Designs on Innovation

Georgia Tech and the School of Nursing are engineering ideas in health care delivery

Inside: AVATARS FOR MENTAL HEALTH | REIMAGINING PATIENT CARE
ONE SMART APP | ADOPT A NURSING SCHOLAR
Albert Einstein once said, “We cannot solve problems by using the same kind of thinking we used when we created them.” Einstein, of course, is the legendary scientist whose theory of relativity became a pillar of modern physics. His words of wisdom easily apply to the multifaceted field of nursing.

Here at the School of Nursing, we constantly rethink old ideas and generate new ones to advance clinical care. And we don’t do it alone. Several of our faculty members partner with experts at the Georgia Institute of Technology to improve the hospital experience for patients and families. Research co-led by Susan Shapiro focuses on patients’ ability to rest in the hospital. By working to improve hospital lighting and beds, Shapiro and her Georgia Tech colleagues are helping patients enjoy more restful, restorative sleep. This past fall, Ashley Darcy-Mahoney co-taught a course at Georgia Tech to help students devise new technologies and models for improving the care experience of families who visit Children’s Healthcare of Atlanta clinics. This spring, Phyllis Wright advised Georgia Tech students who created an IV access device to help nurses locate the peripheral vein on morbidly obese patients.

Through her longtime work with the Georgia Tech Research Institute, Martha Rogers developed a highly successful information system that health officials in Kenya and Zimbabwe now use to manage nursing workforce data.

Other nursing faculty members are harnessing the power and appeal of computers and smartphones to better serve our most vulnerable patients—children. Hope Bussenius invented a smartphone app that simplifies the process for diagnosing hypertension in youngsters, while Melissa Pinto created an avatar program to help teens manage their symptoms of depression.

A few years ago, an article in The Online Journal of Issues in Nursing (May 2009) noted, “Innovation can be viewed as a process for inventing something new or improving on that which already exists.” The authors also stated, “Unlocking the power of innovation requires the engagement of clinicians at the bedside.”

As this issue of Emory Nursing shows, the School of Nursing thrives as an incubator for innovation to advance patient care at and beyond the bedside.

Linda A. McCauley 79MN PhD RN FAAN FAAOHN
Dean and Professor
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“It’s the first time in surveys that I’ve seen that 100% of nurses felt like they had a collegial relationship with the physicians who work on the unit.”
—Emory Healthcare nurse Bryan Castle

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DESIGNS ON INNOVATION

Georgia Tech and the School of Nursing are engineering ideas in health care delivery

By Pam Auchmutey | Illustration by Christiane Beauregard
There’s no getting around it. Even with the best of care, a stay in the hospital is no picnic. Patients are there to recover from severe trauma or major surgery, while others are battling acute and chronic illnesses. During their stay, patients endure the lion’s share of discomfort and disruptions—bright lights, beeping monitors, bedpans, sponge baths, diagnostic tests, blood draws, IVs, catheters, cannulas, and yards of plastic tubing—day and night. When patients are discharged and go home, one of the things they crave most is several hours of uninterrupted sleep.

But is it possible to help patients sleep better while they are in the hospital? The mock hospital room in the SimTigrate Design Lab at the Georgia Institute of Technology may hold the answer. Though the room is sparsely furnished with only a hospital bed and a lighting control, it serves as an important testing ground for two studies designed to help inpatients rest more comfortably and heal more quickly.

The School of Nursing is a collaborator on both projects, initiated when two manufacturers—Philips Lighting and Hill-Rom—asked Georgia Tech architecture professor Craig Zimring PhD and associate lab director Jennifer DuBose MS to analyze their lighting and hospital bed products. The companies came to the right source. A few years ago, Zimring established the SimTigrate Design Lab as an incubator for health care innovation. The lab brings Georgia Tech faculty and students together from multiple disciplines—architecture, industrial design, mechanical engineering, health systems engineering, environmental psychology, and computer sciences—to analyze, predict, and optimize health outcomes. Emory nursing and medical faculty also play a role.

Shortly after joining Emory in 2010, clinical nursing professor Susan Shapiro PhD RN FAAN met with David Cowan MSHS, program director of the Health Systems Institute, an initiative of Georgia Tech and Emory, to brainstorm and share ideas. The synergy flowed from there.
“Solving problems in silos is not effective,” says Cowan, who brought Shapiro and Zimring together as collaborators. “We can achieve the best outcomes by solving problems together.”

Georgia Tech’s proximity to Emory was among the factors that drew Shapiro to the School of Nursing from the University of California, San Francisco. At UCSF, collaboration with experts outside the health field required a commute of an hour or more. At Emory, Shapiro can catch a shuttle bus and arrive at Georgia Tech in less than 30 minutes. The SimTigrate Design Lab is a few blocks north of Emory University Hospital Midtown (EUHM), where she consults with nurses on evidence-based practice and clinical research through her joint appointment with Emory Healthcare.

The short distances are a plus when it comes to building partnerships that benefit nursing education and research. Shapiro now serves as an adjunct research faculty member in the College of Architecture at Georgia Tech. “That’s been a very fruitful connection,” she says.

Shapiro provides the clinical perspective that researchers in the SimTigrate Design Lab seek to design, engineer, and build the facilities, products, systems, and technologies that improve health care delivery and outcomes. She also plays matchmaker, connecting researchers and health experts on SimTigrate Lab projects.

For the lighting study, Shapiro and DuBose assembled a group of Emory Healthcare nurses, physical and respiratory therapists, dieticians, and physicians to advise Georgia Tech experts on factors and measures related to patient sleep and how sleep may be related to patient outcomes. Their input will help in analyzing the benefits of Philips’ HealWell system, which provides general lighting and mimics natural light by adjusting automatically from low light to bright light and back to mirror circadian rhythm. Previous studies have shown that natural light improves sleep and reduces pain and length of stay for patients and eases eyestrain and increases the cognitive performance of nurses.

Shapiro also invited EUHM nurses to assist with the hospital bed study. The nurses worked with DuBose’s team to develop a detailed model tracing the factors and events in hospital care that can disrupt sleep. Among the disrupters: touch, pain, light, noise, temperature, and psychology related to discomfort and anxiety. Ultimately, the analysis will help inform Hill-Rom’s efforts to engineer hospital beds that increase sleep quality and duration for inpatients.

“Hill-Rom provides the vast majority of beds in hospitals. Until now, the company regarded the beds as a medical device and had not thought much about sleep,” Zimring explains. “We’re looking at how to bundle the care process with technology so that patients can get more hours of quality sleep. One idea is to install a bed sensor. If you can sense that someone is asleep, you know not to disturb that patient.”

The hospital and lighting studies are still under way, and Shapiro is helping ensure the results will help enhance clinical care.

“These studies have one thing in common—improving the quality and quantity of sleep for inpatients,” she says. “With better sleep, patients can approach the next day more rested and with more energy to participate in physical therapy, occupational therapy, and other activities they need to return them to good health.”

“One of the reasons I love working with Craig and Jennifer’s team is this idea of the built environment in which care is given,” she adds. “Within the constraints that we have, how can we alter the built environment to improve patient experiences and outcomes? That’s the goal of this team.”

**HEALTHCARE 101**

Like Shapiro, assistant nursing professor Ashley Darcy-Mahoney PhD RN NNP-BC knows the Emory-Georgia Tech shuttle schedule by heart. She rides the bus daily from her home in Midtown Atlanta, less than a mile from the Georgia Tech campus. Last fall, she cotought “Healthcare Design of the Future,” an annual workshop led by Zimring, Cowan, and Jim Budd MA, chair of Georgia Tech’s School of Industrial Design. Georgia Tech students who take the course devise team projects to improve the care experience for patients, families, and caregivers.

Course leaders work with partners
throughout Atlanta to expose students to various aspects of health care. Students have designed neurology and neonatal ICUs, emergency rooms, and more. Last fall, six student teams set out to improve the design, efficiency, and cost-effectiveness of urgent and specialty care clinics operated by Children’s Healthcare of Atlanta. When course leaders put out a call for nurse and physician collaborators, Shapiro recommended Darcy-Mahoney, a neonatal nurse practitioner who studies long-term outcomes for preterm infants. “It was a perfect marriage,” Shapiro says. “Ashley took the ball and ran.”

During the course, Georgia Tech students tapped Darcy-Mahoney and Jeremy Ackerman MD, Emory assistant professor of emergency medicine, to learn the fundamentals of health care delivery.

“The first lecture I gave was ‘Healthcare 101,’ ” says Darcy-Mahoney. “What is a nurse, what is a nurse practitioner, what is a doctor, and what do they do? What are the challenges that we face from a provider perspective, a public health perspective, and a systems perspective? A lot of that is understanding where the Affordable Care Act is going—that that means for providers and patients.”

As the student projects took shape, Darcy-Mahoney guided them on specifics, such as whether scope of practice is the same for NPs in primary care versus urgent care and whether exam room features and devices (such as blood pressure cuffs) could be changed or eliminated to enhance design and efficiency. She provided the big picture view of pediatric care as well.

“I helped the students understand that children are not just small adults and that making things smaller doesn’t always make them better,” Darcy-Mahoney says. “Children’s see patients from ages 0 to 22. So how do you make an adolescent and a 4-year-old feel at home in the same clinic space?”

At the end of the semester, the students showcased their work during an open house at the SimTigrate Design Lab. Among their projects: a way-finding system that uses personalized avatars to guide children and parents through their clinic visit, flex-rooms with walls that move up and down to fluctuate with clinic demand, and a mobile app that engages patients and parents more fully in the discharge process.

One group of students pooled their respective skills in interior design, human computer interaction, and industrial design to improve wait times and patient flow at Children’s urgent care clinics. The students developed a facility model that reconfigured space to better accommodate patients and clinic services, a mobile app prototype that allows parents to preregister before they arrive at the clinic, a lobby kiosk for quick check-in, and a mobile tracking app that enables a parent to follow a child’s progress from the waiting room.

“Dr. Darcy-Mahoney’s experience with patients gave me a better feel for important clinic functions and how they work,” says Brandon Conway, a Georgia Tech student majoring in human computer interaction. “We’re not versed in health care, and she helped us understand acronyms, standards of care, and job descriptions. She was also able to explain why a triage room was in this area rather than that area. We were able to eliminate unnecessary equipment to create a better experience for the child.”

Conway’s experience underscores what the workshop and the SimTigrate Design Lab are all about. “We believe a better design for care can result in a better care experience and better care for a population,” Zimring explains. “Knowing that leads to better outcomes and better management of the processes leading to those outcomes.”

Darcy-Mahoney’s participation in the course has led to more collaboration. When the NICU nurses at Children’s came up with the idea for “Quiet Time”—a built-in time period to shelter sensitive preterm babies from routine noise—they needed an expert who could measure sound. Darcy-Mahoney put the nurses in touch with mechanical engineering expert Erica Ryherd PhD.

“Once you enter the Georgia Tech family, you enter a world of new opportunities,” says Darcy-Mahoney. “Dr. Zimring and his colleagues have been unbelievably welcoming to the School of Nursing. They want to collaborate with us more and more using the SimTigrate Lab. The possibilities that holds for teaching and research are endless.”

Susan Shapiro (center) is collaborating with Georgia Tech’s Craig Zimring and Jennifer DuBose on two studies to improve sleep for hospital inpatients.
An interactive program shows promise of helping teens and young adults manage depression

By Kerry Ludlam

Avatars for Mental Health

By the Numbers: Depression and Young Adults

In the United States today, 30 million people are between ages 18 to 24. One in four of these young adults—more than 7 million people—have a diagnosable mental illness. About 11 percent of adolescents have a depressive disorder by age 18. According to the World Health Organization, major depressive disorder is the leading cause of disability among Americans ages 15 to 44.

Source: The National Institute of Mental Health
More than ever, these words embody the current world of teens and young adults. While the constant stream of information and input enable both generations to learn, create, and discover like never before, it also raises their risk of emotional harm.

“Kids today can’t escape,” says Melissa Pinto PhD RN, an assistant professor and mental health researcher at the School of Nursing. “Gone are the days when teenagers had to drag the family phone into their rooms with their parents monitoring who’s calling and how long they’re talking. The boundaries between home, school, and their social lives are blurred. Young people today have a real peer audience all of the time, along with a worldwide platform.”

With the pressures inherent for young people today, it comes as no surprise that depressive symptoms often begin during the teenage years and progress as teens reach their 20s, 30s, and 40s.

“Half of all people who develop a mental health disorder in their lifetime will have symptoms before age 15,” notes Pinto, “and 75 percent of people who develop a mental health disorder in their lifetime will have symptoms by age 25.”

To complicate matters, depression often goes unreported by teens and young adults, unscreened by health care providers, and unnoticed by parents.

“When young people go to get a checkup, they have their heart and lungs checked and maybe some lab work done, but unless the patients or their parents express a concern, they’re likely not going to be screened for depression,” Pinto says.

“People, especially adolescents and young adults, have a hard time talking about it, even with their health care providers.”

With this in mind, Pinto and a team of researchers from Case Western Reserve University and the University of South Florida pilot-tested an avatar-based program called eSMART-MH—short for Electronic Self-Management Resource Training for Mental Health—that immerses young adults into a virtual primary care environment. The self-management tool takes participants through the entire appointment process—from entering the waiting room and interacting with the front desk staff, to communicating with nurses and physicians about symptoms and concerns, to scheduling follow-up. eSMART-MH uses interactive technology familiar to its already tech-savvy participants.

“We believe that we’re meeting young people where they are with this technology,” says Pinto. “We’re able to give them assistance in a way that fits with their lifestyle and peer culture. We know that mental health has always been a sensitive topic. We’re making progress on breaking the stigma that surrounds mental health. eSMART-MH is an effective dress rehearsal for talking to someone in an environment that is nonthreatening but still lifelike.”

In Pinto’s pilot project, 28 participants from ages 18 to 25 were randomly assigned to use eSMART-MH or a computer program on healthy living to manage their depressive symptoms. Study participants, primarily black females, lived in or near Cleveland, Ohio. After three months, eSMART-MH users showed a clinically significant reduction in their depressive symptoms. Those who used the healthy living program showed no change.

“The effects of depression on young people are devastating and can have a lasting impact on their academic performance, the behaviors they adapt, how they form relationships, and increased smoking and drug use,” explains Pinto.

“By using eSMART-MH, young people gain self-confidence in interacting with health care providers and become empowered to actively participate in their own health care.”

Pinto and her team have received quite a bit of attention for their work. Last fall, she presented the results of their research during a White House conference on Technology Innovations for Substance Use and Mental Health Disorders. Pinto also participated in a roundtable discussion with policymakers and health system administrators at the White House.

Her project builds on an earlier avatar-based platform funded by the National Institute on Minority Health and Health Disparities and developed at Case Western, where Pinto previously served on the nursing faculty. The Midwest Nursing Research Society/American Nurses Foundation and the Clinical and Translational Science Collaborative KL2 program of Cleveland supported her latest work. Pinto plans to expand use of the technology as time and funding allow.

“I like to think that eSMART-MH will get even smarter, meaning that it can remember participants’ past responses, tailor information specific to participants, and become more widely available,” she says. “It can be tailored to different ethnicities and cultures, and we can program the avatars to speak any language. We can also create avatar children to make eSMART-MH more appropriate for interactions with children. The possibilities are endless.”
Reimagining patient care

Working together on the Accountable Care Unit

By Pam Auchmutey and Kay Torrance

Each weekday morning on the acute care unit at Emory University Hospital known as 6G, the conversation during patient rounds may go something like this:

“Good morning, Mr. Blake. We’re back again for team rounds. I’m Jason Stein, your doctor, and you know your nurse today, Diaz. Also here with us is Jennifer from Social Services and Melissa, your pharmacist. As we’ve discussed, you have high blood pressure and diabetes and were admitted to the hospital because your kidneys were injured. We’ve been trying to understand why, and there are signs that your kidneys may be recovering. Your nausea is still troubling you, and we’re going to focus on that today. Is there anything else you would like to add?

As the discussion unfolds, the interdisciplinary team learns that Mr. Blake and his family are concerned about his discomfort and his medications. The team works with them to form a care plan that includes adjusting his medications and changing out his catheter to make him more comfortable.

Welcome to the Accountable Care Unit (ACU), a model of collaborative practice growing in use throughout Emory Healthcare.

Before the ACU was launched on 6G in 2010, nurses and doctors worked independently of each other, and physicians, on average, covered patients on eight different units. With the ACU, physicians—just like nursing staff—are dedicated to a primary unit that is jointly managed by a nurse and physician. Team members share responsibility for all clinical, service, and cost outcomes. Trainees from different disciplines also play a role in the unit.

Emory Healthcare now has five ACUs—three at Emory University Hospital, one at Emory University Hospital Midtown, and one at Emory Johns Creek Hospital. Seven more ACUs are scheduled to open during the next three years, funded by a $1.5 million cooperative award from the Health Resources and Services Administration to the School of Nursing and Emory Healthcare. Expansion will occur in two phases, with three ACUs in the first year and four more in years two and three.

A key objective of the award is to train more staff nurses to lead interdisciplinary unit-based teams. Training is now under way at Emory University Hospital Midtown for nurses, hospital and community physicians, and ancillary service providers. The cooperative agreement also provides for further evaluation of ACU effectiveness and development of a tool kit that other health care systems can use to establish ACUs.

Award principal investigator Susan Shapiro PhD RN FAAN, who bridges clinical nursing education and practice through joint appointments in the School of Nursing and Emory Healthcare, became an early proponent of the ACU after Bryan Castle MBA RN and Jason Stein 98M, the Emory Healthcare clinicians who developed the ACU, invited her to join them on rounds.

“What impressed me most was how the interdisciplinary team engaged patients in their care,” says Shapiro. “The ACU is all about relationships. It’s about the relationship between the physician and nurse leader and the rest of the team. And it’s about their relationship with the patient and the way they handle their performance.
measures each month. They’re focused on those outcomes as indicators of how well they’re doing with their patients.”

Castle, formerly the nurse manager on 6G, and Stein, a hospitalist, developed the ACU as part of an Emory Healthcare initiative to transform care delivery and leadership. They sought to move away from the physician-centric model of care to one that engages team members and patients in all aspects of daily care and discharge planning.

The ACU does so by encouraging team members and patients and families to talk to one another, a process called collaborative cross-checking. Team members use their first names, share in communicating and advancing the daily care plan for each patient, follow a well-scripted quality and safety checklist (a step that has reduced infection rates), give constructive feedback, and monitor individual and team performance.

Getting to the ACU’s 2010 launch date took eight months of discussion and planning, and Castle was among those who pushed to hold rounds inside rather than outside of the patient’s room. “There were a lot of different ideas about how the unit should look and feel to come to a shared mental model of what we’re doing,” he says. “We did some falling down in the process and a lot of debriefing about what did and didn’t work. We would then test the changes and make some refinements. We quickly learned that we needed a “rounds manager” and who better than a nurse? The nurse coordinates and manages the team during their rounds.”

Emory Healthcare physicians and nurses who work on ACUs give the model high marks. “Employee engagement has been the highest I have seen,” adds Castle, now project director for the ACU award. “It’s the first time in surveys that I’ve seen that 100% of nurses felt like they had a collegial relationship with the physicians who they work with on the unit.”

“We have real work relationships now,” adds Stein. “Everyone knows everyone and something about each other. We’ve had a lot of people observe our unit, and they often remark how quiet it is. Phones and pagers are used less—there’s much more face-to-face communication. There’s a certain calm and order.”

Has the ACU proven beneficial for patients and families? In an online article for Harvard Business Review in 2013, Stein, Castle, Shapiro, and colleagues report that during the first year of the ACU, average length of stay decreased from 5 to 4.5 days, and inpatient mortality fell from 2.3 deaths per 100 encounters to 1.1. Since 2010, the coauthors write, health care systems in seven U.S. states have adopted the ACU model. In Australia, 200 hospitals in New South Wales are switching to the ACU to improve quality of care throughout the statewide system.

“Ultimately, patients will get out of the hospital sooner,” says Shapiro of the ACU’s potential. “They will come back less often because we’ve incorporated them into the care planning. We will be able to intervene sooner when patients veer off course. And patients are going to be happier.”

LEARN MORE:
Read about the Accountable Care Unit in Harvard Business Review (November 2013) at bit.ly/ACU-HBR.
Hope Bussenius 93MN DNP FPN-BC once took flying lessons in a single-engine plane, guided by the charts and maps that pilots then used for navigation. Now she would learn to fly using a global positioning system or GPS, the satellite-based device that simplifies navigation and enables pilots to focus on other cockpit tasks.

Bussenius, an assistant clinical professor and a family nurse practitioner in the School of Nursing, has developed a free mobile app for clinicians based on a similar premise. Called Pedia BP, the app simplifies and speeds up the detection of hypertension in children and adolescents.

Typically, when nurses take a child’s blood pressure, they consult a complex set of tables, developed by the National High Blood Pressure Education Program (NHBPEP) Working Group.
on Adolescents and Children and the Centers for Disease Control and Prevention (CDC), to determine hypertension risk. The tables require nurses to cross-reference multiple factors—including gender, age, and height—to determine in which of four percentile ranges—normal, prehypertensive, stage 1, or stage 2—a child falls for hypertension. On average, consulting the tables takes up 10 of the 15 minutes allotted for screening each child.

Bussenius came up with the idea for Pedia BP while working on her doctor of nursing practice (DNP) under the guidance of Emory nephrologist Donald Batsky MD, director of the Pediatric Hypertension Program at Children’s Healthcare of Atlanta.

“He gave me this packet of tables and said, ‘I want you to take a look at this to see if you can do anything with it,’ ” Bussenius recalls. “As I started reading through them, the complexity of the guidelines bothered me. I wondered if there was a way to simplify that model. I started thinking about a smartphone app, not knowing if it would work or not.”

To find out, she contacted a coding expert in California, who created Pedia BP within three weeks at a cost of $1,000. Bussenius began using the app in clinical practice in 2012. In a pilot study that summer, Emory nursing students used the app to screen more than 200 children during the annual Farm Worker Family Health Program in Moultrie, Georgia.

“We found from our research that using Pedia BP saves two-thirds of time taking a pediatric blood pressure compared with using the traditional tables,” says Bussenius, who co-wrote an article about their findings in the open access journal Translational Medicine in 2013. “It’s easier to use, improves accuracy of results, simplifies the process, and saves time, which allows the provider to spend more time with the patient rather than combing through the 1,904 variables in the tables.”

In addition to saving time, the app helps ensure that BP screenings are conducted accurately and provides immediate follow-up guidance for children who require monitoring or treatment. To demonstrate, Bussenius uses the Pedia BP app on her smartphone and enters the variables for a 10-year-old whose blood pressure is 120/84.

“Some providers would not flag this as high blood pressure,” she explains. “But when you pull all of the different variables together by using the app, you can see that the blood pressure reading falls in the percentile range for stage-1 hypertension. The app also recommends rechecking the child’s blood pressure in one to two weeks.”

Students who used Pedia BP for the pilot study in Moultrie picked up on several children who needed monitoring and treatment. Of the 230 children from ages 3 to 17 who were screened, 80 percent had normal blood pressure, 10 percent had prehypertension, 6 percent had stage-1 hypertension, and 3 percent had stage-2 hypertension. The results parallel those of a study in Houston, Texas, that screened 6,790 students, ages 11 to 17, three different times from 2003 to 2005. In that study, published in 2007 in The Journal of Pediatrics, initial screening showed BP as normal for 81.1 percent of children, prehypertensive for 9.5 percent, and hypertensive (stage 1 and stage 2) for 9.4 percent.

The findings from both studies are significant, Bussenius notes, indicating that approximately 20 percent of children in each cohort needed to be rechecked, monitored, or put on medication. Both studies also raise concerns about the number of children who are overweight or obese and who are at greater risk for developing cardiovascular disease as adults.

“We’re finding that more than 38 percent of children who have hypertension that’s unmanaged already have left ventricular hypertrophy or an enlarged heart,” says Bussenius. “That’s a brand new existence of this condition in children. How aggressively do we manage children who are now at risk? What factors—obesity, family history, diet, exercise, premature births, and drugs—put children at high risk for hypertension? We need more research to catch hypertension earlier so it can be managed.”

Bussenius continues to collect more data. In January, she accompanied a group of Emory nursing students on Alternative Winter Break in Haiti, where she travels regularly to teach and see patients at the primary care clinic and orphanage founded by her mother, Twilla Haynes 80MN. The students screened more than 500 children.

“You can use Pedia BP anywhere because the interactive ability is within
The smartphone or tablet, so you don’t need Internet access for it to work,” says Bussenius. “I made sure of that because I wanted to use it in Haiti.”

Laura Hilb 10MPH 13N, a student in the family nurse practitioner program, used Pedia BP in Moultrie and in Haiti, where she helped gather data for Bussenius’s pilot study of Haitian children.

“Using the app has shown me that more children have pediatric hypertension than we think,” says Hilb. “Just looking at a blood pressure value won’t tell you what you need to know. You need to incorporate the sex, age, and height to determine the blood pressure percentile, in accordance with national guidelines. We don’t have to do this for adults, so we’re not used to it. The app will help pediatric patients receive appropriate diagnosis and treatment for hypertension and the many health issues associated with it.”

Bussenius has tweaked Pedia BP a couple of times since its debut. Based on student feedback in Moultrie, the app now has an auto-clear button to speed up deletion of data between screenings. The programming change cost $50. Planned upgrades include converting the height measurement from centimeters (used by the CDC) to inches and calculating body mass index.

Thus far, approximately 10,000 users have downloaded Pedia BP on their smartphones and tablets. For those who may question the intent of Pedia BP, Bussenius and Donald Batisky, her DNP adviser, assure them that that this simple technology is not a substitute for critical thinking or hands-on patient care.

“The providers who are using the app love it,” says Bussenius. “With time, we believe the evidence will show that clinicians can diagnose pediatric hypertension more quickly and accurately. During screenings, nurses and physicians will have more time to focus on their young patients. In the long run, we can make children healthy by catching hypertension early and treating it successfully.”

The Pedia BP app now features an auto-clear button to speed up data deletion between screenings, based on feedback from students.

Neonatal graduate specialty unique in Georgia

Beginning this fall, students can enroll in the only Neonatal Nurse Practitioner (NNP) specialty program in the state of Georgia. This new specialty at the School of Nursing will educate experienced neonatal nurses as primary, acute, and critical care advanced neonatal practice nurses. Students will be trained to perform comprehensive physical assessments, diagnostic evaluations, and symptom and disease management for the neonatal population.

The specialty requires four consecutive semesters of full-time study. Students will be prepared for independent NNP practice after completing more than 600 clinical training hours at Emory-affiliated neonatal intensive care units and outpatient clinics.

Additionally, the NNP curriculum will provide education across the life span on topics related to health care promotion, health care quality and safety, and health assessment. All students will participate in leadership development seminars, professional growth courses, and research/evidence-based projects. Clinical experiences will be tailored to meet students’ individual needs to cultivate independence in the neonatal advanced practice role. To learn more, visit bit.ly/NNP-Emory.

LEARN MORE:

For additional information about degree programs in the School of Nursing, contact Carmen Jones, admission adviser, at 404-727-6674 or carmen.r.jones@emory.edu.
This summer, the School of Nursing welcomes its first palliative care fellows through an initiative funded by a $6.5 million grant from the Helene Fuld Health Trust.

Designed to serve as a national model, the Fuld Palliative Care Fellowship Program aims to develop nurse leaders to serve the growing number of Americans who face life-threatening and chronic illnesses at every stage of life. Fellows will immerse themselves fully in care initiatives, research, and policy development by working with clinical experts at the Emory Palliative Care Center.

The grant provides for the admission of two fellows to the school’s Accelerated BSN/MSN program each year. The fellowship program targets second-career students who often have seen how chronic illnesses affect family members and friends.

“In health care, we’re doing a great job of reducing sudden deaths from trauma. We’ve also improved infectious disease management. But as we age, it’s chronic illness that we’re prone to, which doesn’t align with a health care system that is focused on dealing with acute illness,” says Carolyn Clevenger 72MN DNP RN FAANP, director of the fellowship program. “We want fellows who are really passionate and have a drive to focus on palliative care for their careers.”

Working with Clevenger are HIV/AIDS nursing researcher Marcia Holstad PhD FNP-BC FAANP FAAN, who will guide fellows on their research, and Tammie Quest MD, director of the Emory Palliative Care Center.

“Palliative care nurses are central to the success of our interdisciplinary clinical teams and the delivery of comprehensive care,” says Quest, the Roxann Arnold Professor in Palliative Care Medicine. “These fellows will be role models to others to ensure that patients and families facing serious illness have the highest quality care focused on quality of life.”

To learn more about the Fuld Palliative Care Fellowship Program, contact Clevenger at 404-712-2394 or carolyn.clevenger@emory.edu.

Fuld grant supports training of nursing fellows in palliative care

Serving Atlanta’s Homeless Veterans

Last fall, students enrolled in the VA Nursing Academic Partnership Program joined members from more than 40 agencies for the Homeless Stand Down 2013, sponsored by the Atlanta Veterans Affairs Medical Center. The annual event provides food, shelter, clothing, health screenings, and benefits counseling for hundreds of homeless veterans. To view more photos from the event, visit bit.ly/stand-down.

Campaign urges parents and nurses to ‘Talk With Me Baby’

The School of Nursing and the Georgia Department of Health are among the partners in Talk With Me Baby, a public awareness campaign led by the Marcus Autism Center and funded with $1.5 million from United Way over three years. The Atlanta-area campaign targets parents and nurses to prevent language delays, especially among at-risk children, by coaching parents to talk more to their infants. As part of the campaign, assistant nursing professor Ashley Darcy-Mahoney PhD NNP-BC is developing a curriculum to train nurses about the importance of social interaction with babies in and outside of the womb. Faculty and students in the Human-Computer Interaction Program at the Georgia Institute of Technology are creating the technological components of Talk With Me Baby, including a website, videos, and smartphone app. Other partners include the Georgia Campaign for Grade-Level Reading and the Georgia Department of Education.
Dorothy Doughty (center) leads WOCNEC students during a foot and nail care clinic for seniors at Wesley Woods Towers. The students completed their classes online.

A New Home Base

Emory’s continuing education program in wound, ostomy, and continence care moves to the School of Nursing

Terry Klausner strives to keep life simple. It’s the best way to balance her full-time roles as a nurse practitioner and mother of five children in Upstate New York. Given her schedule, a distance-learning program made sense when she enrolled in the Emory University Wound, Ostomy, and Continence Nursing Education Center (WOCNEC).

Distance learning is one of three program options offered by WOCNEC, which moved from Emory’s School of Medicine to the School of Nursing last fall. The nursing school is now home to one of the best continuing education (CE) programs of its kind in the nation with an annual enrollment of more than 250 nurses from the United States and abroad.

Klausner learned about WOCNEC from her preceptor, an earlier graduate of the program. “I didn’t miss out on anything,” Klausner says of her online study. “The program offers volumes of information and pearls of wisdom on different techniques in wound, ostomy, and continence care. It’s fabulous.”

She echoed the sentiments of 17 fellow classmates during the recent on-site portion of the distance-learning program known as bridge week. Students from California, Texas, Michigan, North Carolina, and other states came to Emory for hands-on instruction in WOC and foot and nail care. Students typically complete the online program in six to 12 months.

WOCNEC is a postbaccalaureate degree certificate program for registered nurses who desire a specialty practice in wound care, ostomy care, and/or continence care. Emory’s WOCNEC offers two other program options in addition to distance learning. Students in the traditional on-site program spend 10 weeks at Emory, where they receive six weeks of classroom instruction and four weeks of clinical instruction. Students who choose the split option take six weeks of classes at Emory and return home for four weeks of clinical instruction. Upon completion of the program, nurses are eligible for board certification through the Wound, Ostomy, and Continence Certification Board.

Distance learning by far is the most popular option among students. WOCNEC is one of seven CE programs accredited by the Wound Ostomy and Continence Nurses Society in the United States and of which five offer an online option. “Ours is the only one that has a bridge week component,” says WOCNEC director Rose Murphree, 11MN RN CWOCN CFCN. “We’re known for working well with students.”

She credits her predecessors with the program’s reputation. Among them is Dorothy Doughty 72MN RN CWOCN FNP FAAN, who directed WOCNEC for more than 30 years. Murphree was named director after Doughty retired this past spring.

WOCNEC marks the nursing school’s first online CE offering to help meet the demands of today’s health care climate. “Patients in acute-care settings are sicker and have more issues,” Murphree explains. “With shorter hospital stays, patients are being placed into home care or long-term acute care settings. These health care agencies need WOC nurses who are strong in promoting wound care, continence care, and ostomy care outcomes for these individuals across the health care continuum. Our program helps open doors for our graduates to fill this growing need in health care.”

An online course in foot and nail care is being added this summer. To learn more, visit nursing.emory.edu/WOCNEC.
The first GPC students will participate in the immersion program at Emory this summer. Four to six GPC graduates will transition to the BSN program in fall 2015.

Through this partnership, both institutions seek to establish a model for two-year and four-year nursing schools in Georgia to fuel and diversify the pipeline of nurse clinicians and scientists. “We want to graduate students who will be competitive applicants to PhD programs and increase the number of PhD-prepared nurses from under-represented groups who pursue research careers,” says William Puentes PhD RN PMHCNS-BC FAAN, coordinator of the Bridges to Baccalaureate Program at Emory.

LEARN MORE: bit.ly/16qsHfN.

View this story on WSB-TV to hear how the pipeline program will benefit nursing students from Georgia Perimeter College.
Faculty appointments

**Kristy Kiel Martyn PhD RN FAAN**, professor and assistant dean of clinical advancement, comes to Emory from the University of Michigan School of Nursing, where she led programs in health promotion and risk reduction. She also served on the faculty at Duquesne University, Georgia State University, Albany State University, the University of Miami, and the University of Florida. Through her research, Martyn focuses on access to person-centered health care for child, adolescent, and young adult populations. Her articles have appeared in the *Journal of Family Nursing; Journal of Obstetric, Gynecologic & Neonatal Nursing; Journal of Pediatric Health Care; Journal of School Nursing; The Journal for Nurse Practitioners;* and *Pediatrics*. Martyn was inducted last year as a fellow of the American Academy of Nursing.

**Sudeshna Paul PhD**, research assistant professor, provides statistical data analysis for projects in the School of Nursing. Her own research focuses on modeling the dynamics of dyadic/relational data (friendship, spousal/relatives information, contacts in a population) to develop longitudinal models that capture various aspects of underlying network structures. Through this research, Paul hopes to identify ways to optimize future interventions to benefit population health.

She also applies statistical methods to understand causal relationships between multiple clinical and behavioral factors and health outcomes, associations between health services and adverse outcomes in the elderly population, and identifying factors that predict contact and formation of relationships between health care professionals.

**Assistant professor Melissa Pinto PhD RN** is an expert on stigma, mental health literacy, and developing interventions to help adolescents and young adults manage symptoms of depression. Prior to joining Emory, Pinto completed a fellowship in molecular genetics at NIH through the National Institute of Nursing Research. She also received a four-year NIH KL2 Career Development Award through the Cleveland Clinical and Translational Science Collaborative at Case Western Reserve University School of Medicine. She has translated her work for lay audiences and community stakeholders. Among her projects is eSMART-MH (Electronic Self-Management Resource Training for Mental Health), a virtual program designed to help adolescents manage symptoms and feel more at ease during clinic visits for depression. Pinto currently serves on the editorial board of *Stigma Research in Action*.

**MaryJane Lewitt 13PhD CNM** is a clinical assistant professor who seeks to improve the quality, safety, and effectiveness of labor and birth care through research. Prior to completing her PhD at the School of Nursing, Lewitt was a clinical instructor who taught obstetric and postpartum nursing and helped develop clinical sites for the nurse-midwifery program. She currently chairs the Maternity System Quality and Safety Subcommittee of the National Physiologic Birth Task Force and the Coalition of Advanced Practice Registered Nurses of Georgia. Lewitt also serves as vice president of the Georgia Chapter of the American College of Nurse-Midwives (ACNM). She is a past recipient of the Kitty Earnst Award, presented by the ACNM for outstanding service to the profession.

**In the news**

In a recent op-ed published online in *The Washington Post*, **Imelda Reyes DNP MPH FNP-BC** discusses why it is time for a change in school-based sex education, based on her experiences as a teen-aged mother and nurse practitioner.

“Adults need to make it a priority to provide the younger generation with information and access to health care,” writes Reyes, assistant clinical professor and a Public Voices Fellow of The OpEd Project at Emory University.

“Specialists who focus on adolescent health care, such as nurse practitioners and other providers, could be engaged to help convey this important information within our schools. School-based, nurse-managed health care clinics could offer a full range of services. Once we open our eyes and hearts to the future of our nation, we too can talk about sex. Safe sex.”

To read Reyes’ commentary in full, visit bit.ly/reyes-oped.
Carolyn Clevenger 02 MN DNP RN GNP-BC, associate clinical professor, was elected a fellow of the American Association of Nurse Practitioners. Clevenger serves as assistant dean for MSN education, director of the Fuld Palliative Care Fellowship Program, and the lead for student training of the Atlanta Regional Geriatric Education Center. She also serves as associate program director of the Atlanta VA Quality Scholars Advanced Fellowship Program. An expert in gerontology and healthy aging, Clevenger has been featured in The Atlanta Journal-Constitution and Atlanta Magazine.

Elizabeth Corwin PhD RN FAAN, associate dean for research, and Deborah Watkins Bruner PhD RN FAAN, Robert W. Woodruff Professor of Nursing, are among the 100 Inspiring Nursing Professors to Watch in 2014. The list is compiled by online LPNtoRN.org, a web resource on nursing education and careers.

Assistant professor Tami Thomas PhD RN CPNP is the newly elected president of the Southeast Regional Chapter of the Society of Adolescent Health and Medicine. Thomas also was named director of the new Doctor of Nursing Practice degree program at the School of Nursing.

Rebecca Wheeler 06N 12PhD is the current president of the Georgia Nurses Association (GNA). Wheeler serves on the School of Nursing faculty as a health policy instructor and advises new students on their clinical rotations with veterans. She also is coordinator of the Georgia Nursing Workforce Center, part of the Georgia Nursing Leadership Coalition. The coalition is led by the GNA and the Georgia Hospital Authority.

Notes of distinction

Two faculty members and four alumni received top honors at the 2013 March of Dimes Nurse of the Year Awards. These awards recognize nurses in 16 categories who demonstrate exceptional patient care, compassion, and service. More than 800 nurses were nominated from across Georgia and from those, more than 300 finalists emerged.

Faculty
Angela Amar PhD RN – Behavioral Health
Tami Thomas PhD RN – Informatics, Research, and Evidence-Based Practice

Alumni
Mary Gullatte 81N – Nursing Administration
Stephanie Meisner 94N – Pediatrics
Amy Nichols 08N 10MN – General Medical
Mary Zellinger 85N – Advanced Practice
Imagine that you are a student nurse, about to face your first patient in your clinical rotation. You’ve reviewed her chart, checked all of her medications and their side effects, and drawn up a care plan. Now it’s time to meet her. You knock on the door and introduce yourself, mentally preparing to examine her from head to toe. Despite your nerves, you manage to project a façade of professionalism as you conduct the exam.

After noting her vitals on the chart, you triple-check her medications and prepare her for a heparin injection. You steel yourself as you give your first injection to a patient. Her health literally is in your hands.

The transition from student to nurse can be overwhelming. One minute you’re taking notes in the classroom; the next you’re giving a patient her medication. Emory’s Adopt-a-Scholar Program helps smooth that transition by pairing nursing students with donors who have been there.

Cheryl Seavey Murphy 77N “adopted” Margaret Ann Hoffman 13N. Murphy’s support, says Hoffman, was invaluable, both financially and as a mentor.

A long-time supporter of the School of Nursing, Murphy has provided annual gifts for scholarships for more than 25 years. Her daughter, Susie Murphy Reynolds 06N, and her sister, Susan Seavey Forte 80N, are graduates of the school. Her husband, Emory radiologist Fred Murphy 77C 81M 86MR, benefitted from the scholarships he received during medical school.

“Emory has given us many opportunities, and we are grateful,” says Murphy, a former surgical nurse at Emory University Hospital.
“We love to support students who are driven to make a difference in patient care and in health education. We are honored to support students who are passionate about nursing.”

Hoffman fulfills both those requirements through her drive to alleviate suffering. In high school, she went on three mission trips to Garcia, Mexico. During one trip, she used her Spanish skills to translate for an American doctor on house calls. One woman had a mass in her throat and with Hoffman’s help was able to tell the doctor how big it was and when it developed so that she could receive further medical attention.

“The experience brought about a desire to develop a skill set to serve people in a way that addresses their physical, psychological, and emotional needs,” Hoffman says. “That’s the role of the nurse. It’s a humbling opportunity, one that allows me to connect with others and walk with them through times of illness and wellness. I couldn’t dream of a better job.”

During her senior year at Emory, Hoffman participated in the Alternative Winter Break program by working on a maternity unit at Hospital San Vincente de Paul in the Dominican Republic. She made house visits to new mothers and newborns and asked about breastfeeding for a large study. The trip enabled her to complete her senior practicum on a labor and delivery unit and thus confirmed her desire to work in maternal and neonatal health.

“It helped to talk to someone who understands the experience of nursing school—how overwhelming it is,” Hoffman says of her mentor.

Murphy eagerly took on the role. “We talked about the challenges of clinical rotations, of balancing classroom work with being in a clinical setting,” says Murphy. “It was wonderful to watch Margaret Ann grow as she learned the language of nursing and began practicing.”

The two first met at an Adopt-a-Scholar luncheon and stayed in touch through coffee dates and nursing school events. Murphy was inspired to participate by Barbara Reed, the school’s inaugural program donor. Reed formed a strong tie with her “adoptee,” Donte Flanagan, and her enthusiasm proved infectious. Reed’s second adoptee, Kaitlin Seabolt, graduated with Hoffman last May.

Hoffman is now immersed in a new challenge: her first job as a labor and delivery nurse at Emory University Hospital Midtown. Excited to learn from nurses with years of experience, she brings with her compassion, a desire to serve, and a newly minted BSN degree. She plans to work for a few years and then return to Emory for an advanced practice nurse-midwifery degree, which will enable her to undertake medical missions as a midwife.

“The benefits of scholarships are far-reaching,” says Murphy. “Attracting excellent students to the School of Nursing is important for the future of our profession. Because of the opportunity to attend our nursing program, Margaret Ann will represent Emory in the longstanding tradition of graduates who have the skills and knowledge to achieve great success in their careers.”

The university’s Adopt-a-Scholar Program provides a way for alumni to honor their time at Emory. Nursing alumni provide a minimum gift of $2,500 annually for two years to support a qualifying student. Donors meet and communicate regularly with their nursing scholar.

Tracey Wilds 88Ox 91N (pictured above) is among those who believe in the program. Although she is a nurse practitioner who lives Pennsylvania, Wilds has been a mentor to Amy Blumling 09Ox 12N and Hannah Heimbigner 12Ox 14N.

“I love hearing about what Hannah is doing as a nursing student and how the school is making learning more meaningful by incorporating new technology and more hands-on experience into the curriculum,” says Wilds of her current adoptee. “Supporting Hannah and Amy through the Adopt-a-Scholar Program is my way of showing appreciation for the School of Nursing.”

To learn how to become part of the program, contact Amy Dorrill, associate dean and chief development officer, at 404-727-6264 or amy.dorrill@emory.edu.
Class News

1960s

Janet Adams McPherson 63OX 66N, who celebrated her 50th Oxford College reunion last year, retired from nursing in 1995. She enjoys travel, genealogy, and her five grandchildren. Janet and her husband, Pat, live in Marietta, Ga.

Penny Smith 63OX 66N and her husband, Tommy, have two daughters and five grandchildren. She retired in 2002 when her husband retired from Georgia Power. They live in Suches, Ga., near the mountains and also spend time at the beach on Pawley’s Island, S.C.

1970s


Dr. Linda A. McGehee 78N 82MN was promoted to associate vice president of programs with the CDC Foundation, where she leads the program department’s daily operations. After joining the foundation in 2007, she managed an initiative to strengthen disease surveillance and response, laboratory capacity, and epidemiologic training in Central Africa. She also forged an agreement to develop public-private partnerships funded by the President’s Emergency Plan for AIDS Relief, with projects in Kenya, Tanzania, and Nigeria. She holds a PhD in community health nursing from Georgia State University.

1980s

Marilyn Margolis 89MN received the 2013 Lifetime Heroic Achievement Award from the Georgia Hospital Association. Margolis, chief nursing officer and vice president of patient services and operations at Emory Johns Creek Hospital, has been a health care leader at Emory for 30-plus years.

1990s

Dr. Maria Hanik 94MN is a nurse practitioner in the leukemia and bone marrow transplant unit at Northside Hospital in Atlanta. She completed her DNP at the University of Alabama in August 2013.

Nancy Curdy 96MN is director of patient safety, reliability, and infection prevention at DeKalb Medical Center in Decatur, Ga. She helped design her newly dedicated position. “I’m very excited about the commitment our system has made toward

Emory Nursing in the World

Where are you reading Emory Nursing? Send your photos from near and far (and holding your copy of the magazine) to elizabeth.powell@emory.edu for publication in future issues.

Share Your News With Us

Please send your news and latest contact information to alumni@nursing.emory.edu. Or visit alumni.emory.edu/updateinfo.php.
Crystal Bailey 06N 07MN is serving in Malawi with the Global Health Service Partnership, a new collaboration of SEED Global Health and the Peace Corps. The program sends doctors and nurses to resource-limited countries to address gaps in nursing and medical education. Crystal is a volunteer faculty member at Kamuzu College of Nursing, which trains up to 200 nurse midwives a year.

Crystal’s days are filled with joy and sorrow in a country where mothers and babies die too frequently. “My heart is for the individual women’s experiences, and yet my goal here is for the safe training of the masses of midwives,” she writes in her blog at midwifemanna.com. “Malawi is focusing hard on safe motherhood and making gains. For every discouraging thing I see, I also see something encouraging.”

The Global Health Service Partnership was launched last August at the Malawi state house in Lilongwe with President Joyce Banda in attendance. Crystal says it is a great and challenging experience and encourages other nursing alums to check it out. Loan repayment is also a perk, she points out.
In Memory

1940s

Irene D. Diettrich 45N of Houston, Texas, on Aug. 18, 2013, at age 88.

Maxine Clery Dunaphant 46N of Orlando, Fla., on Feb. 22, 2012, at age 87. Maxine worked as an RN at Orlando Regional Medical Center and later became a private duty nurse. She took great joy in her career and became part of every family for whom she cared. She was employed by Granny Nannies until age 80.

Helen Patten Rainer 46N of Tifton, Ga., on June 7, 2013, at age 92. After graduating from high school in 1936, she married Joel price “Buddy” York city. She then returned to Tifton, Ga., in 1980. She later returned part-time. She loved fishing and became part of every family for whom she cared. She was employed by Granny Nannies until age 80.

Mary Jane Dixon Burke 48N of Atlanta died peacefully on Nov. 19, 2013, at age 86. She met her husband-to-be, Jim Burke, in Columbia, Ga. They married in 1957 and settled in Atlanta, where they raised three children. Mary Jane served for many years as a public health nurse with the DeKalb County Health Department. She tried to retire in the late 1980s but missed the work and returned part-time. She loved fishing and taught all of her children to fish. Mary Jane was preceded in death by her husband and her son, James. Survivors include her husband, Christooph Aurich, a son, two daughters, a sister and brother, and six grandchildren.

Carol Childress Mizell 49N of Smyrna, Ga., on Sept. 19, 2013, at age 85 following a long illness. After graduating from Emory, she married Robert C. Mizell Jr. She retired from nursing to raise their three children, but a nurses’ strike in 1968 drove her back into the field. After the strike, she transferred to Emory University Hospital and finished her career as an oncology nurse. In recent years, she lived at Delmar Gardens and enjoyed playing bridge, eating chocolate ice cream, and the kindness of staff. Survivors include two daughters, a son, four grandchildren, and two great-grandchildren.

1950s

Carolyn Mease Paty 50N of Dunedin, Fla., on Nov. 3, 2013, in Candor, N.C. She was born in Dunedin and attended Florida State College for Women before studying at Emory. She served as director of Nursing Education at Mease Hospital in Dunedin from 1961 to 1967. Carolyn was predeceased by her husband, Dr. Philip Behenna Paty, son Robert, and daughter Elizabeth. Survivors include a daughter, a son, and two grandchildren.


Carolyn Corley Aurich 57N at her home in Clemson, S.C., on July 3, 2013, at age 78. Born in Greenwood, S.C., she attended Furman University for two years before coming to Emory. She was a longtime member of Clemson United Methodist Church. Survivors include her husband, Christoph Aurich, a son, two daughters, and six grandchildren.

R. Kathleen Jewett 59N of Topsham, Maine, on May 21, 2013, at home with family by her side. She was 76. She entered the U.S. Navy Reserve in 1961 and met and married H. Furber Jewett Jr. After serving with the Navy, they moved to Maine in 1967. Kathleen worked in the public health nursing division of the state’s Department of Human...
Services from 1971 until 1996, when she retired as public health director. She then volunteered with the Sky Hi facility, Mid Coast Hospital, the Hospice, Palliative Care Committee, and several other local health agencies. She is survived by three sons, two daughters, a brother, 15 grandchildren, and many great-grandchildren.

1960s

Nancy Raley McCarty 65N of Dallas, Ga., on Jan. 3, 2014, at age 71. An Atlanta native, McCarty was a graduate of Georgia Baptist Nursing School and Emory. Although she suffered from pain caused by lupus, Nancy spent her life in ministry to others and was devoted to her family. Survivors include her husband John, two daughters, and four grandchildren.

Lanita Ward Phillips 65N of Elberton, Ga., on April 10, 2013, at age 71. She spent the summer of 1963 in Elberton and met the local veterinarian, Edward Hickman Phillips. They married two years later after she graduated from Emory. Before they started a family, she worked at Elbert Memorial Hospital and as a school nurse. Lanita was active in the First United Methodist Church of Elberton. Survivors include her husband John, two daughters, and four grandchildren.

Mary Sturdivant Sisemore 66MN of Purvis, Miss., on Aug. 17, 2013, at age 76.

Barbara Edwards Harris 68MN of Longview, Texas, on June 1, 2013. She was 74. A native of Arkansas, she graduated from Baylor University before studying at Emory. In 1970, she married John Turner Harris in Nashville, Tenn., and they moved to Longview in 1978. Barbara worked as a traveling nurse in Arkansas, where she supervised physical rehabilitation on behalf of an insurance company. Later, as a nursing professor at Baylor and Vanderbilt universities, and locally at Kilgore College for 15 years, she challenged and inspired her students. Survivors include John, her husband of 42 years, a son and daughter, four grandchildren, and a brother.

1970s

Margaret M. Copple 69N of Danville, Ky., on April 30, 2013, at age 84.

A. Byrdell Martin 69MN of Evansville, Ind., on May 17, 2013, at age 81. She graduated from Deaconess School of Nursing and Indiana University before completing her master’s degree at Emory. Byrdell began her nursing career at Deaconess Hospital and later served as a school nurse for the Evansville Vanderburgh School Corp. (EVSC). She retired as supervisor of EVSC nurses.

1980s

Marilyn Denardo Harrison 82MN of Plainville, N.H., on Jan. 18, 2013, at age 66. Formerly of Rutland, N.H., Marilyn graduated from Columbia University with a BSN before completing her MSN at Emory. She served as a U.S. Army nurse at various hospitals around the country. She retired as a major and continued her nursing career at Dartmouth-Hitchcock Medical Center in Hanover, N.H. Survivors include her husband, Douglas, two sons, three brothers, a sister, and three grandchildren.

Lynnda D. Transue 89MN 89MPH of Albany, Ore., on Oct. 9, 2001, at age 58. She worked in psychiatric and health services for the Oregon Department of Corrections. In Georgia, she served as a nurse in the alcohol, drug, and eating disorders unit of Decatur Hospital and as a nurse practitioner in the Grady Hospital Infectious Disease Clinic.

1990s

Karen Schriefer Keuter 95N of Snellville, Ga., suddenly at home on Aug. 31, 2013. She was 68. Born in Cincinnati, Ohio, she earned her BS in education at Miami University of Ohio. She was a retired elementary school teacher with more than 30 years of service in Ohio and Georgia. She completed her BSN at Emory and resumed teaching in Loganville, Ga. She was preceded in death by her son, Jeffrey. Survivors include two daughters, eight grandchildren, and her loyal companion, Rob Steffens.

Linda D. Southerd 97MN of Lawrenceville, Ga., on Aug. 4, 2013, at age 62. She was an application analyst at Emory University Hospital. She was also a nurse practitioner who devoted her life to caring for others. Survivors include her sister, Sue Carroll.

2000s

Amelia Basat Miller 00N of Kernersville, N.C., on Dec. 7, 2009. She was 37.

Honor Your Classmates

Tribute gifts are an extraordinary way to honor your classmates. You can designate a gift for any occasion—a birthday, anniversary, special achievement, or the passing of a loved one, colleague, or friend. To make a gift, please contact the Office of Development and Alumni Relations at 404-727-6917.

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The Nurses’ Alumni Association (NAA) presented the following honors during Homecoming 2013. These annual awards recognize alumni and friends who advance the School of Nursing and the nursing profession.

**Distinguished Nursing Achievement Award**

During her 22 years as dean and professor at Virginia Commonwealth University School of Nursing, Nancy Langston 72MN transformed the school into a national leader in nursing education and research. Among many accomplishments, she is founding chair of the National League for Nursing (NLN) Foundation and a fellow of the American Academy of Nursing and the NLN Academy of Nursing Education. Says Langston of her graduate nursing education at Emory, “It’s where I became a true professional with a vision for my work.”

**Award of Honor**

Several years before Jane Mashburn 78MN retired from the School of Nursing faculty in 2012, she achieved notoriety by raising the school’s profile in graduate education. Under her leadership as MSN program director, the nurse-midwifery program was ranked 13th and the pediatric nurse practitioner program was ranked 11th by U.S. News & World Report. “The thing I’m proudest of is the influence I’ve had on so many nurse-midwifery students,” says Mashburn, a fellow of the American College of Nurse-Midwives.

**Excellence in Nursing Award**

In 1993, Sally Hale 80MN became one of the first nurses in Georgia to be certified in pediatric nursing oncology, a certification program that she helped design. That was after she joined Camp Sunshine, a local nonprofit that offers programming for children with cancer, as executive director in 1987. Today, the organization provides nearly 140 programs for more than 900 children statewide. “I’m a nurse in my role today as much as I was when I graduated from Emory,” says Hale.

**Distinguished Nursing Achievement Non-Alumni Award**


In 1987, she founded a company to educate parents and health professionals about breastfeeding and infant/child nutrition. The company expanded into a successful online news site now known as baby gooroo. “I’ve taken a different path then what I thought I’d be on,” says Spangler, an adjunct faculty member. “But you never stop being a nurse.”

**Honorary Alumni Award**

Patricia Riley has spent nearly four decades with the CDC, where she currently serves as a senior nurse-midwife in the Maternal and Child Branch of the Division of Global HIV/AIDS. She also teaches on an adjunct basis and partners with the Lillian Carter Center for Global Health & Social Responsibility on workforce systems and nursing regulations and education in Africa. Her advice to nursing students and alumni: “Always look for a third way,” she says. “Look for a way to thread the needle and make that happen.”

The 2013 NAA award winners, shown with Dean Linda McCauley (right), are Sally Hale (left), Nancy Langston, Jane Mashburn, Amy Spangler, and Patricia Riley.

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**Save the Date**

Homecoming 2014

September 18-21

Spend the weekend at your alma mater to celebrate reunions for classes ending in 4 or 9. To help plan your reunion, please contact us at 404-727-8735 or alumni@nursing.emory.edu. For event details and registration, visit emory.edu/homecoming.
Field Notes from Madagascar

Three days after passing her NCLEX exam last year, Emily Headrick 13N 14MN (above) climbed aboard a plane that would carry her some 9,000 miles away to Ranomafana, Madagascar. A globetrotter at heart, Headrick spent nearly a year collaborating with an infectious disease team of students and faculty funded by the Emory Global Health Institute Multidisciplinary Field Scholar program. Headrick’s team focused on measuring the relationships between human health, domesticated animal health, and wildlife.

For 11 weeks, the students hiked deep into Madagascar’s Eastern rainforests to gather baseline data from six villages near Ranomafana National Park. Headrick ventured into communities to test inhabitants’ susceptibility to infectious disease. She and her colleagues pooled their research methodologies to interpret how land-use changes affect the ecology and evolution of pathogens for the Malagasy people.

The task was challenging at times. For Headrick, it was difficult to make the transition from direct care to a research project in which she was unable to treat much of the illness she encountered. In those moments, her solace came from the notion that the group’s work could inform the implementation of a better primary care system for those who need it most.

“One of the biggest reflections for me was that even if you don’t have tangible evidence-based solutions to every problem, empathy and compassion and listening and validating peoples’ pain can go a really long way,” she says.

Headrick is quick to point out the high rates of uninsurance, unemployment, diabetes, depression, and other conditions she encountered working domestically as a graduate nursing student at Emory. “You don’t always have solutions for everyone,” she says. “But developing your bedside manner (in these situations) to form meaningful relationships that empower your patients is just as important in downtown Atlanta as it is in Madagascar.” —Nick Goodwin 14C

Seeking Health Care Solutions Together

In my position as CEO of the Woodruff Health Sciences Center (WHSC), I have a special perspective on the advances in nursing that our faculty and students make every day. The Nell Hodgson Woodruff School of Nursing is a key component of WHSC, along with the schools of public health and medicine, a primate research center, Winship Cancer Institute, and Emory Healthcare. Together these entities integrate our missions of teaching, research, and practice—all with the end goal of bettering the health of people and communities.

The best healing takes place when talented people intersect with cutting-edge science and technology and each other to improve care and systems of care. A few years ago, Bryan Castle and Jason Stein, a nurse and physician at Emory University Hospital, thought of a better way to deliver patient care. The result is the Accountable Care Unit (ACU), an interdisciplinary model that involves patients and families in planning their care. The ACU model has proven to be an effective way to reduce length of stay for patients.

Susan Shapiro, who holds a joint appointment in the School of Nursing and Emory Healthcare, helped secure a federal award to add more ACUs throughout our health system and train more staff nurses to lead these interdisciplinary teams.

In this issue of Emory Nursing, you’ll read more about the many innovations being pioneered by our nursing faculty and staff. Their talent for creating new technologies and using existing technologies in new ways is driven by a passion for continually improving the care experience for all the people we serve.

Thanks, as always, to the many friends and supporters who help make their exciting work possible.

S. Wright Caughman MD
Executive Vice President for Health Affairs, Emory University
CEO, Woodruff Health Sciences Center
Chairman, Emory Healthcare
Consider a Doctor of Nursing Practice degree at Emory

Georgia’s #1-ranked School of Nursing now offers a Doctor of Nursing Practice degree to prepare MSN-trained nurses for high-impact careers in population health or health systems leadership. The flexible program allows students to advance their education without disrupting their careers. Courses are taught both online and on-site in classes held three weekends each semester.

The deadline for applications is January 15, 2015. To learn more, visit bit.ly/DNP-Emory.