

UNIVERSITY OF MARYLAND

Nursing

The Magazine of the University of Maryland School of Nursing Spring/Summer 2012 Volume VI, Issue I



FROM CELLS TO SOCIETY: SOLVING THE PUZZLE OF BETTER HEALTH

Through groundbreaking science—conducted in the lab, at the bedside, and in the community—the School’s nurse researchers are pushing the boundaries of knowledge.



MEETING THE NEED FOR MORE NURSES | PIONEERS IN NURSING SCIENCE | ACUTELY EQUIPPED

Political Clout

School of Nursing students traveled to Annapolis in February to meet with legislators during the School's annual Advocacy Day. Here, students Rebecca Babb, David Crews, Joel Forsythe, and Merab Okeyeo wait for the School to be recognized on the floor of the Senate. More than 30 students participated in the event. *(See p. 4.)*





Features

20 Pioneers in Nursing Science
 Today's flourishing research program at the School got its start some 50 years ago. Throughout the ensuing decades, faculty investigators made important gains in advancing the theoretical and empirical basis for nursing practice.

22 From Cells to Society
 Through groundbreaking science—conducted in the lab, at the bedside, and in the community—the School's nurse researchers are pushing the boundaries of knowledge.

32 Acutely Equipped
 Now completing his second year teaching Trauma, Critical Care, and Emergency Nursing at the School, alumnus Bimbola Akintade is passionate about bringing his clinical expertise as an acute care nurse practitioner to the classroom.

Departments

2 Letter from the Dean

3 News
 A boost for the Wellmobile program, Convocation 2012, priming the pipeline, better care for veterans, meeting the need for more nurses, empowerment through posters, and more.

11 Forecast
 What are some surprising ways that nurses will impact the future of health care?

16 Discovery
 Reducing the overuse of Cesarean sections, obese nurses more stressed, collaborating to improve the lives of those with HIV, and more.

34 Alumni Pulse
 News of our alumni

42 Philanthropy
 Stories of giving

DEAN'S LETTER

THIS ISSUE OF *NURSING* is focused on ways in which nursing scholarship and science make a difference—from cell to society. The practice of nursing, which emphasizes evidence-based research, the cornerstone of nursing science—has been expanding and developing from Florence Nightingale's era until today. The sheer scale and complexity of today's research demands that all scientists move beyond the boundaries of their particular disciplines and look at new models of team health care. Nurse investigators are uniquely positioned to lead this effort—to overcome silos in search of new approaches to delivering excellent health care and improving the quality of life.

The University of Maryland School of Nursing is an integral unit of a research-intensive university that is home to some of the most influential leaders and innovative thinkers across the nation and around the world. Our impact is underscored by numerous top 10 rankings from *U.S. News & World Report*. Our remarkable progress is highlighted by our recent advancement in research funding received by the National Institutes of Health (NIH)—a move from 33rd place in 2007 to 19th in 2011. There are very few schools of nursing in the nation that have a robust bench science group like ours. Having researchers involved across the “cell to society” spectrum enables bench- and population-focused investigators to collaboratively explore the genetic basis and interventions for the prevention and management of disease. Research at the School of Nursing is closely aligned with the goals set forth by the mission of the National Institute of Nursing Research's Strategic Plan, *Bringing Science to Life*.

As it has been so aptly stated: “There's a reason it's the ‘National Institutes of Health’ and not the ‘National Institutes of Science.’ We expect the NIH to be actively involved in translational research. Yes, you get the basic science done, but we want to know, how does that help us lead healthier lives?”



In this issue of *NURSING*, you can read about our various groundbreaking research activities in Muscular Dystrophy, neuropathic numbness and residual effects of cancer and AIDS treatments, addiction, nerve damage and pain resulting from chemotherapy, the benefits of physical exercise for hip fractures, the impact of pets on heart health, hard-to-reach populations, nurse-midwifery care, and needle stick/blood exposure studies.

Our health care system inexorably demands improved alliances to more effectively manage patient needs. As evidenced daily by our true collaborative spirit, our School remains committed to educating and inspiring the investigators of the future. We offer our students multiple opportunities to gain the inter-professional experience they need to become part of the health care workforce in all capacities. We will continue to identify proactive, innovative solutions, through interdisciplinary approaches, to forge new paths that allow us to advance cutting-edge science, disseminate our findings by translating science into practice, and improve our health care system. Clearly, our faculty, students, and alumni will rise to the challenges and meet the demands of the future.

A handwritten signature in black ink that reads "Janet D. Allan". The signature is fluid and cursive.

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

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School Receives Grant to Support Wellmobile Program

DURING A CEREMONY held at the School of Nursing in January, representatives from CareFirst BlueCross BlueShield presented a check for \$955,276 to the School to fund a three-year grant in support of the Governor's Wellmobile Program.

"We are here to celebrate the launch of a very special collaboration, which is going to have an important impact on the health care of some of the most vulnerable children, adults, and families across three rural upper Eastern Shore counties," said Kathryn Lothschuetz Montgomery, PhD, RN, NEA-BC, associate dean for strategic partnerships and initiatives.

The grant will fund primary care and enhanced care management for underserved and uninsured populations in Kent, Queen Anne's, and Talbot counties. Through partnerships and collaborations with health care systems, this model aims to reduce unnecessary rehospitalizations and emergency department utilization by filling the gap in the existing health care system infrastructure.

"In addition to delivering primary care services and providing a holistic

approach to serving patients, you take your show on the road," said Maria Tildon, JD, CareFirst senior vice president for public policy and community affairs.

Administered by the School of Nursing, the Wellmobile Program consists of nurse-managed traveling health clinics created by statute in 1994. The dual mission of the program is to provide health services for underserved communities and uninsured individuals and to serve as a training site for School of Nursing students. The public-private partnership had expanded to four vehicles but then shrank in 2009 due to economic pressure brought on by the recession. Budget cuts had reduced the program to one geographic region and smaller-scale, community-focused initiatives.

Maryland Delegate Joseline Pena-Melnyk, JD, a member of the Wellmobile Board of Directors, also praised the CareFirst grant. "We need



School of Nursing, University of Maryland, and CareFirst officials, along with other colleagues, partners, and friends, gathered to celebrate the new Wellmobile grant.

public-private partnerships. We cannot do it alone," she said.

Susan Antol, MS, RN, an assistant professor at the School of Nursing and director of the Wellmobile Program said, "We hope to develop a model that adds value to the community and supports hospitals, primary care practices, and the local Federally Qualified Health Center in building a seamless network of health care, especially in this time of health care reform."

—Patricia Fanning and Patricia Adams

School of Nursing Advances in NIH Research Rankings



THE SCHOOL OF NURSING has achieved its highest-ever ranking in research funding from the National Institutes of Health (NIH), advancing to 19th place among nursing schools receiving research funding from NIH. The School has steadily improved in this prestigious ranking in recent years.

The rankings are based on the amount of research dollars awarded by NIH to each school. These competitive grants are reviewed by NIH experts for their scientific merit and program relevance. In fiscal year 2011, School of Nursing faculty members attracted more than \$2.6 million in NIH

grants. In FY 05, by comparison, the School ranked 58th, with less than \$500,000 in NIH funding. Faculty members are conducting research in areas such as chronic pain, impulsivity and drug abuse, neuromuscular disorders, and bone health.

"This achievement is a tribute to our School's leadership and to our esteemed nurse scientists," says Susan G. Dorsey, PhD, RN, FAAN, associate professor and associate dean for research. "Grants from NIH are among the most competitive, so this is quite an accomplishment for our faculty and our School."

Research at the School produces distinctive, peer-reviewed inquiry to shape the profession of nursing and the health care environment. By advancing research, the School builds sustainable programs, including collaborative, participatory networks with other disciplines, organizations, and communities, Dorsey notes. Research is infused in the School's educational and practice initiatives. —P.A.

Event Recaps



Del. Keith Haynes and student Heather Boulanger.

Students and Faculty Travel to Annapolis for Advocacy Day

SCHOOL OF NURSING FACULTY AND STUDENTS traveled to Annapolis in February to meet with legislators during the School's annual Advocacy Day. Armed with materials that demonstrated the School's impact in strengthening the delivery of health care in the state, more than 30 students visited legislative offices, and several shadowed individual lawmakers.

Students encouraged legislators to support funding for the Loan Assistance Repayment Program and to continue to support Governor Martin O'Malley's budget request for the University of Maryland. They also told lawmakers that they are thankful for having access to top-notch faculty and a variety of clinical opportunities.

Carolyn Quattrochi, JD, executive director of the governor's Office of Health Care Reform (OHCR), addressed the group on how the nursing profession is likely to be affected by the state's implementation of the Affordable Care Act.

"We view it as providing a toolkit," she said, adding that the federal law gives the OHCR "a lot of discretion to implement health care reform and make changes in our state that work well for Marylanders."

Montgomery County Sen. Nancy King, a member of the Budget Committee, told students how important it is for them to take advantage of this opportunity to have their voices heard.

"I see budgets from all schools and there are many different subjects," she said. "If you don't come down here [to Annapolis] to highlight your subjects, they could get lost among the rest. Make it a point to come. It makes a difference."

Heather Boulanger, a Clinical Nurse Leader student who shadowed Baltimore City Del. Keith Haynes, said of her experience, "I felt so privileged to have the delegates take an interest in the needs and ideas of the students in their jurisdictions. They not only allowed us to shadow them but also to be engaged in their meetings." Boulanger said she was honored to have spent the day with Del. Haynes. —P.A. and P.F.

Conference Offers Practical Teaching Strategies for Nurse Educators

"TEACHING BETTER, Working Smarter: Practical Strategies," was the theme of a conference presented by the School of Nursing's Institute for Educators in Nursing and Health Professions, held March 7 at the School.

Keynote speaker Greg DeBourgh, EdD, RN, ANEF, professor, University of San Francisco School of Nursing, urged attendees to change their teaching focus from "covering content" to teaching "CPR"—Cognition (advanced reasoning and clinical judgment skills); Process (mental processes of learning, application, and process); and Role

(thinking as a nurse: professional competencies). DeBourgh also stressed the Essentials of Nursing Education (Core Competencies for Current and Future Nurses) of Teamwork and Collaboration, Evidence-based Practice, Quality Improvement, Informatics, Safety, and Patient-Centered Care.

"With the growing faculty shortage, nurse educators are doing more with less," said Carol O'Neil, PhD, RN, CNE, associate professor and co-director of the Institute for Educators in Nursing and Health Professions. "This conference provided nurse educators with



Carol O'Neil, Greg DeBourgh, Dean Janet Allan, and Susan Bindon

valuable information on how to improve teaching methods and work more effectively." —P.A.

EBP Conference Focuses on the Future of Nursing



Sheila Bryson-Eckroade, MEd, BSN, RN, NEA-BC, acting chief nurse executive, Veterans Affairs Maryland Health Care System; Kathryn Lothschuetz Montgomery, PhD, RN, NEA-BC, associate dean for strategic partnerships and initiatives; and Daniel J. Pesut.

NEARLY 200 PEOPLE attended the ninth annual Evidence-Based Practice conference, “Practice Based on Evidence: the Future of Nursing,” held at the School of Nursing in April. The goal of the conference was to prepare nurses to understand their role in the future of nursing and the application of evidence, and to recognize the need for leadership in shaping the future of health care.

Daniel J. Pesut, PhD, RN, PMHCNS-BC, FAAN, professor of nursing and senior faculty fellow at Indiana University, delivered the keynote address, “Creating the Future of Health Care through Appreciation, Influence, and Control: Using the AIC Model to Create a 21st-Century Health Care System.”

In speaking about leadership, Pesut said, “There is something more important than leadership and the mantra of leadership. The essence of leadership really is about influence. Rather than talk about leadership, my wish is that more and more nurses become aware of and consciously and intentionally use the influence they have in their sphere of activity.”

The conference highlighted the eight recommendations in the 2010 Institute of Medicine (IOM) report on the Future of Nursing that establish professional, academic, and clinical direction for the nursing profession and how those recommendations will impact the role of nurses in transforming the health care delivery system. The development and application of clinical evidence in the practice of nursing and the translation of evidence to improve health care outcomes were also addressed during the two-day conference. —PA.

Komen Lecture Addresses Implications of Chemotherapy

RESEARCH OVER THE LAST 40 YEARS has demonstrated a reduction in mortality in breast cancer patients, due in no small part to advances in chemotherapy. The decision to recommend chemotherapy to cancer patients has traditionally been based on anatomic prognostic factors. However, recent research suggests that biologic factors can be used to personalize chemotherapy treatment. These factors and their implications were discussed by Daniel F. Hayes, MD, professor and clinical director of the Breast Oncology Program, University of Michigan Cancer Center, at the 2012 Komen Distinguished Lecture, held at the School of Nursing in March.

In the lecture, “Determining Who Gets Chemotherapy for Breast Cancer: Biology vs. Anatomy,” Hayes explained that in the past, all women with small tumors that were completely removed with surgery were offered adjuvant chemotherapy.

However, most of these women are cured by surgery and do not need the additional treatment. Hayes identified various biological characteristics of an individual tumor that may predict whether she will

respond to hormone therapy or to adjuvant chemotherapy. He also presented data showing that some women with aggressive tumors will not benefit from chemotherapy, while others will derive great benefit. Still others can be effectively treated with hormone therapy alone. He cautioned, however, that it is still not possible to predict with a great degree of certainty an individual’s likelihood of surgical cure, or her response to chemotherapy. However, he said, clinical trials are under way that may shed additional light on these problems.

—PA.



Daniel F. Hayes

Event Recaps

Convocation 2012

648 Graduates Receive Degrees

DECKED IN ACADEMIC REGALIA and wearing big smiles, the School of Nursing's Class of 2012 processed into the 1st Mariner Arena to the strains of "Pomp and Circumstance," on Friday, May 18, to celebrate the successful completion of their nursing degrees. The state's largest class of nurses—648 strong—included 282 Bachelor of Science in Nursing, 333 Master of Science, 21 Doctor of Nursing Practice, and 12 PhD graduates.

Kathleen Buckley, PhD, RN, IBCLC, associate professor and chair of the Faculty Council, welcomed graduates, family members, faculty, and friends.

Janet D. Allan, PhD, RN, FAAN, dean and professor, who will be retiring this year, shared many words of wisdom with the graduates in her Convocation address.

When describing her mentor—a head nurse she encountered during her undergraduate program who was technically, ethically, and personally responsible, proficient, and

authentic—Dean Allan said, "I challenge you now to identify for yourself a particular mentor that you will call upon in stressful situations when you need a personal model of excellence."

"Knowing what is right in any situation is often very complex, but the more we practice, the better we get at it," she said. "As nurses, we are endowed by our education with the capacity to be ethical and we cultivate that endowment by daily practice, which includes constant questioning of what we see taking place around us as it affects both patients and nurses, and then talking about it with other nurses—not in a judgmental way, but in a way that brings forth all the relevant values that could be attached to a decision or situation."

Later in the day, School of Nursing graduates participated in the University of



Master's grad Kris Killius led the Commencement procession.

Maryland, Baltimore Commencement ceremony at 1st Mariner Arena, where Freeman Hrabowski, III, PhD, president of the University of Maryland, Baltimore County, delivered the Commencement address. Peter Buerhaus, PhD, RN, FAAN, Valere Potter Professor of Nursing and director of the Center for Interdisciplinary Health Workforce Studies at Vanderbilt University Medical Center, received an Honorary Doctor of Science degree at the Commencement ceremony.

—PA.



Honorary degree recipient Peter Buerhaus and Dean Janet Allan.



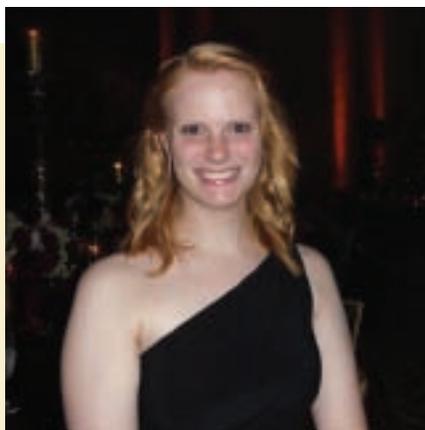
DNP grads Suzie Burke-Bebbe, Christy Dryer, and Susan Bindon.



BSN grads from the Universities at Shady Grove: David Crews, Shamia Wyche, Kristen Dizon, Vanessa Castelino, and Richard Camer.



Dean Janet Allan delivers Convocation address.



Lit by a Fire to Succeed

VICTORIA ANTHONY never dreamed she would become a nurse. The challenges she faced to enter and eventually finish nursing school were overwhelming. But she faced those obstacles head on and completed her Bachelor of Science in Nursing degree in December 2011 through the School of Nursing's program at the Universities at Shady Grove (USG).

When Anthony was growing up in Montgomery County, she came home from school one day to find that her mother had moved out due to extenuating circumstances.

"This was more than my dad could handle," says Victoria. "He tried to commit suicide by taking pills and then he tried to shoot himself." Eventually her father was hospitalized for threatening to kill his wife, her boyfriend, and himself. The children were left on their own with no parents to care for them. They had no place to go. The family house was sold, and the children went their separate ways.

Anthony had been volunteering at the Rockville Fire Department since age 16 and was able to live at the station in exchange for 48 hours of work a week. She stayed for nearly four years and became part of a new family.

"I was the only female living at the station, and I worked extremely hard to prove myself to the guys," she says. Because of her stature (she is 6 feet tall) and the strength she gained from being an athlete, Anthony was able to bear the burden of carrying more than

100 pounds of equipment, which is required of all firefighters.

While she was happy and successful in her firefighter role, her desire was to become a nurse, specifically an emergency room nurse. Working hard to make ends meet with her full-time job at a hotel desk, Anthony struggled to pay for tuition, books, and fees for nursing school. So, she applied for a Kendall Scholarship at USG.

When she got a call saying that she had won the scholarship, she thought it only covered books. "When I found out that it covered tuition, too, I almost dropped the phone!" she says. "I asked if she had the right person. I couldn't believe it!"

The Clifford and Camille Kendall Scholarships, established in 2005, are for USG students who demonstrate financial need, show high potential for success, intend to remain in Maryland after graduation, and demonstrate prior service to others.

Anthony is currently an emergency room nurse at Montgomery Medical Center in Olney and serves as a master firefighter for the Rockville Volunteer Fire Department. —PA.



Vanessa Fahie (second from left) has an informal hallway chat with Dundalk High School students Nairouz Youssef, Dharminder Singh, Dave Cross, and Javier Reyes.

Priming the Pipeline

KALICIA THOMAS wanted to be a nurse ever since a high school internship in an OB/GYN office. But the North Carolina native joined the military after graduation from high school, eventually earning the rank of Army Sergeant First Class. By 2011, after 13 years of military service and equipped with an Associate of Science degree from Blackhawk College in Moline, Ill., Thomas was ready for a change and ready to become a nurse. She enrolled at the University of Maryland School of Nursing last fall and began work toward her Bachelor of Science in Nursing degree as a college junior. It was, Thomas recalls, “a rough transition.”

“Being in the military, I thought I could take anything, but nursing school was the most difficult thing I’ve ever done in my life,” she says. She felt overwhelmed by the challenges of juggling family life with school and struggled with the advanced coursework. “I trained as an Ammunition Specialist,” she explains. “I know about bullets; I don’t know about humans.”

Enter School of Nursing Assistant Professor **Vanessa Fahie, PhD, RN**, and the Chrysalis Project.

Funded by a \$941,219 grant from Health Resources and Services Administration, part of the U.S. Department of Health and Human Services, the Chrysalis Project is a three-year project launched in July 2010. It is designed to “increase the pipeline of nurses from backgrounds traditionally underrepresented in nursing, including racial and ethnic minorities, and educationally and economically disadvantaged students,” says Fahie.

One part of the Chrysalis Project is aimed at students such as Thomas, who are entering their junior year of nursing school and transitioning from institutions where they took their prerequisites. “Nursing requires students to think more critically, make clinical judgments,” explains Fahie. “Students need to change the way they think, study, and process material. It’s a major adjustment.”

Throughout their junior and senior years, the students in the project (10 at the School of Nursing’s Baltimore location and 10 at the Universities at Shady Grove) meet in small study groups and with tutors, and are provided with mentors in clinical courses “to help them understand and reinforce the concept of

learning for life and not just for a test as they develop leadership skills,” say Fahie.

“Having Dr. Fahie reach out to me made a huge change,” says Thomas, who went from earning D’s to earning B’s in one semester, thanks to one-on-one tutoring. “I’m proud I’m staying on top of my studies.”

In their third semester, School of Nursing students are asked to complete a health prevention service project for high school students as a way of “reaching back and bringing along aspiring nurses,” says Fahie. During the fourth semester, Chrysalis Project mentors help students prepare for their licensing exam and beginning leadership roles.

The second part of the Chrysalis Project is aimed at reaching students even earlier in their academic journey—while they are in high school. Currently, the project offers mentoring and support to 30 Dundalk High School sophomores who have applied for and have been accepted to the school’s Health Careers Club, which focuses on readying them for the rigors of college. Participating students commit to a structured study program requiring eight additional hours of English, math, and science each week. In return for their participation, students receive a small stipend.

Fahie and two other nursing colleagues meet the students for lunch three times a week for health career talks, college search discussions, and guest speaker presentations. “These students often don’t have role models who emphasize the importance of education,” says Fahie. “They’re often the first generation in their families to go to college.”

Fahie and her team also organize college tours and run a two-week academic summer camp that offers SAT preparation and coaching in “psycho-social skills—so they know how to communicate with teachers and professors—and financial literacy, so they can avoid the pitfalls of college debt.”

Deja Adams, a 16-year-old who wants to be an RN, praises the network available to her and the help she has received in writing college essays and applying for scholarships. She already has her sights set on Notre Dame of Maryland University and is confident about her chances of studying there. “The most important thing I learned is to keep going and not give up,” she says. —**Mary K. Zajac**

Better Care for Veterans

DEAN JANET ALLAN announced in April that the School of Nursing will be participating in the Joining Forces Campaign—an initiative to further educate our nation’s three million nurses so they are prepared to meet the unique health needs of service members, veterans, and their families.

Led by the American Nurses Association, American Academy of Nurse Practitioners, American Association of Colleges of Nursing, and the National League for Nursing, in coordination with the Departments of Veterans Affairs and Defense, more than 150 nursing organizations and 500 nursing schools have committed to educating current and future nurses on how to recognize and care for veterans impacted by post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and other combat-related issues, in ways appropriate to each nurse’s practice setting.

“Whether we’re in a hospital, a doctor’s office, or a community health center, nurses are often the first people we see when we walk through the door. Because of their expertise, they

are trusted to be the frontline of America’s health care system,” said First Lady Michelle Obama who, along with Dr. Jill Biden, announced the commitment from nurses across the country to serve our veterans and military.

“Nurses are at the center of providing lifesaving care in communities across the country—and their reach is particularly important because our veterans don’t always seek care through the VA system,” said Biden. “This commitment is essential to ensuring that our returning service men and women receive the care they deserve.”

The School of Nursing’s participation in the Joining Forces Campaign is in keeping with its longstanding involvement in educating military nurses and veterans. The School’s current student body includes 18 active-duty military, 52 veterans, and six active-duty or veterans who are enrolled in the doctoral program. Fifty-two of these students are on the GI Bill.

Dean Allan noted that the School of Nursing established the Walter

Reed Army Institute of Nursing in 1964—a four-year program subsidized by the U.S. Army in which graduates were obligated to serve for three years in the U.S. Army Nurse Corps (ANC) following graduation. More than 1,100 nurses graduated from the program before it ended in 1978. An innovative partnership initiated with the ANC in 2007 brought six ANC officers to the School to be utilized as nursing faculty, at no cost to the School, to help address the nursing faculty shortage.

“Since nurses make up the largest segment of the professional health care workforce—and they are the most trusted among all professions—it is only fitting that nurses and nursing schools are at the forefront of this important national campaign,” said Dean Allan.

The invisible wounds of war, PTSD and TBI, have impacted approximately one in six of our troops returning from Afghanistan and Iraq—more than 300,000 veterans. And since 2000, more than 44,000 of those troops have suffered at least a moderate-grade TBI.

Nursing leaders also have committed to disseminating effective models for care and to sharing the most up-to-date information on these conditions across academic and practice settings. By working to expand the body of clinical knowledge in this arena and by partnering with other health care providers and institutions, nursing leaders across the nation will continue to advance high-quality treatment for these conditions in every community.

For more information about the Joining Forces initiative, visit <http://www.aacn.nche.edu/joining-forces>.

—P.A. and P.F.



JOINING FORCES

“Because of their expertise, [nurses] are trusted to be the frontline of America’s health care system.”

—FIRST LADY MICHELLE OBAMA

Two Honored with USM Regents Awards

TWO SCHOOL OF NURSING FACULTY MEMBERS were among the 16 recipients of 2012 University System of Maryland Board Regents Faculty Awards. The awards are the highest honor presented by the board to exemplary faculty members. Presented in four categories, the awards honor excellence in mentoring, public service, scholarship, and teaching. Each award carries a \$1,000 prize provided by the institutions and the University System of Maryland Foundation.

Vanessa P. Fahie, PhD, RN, assistant professor, received an award for mentorship. Fahie has devoted her career to developing projects that impact educationally and environmentally disadvantaged students. Her three-fold approach has been to prepare undergraduate nursing students to provide quality health care to diverse populations, to increase the sensitivity of students in health professions, and to encourage

high school students to further their education by participating in the “college completer” program, which she designed and spearheads (see p. 8). Fifty percent of those students in her Career Readiness Program now take rigorous courses, and 80 percent applied to and enrolled in colleges across the nation.

Karen Kauffman, PhD, RN, CRNP, associate professor and chair of the Department of Family and Community Health, was honored for her public service. As a member of the National Public Policy Committee, Kauffman served to propose advocacy strategies for federal, state, and local public policy issues and was instrumental in expediting access to Social Security Disability and Supplemental Security Incomes for people with early onset



William E. “Brit” Kirwin, chancellor, University System of Maryland (USM); Karen Kauffman; Vanessa Fahie; Patricia Florestano, chair, USM Board of Regents; and Jay A. Perman, president, University of Maryland, Baltimore.

Alzheimer’s Disease. A board-certified gerontological nurse practitioner, her work reaches far beyond Maryland and national borders. She recently chaired a committee task force to update the statements of ethics written for professionals around the world.

“We are extremely proud of Dr. Fahie and Dr. Kauffman,” said Dean Janet Allan. They exemplify the quality and standards of our school’s faculty.”

—PA.

Welcome New Faculty

BELINDA CLIFFORD
MSN, RN, CPOCE
Clinical Instructor

MARY LYNN DAVIS-AJAMI
PhD, MBA, NP-C
Assistant Professor

AMY DANIELS
BSN
Assistant Director,
Clinical Simulation Labs
Clinical Instructor

KELLY FLANNERY
PhD, RN
Assistant Professor

VICTORIA SELBY
MSN, RN, PMHNP-BC
Clinical Instructor



CLIFFORD



DAVIS-AJAMI



DANIELS



FLANNERY



SELBY

What are some surprising ways that nurses will impact the future of health care?



**Christina Calamaro,
PhD, CRNP**

*Assistant Professor
University of Maryland School of Nursing*

I believe that no other profession understands the comprehensive needs of patients better than nursing. Nurses will be the key experts in health care delivery and the public will notice! We will be on the frontline, developing and testing different mechanisms to assist patient navigation through the health care system. Nursing will then develop feedback systems to evaluate the effectiveness of these strategies in improving quality, cost, and satisfaction with care in diverse patient populations and communities—especially underserved populations. Nurse researchers will play a pivotal role in collecting data on outcomes, such as functional status, health-related quality of life, patient experience, and patient access to care. We will play a critical role in providing this key research data back to providers so they can change and modify care processes. Nursing will assist in developing payment systems that reward providers for shared decision-making, patient satisfaction, and patient-centered care.



**Mazen El Ghaziri,
MPH, BSN, RN**

*Current PhD Student, Vice President,
Doctoral Student Organization
University of Maryland School of Nursing*

As an international student from Lebanon, I realize that professional nurses are actively changing the health care sector in both developing and developed countries across the globe. Learning from the experience of the U.S. and other developed countries, the scope of nursing practice in developing countries is expanding. This change in scope will put nurses at the forefront of the health care sector, both as gatekeepers and providers of more accessible and equitable services. Nurses will work in interdisciplinary teams to provide high-quality, cost-effective care. The role and impact of nurses in global health initiatives will be significant, as their scope expands beyond the boundaries of the hospital, and the country, to the globe—affecting health care outcomes of individuals and populations. Findings from nurse bench scientists and nurse researchers at the molecular, cellular, and biobehavioral levels will change health care practices and thus be a driving force for policymaking.



**Karen A. McQuillan, MS '86,
BSN '81, RN, CNS-BC, CCRN,
CNRN, FAAN, Clinical Nurse Specialist
R Adams Cowley Shock Trauma Center
University of Maryland Medical Center**

Undoubtedly, nurses will continue to define practice with evidence generated from nursing research. These findings will direct health care providers with key ways to integrate new technology into practice. Nurses will be instrumental in defining the most effective strategies to facilitate continued professional development among care providers. As frontline care providers and strong patient advocates, nurses will play a pivotal role in determining best practices for care of patients living much longer with chronic disease and end stage organ dysfunction, as well as at the end of life. Implementing research findings into practice will continue to strengthen nursing's lead as drivers of excellent patient care. As trusted clinicians and strong advocates for high-quality patient care, nurses will strengthen their voice as valued leaders and policy-makers. Nursing leaders will be more and more sought after to provide a voice when important policy changes are decided.

Meeting the Need for More Nurses



THE SHORTAGE OF REGISTERED NURSES is a major threat to the nation's health, as evidenced by a report released in February 2012 by the U.S. Bureau of Labor Statistics, which indicated that within the next eight years, 1.2 million additional nurses will be needed to fill new positions and replace those retiring from the profession.

In an effort to meet this need for more bedside nurses, the Health Services Cost Review Commission (HSCRC) has contracted with the Maryland Higher Education Commission (MHEC) to administer the Nurse Support Program II. NSP II, which was developed by Dean Janet Allan and her peers—in collaboration with health care providers—focuses on expanding the capacity to educate nurses and, therefore, concentrates on the nursing educational system, including schools offering nursing programs and hospitals. Funding for NSP II is being provided through a 0.1 percent increase to the rate structure of all hospitals retroactive from July 1, 2005. Approximately \$8.8 million is available annually for NSP II.

At the School of Nursing, faculty members have received grants through NSP II to tackle the nursing faculty shortage through a variety of innovative strategies:

A MORE FLEXIBLE PATH TO THE DNP



The current supply of adequately prepared nursing school faculty is woefully inadequate to meet current and future enrollment needs, says **Patricia Morton, PhD '89, MS '79, RN, ACNP, FAAN**, professor and associate dean for academic affairs.

Despite the demand for nurses in Maryland, in 2005 the number of qualified students who could not be accepted into entry-level nursing programs in Maryland was 2,357, due primarily to a lack of qualified faculty, notes Morton. Maryland nursing deans and directors identified a need for an additional 112 full-time and 152 part-time nursing faculty—a figure that represents more than a 25-percent increase.

Recruitment of nurses into faculty positions is ever more challenging because the doctoral degree is the desired credential for a nurse educator in many institutions of higher education. Historically, schools of nursing only offered a research-focused PhD degree, but now nurses can choose the practice-focused Doctor of Nursing Practice (DNP) degree.

With her first NSP II grant awarded in 2006, Morton and her team launched the School of Nursing's DNP program. Now, with funding from a second NSP II grant, they are building on that work by converting the current face-to-face in-class DNP program at the School to an online and blended (online and face-to-face) learning format with flexible scheduling. Currently enrolled students and those who have inquired about the program clearly indicate a

desire for online and blended-learning formats, Morton notes. Conversion to an online and blended format, she says, will allow nurses with inflexible work schedules and those who reside in rural areas of Maryland to take part in the program and thus significantly increase the number of faculty—and ultimately bedside nurses—for Maryland.

EXPANDING CLINICAL INSTRUCTION



Professor **Mary Etta Mills, ScD, RN, NEA-BC, FAAN**, and Assistant Professor **Linda Hickman, PhD, MBA, RN, FACHE**,

received funding for a second NSP II grant, "Master's Preparation of Staff Nurses to Expand Clinical Instruction Capacity." The funding of \$1,936,042 extends from July 1, 2009, through June 30, 2014.

The purpose of this grant, Mills explains, is to increase the number of nursing faculty who are hospital-based clinical instructors through partnerships between the School of Nursing and selected hospitals. By identifying, recruiting, mentoring, and graduating staff nurses as master's-prepared clinical instructors, says Mills, schools of nursing in Maryland will be able to accommodate increased enrollment of undergraduate nursing students through enhanced access to necessary clinical experiences.

The project builds on the success of a previous NSP II grant with University of Maryland Medical Center and Franklin Square Medical Center

by addressing both the need to fill expected vacancies in the nurse workforce and reduce the nursing faculty shortage. To increase the number of nursing faculty beyond the scope of the first grant, the researchers developed an expanded strategic partnership between the School of Nursing, Anne Arundel Medical Center, Baltimore-Washington Medical Center, Good Samaritan Hospital of Maryland, Mercy Medical Center, Shore Health System: Easton and Dorchester Hospitals, and LifeBridge Health System: Sinai Hospital of Baltimore and Northwest Hospital.

As a direct result of this partnership, there is a planned increase of 100 master's-prepared nurses to fill the void in the clinical instructor faculty ranks. As of the end of the 2011 fall semester, says Mills, there were 52 students enrolled.

EASING THE TRANSITION FOR NEW FACULTY



The School of Nursing's Institute for Educators in Nursing and Health Professions was awarded a four-year, \$1 million grant designed to enhance the preparation of nurses for faculty roles, which will directly impact the quality of nursing education by preparing nurses to meet the health care needs of Maryland residents. This grant builds on the track record of the Institute in offering high-quality educational programs and resources since its inception in 2004, notes **Carol O'Neil, PhD, RN, CNE**, associate professor, who co-directs the Institute with Professor **Louise S. Jenkins, PhD, RN**.

A program to orient and guide nurses transitioning from clinical roles to teaching roles is under development and will be offered for the first time this year. This orientation will be

offered both online and in face-to-face classroom learning environments and will be expanded into a graduate-level elective course offered to School of Nursing graduate students in master's and doctoral programs, O'Neil says.

Current nursing faculty in Maryland will be supported with ongoing initiatives that include an online Faculty Resource Center, small workshops, and an annual conference. These activities have the added benefit of increasing access to faculty development resources as well as facilitating ongoing networking and collaboration.

DEVELOPING A STATEWIDE PRECEPTOR PROGRAM



With \$433,000 in NSP II funding, Professor **Jane Kapustin, PhD, CRNP, BC-ADM, FAANP**, assistant dean for the master's and DNP programs, and Assistant Professor **Janice Hoffman, PhD '06, RN, CCRN**, assistant dean for the baccalaureate program, are co-directing a project to increase the number and preparation of clinical registered nurse preceptors available to work with nursing students from all pre-licensure RN programs in Maryland.

Based upon findings from the Nursing Executive Center, academic practice gaps continue to grow, notes Kapustin, and this project is one strategy

to better prepare entry-level nursing students for the realities of current health care settings. RN preceptors may complete the course—designed as a self-paced online educational program—before or after they assume the role of preceptor for students. The goal is to prepare at least 225 RN preceptors in the state of Maryland over the next three years, Kapustin says.

Launching in June 2012, the program includes seven modules designed to prepare participants for the roles and responsibilities of being a preceptor. Content includes assessing learning needs and styles, clinical teaching strategies, facilitating critical thinking, managing learning experiences with culturally diverse students, conflict resolution, and legal and ethical challenges. The program is free to all registered nurses in Maryland, and a certificate is provided upon completion of all modules. In the event that the RN wishes continuing education units (CEU's), these are available for a nominal fee of \$30. An advisory board with representatives from selected health care agencies throughout Maryland and educators from the School of Nursing was established to provide input to course content, marketing, and program evaluation. RN preceptors and agencies will also be invited to evaluate the program after completion.

—Sue De Pasquale

“DESPITE THE DEMAND FOR NURSES IN MARYLAND, IN 2005 THE NUMBER OF QUALIFIED STUDENTS WHO COULD NOT BE ACCEPTED INTO ENTRY LEVEL NURSING PROGRAMS IN MARYLAND WAS 2,357, DUE PRIMARILY TO A LACK OF QUALIFIED FACULTY.” —PATRICIA G. MORTON, PhD '89, MS '79, RN, ACNP, FAAN

Empowerment Through Posters

THIS SPRING, the walls of Frederick Memorial Hospital were graced for the first time with posters from the School of Nursing's Senior Poster Practicum in Evidence-Based Practice (EBP).

EBP has become a cornerstone of the School's four-year curriculum. It follows four basic steps: converting a problem into an answerable question; searching through research to find the best evidence; appraising the evidence for validity and usefulness; and applying

in nursing. "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. EBP is about empowering nursing students and teaching them why they're doing something so they're more confident with patients, which in turn results in better patient outcomes."

students will engage in a reciprocal learning experience.

"The posters will highlight the evidence related to the student's chosen practice topic, which will reinforce the 'why' behind what nurses do and challenge nurses to consider new ways to do things based on current evidence. It is becoming the norm to expect that nurses be involved in scholarly activities such as EBP and research projects, and that they share their work through activities such as poster presentations. This exhibit should be a positive and rewarding experience for the students because it will also help them understand that what they are learning in school does translate into the actual practice environment.

"The nurses who review the posters will also benefit because many have never completed a formal EBP project. The project will hopefully generate interest and draw RNs back into education when they see what the students have accomplished," says Cioffi.

—Laurie Legum

"The posters will highlight the evidence related to the student's chosen practice topic, which will reinforce they 'why' behind what nurses do and challenge nurses to consider new ways to do things based on current evidence." — CHERYL CIOFFI, DNP, RN, ANP-BC, OCN

the evidence to clinical practice. For students at the Universities at Shady Grove (USG), the poster display marks the culmination of their EBP experience.

The students were encouraged to base their presentation topic on experiences gathered during their 180 hours of clinical practicum—from the most effective way to treat a specific type of infection to the most effective method for nurses to communicate patient reports during a shift change.

The creation and display of the student posters aims to start a conversation and effect real change. "We encourage students to go back to their preceptor and unit to share their findings from their EBP practicum. Students are learning they have the autonomy to shape practice, which is very empowering," says Denise Owens, MS, RN, clinical instructor and faculty coordinator for the School of Nursing's Program at USG.

Jana Goodwin, MS, RN, clinical instructor and course coordinator at USG explains the importance of EBP

Through the Senior Poster Practicum, Cheryl Cioffi, DNP, RN, ANP-BC, OCN, director of nursing professional and clinical development at Frederick Regional Health System, hopes that Frederick Memorial Hospital nurses and

Students Josephine Ta (left) and Cherie St. Bernard (right) explain their poster to Clinical Instructor Mary Pat Ulicny.





Christina Boord

The Perfect Formula

AS A HIGH SCHOOL STUDENT, Christina Boord never really considered a career in teaching. Then she accepted a college scholarship that required she teach in an area of critical shortage for at least four years after graduation. Fortunately, Boord's intended major, chemistry, met that criterion.

"I met two amazing chemistry teachers during my student teaching who made me realize what a great choice I had made," she says. "From the very beginning I always found a way to make a connection with my students and strived to inspire them to be the best they could be." Following the birth of her twins in 1998, Boord left teaching. She continued to stay involved in the education field, however, by serving as a chemistry tutor.

Then, in 2004, Boord's mother was diagnosed with colon cancer. "During my mother's illness I found myself

researching everything from her prognosis to treatment options and what implications all of this would have—not only for her but also my father. I credit a family friend who happens to be a pastoral nurse at our church for opening my eyes to the unique role that nurses play in patients' lives. She was my mother's educator, cheerleader, advocate, and at times her caregiver," says Boord.

"As a nurse, I want to encourage people to learn about their condition and explore what options they have."

Shortly after Boord's mother passed away, her mother-in-law was diagnosed with advanced breast cancer. "This experience showed me a completely different side to health care, one that I am afraid to say I'll never forget," she says. "It was obvious at doctor's appointments and at chemotherapy treatments that she was just another patient," says Boord.

Her mother-in-law often had to wait hours for chemotherapy, and Boord felt that she was not prepared for what to expect, or educated about her options. "I felt that my mother-in-law was put through unnecessary procedures that did not prolong her life. I think had she been treated with compassion and sincerity she would have found great comfort rather than frustration," says Boord.

The contrast in these two experiences motivated Boord to enter the School of Nursing in fall 2011 to earn a Bachelor of Science in Nursing degree. "Nursing offers me the best of all that I enjoy: the challenge and fascination of the sciences, the chance to engage in meaningful educational opportunities, as well as having a positive impact on the lives I touch," she says.

"As a nurse, I want to encourage people to learn about their condition and explore what options they have," says Boord, who is likely to pursue a specialty in oncology and eventually return to school to earn a Doctor of Nursing Practice degree. She recommends that patients and their caregivers ask questions if they don't understand something.

"It's okay not to understand something. With my mom, her doctor would tell her things, which she would go back and research on her own. She would have her questions prepared as to why or why not something was beneficial. Patients need to remember they're active participants in their care, not passengers being taken for a ride." —LL.

DISCOVERY

Reducing the Overuse of Cesarean Sections

TODAY, RATES OF CESAREAN SECTION (CS) in the U.S. have soared to 32.9 percent of all births, more than twice the rate of 15 percent recommended by the World Health Organization. The result: avoidable complications and higher health costs related to childbirth.

“We want to understand the factors that influence the use of CS, to minimize the morbidity and mortality related to use of the procedure,” says **Mary Regan PhD, RN**, assistant professor at the School of Nursing. “Mortality rates for neonates delivered by CS are 2.4 times higher than vaginal deliveries, the babies are twice as likely to suffer serious pulmonary complication requiring admission to Neonatal Intensive Care, and they have an increased risk of developing childhood asthma. Similarly, women who have CS births have an increased likelihood of pregnancy-related maternal death and severe morbidity, including postpartum hemorrhage, wound infections, postoperative adhesions, chronic pelvic pain, rehospitalization, and increased risk of adverse outcomes in subsequent births,” Regan notes.

Regan conducted a 2010 study funded by the National Institute of Health’s Eunice Kennedy Shriver National Institute of Child Care and Human Development. The research focused on building knowledge about what women want from their birthing experience and about what informs their choices about their mode of birth—which is essential to understanding the role of maternal demand in the use of CS, says Regan.

The women, who were recruited through social media sites and prenatal classes, were interviewed twice, once between 36 weeks and term and again within six weeks postnatal. There were 42 vaginal births among the 49 women who completed the study, of which six were home births. The remaining seven women had Cesarean sections.

“In the study, birth choice was influenced by women’s perception of risk. On one side you have women who see the use of childbirth technological interventions, such as fetal monitoring, epidural or CS as a way to mitigate risk to the fetus, while the other side sees those same technological interventions as a risk to fetal well-being,” says Regan.

According to Regan, the more women knew about childbirth, the more likely they were to have home births, opting to go outside the health care system entirely. “These women did not want routinely used interventions for the management of labor and believed that home birth was the best option to avoid them,” she says.

Regan found that the women in the study who articulated the least knowledge and preparedness for birth were significantly more likely to be admitted to the hospital earlier in labor and have more interventions than women who had a clear birth plan. “These women were not as articulate about the risks and benefits of early interventions and weren’t making choices from an informed platform,” says Regan. Of the seven women who had Cesarean sections, four of them were admitted early in labor and had multiple interventions including continuous fetal monitoring and epidural anesthesia. In addition, even though maternal demand for Cesarean birth is often cited as a major factor influencing the use of CS, particularly in very educated women, only one of the women in the study requested that mode of birth.



Regan believes that there is a very definite place for CS in contemporary perinatal practice, but that reducing overuse is necessary to optimize health outcomes.

“CS is needed but probably not in 33 percent of births. My interest is in finding ways to normalize use of the procedure so that we can minimize risk to mothers and babies,” she says. Regan intends to follow up with a new study that will examine when routine procedures are used during labor to determine if the timing influences the need for CS.

“I want to stress that I’m not saying that women shouldn’t have CS,” she says. “Rather, my goal is to optimize outcomes by finding out when to use interventions so that they don’t increase the risk of CS. For example, is it better to hold off on giving a woman an epidural and instead utilize noninvasive management strategies such as mobility and hydrotherapy, both of which have been shown to reduce a mother’s perception of pain until labor is well established.” —LL

Obese Nurses More Stressed, Less Active

WHEN SCHOOL OF NURSING postdoctoral fellow **Kihye Han, PhD, RN**, undertook her study of factors that affect obesity in nurses, she knew from her own experience that job stress and extended shifts could lead to weight fluctuations. She just didn't realize how prevalent the effect was.

In her study, "Job Stress and Work Schedules in Relation to Nurse Obesity," published in the *Journal of Nursing Administration* (Volume 41, Issue 11) and conducted in collaboration with Professor **Alison Trinkoff, ScD, RN, FAAN**, Professor **Carla Storr, ScD, RN**, and Associate Professor **Jeanne Geiger-Brown, PhD, RN**, Han found that 55 percent of the 2,103 nurses in a cross-sectional survey were overweight or obese (that is, having a Body Mass Index over 25), and one of the primary causes was the now-standard 12-hour workday.

Working 12-hour shifts poses its own unique set of issues, explains Han, including disrupted sleep and eating schedules, unhealthy snacking, and little time for non-work social interactions. A regular schedule of exercise can also become compromised.

The seed of Han's work was planted in her own

experience as an Intensive Care Unit nurse in her native Korea, where a combination of stress and adverse working conditions led to her own erratic weight loss and gain. When she arrived in the U.S. for postgraduate work she says she was "shocked there were so many people who were obese." A further shock was the lack of research on the effects of obesity in her own field.

Even though the percentage of obese nurses is slightly lower than the rate of

"People assume that someone who has health knowledge is going to be personally healthy."

—ALISON TRINKOFF, ScD, RN, FAAN

obesity in the general population, the challenges of long hours and high stress are still pertinent both in terms of nurses' health and in patient care. Not only can nurses' adverse working conditions affect patient outcome, says Han, but "health care providers should also be role model providers for patients." Or, as Trinkoff explains: "People assume that someone who has health knowledge is going to be personally healthy."

Further, the physical demands of the 12-hour shift can cause more nurses to leave the profession as they age and are unable to perform the physical duties of the job, adds Trinkoff. The nursing profession is poised to experience "a real loss of expertise and practice that can make health care better ... if schedules preclude people working when they get to a certain age," she says.

The nature of nurses' work can also contribute to them placing patient

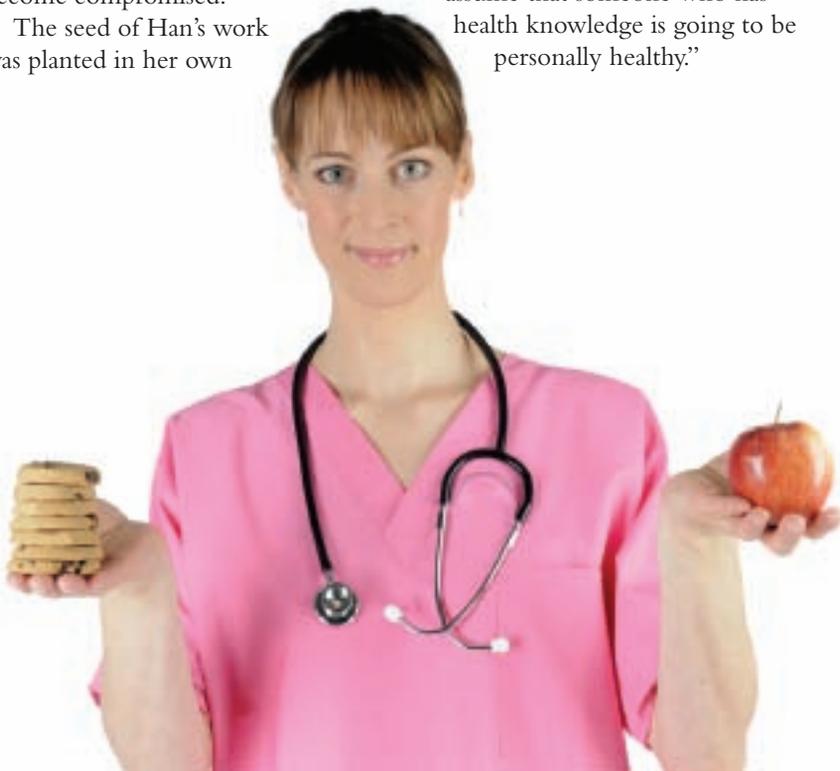
well-being above their own. "A nurse's day is long, and it's difficult to get to a meal, so nurses snack along the way, eat candy at the desk," says Trinkoff. "In these jobs, one cannot really 'pace oneself.'" Instead, nurses often rely on the mentality of "just keep going."

Han's study offers several suggestions to make the workplace more supportive of nurses' health. If shorter shifts are not possible, Han and her colleagues suggest an institutionally supported system of breaks for exercise, meals (rather than unhealthy snacking at a nurses' station), and even napping.

Trinkoff is seeking funding for an intervention designed to test a combined focus on diet, sleep improvement, and physical activity.

For Han, who eventually plans to return to Korea to continue her work, the study has broad implications. "In Korea, the work environment is following the American style more and more," she explains. "The American present is the Korean future. We need to consider nurses' health for patients' health."

—M.K.Z.



Students Collaborate to Improve Lives of Those with HIV

“IT’S A HARD THING TO TELL PEOPLE they have HIV because it changes their lives forever,” says **Marjorie Buchanan, MS, MPH, RN**, a clinical instructor at the School of Nursing with 46 years of service.

But through a new interdisciplinary program headquartered at University of Maryland’s Institute of Human Virology (IHV), nursing students and medical students are learning to test for HIV and then deliver the results to patients. “Nurses usually don’t have to bear bad tidings to patients,” says Buchanan. “This gives students a new sensitivity to physicians. It’s much easier to understand how difficult this is when you have to be the one to deliver the message yourself.”

The program is part of the JACQUES Initiative, a national pilot program and provider of a multitude of HIV services—from primary care and community outreach to education and support groups. In spring 2009, the initiative launched the first phase of Project SHALEM, which concentrated on engaging and training members of Baltimore’s faith-based communities to be certified HIV testers. The result? Some 5,500 Baltimoreans were tested in five years.

The results were so impressive, says Derek Spencer, MS ’99, BSN ’90,



Marjorie Buchanan administers an OraQuick test to a patient.

CRNP, executive director of the JACQUES Initiative, “we thought, ‘if a volunteer can do this, then certainly we can do this with medical and nursing students.’”

Since fall 2011, Phase II of Project SHALEM, “Preparing the Future,” has trained more than 70 School of Nursing students, 30 School of Medicine students, and four faculty members in HIV testing and linkage to care, in partnership with the Maryland

Department of Health and Mental Hygiene (DHMH), through a didactic and hands-on curriculum.

Students begin the program with HIV 101, a three-hour session sponsored by JACQUES that teaches students about HIV, the current state and efficacy of treatment, and what it is like to live well with HIV. This is followed by an all-day session at the Division of Infectious Disease and Environmental Health, DHMH, where



“That HIV is now a chronic disease and that people living with HIV can live a normal lifespan and be treated from a place of wellness rather than sickness is eye-opening to students.”

— JAMIE MIGNANO, MPH, MSN, RN

students learn to use the OraQuick test, which can produce accurate HIV results in 20 minutes. The students also engage in role-playing to practice



Learning evidence-based testing procedures.

the challenge of talking about test results with a patient.

Then, under the direction of School of Nursing faculty members, nursing students participate in one of four clinical groups that put their new skills into practice in various community centers, including Paul's Place and Bon Secours Community Work Program, Safe House, Power House Church, and East Side Family Center. "From a teaching and learning point of view," says Buchanan, "it is an incredible experience. What students can learn about caring for people with chronic and communicable disease through this project is extraordinary. It influences how they will care for everyone."

"That HIV is now a chronic disease and that people living with

HIV can live a normal lifespan and be treated from a place of wellness rather than sickness is eye-opening to students," adds Jamie Mignano, MPH, MSN, RN, program director for Development and Information Dissemination for the IHV. "Students are empowered to have an impact on both individual and public health by identifying cases of HIV and linking them to care and treatment. They have the ability to use these skills as students and also apply them to their future practice."

Spencer says he has seen many initially reticent students blossom, though most students, he says, have expressed an enthusiasm for the opportunity to interact with clients at such an intimate, personal level. "Students are so inspired by the ability to influence a crisis [like HIV] in their lifetime," says Spencer.

Clinical Nurse Leader graduate **Brenda Harkins, MS '12**, agrees. While she admits that talking to clients about test results can be a challenge, "it's a strange mix [of feelings]," she explains. "You don't want to tell them [they have HIV], but at the same time, if they have it, we hope we find them." The range of client reactions—from nonchalance to denial to excitement—has also surprised her, and she's been touched by "the quick connection you can make with a person because they're so exposed. They decide to trust you with their HIV status, so they trust you with other things."

According to Spencer, plans are under way to continue growing the "Preparing the Future" program by involving students enrolled at other University of Maryland professional schools including the Schools of Pharmacy, Law, Dentistry, and Social Work. —**M.K.Z.**



Derek Spencer delivers remarks at the HIV Summit.

University Summit Addresses HIV Crisis

In April, building on the success of the JACQUES Initiative, the University of Maryland in Baltimore brought together faculty and students from all six of the University's professional schools for a conference aimed at addressing the crisis of HIV. The initiative positions the University at the forefront of achieving the goals of the President Obama's National HIV and AIDS Strategy (NAIDS).

The goals of the NAIDS that the summit addressed include reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related health disparities and inequities, and achieving a more coordinated response to the national HIV epidemic. Mirroring the national strategy, Baltimore's HIV Strategy calls for reducing HIV/AIDS by 25 percent locally by 2015.

The summit highlighted each of the University of Maryland's professional schools and their role in the fight against HIV. It also provided opportunities for students and faculty to come together to adopt new approaches that magnify the impacts of both their personal and collective efforts to advance the goals of the NAIDS through a campus-wide HIV strategy. —**P.A.**



Barbara A. Smith (left) and Kathleen Landers, research supervisor, consult with an exercise client. (circa 2005)

Pioneers in Nursing Science

By Dan Caughey

Despite a nursing tradition dating back to Florence Nightingale, nursing research has only emerged as a systematic study within the last 50 years. Prior to the mid-1900s, nursing superintendents found that the demands of maintaining an efficient nursing service left little time for sustained investigation and inquiry. And in an educational setting emphasizing obedience and rigid discipline, nursing students were not encouraged to question or analyze.

After World War II, the shift in nursing education from hospital training schools to academic settings made possible, even mandated, the development of nursing as a scientific discipline. As nursing education moved into universities and colleges, nursing leaders increased their efforts to make nursing research the basis for professional practice. No longer bound by tradition, intuition, and authority, nurses began to analyze long-accepted nursing procedures and articulate new nursing concepts and theories. “Nursing science,” a novel term when first used in the early 1950s, became familiar to successive generations of nursing students who learned to ask questions, think critically, and use research as a basis for their practice.

Between the 1950s and 1970s, the School of Nursing gradually built a strong faculty that was equipped to undertake research. By the late 1970s, the faculty was extensively involved in research and publishing—including books, chapters, and articles, as well as clinical studies on patient care and health care delivery. When the School’s doctoral program began in 1979, it was one of the few in the nation designated for nurses. The program, aimed at providing visionary leadership for the profession, emphasized research and theory development and the preparation of scholars and researchers who would advance the theoretical and empirical basis for nursing practice.

LIVING HISTORY

Professor Emeritus Mary V. Neal, PhD, RN, FAAN, who served on the faculty from 1968 to 1983, studied premature infants here in the late 1960s and 1970s. Her work was the basis for further investigations into the care of premature infants involving motion, handling, and stimulation. Today, premature infants have closer contact with their caregivers and earlier institutional discharge than was thought possible in Neal's day. She was recognized as a Living Legend by the American Academy of Nurses in 1996 for her leadership in strengthening the scientific basis of nursing practice.

During the late 1970s through the 1980s, **Professor Carolyn Waltz, PhD, BSN '63, RN, FAAN**, attained national prominence with her work in the area of outcome evaluation research. An alumna of the School, Waltz joined the faculty near the end of Dean Marion Murphy's tenure (1966-1978). She was one of the first nurse educators to introduce the concept and practice of formal comprehensive program education evaluation in schools of nursing.

degree of failure rate than latex gloves. She found that providers can help guard against glove defects by double gloving and by changing gloves often, especially when using non-latex gloves in higher-risk surgeries. Korniewicz is now an internationally recognized researcher whose work continues to inform the field of infection control.

Deborah Shelton, PhD, RN, FAAN, an associate professor at the School in the late 1990s, investigated the behavior and treatment of youth offenders with behavioral disorders. She examined the treatment costs and patterns of service for children and teens within the juvenile correction system. In a landmark study, she found that more than half of the young offenders had symptoms of emotional disorders—including anxiety, behavioral problems, and substance abuse—and they weren't receiving treatment for these problems. Her findings ignited interest among child advocacy groups and lawmakers in Maryland, who have since enacted the nation's first legislation requiring mental health and drug abuse



Left to right: Mary Neal uses her specially designed rocking hammock. (circa early 1960s); Karen Dennis consults with a patient on the effects of obesity on the heart. (circa late 1980s); Denise Korniewicz compares barrier quality of non-latex and latex surgical gloves. (circa late 1990s)

Associate Professor Karen E. Dennis, PhD, RN, examined the influence of emotional states, self-esteem, and confidence on weight loss and also examined links between body fat location in obese people and subsequent effects on heart disease. Her work during the late 1980s and 1990s showed that confidence was a determinant in weight loss, something that is still stressed today, and that upper body fat was a factor in higher rates of heart disease among women.

Denise Korniewicz, DNSc, RN, FAAN, a professor at the School in the late 1990s, became the nation's first nurse researcher to examine barrier quality and protection in vinyl and latex gloves. After analyzing nearly 12,000 surgical gloves, she determined that non-latex gloves showed a slightly higher

screening of all juvenile offenders. After the law was passed, the state launched pilot programs at several detention centers to ensure that assessments and treatment services were provided to the youth offenders after the screenings.

In the late 1990s and early 2000s, **Professor Barbara Smith, PhD, RN, FAAN**, conducted a series of studies, the first of its kind, on the use of exercise and nutrition as an intervention for individuals with AIDS, especially looking at the effects exercise had on depression related to AIDS medications. Through her groundbreaking work and subsequent inquiries, researchers determined that exercise has a profound impact on managing depression, and exercise treatments are now prescribed as part of a treatment plan for AIDS patients.

FROM CELLS TO SOCIETY:

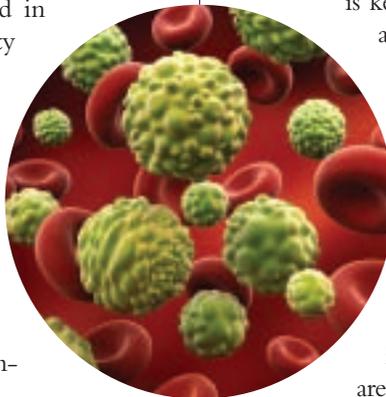
Solving the Puzzle of Better Health

Through groundbreaking science—conducted in the lab,
at the bedside, and in the community—the School’s
nurse researchers are pushing the boundaries of knowledge.

EDUCATING THE NEXT GENERATION OF NURSES may be a primary goal of the School of Nursing, but its faculty and students also conduct some of the nation’s most significant research in the health care field. With feet firmly planted in both the lab and the community at large, researchers at the School are ideally suited to meet the challenges in an ever-changing world of 21st-century health care.

From RNA and DNA modeling to global health issues and everything in between, research is conducted both in the lab and in the community, and in many cases both.

“Traditionally, we’ve thought of translational science or research as being from bench to bedside and then bedside to implementation,” says Associate Dean for Research **Susan G. Dorsey, PhD ’01, MS ’98, RN, FAAN**, “but I think now we realize there are plenty of places where you could go from



bedside to bench. Or from bench to bedside to clinical implementation and back. The point is that investigators from the School of Nursing are involved in groundbreaking science that occurs at all of these levels.” Collaboration

is key, of course, and researchers are actively involved in partnerships with government, researchers at other universities, and with hospitals and communities throughout the nation. “We don’t do our research in isolation or within four walls,” says Dorsey. “There are collaborative partners on campus, off campus, and in interdisciplinary fields. None of us are working in isolation.”

From studies investigating nerve damage (and resulting pain) in patients receiving chemotherapy, to the impact of pets on heart health, to the nature of conducting basic science research, investigators at the School of Nursing are at the forefront of translational science.



“We don’t do our research in isolation or within four walls. There are collaborative partners on campus, off campus, and in interdisciplinary fields. None of us are working within isolation.”

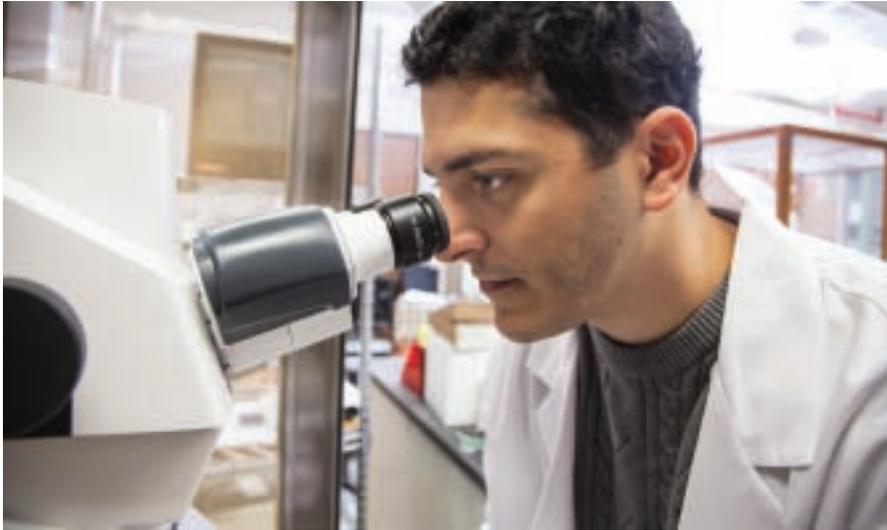
—SUSAN G. DORSEY, PhD, RN, FAAN





AT THE CELLULAR LEVEL

An “Upstream” Approach to Muscle Degeneration



Ramzi Khairallah examining calcium release from muscle cells.

MUSCLE DEGENERATION is a hallmark of Duchenne muscular dystrophy (DMD). Children born with DMD may have an abnormal gait. By age 12, they may be confined to a wheelchair; most with this form of muscular dystrophy will die by their mid-20s from respiratory or heart failure.

For researchers, understanding the cause of muscular degeneration—particularly the role that calcium-signaling plays in muscle degeneration—may hold a key to prevention. And specifically for **Ramzi Khairallah, PhD**, that means approaching the problem from “upstream”: In other words, not just understanding the effects of the injury, but what happens throughout the muscle when the injury occurs, from the first contraction all the way down to muscle damage.

Khairallah, a postdoctoral fellow at the School of Nursing, spent 18 months as a researcher studying DMD, muscle degeneration, and the effects of poorly regulated calcium on muscle fibers in a School of Nursing-sponsored lab led by Professor **Christopher Ward, PhD**.

In most healthy people, when a muscle is injured it eventually repairs itself. For instance, after a strenuous workout, a person might feel sore from the associated strain on his muscles, but he’ll fully recover with a little rest and time. In patients with muscular dystrophy, however, those muscles take considerably

longer to repair, and in some cases never recover at all—the result of excessive calcium building up inside the muscle, making it less apt to properly heal.

To better understand the sorts of muscular injuries DMD patients experience—and, subsequently, gain a better idea of how to prevent them—Khairallah was able to use an existing animal model of DMD to re-create a stretching injury similar to what a human might experience. He then studied how calcium enters the cell every time the muscle is stretched. Ultimately, Khairallah says, he found that every small stretch produces a signal that amplifies calcium entry into the cell. In DMD muscle, that signal is tremendously increased, leading to degeneration.

“Using a drug that is approved for a different disease,” he continues, “we were able to prevent injury in the DMD animal model.” The idea, he says, is to eventually develop a treatment that might prevent calcium buildup from happening, rather than waiting for an injury to occur and then treating that. —**Lauren Glenn**

POPULATION-BASED STUDIES

Improving Protection for Personal Care Assistants

“THERE ARE 3 MILLION PEOPLE today who provide home or nursing home care and are either not licensed or certified or have at a minimum 75 hours as a certified nurses assistant,” says Professor **Jane Lipscomb, PhD, RN, FAAN**. “They provide a huge safety net for people who need to be cared for outside the formal medical system, yet many don’t receive any of the protections those trained in health care receive.”

In 2009, Lipscomb and fellow researchers looked at one of the most dangerous aspects of the job—needle sticks—in a study that compared occupational blood exposure between unlicensed home-care workers and registered nurses (RNs) who provide home care.

Lipscomb and other researchers surveyed more than 1,000 personal care assistants (PCAs) and RNs regarding blood exposure. They found that while PCAs experience blood and body fluid contact at one-third of the rate of RNs, PCAs who handled needles or changed wound dressings were at an increased risk of injury when compared with RNs.

After gathering information from the focus groups, Lipscomb, working in partnership with a Chicago-based home health care service, led a day-long intervention involving

ANIMAL MODELS

Understanding—and Halting—Pain in Chemotherapy

PAIN, says Assistant Professor **Cynthia Renn, PhD, MS '98, RN**, is a hot-button issue in the research world today. And if anyone understands pain, it's a patient who's undergoing chemotherapy who may experience it on multiple levels, particularly a form of nerve pain called painful peripheral neuropathy—a sensation in the extremities that can be agonizing.

In many cases, that pain can be attributed to nerve damage resulting directly from the chemotherapy drugs. In the worst circumstances, a physician might be forced to alter—or even stop—therapy. And, while physicians and scientists realize that something about these drugs attacks the nervous system, no one understands exactly why or how, says Renn. Through her research, Renn hopes to gain a better understanding of why chemotherapy drugs cause such nerve damage. “We want to prevent it from happening and reduce the impact on patients,” she says. “Or, if we can't stop it, we at least

want to make their pain lessen.”

To do that, Renn and her colleagues developed an animal model similar to what humans experience with chemotherapy—including allodynia, or a painful response to a nonpainful stimulus. “Generally with pain, when nerves become injured, they become hyperactive,” she explains. “As a result, they respond with a bigger bang for the buck than uninjured ones.”

With an animal model in place, Renn and her colleagues are analyzing the chemotherapy drug oxaliplatin—chosen because of its common use—to determine whether the resulting nerve damage is occurring in the central



Cynthia Renn measuring cell culture medium.

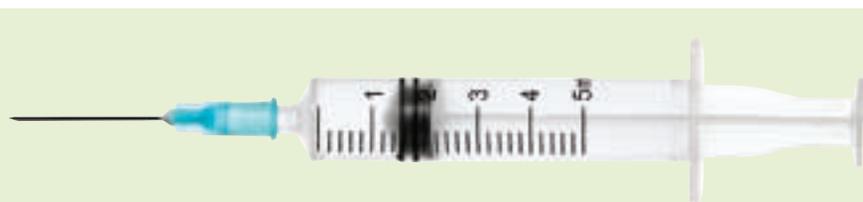
nervous system, which consists of the brain and spinal cord, or the peripheral nervous system, which connects the brain and spinal cord to the rest of the body and carries the signals needed for sensation and movement. (Renn's research team, she says, speculate it's happening in both.) Understanding the pathway by which chemotherapy-induced pain is transmitted, she explains, is an important step in figuring out how to prevent it.

Ultimately, Renn says, the goal is to develop a medication or therapy that might alleviate or prevent the pain. “A lot of the (pain) signaling pathways are already pretty well mapped,” Renn says. “We could potentially find a drug that will block that pain or prevent it from occurring.” —L.G.

presentations to more than 1,000 PCAs on protecting oneself from blood exposure and how to avoid other hazards on the job. Among other initiatives, Lipscomb and her colleagues worked with pharmacies in the area to get them to provide homebound patients with proper disposal containers for needles. “A number of injuries occur when a home health care worker goes to change a patient's sheets and because that patient is a diabetic and had been giving themselves insulin in bed, needles end up in the sheets.”

Six months after the initial intervention, Lipscomb led a “booster” training session, and now her research partners at the University of Illinois at Chicago have an ongoing grant to continue training PCAs.

“PCAs are a population that's really quite invisible, but they're beginning to receive more attention on the policy front, as we try to figure out how to care for our aging population outside of an acute-care setting,” says Lipscomb. —Joe Sugarman





AT THE CELLULAR LEVEL

Targeting Pain in Spinal Cord Injury

ACROSS THE UNITED STATES, some 200,000 Americans suffer from spinal cord injury, and between 12,000 and 20,000 people sustain new injuries each year, according to the Centers for Disease Control.

In addition to experiencing loss of motor function, people with such injuries often endure neurogenic pain from damage to nerves in the spinal cord. For some sufferers, this pain, or an intense burning or stinging sensation, can be unremitting—severely impacting their quality of life.

Susan G. Dorsey, PhD '01, MS '98, RN, FAAN, associate dean for research at the School of Nursing, and Alan Faden, MD, director of the School of Medicine's Organized Research Center for Shock, Trauma, and Anesthesiology, have received \$3.5 million in funding from the National Institutes of Health to advance their work aimed at improving pain in spinal cord injured patients.

The new collaboration builds on earlier work in which they and their colleagues identified a promising neuroreceptor "target" for future study.

"We have done extensive work together looking at why there is reduced pain when you manipulate this target—a receptor

of Maryland, Baltimore Center for Pain Studies.

"We've uncovered the fact that this receptor gets 'turned on,' or 'upregulated,' when you have pain or noxious stimuli. In preclinical studies in mice that lack this receptor, locomotor function improved significantly more quickly, and they experienced less spinal cord injury pain than in animals with this receptor intact."

The researchers also found that the "genetic signature" in the spinal cord is significantly different in animals without the receptor.

One possible explanation for their findings, says Dorsey, is that in mice lacking the receptor, there is a smaller lesion volume and greater white matter sparing, factors that influence locomotor recovery and pain after injury.

With the significant amount of new funding, Dorsey, Faden and their team will conduct cell culture

"We have this therapeutic target. Now we have to understand how it and its associated cellular pathways can be manipulated to improve pain and function in patients."

—SUSAN G. DORSEY, PhD, RN, FAAN

known as trkB1—in mice," says Dorsey, who is director of the National Institute for Nursing Research P30-funded University

studies and further animal studies to examine specifically how regulation of this receptor affects locomotor function and pain. Noting the



Susan Dorsey, director of the University of Maryland, Baltimore Center for Pain Studies, also leads the School of Nursing's research efforts as the new Associate Dean for Research.

highly collaborative nature of the work (it is unusual to have two principal investigators on a single grant from different schools within the university, in this case Nursing and Medicine), Dorsey says she is very excited about the potential for what lies ahead.

"We have this therapeutic target," she says. "Now we have to understand how it and its associated cellular pathways can be manipulated to improve pain and function in patients. But first we have to figure out how to target this receptor ... and find out: Is it a druggable target?" —Sue De Pasquale

ANIMAL MODELS

Finding a Culprit in Neuropathy

CANCER AND AIDS used to be certain death sentences. But with the influx of dozens of antiretroviral drugs and cancer chemotherapeutics, many patients now treat these diseases as chronic conditions they can live with for decades, with the right treatment. Like all drugs, these compounds aren't without their side effects, but patients often have one consequence that far tops the rest: neuropathy, a numbness, tingling, burning, or shooting pain that usually starts in the toes and fingers and gradually may move up the limbs over time.

In the realm of side effects, neuropathy is uniquely awful, says Assistant Professor **Sherrie Lessans, PhD '10, RN**. "It's so painful for patients that they sometimes say they'd rather stop a lifesaving treatment than continue with this [pain]," she says.

Even for those patients who complete their therapy and beat their illness, the pain continues for the rest of their lives, she adds. "Since the pain and sensory problems linger on,

"[Neuropathy is] so painful for patients that they sometimes say they'd rather stop a lifesaving treatment than continue with this [pain]." —**SHERRIE LESSANS, PhD, RN**

they're left with this enduring legacy of their illness," she says.

When Lessans started her doctoral research at the School in 2003 with mentor Susan Dorsey and Dorsey's colleague, Cynthia Renn, the researchers were already pursuing what might cause this drug-induced neuropathy—information that, in turn,

might lead to a way to prevent or heal it. Almost since these therapies entered the market decades ago, doctors noticed that some patients developed significantly less neuropathy than

others. Some mouse models of neuropathy also had fewer symptoms than others. What could cause these differences?

A key part seems to be a molecule called brain-derived neurotrophic factor (BDNF). BDNF was already known to be critical during embryonic development, but researchers now understand that it's critical to the health and survival of mature neurons as well. Through a series of experiments, Dorsey, Renn, and Lessans experimentally manipulated first the level of BDNF in mice and the availability of a receptor for the BDNF molecule in the animals' spinal cords. These studies demonstrated that BDNF plays a critical role in the development of drug-induced nerve pain.

If researchers can develop therapies based on this evidence to administer while patients receive their HIV or cancer treatments, Lessans says, patients could eventually receive more concentrated doses of these drugs with fewer drawbacks.

"Patients could get in and out of chemo quicker," she adds, "and get on with their lives." —**Christen Brownlee**

Sherrie Lessans pipetting antibodies.





PATIENT STUDIES

The Making of an Addict

THE THINKING on what causes drug and alcohol abuse has changed over the past few decades. Rather than considering substance abuse a personal failing, researchers now recognize it as a disease caused by biological factors. But exactly what those factors are still remains largely unknown.

However, research by Associate Professor **Lynn Oswald, PhD, RN**, and her interdisciplinary team of investigators at the University of Maryland Schools of Nursing and Medicine and the Johns Hopkins School of Medicine is turning up some interesting clues into the origin of these disorders, all centering around a brain chemical known as dopamine. Though less than 1 percent of connections between the brain's cells, known as synapses, take up and use dopamine, this chemical plays a surprisingly large role in many human behaviors, including motivation, responding to rewards, attention, and various aspects of learning.

It also plays a pivotal part in substance abuse, Oswald says. Virtually all drugs of abuse raise dopamine levels in the brain.

"We know that chronic drug abuse changes how the dopamine system functions," Oswald explains. "But it's also possible that there may be alterations in this system that predate drug use and make some people more vulnerable to abuse drugs."

Researchers have also long known that genetic factors may influence how dopamine acts in a person's brain and that stress can change the way dopamine affects the brain. Could stressors plus individual differences in the dopamine system set a person up to become an addict?

Although the study is still in progress, early findings suggest that one of the reasons why people with certain personality traits may be prone to abuse drugs is that they may have a greater



neurochemical response to them than people without these traits. Oswald and her colleagues have also compared individuals who have experienced a severe childhood trauma, such as child abuse, to those who haven't. None of these healthy individuals had any diagnosed substance abuse problems. Findings recently presented at the American College on Neuropsychopharmacology showed that people with childhood traumas had greater releases of dopamine in the brain following

POPULATION-BASED STUDIES

The Best Kept Secret in Maternity Care

HOW DOES THE CARE given by advanced practice registered nurses (APRNs) compare to that provided by physicians and other health care teams without APRNs?

That was the question School of Nursing colleagues Associate Professor **Meg Johantgen, PhD, RN** and Assistant Professor **Lily Fountain, MS, CNM, RN**, investigated when they collaborated with nine other researchers on their recent study, "Advanced Practice Nurse Outcomes 1990-2008: A Systemic Review." Their research suggests that APRNs garner similar and in some ways better outcomes than their physician counterparts.

Although anecdotal evidence had led many to the same conclusion for years, up until their research project, there had been no systemic investigation of previous studies, notes Johantgen. "Conducting a study like this was really a great opportunity to apply the

synthesis approach that has been used primarily in clinical trials and pharmaceutical testing to a broad question about advanced nurse practice compared to other providers," she says.

While the study examined all advanced practice nurses, Johantgen and Fountain concentrated on studies examining outcomes with certified nurse-midwives. The research synthesized 69 previously conducted studies. They found that nurse-midwives can produce outcomes as good or better than care delivered by a physician, while typically relying less on drugs and/or Cesarean sections.

"Our study enables consumers to look at maternity issues scientifically," says Fountain. "It's one thing to say, 'I hear that midwives have lower C-section rates,' but another to say that all of the literature for the past 20 years says yes, Cesarean rates are lower with midwifery care. And, if a woman cares about that,



amphetamine than those without this history—thus, potentially experiencing more pleasure from this drug. This group also appeared to be more reactive to stressors, revealed in a survey that asked them to rank how stressful they considered typical life events.

By delving further into why these differences exist, Oswald says, researchers can develop better ways of directing treatments to substance abusers.

“We know that treatment for substance abuse now is only moderately effective, at best,” she says. “If we understood more about the neurobiology that underlies these risks, then we might be able to develop specific treatments that better target the source of the problem.” —C.B.

she now has much stronger evidence to bolster that claim.”

Both researchers note that nurse-midwives have long played an important role in helping underserved populations with prenatal care and birth, but their role has often been misunderstood. “Midwives may be the best-kept secret in maternity care,” says Fountain. “But there are a lot of misperceptions about nurse-midwives. People think that we only do home births, for instance, but 95 percent of births that nurse-midwives attend are in the hospital; less than 1 percent are home births.”

Fountain notes that with all the changes in health care, relying more on nurse-midwives for maternity care is an increasingly viable option. “These findings come at a really key time for changing the maternity care system for the better,” she says.

—J.S.

AT THE CELLULAR LEVEL

When Calcium Signals Trouble



Luke Michaelson dissecting muscles.

LIKE RAMZI KHAIRALLAH (p.24), researcher **Luke Michaelson, PhD '12, RN**, is interested in Duchenne muscular dystrophy (DMD) and the role calcium plays in muscle wasting. Michaelson's research examines how calcium entry during muscle activation may contribute to the muscle wasting seen in the mouse version of DMD.

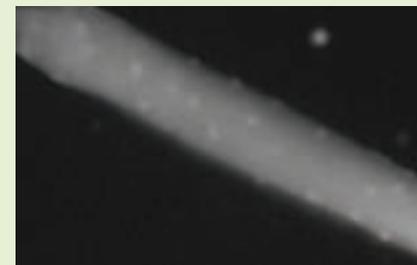
“A unique aspect of skeletal muscle is that it does not require external calcium to contract,” Michaelson says. “During muscle activation, calcium release from internal intracellular stores is

critical for activating contraction. While a small influx of calcium into the cell occurs with every contraction, it does not contribute to contraction but serves to replenish intracellular calcium stores.” In the mouse model of DMD, excessive calcium influx enters the muscle during depolarization. Scientists believe that transiently high calcium conditions within dystrophic skeletal muscle can be linked to muscle fiber degeneration, which underlies this devastating disease.

Current research, he notes, continues to explore the mechanisms responsible for controlling this type of calcium influx in the muscle—something Michaelson and his colleagues at the School of Nursing hope to investigate.

“Unfortunately there's no pharmacological therapy that exists to completely inhibit the process of muscle wasting associated with DMD,” Michaelson says. “We're trying to find different pathways that are implicated in the muscle-wasting process, which would open avenues for us or others to limit muscle fiber loss. My work suggests that excessive calcium influx during depolarization could be another potential target for preventing muscle failure associated with DMD.”

—L.G.



What an mdx flexor digitorum brevis mouse muscle fiber looks like when viewing it through the epifluorescent microscope, x20 magnification, excitation wavelength 360nm emission: 515nm. This muscle fiber had been loaded with the calcium indicator dye Fura-2 AM.



POPULATION-BASED STUDIES

Changing the Culture of Health Care Research



Karen Kauffman

HEALTH CARE RESEARCH in this country has typically been conducted as a one-way street with researchers asking questions or conducting experiments without much pre- or post-study engagement with their research participants. But one of the many goals of the Patient-Centered Outcomes Institute (PCORI), created by Congress as part of the Patient Protection and Affordable Care Act, aims to turn that paradigm on its head, creating more of a partnership between researcher and study participants.

During the winter, **Karen Kauffman, PhD, CRNP-BC**, associate professor and chair, Department of Family and Community Health, and a team of University of Maryland researchers, including principal investigator Daniel Mullins, PhD, a professor in the School of Pharmacy, received one of four contracts from the PCORI to develop a set of standards that should be followed by future investigators conducting research on “hard-to-reach” populations.

“While the goals for PCORI are many, the goal for this particular contract was to create standards for engaging people who are often under-represented in research, such as minority populations, those with low socioeconomic status, and those with physical or cognitive impairment, so that they will be part of the process from start to finish, learn about the results of the research, and be better informed to make decisions to improve their health,” says Kauffman.

Over the course of four very busy weeks, the team conducted 20 focus groups with 160 people throughout Maryland. The

PATIENT STUDIES

Pets: Good for Your Health

WHEN **ERIKA FRIEDMANN, PhD, AND SUE THOMAS, PhD, RN, FAAN**, started their research on how pets might affect cardiac health in the 1970s, dogs, cats, and their ilk were pleasant enough but weren’t thought to be any powerhouse of public health. Sure, pets might have psychological benefits for humans, but few researchers had even imagined that dogs or cats might have a physiological impact as well, especially on vulnerable populations such as the heart attack patients and the elderly in assisted living facilities.

“There was this general idea that pets are good,” Thomas says, “but we wanted hard science to back it up—not just whether they’re nice to have, but whether they might have real health benefits.”

To investigate this question, Friedmann, now a professor at the School of Nursing, and Thomas, now assistant dean for the School’s PhD program, began looking at whether pet ownership could predict survival after a year in patients who had severe heart disease. The results were clear: Pets exerted their own positive, independent effect in keeping these patients alive.

“It was the first real evidence that pets could influence physiologic health outcomes,” Friedmann says—findings that led them to several more decades of research on exactly what pets can do.

Nowadays, after publishing numerous papers on how pets can affect cardiac health, the duo and their colleagues are headed into a new area: the effect of

companion animals on general decline in assisted living facility residents. Recently, these researchers started a pilot study in which skilled handlers brought dogs into these facilities, asking residents to do things for these animals that many had stopped doing for themselves. Though the researchers haven’t yet analyzed the data, it’s clear that many patients are willing—which helps them to maintain vital skills. For example, Friedmann says, one generally inactive resident with Parkinson’s disease was willing to take treats from a plastic bag and feed a dog, a monumental task for him that took several minutes.

“Pets give many people a reason to get up in the morning,” Friedmann says. “They’re beneficial in ways we’re still discovering.” —**C.B.**

purpose of the focus groups was to glean from the participants their recommendations about everything from how to present information about the study beforehand to the best ways of disseminating post-study findings.

Through the focus groups, the researchers identified three guidelines for developing standards for research conducted according to the PCORI philosophy: 1. Establish trust with partners to build bridges for engagement. (“There’s a lot of talk devoted to building and maintaining trust, but doing it takes a long time and is rarely done well,” notes Kauffman.) 2. Pre-engagement with the community before any mention of research takes place. (“This is done by actively participating in community events, partnering with community representatives on non-research projects, and in other ways,” says Kauffman.) 3. Person-centeredness. (“People make health care choices and participate in research based upon who they are as individual persons, not just as patients.”)

Kauffman says the PCORI Methodology Committee was set to provide its report to its Board of Governors in May. “We are thrilled to have been involved with this project because we believe in its intent so passionately,” she says. “Part of health care reform is to reframe health care research as we know it today so that people are better able to evaluate health care options and make informed health care decisions.”
—J.S.



PATIENT STUDIES

Toward Better Recovery After Hip Fracture

HIP FRACTURES in the elderly are an enormous public health problem in the U.S. and elsewhere. In this nation alone, more than 320,000 people suffer a hip fracture each year. The consequences are often dire.



Hip fractures can dramatically affect a patient’s mobility, social connections, and mental outlook. Nearly half of patients never regain vital functions that they performed effortlessly beforehand, such as walking or bathing themselves. In the first year after a hip fracture, nearly a quarter will die.

But a hip fracture doesn’t have to be the beginning of the end, says Professor **Barbara Resnick, PhD ’96, RN, CRNP, FAAN, FAANP**, the Sonya Ziporkin Gershowitz Endowed Chair in Gerontology at the School of Nursing. “Having a hip fracture can be an opportunity to change health behaviors, engage in more physical activity, and improve bone health,” she says.

Toward this end, Resnick and many other researchers in the School of Nursing and the School of Medicine have been engaged for decades in the Baltimore Hip Studies (BHS).

Jay Magaziner, PhD, chair of the School of Medicine’s Department of Epidemiology and Public Health and executive director of the BHS, says that when the studies started in 1984, he and his colleagues’ main goal was to gather information on this then obscure problem. Through observational research, the team put hard numbers to hip fractures, generating many of the statistics that are now routinely used to describe this problem.

Now, nearly 30 years later, says BHS director Denise Orwig, PhD, researchers are testing interventions aimed at getting these patients back to baseline, or beyond.

Recently, Resnick led a study that tested how motivation might encourage hip fracture patients to exercise—a pivotal means to help them regain their health. Some patients worked out with a trainer who did exercises with them. Others went through the same exercises with a trainer who also encouraged them and pointed out the health benefits. A third group received just verbal exercise instruction but received similar motivational pep talks. Surprisingly, those who received verbal motivation engaged in the most physical activity.

It’s just one step, Resnick says, in helping hip fracture patients help themselves. —C.B.



Bim Akintade thrives in his role as a nurse educator.

Acutely EQUIPPED

Interview by Laurie Legum

At a time when nursing schools across the nation are facing a shortage of qualified faculty, great teachers are in high demand. Meet a relative newcomer to the faculty arena who is flourishing: Bimbola Akintade, PhD '11, MBA, MHA, MS '05, BSN '03. Now into his second year teaching Trauma, Critical Care, and Emergency Nursing at the School, Akintade is passionate about bringing his clinical expertise as an acute care nurse practitioner to the classroom. In the interview that follows, Akintade tells why he's quickly come to love being a nurse educator.

Why did you decide to pursue nursing as a profession?

My journey to becoming a nurse, which retrospectively seems like a blur, has been a rather interesting one. I originally went into nursing because I thought it would provide me with an opportunity to save money for medical school, as my childhood dream was to become a physician. Once I understood what the nursing profession was about and realized how much of a difference I could make for my patients and their families, I determined that the most important professional decision I could make was to become a nurse.

Why did you decide to go into teaching rather than stay in the clinical arena?

After working for two years as an acute care nurse practitioner in the Trauma/Surgical Critical Care department at Washington Hospital Center, I was presented with an opportunity to pursue my

doctoral degree at the School of Nursing. Following completion of my PhD, I found myself at a crossroads, not sure how to combine my clinical expertise and my research degree. My original goal was to transition bench research to the clinical arena. When I was offered a position as assistant professor at the School teaching courses including Diagnosis and Management of Complex Acute Care Problems and Advanced Pathophysiology of the Critically Ill, and formulating and conducting clinical simulations, it seemed the next logical step in my journey and a perfect way to combine my clinical and academic practice.

Why did you choose to teach at the University of Maryland School of Nursing?

There are several reasons why I opted to teach here. The graduate program is very competitive, and it is one of the top programs in the nation. Being a graduate of the School also had a tremendous impact on my decision. I'm a proud product of the program and feel a strong connection to it. I had a great experience as a student, and my goal as a faculty member is to build on all of the positive aspects of the program.

What does your clinical experience bring to the classroom?

As a faculty member, it's been invaluable to have had firsthand experience in the subjects that I teach. Working at a highly acclaimed teaching hospital, with a well respected Surgical Critical Care team, in a Level One trauma department helps tremendously when teaching students how to approach and engage critically ill patients. This experience enables me to incorporate my critical care expertise as a guide in the classroom to help students relate theoretical knowledge with practical application.

How has the move toward evidence-based practice affected your teaching?

It's had a tremendous impact. When I first entered the School's Acute Care Nurse Practitioner master's specialty in 2005, there wasn't an EBP component. Now, being back on the other side as a faculty member, I see EBP intertwined throughout the program. EBP has filled a gap of knowledge in the clinical arena by developing a process—from beginning to end—on how to implement evidence into practice. The School has done a superb job of incorporating EBP into the nursing curriculum and empowering students to evaluate current clinical practice, find gaps or ways to improve this practice, and conduct interventions; and it's giving students the tools to evaluate outcomes of these interventions on themselves and patients.



Bim Akintade conducts a class in Advanced Pathophysiology of the Critically Ill.

Did you make any special preparation to transition from clinical work to academia?

I have not completely transitioned from clinical practice to academia because my position as a faculty member in the Trauma Critical Care/Clinical Nurse Specialist program requires that I hold a dual appointment. I work 80 percent at the School of Nursing and 20 percent at Washington Hospital Center to maintain clinical skills. In preparation for my faculty role, I was assigned two mentors from the program: Kathryn VonReuden, MS, RN, CNS, FCCM, associate professor and interim director for the Trauma, Critical Care, and Emergency Nursing master's specialty, and fellow faculty member Jocelyn Farrar, DNP, CCRN, ACNP, assistant professor. They took the time to advise me and have provided me with the framework to build on.

What do you find rewarding about being a nurse educator?

Being a nurse educator is different from everything I have ever done. It is rewarding because it provides me with an opportunity to give back to my alma mater, but most importantly, it gives me an opportunity to be a mentor to nurse practitioner students. Based on my experiences as a former student and my current experience as a working nurse practitioner, I can help them avoid clinical pitfalls and guide them toward their clinical goals, in addition to writing and publication opportunities.

Alumni Pulse

CLASS NEWS AND NOTES



1940s

Jane Brown Johnson, DIN '47, and her husband, Wesley, moved to Oak Crest Retirement Community in Parkville, Md., four years ago. Jane is very involved with activities at Oak Crest and at her church. She also volunteers as a docent for UMSON's Living History Museum and is chair of the UMSON Alumni Association's Fellowship Committee, a position she has held for more than 30 years. Jane has four grandchildren and enjoys visiting them as often as possible.

Thelma I. Kleckner, DIN '47, BSN '72, MS '74, serves as a docent at the UMSON Living History Museum. She enjoys reading, working crossword puzzles, exercising, socializing with friends, spending time in Pennsylvania with her family, and attending plays. Kleckner was a member of the planning committee for her 65th UMSON reunion, held April 28, 2012, where she enjoyed reuniting with some of her classmates.

1950s

Miriam Dunbar, DIN '52, enjoys gardening and spending time with her family—a son and a daughter, both of whom live in Maryland. She worked at the University of Maryland Medical Center for her entire career, primarily in the medical surgical unit.



Susan K. Newbold, PhD '06, MS '83, RN-BC, FAAN, FHIMSS, created the Nursing Informatics Boot Camp, a two-day, intensive course that focuses on current informatics trends and issues in health care. It includes content for nurses who are interested in becoming ANCC board-certified informatics nurses, as well as other clinical professionals who are working in informatics and would like to become exposed to the course topics. Newbold is presenting the boot camp across the U.S.

Ann Davis, DIN '52, is retired and has two sons, both of whom live out of state. She enjoys getting together with friends and traveling.

1960s

Barbara Sue Edwards Brown, BSN '62, worked

as a visiting nurse with the Philadelphia Visiting Nurses Association after graduating from UMSON. She moved to Indianapolis in 1963 and worked in med-surg at the University of Indiana Hospital. She took time off to raise her children, and then went back to work part time in geriatrics and school nursing. She retired in June 2000, after working as a

her community and in her church, and visiting her family in Ohio, Conn., and Pa. She was among the members of the Class of 1962 who celebrated their 50th reunion on April 28.

1970s

Kathleen Kelly Bransford, BSN '70, lived in Berlin, Germany, and worked in a

school nurse for 20 years in Maryland and Pennsylvania. Barbara has three children and six grandchildren. She moved 20 times in 50 years of marriage (it will be 50 years in August 2012), due to her husband's job, and now resides in Bethany Beach, Del. She enjoys traveling, serving as a volunteer in

military hospital after graduation. When her husband was deployed to Vietnam, she returned to the U.S. and had her first child. Her first "real" job was in Cleveland, Ohio, where she was introduced to pediatric psychiatry. After her husband finished law school, they had another son and remained in Ohio for a few years before moving to Washington, D.C. She was shocked to find there were only 10 pediatric psych beds in all of D.C., so she took a job in psych and worked with older teens and young adults until her third child was born. She is amazed at how her pediatric psych experience helped her stay

Mildred "Millie" Omar Horodynski, PhD, BSN '72, FAAN, was inducted as a Fellow in the American Academy of Nursing in October 2011. She is currently a professor in the College of Nursing at Michigan State University. Her theory, research, education, and policy work promotes healthy feeding practices and obesity prevention for at-risk children. Her research focused on identifying the origins of eating habits and developing programs to modify those behaviors through parent education.





Janice M. Chance, BSN '75, was a guest speaker at the pre-concert ceremony for the Valentines for Veterans Concert, held Feb. 18, 2012, at the Joseph Meyerhoff Symphony Hall. She spoke about her volunteer work to honor the memory of her son, Jesse Melton III, a Marine Captain who was killed in 2008 while serving in Afghanistan. She is a member of the Gold Star Mothers (GSM), a group of mothers who have lost their sons and daughters during military service. She has served as chaplain for both the state and national chapters of GSM. Chance currently volunteers at the Walter Reed National Military Medical Center in Bethesda, Md., and at the Baltimore VA Medical Center.

level-headed while raising three children and living in a very busy political city with a very busy lawyer husband. Kathleen became interested in art and ventured into enamel work, which is what she is doing today.

Linda Anne Brockwell, BSN '71, moved to Arizona in 2008, got divorced a year later, took back her maiden name, and has not looked back since. She says the weather is awesome, her job is fantastic, and the people she works with are incredible. She is currently serving as Chief Nursing Officer at Wickenburg Community Hospital in Wickenburg, Ariz.

Barbara Hudson, BSN '75, spent several years as an Army nurse, with her first assignment as charge nurse on a 10-bed cardiac step-down/19-bed Hematology/Oncology floor. She then spent several years working in Recovery Room/Surgical ICU (Army) and Cardiothoracic ICU (civilian) units. She later tried Psych/Chemical Dependency and home

health nursing. She moved to Louisiana last summer and got her Louisiana RN license. She now works for a safety school that conducts drug tests and is teaching U.S. Coast Guard-approved Medical Care Provider classes for maritime workers.

Maria Perrotta, BSN '75, received her MSN from Catholic University in 1983 and her nurse practitioner certificate from George Washington University in

in the University Hospital cafeteria when the windows were open to the fresh air.

1980s

Stephanie Johnson-Dean, BSN '80, is a clinical nurse IV at Duke University Health System in Raleigh, N.C.

Mary Ann Bruchalski Aron, BSN '82, is a clinical research coordinator at Morristown Medical Center in Morristown, N.J.

Margaret C. Wilmoth, PhD, MS '79, BSN '75, RN, FAAN, has been appointed the first dean of the newly reorganized Byrdine F. Lewis School of Nursing and Health Professions at Georgia State University (GSU). In addition to the nursing school, Wilmoth will lead GSU's programs in nutrition, respiratory therapy, and physical therapy. In 2009-2010, Wilmoth was a Robert Wood Johnson Health Policy Fellow and spent 18 months working in Washington, D.C. with Fellows from other health disciplines. She has served as a brigadier general in the Army Reserves since 1981, and was the first nurse and the first woman to command a medical brigade as a general officer.



1989. She has worked at the Health Clinic at University of Maryland, College Park since fall 1991. She recalls attending UMSON and living in Parson's Hall before the Inner Harbor was renovated. She has memories of eating meals

She earned an MSN from Rutgers University in 1990.

Laurel Ann Phipps Moody, BSN '82, is a Health Services Specialist for Baltimore County Public Schools. She earned a master's degree in

Health Care Administration from University of Maryland University College. She is currently pursuing a MSN at Stevenson University, with an anticipated graduation date of August 2012.

Ann Tierney Scheele, BSN '82, is an RN at Sibley Memorial Hospital in Washington, D.C.

Dawn Marie Kopf Donovan, BSN '84, lives and works in Bogart, Ga. She earned her MBA and is the owner of Donovan Legal Health Consulting.

LTC Denise Roskovensky McCormick, BSN '84, is a psychiatric nurse practitioner in the U.S. Army, and is

currently stationed at Katterbach Medical Clinic in Germany.

Cynthia Proctor Jackson, BSN '87, is employed as a GYN nurse coordinator at Faculty Physicians, Inc., in Baltimore.



Digna M. Wheatley, BSN '96, was honored last February by her high school, the Ivanna Eudora Kean High School, in the Virgin Islands. As student council president for the Class of 1988, she organized and led more than 1,200 Kean High School students on a march to the Legislature and Government House to request appropriation to build the school's first gymnasium. As a result of her efforts, \$600,000 in funding was secured, and the gymnasium was built in the early 1990s. In 2004, the Virgin Islands Legislature passed a bill to name the gym in Wheatley's honor, and in February 2012, the gym was renamed the "Digna Marie Wheatley Gymnasium." She is currently employed as Risk Manager at Howard County General Hospital in Columbia, Md.

Melanie Heltsley Osley, MBA, BSN '87, obtained her Associates in Risk Management Designation from the Insurance Institute of America. She also has certifications in health care quality and risk management and is a Distinguished Fellow of the American Society of Healthcare Risk Management. Osley currently works as a senior Clinical Risk Management Consultant with Medical Protective, a Berkshire Hathaway Company, providing risk, quality, and patient safety consultative services for hospitals, physicians, dentists, and surgical centers from Maine to Maryland. She is married to Robert Osley, a graduate of the University of Maryland Medical School's Fifth Pathway program and has lived in Connecticut for 23 years.

1990s

Derek E. Spencer, MS '99, BSN '90, is executive director of the JACQUES

Initiative, Institute of Human Virology, University of Maryland School of Medicine. The mission of the JACQUES Initiative is to provide a holistic care delivery model that provides long-term treatment success for urban populations infected with HIV. The focus is to decrease the morbidity and mortality associated with HIV through care delivery, while providing early intervention services through activities such as testing, outreach, and linkage to care.

Vivian Ebbesen-Fludd, MS '94, is currently an independent consultant in St. Croix, U.S. Virgin Islands. She previously served as Executive Director of Frederiksted Health Care, Inc.

She has also served as Commissioner of Health for the U.S. Virgin Islands—the first nurse to hold that position.

Joanna Aulick Smith, BSN '97, is employed as a patient advocate at Indiana Regional Medical Center in Indiana, Pa. She is currently pursuing an MS degree in Health Sciences Leadership at St. Vincent College in Latrobe, Pa.

Stacy Walsh-Pouch, MS '00, BSN '97, is currently employed as a nurse practitioner at Walter Reed National Military Medical Center in Bethesda, Md.

Donna Westervelt, MS '98, CRNP, CDE, is a nurse practitioner for the Diabetes

Management Service at Johns Hopkins Bayview Hospital in Baltimore, specializing in the evaluation and treatment of diabetes and its effect on peripheral nerves. She is also interested in working with patients to manage diabetes through the use of insulin pump therapy and continuous glucose monitoring.

Renee John Repique, MS '99, RN, has accepted a permanent appointment as Vice President, Chief Administrative Officer for Mental Health, and Chief Nursing Office (CNO) for Mental Health and Correctional Health Services at Jackson Health System in Miami, Fla. He went to Jackson in 2008 as the first CNO for Jackson Mental Health Hospital. He is currently a DNP student at Duke University School of Nursing.

2000s

Wendy Tolpa, BSN '00, is currently working as a certified neuroscience nurse at INOVA Health Systems in Falls Church, Va.

Kerri Gemmell Godwin, BSN '01, RNC-OB, RNC-EFM, a labor and

Patricia Gonce Morton, PhD '89, MS '79, RN, ACNP, FAAN, professor and associate dean for academic affairs at the University of Maryland School of Nursing, co-authored a 34-chapter, 500-page book, *Essentials of Critical Care Nursing: A Holistic Approach*, with Dorrie Fontaine, PhD, MS '77, RN, FAAN, dean of the University of Virginia School of Nursing.



delivery nurse since 2001, is currently enrolled in the School of Nursing's Master of Science program, nursing informatics specialty. She is employed at Johns Hopkins Bayview Hospital as an RNC OB.

Elisabeth Agbor-Tabi '02, earned a MPH in policy and finance from the Johns Hopkins Bloomberg School of Public Health in 2006, got married in 2007, and moved to New York City. She completed a Presidential Management Fellowship at the U.S. Department of Health and Human Services in 2008. She is currently working in global health as Senior Manager, Clinical Services, at ORBIS International in New York City.

Amy Sharpe Bazuzi, BSN '03, was employed as a staff RN at the Birthplace at MedStar Franklin Square, Baltimore, following graduation. She was cross-trained in labor and delivery, mother-baby, and high-risk pregnancy/ante partum. She moved to Springfield, Ill., in 2008 and worked in the Birth Center at St. John's Hospital. Amy was recently certified by the National Certification Corporation in Inpatient Obstetrics. She moved to the Quad-Cities area on the Mississippi River that serves as the border between Illinois and Iowa.

Staci Bruce, MS '07, is employed as a Public Health

Nurse Senior, RN II, at the Virginia Department of Health, Chesterfield Health District.

Brooke Corridon, BSN '07, is employed as an RN in the Emergency Department of Anne Arundel Medical Center in Annapolis, Md.

Jennifer L. Villa Bethell, MS '10, BSN '08, is working at the American Nurses Credentialing Center in Silver Spring, Md., where she is responsible for managing and developing content for the Magnet Learning Communities website.

Joey Goldberg, MS '09, is an Emergency Department Registered Nurse at MedStar Montgomery Medical Center (MMMC) in Olney, Md. He is co-chair of the MMC Nursing Collaborative Governance Design Team, the organization's first program of this type.

Jolaade A Adeyeye, BSN '10, is working as an RN at Northwest Hospital in Randallstown, Md.

Joyell Arscott, BSN '10, is currently enrolled in the PhD program at Duke University School of Nursing.

Ashley Conran, BSN '10, is a Clinical Nurse IV at MedStar Health, Franklin Square Hospital Center, Baltimore. She is currently studying forensic nursing at Johns Hopkins University.

Chimene O. Doue, BSN '10, is a staff nurse at Dimension Healthcare, Prince George's Hospital Center in Cheverly, Md.

Ye Ji Jeon, BSN '10, is currently employed as an RN at Lorien Nursing Home in Columbia, Md.

Jennie Marie Beck, MS '11, is engaged to Michael Anthony Robinson, II. She is an RN at Sinai Hospital in Baltimore.

Erica Cirillo Brinkley, DNP '11, was promoted to associate professor at the Community College of Baltimore County after

IN MEMORIAM

Elizabeth C. Carroll, DIN '40
Nina Katherine Kiddy Casey, BSN '52
Edna S. Clement, DIN '41
Bonnie Carey Clingan, BSN '63
Mary L. Elliott, BSN '52
Dorothy G. O'Halloran, BSN '93
Elizabeth A. Hamblet, MS '70
Eloise D. Hanna, DIN '47
Margaret F. Hart, MS '96
Joan V. Klag, DIN '48
Margaret Valliant Lidard, BSN '62
Donna Mae Mahrenholz, PhD '90, MS '82
Barbara S. Miller, BSN '09
Marjorie Brigham Miller, DIN '44
Mary Randolph, BSN '45
Rosie Louise Stanfield, MS '83, BSN '80

This list includes notices received by the University of Maryland School of Nursing from September 1, 2011, through May 17, 2012.

earning her DNP from the School of Nursing in 2011.

Nicole Brynes, BSN '11, was married to Samuel Hoffman (also a nurse) in June 2011. They now live in Minnesota, where Nicole is employed at the Mayo Clinic.

Alumni Share Your News!

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

(Please note that we reserve the right to edit submissions for length and clarity.)

Family First

As an internationally recognized expert on Alzheimer's disease, ANN MORRISON, PHD '02, MS '85, CS, RN, has headed research studies on the treatment, epidemiology, and care-giving issues related to dementia care; provided clinical care for dementia patients and caregivers; and lectured extensively on the topic of Alzheimer's disease research and care of the Alzheimer's disease patient, caregiver, and family.



She notes that, contrary to popular opinion, most families don't turn to nursing homes to care for their ailing family members. "Due to costs, emotional attachment, and cultural obligations, 90 percent of Alzheimer's patients are cared for at home," says Morrison, who recently launched her own private consulting firm, Morrison Associates LLC, which offers counseling for individual

families as well as health care institutions—including The Copper Ridge Institute, a dementia specific research and education center, and the Johns Hopkins Division of Geriatric Psychiatry.

"My work covers a wide range [of care]. I help families manage loved ones medically and behaviorally, do therapeutic work, and help [inform] the economics of in-home care. It's very rewarding to put all of these components together."

While earning her PhD, Morrison was involved in the development and first drug trials of compounds aimed at slowing the ravages of Alzheimer's disease. "I was on the frontlines of this research, one of very few nurses involved in the study, and I think I destroyed the notion that nurses could contribute little to research. I think the doctors in the study realized, 'Wow, she knows things,' which I do—thanks to my education at the School of Nursing," says Morrison.

Over the course of her career, Morrison has served on the faculty of the Johns Hopkins School of Medicine in the Division of Geriatric Psychiatry. At Hopkins, she also served as director of the Johns Hopkins Memory Center Caregiver and Family Program, and as an education specialist for Hopkins' Alzheimer's Disease Research Center. She also served as the Millicent Radlick Nurse Scholar at The Copper Ridge Institute. —Laurie Legum

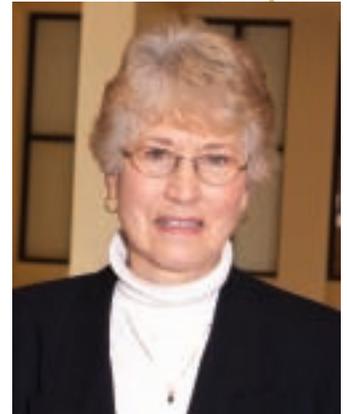
A Far-Reaching Career

EMILIE DEADY, MSN, MGA, BSN '72, who celebrated her 40th School of Nursing reunion in April, says that the catalyst for her varied career in nursing was a job she took at a nursing home during college.

"I went to college for one year and worked in a nursing home and loved it," says Deady, who then enrolled in a three-year diploma program. She went on to work as head nurse in a surgical unit recovery room at the Community General Hospital in Sterling, Ill., and then on the medical floor of George Washington University Hospital, before returning to nursing school full time to earn her Bachelor of Science in Nursing degree from the School of Nursing.

In 1979, Deady became President/CEO for the Visiting Nurses Association (VNA) of Northern Virginia, a position she held for 20 years. She also started VNA Community Hospice, where she helped establish major programs, strategic plans, community linkages, and communications systems.

Deady's most far-reaching post came when she signed on as deputy director of the Office of Medical Services in the U.S. Peace Corps. In that position, where she served from 1999 to 2007, she was



responsible for the administrative operations of health care provided to 7,000 volunteers in approximately 70 countries. "Working for the Peace Corps, I had to re-familiarize myself with communicable diseases, such as malaria, and I gained a new understanding of geography," says Deady.

As deputy director, she had to understand the clinical competencies of each developing country to determine who to post there, whether a host country physician should be hired, or if a physician or nurse practitioner had to be sent in to manage medical care.

Now retired, Deady continues to stay active in nursing by serving as a consultant for home health and hospice care and as a volunteer with the VNA. "Having the ability to reach people in their homes and serve as catalyst for change is very rewarding," she says. —LL

Florida Alumni Enjoy January Events

► **SCHOOL OF NURSING** alumni in the Naples area connected with fellow alumni and learned more about the School's continued growth and accomplishments at a luncheon hosted by Dean Janet Allan and Maureen Robinson on Jan. 20 at the Port Royal Club in Naples, Fla.

Front row: Patricia Morton, PhD '89, MS '79; Carolyn Cook Handa, BSN '63; Joan Bird-Eisenhauer, BSN '56; and Eugenia Kiser, DIN '47.

Back row (left to right): Dorrie Fontaine, PhD, MS '77; Dean Janet Allan; Ellen Brahim, BSN '79; Helen Dearborn, BSN '61; Laurie Rockelli, PhD '08; Deborah Chapa, PhD '06; and Christine Pintz, PhD '06.



◀ **DEAN JANET ALLAN** and Joyce Rosenblatt, MS '73, hosted a brunch for Central Florida alumni on Jan. 21 at the Nancy Lopez Golf Club at The Villages. The event brought alumni together to learn more about the many exciting developments at the School of Nursing.

Front row: Sandra Schoenfisch, MS '76; Janice Ulmer, PhD '91; Dean Janet Allan; Joyce Rosenblatt, MS '73; Shirley Edwards, BSN '78; Dale Creighton, BSN '58; and Brenda Lockley, MS '85.

Back row (left to right): Claudette Clunan, BSN '72; Mary Charlene Ricciuti, BSN '77; Wanda Wade Abbott, BSN '75; Daniel O'Neal, BSN '66; and Gail Burke, BSN '75.

2012 Alumni Reunion Celebration

THE ANNUAL SCHOOL OF NURSING ALUMNI REUNION was held Saturday, April 28. More than 130 alumni, faculty, and guests gathered at the School to celebrate class years ending in “2” and “7.” Members of the Class of 1962, celebrating their 50th anniversary, were inducted as the new Heritage Class. To enjoy more photos from the event, visit <http://nursing.umaryland.edu/alumni/events>.



1. 2012 DISTINGUISHED ALUMNI AWARD

Dean Janet Allan, left, presented Dorrie K. Fontaine, PhD, MS '77, with the School of Nursing's 2012 Distinguished Alumni Award. Fontaine is the Sadie Heath Cabaniss Professor of Nursing and dean of the University of Virginia (UVA) School of Nursing. Her passion for critical care nursing underlies her distinguished career as a clinician, scholar, researcher, educator, and professional leader.

2. NEW HERITAGE CLASS – THE CLASS OF 1962

The Class of 1962 celebrated its 50th Anniversary and its induction into the School of Nursing's Heritage Class. Its also attained the highest Reunion Class Gift participation rate—28 percent!

Row 1, (left to right): Norma Kempfer Francis, Doris Chamberlain Cooper, Susan Kimmel Seiler Lerner, Barbara Maier Floyd, Dean Janet Allan.

Row 2, (left to right): Miriam Holland Levy, Ann Meyers Harrison, Hermi Nudo, Joan Meredith, Mary Todd Garcia.

Row 3, (left to right): Helen Ross Johnson, Frances Zorn Callahan, Ann Seymour Madison, Harriet Kincaid Leap, Nancy Stevens White, Gwen Wise Callahan.

3. CLASS OF 1967

Row 1, (left to right): Carol Davidson Tessman, Cecilia “Chita” Brun Del Re Abbott, Nancy Peck Sullivan, Patricia Bonville Falkler, Dorothy Early Douglas, Dana Den Herder Wetter, Dean Janet Allan.

Row 2, (left to right): Carol Wagner Capozzoli, Carol Demsey Fordham, Anne Hammerlund Cole, Barbara Degraw Hobbs.

Row 3, (left to right): Susan Laibe Clark, Peg Brown Trimble, Jo Gail Hunt Wenzel, Judith Grove Flemmens, Betty Callahan Rehkemper.

**4. CLASS OF 1972**

Seated (left to right): Mary Morphet Brown, Karen Johnson Cucina, Jean Clark, Natalie "DeDe" Kiernan Rook, Melinda Michaels Stewart, Doris Wilson.

Standing, (left to right): Mariah Dolan McCarthy, Debbie Nanni Dang, Jean Jones, Emilie Deady, Patti Hong, Alice O'Keefe Demarais, Barbara Smith Dorsch, Barbara Strasberger, Dianne Mackert, Patti Wise, Cathy Dempsey Wood, Jane Wobbeking, Cheryl Battee.

**5. THE CLASS OF 1982 – LARGEST TURNOUT!**

Through the extraordinary efforts of Mindy Serp Doring, Diane Stanoski Michalek and Mary Kay Ratigan, the Class of 1982 enjoyed the largest turnout at the reunion, with 21 classmates gathering to reconnect and celebrate their 30th Reunion.

6. THE CLASS OF 1947 – CELEBRATED THEIR 65TH REUNION

Standing (left to right): Thelma Kleckner, Georgia Rosus Boulmetis, Mary France Dennis, Rusty Brandon, Jane Brown Johnson, and Ann Cochran Hubbard.

Seated: Christine Raab Weber.

**SAVE THE DATE**

FOR REUNION 2013 – Saturday, April 27, 2013!

Reunion 2013 festivities will honor undergraduate classes ending in "3" and "8." Save the date and come to Baltimore to reconnect with classmates and renew your pride in the University of Maryland School of Nursing! Look for your invitation in fall 2012. To volunteer as a Class Representative, 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.

PHILANTHROPY



**Making
an impact.
Influencing
change.
Giving back.**

Throughout our lives, we are presented with situations that test our mettle. Juggling classes, jobs, and family commitments. Trying to land the ideal position, surviving grueling work schedules, coping with the heartache of losing a patient. Fielding challenges with colleagues, family crises, and even personal health difficulties. We gather our strength, our determination, and our courage, and we strive to do our utmost, to be our best.

Nurses take action; they intervene for the better and make a difference. The pay and/or hours may leave something to be desired, and the recognition is often less than deserved. But, the enormous sense of satisfaction in achieving the end result is unequivocal: The patient has improved, the health care delivery system is streamlined, the nursing student fully realizes his or her potential, the research discovery is translated from bench to bedside—things are better because of nurses' contributions.

At the University of Maryland School of Nursing, the far-reaching impact of our tripartite mission is consistently demonstrated by the achievements of our faculty, staff, students, and alumni. Yet without private funding, the School of Nursing could not maintain its high standards. To those who have made the decision to give back, please accept our deepest gratitude. And to those who have not yet done so, we respectfully ask that you consider making a contribution. Regardless of the size and designation of your gift, you will be making a statement that you want to make a difference.

With sincere thanks,



Laurette L. Hankins
Associate Dean for Development and Alumni Relations



Meeting a Critical Need

AS A HEALTH SERVICES RESEARCHER at Lockheed Martin, Joseph Kelly, PhD, MBA, MS '85, BSN '77, heads a team of health care researchers who support the Department of Defense Clinical Quality Management Program by conducting research to improve clinical care for patients.

Kelly credits his education at the School of Nursing for providing him with a strong foundation in both the business and health care fields. "The School gave me a broad background in nursing that gave me my start in the profession," he says. "The clinical experience I gained and the graduate education I received at the School gave me some of the credentials I needed to be competitive for selection into the University of Pennsylvania's MBA/PhD dual degree program."

Though Kelly had been a longtime donor to the University of Maryland, he has stepped up his support for the School of Nursing within the last five years. "Not only did the School make my career possible, but it continues to educate nurses who are critical to the health care system. The School of Nursing is in the business of creating good nurses. I want to aide them in their mission," says Kelly.

Currently, Kelly makes outright gifts to support master's students in nursing management, which was his area of concentration. Within the next five years he will add a planned giving component to his support. "I don't think we ever have enough good managers in nursing," he says.

Kelly also supports the School's Wellmobile Program, which consists of nurse-managed traveling health clinics that provide health services for underserved communities and uninsured individuals. The mobile units also serve as training sites for School of Nursing students.

"Access to health care is critically important to all people. Unfortunately, in the United States it is difficult to get health care if you don't have money or a job. I think it's important to help those who don't have access to get the health care they need. That access includes, of course, prevention and education, not just care for existing conditions," says Kelly. —Laurie Legum



Giving is Contagious

HEDDY HUBBARD, PhD, MPH, BSN '73, says that her education at the School of Nursing prepared her for both her 30-year career at the U.S. Department of Health and Human Services as well as her current position as director of guidelines for the American Urological Association.

“Having a nursing background has proven to be immensely beneficial. It has provided me with a thorough and exceptional understanding of a vast array of medical conditions and treatments, and given me firsthand experience in health care delivery, thereby providing a thorough understanding of the policy as well as clinical issues involved in health services and systems,” she notes. “Nursing has also provided me with the education and experience to be a critical thinker and an excellent implementer of ideas and initiatives. It has allowed me to view patients and their conditions in a holistic way, which includes their families and communities.

Hubbard, who has made continued gifts of outright support, feels passionate about supporting her alma mater because she understands the importance of maintaining quality education to attract top-tier nursing students. “I worry that in the future we will not have enough nurses to care for our aging population. Nursing, to me, is a wonderful profession, and I want to contribute to it as much as possible. The School of Nursing is a top-ranked school, and therefore I want to donate to its future,” says Hubbard.

Hubbard’s parents were big proponents of education and were very supportive of their daughter’s nursing education, so she has also established a scholarship fund in their name. “I always think of my contribution as ‘in honor’ of them,” she says.

Hubbard’s financial contributions to the School are, in part, a way to give thanks for her own good fortune. “I have a wonderful family, splendid friends, a terrific career, and a very fulfilling life. I enjoy ‘giving back’ for all of the blessings I have. Giving is also a wonderful example that I pass on to my children, and, in a way, it is contagious,” she says —LL.



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Janet D. Allan
Anonymous
Floraine B. Applefeld
Estate of Carolyn V Arnold
Estate of Zabelle S. Howard Beard
Ann Bennett, MS '69
Marjorie Stamler Bergemann
Jean L. Bloom, DIN '46
Estate of Mary J. Brewer
Estate of E. L. Bunderman, DIN '31
Ann Ottney Cain
Estate of Dorothy C. Calafiore, BSN '51
Shirley E. Callahan, DIN '52
Avon B. Chisholm
Estate of Gladys B. and Lansdale G. Clagett
Estate of Bonnie L. Closson, BSN '61
Claudette Clunan, BSN '72
Stephen Cohen
Regina M. Cusson, MS '79
Celeste A. Dye, BSN '66
Mary H. Gilley, DIN '44
Lura Jane Emery, MS '79
Julie Fortier, MS '68
Carolyn Cook Handa, BSN '63
Sharon Hanopole, BSN '66
Barbara Heller-Walsh
Estate of Marie L. Hesselbach
Estate of Kjerstine K. Hoffman, DIN '47
Margaret H. Iles, DIN '53
Catherine Ingle, BSN '61
Estate of Mary McCotter Jackson
June Jennings, BSN '47 and E.R. Jennings
Jeanette Jones, MS '70
Jean W. Keenan, DIN '48
Debbie G. Kramer, MS '79, BSN '75
Cynthia P. Lewis, BSN '58 and Jack C. Lewis
Margaret A. McEntee, MS '73
Estate of Wealtha McGunn
Myrna Mamaril, MS '93
Estate of Lois Marriott
Beverly Meadows, MS '84, BSN '69
Joan L. Meredith, BSN '62
Sharon L. Michael, BSN '71
Nancy J. Miller, BSN '73
Patricia Gonce Morton, PhD '89, MS '79
Lyn Murphy, MS '01 and John Murphy
Elizabeth O'Connell, MS '74, BSN '73
Daniel O'Neal, BSN '66
Harriet Palmer-Willis, BSN '68
Charlene Passmore, BSN '77
Ann E. Roberts, BSN '93
Linda E. Rose, PhD '92
Estate of Amelia Carol Sanders, DIN '53
Patricia A. Saunders, BSN '68
Estate of William Donald Schaefer
Phyllis J. Sharp, BSN '50
Sandra Schoenfisch, MS '76
Ruth C. Schwalm, MS '66
Beverly Seeley
Deborah K. Shpritz, MS '82, BSN '78
and Louis Shpritz
Estate of Betty Lou Shubkagel, BSN '54
Estate of Anna Mae Slacum
Nancy T. Staggers, PhD '92, MS '84
Estate of Marie V. Stimpson, MS '89 BSN '84
Jacquelyn Jones Stone, MS '71
Courtney Ann Kehoe Thomas, BSN '66
and James P. Thomas*
Virginia D. Thorson, BSN '55
Estate of Norma C. Tinker, BSN '48
Estate of Martha C. Trate, BSN '48
Joella D. Warner, BSN '64
Estate of Patricia Yow

*Deceased

Her Legacy Lives On



DOROTHY CALAFIORE, DIN '51, DrPH, MS, BSN, spent 26 years working for the United States Public Health Service—a nursing career highlighted by the work she did in helping to develop a vaccine for measles.

As a recipient of a scholarship to attend nursing school, Calafiore felt passionate about giving back to the institution that enabled her to pursue nursing. Before her passing in 2007 she created a charitable gift annuity and also created a bequest that would leave a scholarship, named after her, to the School of Nursing. This year, Rachael Kersey was one of three scholarship recipients who benefited from Calafiore's philanthropy.

Following her graduation from University of Maryland, College Park, Kersey applied to the School of Nursing to pursue her BSN because of its national ranking, she says, and because she loved the educational atmosphere and diversity that the University of Maryland fostered.

"I feel honored to be chosen for the Dorothy Calafiore scholarship, and it has motivated me to challenge myself academically and set high standards of achievement," she says. "Alleviating even some amount of my student loans has been extremely beneficial in planning for my current and future educational needs. I plan on returning to nursing school to pursue an advanced practice degree. Having less debt will absolutely make it much easier to accomplish this," says Kersey. —LL

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

SOME POPULAR TYPES OF PLANNED GIFTS INCLUDE:

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

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

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

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

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Rites of Spring

These four jubilant members of the Class of 2012 were among 648 School of Nursing graduates who earned degrees at Commencement on May 18—the largest class of nurses in the state. For more on the day's festivities, see p. 6.