UNIVERSITY OF MARYLAND

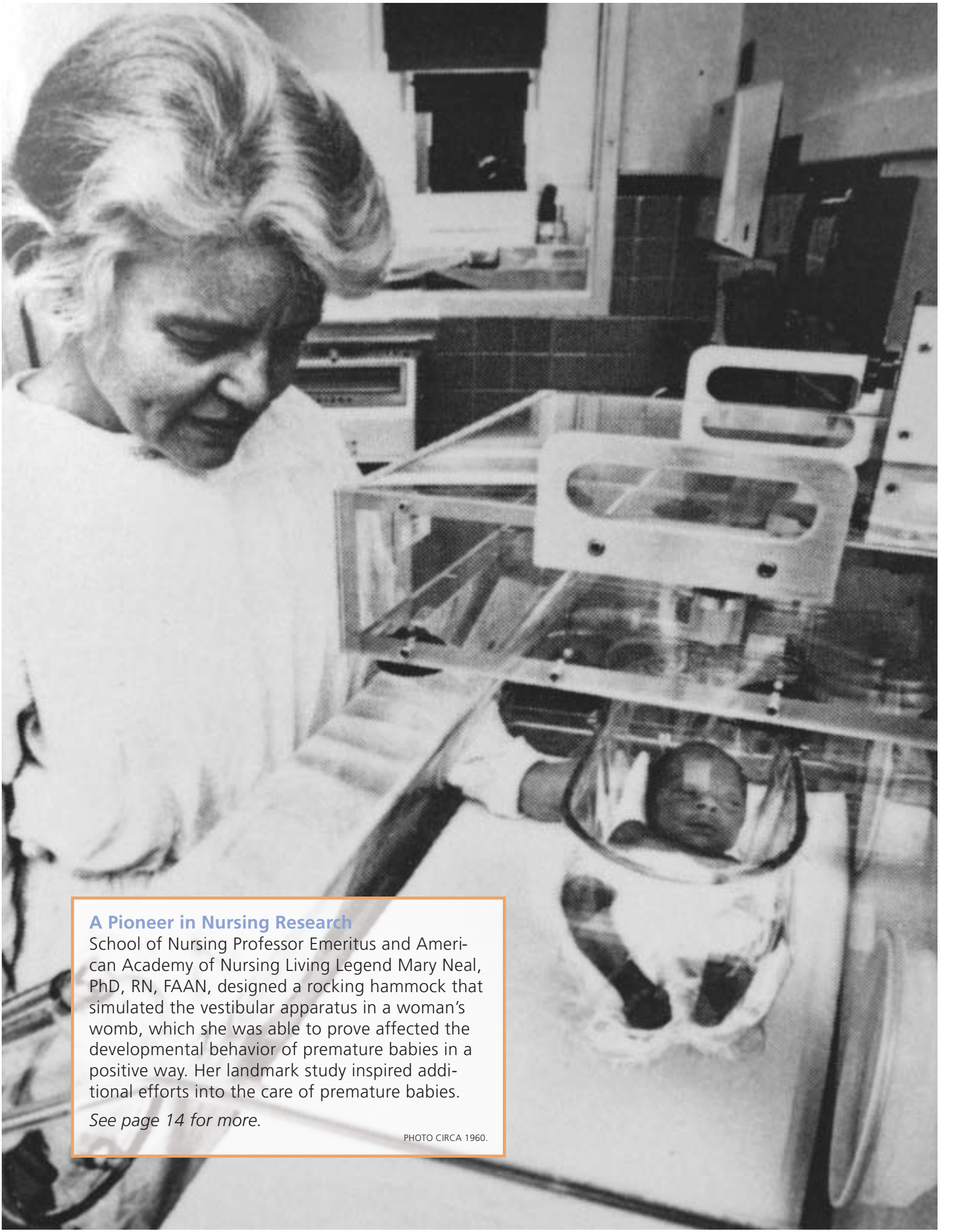
Nursing

The Magazine of the University of Maryland School of Nursing Fall/Winter 2010 Volume IV, Issue II

DISCOVERY ZONE

Research among nurse scientists is exploding. The result: Patients of all ages are benefiting from breakthroughs in care.

- PARTNERING TO BEAT BREAST CANCER
- NURSE ANESTHETISTS STEP IN
- UNDERGRADUATE EDUCATION EVOLVES



A Pioneer in Nursing Research

School of Nursing Professor Emeritus and American Academy of Nursing Living Legend Mary Neal, PhD, RN, FAAN, designed a rocking hammock that simulated the vestibular apparatus in a woman's womb, which she was able to prove affected the developmental behavior of premature babies in a positive way. Her landmark study inspired additional efforts into the care of premature babies.

See page 14 for more.

PHOTO CIRCA 1960.

Fall/Winter 2010 Volume IV, Issue II UNIVERSITY OF MARYLAND SCHOOL OF NURSING

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DEAN'S LETTER

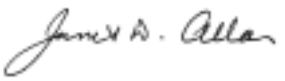
ASK THE AVERAGE PERSON WHAT they know about nursing research and they are likely to return a blank stare. Nurses doing research? You don't say. The great irony is that nursing pegged its professional legitimacy on research from the start, with Florence Nightingale's application of statistics to her meticulously recorded data on the Crimean War wounded. Her research findings furnished the evidence base for instituting hospital infection control practices (and saved innumerable lives otherwise lost to arsenic, mercury, and like "cures" for hygiene-related diseases peddled by 19th-century medicine). They also launched nursing on its professional trajectory.

The last issue of *NURSING*, which featured School of Nursing faculty members and students championing environmental health, also brought me back to Nightingale. The point is well taken: Much of nursing outside of care at the bedside is typically construed as an expansion into new territory, whereas in fact it is a return to our essential identity. Nursing's impressive pedigree has been historically obscured by employer demands, structural constraints, and the intractable dominance of the medical model. But times are changing. A federal policy shift from cure to care, from illness to wellness, from treating disease to treating people has gripped a nation desperate to stanch the flow of its Gross Domestic Product into a system that has failed to make good on the promise of improved health.

Nursing can rejoice in the Establishment's long overdue embrace of our focus on health promotion, prevention, and wellness. But this new reality imposes imperatives on nursing as well, which are exhaustively laid out by the Institute of Medicine (IOM) in its just-released report, *The Future of Nursing: Leading Change, Advancing Health*. Chief among these is a stepped-up research agenda to 1) lay the scientific groundwork for innovations that support reform—e.g., examining the comparative effectiveness of practice options, biobehavioral interventions to prevent chronic diseases, strategies to reduce health disparities—and 2) develop an evidence-based pedagogy that can ensure the enhanced competencies, interprofessional knowledge, and team practice skills demanded of nursing as the linchpin of health care delivery.

The IOM report offers a blueprint for moving forward, with recommendations for intensified preparation and scholarship: higher educational benchmarks across the profession and double the number of nurses with doctorates. Such measures will help ensure practice informed by best evidence, a replenished faculty pipeline, and an evolving knowledge base for sound clinical decision-making. Now more than ever, nursing will be called upon to demonstrate its professional bona fides with a growing body of scientific proofs directed at disease prevention, primary care, and promotion of health. Nightingale would expect nothing less.

The School has long been at the forefront of nursing research, the first in the nation to have dedicated space housing bench research. Today our faculty, students, and alumni continue to advance the progress of nursing science with renewed urgency, cognizant of increasingly high expectations born of increasingly urgent need. Read on for a glimpse down the multitude of pathways we are investigating, from the factors that influence reproductive health, to the delivery of care for osteoporosis, to how to maintain quality of life in the face of deadly disease. We hope you will join us on this journey.



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

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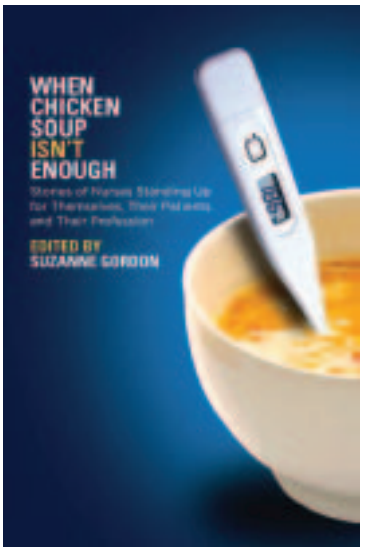
The True Meaning of Advocacy



WHEN CHICKEN SOUP ISN'T ENOUGH, edited by Visiting Professor Suzanne Gordon, BA, is a collection of stories about nurses standing up for themselves, their patients, and their profession. Gordon, who has been writing about nursing for more than two decades, firmly believes that while nurses are taught to advocate for their patients, they are not encouraged to advocate for themselves as health care professionals. "Sometimes I think nurses are taught that altruism means they have no needs at all," says Gordon.

Determined to change this mindset, Gordon investigates the term "advocacy" and its significance to nurses in her book. "The nurses in this book … have embraced the true meaning of advocacy," she says. "Their stories illustrate what it really means to advocate."

The book includes vignettes by three School of Nursing faculty members: Kathryn Lothschuetz Montgomery, PhD, RN, assistant professor and associate dean for strategic partnerships and initiatives; Jane Lipscomb, PhD, RN, FAAN, professor and director of the Work and Health Research Center; and Clola Robinson-Blake, MS, RN, adjunct clinical instructor. Their stories reinforce Gordon's message that nurses thrive when they stand up for themselves, their patients, and their profession. *Nurses standing up for themselves:* Robinson-Blake reflects on her personal experience of being bullied and belittled by fellow nurses while going through orientation on a hospital oncology unit. She vowed that as a preceptor herself, she would not let that happen to new nurses on the unit. "Instead of eating our young, we need to nourish them," she notes.

Nurses standing up for their patients and themselves: Lipscomb addresses the Marty Smith bill that became state law as a result of a health care professional who was murdered during a visit to the home of a mentally ill patient. "What happened to Marty Smith is an inevitable result of underfunding and neglect of both the mentally ill and the workers who try to care for them," says Lipscomb.

Nurses standing up for their profession: "It happens at times that a brilliant physician is wrong," says Montgomery, referring to a patient whose symptoms were identified by nurses, but ignored by a physician during a clinical trial in which she was involved. "To make matters worse, the mistake or problem is ignored because a hunch or trend that a nurse identifies is dismissed."

When Chicken Soup Isn't Enough–Nurses Standing Up for Themselves, Their Patients, and Their Profession consists of 70 compelling stories from nurses across the nation and around the globe who provide evidence of the power of the nursing profession to effect change. "To really feed their souls, nurses know that they need to fight for them," says Gordon.

To learn more about the book or to purchase a copy, go to http://suzannegordon.com. **—Patricia Adams**

School Receives Innovations Award

THE SCHOOL OF NURSING is proud to announce that Robin Newhouse, PhD, RN, NEA-BC, CNOR, assistant dean for the Doctor of Nursing Practice program, and her colleagues Dawn Mueller-Burke, PhD, RN, assistant professor, and Barbara Smith, PhD, RN, FAAN, associate dean for research, received the American Association of Colleges of Nursing (AACN) Innovations in Professional Nursing Award in the Academic Health Science Centers category. The award recognizes the work of AACN member schools to re-envision traditional models for nursing education and lead programmatic change. Newhouse and Dean Janet Allan accepted the award and a $1,000 cash prize on behalf of the School at AACN's fall meeting in November.

From left, AACN President Dr. Kathryn Potempa, Dr. Robin Newhouse, and Dean Janet Allan

The School received the award for using an innovative approach involving faculty and community stakeholders to enhance evidence-based practice (EBP) student learning outcomes throughout the undergraduate and graduate curriculums. In addition, Newhouse, Kathryn Montgomery, PhD, RN, associate dean for Strategic Partnerships and Initiatives; Karen Johnson, PhD, RN, assistant professor; Lyn Murphy, PhD, MBA, RN, assistant professor; and Kristin Seidl, PhD, RN, assistant professor, developed a 12-credit graduate level EBP Certificate to meet the needs for advanced EBP leadership within health care institutions. The courses will begin in the spring 2011 semester. **—Patricia Adams**

Event Recaps

SINI Celebrates 20th Anniversary

The 2010 Summer Institute for Nursing Informatics (SINI), held at the School of Nursing in July, marked the 20th anniversary of this event, which is considered the premier nursing informatics conference in the nation.

"I don't know of another event that has had such a tremendous impact on the growth of informatics and informaticians," said keynote speaker Connie White Delaney, PhD, RN, FAAN, FACMI, dean and professor, University of Minnesota School of Nursing.

Under the umbrella of this year's theme, "Nursing Informatics: From First Use to Meaningful Use," participants examined trends and developments that will enable clinicians, executives, educators, and researchers to transform health care.

"Nursing informatics has always focused on 'meaningful use,'" said Delaney. "The unique contributions that nursing, and consequently nursing informatics, brings to the breadth of the field of health care is our fundamental grounding in the meaning of life and health to individuals, families, and communities—and we always bring that perspective."

Leaders in the nursing informatics field, as well as presenters of peer-reviewed work, shared their knowledge and experiences throughout the three-day conference.

Mark your calendar for SINI 2011, "Real Meaningful Use—Evolution or Revolution?," scheduled for July 20-23 (preconferences July 18-20). Farzad Mostashari, MD, ScM,

Dr. Connie White Delaney (left) and Dean Janet Allan

deputy national coordinator for programs and policy, Office of the National Coordinator for Health Information Technology, U.S. Department of Health and Human Services, will be the keynote speaker. Watch the School of Nursing's website for information: http://nursing.umaryland.edu. **—Patricia Adams**

Informatics Alumni Honor Dr. Mills

More than 40 nursing informatics alumni attended a reception honoring School of Nursing Professor Mary Etta Mills, ScD, MS '73, BSN '71, RN, CNAA, FAAN, for her significant contributions to the field of nursing informatics and to the SINI conference. The event, held during SINI 2010, was hosted by the Office of Development and Alumni Relations.

From left, Dr. Carol A. Romano, Dean Janet Allan, and Dr. Mary Etta Mills

Reshaping the Way Nurses Are Taught

More than 500 people gathered at the School of Nursing in September to hear Patricia Benner, PhD, RN, FAAN, one of nursing's pre-eminent educators and theorists, present strategies that will radically reshape the way nurses are taught.

Benner offered findings and recommendations from the National Nursing Education Study—the first of its kind in more than 30 years—that was recently released by the Carnegie Foundation for the Advancement of Teaching. The study revealed a need to update the content and process for educating nurses to keep pace with advances in science, technology, and clinical practice.

The study lauded nursing for strong clinical learning and for being very effective in helping students develop a sense of professional identity. However, "the classroom is in really bad shape," said Benner, director of the research project. She said the report found "uneven and inadequate teaching, weak evidence-based literature searching and questioning, too much teaching of testing strategy, and almost no interdisciplinary teaching."

The Carnegie report recommends what Benner called "a major shift in nursing education from abstract theoretical classroom teaching to teaching for a sense of salience." By focusing on the relevancy of the content and contextualizing it, she said, "students are absolutely engaged because they know they are rehearsing for their practice." **—Patricia Fanning**

Dr. Patricia Benner

For more on Benner, see page 29.

BODE | CARIDHA | GRANT | HAUT | KABBE | McCLURE

Welcome New Faculty

CLAIRE BODE
MS '10, RN, CRNP-F
Clinical Instructor

ARTUR CARIDHA
PhD, RN
Assistant Professor
Shady Grove

MARIAN GRANT
DNP '10, RN, CRNP
Assistant Professor

CATHERINE HAUT
DNP, MS '93, RN
Assistant Professor

ANGELA KABBE
MSN, RN
Clinical Instructor

KAREN McCLURE
DNP, RN, CRNP
Assistant Professor

SARAH MILLER
MS '10, BSN '05, RN
Clinical Instructor

YOLANDA OGBOLU
MS '05, BSN '04, RN
Clinical Instructor

CHARLOTTE SECKMAN
PhD '08, RN-BC
Assistant Professor

NANCY STAGGERS
PhD '92, MS '85, RN, FAAN
Professor

ANITA TARZIAN
PhD '98, MS '96, RN
Associate Professor

DINA WOLF
MS, RN
Clinical Instructor
Coordinator, Clinical
Simulation Labs

MILLER | OGBOLU | SECKMAN | STAGGERS | TARZIAN | WOLF

Renowned Nurse Informatician Joins Faculty

THE SCHOOL OF NURSING recently welcomed renowned nurse informatician and alumna Nancy Staggers, PhD '92, MS '85, RN, FAAN, to its faculty ranks. Staggers has extensive experience in clinical informatics, from determining user requirements to application prototyping, system selection, large systems implementation, and enterprise system evaluation. She's held a variety of executive positions, including Associate Chief Information Officer, Information Technology Services for the Health Sciences Center, University of Utah; Program Director for the $138 million enterprise clinical information systems at Catholic Healthcare West; and Director for Corporate Informatics, U.S. Department of Defense (DOD). During her career with the DOD, Staggers led the program to select and manage an enterprise inpatient clinical information system, now installed in Army, Navy, and Air Force hospitals worldwide.

Her national leadership includes chairing the American Nurses Association task force to rewrite the scope and practice for U.S. nursing informatics in 2001 and 2008. She is currently co-chair for a Heath Information Management and Systems Society usability task force, which is developing a whitepaper on organizations' adoption of usability principles. She was co-editor for the journal *Computers, Informatics, Nursing* for 10 years. In her last position, Staggers was Nursing Informatics Program Director at the University of Utah where she taught systems implementation, project management, and human-computer interaction. Her area of research is human-computer interaction and interface design in health care applications. She has completed studies related to the optimal design of clinical systems applications for nurses; her most recent work relates to nursing handoffs.

Staggers spent 25 years in the U.S. Army and was the first formally trained informatics nurse in the Army Nurse Corps. In addition, she was the first PhD graduate in nursing informatics from the University of Maryland School of Nursing.

"I'm very pleased to be returning to the School of Nursing, now as a member of the faculty," says Staggers. "I am honored to be a small part of the School's Nursing Informatics specialty and delighted that it continues to be known as a premier program in the U.S."—**Patricia Adams**

Pam Shumate (left) and Amy Huang review Huang's documentation of patient care in a simulated patient's chart.

High-Tech and User Friendly

WHEN IT COMES TO using Electronic Health Records (EHR), Pam Shumate is determined that her students understand the technology so well that "they can hit the ground running" when they graduate.

Shumate, MS, RN, a clinical instructor at the Universities at Shady Grove (USG), explains that a new EHR initiative is being integrated broadly across the nursing curriculum at USG. It began with first-year students in the fall.

"For years now, we have used mannequins in our simulation lab for students to learn skills and gain confidence before they work with real patients. With our new simulated EHR system, Nheer Perfect, students get to practice documentation and working with patients' charts without altering a real patient's medical record or compromising patient safety. When they move from the lab to the hospital setting they know what they are doing," she explains.

"This is Web-based, and each student will have a password and will be able to document as though the system is live. The technology allows multiple students to practice on the same patient. Faculty members can check the documentation and connect electronic health records with simulations."

Students begin to become comfortable with the technology by doing physical assessments on each other and documenting their findings on the electronic record, she notes.

First-year student Amy Huang has found the system to be very user-friendly. "We can look up when a 'patient' had surgery, who the provider was, and who was part of the nursing team assigned to him, as well as what medication he is taking after the surgery," she says. "We can also document changes in the simulation lab mannequin's condition over the course of a week, and determine whether he is doing well or not."

In addition to improving patient care, the technology makes teaching more effective for instructors. "If our students are studying neurologic problems in class, I may not be able to give them a patient in clinical with a neurologic problem. In our simulated EHR system, I can create charts and make up case studies that are at my students' level," Shumate notes.

"The system is also convenient for students. It allows them to stop if necessary and complete the assignment at a later time. When they have their treatment program or progress note completed, they can electronically sign it and send it to their instructor. I can be at home reading their work and make notations for them. With this sort of training, students can make mistakes—and learn from them—without harming a patient."

Shumate has found that students are quick to embrace the new technology, finding it very positive for improving the quality of health care. "I hear, 'This makes so much sense. Next month when a patient returns, we can easily access his history and don't have to start from scratch,'" she says.

—Mary Medland

Course Correction

AS AN INDUSTRIAL engineering major at Purdue University, Ian Mitchard studied ways to ensure quality and efficiency in manufacturing systems.

Fittingly enough, after graduating in May 2003, he moved seamlessly into a job doing process and quality engineering work for a successful firm in Radford, Va., which manufactures electromagnetic motors.

Within a few years, however, Mitchard hit a stumbling block. "I wasn't getting the satisfaction I needed out of the job, in terms of helping people," he recalls. While his professional efforts helped produce more profits for the company's top management, he says, the factory workers on the floor didn't benefit. "There was definitely a disconnect for me," he says. "I felt like I was just going through the motions to [please] my supervisor."

Mitchard wanted time, and space, to reassess his life's direction. So he left his job to volunteer with Students Partnership Worldwide. The British group's Community Resource Program took him to Uganda. There he focused on educating the youth of the rural community of Buyende on organic farming techniques, environmental protection and restoration, and basic sanitation techniques

"It was an amazing experience," Mitchard says. "I lived out in the field for five-and-a-half months, with no electricity or running water, and learned all about a completely different culture." Near the end of his time there, his sister Emily came to visit. She was just finishing up a stint in the Peace Corps in Albarkaram, Niger. "She was talking about nursing, and it got me to thinking," says Michard, whose mother, Rosemary Eyre-Brook, is an anesthesiologist at Children's National Medical Center in Washington, D.C.

When Mitchard returned to the U.S., his mother arranged for him to do some "shadowing" at Children's Hospital. Mitchard was hooked. He began taking the necessary prerequisites for nursing school and this fall started full time in the Bachelor of Science in Nursing (BSN) program at the Universities at Shady Grove.

"I'm at this wonderful spot now in my life," he says. "I have this 10-year plan and I'm already two steps into it." Once he earns his BSN, Mitchard would like to work in intensive care, and then perhaps spend time as a flight nurse, transporting patients. Farther down the line he aims to return to nursing school for master's training to become a nurse anesthetist.

"I'm very excited," he says. "It's amazing to learn skills that I know I'm going to apply to help patients as soon as I get out of school." **—Sue De Pasquale**

Confronting Violence in the Health Care Workplace

MOST PEOPLE THINK of hospitals as places for healing. But the threat of violence—which can take many forms—can be a daily reality for nurses and other health care workers, creating a compelling need to properly address the issue, says Kate McPhaul, PhD '05, MPH, RN, assistant professor and program director for the School of Nursing's Community/Public Health Nursing master's specialty.

The issue gained national attention in September when a doctor at nearby Johns Hopkins Hospital was shot by the distraught son of a surgical patient. The shooter went on to kill both his mother and himself. The Hopkins doctor recovered.

"Health care workers face a unique situation in that violence is coming from our patients and visitors due to clinical reasons such as mental illness or head injury," says McPhaul. "Workplace violence also has an effect on job satisfaction, patient care quality, and nurse turnover."

With this in mind, McPhaul and other School faculty members are advising in the development of an evidence-based online training and educational resource that will be hosted on the National Institute for Occupational Safety and Health's (NIOSH) website.

"This program will set the standard on how health care workers should be trained to prevent violence, and it's exciting that School of Nursing faculty members are playing such a major role," says McPhaul.

McPhaul says that the workplace violence issues that nurses and other health care workers face go beyond physical risks. "Nurses also care about verbal abuse and hostility from patients, visitors, and even colleagues: incivility and bullying." The most common violent situations are those in which staff members are verbally assaulted by frustrated, disgruntled, or unhappy patients and visitors, she says.

"Hospitalizations create high stress for families, not to mention pain from surgery, medication interactions, and other factors that would make someone agitated or hostile. Less frequent but more dangerous are the confrontations with those who have a history of violence, which may or may not be known by the nurse, and who are under the influence or mentally unstable. Violent patients have physically assaulted staff resulting in severe bruises and contusions, and broken bones."

Dr. Kate McPhaul

McPhaul says that the online training content under development will include interactive and video elements using actors, to help learners better recognize and react to verbal violence. "Many staff feel that verbal hostility is 'part of the job' and that nothing can be done about it," she says. "We hope that once staff recognize verbal abuse, hostility, and verbal assaults and threats, they will be more likely to report it and less likely to tolerate it."

The training program will offer methods for dealing with violent situations, including verbal de-escalation, patient behavioral contracts, earlier use of security, controlled access to the building or ward, calling for assistance, and using an alarm system. While the program will initially focus on nurses, it will be as inclusive as possible to address the needs of all health care workers, McPhaul says.

The advantage of an online program backed by a federal agency (NIOSH is part of the Centers for Disease Control and Prevention), McPhaul says, is that it can be equally accessible to all health care facilities. Hospitals needn't front the cost of developing the program themselves, and can rest assured that the federally-backed program will incorporate mandated safety standards.

McPhaul says that the program will aid existing hospital staff, new employees, and nursing students, and that nurses may be able to earn continuing education requirements. "Any employer or nursing organization with an interest in patient and staff safety will benefit," she says. "This training is especially critical for nurses in the ER and mental health wards, for their safety. In the end, safety is safety—whether it's for staff, patients, or visitors. All should have equal priority."

After the training program is complete, there will be a piloting and evaluation process by nurses, hospitals, and professional organizations, among others, says McPhaul. She aims for the program to be online by early 2012.

—Gregory J. Alexander

Do Nurses Fare Better at Magnet Hospitals?

SINCE 1994, hospitals achieving Magnet status by the American Nurses Credentialing Center have boasted of nursing excellence, quality care, and innovations in nursing practice above that provided by hospitals not attaining the recognition.

Professor Alison M. Trinkoff, ScD, RN, FAAN explains that advances in nursing practice and leadership capabilities at Magnet-designated hospitals make those institutions attractive to nurses and patients alike. But along with her colleagues, she contemplated whether working conditions for nurses differ between the settings, noting the high nurse turnover and low retention rates at issue in United States hospitals.

After evaluating working conditions at 171 Magnet and non-Magnet designated hospitals through responses from 837 nurses, Trinkoff and her colleagues concluded that Magnet hospitals do not provide superior working conditions for nurses over non-Magnet designated hospitals.

The study, funded by the National Council of State Boards of Nursing and published in the July/August 2010 issue of the *Journal of Nursing Administration*, concluded that although nurses working in Magnet hospitals reported less mandatory overtime and on-call, their hours worked each day and each week were similar. In addition, there were no differences in psychological demands reported by the nurses, although nurses in Magnet-recognized hospitals reported fewer physical demands. On all other measures of working conditions, including nursing practice environment, patient safety culture, and overall job satisfaction, there were no significant disparities.

Dr. Alison M. Trinkoff

With regard to long work hours and tough working conditions at both Magnet and non-Magnet hospitals, Trinkoff maintains that work schedules, including a prevalence of 12-hour and longer nursing shifts and overtime requirements at most hospitals, affect the overall health of nurses and impact the care that patients receive.

"A great many nurses find the 12-hour shift wearing them down, draining and incompatible with other aspects of their lives," says Trinkoff, the study's lead investigator. "Nurses do not sleep well, rest well, recuperate well from injury, or practice well when they work 12 hours."

In general, Magnet and non-Magnet hospitals require the same long shifts, and nurses often cannot take their meal breaks and other needed respites.

"I certainly thought there would be more differences than there were," says Trinkoff. "The fact that we don't see a difference suggests it's something all hospitals could pay attention to."

"Nurses do not sleep well, rest well, recuperate well from injury, or practice well when they work 12 hours."

Another Trinkoff-led study evaluating the impact of work schedules on patient mortality indicators is expected to reach completion by the end of the year. "That's where we go from here," she says.

—Linda Esterson

Teaming Up to Battle Breast Cancer

MARYLAND HAS THE FIFTH-HIGHEST breast cancer death rate in the nation. In an effort to combat this multi-faceted disease, the School of Nursing has partnered with the Maryland Affiliate of Susan G. Komen for the Cure® to bring breast cancer information more effectively into the nursing education curriculum. Recently funded for a fifth year, the partnership has harnessed the latest advances in electronic learning to forge closer working relationships with educators in related health fields within the University System of Maryland—and to reach hundreds of students locally and thousands of practicing nurses around the nation.

The School is the first nursing school in the nation to receive a grant from the Komen Maryland Affiliate to advance knowledge about breast cancer treatment and care.

Key to the "Komen Maryland Affiliate Nursing Partnership: Advancing Education and Practice" is the development of new Web modules, which can be tapped by nursing students and practicing nurses to increase their knowledge of breast cancer-related epidemiology, diagnosis, pathophysiology, and treatment.

"Cancer is covered in many undergraduate courses; however, we were teaching from a generalist approach, not from a position of expertise, and we wanted to find a solution for this," says Sandra McLeskey, PhD, RN, professor and program director for the Komen Partnership. "The grant allowed us to develop these Web modules to provide expert-driven content to everyone." McLeskey created the electronic learning curriculum during her time as the "Komen Scholar-in-Residence" at the School, a position funded through the partnership grant.

The teaching modules provide a foundation of knowledge on every area of breast cancer—providing statistics, definitions, and quizzes that students can take. The Web modules are potentially available to more than 3 million practicing nurses worldwide.

The School partnered with Coppin State University and Bowie State University (and has plans to partner with Salisbury University next year) to incorporate the educational modules into the nursing curriculum at those institutions, says Deborah McGuire, PhD, RN, FAAN, professor and co-director of the grant. Additionally, recognizing breast cancer's effect on varied areas in health care, the School has now partnered with the University of Maryland Schools of Social Work and Pharmacy.

Working with McLeskey, "the School of Social Work expanded the modules to address the psycho-social areas of breast cancer, including the psychological impact on patients and families," says Julianne Oktay, PhD, MS, professor. For example, Oktay added information to help nurses more effectively identify depression in women who have been newly diagnosed with breast cancer.

Starting this year, the School of Pharmacy will also contribute to the evolution of the modules. "We expect to see an increased use of oral therapy [in breast cancer treatment], so it's important to address hormonal therapy drugs and oral chemotherapy and potential side effects," says James Trovato, PharmD, BCOP, associate professor. "We'll go through the modules and see where the pharmacist fits in and make the modules part of the required reading for School of Pharmacy students," says Trovato.

Two other components of the School's partnership with Komen include funding for a visiting professor and a distinguished lecturer, says McGuire. This year's visiting professor was Tish Knobf, PhD, RN, FAAN, director of the oncology master's program at Yale University School of Nursing. She has conducted groundbreaking research on weight gain in breast cancer patients. Knobf visited the School for two weeks during the fall.

Distinguished lecturer Patricia A. Ganz, MD, will come to campus in April. Ganz is director of the Division of Cancer Prevention and Control Research at UCLA's Jonsson Comprehensive Cancer Center. She will speak about her research on late effects of cancer treatment and improving the quality of care for cancer survivors.

The Komen Conferee component of the grant funds students from the School of Nursing and other partnering schools and universities to attend a leading breast cancer conference, typically the San Antonio Breast Cancer Symposium. Conferees from the School are most often master's-level oncology nursing students.

Amy Sidorski, PhD '07, ANP-BC, a nurse practitioner in the oncology department at St. Agnes Hospital, was a 2007 Komen Conferee. "The conference opened my eyes to the importance of research and how vital it is to have different groups within cancer treatment collaborate to help determine how best to treat our patients," she says. **—Gregory J. Alexander**

How do you think health care reform will affect primary care in Maryland?

Joanne E. King, MS '03, BSN '80, RN, CRNP

Nurse Practitioner, Cameron Medical Care Silver Spring, Md.

"A new era is beginning for nurses in Maryland and throughout the nation with the implementation of the recently signed health care bill. The changes instigated by the bill will legitimize the central role that nurse practitioners (NPs) and physician assistants play in the delivery of primary care. For the first time, the discussions about how to deliver care to a growing population emphasize the need for competent providers, not just physicians. I used to get angry when a health delivery analysis focused only on doctors and excluded the value of NPs and RNs. Finally, NPs have secured a firm role as cost-efficient, reliable providers of care.

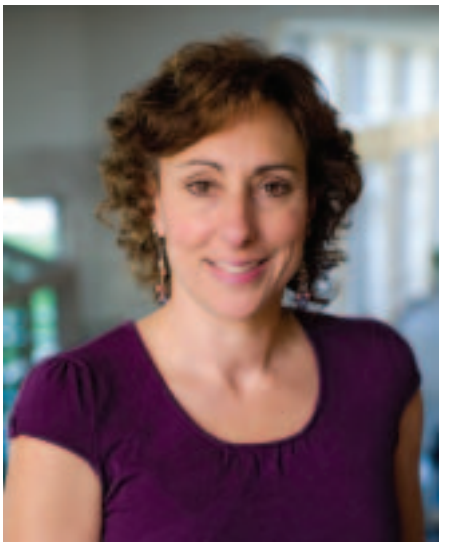
I am also excited about the medical home concept in which all health professionals are encouraged to practice at the highest limit of their ability. What a beautiful idea to allow NPs and RNs to have more authority and hopefully more job satisfaction. The team concept should lighten the load of an overburdened provider. In the not-too-distant future, I envision primary care given by teams of NPs, RNs, and others with the physicians used mostly for consultation on difficult cases."

Jane Kapustin PhD, BC-ADM, CRNP, FAANP

Associate Professor and Assistant Dean for the Master's Program, UMSON

"I view health care reform's effects from a utopian perspective: positive and far-reaching for the millions of previously uninsured individuals. Thanks to the Affordable Care Act, we are preparing for the increased demand for primary care providers by educating our graduates so they are aligned with new performance expectations. Nurse practitioners can lead patient-centered medical homes, since their focus is not just on disease management but also on disease prevention/health promotion. But further regulatory, credentialing, and reimbursement barriers need to be resolved. In October 2010, Maryland's NPs eliminated a cumbersome 19-page collaborative agreement requirement, and more patients will have unencumbered access to NPs.

The full potential of electronic medical records supported by health care reform will create and enhance linkages for comprehensive patient care coordination as care shifts from acute care facilities to community and primary care services. As infrastructure improves, more attention can be devoted to innovation and streamlined care modalities."



Leslee Gold, BSN, RN, current master's student

Cancer and Infusion Center, Northwest Hospital, Baltimore, Md.

"Before politics took over, very few Marylanders were opposed to health care reform's worthy goals of accountability, affordability, availability, and sustainability.

Here in Maryland and across the nation our health care delivery system is uneven. For example, some areas perform poorly in primary care metrics such as infant mortality and life expectancy.

Reform to ameliorate these problems sounds great. Despite this, the byproduct of a bill with 2,700 pages is a host of questions. From the providers' point of view, how will the reforms be implemented? Are there enough primary caregivers to cover the new load? Will primary care guidelines inject the government into the doctor-patient relationship?

From the patient's perspective, will those newly insured take advantage of their new benefits? Will patients be able to afford the co-pays? How will health care exchanges work? What about the individual mandate?"

Marianne Shaughnessy, PhD, RN, CRNP works with a post-stroke patient, circa 1997. *For more on Shaughnessy's research, see page 20.*

Observation and Experience

Nursing research has come a long way since the early work of Florence Nightingale.

By Patricia Adams and Dan Caughey

LIKE MANY ASPECTS OF MODERN NURSING, nursing research can trace its roots to Florence Nightingale. Her work came to prominence when she accumulated and analyzed complex information about conditions during the Crimean War (1854-56). For Nightingale, the power of statistics lay in their irrefutable nature. Research based on statistical findings became an indispensable tool in Nightingale's campaign to reform nursing. She once said, "Pathology teaches the harm that disease has done. But it teaches nothing more … Nothing but observation and experience will teach us the ways to maintain or to bring back the state of health."

Between 1900 and 1930, most nursing research was done by superintendents of hospital training schools and other nurse leaders. Much of the research during this era was limited in scope, concentrating on subjects such as administration of nursing education and curriculum, as well as functional questions such as how to improve service and skills. Little research was conducted into medical questions, though some studies were published on nursing procedures—such as taking temperatures and washing hands.

As nursing education moved into universities and colleges after World War II, 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 nursing concepts and theories. Nursing science, a novel term when first used in the early 1950's became familiar to successive generations of nursing students who learned to ask questions, think critically, and use research as a basis for their practice.

In many ways, the 1950's proved to be the turning point in the advancement of nursing research. The American Nurses Association (ANA) was at the forefront, approving a long-term project studying nursing functions and relationships in

Karen Kverno, PhD, RN
Associate Professor, University of Maryland School of Nursing

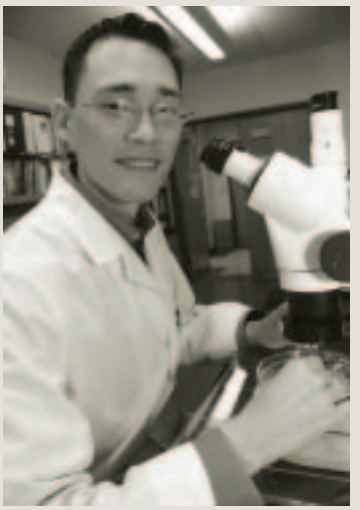
Kverno's research focuses on improving the evidence for non-pharmacological approaches to treating neuropsychiatric symptoms associated with dementia, and reducing unnecessary prescribing and polypharmacy for nursing home residents.

"The ultimate aim of my research is to improve the quality of life for adults with dementia."

Ruth McCorkle, PhD, BSN '69, RN, FAAN
Florence S. Wald Professor of Nursing, Yale University School of Nursing

Dr. McCorkle's research focuses on patient responses to cancer at critical points in the illness.

"My research has been and will continue to be used to establish guidelines for assessment of patients' symptoms," says the School of Nursing alumna, shown at left.



Luke Michaelson, MS '01, RN
Current PhD student, University of Maryland School of Nursing

Michaelson's research includes Ca2+ signaling and altered reactive oxygen species generation in mdx mouse skeletal muscle.

"My research aims to promote additional intervention possibilities that limit the progression of Duchenne Muscular Dystrophy."

1950. The ANA followed this initiative by providing research grants to graduate students in 1956, as well as conducting its own research. The federal government also began to appropriate funding for nursing research for the first time during the mid-'50s. The first research journal, *Nursing Research*, began publication in 1952.

Between the 1950s and 1970s the University of Maryland School of Nursing gradually built a learned faculty and prepared them to conduct research. By the late 1970's, the faculty was extensively involved in research and was publishing everything from books, chapters, and articles to clinical studies on patient care and health care delivery.

During the 1980s and 1990s, the School of Nursing made great strides in attracting renowned investigators to complement its existing cadre of research faculty, expanding the faculty's research portfolio. The School also dramatically improved its laboratory space and research facilities. During this period a greater emphasis on interdisciplinary work, as well as an ever-increasing amount of dedicated research funding, increased the impact of studies conducted at the School. By 2002, the School topped the $18 million mark in grants and contracts.

During the past decade, the School retained its place at the forefront of nursing research, launching two centers of Excellence: Work and Health Research, and Disorders of Neuroregulatory Function. These centers strengthen the foundation for scientific inquiry in an area of scholarship by providing an environment rich in specialized expertise, with opportunities for the integration of education and practice, and mentorship of new scholars. Also during the past decade, the School rose from 58th to 23rd place among nursing programs receiving research funding from the National Institutes of Health's National Institute of Nursing Research.

Today, the School continues to maintain an impressive group of research faculty and alumni, a strong record of publication, an international reputation for advancing nursing science and research, and a clear commitment and vision for the next phase of its research mission.

—*This article includes excerpts from "Building the Future," 2002.*

Discovery Zone

RESEARCH AMONG NURSE SCIENTISTS IS EXPLODING. THE RESULT: BREAKTHROUGHS IN CLINICAL CARE FOR PATIENTS AT EVERY STAGE OF LIFE.

STORY BY MARIA BLACKBURN

SCHOOL OF NURSING ALUMNA **Patricia A. Grady** pauses for a moment when she's asked to describe the scope of nursing research in the United States today. It's not that she doesn't have anything to say. It's that there's so much happening in nursing science she's unsure where to start.

"Nursing research is just exploding," says Grady, PhD, MS '68, RN, FAAN. "There's been an acceleration of activity to try to develop better ways of providing improved clinical care in the areas of symptom management, prevention, disease and disability, cultural sensitivity, and end of life."

For evidence, the longtime director of the National Institute of Nursing Research (NINR) at the National Institutes of Health (NIH) could point to NINR's budget, which has grown from $16 million in 1986 when the institute was founded, to $146 million today. Or she could mention how the number of total research grants the institute funds annually has tripled from 109 in 1986 to 315 in 2009. What's most telling, Grady says, are the stories of nursing research success that extend across the life cycle—the many NINR-funded studies that impact patients ranging from tiny newborns in the NICU who go home sooner, to stroke survivors with a reduced risk of depression.

"Nursing research is important because it improves the lives of people who are living with illness or at risk for illness," Grady says. "That's everybody."

Here at the School of Nursing, there has been a significant growth in research in recent years. In 2009 the School was awarded $2.4 million in funded research from NIH, ranking it 23rd in the nation. That's up from 58th in 2005.

Research is a critical component of the School's tripartite mission, says **Barbara Smith**, PhD, RN, FAAN, the School's associate dean for research. And through efforts that include supporting faculty grant applications, creating Centers of Excellence that unite faculty who share research interests, and starting the Research Intensive Faculty program that gives new faculty a reduced teaching load to help launch their research programs, her office has been able to help foster the growth in research at the School.

"To me, there are two things that inform the educational mission: You either have to be an active practitioner or an active researcher," says Smith, whose research focuses on exercise physiology as an intervention for people with chronic illnesses including HIV, breast cancer, and heart disease. "Both inform your teaching and keep it current."

But for Smith, as for many other nurses who engage in research, it's the patients that inspire such work. "When you explore and ask questions you come up with the evidence that helps drive practice," she says. "If we can improve patient outcomes through our research, that's the biggest positive effect that we could have."

Across the School and beyond, nurse scientists are engaged in research that aims to improve the health of patients at every point of the life span—from conception, through childhood, adolescence, adulthood, old age, and end of life. The stories that follow highlight the promising work of current faculty, student, and alumni researchers who are already making a difference.

"If we can improve patient outcomes through our research, that's the biggest positive effect that we could have."

— Barbara Smith, Associate Dean for Research

Prenatal to Adolescent

Reducing Violence Against Women and Babies

"So much of what determines a baby's health at birth is decided long before a mother reaches the hospital," says **Phyllis Sharps**, PhD '88, BSN '70, RN, CNE, FAAN. She has devoted her research career to understanding how such factors as intimate partner abuse, depression, and self-esteem can affect the physical and emotional health of mothers and babies, and determining what can be done to successfully intervene. It's all part of the holistic outlook Sharps says she and other nurse researchers share because of their nursing education.

Currently professor and chair of the Department of Community-Public Health Nursing at the Johns Hopkins University School of Nursing, Sharps is investigating a nurse home-visit intervention designed to keep abused women and their babies safe from intimate partner violence. Known as the Domestic Violence Enhanced Visitation Program (DOVE), it is a brochure-driven intervention funded through a $3.5 million grant from the National Institute of Nursing Research.

Between 4 and 19 percent of women experience intimate partner violence during pregnancy, and some 3 million to 10 million children witness this violence every year. Through home visits by nurses, says Sharps, "we are helping [women] understand how intimate partner violence affects their health and is related to the health of their pregnancy and infant outcomes, and we are sharing with them options for keeping themselves and their babies safe." Nurses share information about sources of community support and the importance of creating a safety plan.

DOVE, which is being tested in Baltimore City and in Missouri with more than 200 enrolled mothers and their babies, is unique, she says. Although home visits have been shown to make a difference in women and infant health outcomes, there have been few specific home visit protocols used to prevent and reduce intimate partner violence against women.

Women who are eligible for the study either have a history of abuse in the year before their pregnancy or are experiencing intimate partner violence during their current pregnancy. Once mothers agree to participate in the study and give consent, they are randomly assigned to receive either the DOVE nurse home intervention or the usual health department home visit care. The study runs from 31 weeks into their pregnancy through birth and up until the time of their baby's second birthday.

"If the research shows DOVE intervention works, we hope to bring the program to other health departments and in turn reduce violence against women and their babies," she says. "Violence against women is more than a legal issue and a criminal issue. It's a major health issue."

Intervene Early to Prevent Smoking

Cigarette smoking is the leading cause of premature, preventable death in the United States. Each year smoking causes an average of 438,000 deaths from cancer, heart disease, stroke, and lung disease, according to the National Cancer Institute.

For years the conventional wisdom in smoking research was that smokers don't show signs of daily cigarette addiction until adulthood. But here at the School of Nursing, Professor **Carla Storr**, ScD, RN, is shedding light on the fact that nicotine addiction can start well before smokers are old enough to legally buy cigarettes. Using data from large-scale national surveys, Storr was able to show in a study published in 2008 in *Nicotine and Tobacco Research* that there is a small proportion of youth, who, once they start smoking, move on to meeting dependence criteria very rapidly—within a two-year period.

"Quantity and frequency of smoking is not always synonymous with meeting the definition for being addicted," explains Storr, whose research focuses on mental health aspects of addictive behavior.

Another one of her studies, published in the *American Journal of Epidemiology* in

Better Sleep for Kids with Sickle Cell

Valerie Rogers never considered pursuing sleep research until she learned more about the work of Assistant Professor Jeanne Geiger-Brown, one of her mentors at the School of Nursing who at the time was involved in a study that looked at sleep patterns in nurses, some of whom were working 12-hour shifts. Geiger-Brown, PhD, RN, found that the extended work schedules meant that many nurses were working too long, too much, and with too little rest between shifts. The potential for sleepiness raised concerns about health risks to nurses and safety concerns for patients.

"It was fascinating," says Rogers, PhD '09, RN. Rogers has a lengthy background in pediatric nursing and worked in a pediatric hematology oncology clinic for years. "I realized it could be interesting to look at sleep disorders in children, particularly in children with a chronic illness like sickle cell anemia." She suspected that children with sickle cell, a life-limiting inherited blood disease that affects more than 70,000 people nationally—including some14,000 children— would be more likely to have sleep problems since people with chronic diseases often have difficulty sleeping.

2004, showed a link between children with behavior problems in the primary grades and early tobacco addiction. For that study, she looked at longitudinal data collected by Johns Hopkins researchers from a cohort of more than 2,000 Baltimore City elementary school students, starting in 1983. Storr found that students whose first grade teachers classified them as having behavior problems were more likely to start smoking early and become dependent. The results indicate a need for much earlier interventions, says Storr, who is working on a follow-up study with the Baltimore cohort—now in their 30s.

"We wouldn't have to worry about getting people to cease smoking as adults," says Storr, "if they never started to begin with."

Awake and Wired

Christina Calamaro considers adolescence as more than just a transitional stage between childhood and adulthood. She sees it as an opportunity for positive change.

"Adolescence is the last frontier before adulthood, a time when we can look at people's lives and make real dedicated change," says Calamaro, PhD, CRNP, assistant professor and director of the the School's Primary Care Pediatric Nurse Practitioner master's specialty. "There's an opportunity while people are still young to reinforce healthy behaviors as they move to becoming young adults."

staying up late to e-mail, text, watch TV, and play computer games, all the while drinking lots of caffeine to stay awake. Aware that lack of sleep has been linked to obesity and depression, Calamaro wanted to learn more.

Researchers have for decades been studying the effect of increasing use of media at night and its impact on adolescent sleep time. But Calamaro's study, the results of which were published in June 2009 in *Pediatrics,* was the first to evaluate the consequences of caffeine and technology at night and their effect on adolescent sleep. Working with data she gathered through interviews of 100 children ages 12 to 18, she discovered that the more nighttime multitasking teens did, the more caffeine they consumed, and the less they slept. Eighty-five percent of the teens in the study drank caffeine daily, and 11 percent of those she studied drank more than 400 mg of caffeine daily—the equivalent of four espressos.

Working with data she gathered through interviews of 100 children ages 12–18, Calamaro discovered that the more nightime multitasking the teens did, the more caffeine they consumed, and the less they slept.

Calamaro, who studies sleep and obesity in teens, uses what she learns from seeing families in the primary care clinic where she works to shape her research. "My clinical setting is my laboratory," she says. "That's where I ask my questions."

When Calamaro learned from parents in her clinic that their adolescents weren't getting enough sleep, she went directly to the source. The teens told her they were

"It is not just about caffeine, it's about calories," she says. "When was the last time you saw a teenager walking into Starbucks and ordering a (no-calorie) espresso? It's usually a triple shot latte frappe." In the future, Calamaro says she'd like to explore how lack of sleep impacts decision-making among teens and how adolescents' lack of sleep relates to depression.

Rogers soon discovered that although sickle cell is well researched, few scientists had focused on sleep. "When I looked to see what kind of research had been done on sleep disorders in children with sickle cell, I saw there was virtually nothing," she says. "It was amazing. It's not often that a doctoral student finds a brand new area of research."

In her doctoral dissertation, Rogers examined whether children with sickle cell who had sleep apnea had greater severity of sickle cell disease. She also found some data suggesting that adenotonsillectomy, a successful sleep apnea treatment for healthy children, didn't cure apnea in children with sickle cell. Rogers, who is currently doing a postdoctoral fellowship at the University of Pennsylvania, is pursuing several studies that examine periodic limb movements and their effect on behavior, sleep quantity, and sleep quality in children with sickle cell.

Some day the researcher hopes her work could improve the quality of life of children with sickle cell and other chronic diseases. "When you look at children with chronic illness you have to realize that although they may be only 2 or 3 or 5 years old, they have 60 years or more to live with this illness that will progress across their lifetime," she says. "And if you can help them to be healthier so that they can have a healthier, longer, more productive life, that's important."

Adult

Cancer Treatment: Caring for Caregivers

Not long after she began studying quality of life in patients who receive stem cell transplants, National Institutes of Health (NIH) clinical nurse scientist **Margaret Bevans** realized that patients weren't the only people affected by the intense cancer treatment and lengthy recovery.

"Why don't you study us?" a caregiver asked Bevans, PhD '05, RN, AOCN®, who works in the NIH Clinical Center Nursing Department. Bevans knew there was little previous research on the family and friends who serve as caregivers to cancer patients. She was also aware of evidence showing emotional and physical consequences for caregivers of those with Alzheimer's and dementia. So she jumped at the opportunity.

"This is a group of individuals whose needs aren't being addressed," says Bevans, who served as a caregiver to her father-in-law; he was diagnosed with metastatic bladder cancer in 2007 and died in 2008. "We don't recognize caregivers in our health system as a component of the unit receiving care, and we should. I think the synergy between the caregiver and the patient is unrecognized, and the effect on individuals is unrecognized. Having lived it myself and having watched it at the bedside, it just seemed to me it was worth a little more attention."

Currently Bevans is studying a cognitive behavioral education intervention designed to teach caregivers and stem cell transplant patients a systematic approach to problem solving. Problems in these pairs range from feeling scared and overwhelmed, to being unable to communicate effectively with one another during such a stressful and uncertain time, to concerns about difficulties with sleep.

"We try to help them understand the complexity of the situation they face and give them a systematic way of thinking about each problem," she says. "They get so much information about the disease and treatment from a variety of sources and our intervention guides them to use this expert

First Steps Back After Stroke

For healthy adults, regular physical exercise can improve cardiovascular fitness, strengthen muscle and bone, and have a positive impact on mental health. For the 4.5 million stroke survivors in the United States, regular exercise is even more important, says **Marianne Shaughnessy**, PhD, RN, CRNP, an associate professor at the School of Nursing. "In stroke survivors, exercise, particularly exercise that involves repetitive movements, helps create new motor pathways in the brain that compensate for those that were damaged, and can improve overall fitness," says Shaughnessy.

Stroke, which affects some 750,000 Americans annually, is the leading cause of disability for older adults. While stroke is common among the elderly, many people under 65 also have strokes, according to the American Heart Association. The chance of having a stroke approximately doubles for each decade of life after age 55.

Getting people to exercise regularly after stroke isn't a simple proposition. After undergoing rehabilitation, stroke survivors may isolate themselves in their homes and adopt sedentary lifestyles that lead to cardiovascular de-conditioning and atrophy, which can compound their disability.

"There are many different reasons people become a little less social or tend to stick closer to home after stroke," says Shaughnessy, the associate director of education and evaluation at the Veterans Administration's Geriatric Research Education and Clinical Center (GRECC) in Baltimore. "What we're trying to do is use exercise to focus on restoring mobility as a first step to getting back to their activities and their lives."

Shaughnessy's research focuses on neurological disability and functional recovery following stroke. In particular she is interested in what motivates stroke survivors to exercise regularly. In one of her studies, published in 2006 in *Rehabilitation Nursing*, she compared "self-efficacy" to actual exercise behavior in 312 stroke survivors. She found that people with higher levels of self-efficacy (those with stronger beliefs they could accomplish an activity) were more likely to exercise regularly.

In another study, published in 2005 in *Stroke*, she tested a device called a step activity monitor and found that it was a

better indicator of community activity than the questionnaires traditionally used to assess recovery in stroke survivors. "It's important for people to get out of the house and engage in some of their social roles, whether it's walking to the mailbox or going to the grocery store," she explains. The monitors tracked how many steps participants took while they were engaged in their daily activities and kept detailed

information to manage their problems."

For example, if a patient and caregiver identify anxiety and tension in their relationship, they would be guided to discuss the underlying cause and talk about what has worked in the past in their relationship to resolve this type of problem. They would leave with a plan for taking steps to address this problem together.

Bevans acknowledges that her training as a nurse allows her to have a holistic view of patients and their families, but stops short of labeling her work "nursing research." "We are doing clinical research just like everyone else," she says. "Research needs to be a universal term. What makes our work different is that the clinical research led by nurses focuses on the components of the human experience that can be influenced by our discipline."

hour-by-hour readouts of activity that served as a powerful motivational tool. "As I showed people they were improving, it inspired them to do more," she says.

In October, Shaughnessy launched a study designed to examine how to best translate treadmill programs and exercise classes used at the GRECC into the community. "As a nurse, what I want to know is how I can get this person to the highest level of function they can attain, keep them there for as long as possible, and prevent further problems," she says. "I am looking at ways to motivate them to do for themselves." She already knows how important the social component to exercise is. "Stroke support groups have been around a long time. What we have created is support groups around exercise."

Balancing research with teaching and clinical practice makes for a packed schedule, but Shaughnessy wouldn't have it any other way. "I bring my students to see my research environment, take what's happening in my research to the classroom, and my students come and do clinical hours at the GRECC and get to see firsthand how new knowledge is discovered," she says.

CENTERS OF SYNERGY

There is strength in numbers, and nowhere is that more evident than in the School of Nursing's Centers of Excellence. The centers strengthen a particular area of scholarship by bringing together researchers with similar interests who unite to expand the knowledge base and mentor graduate students and junior faculty members.

"When you have a center where you have people with similar interests it geometrically increases the amount of research you can do because you have people talking back and forth and ideas bubble forth," says Barbara Smith, PhD, RN, FAAN, associate dean for research. "Maybe one or two of those people have grants, maybe one is in between grants. But they are always working together to promote that area of science. It really does increase the likelihood of success."

Criteria for Center of Excellence designation at the School include having three or more faculty members working in a related area, sustained history of funding, evidence of collaboration among Center members in the form of publications and grants, and the ability to support pre- and/or post-doctoral training through conducting research.

There are two Centers of Excellence in Research at the School and three developing Centers.

Centers of Excellence

Work and Health Research Center (WHRC): Established in 2005 as the School's first Center of Excellence, this Center's overarching research theme is "organization of work" and its impact on health and safety, with a focus on health and service sector workers. The Center aims to advance the science of work and health research from an interdisciplinary perspective that integrates epidemiology, nursing science, intervention effectiveness research, and community-based participatory research methodologies. The WHRC is dedicated to improving health through research, education, advocacy, and practice directed at the prevention of occupational causes of illnesses and injuries. A critical component of the Center's-research is a focus on understudied and underserved workers and communities.

Disorders of Neuroregulatory Function: The mission of this Center is to significantly advance the science underlying the molecular and cellular mechanisms of cancer treatment-related acute and chronic pain so that new drug targets can be elucidated and novel therapeutic interventions can be tested to eradicate cancer pain. Researchers in the Center support campus-wide interdisciplinary bio-behavioral pain research initiatives that access shared Center Core facilities providing services for basic and clinical science studies as well as innovative technologies.

Developing Centers of Excellence

Health Care System Outcomes: To address the gaps in the delivery of what is known to work for patients and the care they receive, this developing Center of Excellence is focused on conducting research that examines the health care system and contextual factors that influence patient outcomes. Areas of expertise encompassed by the Center's investigators include health services and outcomes research, and translation science.

Palliative Care Research: The vision of this developing Center of Excellence is to achieve national and global prominence in palliative care research through its mission of advancing the science of palliative care across the lifespan in various populations, disease trajectories, and settings. The overarching goal of the center is to improve palliative care through interdisciplinary collaborative research.

Aging: The mission of this developing Center of Excellence is to advance the science with regard to optimizing health and disease management of older adults. Specific research aims include establishing interventions to help older adults manage chronic illnesses, optimizing caregiver involvement in health promotion and disease management of adults across the aging continuum, and utilizing the concept of plasticity to optimize physical and cognitive function in light of multiple co-morbidities. **—Maria Blackburn**

Elderly

A New Chapter: Living Well With Chronic Illness

In her more than 35 years as a nurse, **Marguerite Russo**, MS '08, BSN '06, CRNP, ACHPN, has cared for an estimated 60,000 patients. She recognized the many factors that influence the quality of care for individuals and realized she needed more knowledge to solve the problems that patients, families, and nurses confront in health care today. That's why Russo entered the PhD program at the School of Nursing.

"I have a lot of clinical expertise and a very advanced clinical knowledge base, but I was missing the theoretical and academic side of nursing science," says Russo, who is in her third year of the PhD program and is also pursuing a post-master's certificate in nursing informatics at the School. "The most important thing I'm learning is how to discover new knowledge in a credible and valid way so that it can be shared with other disciplines and with other nurses. I am learning to create the evidence that we can base our future care on."

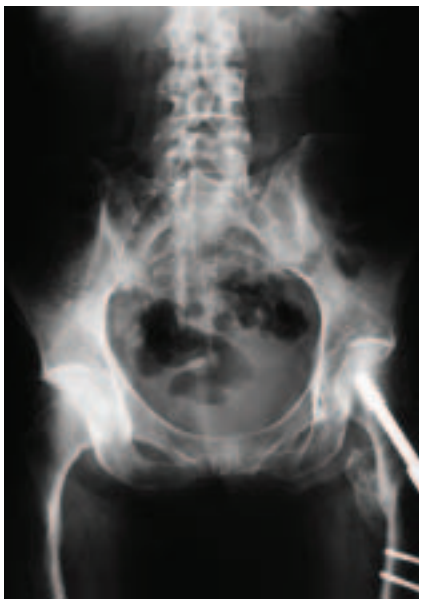
Working closely with Associate Professor Debra Wiegand, PhD, RN, Russo is in the midst of designing her first research study. It's a qualitative assessment of happiness in people with stage 3 and 4 heart disease, and it was inspired by some of the patients she encountered in the Eastern Shore hospice where she worked from 2005 to 2010.

"How can these people be happy?" Russo remembers wondering when she started working with hospice patients. But some were happy. "Some patients told me that their situation was 'the best thing that ever happened to them,'" she says. "They were able to look their situation in the eye and move forward and go on with their

lives, spend time with their families, make that call to their brother that they hadn't talked to in years. It inspired me to understand better how people can find the silver lining and utilize treatment and illness and find positive outcomes. That's really what I want to study in my PhD work."

Research about happiness and other

A Team Approach to Better Bone Health



An estimated 10 million Americans have osteoporosis, and for frail elderly adults in long-term care, the porous bone disease coupled with a fall and bone fracture can amount to what **Beth Ann Martucci** calls a "catastrophic event."

"Someone who was ambulating before and had a cheery outlook has a sudden fall with a fracture and they become bedbound," says Martucci, DNP '10, CRNP. "Overnight their world can change. They can go from being this active older adult to someone who is bedbound with very poor quality of life. It's devastating."

"I am hoping to show that by working as a team, we can improve quality of life for our long-term patient."

Martucci, who has spent 12 years in long-term care as a nurse practitioner, knew that if she could prevent falls and fractures she could help long-term care residents maintain their independence. She was able to use what she learned as a student in the Doctor of Nursing Practice (DNP) program to address this problem. As her capstone project, Martucci took clinical practice guidelines on managing osteoporosis in long-term care—developed by the American Medical Directors Association—and taught them to a team of 14 nurse practitioners who oversee 24 long-term care facilities in Baltimore. Those nurse practitioners then took the guidelines into their facilities to educate the patient care staff and show them how to implement change.

"A lot of times there's no uniform way of treating osteoporosis in a long-term care setting, but if they follow these guidelines, everybody benefits," she says.

For example, to address the guideline recommending exercise to increase bone density, Martucci implemented a "Walk to Dine" program, in which residents who were able to walk received necessary support from staff to walk to the dining room at mealtime. To get calcium and Vitamin D into residents' diets, dieticians adjusted menus and staff members talked to families about the importance of exercise. "To build strong, healthy bones, and make sure older adults are eating well and exercising,

End of Life

elements of positive psychology has taken off in the last 30 years, but few researchers have looked at happiness among the very ill. Chronic disease is the leading cause of death in the Western world, and improved treatments mean that people are living longer with chronic disease; Russo recognized a need to better understand those living with chronic illness. Through her research she hopes to help mitigate some of the negative effects of disease and treatment and empower patients to make personal treatment decisions more in keeping with their life goals and values.

"We are living in a new time now," Russo says. "People live longer. We took [classes in] growth and development in school and it kind of ends at old age. But maybe that's not the end. Maybe there is another chapter that we're writing now that people are living longer with chronic illness."

it takes a village," says Martucci.

Martucci's "train-the-trainer" program takes an interdisciplinary team approach, involving not only nursing staff, but also dieticians, social workers, physical and occupational therapists, and others. Having everyone at a facility buy in to the program seemed to make a major difference. Even members of the housekeeping staff would report to nurses when they noticed a resident who looked unstable on her feet, she says.

"This is exactly what the DNP program is all about," she says. "Taking research and applying it to practice."

Martucci will be working with her mentor, Barbara Resnick, PhD '96, RN, CRNP, FAAN, FAANP, professor and Sonia Ziporkin Gershowitz Endowed Chair in Gerontology, to analyze the effect her "train-the trainer" program is having on long-term care patients in these facilities. "I am hoping to show that by working as a team, we can improve quality of life for our long-term care patients," she says. "I want to show that dedication and evidence-based practice make a different in our patients' lives."

Helping Families Let Go

While working as a critical care nurse, Assistant Professor **Debra Wiegand** witnessed again and again how patients' families struggled with the overwhelming crisis of deciding if and when to withhold and withdraw life-sustaining treatment from patients with life-threatening illness or injuries.

"Historically, health care providers made end-of-life decisions, but now families are actively involved in the end-of-life decision-making process," says Wiegand, PhD, RN, MBE, CHPN, CCRN, FAHA, FAAN.

Every year, one in five patients, about half a million people, die in intensive care units in the United States, and 90 percent of those patients die after having life sustaining therapy withheld or withdrawn.

"As a clinician," she says, "I saw the intense emotions and extreme difficulties that family members faced when making decisions to withhold and withdraw life-sustaining therapy," she says. "One of my questions was: What can we do to help families through this?"

Wiegand has devoted much of her research career to attempting to answer this question. She spent a year in three intensive care units interviewing 56 family members as they decided to withhold or withdraw care from a family member who was suddenly, unexpectedly critically injured or became ill. Her study, initially published in 2006 in the *American Journal of Critical Care* and followed up in 2008 with an article in the *Journal of Palliative Medicine*, found that many families could make the decision to withhold treatment, but found the decision to withdraw care as a source of tremendous anxiety and burden.

She is concerned that end-of-life decision-making places family members under such intense stress that their health may be jeopardized. In her earlier work, Wiegand found that one family member lost 25 pounds in 30 days because he just wasn't eating. Another person had a new diagnosis of hypertension while his family member was ill. Many lost sleep. Her future work will examine what effect family participation in the end-of-life decision-making process has on the health of the family.

In another study, Wiegand is examining the experiences of families of patients in the cardiac care unit who are nearing the end of life. She is conducting another study in a hospital intensive care unit where she is measuring stress, anxiety, depression, and risk for developing post-traumatic stress syndrome among families of chronically ill patients at the end stage of illness.

Her ultimate goal? To contribute to interventions that health care providers can use to improve the quality of end-of-life care.

"If we do this really well as providers and give really good end-of-life care, not only are we ensuring a good death for the patient, but we are providing supportive care to the patient's family and that may contribute to improving family health," she says.

"To help a family through the process and then have a peaceful end-of-life experience where they can be at their loved one's bedside and know they did the right thing … other than their family member surviving, what could be a better outcome?"

Critical Contributions

STORY BY ELIZABETH HEUBECK • PHOTOS BY KIRSTEN BECKERMAN

Through rigorous training in the classroom, simulation laboratory, and operating room, graduates of the School's Nurse Anesthesia master's specialty have become a hot commodity.

IN 2004, MARYLAND CONFRONTED a looming health care crisis. The state's hospitals faced a critical shortage of certified registered nurse anesthetists (CRNAs)—advanced practice nurses who administer anesthesia to patients. Job vacancy rates soared past 16 percent. Despite the shortage, Maryland possessed no programs to train CRNAs, even though these health care providers administer 65 percent of the 26 million anesthetics performed nationwide annually. Responding to the dire need, the School of Nursing established the state's first Nurse Anesthesia master's specialty.

Six years later, the School's Nurse Anesthesia specialty has helped avert the potential workforce crisis by training CRNA professionals; many are now employed locally. "There still is a shortage, but it's not critical anymore. The influx of graduates pretty much filled the void," says Associate Professor Joseph Pellegrini, PhD, CRNA, who was recently named director of the School's Nurse Anesthesia program.

Job demand aside, the program's soaring reputation is making the School's CRNA graduates extremely marketable. In 2007, the

✣ Left: Chelsea Nistler is administering general anesthesia to a simulated patient. She hooks him up to the standard monitors, pre-oxygenates him, and delivers induction drugs. Her instructor, Joseph Pellegrini, asks, "You're giving him 150 mcg of Fentanyl? Why are you doing that? Is that going to be enough?" he prods, to which Nistler responds confidently, "I can always give more." Satisfied with her response, Pellegrini says, "It's your patient."

Nistler revels in the challenge the simulation lab provides. "It helps you prepare for the worst-case scenario. It makes you think on your feet," she says.

✣ Below: Nistler sits attentively in her Regional Anesthesia class as guest lecturer John Connelly discusses the rigors and rewards of a career as a nurse anesthetist. The course covers all aspects of regional anesthesia—neuraxial, peripheral, and infiltration—as well as related special topics, including addiction and the business of anesthesia.

Nistler describes the full-time, 28-month master's program as "front-loaded," with the classroom portion occurring in the initial three semesters. "I have a full schedule, with 15 to 16 credits per semester," she says.

Nistler's biology background has helped immensely with the coursework. "If you don't have that science background, you're going to be in way over your head," says Nistler, who earned a Bachelor of Science in Nursing degree from University of Wisconsin-Milwaukee. "When you get into anesthesia, it brings you to a whole new level of knowledge, right down to the cellular level."

✣ Above: Through a one-way observation wall, faculty member Michelle Duell, MSN, CRNA, monitors Nistler's progress as she intubates and induces general anesthesia for the simulated patient. Duell also can introduce changes to the simulated patient's status. She monitors and manipulates students' progress via computer-generated data.

"The idea that I can tell if she's [properly] ventilating him [the simulated patient] is incredible," Duell says. "I can make his tongue size larger, make his neck immobile. Then I ask myself: 'What will she do? How will she react?'" Duell says.

"We integrate the simulation throughout the entire curriculum. We try to increase the complexity of the scenarios as the students advance through the program," Pellegrini explains.

✣ Right: Nistler (center) prepares to put a central line into a patient. For her current six-month clinical rotation (one of several), Nistler has been working in the general operating room (OR) at the University of Maryland Medical Center since July. "Initially, every single day that I walked into the OR I was scared out of my mind. I look at myself now, and I've come so far. But I have a long way to go," she says.

Gradually, Nistler is gaining confidence in her clinical abilities in the OR. "At first, my reaction was always to ask my preceptor what I should do. Now I'll say, 'The blood pressure is low, I could do X, Y, Z?'" Nistler says. When Nistler delivers anesthesia to patients in the OR, a CRNA is always within reach to serve as a reference.

After completing her master's degree in December 2011, Nistler will have spent more than 2,000 hours in a range of clinical settings, and will have completed an intense didactic education, which will prepare her for a comprehensive national certification examination. Once she passes this exam, she will be granted a license to practice. In that role, Nistler will be expected to perform as a safe and independent practitioner. She will have the authority to administer—without the assistance or oversight of an anesthesiologist—all forms of anesthesia on a range of patients, from newborns to octogenarians.

Council of Accreditation of Nurse Anesthesia Education Programs (COA) granted the School's program continued accreditation for 10 years. According to the COA, this rare nod illustrates the program's exemplary status, which Pellegrini attributes to the strong collaboration it shares with its 16 clinical sites.

"The program's clinical rotation sites [throughout Baltimore and Washington, D.C.] are some of the best in the nation," he says. That, coupled with strong leadership and rigorous coursework, forms a program that prepares graduates to pursue a nurse anesthesia career in whatever setting they choose. The number of graduates continues to increase annually; this year, the School expects to distribute 26 diplomas to those completing the program.

For a closer look at what it takes to become a CRNA, we shadowed Chelsea Nistler, BSN, who plans to graduate with a master's degree in December 2011. Though she's not yet certain where she'll practice anesthesiology, Nistler does know this about her future career: "I want people to leave the hospital and say they had a CRNA and she did an amazing job."

Teachable MOMENTS

Interview by Mary Medland

Janice Hoffman, PhD, RN, CCRN, was named assistant dean for the School of Nursing's Bachelor of Science in Nursing program in August 2010. A nurse for 31 years, she began her career in the U.S. Navy Nurse Corps, eventually retiring as a captain in the Navy Reserve. She has been with the School since 2008 and has extensive teaching experience in associates, diploma, and baccalaureate nursing programs.

In the interview that follows, Hoffman discusses how undergraduate teaching must change to keep pace with rapid and ongoing changes in our health care delivery system.

What is your vision for undergraduate education at the School of Nursing?

I plan to actively and strategically address five overlapping issues that challenge undergraduate nursing education: content saturation; outcomes-based, as opposed to content-based curriculum; a student-focused, rather than teacher-centered approach, to learning; making sure our graduates are as adept as possible with information technology; and bridging the academic-practice gap.

How do you plan to implement these ideas?

Today's nursing students have so much more to learn than students of 20 years ago, so our teaching strategies need to be more focused on clinical decision-making and critical thinking. Faculty members must consider how students look at the material and how they make connections. I prefer using interactive teaching strategies, like case studies, rather than the more traditional presentations that focus on delivering content. The [interactive] method not only assists students in learning content, but also guides them in addressing new practice issues. It provides a practical and structured model for decision-making.

Because we cannot teach "everything" that our graduates will experience in the workplace, we must focus on teaching students how to find and use the latest evidence to guide their practice. This is at the core of outcomes-based education.

Integration of information technology has huge implications for nursing and the health care delivery system. Our goal is to develop graduates who can understand and articulate what they know and what they don't know, and, in the latter case, where they can find the answers. When students are overwhelmed with content, technology provides instant access to finding answers.

Nursing school leaders believe the majority (89.9 percent) of graduates are fully prepared to provide safe and effective care in a hospital setting, while hospital nurse executives believe that only 10.4 percent of graduates are fully prepared. (The Advisory Board, 2008) Graduates leave nursing school with a lot of content, but the application of this

content is what's at the core of providing safe, competent nursing care. Our teaching strategies must change to address this academic-practice gap. At the School, all of our clinical courses have significant numbers of clinical hours, and the senior practicum course focuses on the transition issues that will be faced by the students as they enter the workplace.

Since these five themes are interrelated, we will address the content overload and the academic–practice gap through curriculum revision. This will ultimately force us to look at our teaching methods and we will focus on student-centered strategies.

Based on the findings of the new Carnegie Report, "Educating Nurses: A Call for Radical Transformation" (see "A Call for Transformation"), do you foresee changes in the content of curriculum and how courses are taught?

Yes, but once again, we need to look at how we are delivering curriculum, as well as the amount of content. Consistent with the Carnegie recommendations, we need to be more intentional in linking what we are teaching in the classroom with what is happening in the clinical setting.

In the face of the current and future projected faculty shortages, what do you believe needs to be done to have enough faculty members to teach future undergraduate students?

The School has been an innovator in this area. We have partnered with several hospitals that provide us with clinical faculty on a part-time basis. In addition, we have implemented a master's teaching certificate program, for nurses who are interested in becoming educators, through our Institute for Teaching in Nursing and Health Professions.

What do you see as the strengths of the School's existing undergraduate program?

Our program has many strengths, but in my opinion the biggest strength is our faculty. We have faculty members who have active clinical practices in emergency departments, critical care units, outpatient clinics, and homeless shelters, for example. Additionally, we have faculty members who come to us with expertise in administration, evidenced-based practice, and outcomes management. We have diversity and richness of experience, and this is a huge asset for our students.

Speaking of our students…. they, too, are among our strengths. They are among the best and brightest and they are actively recruited when they graduate. We try to recruit the best students and we are committed to helping them succeed.

What are the changing demographics of the student body and how is the School adjusting its methods of teaching to keep pace with those changes?

While our student body includes the traditional 20-year-olds, many are older students. A number of our students have a bachelor's degree in some other field and are coming back to get a baccalaureate nursing degree.

We are also seeing a rise in minorities and males. Currently, our student body consists of 12 percent males and 37 percent minorities.

Our admissions office is actively reaching out to other colleges in Maryland, as well as historically Black colleges and universities to continue to increase the diversity in our programs. We are also doing the same thing with faculty. Students want role models from similar backgrounds and cultures.

Any last thoughts?

We need to do things differently in baccalaureate nursing education. The health care delivery system has changed, but the way we teach has not kept pace with all of the changes. We need more evidence-based nursing education. My hope is to foster more interdisciplinary learning experiences, integrate more clinical decision-making into simulated learning opportunities, and incorporate more intentionality into our teaching.

A CALL FOR TRANSFORMATION

Patricia Benner, PhD, RN, FAAN, was a co-author of the recent landmark report on nursing education, "Educating Nurses: A Call for Radical Transformation"—the first such national study in three decades. In their extensive research for the Carnegie Foundation for the Advancement of Teaching report, Benner and her study co-authors made in-depth visits to nine sites across the nation and conducted two surveys of nurse faculty and one of nursing students.

"What we found is a major need for upgrading nursing education, especially in the classroom. By and large the classroom teaching was dismal. The faculty was too abstract, and there was no connection between having the knowledge and knowing how to use it," says Benner, professor emeritus at the University of California San Francisco. "We expected to find that the classroom teaching would be better than clinical teaching. But what we found was completely the opposite. It was a surprise to find out that the clinical instruction was much better."

Her Rx? "We have to radically develop our nursing teaching strategies to meet the current level of practice demands, and we need to develop clinical residencies for our graduates to develop specific knowledge of our large health care systems and learn in-depth knowledge about particular patient populations. And we have to upgrade our social and natural sciences education, while improving classroom and clinical teaching." **—Mary Medland**

Alumni Pulse

CLASS NOTES AND NEWS

1930s

Margaret DeLawter, DIN '36, celebrated her 100th birthday on July 29, 2010. A resident of St. Joseph's Nursing Home in Catonsville, Md., DeLawter grew up in a farmhouse in Frederick County. After graduating from University of Maryland School of Nursing, she worked at Sheppard Pratt Hospital in Baltimore. During World War II, she enlisted as a nurse in the U.S. Army and was stationed at the 42nd General Hospital in Australia in 1942. She retired from the Army in 1968.

1950s

Carol M. Hosfeld, BSN '50, tutors for an adult literacy program through the Greater Homewood Community Corporation in Baltimore, volunteers with an after-school program (grades K-6) at St. John's Evangelical Lutheran Church in Baltimore, and is the co-chair on the Health Ministries Committee at Ascension Lutheran Church in Towson, Md.

Marion Graham Rariden, DIN '50, is retired and lives in Florida. She stays active through community service in the Junior League and the Alachua County Cancer Society by participating as a member of the altar guild, an usher, a leader and a member of the prayer chain at her church, and as president of the Province Society and secretary of the Assisted Living Resident Council.

Phyllis Zimmerman Scharp, BSN '50, is very involved with her grandchildren and their many activities. She volunteers at the Greater Baltimore Medical Center and at her church (altar guild, quilting group, and receptionist). She loves to garden, do counted cross-stitch, play Bridge, and travel.

1970s

Jewel Cooper, BSN '70, still loves nursing as much as she did when she started in the profession. After experiencing some personal setbacks, she has been clean and sober for more than 26 years. Jewel is currently a Certified Chemical Dependency Specialist. She was a detox nurse for 13 years, and has been affiliated with the Atlantic County, N.J. 48-Hour Intoxicated Driver Resource Center for the past 22 years. In addition, she has been a CNOR for the past 13 years.

Lila Anne Metts, BSN '72, has been active in nursing for more than 38 years. She graduated from the School of Nursing's WRAIN program in 1972 and was on active duty in the U.S. Army until June 1975, working in general medical-surgery, orthopedics, pediatrics, and adult psychiatry. She was active in the Army Reserves until May 1986. She earned a master's degree in Community Health Nursing from the University of Oklahoma Health Sciences Center in 1983 and taught nursing at the junior college level for six years. She worked in many different and challenging areas of nursing and is thankful that the profession offered her so many diverse opportunities. She is currently working as a pediatric private duty nurse though a staffing agency and provides care for medically fragile children in their homes.

Susan Jennifer Campbell, BSN '73, is employed by Alere as a care manager, handling chronic diseases such as diabetes, CHF, CAD, asthma, and COPD, as well as oncology and chronic pain conditions. As a legal nurse consultant, she prepares and reviews Medicare records for litigation for her own practice, Caduceus Medical Legal Consulting.

Susan Fertig McDonald, MS '75, received a Doctor of Nursing Practice degree from Case Western Reserve University Francis Payne Bolton School of Nursing in 2009. She currently works as a Psych-Mental Health Clinical Nurse Specialist at the San Diego Veterans Administration Healthcare System.

Margaret "Peggy" Bradford, MS '76, BSN '74, had a wing of the new Salisbury-Wicomico Services Facility named in her honor, in recognition of her efforts to improve services for the State of Maryland's elderly population.

Valeetah R. Motschiedler, MS '79, retired from Montgomery College in 2006, where she served as a professor of nursing. She worked for 26 years in nursing education—16 of those years in Ohio. She is presently volunteering as Parish Nurse at the Spencerville Seventh-Day Adventist Church in Silver Spring, Md.

1980s

Patricia McMullen, MS '81, BSN '75, was named dean of the Catholic University School of Nursing in May 2010. She joined Catholic University in 2003 as associate dean for academic affairs and has served as associate provost for academic administration since 2008.

Ruth Boggs, BSN '82, returned to nursing after a 20-year hiatus. She is working at the University of Maryland Medical Center, Baltimore, in an HIV/AIDS/ID/Medical Surgical Unit. She is an AIDS Certified Registered Nurse and is currently enrolled in the ANP/GNP master's specialty at the University of Maryland School of Nursing. She plans to specialize in HIV/AIDS and palliative care.

1990s

MaryLou Watson, MS '90, BSN '74, is vice president for nursing at St. Mary's Hospital in Leonardtown, Md. She was recently appointed a Baldrige Examiner for the Malcolm Baldrige National Quality Award Program. She was also appointed to a four-year term on the Maryland Board of Nursing.

Tara Reed Carlson, MS '91, BSN '85, is the new business development manager for the University of Maryland Medical Center's R Adams Cowley

Shock Trauma Center (STC). As a staff nurse, she specialized in spinal cord and brain injury. In her new role at STC, she will identify strategies to expand existing programs and establish new services. In addition, Carlson will direct the development of the STC website and all prevention activities.

Capt. Christine L. Abelein, MS '92, retired from the U.S. Navy in 2003 after 26 years of service. She lived in Italy and Japan and works part time.

Kimmith Jones, MS '92, is an advance practice critical care nurse at Sinai Hospital in Baltimore. He is currently enrolled in the Doctor of Nursing Practice program at the University of Maryland School of Nursing.

Air Force Col. Marla de Jong, MS '96, received the Flame of Excellence Award at the 2010 National Teaching Institute and Critical Care Exposition, held in Washington, D.C. The award honors sustained contributions to acute and critical care nursing at a high level. Col. De Jong served as the program manager for the joint Theater Trauma System in Baghdad, Iraq. She also served as the Air Force program manager at the Department of Defense Blast Injury Research Program Coordinating Office. She has published more than 35 journal articles, a book and several book chapters, and served as editor of the quarterly journal, *AACN Advanced Critical Care.* Col. de Jong resides in Frederick, Md.

Cheryl Dover, MS '99, BSN '95, was appointed to a four-year term on the Maryland Board of Nursing, representing associate's degree education.

2000s

Lisa Johnson, MS '07, is an Army nurse stationed in San Antonio, Texas. She is enrolled in the University of Maryland School of Nursing's Doctor of Nursing Program and hopes to graduate in 2011.

Ensign Tiffany Trask, BSN '08, spent two months aboard the *USNS Comfort* off the coast of Haiti aiding earthquake victims. As a member of the Operation Unified Response, the largest humanitarian effort in the U.S. Navy's history, Trask worked 12-hour shifts for 30 straight days. She delivered a presentation about her experiences to the Rotary Club of Columbia/Patuxent last summer. She is a staff nurse in the NICU at the National Naval Medical Center, Bethesda, Md.

Erin German, MS '10, BSN '05, is a member of the Association of PeriOperative Registered Nurses. She recently passed the Certified Nurse Operating Room exam and is currently working as a Clinical Nurse III in the operating room at Carroll Hospital Center, Westminster, Md.

IN MEMORIAM

Rose Gold Amberg, MS '61
Nancy Krome Belle, BSN '66
Lila Johnson Buchheister, DIN '50
Neva Marie Canning, MS '76
Marjorie H. Cornor, MS '66
Mary Louise Dickinson Elliott, BSN '52
Ingrid Elisabet Selkamaa Flager, DIN '38
Jonathan O. Gross, MS '88
Margaret Hobbs, DIN '31
Edith M. Nikel, MS '65
June G. Patton, BSN '66
Rose P. Sellers, DIN '37
Ruth Jean Viereck Torrey, BSN '47
Jeannette Hall Warner, DIN '47
Shirley J. Wong, BSN '78

This list includes notices received by the University of Maryland School of Nursing from May 1 to November 5, 2010.

Alumni
Share Your News!

Please send us information about what's happening in your life–new jobs, promotions, family events, presentations, honors, awards, advanced education/degrees—so we can add your news to the "Alumni Pulse" section of *NURSING* magazine. Share your news by e-mailing alumni@son.umaryland.edu or by mailing the form below. Photos are welcome! Your updates will be included as space permits.

NAME: _____

MAIDEN (AT TIME OF GRADUATION): _____

DEGREE(S) & YEAR(S) OF GRADUATION: _____

SCHOOL OF NURSING OR CURRENT SPECIALTY: _____

HOME ADDRESS: _____

CITY:_____ STATE:_____ ZIP:_____

E-MAIL ADDRESS:_____

IS THIS A NEW ADDRESS? YES ☐ NO ☐

PHONE: HOME:_____ BUSINESS:_____ MOBILE:_____

NEWS: _____

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PLEASE COMPLETE FORM AND RETURN TO:
Cynthia Sikorski, Associate Director of Alumni Relations
University of Maryland School of Nursing, 655 W. Lombard St., Suite 729A, Baltimore, MD 21201
Fax: 410-706-0399 | alumni@son.umaryland.edu

SAVE THE DATE

SATURDAY, APRIL 30, 2011
FOR REUNION 2011

Reunion 2011 festivities, scheduled for Saturday, April 30, 2011, will honor undergraduate classes ending in "6" and "1." Save the date and come to Baltimore to reconnect with classmates and renew your pride in the University of Maryland School of Nursing! Look for your invitation in January 2011. If you would like to volunteer as a class representative, please contact Cynthia Sikorski, associate director of alumni relations, 410-706-0674, or alumni@son.umaryland.edu. Visit http://nursing. umaryland.edu for more information.

The following class years will be celebrated:

Class of 2006 - 5th
Class of 2001 - 10th
Class of 1996 - 15th
Class of 1991 - 20th
Class of 1986 - 25th
Class of 1981 - 30th
Class of 1976 - 35th
Class of 1971 - 40th
Class of 1966 - 45th
Class of 1961 - 50th
Class of 1956 - 55th
Class of 1951 - 60th
Class of 1946 - 65th
Class of 1941 - 70th
Class of 1936 - 75th

D.C. Area Alumni Brunch

School of Nursing alumni from the Washington, D.C. region gathered at the Universities at Shady Grove in September for a brunch sponsored by the School of Nursing Alumni Association. From left: Janet Bochinski, BSN '75; Lynne Lucas-Dreiss, MS '01, BSN '98; Carolyn Weiss; D. Paxson Barker, MS '10; Beth Tordella, MS '01, BSN '99; Martha Levin, MS '04; Lena Choudhary, MS '08; and Meghan Punda, MS '01.

Alumni Inducted as Fellows in the AAN

Congratulations to the following alumni who were inducted as Fellows in the American Academy of Nursing at their 37th Annual Meeting and Conference, held recently in Washington, D.C.

Linda Ghazi Haddad, PhD '93
Associate Professor of Nursing
Virginia Commonwealth University School of Nursing

Jacqueline A. Moss, PhD '02
Professor and Assistant Dean for Clinical Simulation and Technology
University of Alabama at Birmingham School of Nursing

Nellie C. Robinson, MS '79
Executive Vice President and Chief Nursing and Patient Care Services Officer, Patient Services
Children's National Medical Center

Carol L. Thompson, MS '79
Professor, University of Tennessee Health Science Center College of Nursing

New Alumni Directory Scheduled for 2011

School of Nursing alumni are scattered around the world. But no matter where their lives have led them, our alumni share a common bond. That's why the UMB Foundation, Inc. has contracted Harris Connect to create *Alumni Today*, a new publication designed to help reunite our alumni.

Harris Connect will produce a hardcover publication with up-to-date contact information so our alumni can reconnect. The publication will include comprehensive biographical listings with contact information, career overviews, and personal highlights of our graduates. Plus, a special section about the School of Nursing will inspire you as you read about our past and learn what's in store for the future.

To assure that our *Alumni Today* directory is as current as possible, Harris Connect will begin contacting School of Nursing alumni in December 2010 to verify and update contact and career information. For more information, visit http://nursing.umaryland.edu or call 410-706-0674.

At the Forefront of Health Care Reform

MARGARET (PEGGY) CHAMBERLAIN WILMOTH, MS '79, BSN '75, was on the floor of the House of Representatives on March 23, 2010—the night the nation's momentous health care reform bill was passed.

In her role as a Robert Wood Johnson Policy Fellow, Wilmoth worked closely with Wendell Primus, senior policy adviser to Speaker of the House, Nancy Pelosi, throughout the months the health care negotiations were occurring. Since President Barack Obama signed the health care bill into law, most of the effort has shifted to the Administration to implement the new law. However, Congress remains engaged in the process.

Wilmoth treasures the experiences she has had in this process. "I think nurses bring a different perspective to this discussion because we're grounded in a holistic, humanistic profession," says Wilmoth, a professor of nursing at University of North Carolina, Charlotte, and a Brigadier General in the Army Reserve.

"It's an incredible educational opportunity for a Fellow who comes from a nursing background to not only learn a tremendous amount about how the federal policy process works, but to also further understand the nuances of our health care system. I also think we add a lot in that we bring [the focus] back to the patients, and to the family, raising the question: How is this going to affect real people?"

Wilmoth says her academic experience at the School of Nursing prepared her well for the important work ahead. "I'm always proud to say I'm a Maryland [Nursing] graduate. My foundation for the 'thought' work of nursing was laid there," she says.

"[The School] certainly allowed me the ability to be adaptable and to think critically about the world we live in. One thing that is clear in this health reform era is that while skills certainly are important—the key piece is: When and how do you apply those skills? How does nursing make a difference? What more do we need to know about the work of nursing? What is the value in both economic terms and quality of the work of nurses?

"The decisions that nurses make need to be grounded more in the reasoning behind the things we're doing and not just doing things by rote." **—Lauren Geldzahler**

Prepared to Lead

As Director of Nursing for NeuroCare and Behavioral Health Services at the University of Maryland Medical Center (UMMC), GREG RAYMOND, MS '10, BSN '05, MBA, RN, has far-reaching responsibilities.

Under broad administrative direction, he plans, organizes, directs, controls, and evaluates the delivery of patient care services within NeuroCare and Behavioral Health for UMMC; collaborates in setting long term strategy for clinical program development and service delivery; assumes responsibility for the design and implementation of patient care delivery systems that promote collaboration with other health care disciplines; facilitates the cost effective utilization of available resources; and supports the achievement of corporate quality and business objectives.

Key to being prepared to handle such a vast array of responsibilities, he says, is preparation he received through the MS/MBA program offered jointly by the School of Nursing and the University of Baltimore's Robert G. Merrick School of Business.

The programs, he says, were "incredibly complementary to each other." At the School of Nursing, he says, he learned "how to engage frontline staff and how to gain confidence in decision-making," as well as "how to better appreciate frontline staff as the greatest asset to the organization, and use that understanding to influence excellence in patient care."

The teaching certification he received at the School, he says, has been "particularly helpful in identifying the needs of employees, in terms of their education and development."

Concludes Raymond: "I believe my academic preparation within this specific program, which is designed to provide the expertise for leadership in the hospital setting, was an important part of my consideration for advancement to the director role."

—Lauren Geldzahler

HONOR ROLL OF DONORS

JULY 1, 2009 – JUNE 30, 2010

DEAR ALUMNI AND FRIENDS,

As we look forward to the New Year and reflect upon what we have accomplished during 2010, we realize that the School of Nursing has much to celebrate:

- Our gifted students, who inspire us with their unflagging spirit and passion to learn and achieve
- Our dedicated faculty, who work tirelessly to prepare our students for the specialty area they have chosen and who execute brilliant, critical research in the clinical setting and in the laboratory
- Our staff, who fulfill their responsibilities with pride and determination
- Our impressive alumni, now 18,000 strong, who continue to make a positive difference in the lives of tens of thousands of patients each year—They bring honor to our School.
- Our donors—alumni, friends, parents, foundations, and corporations—who provide the critical funds needed to take the School from good to great by supporting scholarships, research, simulation lab equipment, faculty support, the Governor's Wellmobile program, the Living History Museum, or other needs.

This Honor Roll recognizes the generosity of donors who have made gifts or pledges between July 1, 2009, and June 30, 2010. The School of Nursing family is deeply grateful for your thoughtful philanthropy and we thank you for partnering with us. We simply could not fulfill the School's mission without your help.

Sincerely,

Laurette L. Hankins
Associate Dean for Development and Alumni Relations

$1,000,000 +
University of Maryland Medical System

$250,000 to $499,999
Kendeda Fund
Maryland Healthcare Education Institute
Robert Wood Johnson Foundation
Sinai Hospital

$100,000 to $249,999
American Assoc. of Colleges of Nursing
Beldon Fund
Marjorie Stamler Bergemann
Mary Catherine Bunting, MS '72
Estate of Gladys B. and Lansdale G. Clagett*
MedStar Health
National Council on State Boards of Nursing
Susan G. Komen Breast Cancer Foundation

$50,000 to $99,999
American Cancer Society
Jacob & Hilda Blaustein Foundation
Steven S. Cohen
Community Foundation of Frederick Co.
Sandra A. Schoenfisch, MS '76

$25,000 to $49,999
Alzheimer's Association
Associated Jewish Community Federation
Enterprise Community Partners, Inc.
Health Care for the Homeless
The Zanvyl & Isabelle Krieger Fund
The Abell Foundation, Inc.

$10,000 to $24,999
American Cancer Society, NCA
Virginia Lee Franklin Memorial Trust
Joslin Diabetes Center
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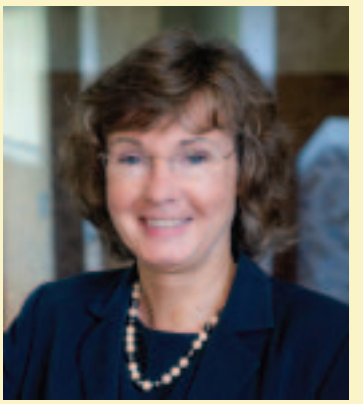
Every effort has been made to accurately list all donors who made contributions to the School of Nursing between July 1, 2009 and June 30, 2010. If your name is misspelled, omitted, or listed incorrectly, please accept our sincerest apologies. If a correction needs to be made, please contact the Office of Development and Alumni Relations at 410-706-7640 or alumni@son.umaryland.edu

**Deceased*

Ritchie Named Senior Associate Director of Development



JOYCE RITCHIE, BME, BA, was recently named senior associate director of development in the Office of Development and Alumni Relations. She brings more than 25 years of advancement experience in higher education, the arts, and social services to her position. As associate dean for external relations at Johns Hopkins' Peabody Institute, Ritchie oversaw development, alumni relations, and communications. She also served as director of development for the Indiana University Jacobs School of Music, the Kennedy Krieger Family Center, and the House of Ruth Maryland, and was executive director of SOUNDPRINT, an internationally acclaimed national public radio documentary series.

"I look forward to helping secure support for the extraordinary initiatives being led by School of Nursing faculty members to advance access to education, research, and practice," says Ritchie.

Ritchie holds a bachelor's degree in music education and also a bachelor of arts degree in folklore/ethnomusicology from Indiana University. She and her husband Tom have lived in Mt. Washington since 1982.

Meeting the Need

DESPITE HER BUSY CAREER with the National Institutes of Health, where she serves as director of staff development for the intramural research program at the National Cancer Institute, Elizabeth Ness, MS '93, has remained well connected to the School of Nursing. She regularly attends many of the continuing education activities offered by the School.

"I'm still benefitting from the university, so I feel I should give back," says Ness. She recently directed a generous donation toward the general fund, she says, "because the [School] knows better what their needs are than I do. I figured they'd put it to good use." Gifts to the School's general fund are unrestricted, giving the Dean the flexibility to channel the money toward areas of greatest need.

Ness says that the urge to give was something instilled early in her life. "The reason I give to the School of Nursing is a combination of still feeling a connection to the School, and also modeling what my parents have done. They always gave to their school, and I give to my undergraduate school, the Boston College School of Nursing, as well."

Adds Ness, "I think it is important to give back, and it doesn't necessarily have to be a lot. You never know who you'll help or how you might help the School—especially now, in these tougher economic times." **—Lauren Geldzahler**

An Entrepreneur Gives Back

FRAN LESSANS, MS '85, BSN '80, RN, is president and CEO of Passport Health, a nationwide travel medicine, vaccine, and wellness company with headquarters in Baltimore and 170 locations nationwide.

By making a donation to the School of Nursing's general fund, which is appropriated at the discretion of the Dean, Lessans aims to empower nurses to be more entrepreneurial. "I want to elevate the practice of nursing to an independent level," says Lessans, who launched her company 15 years ago. "I used my education to promote my business. It's a medical business and requires licensure, and I couldn't have started it without having gone to the School," she says. "I felt that it was important for me to give back."

In addition to her philanthropy, Lessans has continued her involvement with the School by serving on its Board of Visitors. "I've had a firsthand look at the programs—they're very progressive and they continue to be ranked well. I'm proud to be an alumna," she says. "I enjoyed my experience at the School of Nursing. I'd like to continue to see the School do bigger and better things." **—Lauren Geldzahler**

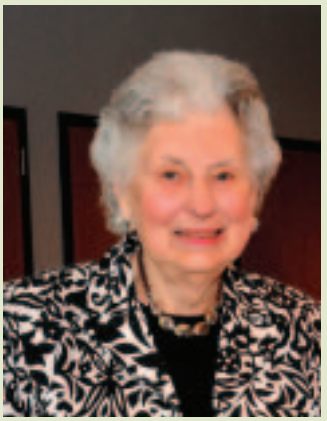
Looking for a Unique Gift Idea?

CONSIDER AN AUDITORIUM SEAT!

In this season of giving, consider naming a School of Nursing auditorium seat in honor of, or in memory of, a friend, family member, faculty member, or classmate—or place your own name on it! Special prices available now through June 30, 2011 are $250 per seat or $450 for two. On July 1, 2011, prices will increase to $350 per seat or $600 for two. The cost includes a plaque inscribed with the name of your choice that will be affixed to the arm of the chair(s).

Please consider this meaningful way to pay homage to a significant person in your life. Contact the Office of Development and Alumni Relations, 410-706-7640, or conrad@son.umaryland.edu for more information.

Create a Lasting Legacy



Phyllis Scharp, BSN '50, recently attended her 60th UMSON reunion.

She spoke of her pride in being able to wear the Flossie cap, named after Florence Nightingale, which originally was worn by UMSON students at graduation.

"I really feel that I benefited from my years spent at the University of Maryland, and as I get older I truly appreciate the friendships that I established there," she says.

Throughout the long span of her nursing career, Scharp worked at University of Maryland Medical Center, St. Joseph Medical Center, and in private practices, before finishing her career in 1993 at Manor Care Nursing Home in Towson, Md.

Scharp has made a planned gift toward scholarships at the School, "because there's such a need for nursing and my career in nursing has meant a good bit to me." She adds, "I just think that people who would like to go into the field of nursing but cannot afford it should be given the opportunity to pursue their dreams."

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 Phyllis, 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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Associate Dean for Development
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Taking a Break

The School of Nursing courtyard is a popular place for students to meet between classes. On this beautiful day in October, students gathered to chat and enjoy the unseasonably warm weather.