

UNIVERSITY OF MARYLAND

Nursing

The Magazine of the University of Maryland School of Nursing

Spring 2009 Volume III, Issue I

The NP Solution

Nurse practitioners, whose numbers are rapidly growing, are well-positioned to meet the nation's growing health care needs.



A Golden Look Back | Wellmobile Ride-a-long | Thinking Globally



Anchors Aweigh!

For the past 10 years, nurse practitioner Brenda Windemuth, MSN, CRNP, has made regular visits to the Eastern Shore's Smith Island via Coast Guard cutter to provide health care to the close-knit residents on the remote island. While it took some time to gain the trust of the Smith Islanders, says Windemuth (nurse practitioner for the School's Eastern Shore Wellmobile, see p. 24), they soon came to welcome her visits and to follow her counsel for better health. "Considering someone took an interest in them, they are now accepting ownership of their own health care," she says. (For more on the varied roles that nurse practitioners play in today's health care arena, see p.18.) **Photo by Kirsten Beckerman**



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The NP Solution

More students than ever are enrolling in the School's nurse practitioner programs—a trend that is critical to addressing the nation's increasing health care needs.

By Marlene England

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Health Care on Wheels

For Eastern Shore patients without health insurance, the Wellmobile and its cadre of experienced nurses from the School of Nursing is a welcome sight. We ride along.

By Jennifer Hale/Photos by Kirsten Beckerman

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Thinking Globally

The new Office of Global Health has brought all the School's global and international initiatives under one roof. Director Jeffrey Johnson shares his vision.

By Sue De Pasquale



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Sharpen your pencil and test your skills.

On the Cover Shannon Reedy, MS '03, CRNP, CCRN, clinical instructor and co-director of the School of Nursing's Adult Nurse Practitioner-Gerontology Nurse Practitioner program.
Photo by Kirsten Beckerman

Leading the Way

THIS YEAR marks the 120th anniversary of the founding of our School of Nursing—one of the oldest nursing schools in the nation. (See historic timeline on p. 16.) We are proud of our heritage and our place as a pioneer in the advancement of nursing education and science. Coinciding with this occasion is the introduction of a new look for our *NURSING* magazine. This redesign is the product of many inspired suggestions and contributions from faculty, staff, students, alumni, donors, partners, and friends of the School. We hope we have hit the mark!

Back when health care dollars flew out the window on the winds of prosperity, nurse practitioners—who in Maryland have diagnostic and prescriptive authority—had to fight for the right to exercise the full measure of their education and skills. But times have changed and so has the tune among policy makers. Reform is no longer an option, it's an imperative.

Soaring U.S. health care costs that reached \$2.4 trillion in 2008, an estimated 60 million “medically disenfranchised” nationwide, epidemic levels of chronic diseases such as type II diabetes and high blood pressure, and an anemic economy have transformed the health care zeitgeist from a focus on treatment to a focus on prevention and wellness. Add to that the dwindling number of primary care physicians, down 30 percent over the past 25 years, and the stage is set for nurse practitioners to take a leading role.

Unlike medical internists, the number of licensed nurse practitioners in the U.S. is climbing in leaps and bounds—up some 40 percent over the last five years alone. This is good news for both patients and pockets. Studies show that adding nurse practitioners to physician teams lowers mortality rates, shortens hospital stays, reduces complications, and decreases readmissions. And health systems that have instituted nurse practitioner-managed care have seen dramatic cost savings, in large measure because resulting improvements in the quality of care and patient compliance with behavioral and medication follow-up has led to better outcomes.

Of course, this comes as no surprise to nurses, whose holistic approach to care is grounded in



the understanding that health is more than just the intermittent absence of disease. It is heartening, however, to see key concepts like “prevention” and “wellness” plucked straight from nursing's lexicon to become the signposts for health care reform.

The federal stimulus package passed by Congress allocates \$1 billion for prevention and wellness programs, with \$650 million of that going to evidence-based clinical and community-based strategies dealing with chronic disease. There's another \$2 billion for community health centers, which rely on the nurse practitioner model, plus another \$338 million in grants to accommodate increased demand at existing sites and another \$155 million to open additional centers. President Obama's FY 2010 budget includes a \$634 billion reserve fund to underwrite health care reform that goes beyond expanding insurance coverage, to reshape health care delivery so as to achieve enhanced quality and cost-effectiveness.

Nurses are poised to lead the reconceptualization of health care and assume greater prominence in its delivery. This is a time of unprecedented opportunity—and a great time to be a nurse.

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

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Sharon Flynn, Deborah McGuire, and Michele Chen

A Bounty of American Cancer Society Fellowships

THE SCHOOL OF NURSING'S graduate program in oncology nursing has long had a national reputation for providing advanced education in this highly specialized field to some of the brightest oncology nurses in the nation. In recent years, increasing numbers of students in the program have been recognized with prestigious national scholarships from the American Cancer Society (ACS).

Since 2006, 11 students in the master's program have been selected by the ACS for graduate scholarships in cancer nursing practice. In addition, two PhD students in the program have been awarded ACS scholarships during this time period. Nationally the society awards about 15 master's scholarships and about 12 PhD scholarships to students annually.

Deborah B. McGuire, PhD, RN, FAAN, who mentors students applying for the scholarships, is proud of this track record. "In the period until last fall," she says, "as a school and as a

graduate program for oncology students, we have had more ACS scholarships awarded to our students than any other nursing school in the nation."

"That tells me that we have a good program, that we have good students. It tells me that we mentor them carefully through the application process to ensure they are putting their best feet forward. And finally, it tells me that my peers review our program and our students very favorably," says McGuire, professor and director of the School's Oncology Advanced Practice graduate program.

The scholarships provide master's level students with up to \$10,000 a year for two years that they can use for tuition or other costs associated with the program. Students in the PhD program are awarded \$15,000 a year for two years with the potential to renew their stipend for up to \$60,000 over four years.

For students, the scholarships can be a

financial windfall. But it's not just about the money, says Michele Chen, BSN. She is in her second semester in the master's program, and says that winning an ACS scholarship last year was an honor that will follow her for the rest of her professional career. "It was absolutely one of the most wonderful things that has ever happened to me," says Chen. "It gave me the confidence to go forward with the program and made me feel that all of my hard work was appreciated, admired, and respected."

Sharon Flynn, BSN '04, an oncology nurse at the National Institutes of Health (NIH), has worked with thousands of oncology patients during her 17 years in the field. Winning an ACS scholarship has helped her in her quest for an advanced degree in doing what she loves.

"Many people say oncology nursing is depressing, but I find it to be quite the opposite," says Flynn, who works in outpatient chemotherapy at NIH. "My patients inspire me. Here are people in the darkest days of their lives and they are willing to share that experience with me. I love getting to know them."

— Maria Blackburn



Mary Catherine Bunting

“We need to find creative ways, such as the CNL program, to attract talented individuals and make it possible for them to pursue this vital profession,” says Bunting.

\$1 Million Donation Funds New Nursing Scholarships

A \$1 MILLION donation from School of Nursing alumna Mary Catherine Bunting, MS '72, will establish a scholarship in her name for Maryland residents enrolled in the School's Clinical Nurse Leader (CNL) program.

The CNL program allows people with a bachelor's degree in a non-nursing discipline to obtain a master's degree in nursing in 16 months. Graduates are eligible to take the exam to obtain a registered nurse license, which qualifies them for positions in hospitals and health care facilities. “CNL students pay more than \$18,000 a year in tuition and fees, and the extremely rigorous course load makes it impossible for them to work—even part time—while they are in the program,” says Gail Schoen Lemaire, PhD, PMHCNS, BC, CNL, associate professor and co-director of the CNL program. “This gift will provide a source of financial support for these highly qualified students who, after licensure, will practice nursing in diverse settings in the Baltimore area and throughout the state.”

Bunting, a retired nurse practitioner, says she is concerned about the shortage of nurses in Maryland. “We need to find creative ways, such as the CNL program, to attract talented individuals and make it possible for them to pursue this vital profession,” says Bunting.

“Ms. Bunting's generosity opens the door to a nursing career for those who could not otherwise afford it,” says Dean Janet Allan. “This gift presents a wonderful opportunity for our students while benefitting the entire state by bolstering the professional nurse workforce.” —**Patricia Adams**



Clinical Nurse Leader students will benefit greatly from Ms. Bunting's generous gift.

Rallying at the State House



Del. Karen Montgomery (second from left) discusses the nurse shortage with Brittany Winstead, Dean Janet Allan, and Catriona Mowbray.

MORE THAN 40 students and faculty from the School of Nursing traveled to Annapolis in February to meet with legislators and remind them that in these tough economic times, health care is the only sector of the economy that is still growing and adding jobs.

“Maryland needs to support expanding the capacity of nursing programs to enroll

more students. This would have a two-fold advantage of reinvigorating the economy and ensuring access to safe, high quality health care,” said Dean Janet Allan.

Many of the members the students met with did not need much convincing. Del. Karen Montgomery (Dist. 14, Montgomery Co.) encouraged students to stay in Maryland to work after

graduating. “We need nurses to help alleviate the shortage our state is facing,” she said. She also stressed the need for geriatric nurses to provide health care for the aging population.

Students were recognized on the floor of the House of Delegates, and several students had the opportunity to meet with Speaker of the House Mike Busch.

The Governor’s Wellmobile, operated by the School of Nursing, also traveled to Annapolis and offered free blood pressure checks, body mass index screenings, and preventive health information. The Wellmobile serves uninsured and under-insured people throughout the state and functions as an educational site for the School’s students, who receive community nursing experience while assisting patients. Demand for the Wellmobile has surged as more and more Marylanders have lost insurance coverage along with their jobs. —Patricia Adams

Harris Awarded Emeritus Status

RUTH HARRIS, PhD, RN, CRNP-BC, FAAN, who served on the School of Nursing’s faculty for 24 years before retiring in 2006, has been awarded the rank of Professor Emeritus at the School of Nursing. She is the 10th faculty member from the School to obtain emeritus status.

Harris began as an assistant professor at the University of Maryland Baltimore County campus in 1982, and rose to become a tenured professor and chair of the Department of Organizational Systems and Adult Health, where she developed key academic policies and worked closely with faculty and administrators to offer high quality courses and programs. Throughout her tenure on the faculty, Harris distinguished herself as a teacher, researcher, and administrator. She is certified as an Adult Nurse Practitioner and is a Fellow of the American Academy of Nursing.

Harris has numerous publications and more than 50 professional presentations in the field of AIDS prevention and risk behaviors. As a principal investigator, she received more than \$3 million to conduct research in the fields of drug abuse and AIDS prevention.

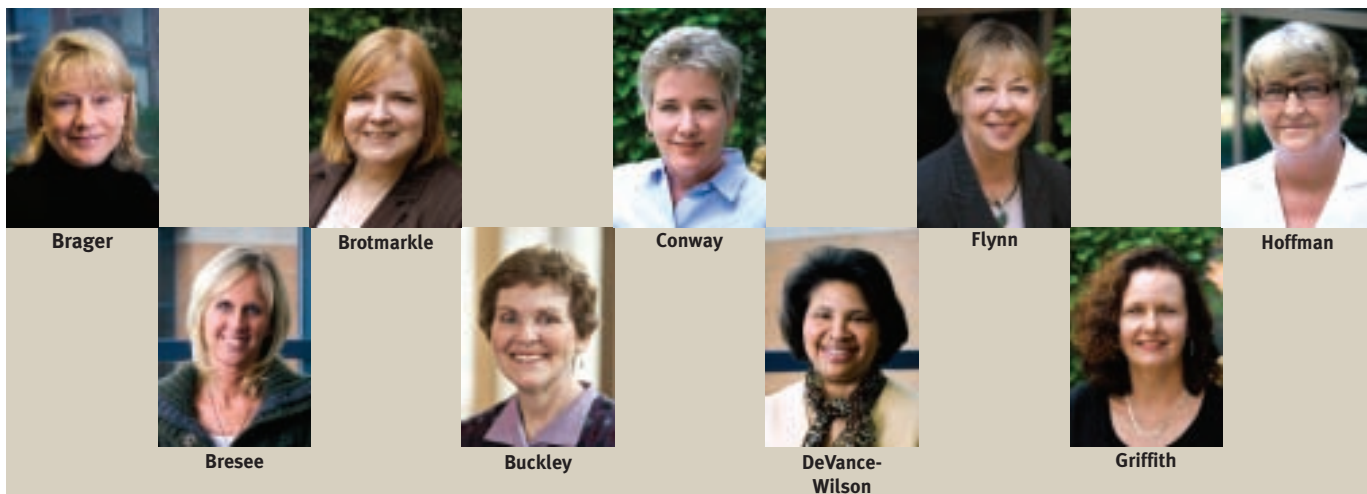
Throughout her career as an educator, Harris taught many courses in adult health to both undergraduate and graduate students. She served on numerous master’s and doctoral thesis and dissertation committees, supervised graduate research assistants, and served as advisor to many students in the Adult Nurse Practitioner program. She also assisted students in their efforts to receive Graduate Merit Award Scholarships and National Research Scientist Awards.

In Retirement, Harris co-owns and operates Athena Vineyards & Winery in Heathsville, Va.



Mary Etta Mills and Ruth Harris

NEW FACULTY



Welcome New Faculty

Rosemarie Brager
PhD, MS '95, APRN, BC
Assistant Professor

Heidi Bresee
MS, CRNP, FNE, PNP
Clinical Instructor (Shady Grove)

Rebecca Brotmarkle
MS/MBA, BSN '86, ACRN, CCM
Clinical Instructor

Kathleen Buckley
PhD, MS '76, BSN '73, RN, IBCLC
Associate Professor

Laurie Conway
MS '07, CIC, CCRN
Clinical Instructor

Crystal DeVance-Wilson
MSN, MBA, RN, APRN, BC
Clinical Instructor (Shady Grove)

Linda Flynn
PhD, BSN '75, RN
Associate Professor

Kathleen Griffith
PhD '06, CRNP
Assistant Professor

Janice Hoffman
PhD '06, RN, CCRN
Assistant Professor and Vice-Chair,
Department of Organizational
Systems and Adult Health

Arpad Keleman
PhD
Associate Professor

Vivian Koroknay
MS '91, RN, CRRN
Clinical Instructor (Shady Grove)

Janice Lazear
MS, FNP-BC
Clinical Instructor

Sherrie Lessans
MSN, RN
Clinical Instructor

Yulan Liang
PhD
Associate Professor

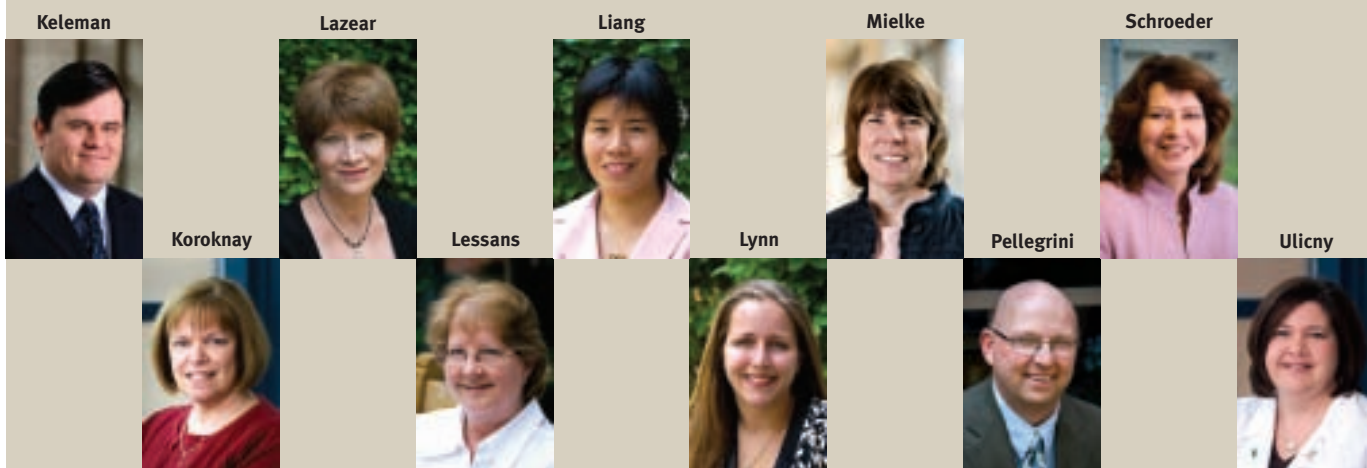
Megan Lynn
MS, RN, FNE-A
Clinical Instructor

Elizabeth Mielke
MSN, BSN '78, ANP-BC
Clinical Instructor

Joseph Pellegrini
PhD, CRNA
Associate Professor and
Co-Director, Nurse
Anesthesia Program

Mary Schroeder
MS, RN, FNP-BC
Assistant Professor

Mary Pat Ulicny
MS, RN
Coordinator, Clinical Simulation Labs
(Shady Grove)



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A nursing student tests AccuNurse, a hands-free, eyes-free technology, in one of the School's simulation labs.

A Beta Test Bridge to Better Care

ONE DAY in the near future, nurses who work on specialized intravenous teams won't need to leave a patient's bedside in order to attend to pages from floor nurses, enter data into a patient's medical record, and catch up on paper-work. Using "AccuNurse"—a headset and wearable computer equipped with voice recognition software that allows the wearer to directly input information into a database—these nurses will be able to do their jobs faster and more efficiently while improving patient care.

AccuNurse, which uses hands-free, eyes-free technology, could revolutionize how nurses care for hospital patients. And through a collaboration between the School of Nursing and Vocollect Healthcare Systems, which manufactures AccuNurse, the School's students had the opportunity to beta test the product last summer and provide valuable insight to the company about its design and function.

The testing involved 10 students with a wide array of experience and levels of education. Using the School's clinical simulation labs, the students ran through eight different scenarios using AccuNurse in which they played the roles of patient, IV nurse, and floor nurse. They then provided feedback to the company, ranging from questions about how the headset should be worn with a ponytail to what kind of audio prompts it should be giving the wearer.

This was the first time that the School's Nursing Informatics program had been involved in such a collaboration with a vendor and the experience was of great value to the students and the School, says assistant professor Marisa Wilson, DNSc, MHSc, RN-BC. "It was exciting to expose the students to a technology that they had never been exposed to and for them to have input into this product so that it could be effectively and efficiently used by nurses," she says.

The collaboration came about last year during the annual Summer Institute in Nursing Informatics Conference, a gathering of some 600 nursing informatics professionals held at the School, which created the world's first master's program in nursing informatics in 1988. AccuNurse was already being used in more than 30 long-term care facilities, but the company was looking for avenues to retool the product for an acute care setting and wanted to beta test it. When representatives from Vocollect, a vendor at the conference, took a tour of the clinical simulation labs and saw the wide variety of nursing experience in the School, they realized the potential to test their product there.

"From our perspective, the collaboration was a very good thing," says Amar Kapadia, director of new ventures for Vocollect. "It gave us the ability to get a fairly good understanding of how nurses think, how health care works, and what works and doesn't work for the nurses," he says. "Obviously, we still had to test it at the hospital, but this got us 60 to 70 percent there."

Using the information gathered from the students, Vocollect refined AccuNurse and pilot tested it at Butler Memorial Hospital, north of Pittsburgh, with impressive results. The product will be on the market soon.

Debra Wolf, an associate professor of nursing at Slippery Rock University and a Vocollect consultant, was at the School for the beta test last summer and praised the collaboration. "I consider this to be one of the missing factors critical for continued support of health care, because it provides a bridge between academia, acute care facilities, and vendors," she says. "If we don't have the three organizations working together in a collaborative manner, we will not meet the needs of clinicians caring for patients at the bedside."

Wilson says she hopes the partnership with Vocollect will continue and that the School can develop similar relationships with other vendors. "This School has a unique position with the simulation labs, the diversity of our nursing students, and the richness of the nurse researchers that we have here," she says. "We want to be involved in more collaborations like this because it gives our students an opportunity to have a say in the very products that they are going to use in the marketplace." —MB

Lecture Recaps

• Addressing Disparities in Health Care

Race. Ethnicity. Gender. Poverty. Lifestyle. Faith.

All of these factors figure largely into the state of health care in the United States today, noted Harvard's David R. Williams, PhD, who delivered the 2008 Dean's Distinguished Virginia Lee Franklin Lecture at the School of Nursing in November. In his talk, "Social Sources of Health Disparities: Patterns, Causes, Interventions," Williams offered some innovative and effective interventions that can bridge the gap in health disparities.

"In spite of a war on poverty, a civil rights revolution, Medicare and Medicaid, the Hill-Burton Act, and major advances in medical research

and technology, we have made little progress in reducing the elevated death rates of blacks and Native Americans, relative to whites," said

Williams. He said we need to better understand how resilience factors and processes can affect health and how to build on the strengths and capacities of communities.

Williams has been ranked as one of the "Top 10 Most Cited Researchers in the Social Sciences" during the last decade. He is the Florence and Laura Norman Professor of Public Health at the Harvard School of Public Health and professor of African and African-American Studies and of Sociology at Harvard University.

Jeffrey Johnson, Dean Janet Allan, and David Williams



• Of Purpose, Power, and Self-Discovery



Rosetta Sands, Yolanda Ogbolu, Esther McCready, and Clausyl Plummer

The School of Nursing celebrated Black History Month with an inspiring panel discussion, "Nurses Discovering Purpose in Pursuit of a Profession." Panelists included Esther McCready, DIN '53, the

first African-American to attend and graduate from the School; current doctoral student Yolanda Ogbolu, MS '05, BSN '04, CRNP; Maj. Clausyl J. Plummer, MSN, RN, clinical instructor; and Rosetta Sands, PhD, MS '70, BSN '66, RN, the first African-American to hold a dean-level position at the School. Current BSN student Hershaw Davis, Jr. served as panel moderator.

As these nurses shared their stories, recurrent themes arose. They had to find mentors, ask for help when needed, work hard, and continually prove themselves as they pursued their education and their profession.

Sands summed it up this way: "From those to whom much is given, much is expected." These nurses are living examples of that adage.

• Nurses' Role in Health Care Reform

Nurses will play important roles in all aspects of health care reform—from quality assurance to improved access to cost containment—noted Howard County Health Officer Peter L. Beilenson, MD, MPH, guest speaker for the School of Nursing's annual Edmunds Lecture, held in October.

In his talk, "The Prospects for Health Care Reform and the Crucial Role Nurses Play in Making It a Reality," Beilenson also discussed the opportunities for national health care reform and approaches taken by various states. "It is very likely that national health care reform will not be a 'one-size-fits-all' program," he said. By way of example, Beilenson described "Healthy Howard," his county's innovative



Peter Beilenson

initiative to provide health coverage to uninsured residents, and he talked about how nurses are an integral part of that program's success.

Before taking on his current role in Howard County, Beilenson served for 13 years as Baltimore City Health Commissioner. His tenure there included creation of the statewide initiative for universal health coverage in Maryland, "Health Care for All."



Wiseman Named Assistant Dean at USG

REBECCA WISEMAN, PhD, RN, an assistant professor at the School of Nursing and former director of the Governor's Wellmobile program, was recently named assistant dean for the nursing program at USG.

Wiseman, who joined the faculty in 2002, is a 1993 graduate of the School's PhD program, where her studies focused on education policy and administration.

Prior to joining the School, Wiseman worked as a senior staff specialist for workplace advocacy at the American

Nurses Association in Washington, D.C. The remainder of her career has been spent as a nurse educator, administrator, and staff nurse.

The School expanded its Bachelor of Science in Nursing (BSN) program at USG in fall 2008 to meet the increasing demand for highly skilled nurses in the region. BSN enrollment at USG now stands at 176, and is slated to nearly double within the next five years.

"I am looking forward to working with the faculty and staff at USG," says Wiseman. "The facility's new clinical simulation labs and excellent instructors will help our students gain the skills they need to work in complex health care environments. In addition, the interdisciplinary opportunities at USG prepare our students to work in more collegial and equitable patient-focused teams." —**Patricia Adams**



Montgomery County's Diversity Reflected in Student Body



Setondji Megonou and Catriona Mowbray

THE UNIVERSITIES at Shady Grove (USG) offer more than 60 undergraduate and graduate degree programs from nine of University of Maryland's 11 schools.

The Bachelor of Science in Nursing (BSN), primarily a full-time program, was one of the first programs available at USG. The program offers junior and senior year studies to students who have completed the first two years elsewhere. Currently there are about 176 students enrolled in the BSN program. (About 30 master's students also take courses at USG over the course of a year but cannot complete the degree at that site.)

"Because Montgomery County is very diverse, the pool of students from which USG draws is representative of that population," says Patricia Morton, PhD, RN, CRNP, FAAN, associate dean for academic affairs, who oversees all of the School of Nursing's academic programs. "It's that diversity of gender, age, previous careers, backgrounds, and ethnicities, that brings a unique richness to all of our programs." Shady Grove provides a wide variety of schedules, including part- and full-time, daytime, evening, and weekend programs, to meet the different needs of its student body, which is 19 percent African-American, 15 percent Asian, 12 percent Hispanic, 38 percent White, and 6 percent foreign.

As in Montgomery County itself, the international students at USG hail from far

and wide. BSN student Setondji Megonou immigrated to the United States in 2003 from Togo, West Africa. "I like Shady Grove a lot better than anywhere else I've studied," says Megonou, who cites class size (around 50 students per class), the beautiful campus, and the convenient location as the prime reasons for his preference.

Megonou knew early that he wanted to be a nurse. "My aunt in Togo was a nurse, and she used to pick me up from school and take me to the hospital while she worked. I loved it there, and knew that is what I wanted to do later on." His subsequent experience working with autistic children, as well as Africa's lack of psychiatric resources influenced Megonou's decision to go into psychiatric nursing. "I would love to go back to Africa after I get my master's degree in nursing and change people's perspectives on psychiatric disorders," he says.

Catriona Mowbray, a BSN student from Scotland, came to Los Angeles to do post-doctoral research in basic developmental biology after completing her PhD in biology at the University of Sheffield in England.

"While the research I was doing was interesting, I wanted to get involved with patients, to have a more direct impact," she says. "It's okay to be in an ivory tower for a while, but it's so far [removed] from people." Mowbray moved to the East Coast when her husband got a job at the National Institutes of Health. "I realized that getting a nursing degree provides a lot of career options as well as the opportunity to work directly with people," she says.

Like Megonou, Mowbray loves the small class size at USG, as well as the interdisciplinary nature of the curriculum. "I had already had the big college experience and was looking for a smaller environment where I could have closer contact with the lecturers," Mowbray explains. "The lecturers at USG are wonderfully approachable."

—**Jennifer Wilkinson**

Meeting Urban Ills Head On



Charles Sarbeng was a Xerox technician, working mainly with computers, when he had an epiphany. It came during one of his visits to a close friend's elderly mother who was in a nursing home in Philadelphia. This was his first experience with long-term care, and he was impressed with the

competence and kindness he saw there. As he observed the nurses tending to the woman's every need, he thought: "I would like to contribute to society the way they are—I want to be a nurse!" So he enrolled at the Community College of Philadelphia, where he completed the first two years of nursing studies, and received his BSN in nursing from Holy Family University of East Philadelphia in 1995.

After finishing his BSN, Sarbeng moved to Baltimore where he found work at one of Maryland's state agency's long-term care facilities. While he enjoyed the hands-on experience, he also realized that the more education he had, the more he'd be able to impact people's lives. In 2003, he enrolled in the Family Nurse Practitioner master's program at the University of Maryland School of Nursing, which he completed in 2005.

It was in 2007, when Sarbeng took a job with the Department of Corrections, that he became aware of the enormity of the HIV conundrum within the urban prison system. "The problem was less about how to take care of these patients while incarcerated, than about how to monitor their activities once they're back in society," he says.

He knew he needed to pursue a doctorate if he was ever to attain his ultimate goal of influencing policies and procedures. He realized that his long-term goals included implementing more intensive HIV education to keep the number of those being infected from skyrocketing. "With so many prisoners being released into society while carrying the virus, as well as immigrants coming to this country already infected, there is a tremendous need for more HIV education both here and abroad," he says.

Sarbeng, who intends to complete his Doctor of Nursing Practice degree at the School within the next several years, doesn't waver in his determination to become the best health care practitioner he can be. "I've never questioned my decision to leave computers and Xeroxes behind," he says. "I am happy to make a difference, and this professional choice leaves me feeling that I am doing just that." —Jennifer Wilkinson

What impact will electronic health records have on nursing care? We asked three of our own to weigh in.



Eun-Shim Nahm, PhD '03, RN
Associate Professor
University of Maryland School of Nursing

"The Obama administration recognized the importance of health information technology (HIT) in improving the quality and efficiency of health care, calling for a \$10 billion-a-year investment in HIT over the next five years.

"This national agenda has significant implications for nurses and nursing care as we expect the use of HIT systems in health care settings to continue to increase. The HIT systems have great potential to benefit nurses and improve nursing care only when they are optimally developed to meet nurses' needs and when they are used fully and efficiently. Thus, nurses must be prepared to competently use HIT systems and participate in their development and implementation. This can be achieved by incorporating informatics into all levels of nursing education as well as advancing the nursing informatics specialty.

"Nurses' voices must also be present when important policy level decisions are made to ensure that the investment in HIT includes plans and funds to prepare nurses working in various fields to embrace more advanced HIT."



CDR Alicia Morton, MS '86, RN-BC
Current Doctor of Nursing Practice Student
Nurse Informatics Specialist
Office of the National Coordinator for Health IT
Department of Health and Human Services

"Nurses will play a significant role as the health care industry and consumers widely adopt and implement HIT. Nurses must embrace and champion the effective use of these technologies to enable safe, effective, appropriate, and patient-centered care. This technological transition will challenge nurses to incorporate and maintain solid informatics competencies as they care for and educate their patients, as their patients will also be challenged to increasingly utilize HIT to maintain wellness and manage illness.

"There are many avenues for nurses to be leaders in the national priority for widespread HIT adoption. From the bedside, to standards/product development, to education, to administration, and to public policy, nursing's input and efforts are necessary for realizing this ambitious goal."



Katie (Lambros) Papathakis, MS '04, CRNP, AOC
Nurse Practitioner
Harry and Jeanette Weinberg Cancer Institute
Franklin Square Hospital, Baltimore

"Advancement in technology plays a critical part in improving health care delivery. Included in this is Electronic Medical Records (EMR), which have become increasingly utilized throughout health care and have had a direct impact on nursing care practice.

"Nurses as well as other health care professionals are being challenged to incorporate a very technical process into one that was primarily based on a more intimate style. Placing a computer between a nurse and a patient makes for a less personal exchange. In addition, use of real time documentation with EMR may decrease the time for building interpersonal relationships between a nurse and a patient and their families. Added to this discomfort is the lack of computer skills of veteran nurses, making an already difficult transition more challenging.

"I have observed the initiation and utilization of an EMR in my work setting for 18 months. Despite these challenges, given the appropriate time and resources, many of these barriers can be overcome."

Addiction as a Brain Disease



ONE CAN LOOK at drug addiction as a moral issue, a social ill, or a criminal problem. But Lynn Oswald's experience studying the neuroscience of addiction tells her that it is something else entirely: a disease of the brain.

"Addiction is a brain disease because differences in the way our brains function make some people more likely to become addicted to drugs than others—just as differences in our bodies make some people more likely to develop cancer or heart disease," says Oswald, PhD, RN, an assistant professor at the School of Nursing.

However, the neurobiological mechanisms that underlie a person's risks for alcohol and drug abuse are not well understood by scientists. Oswald is hoping to change this. She is currently at work on a study funded by a five-year \$3 million grant from the National Institute on Drug Abuse that aims to answer questions about why some people become addicted to drugs and others do not.

"There is growing evidence that vulnerability for substance abuse may stem from pre-existing variances in brain function," she says. "These variations could be something that a person is born with or the result of changes that take place later on. Like other chronic diseases such as diabetes and heart disease, risks for drug use disorders seem to be influenced by both genes and environment. Scientific evidence continues to grow about the effects of environmental stress

on the body. We now know that the brain is a very plastic organ and various life experiences, such as severe stress, can also change the way the brain works."

Using psychological and behavioral assessments and brain imaging such as PET (positron emission tomography) scans, Oswald and her collaborators from the University of Maryland Schools of Nursing and Medicine and the Johns Hopkins School of Medicine, will examine whether factors such as increased impulsivity and chronic stress affect brain dopamine systems in ways that could increase one's risks for drug abuse. "The advantage of this kind of team approach is that it allows investigators with different backgrounds to combine their talents to study the inner workings of complex human problems from multiple levels," Oswald says. "Right now we know that certain things such as stress and impulsivity are associated with greater risks for addiction, but we don't know why."

The dopamine neurotransmitter system in the brain has long been known to play an important role in drug abuse. Oswald's hypothesis is that increased levels in preexisting differences in brain dopamine function may predispose some people to be at greater risk of addiction than others.

The study is just beginning its second year and Oswald is currently recruiting subjects. When completed, the study will include data from 100 people.

"Although much of what scientists know about brain function in addiction has come from animal research, advances in neuro-imaging methods over the past decade now make it possible to look at some of these processes in living humans," she says. These developments have led to exciting new opportunities for expanding knowledge about addiction and other psychiatric conditions. Nevertheless, more is currently known about how drugs affect the brain and about how brain function is altered in drug addicts than is known about mechanisms that contribute to vulnerability for these disorders. "Better understanding can ultimately lead to better targeting of prevention and treatment methods," Oswald says.

Because the brain's dopamine system is also involved in such psychiatric disorders as Tourette syndrome, schizophrenia, and possibly Attention Deficit Hyperactivity Disorder, Oswald's research could also have applications for these conditions. —**Maria Blackburn**

► Over the past few years, the School of Nursing has enjoyed a steady increase in the amount of grant funding received from the National Institutes of Health (NIH). In FY 2008 the School was 22nd among schools of nursing receiving research dollars from NIH, compared to 58th in 2005—a major accomplishment in just a few years.

Army Nurse Corps Faculty Fill Critical Role



IN THE two years since the School of Nursing entered into an innovative partnership with the U.S. Army Nurse Corps (ANC), the six ANC officers assigned to teach at the School have helped address the critical shortage in nursing faculty, allowed for the continued education of large numbers of undergraduate students, and enhanced their own training as officers in the U.S. Army. They have also become valued members of the School's faculty.

"The Army nurses have really taken an active role in the faculty and have done a fantastic job here," says George Zangaro, PhD, RN, an assistant professor at the School. "It's been a great experience."

The Professional Nurse Education Program is a two-year pilot program initiated under the command of Major General (Ret.) Gale S. Pollock, BSN '76, MBA, MHA, MS, CRNA, RN, FAAN, FACHE, that is scheduled to conclude in June. Before it ends, Zangaro wanted to further investigate the partnership. Last fall he embarked on a research study designed to measure the impact the ANC officers have had on the School. Through the study Zangaro aims to describe the experiences of the ANC officers and their students and assess whether being taught by ANC nurses influenced students' decisions to enter the military.

He plans to analyze qualitative interviews with the six ANC officers and quantitative data obtained through a student career

George Zangaro, seen here interviewing Army faculty members Col. Richard Knowlton and Lt. Doris Reeves, is investigating the impact that Army nurses have had on the School.

decision-making survey. In addition, he hopes to interview 18 to 20 students about their experiences with the ANC faculty. The study is being funded by a \$238,000 grant from the TriService Nursing Research Program.

"This is important to study because it's the first time that Army nurses, or any military nurses for that matter, have ever been put into the academic environment," explains Zangaro, who retired from the U.S. Navy in 2007 after serving 25 years. "Because we have a lot of military students at the School, it's particularly important to find out the impact of this program so that possibly we can bring more military students to the School."

The School has a long history of educating military nurses, having graduated more than 1,000 over the years. Many of these graduates were members of the Walter Reed Army Institute of Nursing program, launched by the School in 1964, and from which Pollock graduated in 1976.

Zangaro says he hopes that the results of his study can be used to expand the Professional Nurse Education Program to other universities. — **Maria Blackburn**

Bench Marks

THREE SCHOOL OF NURSING FACULTY MEMBERS
RECEIVE PRESTIGIOUS AWARDS.



Lipscomb Named UMB Researcher of the Year

Jane Lipscomb, PhD, RN, FAAN, professor and director of the School of Nursing's Work and Health Research Center, was named University of Maryland, Baltimore's 2008 Researcher of the Year during the annual Founder's Week Celebration last fall. Lipscomb, the second member of the nursing faculty to receive the award, delivered the Faculty Lecture as part of the weeklong celebration.

During her lecture, Lipscomb touched the audience with her stories of health care workers who were killed in the workplace. "Workers should have the right to go home in the same state of health they left for work in," she said.

With research funding of nearly \$10 million since 1989, she currently is principal investigator on three projects: Evaluation of Workplace Violence Prevention Intervention; Evaluation of Organizational Justice Intervention to Alleviate Type III [Co-Worker] Violence; and Blood Exposure and Primary Prevention in the Home Care Workplace.

"My work gives me the privilege of learning firsthand about the incredible contribution health care workers make to our society by caring for the poor, disenfranchised, and ill in our midst," said Lipscomb.



Smith Receives Highest Honor from SNRS

The Southern Nursing Research Society (SNRS) awarded Barbara Smith, PhD, RN, FACS, FAAN, professor and associate dean for research, its highest honor—Researcher of the Year—at its annual conference last winter in Baltimore. The award recognizes the lifetime achievements of an individual whose established program of research has enhanced the science and practice of nursing in the Southern region of the U.S.

Smith, an exercise physiologist, has spent much of her career studying the effects of exercise as an intervention for various patient populations. For many years, her research focused on the effects of aerobic exercise on cardiac patients. She later expanded her work to include other at-risk populations such as patients with diabetes, breast cancer, HIV, Parkinson's disease, and other illnesses. More recently she has worked to improve the quality of life of people with HIV in sub-Saharan Africa and the Caribbean.

"Although we had a large number of outstanding applications for this year's award, which speaks to the excellence and talent of our members, our reviewers were extremely impressed by Dr. Smith's sustained work in the important areas of cardiovascular risk and HIV," noted Cindy L. Munro, PhD, RN, ANP, FAAN, chair, SNRS Awards Committee.



Gerontological Society of America Honors Resnick

Barbara Resnick, PhD '96, RN, CRNP, FAAN, FAANP, professor and Sonia Ziporkin Gershowitz Chair in Gerontology, received the Doris Schwartz Gerontological Nursing Research Award at the 61st Gerontological Society of America's (GSA) Scientific Meeting held last fall. This award, presented by GSA's Health Sciences Section in collaboration with the John A. Hartford Foundation Institute for Geriatric Nursing, is given to a member of the Society in recognition of outstanding and sustained contributions to geriatric nursing research.

Resnick has devoted much of her career to building a comprehensive research program that focuses on ways to motivate older adults to engage in functional activities and exercise, and thereby improve overall health and quality of life. In addition to her faculty role at the School of Nursing, Resnick works as a geriatric nurse practitioner at Roland Park Place, a continuing care retirement community in Baltimore.

"I am honored to receive this prestigious award," says Resnick. "I hope that my ongoing research will change the philosophy of care in long-term care from one in which nurses provide care that creates dependency, to one that focuses on optimizing physical function."



Members of the Class of 1894



University Hospital Operating Theater, c. 1900



World War I Field Hospital, France

A Golden Look Back

REVISIT SOME SEMINAL MOMENTS AS WE CELEBRATE THE SCHOOL OF NURSING'S 120TH ANNIVERSARY

By Jennifer Ruffner, Museum Curator

1889 – 1909

On December 14, 1889, the University of Maryland Faculty of Physic opened the Training School for Nurses, replacing the University Hospital's previous nursing service, which had been provided by the Sisters of Mercy. The new School was overseen by Superintendent Louisa Parsons, and offered an apprenticeship in nursing in return for hard work, obedience, and loyalty. Nettie Flannigan, DIN 1902, remembered that *"immediately on entrance, we were placed on a ward or the halls and instructed by the Head Nurse of that department in answering bells, scrubbing macintoshes and woodwork, dusting, use of antiseptics, bed-making, carrying fresh water or cups of nourishment, bathing faces and hands of patients and straightening up rooms, making patients comfortable at night..."*

1910 – 1929

The first decades of the 20th century saw an increase in professionalism and reform of nursing practice. School of Nursing students divided their time between increasingly difficult academic studies like Anatomy, Materia Medica, and Physiology, and long hours working on the wards. Hospital and private duty nursing, expanding public health programs, and the call for nurses to serve overseas during World War I meant there was an ever-growing need for qualified nurses.

Emeline Yingling Albert, DIN 1920, recalled, *"Our working days and nights were 12 hours long, from 7 a.m. to 7 p.m., with a two-hour rest or study break assigned by our head nurse. If our assigned hours were in the time of lectures or classroom instruction, we had to use the time so engaged. The night nurses were on duty from 7 p.m. to 7 a.m., without any relief break. ... All night nurses had to attend classes during the day whenever the hour was set for lectures."*

1930 – 1949

By the 1930s and 1940s, hospitals had become the primary work setting for nurses. Students were trained in a wide range of procedures, and carried a procedure book in which they noted successful completion of each procedure. Clinical learning was expanded through affiliations that included three months of training in psychiatric nursing at Sheppard-Pratt Hospital. School of Nursing students and graduates were once again called to duty at the start of U.S. involvement in World War II. Some members of the Class of 1942 had a graduation ceremony onboard the ship to Australia as members of Base Hospital No. 42.

"We had good training, because we had psychiatric training, surgical, obstetrical. We would work from seven to nine in the morning on one of the wards, and then have classes from probably 9:30 a.m. to noon. Back on the ward at 4 o'clock, four to seven or four to nine...because every



School of Nursing Classroom, c. 1950



Auto-Tutorial Lab, c. 1975



PhD student conducting bench research, c. 2006

patient had a bath in the morning, and their backs rubbed at night, teeth brushed, beds changed, and all that. And we'd be assigned six or eight patients." Doris Alt Heaver, DIN 1944

1950 – 1969

Under the tenure of the first dean, Florence M. Gipe, the School of Nursing's educational focus shifted from "training" to an academic education. Students benefited from new teaching methods, including group discussions, informal and formal lectures, demonstrations, and clinical observation. The School became desegregated in 1950 with the acceptance of Esther McCready, the first African-American student. Hector Cardellino, the School's first male student, graduated in 1961.

"We anxiously anticipated the arrival of our uniforms, for then we could begin work on the wards with real patients. How disillusioned we were the day we were handed white 'lab coats' and told it was time to start our clinical practice. We spent several months looking and feeling like laboratory technicians but doing the work of first year student nurses." (1954 Terrae Mariae Medicus)

1970 – 1989

By the early 1970s, the School of Nursing's undergraduate and graduate programs had expanded, making it one of the largest schools in the nation. Dean Marion Murphy pioneered outreach and continuing education programs to complement the degree programs. New technologies transformed nursing education. The world's first Nursing Informatics program launched at the School in 1988. The introduction of audio-video

equipment, nursing skills labs, and computers enabled nursing educators to keep up with rapid changes in medicine and health care, educate larger numbers of students, and provide practical experience when increasing patient acuity levels made hospital teaching risky.

"The rooms were basically these little carrels, these little tables with walls on them and you would go in and you would put these earphones on and you'd listen to things like heartbeats, and things that they could put on tape." Maggie Kelly Whall, BSN 1975

1990 – 2009

Strategic planning became a hallmark of the 1990s as the School of Nursing grappled with unprecedented changes in health care, technology, and society. The School rebuilt the undergraduate curricula, introduced new academic specialties, pioneered the use of computer-aided instruction and clinical simulation, and offered a growing number of community-based clinical experiences, including the Governor's Wellmobile program and the Open Gates Health Center. At the start of the 21st century, the School of Nursing is leading the way in addressing a growing national shortage of nurses and nursing faculty.

"After three straight days of studying for my Pathopharmacology exam, today was the day. 8:30 a.m. sharp into lecture hall; books, jackets, water bottles at the front of the room. We are to have cell phones OFF; IDs ready, and sit in assigned seating. There will be 2-1/2 hours to take the test... At about 10 o'clock I finally finished and proceeded to the computer room to complete an online assignment and check my e-mail." Christina A. Early, current BSN student



NP Patricia Harris counseling a young patient at UMMC's Joslin Diabetes Center.

the NP Solution

More students than ever are enrolling in the School's nurse practitioner programs—a trend that is critical to addressing the nation's increasing health care needs.

By Marlene England
Photos by Kirsten Beckerman

WHEN PATRICIA HARRIS, MS '83, CRNP, says that nurse practitioners wear many different hats, she's not exaggerating.

Take one of Harris' "typical" weeks. She is a psychiatric/mental health nurse practitioner at the University of Maryland Medical Center's (UMMC) Joslin Diabetes Center, where she evaluates and provides mental health care for children and adolescents experiencing emotional difficulties dealing with their diabetes. On any given day, she may conduct a family therapy session, develop a treatment program, or support a young patient who is no longer able to cope with the day-to-day maintenance that diabetes requires.

Harris also spends one day a week at the University of Maryland School of Medicine's Department of Child Psychiatry, working with a research team on a number of child psychiatric projects. And, on top of all that, she teaches undergraduate and graduate courses at the School of Nursing.

Among nurse practitioners, she appears to be the norm rather than the exception. "The School of Nursing really encourages all nurse practitioner faculty members to provide direct care to the community," explains Harris, a School of Nursing alumna who graduated as a clinical nurse specialist in child and adolescent nursing and later earned a post-master's certificate in the School's psychiatric/mental health nurse practitioner program. "It's our commitment to the community and a wonderful way of keeping clinical skills up to date. Students really appreciate faculty who are currently practicing in their specialty areas."



Patricia Harris interviews a young patient at the Joslin Diabetes Center. In her role as a psychiatric/mental health nurse practitioner, she provides mental health care to young people experiencing emotional difficulties dealing with their diabetes.

One of the purposes of faculty practice is to offer graduate students a site to interact with complex patients in a specialty area of interest under the guidance of a faculty member. Students are immersed in providing direct care for patients, as well as identifying possible research areas or other scholarly activities.

At the Joslin Diabetes Center, Jane Kapustin, PhD, CRNP, ADM-BC, associate professor and assistant dean for master's studies at the School of Nursing, maintains her faculty practice while precepting numerous master's and doctoral students. As a direct result of this experience, a doctoral student assisted with data collection that led to a publication and to her dissertation, for which Kapustin and Dean Janet Allan served as committee members. In addition, an entire issue of a leading nurse practitioner journal dedicated to the topic of diabetes and edited by Kapustin provided opportunities for exploring special diabetes topics and publishing for a nurse practitioner student, a doctoral student, and a faculty member.

Mirroring a nationwide trend, enrollment in the School's nurse practitioner specialty programs is on the rise. Last fall's enrollment of 349 was 25 percent higher than enrollment in the fall of 2003.

The influx of nurse practitioners fills a critical niche, Harris says. "I see nurse practitioners as being increasingly important in meeting the health care needs of this nation." She points to the shrinking ranks of primary care physicians in the U.S., as well as the insufficient number of psychiatrists, particularly child psychiatrists, to meet the needs of a growing population. "We have some serious problems with people not getting basic health care," she says. "Nurse practitioners are part of the solution."

Lack of insurance may be at the top of the health care crisis list, but there are other issues. Decreased insurance reimbursements for primary care put physicians under increased pressure to see more patients in less time. Nurse practitioners are a smart alternative, since they typically cost less than physicians and spend more time with patients. Nurse practitioners can also care for patients left behind as some primary care physicians follow the trend of opening "boutique" medical practices. (In these practices, a hefty entrance fee ensures that a select number of patients have easier access

to, and more time with, the doctor.) In hospitals and medical centers, where resident physicians' hours are now limited by law, nurse practitioners provide efficient and effective care.

As the nurse practitioner field continues to expand nationwide, so does the education and clinical training offered through the School of Nursing. There are currently five specialty tracks available to prospective nurse practitioners, with emphases in adult-gerontology; pediatrics; family care; psychiatry and mental health; and trauma, critical care, and emergency nursing. In the latest ranking of graduate schools by *U.S. News & World Report*, released in 2008, the School's Family Nurse Practitioner program was ranked at number five in the nation and the Adult Nurse Practitioner program was ranked sixth.

Last fall, the School of Nursing became the first in the state, and one of only a few schools in the nation, to offer a combined Adult and Gerontology Nurse Practitioner (ANP-GNP) master's

program. This new nursing specialty includes close to 50 credits and approximately 750 hours of clinical training. Program graduates are well equipped with the necessary skills to care for patients age 16 and older in a variety of health care settings. In the past, gerontological nurse

practitioners could only care for patients over age 55, and adult nurse practitioners were not well trained to care for patients in nursing homes, assisted living communities, or other facilities for senior adults. Now, students acquire broad expertise in the diagnosis and management of common acute illnesses, disease prevention, and management of stable chronic illnesses in all adult patients.

This combined program puts School of Nursing students ahead of the curve, says Shannon Reedy, MS '03, CRNP, CCRN, co-director for the ANP-GNP program, and one of Kapustin's former students. The School developed the program in response to a recommendation by the American Association of Colleges of Nursing, the National Organization of Nurse Practitioner Faculties, and many other national agencies associated with graduate nursing education, and in response to the nation's changing demographics. According to the American Association of Homes and Services for the Aging, the number of Americans age 85 and older is expected to increase by 40 percent between now and 2015, and those ages 65 and older will double to 71.5 million by 2026.

Nearly 40 students are enrolled in the ANP-GNP program, and Reedy expects to see increased interest in the years ahead. "We are really pushing to make sure we're meeting the needs of the nation, particularly the aging population. Expert nurses who have been working in their fields for years are seeing chronic conditions like heart disease and diabetes

According to the American Academy of Nurse Practitioners, the first nurse practitioners were educated in 1965. In 2007, there were approximately 120,000 practicing nurse practitioners in the United States. Nearly 6,000 new nurse practitioners are educated and trained each year at 325-plus colleges and universities nationwide.

and saying, 'I want to address this—not when the patients are sick, but when they're healthy.'"

Reedy believes that the positives of being a nurse practitioner far outweigh the negatives. In most cases, they enjoy a more manageable and predictable work

schedule. And, because of their advanced education and training, they have increased autonomy and are able to make integral decisions about patient care.

In addition to diagnosing and treating a wide range of health issues, nurse practitioners focus on health promotion, disease



Shannon Reedy is enthusiastic about preparing NP students through the ANP-GNP program. "We are really pushing to make sure we're meeting the needs of the nation, particularly the aging population," she says.

Building Knowledge Through the DNP

The School of Nursing continues to offer new opportunities for students to build upon their body of knowledge. Three years ago, the school launched the Doctor of Nursing Practice (DNP) program as an alternative to the research-focused Doctor of Philosophy and Doctor of Nursing Science degrees.

The DNP is a practice-focused doctorate based on the recommendations of the American Association of Colleges of Nursing's "Position Statement on the Practice Doctorate in Nursing" and on its "Essentials of the Doctoral Education for Advanced Nursing Practice." The degree is often pursued by nurse practitioners, nurse executives, nurse informaticians, nurse educators, clinical nurse specialists, nurse midwives, and nurse anesthetists. Master's degree students entering the DNP program can earn their doctoral degree in a year and a half, if studying full-time.

prevention, and the importance of maintaining a healthy lifestyle, while enjoying the "teachable" moments with patients and families. Before being approved to practice by the state's Board of Nursing, they must pass a comprehensive national certification exam. Regulations vary from state to state, but in Maryland, nurse practitioners can prescribe drugs and order lab work, X-rays, and other tests.

Nurse practitioners do not replace the need for physicians, Reedy stresses. The way she sees it, there's a place for everybody at the health care table. "We're all partners in the whole health care system. Physicians are needed because they have a level of expertise in many areas where nurse practitioners do not," she says, adding that the state of Maryland requires a collaborative agreement between nurse practitioners and physicians. "Here's the wonderful thing, though, about nurse practitioners," Reedy continues. "You've had to be a nurse first, so the fundamentals of nursing and that level of caring are embedded in every

person who is a nurse practitioner. Patients get the best of both worlds—nursing and disease management."

Since 1965, when nurse practitioner education began, a number of randomized trials have demonstrated comparable or better outcomes for patients who see nurse practitioners as their primary care provider. They often had fewer emergency room visits, shorter hospital stays, and lower medication costs.

With more than 120,000 active nurse practitioners in the United States, patients can access nurse practitioners just about anywhere health care is provided—in remote country towns and bustling metropolitan areas; in urgent care facilities, mental health centers, retirement communities, public health departments, and primary care and specialty practices.

Twice a week, Michele Michael, PhD, CRNP, can be found in a school-based clinic in Baltimore County—often accompanied by nurse practitioner students. As program director for the School's Advanced Practice Pediatric Nursing program, Michael knows the value of giving graduate students a



Michele Michael (right), program director for the School's Advanced Practice Pediatric Nursing specialty, observes as master's students Tamara Hill and Alexandra Mickler test their skills in infant care.

broad view of the many different types of health care. “We want them to have a flavor for just about every aspect of a nurse practitioner’s role,” Michael explains. “Not only are nurse practitioners the answer to many of the health care issues we face today, but we are sought out by families—because we do more than provide care. We’re also educators, researchers, collaborators, and scholars.”

In a school-based setting, Michael’s students come face-to-face with their multi-faceted roles, as well as the needs of the community. They see firsthand how socioeconomic factors can impact the health of children and families. Students interact with children in groups and share valuable health care lessons, such as teaching kindergarteners how to wash their hands or make nutritious food choices.

Graduate students who enter the Advanced Practice Pediatric Nursing track care deeply about the health and well-being of children and families, Michael explains. “Pediatric nurses are unique individuals who already view themselves as advocates for children and families, whether it’s in a doctor’s office or an acute care setting. They reach a point where they want to increase their ability to provide higher levels of care and to have that autonomy.”

Current students are gaining hands-on clinical experience in the health centers at two different colleges and at suburban primary care practices, the hospice wing of an area nursing home, clinics for the uninsured, and other locations. The School of Nursing’s urban setting, where it is surrounded by some of the nation’s finest health care facilities as well as a diverse population, ensures that students and graduates can choose from myriad opportunities.

Such has been the case for Erin DeSalvo, MS ’06, BSN ’04. She was working in the emergency department at UMMC when she decided to pursue her bachelor’s, and eventually her master’s, degree at the School. “I had no desire to be anybody’s boss,” she explains. “I’m an education junkie, a lifelong learner. I want as much education as I can get.”

DeSalvo chose the Trauma, Critical Care, and Emergency Nursing blended track. After earning her master’s degree, she accepted a position with the transplantation surgery service. At the same time, she did an emergency medicine fellowship that allowed her to spend time in radiology, cardiology, and numerous other departments.

Now, DeSalvo teaches one day a week for the School of Nursing’s Trauma, Critical Care, and Emergency Nursing program and works four eight-hour shifts in the urgent care area of UMMC’s Adult Emergency Department. Every day is different, with patient concerns ranging from tooth pain to fractured toes.

“In an urgent care environment, we see patients and try to rapidly get them turned around and out the door,” DeSalvo explains. “I like it. You feel like you’re really helping someone



Erin DeSalvo, an NP in Trauma, Critical Care, and Emergency Nursing, enjoys her shifts in the Emergency Department because every day is different.

and it’s relatively quick.” She and other nurse practitioners who work in emergency departments and intensive and critical care units are helping not only patients but the hospital as well, filling shifts once filled by residents.

DeSalvo enjoys bringing her work experience into the classroom so her students can fully understand the many opportunities available to them. She impresses upon them the need to be flexible, to focus, and to be patient in their learning. Ask a lot of questions and have a sense of humor, she recommends.

“The students today are very bright,” she says. “And they realize the nurse practitioner field is kind of exploding. There’s a whole new world out there, and it’s pretty exciting.” ■

Health Care

Story by Jennifer Hale

Photos by Kirsten Beckerman

For thousands of residents in the Eastern Shore towns of Crisfield, Salisbury, and Snow Hill, the 33-foot-long white Wellmobile is a welcome sight each week. Staffed by nurse practitioners and students from the School of Nursing, the mobile clinic provides essential health care for free, to those who need such services the most.

“We really are impacting patients who don’t have health insurance by providing quality care,” says Brenda Windemuth, MSN, CRNP, nurse practitioner for the Eastern Shore Wellmobile—one of four Wellmobiles operating throughout the state of Maryland. The clinics-on-wheels, which visit different locations each day of the week (often school parking lots or shopping centers), aim to save the state money by preventing future visits to hospital emergency rooms by the uninsured and underinsured. They also offer the School’s students the opportunity to work alongside experienced nurse practitioners—treating patients, planning educational programs, and incorporating new patient strategies.

Last year, the staffs of the Wellmobiles treated roughly 7,300 patients, many of whom had nowhere else to turn, saving the state an estimated \$2.7 million, according to Rebecca Wiseman, PhD ’93, RN, who has served as the School’s Wellmobile director since 2002. Wiseman, who stepped down this spring to become assistant dean for the nursing program at the Universities at Shady Grove (USG), notes that the Wellmobile team is also on call to travel beyond Maryland’s borders, should disasters strike.

“After Hurricane Katrina hit New Orleans in 2005, Governor Ehrlich deployed us to Mississippi and we saw 2,000 people in 10 days. The Governor believed we could make a difference. And, so did I,” she says proudly.

It was one of Ehrlich’s predecessors as Maryland governor, William Donald Schaefer, who initiated the Governor’s Wellmobile Program in 1994, primarily as a way to boost childhood vaccination rates. Four years later, the mobile clinics evolved into a more comprehensive health care service. Today it offers a wide range of primary care services—from annual physicals, to cancer screenings, to blood tests.

“We serve as a bridge between our patients and other government programs because they really don’t know where to begin,” says Wiseman.

JEN NOCK, who is the driver for the Eastern Shore Wellmobile, also performs administrative tasks once the clinic is parked and open for business. Today the team has parked in the lot of the Fresh Pride grocery store in Crisfield.



on Wheels



THE GOVERNOR'S WELLMOBILE PROGRAM was first proposed by state delegate Marilyn Goldwater, RN, in response to a 1993 report linking socioeconomic status directly to poor health outcomes. Goldwater, who was then serving as executive assistant for health issues for Governor William Donald Schaefer, enlisted the support of Barbara R. Heller, EdD, RN, FAAN, dean of the School of Nursing at the time, to make the School the institutional home of the program.

Today the Governor's Wellmobile program is supported by funds from the state of Maryland, MedStar Health, CareFirst, and other corporate and private donors.



A SALISBURY RESIDENT, Jen Nock knows her way around the Eastern Shore's tri-county regions of Somerset, Wicomico, and Worcester counties, and she has become familiar with many patients. She typically signs patients in as they arrive, measures their height and weight, and invites them to explore the brochures and pamphlets—on topics ranging from smoking cessation to sexually transmitted diseases—that line the reference library in the reception area. Though walk-ins are welcome, the Wellmobile team encourages returning patients to make appointments.

FOR PATIENTS like Dorothy Miles, the first stop after signing in is to see Starr Walter, RN, who checks vitals, draws blood for testing, and performs necessary lab work. Gregarious and fun loving, Walter quickly puts apprehensive patients at ease.

On a typical day, the Wellmobile team sees 20 to 22 patients, but that number has started to creep up due to the ailing economy. “Many people are losing their jobs, so ultimately they lose their health insurance coverage. That is where we come in,” says Wiseman.





AFTER MEETING with Walter in the first exam room, patients can proceed to the second exam room and see nurse practitioner Brenda Windemuth, who is equipped to perform physical exams, diagnose illnesses, and prescribe medications. On this wintry Monday, Windemuth is pleased to see William Sledge, a Wellmobile “regular.”

Staffers with the Eastern Shore Wellmobile, as well as those with the Central Maryland mobile clinic (which serves locations in Prince George’s and Montgomery counties) often find themselves treating Spanish-speaking adults and families. To make communication easier Windemuth relies on translator David Rosario, a regular member of the team.



DIANE SLEDGE, who accompanied her husband on his Wellmobile visit this February morning, needed to get blood work done. Afterward, she discusses some health concerns with Windemuth and Wiseman.

Wiseman travels close to 200 miles from her home in Frederick, Md. to catch up with her Wellmobile team on the Eastern Shore. “We’ve had a lot of fun together,” she says. Though her tenure with the clinic is ending, she hopes the Wellmobile health services will expand to meet the growing need for health care among the uninsured. She has lobbied for the funding needed to install electronic health record systems in the mobile clinics. “It would be so much easier on our nurses, who often have to go

home and enter data into the system, if they could just enter patient information once and then it is archived,” she says.

While Wiseman is looking forward to leading the nursing program at the Universities at Shady Grove (USG), she says the move is bittersweet. “I am excited about the opportunity to expand our program at USG and I look forward to the challenges ahead,” she says. “But I will truly miss the Wellmobile teams and the interaction with the clients we serve.”

Susan Antol, MS, RN, an assistant professor at the School of Nursing and director of the School-based Wellness program, has been named the new Wellmobile program director.

Thinking Globally



The School of Nursing's new Office of Global Health, which opened in January, brings all the School's international health programs together under one roof. In March, we sat down with the office's new director, Professor Jeffrey Johnson, PhD, to discuss the evolution of global health nursing and to explore his vision for the future.

Johnson, who is also director of the School's Pan American Health Organization/World Health Organization Collaborating Center for Mental Health Nursing, has been active in the formation of the University-wide Global Health Resource Center and co-teaches "Critical Issues in Global Health" in the School's Master's of Public Health program.

Interview by Sue De Pasquale

What are the advantages of uniting all the School's global initiatives in a single office?

The main advantage is that it allows the School to have one clearinghouse for all global health and international activities. Up to this point, global health and international affairs have been somewhat marginalized. That's not to say they haven't been done well, but our global activities have not functioned as part of our School's core mission. The School's current strategic plan identifies global health as an area we wanted to develop further as an important part of our education, research, and practice activities.

This comes at a time of transition within the field of global nursing?

Yes. We've moved from international health to global health—and there's a difference between these two fields. Global health really focuses on at-risk and vulnerable populations. They are often at risk because of some political or economic process that has had an effect on their health care or public health infrastructure. We call them "resource poor."

Sub-Saharan South Africa is probably the greatest example of a health resource deprived region. But we also have that situation

here in the United States, in areas of concentrated poverty—Appalachia, the urban core of many of our older industrial cities (Baltimore is an example), and Native American reservations. Those populations are often poorly served by our health care and public health systems.

These kinds of environments are places where nurses can take the lead in providing primary health care services. Nurses train community health workers, they organize and administer preventive programs, and they provide essential clinical care.

Before, anything having to do with international health was, by definition, somewhere else—not here, in the U.S. We were considered the experts, the developed countries. We would go to places that needed our assistance, share our expertise, and then go home. We didn't really look at our own global health environments.

More recently, we have begun to see parallels with countries in the global south. In Washington, D.C., for example, we have health statistics and infant mortality rates that are as bad or worse than those in poor areas of Bangladesh. So we have our own work to do.

What role will nurses play in improving health on a global scale?

Nurses have a critical role to play in providing a blend of primary health care and preventive public health services. Our School is training the educators who will train the nurses who will be on the front line [in delivering health care to resource poor communities].

One example of the global nursing role is a process called “task-shifting.” In many countries, particularly in Africa, there is a severe shortage of trained health care workers. For nurses, task-shifting can potentially mean greater professional autonomy as they take on tasks that have typically been performed by physicians—prescribing antiretroviral medication, for example. The Office of Global Health, our global health certificate students, and our research partner, the University of Maryland School of Medicine's Institute for Human Virology (IHV), are planning to do research on the outcome of one of the first such task-shifting efforts among Nigerian nurses and physicians.

What's been the response of students at the School?

Our students are intensely interested in global health. Many, it turns out, come from countries in Africa, as well as countries in Asia. About three years ago, I encouraged two of my students to begin the process of developing a student organization that would work to raise awareness in the School about the importance of global health for nursing. Carolyn Nganga-Good, a Community/Public Health master's student and Neshat Tebyanian, a Family Nurse Practitioner master's student, later joined by doctoral student Yolanda Ogbolu, MS, CRNP, and others, have provided extraordinary leadership in creating the student organization, Nurses for Global Health.

The members of this group have given generously of their time and energy in organizing conferences, a film series, and a journal club. I believe a large share of the credit for our new Office of Global Health should go to these students who have inspired everyone, including me, to build a stronger global health presence in the School.

A year ago, at the first conference organized by Nurses for Global Health, we made a commitment to begin developing an educational program that could place students in supervised global health field settings. Now we are ready to send out our first global health certificate students to work in Abuja, the capital city of Nigeria.

Can you tell us about the graduate certificate in global health?

The Global Health master's certificate consists of three core courses—global health, program planning, and social determinants of health—in addition to a supervised global health field experience. Our first group of six students will be working in Nigeria this summer.

We've teamed up with the IHV, which has developed an extensive infrastructure consisting of more than 50 collaborating hospitals and clinics. Our students will work with Dr. Bill Blattner's (professor, University of Maryland School of Medicine) team in Nigeria to do research and action programs that have a specific nursing focus. These students will be supervised by Emilia Iwu, MS, CRNP, senior technical nursing advisor for IHV in Nigeria and an assistant professor at the School of Nursing. She has been instrumental in developing our global health certificate program and has helped to envision, organize, and teach the field experience. Our students will be working in four hospitals in Abuja.

Barbara Smith, PhD, RN, FAAN, associate dean for research at the School of Nursing and director of research in the new Office of Global Health, is developing additional placement opportunities through her collaboration with Dr. Robert Redfield, co-founder of the IHV, and his team. We hope to continue to develop additional field placement experiences for both graduate and undergraduate students in other African countries as well as in India and Latin America.

You seem to be experiencing rapid growth in your efforts toward instilling global health values throughout the School?

We are doing as much as we can with modest resources. That's why it makes sense to weave global health into the fabric of the School. If we can provide these opportunities as learning experiences to the entire student body and get faculty members involved, then it becomes a natural part of what we do here at the School of Nursing. ■

Alumni Pulse

CLASS NOTES AND NEWS

1970s

Von Best Whitaker, PhD, MSN '75, RN, FAAN, was named the 2008 Research Nurse of the Year by the North Carolina Nurses Association (NCNA), and was recognized at the NCNA annual convention held last fall. In addition, a manuscript written by Whitaker and a South Carolina State University colleague, investigating the elimination of health care disparities, won the manuscript of the year from the American Society of Ophthalmic Registered Nurses/American Academy of Ophthalmology. Whitaker is a research associate professor at North Carolina Agricultural and Technical State University School of Nursing

Arthur P. Wallace, MSN, BSN '78, RN, retired in July 2008 after 35 years in the Army and

the Army Nurse Corps. His last position was Chief Nursing Officer (CNO) at Tripler Army Medical Center, Hawaii. In the past 12 years, Wallace was CNO at hospitals in Alabama, South Korea, and Hawaii, and served as a hospital chief executive officer in Kansas. Last fall, Wallace began work in a new civilian position as Special Assistant, Navy Medicine West, Pacific Region. In that role he is involved as a health services liaison and with joint planning with Navy hospitals in Japan, Okinawa, and Guam. He is a graduate of the School of Nursing's Walter Reed Army Institute of Nursing (WRAIN) program.

1980s

Carl B. Ausfahl, MS '84, RN, CPHQ, has been named assistant vice president of quality and patient safety for CentraState

Health Systems in Freehold, N.J., following a 30-year career in nursing. Most of his years in nursing were spent in acute hospital health care, managed care, and correctional health care quality improvement positions.

Jacquelyn Gaines, MS '86, BSN '80, published her first book, *Believing You Can Fly* (Dorrance Publishers). This book follows her career journey as one of the few minority women in U.S. history to run a health system. Gaines has been a leader in the health care industry for more than 30 years, starting as a nurse and working her way up to the President & CEO of Mercy Health Partners for Northeast Pennsylvania. She has been nationally recognized for her work in indigent health care and for creating health care delivery systems for our most vulnerable

citizens, and she has lectured throughout the nation for more than two decades.

Gerald Wollman, BSN '86, has been named Senior Vice President of Corporate Operations for the University of Maryland Medical System (UMMS). He is responsible for leading and facilitating key strategic and operational issues for the Office of the CEO of UMMS. Most recently, Wollman served as Business Director at the American Nurses Credentialing Center in Silver Spring, Md.

Tamala Dykes Paxton, MS '88, BSN '80, RNC, CNE, was recently appointed nursing department chair for the Jack F Owens Campus of Delaware Technical and Community College.

1990s

Maj. Prentice R. Price, MS '00, BSN '97 RN, BC, NE-BC, ANP, was selected for a "Training with Industry Fellowship" with Baptist Healthcare Systems in San Antonio, Texas. As a Nurse Executive Fellow, Maj. Price will observe and learn best business practices in the civilian sector and apply them to the Army Medical Department. She is Chief Nurse of Bamberg Army Health Clinic.

Nancy Lamb, MS '98, presented a poster, "Helping Our Older Population Drive Safely," at the American Academy of Nurse Practitioner Conference, held in National Harbor, Md.

Renee John Repique, MS '99, RN, has been appointed Chief

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of the School of Nursing's PhD Program

Thursday, Oct. 1 and Friday, Oct. 2, 2009
University of Maryland School of Nursing

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Contact alumni@son.umaryland.edu for more information, or call Michelle Healy, associate director of alumni relations and annual fund, 410-706-0674.



Featured speakers include:

Patricia Grady,
PhD, MS '68, RN, FAAN
*Director, National Institute
of Nursing Research*

and

Elizabeth R. Lenz,
PhD, RN, FAAN
*Dean, College of Nursing,
The Ohio State University*

Nursing Officer for Jackson Mental Health Hospital, Jackson Health System, Miami, Fla.

2000s

Connie M. Ulrich, PhD '01, RN, received the 2009 Eastern Nursing Research Society Distinguished Contributions to Nursing Research Award. Ulrich is currently an assistant professor of nursing at the University of Pennsylvania School of Nursing, and an assistant professor of bioethics, Department of Ethics, Penn School of Medicine.

Cdr. Eric Davis, MS '03, NC, USN, is currently deployed to the U.S. Navy's Expeditionary Medical Facility Kuwait as the head of Perioperative Services in support of Operation Iraqi Freedom.

Capt. Maggie Richard, PhD '03, NC, U.S. Navy Nurse Corps, has been named a member of the National Advisory Council for Nursing Research, the principal advisory board for the National Institute of Nursing Research. The Council provides a second level of review for grant applications that have been scored by scientific review boards.

Florence Nnabuife, BSN '07, is working at the University of Maryland School of Nursing on her first pilot study, "Palliative Care Research on Pain Assessment in Non-Communicative Palliative Care Patients." The study is funded by the National Institutes of Health. Nnabuife is also working in the Intensive Care Unit at Harbor Hospital in Baltimore, Md.

U.S. Air Force Maj. Kawanee Flowe, MS '05, CEN, CCRN,

was appointed to a three-year term as the U.S. Air Force Surgeon General Consultant for Emergency Trauma Nursing. In September 2008, Maj. Flowe returned from a four-month deployment to the Air Force Theatre Hospital, Balad Air Base, Iraq, where she was the commanding officer of the only Level I (equivalent) Trauma ER in the Area of Operation. In Nov. 2008, Maj. Flowe became Chief Trauma Nursing Program Officer at the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center, as a member of the U.S. Air Force's

Center for the Sustainment of Trauma and Readiness Skills. She is the primary trauma nursing pre-deployment officer.

Robert Parsley, BSN, '06, RN, has been promoted to First Lieutenant, U.S. Army Nurse Corps. Lt. Parsley presented a poster, "Using the Iowa Model of Evidence-based Practice to Promote Noise Reduction on an Inpatient Medical-Surgical Ward," at AMSUS: The Society of Federal Health Agencies Conference, held in San Antonio, Texas. He is currently stationed at Tripler Army Medical Center, Honolulu, Hawaii.

In Memoriam:

Edith H. Miller, BSN '28

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C. Lorraine Neal, DIN '41

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Catherine A. Lynn,
MS '74, BSN '68

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Carolyn D. Freed, PhD '85

Patricia A. Kowalski, BSN '86

Marion H. Eiseman, BSN '90

Eta E. Banda, PhD '91

Susan A. Seidenberg, BSN '91

Alumni Share Your News!

Please send us information about what's happening in your life — appointments, presentations, honors, awards, advanced education/degrees — so we can include your news in the "Class Notes" section of the *Nursing* magazine. Photos are welcome! Your announcements will be incorporated as space permits. E-mail your news to: alumni@son.umaryland.edu

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From RN to Health Care Administrator

"Becoming a nurse was the smartest thing I ever did. It provided the foundation for my career," says Jerry Wollman, BSN '86, MPH, senior vice president of corporate operations for the University of Maryland Medical System (UMMS).

Wollman spent his first decade after graduation as a clinician, first in the burn unit at Children's National Medical Center in Washington, D.C. That work took him into area schools, where he helped prepare children for the re-entry of their classmates, many of whom came back with scars or disfigurements. "It was very rewarding to see their apprehensions fade away and have

them ask good questions and really get a sense that they were looking forward to seeing their old friend again," Wollman says. He moved on to the Washington Hospital Center in 1989, and worked as a cardiovascular nurse until 1995.

After earning his master's of health science from the Johns Hopkins School of Public Health, Wollman made the move toward administration, joining the management team at UMMS as assistant vice president for executive affairs, and later as vice president for corporate

operations. "UMMS has been most of my post-nursing career," says Wollman, who worked for a stint as business director at the American Nurses Credentialing Center before landing his newest role with UMMS in December.

As senior vice president, he is responsible for leading and facilitating key strategic and operational issues for the Office of the CEO of UMMS. He and his colleagues are currently working to implement system-wide savings opportunities in the procurement arena and to standardize human resources benefits and functions. Wollman counts as mentors the current CEO of UMMS, Bob Chrencik, and former CEO Mort Rapoport. "These are two very wise and talented people. I am most proud that they each made me part of their management team," he says.

Adds Wollman, "Dr. Rapoport used to say that clinicians were uniquely qualified to be health care administrators because we understand the desired end product well: the delivery of quality health care." —Jennifer Hale



On the Frontier of Nursing Informatics

For most people, having one job is more than enough.

But not for Minnie Raju, MS '05, BSN '02. She juggles three positions in the nursing field that tap her expertise in clinical care, informatics, and teaching—and she says she'd have it no other way. "Because nursing is a multi-faceted career, it provides me with diverse opportunities that afford me a personal sense of accomplishment," she says.

Raju's work at the bedside helped ignite her interest in medical informatics, a rapidly expanding field that aims to improve efficiency, reduce medical errors, and improve patient safety. As a critical care nurse in the coronary care intensive care unit at Washington Hospital Center, Washington, D.C., she is able to translate real-world processes into electronic documentation.

She earned her master's degree in nursing informatics at the School of Nursing in 2005 and today works as a clinical nurse informatician with the National Institutes of Health. In that role, she draws on her clinical experience to provide analysis and consultation to a team that is working to create user-friendly systems for nurses to enter data—and view it—effectively and efficiently.

She is part of the cadre of nurse informaticians who are striving to make the paper patient chart a thing of the past. "The greatest challenge for informatics is to ensure that the user's needs are met when implementing changes, and to not impede the user's work flow process but to enhance patient care and safety," says Raju. "By 2014, our goal is for every American to have an electronic record at his or her bedside."

"We can develop new frontiers with informatics," she says. In fact, Raju is so excited by the potential that informatics holds for health care that she is sharing her expertise in the classroom. Since fall 2007, she has been teaching an undergraduate course in informatics at the School.

"I have been a critical care nurse for 11 years," she says, "so I am able to give the students real-life experiences in the classroom." —Jennifer Hale



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— **Katie M., RN, Staff Nurse**

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Life's Adventurer Creates Charitable Gift Annuity

Margaret (Haring) Iles, DIN '53, graduated from the School of Nursing with the fortitude to embrace life's challenges and the eagerness to live each day to the fullest. "The School really started me on my career path," she says. "We had great experiences working the wards and going to public health clinics."

After graduation, she headed north to Massachusetts where she bought a nursing home with her first husband (their marriage ended in divorce), then worked for a group of internists as their office nurse. In the years that followed, she married twice again, sadly losing both husbands to cancer, and eventually landed in Florida, where she opened an antiques store with the help of her mother. "We established a camaraderie that I will never forget," she says.

Iles returned north when it came time to retire, to Maryland's Eastern Shore, where she resides today. She stays active by taking yoga and computer classes, collecting antiques, and kayaking. Though Iles has been dealt innumerable challenges over the years, she looks at life as "a continuous adventure."

"You have to be willing to make changes and you have to be absolutely resilient," she says. "I have learned to appreciate each day, and I do." Iles says her nursing school experience will always hold a special place in her heart. "It gave me skills, knowledge, and confidence to pursue my destiny," she says.

To benefit the School's current students, she has created a charitable gift annuity of \$50,000. "I never had a doubt in my mind about the funding to the university when they gave me the most wonderful foundation ever," she says. "I wish I could do more."

—Jennifer Hale

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A Career of Firsts in Durham County

In the years since Shirley Callahan, DIN '52, MPH, graduated from the School of Nursing, her nursing career has been marked by a series of "firsts."

In Chapel Hill, N.C., where Callahan landed in 1957, she entered graduate school at the University of North Carolina (UNC) School of Public Health, putting her on the path to become one of the state's first nursing advocates. Early on she worked at the UNC School of Medicine as an instructor in the Preventive Medicine department. There she referred patients to local health departments and mentored senior medical students who were all assigned homecare patients. "It was a great program because it promoted continuity of care and exposed students to what patients have to cope with after they leave the hospital," she says.

Callahan went on to become the first consultant for North Carolina nursing homes (1961–1962), Durham County's first director of nursing (1963), and ultimately established the first home health agency for the county. She served as the agency's nursing director until her retirement in 1989. In that role, Callahan established a health program for the Durham County jail and youth detention home and served with a wide variety of community agencies—from the child advocacy commission to the senior citizens advisory council.

Callahan has always had a strong commitment to the School of Nursing, which inspired her to make a generous gift to create a named scholarship. "We need more nurses badly," she says. —Jennifer Hale

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June Jennings, BSN '47 & E.R. Jennings
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Cynthia Lewis, BSN '58 & Jack Lewis
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Sharon L. Michael, BSN '71
Lyn Murphy, MS '01 & John Murphy
Ann E. Roberts, BSN '93
Linda E. Rose, PhD '92
Amelia Carol Sanders, DIN '53
Phyllis J. Scharp, BSN '50
Ruth C. Schwalm, MS '66
Deborah Shpritz, MS '78 & Louis Shpritz
Betty L. Shubkagel, BSN '54
Norma C. Tinker, BSN '48
Joella D. Warner, BSN '64
Estate of Patricia A. Yow



BSN student Melissa Nancy; Patricia Morton, PhD, RN, CRNP, FAAN, professor and associate dean for academic affairs; Joseph Proulx, EdD, RN, professor; master's student Ron Enjanda; Mary Etta Mills, ScD, RN, FAAN, professor; and BSN students Andrew Lebson and Corey Riley

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 Legacy Council.

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

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Final Exam

For first-semester students in the School's BSN program (and Clinical Nurse Leader students), the three-credit Health Assessment course is an important introduction to the many dimensions—biological, psychological, social, and cultural—that impact individual health, notes instructor Joan Davenport, PhD, RN.

Below, we've pulled five questions from a 50-question exam Davenport gave her students last semester. Why not test your mettle?

1. Peristalsis of intestinal contents is under the control of
 - a. cognitive processes.
 - b. gravity.
 - c. autonomic nervous system.
 - d. fluid content of the stomach.
2. The term gynecomastia refers to:
 - a. enlarged breasts in prepubescent boys and girls
 - b. enlarged breasts in the post menopausal woman
 - c. enlarged breasts in men
 - d. enlarged breasts in response to hormone therapy
3. Triceps muscle testing is accomplished by
 - a. Applying resistance as the client extends the forearm
 - b. Asking the client to flex the upper arm against the chest
 - c. Recording the distance the client is able to abduct the arms
 - d. Having the client make a fist and comparing each hand's strength
4. The client has received an injury resulting in compression of Cranial Nerve 9 (spinal accessory) resulting in weakness of the
 - a. upper leg
 - b. ankle joint
 - c. psoas muscle
 - d. trapezius muscle
5. The upstroke of the carotid pulse should coincide with which heart sound?
 - a. S1
 - b. S2
 - c. S3
 - d. S4

ANSWERS: 1. c. autonomic nervous system; 2. c. enlarged breasts in men; 3. a. Applying resistance as the client extends the forearm; 4. d. trapezius muscle; 5. a. S1

Correction

In the Spring 2008 edition of *NURSING* magazine, an error was made on p. 9 in the section of the feature story that highlighted Theresa Robinson. We have included the correct text below. We apologize to Ms. Robinson for this error.

This is a statement that would resonate with Theresa Robinson, a senior BSN student at the Universities at Shady Grove. Robinson has chosen to work at the University of Maryland Medical Center (UMMC) with patients diagnosed with HIV/AIDS and other infectious diseases. Growing up in the Bahamas, she was inspired to become a servant-leader.

Most remarkably, Robinson is a career changer who came to the School from The Miami Project to Cure Paralysis, a Center of Excellence at the University of Miami Miller School of Medicine, where she worked in patient education. When she realized her career had progressed to its apex, she decided to pursue nursing at age 42.

"Theresa exemplifies the strength of conviction in the ideals of professional nursing," says Karen Clark, PhD, RN, CCRN, assistant professor and program director at Shady Grove. "She has talent, vision, and interpersonal skills to positively connect with everyone she comes in contact with."

Robinson embodies what it means to be the promise of the future as she embraces leadership and hands-on care. She is president of the University of Maryland Association of Nursing Students at Shady Grove, and a member of the National Student Nurses' Association, the Maryland Association of Nursing Students, the American Nurses Association, the Center for Nursing Advocacy, Nurses for Global Health, and the American Holistic Nurses Association.

"I feel that I am moving into an area that will allow me the opportunity to provide quality care to the underserved while integrating holistic nursing into my practice to better the lives of the individuals that I touch," says Robinson.

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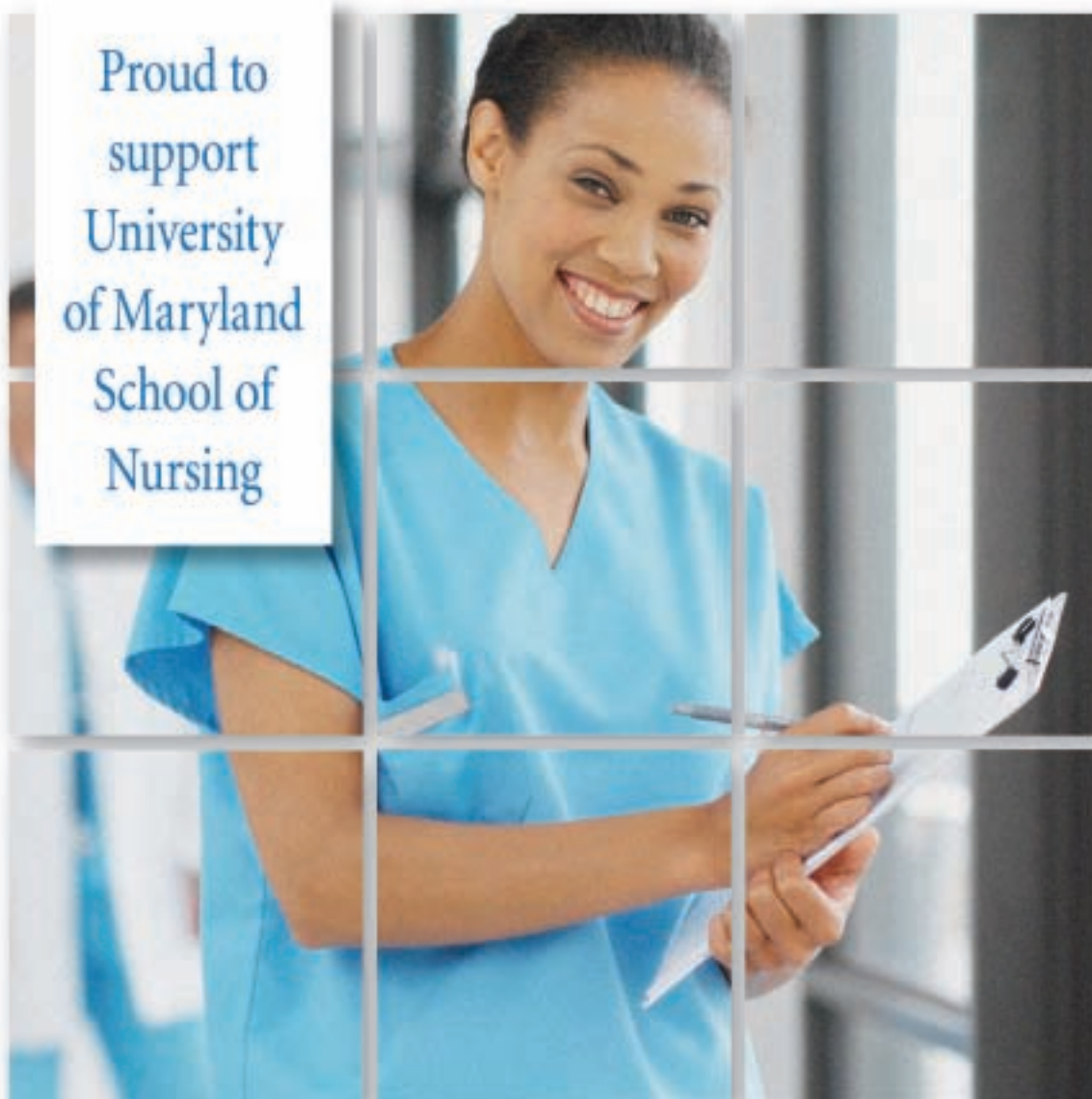
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An Expansive Celebration

Bachelor of Science in Nursing (BSN) students at the Universities at Shady Grove (USG) joined Maryland Senator Robert Garagiola (Dist. 15), Governor Martin O'Malley, and Dean Janet Allan at an event celebrating the expansion of the School of Nursing's BSN program at USG. (For more on USG, see p. 10).