





By Sarah Achenbach  
Illustrations by Linda Fountain  
Photos by Will Kirk

**For nurses in today's  
ever-evolving health  
care environment,  
learning doesn't end at  
graduation. Through  
innovative continuing  
education offerings  
and unparalleled  
advanced academic  
programs, the School**

**Class**

**Acts**

**of Nursing offers  
ongoing opportunities  
to gain new knowledge.**



**A**fter 19 years in the Johns Hopkins Hospital Emergency Room, Michelle Whitfield, RN, figured she'd seen just about everything. Nothing, though, compares to what she experienced during her two-week stint as a volunteer nurse in a post-Hurricane Katrina New Orleans.

Whitfield was one of 12 Hopkins personnel selected to join the first of two Maryland delegations dispatched to Louisiana in the days following the devastating storm in 2005. The group was deployed to Westwego, a parish about 10 minutes from New Orleans, to set up a community health clinic in a local elementary school. Whitfield, an emergency acute care nurse manager at Johns Hopkins Hospital, and her colleagues treated psych patients, people with chronic diseases who had run out of medication, and those with medical issues from stagnant water.

"People really needed us to be a human being with them and listen to them in the midst of this horrific thing," says Whitfield. "The human spirit can take so much, but it can give so much, too." She recalls the bilateral amputee who wheeled himself seven blocks through storm debris to let clinicians know that his neighbor was out of insulin. Or the school's janitor, his own home damaged from high winds, who had coffee waiting every morning when the medical team arrived and was the last to leave each night.

Whitfield returned to Baltimore and Johns Hopkins recommitted to a career

in emergency medicine and wanting to be better prepared for any future disasters. Last January, she found the training she'd been looking for through the Nursing in Global Humanitarian Relief continuing education course offered through the School of Nursing's Institute for Johns Hopkins Nursing (IJHN).

The week long course, co-sponsored by IJHN, School of Nursing, and the Center for Refugee and Disaster

reached some 750,000 nurses nationally and internationally through academies, conferences, workshops, publications, and distance learning.

"Our goal is to take the best practices in nursing and use continuing education as an avenue to share that," says Jane Shivanan, RN, MScN, AOCN executive director of IJHN since 2006. "With programs like our Nurse Manager Academy, we're filling real needs that aren't being met elsewhere. We give

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Response at the Johns Hopkins University Bloomberg School of Public Health, offered Whitfield and the other attendees intensive training in providing health care interventions during humanitarian emergencies. She even got the opportunity to share her Hurricane Katrina experience on a panel during the week. "The speakers were top-of-the-line and the program was very detailed," says Whitfield of her first IJHN course. "I took away real tools that I can use now and later."

The Nursing in Global Humanitarian Relief course is just one of more than 50 programs offered annually by IJHN. Over the past decade, IJHN's continuing education programs have

nurses tools they can take home and use the next morning at work. What sets us apart is innovative, highly interactive teaching that engages the participant in learning."

More than ever, Shivanan says, nurses need to view their working lives as ongoing opportunities for learning. "Health care is changing faster than at any point in modern history, with new technology and growing research emphasizing the roles that nurses and other professions play in patient safety." Challenges come from both an ever-evolving work environment where fiscal pressures demand nurses be as well-versed in the bottom-line as they are in patient care,

and from health care crises brought on by world events like 9/11 and Hurricane Katrina. Notes Whitfield, “Our profession has really blossomed, and we’re gaining knowledge through these types of programs.”

Addressing the working nurse’s need for flexibility and accessibility is essential when creating high-quality, cutting-edge continuing education courses and academic degree programs. IJHN programs are as short as the First Friday Lunch Series (hourlong lectures featuring members of the Johns Hopkins research community), and as extensive as the three-week, online Fundamentals for the Research Coordinator course, which trains research nurses and coordinators on all aspects of grant management, from applications to study protocol and data management. With the exception of the Global Humanitarian course which offers three credits that may be applied toward the SON Master of Science in Nursing/Master of Public Health (MSN/MPH) program, IJHN courses are outside of academic programs and are designed as continuing nursing education.

Each year, Shivnan and her staff add new programs in response to requests and to meet the needs of the nursing profession. “This year, we’re running our first Advanced Nurse Manager Academy, a new Informed Consent Program, and the Emergency Preparedness and Disaster Relief course will expand to include a day focused on pandemics,” says Shivnan.

IJHN began as a partnership between the school and Johns Hopkins Hospital to create continuing education programs that would develop both nurses’ leadership skills and clinical expertise. To present such

comprehensive programs geared to the working nurse and to take full advantage of Hopkins’ intellectual capital, IJHN collaborates with other Hopkins departments and outside organizations. The institute’s Sexual Assault Forensic Nurse Examiner Program, for instance, is presented



*Jane Shivnan, RN, MScN, AOCN, Executive Director of the Institute for Johns Hopkins Nursing*

in cooperation with the Maryland Coalition Against Sexual Assault. For its Advanced Studies in Nursing program, IJHN frequently works in conjunction with Hopkins’ Office of Continuing Medical Education to offer courses in an array of specialties, such as Addiction Medicine, Infectious Disease, Neurology, and Psychiatry.

The Nursing in Global Humanitarian Relief course was created by the school’s public health nursing faculty and by faculty from the

Bloomberg School of Public Health. It is an IJHN offering, an elective for the school’s joint MSN/MPH degree, and a required course for the Emergency Preparedness and Disaster Relief certificate program. Many of the course lecturers are Bloomberg School faculty, who have extensive firsthand experience in humanitarian emergencies—exactly the type of background MSN/MPH students want. “Many of our graduates will work or volunteer internationally and wanted tools that would be useful specifically for nurses,” notes School of Nursing assistant professor Sara Groves, DrPH, APRN, BC, who developed the course with associate professor Joan K. Kub, PhD, APRN, BC. The weeklong course offers participants an intellectual partnership of sorts, melding different perspectives, says Groves. She notes that MSN/MPH students typically have a public health background, while IJHN attendees tend to have curative/hospital-based skills and knowledge and are interested in volunteering during a humanitarian emergency.

“All of our MSN tracks respond to what’s going on in a complex health environment,” says Kathleen White, PhD, RN, CNAA, BC, who became director of the MSN program in August 2006. “Our Clinical Nurse Specialist Forensic Nursing Focus is one of the first in the country. Our MSN/MPH is ranked second in the United States, with our students doing clinical practicum as close as East Baltimore and as far as Africa.” Rather than hand each student a tired list of placements for the required practicums, White says the sky’s the limit. “If the student has a desire to do something, and we can make it happen, we do.” (See “Partners in Learning,” p. 34)



**Challenges come from both an ever-evolving work environment where fiscal pressures demand nurses be as well-versed in the bottom-line as they are in patient care, and from health care crises brought on by world events like 9/11 and Hurricane Katrina.**

While the school's BSN program has a far-flung applicant pool, the MSN program tends to pull from the working nurses at Johns Hopkins, other area hospitals, and the National Institutes of Health. The majority of students—75 percent of all 2006–2007 MSN students—work full time while

completing their graduate studies.

That's exactly what Debbie Doering, MSN, CNS, RN, did after receiving her BSN from the school's Accelerated Program. A former financial consultant with A.G. Edwards in Annapolis, Doering first became interested in nursing in the most difficult of circumstances:

sitting in the recovery room after her husband's open heart surgery, first in 1988 and again in 1995. It took a little time for her passion to meet the pavement, but in 2002, she graduated from the accelerated program at the age of 39.

Two years later, her husband died

of an abdominal aortic aneurysm. "I really had to think about what I wanted to do with my life," she explains. "I had always planned on becoming an Adult Acute/Critical Care Nursing Practitioner (ACNP), but decided I wanted to do something else." A fan of television's *CSI: Crime Scene Investigation*, *Cold Case*, and other forensics-focused shows, Doering loved the combination of the medical and legal fields. She was happy to discover that her alma mater offered the MSN/CNS-Forensic Focus degree—and even more delighted that the coordinator was renowned forensic nursing expert Dan Sheridan, PhD, RN, CNS, FAAN. She enrolled full time in September 2005.

Initially, she continued to work in the St. Joseph's CSU, but then she switched to agency nursing for its greater flexibility in scheduling around papers and exams—and for the additional experience at other hospitals. Doering scheduled her work around weekday classes and exams and kept her procrastination in check. "There's no denying that the MSN program is challenging, but I did not find it difficult to juggle both school and work as long as I stayed focused," says Doering, who also found time to squeeze in a social life, remarrying in August 2006. "I worked on papers early in the semester so that I wasn't trying to write a 20-page paper in a day or two. For those classes in which I had exams, I reviewed the information every night and utilized the resources at work to explain difficult concepts."

Doering's mentoring relationship with Sheridan also opened the door to her current job as forensic nurse consultant in the Oregon Department of Health Services Department of Investigation and Training. She was offered the position last August, two days after her wedding in Oregon. Doering telecommuted until she and her husband moved from Maryland to Oregon this past spring. With her primary interests in suspected abuse



Sara Groves, DrPH, APRN, BC and Joan Kub, PhD, APRN, BC developed the Nursing in Global Humanitarian Relief course for IJHN.



*Kathleen White, PhD, RN, CNAA, BC, Master's Program Director*

and neglect, death investigation, and documentation, Doering reviews cases and teaches training courses. She's currently developing programs to educate nurses on proper documentation and is working with

local institutions and attorneys to provide consulting services.

As a working nurse attending graduate school, Doering's experience is the norm at Hopkins, and White and her colleagues are exploring creative ways to address the juggle—and sometimes struggle—when both career and school are demanding. In what she describes as a “real step forward,” White notes that beginning last year, core MSN courses are now offered on a rotating basis. “We've created a block schedule of classes so that nurses can take two to three classes per day and take one day off per week,” White explains. “Students told us that they needed the consistency to take off

the same day each week from their job.” To accommodate days off to attend classes, most part-time students choose to work three 12-hour shifts each week, she says.

While the MSN program and IJHN meet different needs for the working nurse, White is adamant that both are extremely important. “Through IJHN's Office of Global Nursing, we're able to offer more international experiences for our students, which is a huge complement to the MSN program,” notes White.

And whether it's across the country or around the globe, the Johns Hopkins name carries clout and opens doors for nurses. “Again and again, I hear from alumni how much the Johns Hopkins University School of Nursing degree has helped,” says Mary O'Rourke, director of SON Admissions. “People hear ‘Hopkins’ and say, ‘When can you start?’ Our students know that they are going to work their tails off here, but they also know the quality of education they get.” ■

## Getting Down to Business

The School of Nursing is in the business of piling on distinctions. Its Business of Nursing program, a graduate-level, 10-month certification program, is the only one of its kind. This post-baccalaureate and post-master's option, which is done in partnership with Hopkins' Carey Business School, gives nurses the invaluable opportunity to develop business savvy—skills that every nurse needs to succeed—and better help patients, says course coordinator Maryann F. Fralic, DrPH, RN, FAAN.

“Today's hospitals and health community organizations are competitive environments with limited resources,” she explains. “Often, nurses have the best ideas of what a patient needs, but it falls on hollow ears if you don't have the right language. We're finally at a point where nurses can interpret and

advocate for that need in the financial, bottom-line language that health care organizations understand. Couple that with solid clinical credentials, and you have something very persuasive.”

With courses taught by faculty from the School of Nursing, Carey Business School, and Bloomberg School of Public Health, and invited experts from health care, business and other fields, the 12-credit curriculum is rigorous. Students learn as a cohort, taking a series of four courses, each 10 weeks in length. The capstone course, Synthesis and Integration of Nursing and Business, gives each nurse hands-on experience in tackling a real-life, work-related project, such as expanding oncology bed capacity at a local hospital. Working in small groups, the students develop a comprehensive business plan. They

then present their plan to actual Trustees and executives from Hopkins and other area organizations, an experience that mirrors real-world board presentations. All or some of the credits may be applied toward the MSN in Health Systems Management, Clinical Nurse Specialist, or the joint degree MSN in Health Systems Management/MBA.

As coordinator of the program since its inception in 1997 and as a former Vice President for Nursing at the Johns Hopkins Hospital, Fralic never tires of watching nurses blossom throughout the course of study. “They're applying what they've learned every day and becoming more effective,” she says, then adds, “As nurses, we know well the clinical side of nursing, but we've not been focused on the business side. This program blends the two beautifully.” —SA

# Rolling Out

**A**fter two years of information gathering, intense discussion, and careful planning, the Johns Hopkins University School of Nursing is planning to unveil a new doctorate of nursing practice (DNP) this winter. Designed as the highest possible degree for nurses committed to clinical work, the DNP is an outgrowth of the increasingly complex role that advanced practice nurses must play today.

“They aren’t just taking care of individual patients or groups of patients, but working in a system that requires them to understand policy, economics, and quality and safety issues, all topics that warrant preparation at the doctoral level,” notes senior associate dean Anne E. Belcher, PhD, RN, AOCN, CNE, FAAN, who co-chaired the school’s DNP task force.

Currently there are some 200 DNP programs in development across the nation—most, like Hopkins’ program, launched in response to the American Association of Colleges of Nursing (AACN) decision in 2004 to move the current level of preparation for advanced practice nurses from a master’s degree to a clinical doctorate by 2015.

At Hopkins, two separate task forces—comprising a diverse group of advanced practice nurses and key faculty members—have worked tirelessly over the past two years researching ideas, discussing curricula, identifying target audiences, incorporating the use of technology, exploring tuition issues, and creating a business plan. Their goal: to

develop the best working model for the Hopkins DNP program, due to debut in January 2008.

“Throughout our process, we have taken the time to thoughtfully and intentionally explore the rationale for a clinical nursing doctorate,” notes Dean Martha N. Hill. She adds, “We deliberately postponed our process and waited to receive the AACN white papers on the essential components of a DNP and the roadmap produced by two separate AACN task forces.”

Though plans are still being finalized, former director of the master’s program and DNP committee co-chair Phyllis W. Sharps, PhD, RN, CNE, FAAN, expects an initial class of 20-25 students, who will come to the program already having earned master’s degrees. They will proceed through the course of study as a cohort, she says.

“This is a program where students receive lots of mentoring and individualized attention,” notes Sharps. “It’s important to match students with faculty who have similar expertise in a specific practice area.”

The Hopkins DNP will be consistent with the AACN’s national guidelines suggesting a minimum of 500 hours of clinical work for a post-master’s DNP degree.

Like the PhD program that prepares nurse scientists to lead interdisciplinary research teams, the DNP prepares leaders of multidisciplinary practice initiatives such as those that focus on patient safety, quality of care, and performance improvement. Both programs involve faculty at the schools of Public Health and Medicine.

The task force has recommended a program amenable to nurses working

full time, so that they remain eligible for health care benefits and tuition remission, notes task force member Julie Stanik-Hutt, PhD, ACNP, CCNS.

The proposed full-time curriculum of 38 credits would be completed in 24 months, potentially through distance learning and executive-style learning opportunities.

“This is a program where the nurses meet and immerse themselves in intensive studies for a week at a time,” says Stanik-Hutt. “You’d come prepared having read your assigned materials and work online for the duration of the time.”

She acknowledges that balancing a full-time job and a full-time doctoral program won’t be easy. “You need to immerse yourself in your course work, be self-directed, and know what you want to accomplish,” says Stanik-Hutt. But the concentrated course of study has its benefits, she says: “The good part is that what you’ve learned the first semester isn’t out of date when you begin to practice.”

Despite the challenges ahead, Dean Hill is both optimistic and excited about what lies in store. She is convinced that the Hopkins DNP will fill a vital need. “The market is rapidly developing for future graduates,” she says. “Today there is a desperate need for this level of nursing professionals working and observing at the bedside and who ultimately will effect systematic change and innovation in patient care.”

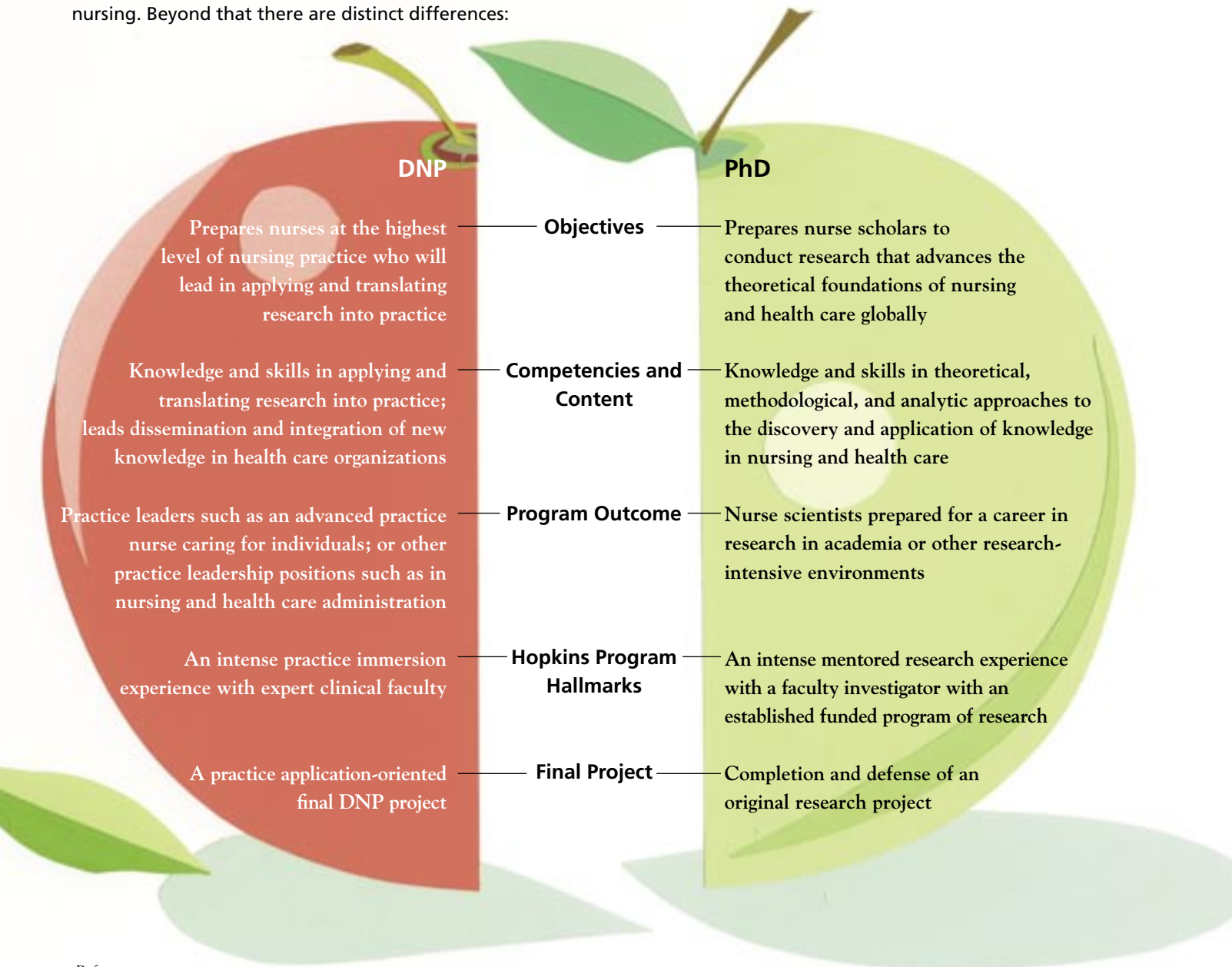
For more information, or to apply to the DNP program, contact interim director Kathleen White at 410-614-4664 or [kwhite@son.jhmi.edu](mailto:kwhite@son.jhmi.edu). ■

# the DNP

By Terry Ratner, RN  
Illustration by Linda Fountain

## Practice vs. Research

How does the school's new DNP program compare to the existing PhD program? The commonality: Both terminal degree programs share demanding expectations, a scholarly approach, and a commitment to the advancement of nursing. Beyond that there are distinct differences:



### References:

AACN Comparison of DNP and PhD/DNSc/DNS Programs; <http://www.aacn.nche.edu/DNP/pdf/conf/Regionals/Grid8-05.pdf>  
The Essentials of Doctoral Education for Advanced Nursing Practice; <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>

# Partners in Learning

By Elizabeth Heubeck  
Illustrations by Linda Fountain

**Through collaborative programs with other renowned divisions within Johns Hopkins University, the School of Nursing has vastly expanded opportunities for nurses to lead.**

## **The MSN/MPH: An Unparalleled Combination**

**J**amie Mignano, MSN/MPH '06, is packing to go to Uganda. Every few months, she travels to developing countries that have been hit hard by HIV/AIDS. She is no longer shocked at how the disease ravages entire populations. Nor does she have any grand notions of personally fixing the lives broken by it. "I'm not going to save anybody. Public health nursing is really about being able to assess a situation, and to use that assessment to work with the community and find out what's going to work for them," says Mignano, a program specialist with Baltimore-based Catholic Relief Services (CRS).

In her position with CRS, Mignano supports the organization's programs by teaching health care workers to treat and care for people with HIV/AIDS in the countries that have been most



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*—Jamie Mignano*

devastated by it, and which typically have the fewest resources to combat it.

Mignano’s unique combination of nursing and public health skills makes her highly effective in the position. After obtaining a bachelor’s degree in economics with a concentration in international relations, she completed her BSN at the Johns Hopkins University School of Nursing. Eager

to bring an international angle to her graduate nursing studies, she opted for the dual MSN/MPH at Johns Hopkins.

“There really aren’t any other programs like the one at Hopkins,” she says. “There are a lot of master’s programs in public health that aren’t focused on nursing. It’s hard to find the combination. Plus, the opportunities to

train for a career in international health are really strong at Hopkins.”

The dual MSN/MPH was launched at Johns Hopkins in 1993, a time when other institutions were also developing dual programs. “We thought, ‘We have a great school of public health right next door, and a great nursing program.’ It made sense to combine them,” says associate professor of nursing Joan Kub, PhD, APRN, BC, program director.

Since then, the program’s student body has grown to more than 12 times its original size. Consistently rising enrollment can be attributed to several factors, including the excellent reputations of both the School of Nursing and the Bloomberg School of Public Health. Flexibility is also key: Students can choose to pursue an 18-month full-time option, or to attend part time up to five years. The opportunity to concentrate in one of several areas—including maternal health, disaster preparedness, international health, and community health—draws students with a range of professional interests. The MSN-NP/MPH program, a new but related dual option that combines the MSN–Nurse Practitioner and the MPH, lures yet another subset of students. “You’re getting the nurse practitioner skills,

**“Nurses who get into management and administrative roles need to have some advanced business skills so they can be functioning members at the finance table.”**

**—Kathleen White**

but with a public health slant,” explains Kub.

Regardless of which track students choose to pursue, they can count on significant practical experience to support their classroom learning. Each dual master’s candidate must complete three practicums prior to graduation. “It allows them to actually synthesize the information they’re learning and put it to practice,” Kub says.

The first practicum experience involves a population-based intervention. One student, for example, who is concentrating on public health within the geriatric population worked at Apostolic Towers, a housing complex for low-income senior citizens in East Baltimore, to improve the residents’ level of physical activity.

The second practicum enhances grant-writing skills. “After assessing a community or program around a specific health issue, students write a small, service-related grant,” Kub explains.

The third practicum, which requires students to evaluate an existing public health program, is considered the pinnacle of the students’ learning experience. “Last semester, a student worked in Senator [Barbara] Mikulski’s office on legislation policy,” Kub says.

Through a practicum with the American Red Cross (ARC), Mignano performed a community assessment of



the role volunteer health care personnel play during emergency situations. “The chance to do a community assessment, a major skill in public health nursing, was invaluable,” she says. Putting her astute assessment and nursing skills to the test, Mignano also was tasked with writing the infectious disease portion of the ARC’s updated manual on emergency disasters.

Performing community assessments in graduate school has served Mignano well in her current project with Catholic Relief Services. “We’ve done quality assurance in every developing country we work in,” she says. “It’s bringing hope where there was no hope before.”

### **The MSN/MBA: Advanced Business Skills for Real-World Management**

After six years of working as a floor nurse at Cleveland Clinic’s high-paced cardiovascular surgical unit, Christine Moniz, MSN/MBA ’02, could care for the very sickest of patients with utmost confidence. But when she returned to school to pursue a dual MSN/MBA at Hopkins, she suddenly felt inept. “I had never been in a business class in my life. Initially, it was terrifying,” she recalls.

The feeling didn’t last long. “It turned out to be the best learning experience ever,” Moniz says. She recalls her Marketing Management

class, part of the MBA curriculum, in which students learned to analyze a company’s overall performance and direction. “Coming from the hospital floor environment, this idea was completely foreign to me. Being in class with students who did this for a living was helpful,” Moniz says.

Program administrators agree. “The students really benefit by taking the business courses with others who have different backgrounds. Bankers and real estate agents are right alongside nurses,” says Kathleen White, PhD, RN, CNAA, BC, director of the MSN program. “It just makes sense.”

Practicality pervades the 57-credit program, established in 1997. For starters, pursuing these two degrees concurrently lessens the overall curriculum burden. That’s because some of the programs’ requirements, like Ethics and Informatics, overlap. “Students get economy of scale while pursuing both degrees,” since they only have to take each course once, White explains. The option to complete the program on either a full- or part-time basis demonstrates another practical aspect of the dual program. So, too, does immersing students in an environment that emulates the dynamics of the business world.

The MSN/MBA is far cry from the way nurses used to arrive at management. Years ago, floor nurses occasionally rose through the ranks to become administrators, despite having had little business experience beyond managing a staff of floor nurses.

“Because they were the best nurse on the floor, they were made management. But often, they were flying by the seat of their pants,” White says.

These days, that’s not enough. “Nurses who get into management and administrative roles need to have some advanced business skills so they can be functioning members at the finance table,” White says. Program courses like Financial Accounting, Financial Management, Corporate Finance, Management and Organizational Behavior prepare MSN/MBA students for managerial positions in today’s complex business world.

The courses are structured as deliberately as their content is developed. “Public speaking, group work, leading class discussions—these were skills that I had never had to practice as an undergraduate,” Moniz says. The dual MSN/MBA program heavily emphasizes these competencies, with countless opportunities in the classroom to practice them. There’s a reason for the emphasis.

In the business world, few decisions are made alone. Hence, the program gives students as much experience as possible leading and working within groups. It culminates with a final project prior to graduation. “The ‘capstone’ course is called Competitive Strategy, whereby the students work in groups and produce a complete business plan for a real-world problem,” White says.

While Moniz admits to having been initially uncomfortable in front of a group, honing her leadership and public speaking skills has paid off. When she graduated from the MSN/MBA program, she accepted a position as a clinical consultant with Thoratec Corporation, which manufactures medical devices. The position required Moniz to teach four-hour courses to health care professionals on the complex, state-of-the-art devices, to

maintain an authoritative presence during all surgeries in which the devices were being implanted, and to follow the patient in the hospital after the procedure.

“If I had accepted this job just coming off the [cardiovascular] unit, I wouldn’t have been able to handle these pressure situations,” she says.

### **The MSN with a Certificate in Nurse-Midwifery: Providing Women’s Health Care Across the Lifespan**

**A**cademic programs that certify students to become nurse-midwives are few and far between, despite their potential to help fill a broad role in women’s health care.

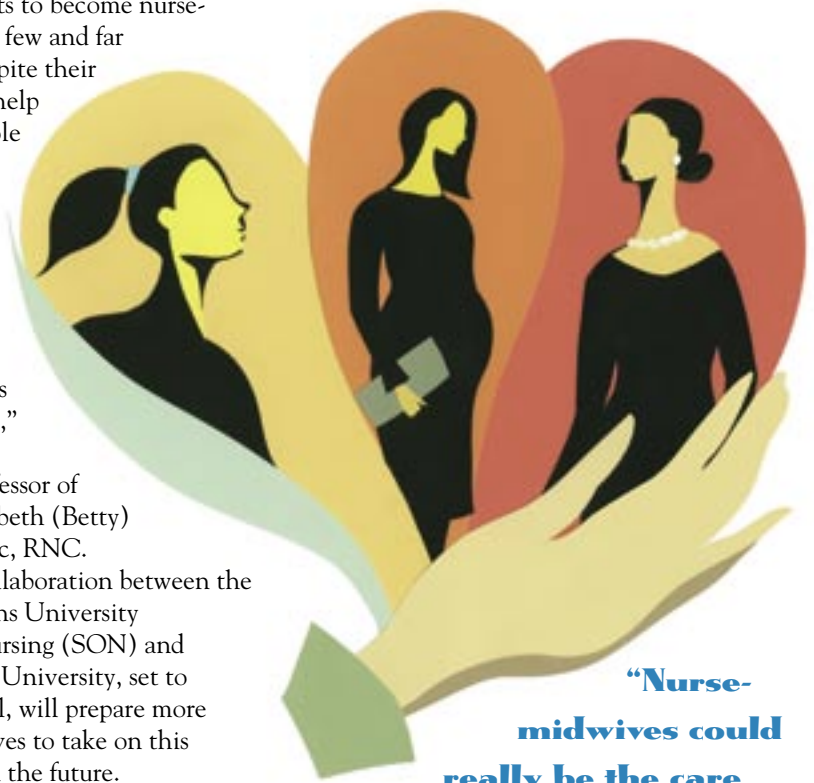
“Nurse-midwives could really be the care providers for women across their lifespan,” says Hopkins assistant professor of nursing Elizabeth (Betty) Jordan, DNSc, RNC.

A new collaboration between the Johns Hopkins University School of Nursing (SON) and Shenandoah University, set to begin this fall, will prepare more nurse-midwives to take on this viable role in the future.

The partnership will allow Hopkins MSN students enrolled in the clinical nurse specialist track to receive a Certificate in Midwifery from Shenandoah University Division of Nursing. MSN students will take core

courses at Hopkins. Classes focusing on midwifery will be taken at Shenandoah University, located in Winchester, Virginia. Students will have two distinctly different settings—one urban and one rural—in which to perform their required clinical work.

“It will allow advanced nurse practitioners to really lead the way in providing continuous care, from the first time a young girl goes into a GYN exam and needs information on the HPV vaccine to delivering well women’s care to an 80-year-old woman,” Jordan says. ■



**“Nurse-midwives could really be the care providers for women across their lifespan.”**

**—Elizabeth (Betty) Jordan**