefit their individual professional development, the School and its students, and the nursing profession,” says Louise S. Jenkins, PhD, RN, professor and co-director of the Institute for Educators in Nursing and Health Professions. The EIF program is administered by the Institute for Educators in Nursing and Health Professions in close collaboration with the School of Nursing department chairs. — P.A.

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Crystal DeVance-Wilson prepares students for a poverty simulation.

UNCEASING MONEY WORRIES. Frustrating red tape, transportation snafus, transportation, childcare, and red tape. finesting community agency workers and business owners—in order to satisfy basic needs for clothing, shelter, and food.

Crystal DeVance-Wilson, MSN, MBA, PHCNS, BC, who organized the simulation and is clinical director for community and public health nursing for the School of Nursing’s program at USG, says it’s crucial for students who are members of the helping professions to develop an understanding of the challenges many of their constituents face on a regular basis.

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

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

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

Matt Marengi, a student in his final semester of the BSN program, portrayed a 52-year-old disabled man caring for his grandchildren. “From an economic perspective, between my disability payments and my wife’s income, we didn’t quite make ends meet enough to cover all of our bills, so we obviously had to prioritize and stretch every penny as best we could,” Marengi says. “Even though it was just role play, I really felt my anxiety level rise as I was stuck at home, unable to contribute in many ways.”

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

Tina Adefolayan, a nursing clinical instructor who also participated in the simulation, played the role of a homeless mother with an infant. She bounced from agency to agency in search of assistance in gaining permanent housing. Each agency sent her somewhere else, with a different directive, until she finally ended up filling out a pile of forms at the Social Services office.

“Now I’m feeling the frustration,” she said, trying to tend to her “baby” (a doll), while answering pages of questions. At one point midway through the exercise, Marengi was looking harried. “I just sold a microwave for drugs,” he said, holding up two packets of sugar substitute. “I need cash, and apparently this is the only way I can get it. But it’s between that and my grandchildren starving, then that’s what I’m doing.”

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

Finding His Passion

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

“I have a business mind,” Burke says. “And I enjoyed the relationships I had with the people at the bank and in the community,” Burke says. “And I enjoyed the relationships I had with the people at the bank and in the community,” Burke says. “And I enjoyed the relationships I had with the people at the bank and in the community.”

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

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

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

At the same time, Burke was running marathons and volunteering for the Leukemia & Lymphoma Society’s Team in Training program. Through that experience, he started to encounter patients whose experiences stuck with him. But it was an old college friend whose own decision to go back to school for nursing cemented Burke’s decision to apply to the University of Maryland School of Nursing.

That friend, Burke says, was one of the first men he’d ever known to pursue a nursing career. “I’d never been exposed to the idea of nursing as a profession for men,” he says. “His decision helped me to overcome any barriers I saw in terms of gender.”

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

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

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

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

—Lauren Glenn

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—Lauren Glenn
Partnering to Produce More BSNs

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

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

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

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

The joint venture was awarded a two-year Nurse Support Program II grant through the Maryland Health Services Cost Review Commission and the Maryland Higher Education Commission to develop a Model Dual Enrollment (MDE) project. Additionally, the Maryland Action Coalition, an arm of the Robert Wood Johnson Future of Nursing Campaign for Action, has identified an improved education system that promotes seamless academic progression as a solution and top priority. While both institutions currently have their own nursing programs, the grant will allow them to share resources in developing the MDE project. The MDE project will be funded through Fiscal Year 2014, totaling more than $161,000. If successful, it could be duplicated by other colleges and universities in the state.

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

A Better Tool for Measuring Pain

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

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

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

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

The hypothesis is that by using these tools together, nurses and other providers will use more pain medications at higher doses, thereby helping alleviate pain severity. “That might sound counterintuitive, but when patients can’t report their pain, health care providers worry about overdosing, especially with opiates, so they may not use enough medication,” McGuire says. “If we have a tool to make them more comfortable about administering pain medications, they are more likely to use higher and more optimal doses.”

The MOPAT scores patients’ pain levels using behavioral signs of pain (like facial expressions, vocalizations such as moaning, and muscle tension) and physical signs of pain (such as increased heart rate, blood pressure, and respiratory rate). The research team is now set to begin working with UMMC nurses to use the MOPAT in areas like the surgical and medical intensive care units and the Shock Trauma Center. The first phase of the study will collect baseline information on the use of MOPAT while managing patients’ pain. The second phase will use MOPAT plus a pain algorithm and order sets to determine whether these tools produce better pain relief.

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

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

Deborah McGuire and Karen Kaiser discuss issues in using the MOPAT for patients who can’t self-report pain.
The work of the Institute of Medicine and others has clearly demonstrated that when health care professionals understand each other’s roles and are able to communicate and work together effectively, patients are more likely to receive safe, quality care.

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

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

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

To build a safer and cost-effective patient-centered and community/population-oriented health care system in the United States, we must educate all health professional students to deliberatively work together. Growing evidence supports the importance of better teamwork and team-based care delivery and the competencies needed to provide that kind of care. The Institute of Medicine (2001) reminds us that developing effective interprofessional teams and redesigned systems is essential for achieving care that is patient-centered, safe, cost-effective, and equitable. In essence, how care is delivered is as important as what care is delivered.

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

My participation in the President’s Clinic has renewed my belief that efficient, quality patient care is best provided when health care professionals work together. Patient needs often extend beyond medicine—there are dental, social, nutritional, and pharmacologic needs, as well as the navigation of patient rights and privileges. These challenges often interfere with a person’s health and function, and addressing potential obstacles can help with patient recovery. As a student learning an advanced practice role, it’s important to remember that resources are available and to accept the limitations of where my expertise ends and where the expertise of another professional begins. My experience in the clinic was invaluable in demonstrating how professional teamwork can effectively meet patient needs and the importance of keeping the patient at the center of care.

Christina Graham, BSN, RN
Current Master’s Student

FORECAST

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PHOTO: A student works on a computer in the School of Nursing's renovated lab space.

The Center for Biology and Behavior Across the Lifespan (CBBAL), co-directed by Associate Professor Eun-Shim Nahm, PhD, RN, FAAN, and Professor Barbara Resnick, PhD, RN, FAANP, FAAN, was developed to serve as an “important melting pot of research ideas with regard to the synergetic interaction of biology and behavior.” The centers draw on faculty from other schools on campus; the synergy that is created should lead to new extramural funding opportunities and to a greater sense of urgency to attract additional resources.

In 2012, began planning for the launch of two new research centers (ORCs) at the School of Nursing marks a first for the School. “The School of Nursing is highly supportive of these new initiatives,” says Susan G. Dorsey, PhD, RN, FAAN, associate professor and associate dean for research at the School of Nursing. “The centers draw on faculty from other schools on campus; the synergy that is created should lead to new extramural funding opportunities and to a greater sense of urgency to attract additional resources.”

THE LAUNCH OF TWO NEW ORGANIZED RESEARCH CENTERS

Two New Research Centers Create Synergy

Two New Research Centers Create Synergy

One of the most debilitating complications associated with cancer treatment is acute and chronic pain. The pain is often accompanied by a wide variety of co-morbidities that may complicate treatment decisions—such as anxiety, depression, or altered cognition. The goal: to determine whether co-morbidities contribute to pain etiology and whether they can provide a unique pathway for pain treatment.

At the Core of Pain Research

At the Core of Pain Research

Dorsey, who was instrumental in securing renovation of 1,900 net feet of lab space at the School of Nursing that now allows for a single, centralized core testing services. Previously, access to instrumentation and services has been spread out across the UMB campus, notes Dorsey, “which decreases the rate that our scientists—from across nursing, medicine, and dentistry—can conduct their research to make important discoveries that can be used to design interventions to optimize health.”

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

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

— Sue De Panafle

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

Why does the Institute of Medicine believe that team-based care delivery is important?

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

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

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

Elizabeth Scanlan Trump is widely recognized as the “force behind the vision.” She was a superb administrator and successfully secured grants from a variety of sources, including the National Institutes of Health and the military, which gave the initial grant to establish the STU in 1960. Trump’s leadership in developing and recruiting talented nurses led to a highly skilled nursing team that partnered with physicians to achieve success with an increasing number of trauma patients.

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

As key players on the Shock Trauma team, nurses provided an average of 19 to 24 hours of care per patient in the early years of the STU. They stayed with their patients continuously an average of 19 to 24 hours of care per patient in the early years of the STU. The nurses were trained in the operation and maintenance of the special STU equipment, much of it designed or improved for the STU, such as electronic monitoring systems, EKG machines, and respiratory assistors.

It was widely believed that a trauma patient’s chances of survival were greatest if he or she received definitive care within the first hour, known as the “golden hour.” Toward that end, Cowley and Trump set up one of the first civilian helicopter medevac systems in the nation in 1970. They also founded the Maryland Emergency Medical System in 1973, which streamlined and improved ambulance services and improved training for emergency medical technicians.

Through state legislation, the CST was ultimately expanded several times to become the Maryland Institute for Emergency Medical Services Systems (MIEMSS) in 1976. Trump believed that education was the key to success and created the nursing component of MIEMSS the same year. This initiative led to the statewide networking of teaching trauma care to both nurses and Emergency Medical Services providers.

A new, state-of-the-art Shock Trauma Center (STC) was completed in 1989. The R. Adams Cowley Shock Trauma Center included eight stories of facilities, including a helipad on the roof. It didn’t take long, however, for patient needs to exceed the available space. By 2010, the STC was serving 8,000 patients annually in a building designed for 2,500 patients. Ground was broken that year on a new nine-floor building that would significantly expand the STC and increase its capacity to care for patients who need the highest level of trauma, emergency, and surgical critical care.

Beyond their impact on Maryland, Cowley and Trump’s drive and pioneering work on shock and trauma helped lead to the rise of trauma care as a medical specialty throughout the nation. Today, more than 678,000 trauma patients are treated each year at 600 dedicated trauma centers across the United States.
Innovation, leadership, partnership, and collaboration defined the 2002-2012 tenure of Dean Janet D. Allan. As she prepares to step down as dean, leaders in nursing, health care, higher education, and government reflect on Dean Allan’s legacy and accomplishments:

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

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

All this, and more, in a decade—A retirement well earned, we say. Our thanks!" — Carmela Coyle, President & CEO, Maryland Hospital Association

"The transformation of the School of Nursing under Dean Allan’s leadership has been truly remarkable. In my position as president of Sinai Hospital, I have worked together to create some unique partnerships including the sharing of faculty, offering online classes, and developing a Nursing Scholar program. In my role as head of the Governor’s Workforce Investment Board Health Care Committee, as well as Chairman of the Maryland Hospital Association Legislative and Regulatory Policy Committee, we’ve worked together on many fronts to address the nursing and ancillary health care worker shortages across the state of Maryland.

Additionally, I was honored to work with Dr. Allan on the Maryland Action Coalition Standing Committee, as well as Chairman of the Maryland Hospital Association Legislative and Regulatory Policy Committee. We’ve worked together on many fronts to address the nursing and ancillary health care worker shortages across the state of Maryland. Additionally, I was honored to work with Dr. Allan on the Maryland Action Coalition Executive Committee to review and implement the Institute of Medicine’s recommendations. We will miss the enterprise, energy, and spirit that were hallmarks of her leadership.

Neil M. Melitsi, President, Sinai Hospital"

"The University of Maryland School of Nursing is losing a great leader with the retirement of Dean Janet Allan. She has demonstrated her commitment to educating the next generation of nurses by assembling a top-notch faculty, providing the best hands-on training, and working to expand resources and provide the tools students need to succeed. Under Dean Allan’s leadership, UMSON has continued to be the largest school of nursing in Maryland, preparing our state’s future nurse workforce to care for the sick and help save lives on the front lines of emergency care. Dean Allan has gone above and beyond during her tenure. Her leadership in nursing and research will be missed."

Barbara A. Mikulski
United States Senator

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

Jay A. Perman, MD
President, University of Maryland, Baltimore County"

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

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

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

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

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

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

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

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

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

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A Decade of Leadership

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

2002
- First nursing school in Maryland to offer entire RN-BSN program online

2003
- Established first Research Center of Excellence—the Center for Occupational and Environmental Health & Justice

2004
- Established state’s first Clinical Nurse Leader master’s program
- Launched first Strategic Plan during Dean Allan’s tenure
- Initiated Staff Council to help foster a positive work environment, which contributed to overall success for everyone

2005
- Opened simulated operating room, bringing total simulation labs to 24

2006
- UMSON named Center of Excellence in Simulation Education by Laerdal Medical
- Dean Allan led establishment of 10-year, $100 million Institute of Global Health Care Delivery

2007
- UMSON received highest-ever ranking (7th) by U.S. News & World Report
- Nurse Anesthesia master’s specialty received 10-year re-accreditation
- Established two-year partnership with U.S. Army Nurse Corps to address nurse faculty shortage

2008
- First nursing school to receive a grant from the Maryland Affiliate of Susan G. Komen for the Cure® to advance knowledge about breast cancer treatment and care
- UMSON received highest-ever ranking (5th) by U.S. News & World Report

2009
- Established Institute for Educators in Nursing and Health Professions to address nurse faculty shortage
- Launched state’s first Nurse Anesthesia master’s specialty for non-military nurses

2010
- Expanding BSN program

2011
- Among first nursing schools in nation to receive Robert Wood Johnson Foundation’s New Careers in Nursing Scholarship Funds
- Six doctoral students named Jonas Scholars by Jonas Center for Nursing Excellence

2012
- UMSON ranked 35th in funding from the National Institutes of Health (up from 53rd in 2003)
- Graduated record number of students — 467
- Student Success Center established with grant from Who Will Care?
- Six doctoral students named Jonas Scholars by Jonas Center for Nursing Excellence

“YOU NEVER REALLY LEAVE A PLACE OR A PERSON YOU LOVE, PART OF THEM YOU TAKE WITH YOU AND PART OF YOURSELF YOU LEAVE BEHIND.” – ANONYMOUS
A CELEBRATION of LEADERSHIP and ACHIEVEMENT

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

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

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

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

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

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

—K.N.
MAPPING THE FUTURE OF Global Health

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

By Mariene England

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

Global Health Summit

On September 25, Jeffrey Johnson, PhD, director of the School of Nursing’s Office of Global Health, represented the School at the closing session of the 2012 Clinton Global Initiative’s annual meeting in New York City. The School of Nursing was recognized for its participation in the Human Resources for Health (HRH) Program, the pioneering initiative led by Rwanda’s Ministry of Health with support from the Clinton Health Access Initiative. It was a thrilling experience for Johnson to meet President Clinton and some of the most prominent figures in global health. “We were all waiting in the ‘green room’ for two hours, meeting each other and talking. It was a real opportunity for me to meet some people who have influenced my thinking,” he says. “Just being invited to participate in this national effort is very wonderful for us as a school.”

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

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

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

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

“What we’re trying to do in the OGH is help these countries take care of their own needs by expanding the capacity of their nursing workforce to enable them to better address the disease burdens they face. And we can do that by doing what we’re good at—educating nurses.”

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

A Paradigm Shift in Rwanda

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

At Kigali Health Institute in Rwanda, Kathryn Schaivone teaches nursing students how to use a stethoscope.
Scholars from sub-Saharan Africa participate in the program. They help build faculty capacity from the U.S. The International Scholars Health Certificate students visit health officials and nurses to the country dates to 1998. This summer, she presented her research, “Nursing and Neonatal Mortality in Nigeria,” at the University of Nigeria at Enugu. Nigeria has one of the highest infant mortality rates in the world, Ogbolu reports, with an estimated 240,000 infants each year dying in their first month of life. Combating this crisis requires more nurses with access to more advanced training. During her visit, Ogbolu worked with faculty at Obafemi Awolowo University in Ile Ife to plan for the coming year and also advised several university doctoral students on their dissertation projects. “We’re in the third year of our partnership with Nigeria—and it doesn’t just happen, Ogbolu explains, “it’s all about relationship building. When you have that relationship, it builds a more sustainable partnership.” —In addition to having Global Health Certificate students visit Nigeria in the future, Ogbolu looks forward to welcoming Nigerian health officials and nurses to the U.S. The International Scholars Program at the School of Nursing helps build faculty capacity from other countries, and several Nigerian nurses have already submitted applications to participate in the program. They will be the first International Scholars from sub-Saharan Africa.

Human Resources for Health (HRH) Program. HRH Rwanda is an unprecedented effort spearheaded by the Rwanda Ministry of Health with support from the Clinton Health Access Initiative. The goal of the pioneering program is to strengthen the capacity of Rwanda’s health workforce and improve the quality and quantity of care. The program is exceptional in many ways. First of all, notes Schaivone, the School of Nursing’s in-country coordinator, the program aims to address the country’s health system as a whole, rather than tackling individual diseases, or one geographical area—the common approach for development projects.

Secondly, the scale and duration of the infusion of U.S. mentors is unparalleled. Usually, one or two faculty members from a single U.S. institution travel for a few weeks to offer consultation services during a one- to five-year grant cycle. However, traveling around the same time as Schaivone were six School of Nursing faculty members, including three alumni, plus 93 other nurses and physicians. More than 100 U.S. faculty members from 13 of the top-ranked schools in the U.S. will spend a minimum of 11 months over the next seven years to train 500 health care providers. Schaivone, who had never previously worked outside of the U.S., says that the Rwandans have wholeheartedly embraced this approach. “The people are so grateful we’re here and doing more than the typical international ‘go in, provide care, get out’ approach,” she explains. “Everyone knows we’re in it for the long haul.” The third, and the most unique, aspect of the program is that faculty charged overheads of more than 35 percent so half of the money is spent in the U.S. before it ever gets to its destination. With this program, $0.93 of every dollar will be spent in Rwanda. This has never been done in my lifetime.” Schaivone understands why significant, sustainable change to Rwanda’s health workforce will take time—although the country on its own has made impressive strides after the 1994 genocide that killed an estimated 800,000. “In addition to the loss of life (including nurses and doctors), the health care system itself was destroyed as were institutions such as schools of nursing,” she says. While access to hospitals and primary care has dramatically improved, the burdens of conditions associated with infectious diseases and poverty (AIDS, TB, malnutrition, a high infant mortality rate) are accompanied by an increase in chronic diseases. In rural areas, nurses are often called upon to perform jobs they have not been trained to do. They are running entire health centers on their own, functioning as doctors without the necessary resources. Midwives also must manage difficult and complicated births without a physician present. Fetal monitoring is virtually non-existent outside of the hospital.

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

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

Schaivone understands why the Rwandans have wholeheartedly embraced this approach. “The people are so grateful we’re here and doing more than the typical international ‘go in, provide care, get out’ approach.” —Kathryn Schaivone

Nigeria: Toward Improving Neonatal Care

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—Kathryn Schaivone

Kenya: Matters of Life and Death

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

Kenya is one of the world’s most densely populated countries, with over 300 people per square mile. The country has a high infant mortality rate and one of the highest total fertility rates in the world. According to the United Nations, the average woman in Kenya will give birth to about 5 children during her lifetime.

The government has set a goal to reduce maternal and child mortality by 50% by 2015. However, despite these efforts, the country still faces significant challenges. The most pressing issue is the lack of access to quality health care, particularly in rural areas.

Women who give birth in hospitals are more likely to receive necessary medical care, including newborn care, which can help prevent complications. However, only a small percentage of Kenyan women give birth in hospitals due to a lack of facilities and skilled providers.

In order to address this issue, the government has implemented policies to improve access to health care, such as the construction of new hospitals and clinics, and training of more health care workers. These efforts are paying off, as the number of women giving birth in hospitals has increased in recent years.

However, there are still many challenges to overcome. The cost of care is a major barrier for many families, and the quality of care is often inadequate. Additionally, there is a lack of skilled providers, particularly in rural areas.

To address these challenges, the government has partnered with organizations such as the Clinton Health Access Initiative and the International Rescue Committee to improve access to care.

By working together, these organizations have made significant progress in improving access to care in Kenya. The number of women giving birth in hospitals has increased, and the quality of care has improved.

While there is still work to be done, these efforts demonstrate the potential for improving health care in Kenya and other countries facing similar challenges.
Malawi: Resourceful Solutions

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

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

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

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

The survey also revealed the resourcefulness of the nurses she met in Malawi. With no umbilical cord clamps, nurses would instead use a string or cord. The nurses also worked with limited supplies and equipment, such as alcohol pads, gloves, thermometers, blood pressure cuffs, gauze, and other essential medical items. With no intravenous pumps, the nurses used drop rate to run IV fluids. “These nurses are experts. I could not do what they are doing,” Kuffour-Manu says.

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

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

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

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

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School of Nursing faculty member Caroline Orweno and her Rwandan nursing partner in Muyu, Rwanda.

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“[Our] Rwandan counterparts are the true heroes, given what they are called upon to do every day in these conditions...” – Mark Moe
Saudi Arabia: “Knowledge Workers” in Demand

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

Jeffrey Johnson, PhD, director of the School’s Office of Global Health, Professor Mary Etta Mills, ScD, RN, FAAN, and Associate Professor Kathryn Montgomery, PhD, RN, NEA-BC, met with representatives from the Saudi Ministry of Health, as well as with senior administrators, physicians, and nurses from both public and private hospitals. With these and other officials, they discussed current challenges in Saudi nursing education and practice, including the shortage of nurses who are Saudi compared with expatriates. The country plans to send a delegation to the School of Nursing to further explore collaborative projects.

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

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

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

Liberia: Understanding the Needs

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

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

“Our visit was a very positive experience, and it opened our eyes to the needs on the ground,” Ogbolu says. Ogbolu and Lawot-Pfau toured two hospitals and five primary health care centers in rural areas. They spoke with nurses and physicians in charge of Tubmanville Health Clinic.

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

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

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

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

Neil Meltzer, president, Sinai Hospital of Baltimore

How did the Coalition get started?

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

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

How did you get involved in the Coalition?

I am chair of the Maryland Hospital Association’s (MHA) Legislative Policy Committee, and I got involved in and now chair the GWIB’s Health Care Committee, working with the MHA on their nursing initiative. I’ve also been appointed by President Obama to one of 15 spots on his National Health Care Workforce Commission. Sinai Hospital and Dean Allan have had a close working relationship. We share some faculty members, so this was a natural partnership.

What has the Coalition done so far?

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

We have five main goals to strengthen nursing education and training to enable nurses to practice to the full extent of their training to advance interprofessionalism to ensure coordinated, improved patient care to expand health care leadership ranks to move nurses to the top level of health care, and to improve health care workforce data collection.

Right now, there are lots of databases but none really work together.

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

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

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

How did you get involved in the Coalition?

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

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

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

From that same grant, we issued a report, Preparing Maryland’s Workforce for Health Reforms: Health Care 2020, containing a series of actions and goals. The first was comprehensive workforce planning and analysis and developing/implementing a statewide program for data collection to inform policymaking in the state of Maryland—that is the big goal. We need to know what exists now in terms of nursing and health care data before we make any policy decisions about where to put our resources.

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

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

How important is it to know this data?

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

Where will the data center be housed?

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

It pleases me that we have so many groups, Dr. Allan, and Neil Meltzer realizing we all have a common goal: ensuring Maryland has the best health care workforce—but more importantly that Marylanders have access to the best primary care workforce. I think we’re in a good place.
Deborah Johnson Powell, BSN ’72, who graduated from the Walter Reed Army Institute of Nursing programs in 1972, is currently working as an RN at the Portland Medical Center in Pocatello, Idaho.

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

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

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

Loraetia (Lori) Marshall, BSN ’82, worked at the Cleveland Clinic’s Critical Care Transport Team. She is also a member of the Critical Care Transport Coalition and serves on the Board of Directors for the Critical Care Transport Coalition.

Lynelle B. Pierce, MS ’86, is a clinical nurse specialist at University of Kansas Hospital (UKH) and clinical assistant professor at the University of Kansas School of Nursing (UKSON). She received two awards this past year: the Jayhawk RN Lecturer Award from UKSON and the Excel Nurse Leader Award from UKH.
appointed associate chief nursing officer at the University of Iowa Hospitals and Clinics in Iowa City, Iowa.

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

2000s
JoAnne S. Reifsnnyder, PhD ’90, ACHPN, was appointed chief nursing officer at Genesys HealthCare, one of the nation’s largest providers of skilled nursing and assisted living care. She completed a postdoctoral fellowship in psychosocial oncology at University of Pennsylvania School of Nursing and holds a PhD in nursing from the University of Maryland School of Nursing, a master’s degree in nursing from Thomas Jefferson University, and a BSN from Holy Family College.

Stacey Lynn Kraus, MSN ’11, BSN ’01, is an education specialist with Shore Health System in Cambridge, Md. She was instrumental in Suburban’s successful application process, raising awareness of the benefits.

2010s
Gregory Raymond, MS ’08, BSN ’05, is Director of Nursing and Patient Care Services for East, West, and Professional Development, Neuroscience, and Behavioral Health Services at the University of Maryland Medical Center. He was elected to a two-year term (beginning July 1, 2012) as a Member-at-Large for the University of Maryland School of Nursing Alumni Council.

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

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

Lisa Stewart Covel, MS ’08, BSN ’02, is a family nurse practitioner. She was recently promoted to Medical Director of the Brentwood Square Health Care Center, a Unity Health Care Service Center in Washington, D.C. Unity Health Care provides people with quality health care regardless of their ability to pay.

Gregory Raymond, MS ’08, BSN ’05, is Director of Nursing and Patient Care Services for East, West, and Professional Development, Neuroscience, and Behavioral Health Services at the University of Maryland Medical Center. He was elected to a two-year term (beginning July 1, 2012) as a Member-at-Large for the University of Maryland School of Nursing Alumni Council.

In May 2012, she was elected president of Black Nurses Association of Baltimore.

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

Jillian K. Hamel, MSN ’08, is employed as a nurse practitioner at University of California Irvine Medical Center in South Orange, Calif.

Teresa J. Ruddy, MSN ’11, received a Certified Registered Nurse Practitioner at Johns Hopkins Hospital.

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

Sherry Mae Kilillus, MS ’11, is an acute care nurse and her husband, Kristopher Killius, MS ’12, is a flight commander at Travis Air Force Base in California.

IN MEMORIAM
Pauline R. Andrus, BSN ’53
Nancy L. Appier, BSN ’74
Mildred M. Bailey, DIN ’47
Leah K. Bonovich, BSN ’79
Anne R. Connery, DIN ’48
Claire D. Crawford, DIN ’48
Linda M. Dudly, MSN ’52
Merrylay Fausti, BSN ’73
Mary E. Godfrey, DIN ’46
Elaine Gosey, DIN ’47
Mary J. Hase, DIN ’44
Norma J. Joy, MSN ’73
Felicia R. Kendall, BSN ’78
Helen Jane Landon, BSN ’67
Sarah M. Long, BSN ’73
Shirley C. Mason, BSN ’77
Lorri L. McBride, MSN ’00
Ruth J. Metta, DIN ’46
Margaret K. Oshida, BSN ’71
Jacqueline S. Pavy, BSN ’00
Pamela M. Reid, BSN ’91
Maria Sagardia, DIN ’43
Daphny M. Somaram, BSN ’00
Nancy L. Torquet, MSN ’67
Elizabeth Scarno Trump, MS ’60

This list includes notices received by the University of Maryland School of Nursing from May 1, 2022, through November 1, 2022.

Amman nie Norris, BSN ’12, is a staff nurse in the U.S. Army.

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

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

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

Maureen E. Archibald, MS ’12, is a clinical education specialist at the University of Maryland Medical Center.
SAVE THE DATES - REUNION 2013 EVENTS

TRADITIONAL ALUMNI REUNION
Saturday, April 27, 2013
Reunion festivities will honor undergraduate classes ending in “5” or “8” (1948-1998). Come to Baltimore and enjoy all the great events! Meet up with old friends and see what’s new on campus.

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

RECENT ALUMNI REUNION
Friday, June 7, 2013
Undergraduate alumni from the last decade (2003-2013) are invited to this new event at UMSON to include tours, a Continuing Nursing Education lecture, and a reception with lots of time for mingling and reconnecting.

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

The Bridge to Better Health Care

LIZ KRUG, MS ’90, always knew she wanted to be a nurse, so she just took a different path than most to accomplish that goal.

Krug, 30, earned her BA in political science and international relations from St. Joseph University in Philadelphia and worked in Xi’an, China as an English instructor, as well as for Franklin Square Hospital in nurse recruitment and retention before deciding to make a career switch.

“My mom is a nurse and I watched how she cared for people and knew that this was something I wanted to do,” Krug says.

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

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

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

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

A Strategy for Nursing Survival

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

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

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

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

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

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

—Rachel Wallach
Great Beginnings

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

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

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

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

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

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

Keeping Pace in an Evolving Field

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

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

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

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

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

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

By the time you receive this issue of NURSING magazine, the end of another calendar year will have come to a close. For most of us, December also marks the end of the tax year for charitable donations. In this, our annual Honor Roll of Donors, we are delighted to recognize those alumni, parents, corporations, foundations, and friends of the University of Maryland School of Nursing (UMSON) who made gifts, pledges, or pledge payments between July 1, 2012, and June 30, 2013. Special thanks to members of the Louisa Parsons Legacy Society and Cornerstone Giving Club (recognizing those who have given back to the School for 40 or more years).

The year 2013 marks a new chapter in the life of this institution. After benefiting from a decade of visionary leadership from Dean Janet Allan, the School community anticipates the arrival of our new dean, Dr. Jenice Kershling, who will be in the sixth of the School.

We know that change is inevitable, and we welcome the opportunity to honor our current donors, and among those constants are the dedication of our faculty, staff, the inspirational determination of our students, and the change, and among those constants are the dedication of our faculty and staff, the inspirational determination of our students, and the support of those who have given back to the School for 40 or more years.

We look forward to seeing you in 2013 at one of the School's local or regional alumni events to “Meet the New Dean!”

Thank you for giving back at whatever dollar level we are deeply grateful for your generosity!

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

Honors of Donorship

July 1, 2013 – June 30, 2012

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$1,000 to $2,499

Carla M. Cunningham, PhD ’00

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Bold – Louisa Parsons Legacy Society Member

Bachelor of Science in Nursing

University of Maryland School of Nursing

43

Fall/Winter 2013

University of Maryland School of Nursing
Catherine Ingle, BSN, spent 47 years working as a nurse—in everything from the psychiatric unit to the cardiac cath lab to the classroom—in Baltimore and Alaska, before retiring in 2000.

Now 73, Ingle wants to give back to the University of Maryland School of Nursing. The Baltimore native, a graduate of Western High School who was raised by her grandparents after her parents died, had worried that college would be too expensive. However, the School offered her a full scholarship, including books, which made possible the education she so strongly desired. Ingle, who now divides her time between Alaska and Minnesota, recently pledged $10,000 to include the School in her will. "The instructors and everyone at the University of Maryland made everyone there so proud to be associated with the School," Ingle says. "I just want other students to receive the same benefit I did because an education means everything today." She, along with ELIZABETH O’CONNELL, MS, and ANN BENNETT, was recently invited to become co-chairs of the School’s Legacy Society.

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

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

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

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

Legacy Society Co-Chairs Announced

Ann Bennett

Catherine Ingle

Laurette L. Hanks

Thomas F. Hoshfetter, JLL, Director of Planned Giving at University of Maryland, Baltimore 410-706-7548 thoshfetter@umaryland.edu

Catherine Ingle, BSN, spent 47 years working as a nurse—in everything from the psychiatric unit to the cardiac cath lab to the classroom—in Baltimore and Alaska, before retiring in 2000.

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

Laurette L. Hanks

Associate Dean for Development and Alumni Relations

University of Maryland School of Nursing

410-706-7548

hanksl@umaryland.edu

For membership in our Louisa Parsons Legacy Society...

 EVERY GIFT MAKES A DIFFERENCE... 

Every gift is important... whether it is shared to complete a class project, initiated a research project, or funded a patient’s care. Every gift makes a difference. Whether you wish to support scholarships, research, facility costs, or other areas of need, there are several methods by which you can benefit the School of Nursing and future generations of nursing students and patients. A planned gift can be designed to achieve your financial and philanthropic goals and also makes you eligible for membership in our Louisa Parsons Legacy Society.

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

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