More Than a Cure

Leading nurse researchers focus on the patient experience in cancer treatment

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FROM THE DEAN

The true value of our nursing community

WE MUST BE DOING SOMETHING RIGHT. THE SCHOOL OF NURSING IS NO. 4 IN THE NATION, BASED ON THE LATEST SURVEY OF GRADUATE PROGRAMS BY U.S. NEWS & WORLD REPORT. It’s our highest ranking to date and the highest of any school at Emory University and in Georgia. Our school also ranks No. 1 in research funding from the National Institutes of Health. It’s all because we work together as one community to advance scientific knowledge and clinical expertise so that nurses provide the very best care for their patients.

Our partnership with Winship Cancer Institute is a great example. Several of our faculty lead collaborative studies at Winship, which was just designated a comprehensive cancer center by the National Cancer Institute. This designation signifies that Winship will receive additional research funding to build on its success in reducing the burden of cancer in Georgia. Our research faculty and the nurses at Winship, many of whom trained in our school, share in that success. You can learn more about some of them in this issue of Emory Nursing.

Also in this issue, we’re introducing a column by Sharon Pappas PhD RN NEA-BC FAAN, the new chief nurse executive for Emory Healthcare (EHC). When Dr. Pappas joined EHC last fall, we began to talk about how to transform nursing at Emory together. In her column, you’ll learn how the School of Nursing and EHC are working to align education, research, and clinical care under the name “Emory Nursing” to meet the growing demand for education, research, and nursing excellence in this era of health care reform.

At the heart of our relationship is strengthening the workforce pipeline so that more of our graduates will become leaders in patient care and research here at Emory.

So have a look at our latest issue. We have lots of exciting news to share that will make you proud.

Linda A. McCauley 79MN PhD RN FAAN FAANP
Dean and Professor
Nell Hodgson Woodruff School of Nursing

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JOIN THE CONVERSATION

When we surveyed cancer survivors about their unmet needs, they told us about services they would like to have. So I added sexual health, fertility preservation, and reproductive endocrinology to my five-year plan. —Mary McCabe 72N, who is featured on page 25.

Office of Diversity and Inclusion

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Advances in science and technology are enabling cancer patients to live longer than ever before. Still, the everyday reality of cancer treatment is harsh.

The concomitant effects of chemotherapy and radiation can ravage healthy tissues while battling tumors. Oral therapies can come with a startling array of potential side effects and daunting price tags.

While many researchers race to identify new targets for treatment and formulate new therapies, a growing cadre of School of Nursing researchers is leading the nation in studies that examine the patient experience and how patient-reported outcomes can inform cancer care.

Deborah Bruner PhD RN FAAN, Robert W. Woodruff Professor of Nursing, is a well-known expert in cancer clinical trials and oncology nursing research through Emory’s Winship Cancer Institute. She is associate director for mentorship, training, and education at Winship, newly designated by the National Cancer Institute (NCI) as a comprehensive cancer center for reducing cancer burden in Georgia. She is the first and only nurse to lead one of four adult NCI Community Oncology Research Programs. She also helped set new priorities for NCI clinical trials on symptom management and patient quality of life. In 2016, she was elected a member of the National Academy of Medicine.

“When you are in clinical practice, the physician mostly is interested in doing diagnostics and cure. In inpatient care, the nurse manages everything else—the symptoms related to disease and treatments, the environment around the patient.
to provide comfort and care, and the environment around the family to engender support,” Bruner says. Nurses understand how evidence-based, supportive oncology care to families and patients decreases pain and suffering and improves quality of life. That knowledge has inspired Bruner to improve the patient experience in a rigorous, scientific way.

Over the years, her work has informed the NCI’s adverse event reporting system, an important tool used to grade symptom toxicities associated with chemotherapy drugs, immunotherapies, precision medicine, radiation medicine, and surgery in cancer treatment—work that has made patient-reported outcomes as important in changing clinical practice as clinical outcomes.

Late last year, Congress passed the 21st Century Cures Act, authorizing $1.8 billion over seven years for NCI’s Cancer Moonshot, a program designed to accelerate cancer research by making more therapies available to more patients, while also improving early detection and prevention of cancer.

Earlier this year, Bruner presented “Challenges in Cancer: Moonshots, Miracles, and Myths” during an academic symposium celebrating the inauguration of Emory’s new president, Claire E. Sterk. In her talk, Bruner challenged the current funding model that prioritizes cures and precision treatments that benefit a fraction of cancer patients over research that benefits larger patient populations.

Because new precision medicines, immunotherapy treatments, and other “miracle” drugs are so costly, these drugs often are out of reach for the small number of patients who qualify for them. The discovery of the EGFR mutation in lung cancer offers a compelling example.

“Now we have immunotherapy drugs to treat patients with that mutation, and 10 percent of those patients had long-term survival and some have even been cured,” Bruner says. “That is miraculous. But only 10 percent of lung cancer patients have the EGFR mutation, and only 10 percent of those patients experience the miracle.”

Precision medicines come at another price: the possibility of side effects or even death.

“Some drugs, unfortunately, kill patients, and many of the side effects are terrible,” Bruner notes. “Taste changes mean meals with family and drinks with friends will never bring the same pleasure again. Ulcers in the mouth mean you can’t eat or drink at all. Blisters on your hands and feet mean you can’t walk or touch or hold your child or play the piano. These side effects have not gotten enough attention. We are paying a lot of attention to cures but not to living with these cures.”

Emory is an international leader in developing ground-breaking cancer treatments. It is also a leader in symptom science and quality of life.

“Precision medicine is not just genetics or immunotherapy,” Bruner says. “Real precision medicine also takes into account environmental and lifestyle factors and puts them all together. How do we make sure a patient gets a $10,000 drug at home and takes it at noon and bed time with the other drugs they are allowed to take? That is symptom science, and we have great nurse scientists at Emory who are studying that.”

Addressing disparities

Bruner has helped strengthen symptom science at the School of Nursing through her own work and the work of junior faculty whom she has mentored.

Among them is Kate Yeager 84N 12PhD FAAN, an assistant professor whose research focuses on health disparities related to symptom and pain management, adherence, and increasing minority enrollment in clinical trials, primarily African American cancer patients.

Yeager worked as a cancer nurse for a decade before earning her master’s degree in oncology nursing at University of California–San Francisco, where she “caught the research bug.” She returned to Emory in 2004 as a clinical research project manager. After years of supporting other experts’ studies, she earned a PhD in nursing research. During her doctoral studies, “I discovered that your treatment options and cancer outcomes may vary based on your skin color,” Yeager says.

Additionally, “African Americans are more likely to be diagnosed with cancer at a later stage, and their symptoms may be different or more severe,” she has found. “These disparities come from many factors. Access to care is key, but we also discovered that unconscious bias of health care providers may also contribute. Studies have shown that, compared with others, African Americans can go to the emergency room for the same injury, such as a fractured bone, and get different treatments. They may get less pain medication compared with white patients with the same diagnosis.”

Citing the 2002 Institute of Medicine report Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Yeager notes that research demonstrates significant variation in the quality of medical care by race, even when insurance status, income, age, and severity of conditions are comparable. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical

Disparities come from many factors. Access to care is key, but we also discovered that unconscious bias of health care providers may also contribute. —Kate Yeager
If we can find an inflammatory marker related to fatigue, then perhaps we can use anti-inflammatory drugs to prevent or treat cancer-related fatigue. My ultimate goal is to find a biological target to help patients in the future.

—Canhua Xiao

Canhua Xiao PhD RN, assistant professor, came to Emory as a postdoctoral fellow to work with Bruner, who was her PhD adviser at University of Pennsylvania. Bruner was instrumental in helping Xiao hone her research interests.

While a postdoc, Xiao earned a five-year NIH Pathway to Independence award to study the role of pro- and anti-inflammatory signaling in fatigue in head and neck cancer patients. This year, Xiao received a $1.5 million National Institute of Nursing Research grant to study the epigenetic mechanisms of inflammation and fatigue in the same patients.

“We are looking at people who are receiving radiotherapy, particularly a technique called IMRT (intensity modulation radiation therapy),” explains Xiao. “Compared with traditional radiotherapy, IMRT can target more of the radiation dose to the tumor while avoiding normal tissue. This technology can reduce radiation-related side effects. It is shown to reduce symptoms of dry mouth, but for some reason, people receiving this new type of radiotherapy experience more fatigue.”

Although fatigue is the most common side effect of any cancer treatment, it is unclear why head and neck cancer patients experience high rates of severe fatigue. Patients with these cancers—which occur in the oral cavity, pharynx, larynx, salivary glands, paranasal sinuses, and nasal cavity—experience other side effects at a higher rate than other cancer patients.

“If we can find an inflammatory marker related to fatigue, then perhaps we can use anti-inflammatory drugs to prevent or treat cancer-related fatigue,” says Xiao. “My ultimate goal is to find a biological target to help patients in the future.”

A life worth living

Walter Curran, executive director of Winship Cancer Institute, began working with Bruner in the 1980s when he was a junior faculty member at Fox Chase Cancer Center in Philadelphia and Bruner was chief nurse in the radiation oncology department.

“Deb is a major leader of research who looks at outcomes rather than tumor response and survival,” Curran says. “In quality-of-life factors like patient symptoms, she really is one of the national leaders in defining the metrics for factors that can’t be measured by doctors and caregivers. They had to be measured by patients themselves for incorporating into research.”

That point is not lost on Linda McCauley, dean of the School of Nursing. “As nurses,” she says, “we really can see things we believe other health professionals don’t ever get to see because of the level of trust patients give us.”

While Bruner has been long away from clinical nursing, her research and that of other Emory nurse scientists is driven by a desire to minimize the physical, emotional, and financial effects of cancer treatment on patients and families.

“We need more research and more research funding dedicated to care and compassion,” she says. “Care and compassion is mostly a nurse, standing at a bedside, trying to care for a human being and trying to give them not just a long life, but a life worth living.”

procedures and experience a lower quality of health services. “This report has done a lot to describe this pattern of inequitable care, but we have more work to do to reduce these health disparities,” says Yeager. She just finished gathering data for an NIH-funded project examining individual, social, and neighborhood factors in opiate pain medication adherence among African American cancer patients. While final study results are pending, the data clearly show that multiple factors play a role in medication adherence.

“We have the medications to help people with their symptoms,” she says. “We need to have a more personalized approach on how they are prescribed, and we need to teach people how to better communicate with their health care providers.”

Another aspect of Yeager’s research seeks to extend care to underserved populations. As co-chair of the NRG Oncology Health Disparities Committee sponsored by NCI, Yeager works with colleagues around the country to better understand health disparities and identify barriers to enrollment of underserved populations in clinical trials.

At Winship Cancer Institute, she also completed a study to develop and test two recruitment videos for breast cancer clinical trials. One video targets African American women, and the other all other patients. Her pilot project aims to standardize education on breast cancer trials and learn how providers influence patients’ decisions to participate in clinical trials.

“One percent of all cancer patients participate in clinical trials, and the minority percentage of that 3 percent is very small,” Yeager says. “We have completed surveys across the NRG Oncology cooperative group to better understand what works and what does not.”

Alleviating cancer fatigue

Canhua Xiao PhD RN, assistant professor, came to Emory as a postdoctoral fellow to work with Bruner, who was her PhD
S
ome years ago, Jill Hamilton had an epiphany while driving on a stretch of highway in North Carolina. As was her custom, she had turned off the radio to think, this time about a nursing project built around spirituality and how religious songs are used in the African American community.

“You can do this,” the nurse researcher thought to herself. “You know the methods. You know how to interview. You know how to analyze the data. You can do this.”

Hamilton PhD RN FAAN followed her instincts, resulting in a series of studies examining how older African Americans use religious songs to cope with stressful life events, including serious illnesses like cancer. Her studies are based on audio and videotaped interviews—184 to date—with African American men and women in rural and urban North Carolina, who describe how a religious song helps them endure. She began collecting their stories in 2008. The interviews continue to be a source of study and inspiration for Hamilton, who rejoined Emory’s School of Nursing last year. Included in a research presentation for her BSN students is a photo of the small, white-draped church she attended as a girl in Black Mountain, North Carolina. Many of her study participants grew up similarly, listening to songs, psalms, and prayers learned in church and school or at home from beloved family members. As Hamilton has documented, these songs and verses provide comfort to older African Americans before they die off with the older generation.

“Many people memorize songs when growing up but forget about them until something happens that shakes them,” says Hamilton, who was a Georgia Cancer Coalition Distinguished Scholar during her first tenure at Emory. “When you’re growing up, you’re happy, and everything is fine. Then later on in adulthood, someone tells you, ‘you’ve got cancer.’ And you think, ‘Cancer means I’m going to die.’ Cancer patients have told me, ‘Once I got myself together, I remembered this song my grandmamma or granddaddy sang to me.’”

Hamilton first witnessed the healing power of religious song at a funeral in eastern North Carolina. When members of the congregation were invited to speak, an older African American gentleman went to the microphone and began to sing.

“He sang it as a source of comfort to the family. I put on my headphones and began to sing. ‘I’ll never hear that particular song before,’ Hamilton recalls. “He sang it as a source of comfort to the family. I put on my research hat in the back of that church. I knew I had to capture what he said. Why should a nurse study religious songs? Still, Hamilton held fast to her idea, guided by her epiphany in the car, and eventually published her findings in journals such as The Gerontologist (2012), Nursing Research (2013), and Cancer Nursing (2016 and 2017). The consumer magazine Good Housekeeping also featured her work.

While the link between religion and mental health is well established, Hamilton’s studies are the first to focus specifically on religious songs and African American cancer survivors. Early on, when she showed some of her video interviews to a group of breast cancer survivors, they told her, “We need this.”

“This is not about music therapy,” Hamilton emphasizes. “Religious songs transport people. They take you from a situation where you are stressed or sad back to a place where you felt safe and loved.”

In an article published in Cancer Nursing this year, Hamilton notes that African Americans may view cancer as a punishment from God and a death sentence. Statistics support the latter, 50 years ago, African Americans had an overall five-year cancer survival rate of 27 percent.

Today, their overall five-year survival rate is 62 percent. More and more, African Americans successfully complete their cancer treatment despite the negative perceptions they may hold. “Spirituality and religious beliefs were complementary strategies to treatment that enabled these participants to overcome their fears and anxieties, to endure treatment, and to find meaning and purpose in their illness experience,” Hamilton writes.

Although their survival rates have greatly improved, African Americans continue to have a higher burden of cancer, the result of disparities such as low income, limited health care access, less than optimal treatment delivery, and lower rates of health literacy. “So, what are we missing from this group?” the author asks in her article.

Hamilton offers an idea. When their patients seem anxious or depressed, oncology nurses should ask them about their favorite song or Bible verse.

“If they tell you about a song or verse that might be helpful, note it in their chart, and when they get stressed out, can’t sleep, or are in severe pain, help them recall the words,” says Hamilton. “You can use this strategy for anyone. The nurse can write some of the words on the board in the patient’s room.”

But what if a nurse feels uncomfortable talking about religion or faith? “You can acknowledge their beliefs, even if you don’t share them,” Hamilton suggests. “That makes them feel valued, that makes them trust you. And if they trust you, then you can engage them more in their health care.”

Hamilton plans to pilot a new study involving African Americans with late-stage cancer at Atlanta’s Grady Memorial Hospital. She will show them some of the video interviews she’s collected to determine if the stories and songs help relieve their psychological distress. As intended, her video subjects come from a range of socioeconomic backgrounds.

“If you show people a video of others like them who survived cancer, viewers will think, ‘I can survive too’.”

Long term, Hamilton would like to turn the videos into a DVD to share with faith-based institutions and community groups. These videos also could serve as a valuable training tool for health care providers and nursing, social work, public health, and pharmacy students.

“We need these stories,” she says, “because they represent a legacy of sustainability and hope.”

Jill Hamilton documents how religious songs help cancer patients endure

By Pam Auchmuyet

When their patients seem anxious or depressed, oncology nurses should ask them about their favorite song or Bible verse. “If they tell you about a song or verse that might be helpful, note it in their chart, and when they get stressed out, can’t sleep, or are in severe pain, help them recall the words.”—Jill Hamilton
How Are You Feeling Today?

A child-friendly app boosts symptom reporting accuracy in young cancer patients

By Laura Raines • Photography by Ann Borden

In the battle against cancer, new drugs and therapies make the news. Behind the scenes, pediatric nursing researcher Janice Withycombe PhD MN RN CCRP knows that better care leads to better outcomes for young cancer patients, their families, and clinicians.

“Children with cancer will teach you how to live,” says Withycombe, assistant professor in the School of Nursing. “Children are incredibly resilient. One way that we can help them through treatment is to recognize and treat symptoms that can impact their quality of life.”

Upon joining Emory in 2015, Withycombe found a strong mentor in oncology nursing researcher Deborah Bruner PhD RN FAAN and a strong connection with the Children’s Healthcare of Atlanta Aflac Cancer Center, one of the largest and best in the country.

“Childhood cancer is rarer than adult cancer. In order to do our best work, pediatric oncology researchers have to band together,” Withycombe says.

Accurate and effective communication is at the heart of her research, which focuses on symptom identification and management in children undergoing cancer treatment and patient/family education for children newly diagnosed with cancer.

Giving children a voice

In the United States, about 15,000 children and adolescents are diagnosed with cancer each year. While most adult cancer patients don’t participate in a clinical trial, the majority of children are enrolled because that has become the standard of care.

The federal government mandates that adverse events (AE) during any cancer trial be collected and recorded. There are 790 AE terms according to the National Cancer Institute’s Common Terminology Criteria. Almost a third of the AE terms have some subjective component, such as pain, fatigue, or depression.

Research shows that parents or clinicians most often report a child’s symptoms, but their rating doesn’t always reflect the child’s experience. And they often under-report the burden of cancer and treatment on the patient.

“We were missing the child’s voice, so our team designed a survey for the iPad that children can use so they can tell us how they’re doing,” Withycombe says.

The Pediatric Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE) includes 130 questions that...
assesses 62 symptoms. Its language is kid-friendly, based on what researchers discerned from talking with 117 children with cancer, from ages 7 to 15, at seven hospitals in the United States and Canada. All of the hospitals are now testing the survey.

“When I asked a young patient what she thought of the survey, she said, ‘It was easy, because it was all about me.’ That’s exactly what we were trying to do—make it easy for children to tell us how they are feeling and functioning during therapy,” says Withycombe. When adopted by more institutions, the pediatric PRO-CTCAE has the potential to increase the accuracy of symptom reporting in clinical trials and improve the care given to young cancer patients.

Better education, better outcomes

A second research focus for Withycombe stems from her involvement with the Children’s Oncology Group (COG), the world’s largest coalition devoted to pediatric and adolescent cancer research. Its 224 member hospitals and cancer centers treat the majority of pediatric cancer patients.

“A few years ago, the COG Nursing Discipline was looking for its next big project. We wanted a topic that hadn’t seem much research and one that would make a big difference,” she says. “We couldn’t find much in the literature about patient/family education for newly diagnosed patients, so a five-year blueprint for COG nursing was designed focusing on how to better educate families.”

Depending on their diagnosis, young cancer patients are often hospitalized, from several days to a month, before being sent home under the care of their parents.

“We expect a lot from those parents, “ says Withycombe. “They need to become medical moms and dads. They monitor symptoms, manage medications, oversee nutrition, and juggle medical appointments in addition to normal family routines. They need to be well prepared for discharge. We know that preparedness affects patient outcomes.”

A close scrutiny of discharge education would not only help families, but also pediatric oncology nurses responsible for teaching parents what they need to know. Research teams conducted studies to ask institutions about the content of discharge information and when and how they delivered it.

“We learned that hospitals differed on what they taught and who taught it,” says Withycombe. “There were no best practices overall, and no national certification for training educators.”

Knowing how traumatic a cancer diagnosis is for families, researchers used another study to survey parents about the timing and helpfulness of the instruction they received. Researchers learned that receiving information from different clinicians (doctors, nurses, pharmacists, and psychologists) could add to parents’ knowledge but also overwhelmed them. Also, few hospitals took parents’ individual learning styles into consideration.

When researchers asked different experts about what topics parents were taught, they found a range of subjects. However, 90 percent of those surveyed agreed on 10 topics they considered mandatory for teaching prior to a patient’s discharge.

In October 2015, the research team held a symposium that brought together oncology experts to discuss patient/family education. Afterward, the team developed consensus on recommendations regarding better practices for providing patient/family education for newly diagnosed cancer patients. Recommendations include making the education family-centered and giving the family adequate time and support for receiving care instructions.

“Teaching should be an interprofessional responsibility, with standardized content but with individualized delivery methods,” says Withycombe. “The message should be consistent and focus on three areas: diagnosis/treatment, psychological coping, and care of the child.”

Just as important, the education should continue across the continuum of care in a supportive environment to optimize learning. “We need to help parents learn, and part of this happens through them asking questions,” she says.

Her group published its recommendations in the Journal of Pediatric Oncology Nursing in December 2016. Their work provides a baseline understanding of the best way to teach parents, which better equips health care providers and their patients. There is more work to be done.

“For so long, patients have had to focus on taking their medication, adhering to treatment, and avoiding infections,” says Gillespie. “So they typically aren’t screened for noncommunicable diseases like cancer, diabetes, or cardiovascular disease.”

The Synergy Award study is intended to help change that. “Eventually,” says Wells, “we’d like to use the information we gather to formulate national guidelines for clinicians to make cancer screenings routine for patients living with HIV.”—Pam Auchmutey

For more information about the Children’s Oncology Group, see www.childrensoncologygroup.org.

A new light on disparities

Cancer & HIV

While collaborating with clinical colleagues in rural southwest Georgia, cancer researcher Theresa Gillespie 81N’89PhD learned a surprising fact. The region has one of the state’s largest HIV/AIDS populations outside of metropolitan Atlanta. And very few of them were screened for cancer.

As of 2015, a clinic in Albany, Georgia, had treated 1,080 patients—men and women, white and black—for HIV/AIDS. Of those, the number screened for cancer was in the single digits. Essentially, she recognized another health disparity.

“The problem is that all of the evidence related to health promotion and cancer screenings have been collected outside of HIV positive populations,” says Gillespie, professor of surgery at Winship Cancer Institute. “We don’t know why clinicians don’t refer HIV patients for cancer and other health screenings. And we don’t know why patients don’t take up that activity.”

Gillespie and Jessica Wells 12PhD RN, assistant professor in the School of Nursing, plan to find out as co-leaders of a pilot study on cancer screening and early detection among people living with HIV/AIDS. They are talking to patients and providers at Grady Health System’s Ponce Center in Atlanta and the Ryan White Primary Care Clinic in Albany to determine what they know about cancer screening and HIV.

The project, funded by a Synergy Award from the Woodruff Health Sciences Center, stems from Wells’ and Gillespie’s long-time interest in cancer and health disparities.

When Wells was a PhD student at the School of Nursing, she studied treatment adherence among African American women with breast cancer. The good news: her findings showed that patients completed their chemotherapies. The bad news: she realized the field of breast cancer research was saturated.

Wells switched gears. She began to develop national screening guidelines for anal cancer that clinicians can refer to,” says Wells. “Screening is very physician-dependent.”

Among her current projects is a study characterizing the anal microbiome of HIV-infected and non-infected women to determine cancer risk. Gillespie is mentoring Wells on her study, funded through Winship by the American Cancer Society.

“Does the microbiome play a role in HPV resistance? Does it play a role in precancerous lesions? We don’t know,” says Wells.

Health experts do know that treatment advances have extended the lives of people with HIV/AIDS. Because they are living longer, they are at risk of cancer and other diseases. Why then are HIV patients less likely to be screened for them?

“For so long, patients have had to focus on taking their medication, adhering to treatment, and avoiding infections,” says Gillespie. “So they typically aren’t screened for noncommunicable diseases like cancer, diabetes, or cardiovascular disease.”

A study by the American Cancer Society discovered that the majority of anal cancer cases are caused by HPV (human papillomavirus), and screening is similar to the Pap test for cervical cancer, but it’s done in the anal canal, she says. “But for some reason, the screening is not being done. And just like cervical cancer, anal cancer presents with precancerous lesions before progressing to cancer.”

There is an important difference. “Unlike cervical cancer, there are no read about other cancers and learned that anal cancer rates were skyrocketing among patients with HIV.

“The majority of anal cancer cases are caused by HPV (human papillomavirus), and screening is similar to the Pap test for cervical cancer, but it’s done in the anal canal,” she says. “But for some reason, the screening is not being done. And just like cervical cancer, anal cancer presents with precancerous lesions before progressing to cancer.”

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The Synergy Award study is intended to help change that. “Eventually,” says Wells, “we’d like to use the information we gather to formulate national guidelines for clinicians to make cancer screenings routine for patients living with HIV.” —Pam Auchmutey

For more information about the Children’s Oncology Group, see www.childrensoncologygroup.org.
She attributes her career choice to parental wisdom, an interest in medicine, and her volunteer experiences. Scher 17N, her twin brother, and older sister grew up in New Jersey, where their father is an adult oncologist and their mother a radiologist. “Our parents didn’t push us into medicine,” she says. “They told us about the difficult things they had to deal with and the rewards of it. The three of us volunteered as counselors at camp for children with cancer or whose parents had cancer. We saw cancer from both sides and how resilient children could be. Ever since then, there’s no other population I’ve wanted to work with.”

Once in college, Scher thought about which work setting fit best with her interest. “I saw myself in the hospital at the bedside, spending time with patients, assessing them, seeing how they change from morning to night or night from morning,” she says. “Being there for their best moments and their worst moments and being able to support them. That is what nursing allows me to do.”

Scher has prepared for those moments guided by Emory faculty members like Jeannie Weston EdD MSN RN. She was paired with Weston for Saturday pediatric clinicals at Children’s Healthcare of Atlanta at Egleston. The 14-hour days were well worth it.

“Professor Weston taught us assessment skills and how important it is to listen to your patients,” says Scher. “If we weren’t doing something for one minute, she’d find another patient for us to learn about. She taught us about patient-centered and family-centered care and how to put your patient first, which translates into any nursing specialty.”

This past year, Scher helped establish Atlanta Pediatric Cancer Outreach, a student organization that serves pediatric cancer patients and families. Scher served as vice president of the organization, which prepares meals for families at the Ronald McDonald House and raises money to provide wigs for children with hair loss and other projects. The No. 1 goal of the group: “We want to help make children happy,” says Scher.

She is now set to begin her career as a new BSN graduate. In July, she entered the nurse residency program on the bone marrow transplant unit at Emory University Hospital, where she will rely on the skills and values learned at the School of Nursing and during her externship at M.D. Anderson Cancer Center in Houston last summer.

“Every patient experience is different,” Scher reflects. “Some are in and out of the hospital multiple times, and many are cured of their disease. It’s important to think long term about how that will affect them. Listening to them makes a huge difference in their care. That’s the most important lesson I’ve learned.” —Pam Auchmutey

Rachel Scher tends to make up her mind early.

In eighth grade, she told her mother that she wanted to work with children who have cancer. In high school, she applied to Emory College through its early-decision program. During her freshman year, she decided to go to Emory’s nursing school to become a pediatric oncology nurse. Then in her sophomore year, she received a Dean’s Scholarship Award, which is supported by gifts to the Nursing Scholarship Fund.

She attributes her career choice to parental wisdom, an interest in medicine, and her volunteer experiences. Scher 17N, her twin brother, and older sister grew up in New Jersey, where their father is an adult oncologist and their mother a radiologist. “Our parents didn’t push us into medicine,” she says. “They told us about the difficult things they had to deal with and the rewards of it. The three of us volunteered as counselors at camp for children with cancer or whose parents had cancer. We saw cancer from both sides and how resilient children could be. Ever since then, there’s no other population I’ve wanted to work with.”

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“Professor Weston taught us assessment skills and how important it is to listen to your patients,” says Scher. “If we weren’t doing something for one minute, she’d find another patient for us to learn about. She taught us about patient-centered and family-centered care and how to put your patient first, which translates into any nursing specialty.”

This past year, Scher helped establish Atlanta Pediatric Cancer Outreach, a student organization that serves pediatric cancer patients and families. Scher served as vice president of the organization, which prepares meals for families at the Ronald McDonald House and raises money to provide wigs for children with hair loss and other projects. The No. 1 goal of the group: “We want to help make children happy,” says Scher.

She is now set to begin her career as a new BSN graduate. In July, she entered the nurse residency program on the bone marrow transplant unit at Emory University Hospital, where she will rely on the skills and values learned at the School of Nursing and during her externship at M.D. Anderson Cancer Center in Houston last summer.

“Every patient experience is different,” Scher reflects. “Some are in and out of the hospital multiple times, and many are cured of their disease. It’s important to think long term about how that will affect them. Listening to them makes a huge difference in their care. That’s the most important lesson I’ve learned.” —Pam Auchmutey

Rachel Scher (right) credits Jeannie Weston, assistant clinical professor, with teaching her how to put patients first, which applies to any nursing specialty.

Gifts to the Nursing Scholarship Fund defray the cost of tuition for high-achieving Emory nursing students like Rachel Scher. To learn more, contact Margot Early, associate director of development, at 404-727-5291 or margot.early@emory.edu.
FROM THE CHIEF NURSE EXECUTIVE

A blueprint for the future

Last fall, Dean Linda McCauley and I traveled to Washington, D.C., for the rollout of a pivotal document on enhancing the partnerships between nursing schools and academic health centers across the nation. The report, published by the American Association of Colleges of Nursing (AACN), has proven to be a great conversation starter.

After I joined Emory Healthcare (EHC) in November, Dean McCauley and I began talking about how to transform nursing at Emory. While the School of Nursing and EHC have a history of partnering together, the time had come to do more to serve the growing number of EHC patients and advance nursing science in reforming our health care system.

We took our first step in March at a retreat for School of Nursing and EHC nurse leaders, using the AACN report—Advancing Healthcare Transformation: A New Era for Academic Nursing—as our guide. Transforming health care, the report states, requires greater emphasis on interprofessional, team-driven practice, education, and research to improve clinical care. We must also evaluate how well curricula prepare nurses for new models of care.

At Emory, nursing faculty and EHC nurses will play an integral role by:
- Preparing nurses to be full partners in transforming health care
- Emphasizing evidence-based practice and critical thinking
- Developing leaders to advocate for what is right for patients and families
- Providing continuing education to help nurses better meet the complex needs of patients and be leaders in informing decision-making, and
- Assessing and serving patients and communities more effectively through inquiry, critical decision-making, and intervention.

These ideas, Dean McCauley and I agree, will form a blueprint for aligning the nursing school and EHC under the name “Emory Nursing.” More work remains to jointly finalize a structure and details for our alignment. With the strong nursing excellence that exists across EHC—three of Atlanta’s four Magnet hospitals are Emory Healthcare hospitals—we are poised as a national role model.

One of the things that drew me to Emory was the opportunity to work across practice, education, and research. Whether you work for Emory Healthcare or the School of Nursing, we are all part of academic nursing because we live under the same mission—better health for patients and communities. The opportunity is to embrace it together.

Sharon Pappas PhD RN NEA-BC FAAN
Chief Nurse Executive
Emory Healthcare

A new space for Emory’s BMT Unit

When Emory University Hospital’s new tower opens this summer, Catherine Caprara 15MN will be among the dozen advanced practice providers and 50 nurses who will move into the bone marrow transplant (BMT) unit’s new space across the street from the main hospital on Clifton Road.

The move is good news for the 45 to 50 patients at a time who typically stay in the hospital two to six weeks, depending on their type of transplant. With 48 beds on 9T North, the unit’s new 36,959-square-foot home will more than double its current space and better accommodate patients. Currently, about half are in the BMT unit on 8E and the rest in various other units throughout the main hospital.

The move also promises many benefits in the challenging BMT environment where Caprara oversees patients undergoing chemotherapy and active transplant or manages complications following their transplant.

“Working in this unit requires meticulous attention to detail, while balancing a holistic approach to the patient and the family’s needs,” she explains. “It takes a highly skilled, interdisciplinary team to coordinate a transplant, including nurses, physicians, advanced practice providers, pharmacists, and social workers. Having our patients on the same unit in the new tower will allow for highly skilled and experienced BMT nursing staff to closely observe and care for them.”

The new BMT unit’s nurse call system will support enhanced communication among patients, families, and staff. A visitor management system will help control access to the patient care area. Unit corridors will consist of alcove spaces throughout with alternating wash stations and computer workstations as well as spaces for personal protective equipment such as gloves, isolation gowns, eyewear, and masks.

New hospital tower amenities will benefit patients and their families, says Emily Bracewell RN, BMT unit director. Food services and Winship Cancer Institute’s boutique and outpatient pharmacy will be on the second level. The BMT unit’s patient activity room will have stationary bicycles, and a family lounge will provide refrigerators, a microwave, and a bathroom with a shower. A meditation room for patients, families, and staff will be available, as will offices for the unit’s two social workers.

Being able to better serve BMT patients in the new nine-level tower is another good reason why Caprara calls 2017 her year of gratitude.

Growing up in Atlanta, she knew Emory’s reputation and embraced the chance to join its medical community when she graduated from nursing school in 2012. She was selected for Emory’s six-month residency program, which provides focused training and education for newly minted nurses in the specialties for which they are hired. Within her first month of starting as a nurse in oncology, she felt a deep connection to the specialty.

“Suffering re-calibrates someone’s world. The bedside nurse is privileged to journey with his or her patients and help navigate some of their most difficult undertakings,” Caprara says. “I learned what a tremendous impact that a caring and committed nurse can have on the lives of patients and families.”

In 2014, Caprara decided to transition from bedside nursing to the “head of the bed” as a nurse practitioner. Awarded the Sabrina Williams Scholarship for Continuing Education, she spent 18 months balancing classes five days a week at the School of Nursing, doing graduate clinical rotations, and working weekend shifts as an RN. By December 2015, she had completed her MSN in adult-gynecology acute care.

The skills and knowledge acquired in her graduate studies provided the foundation for a lifetime as a nurse practitioner, but she credits her patients for molding her into the oncology care provider she is now. Approaching her one-year anniversary as a BMT nurse practitioner, Caprara readily embraces the lifelong responsibility of mastering the art of her evolving profession. She recently completed her post-master’s in hematology. Her next goal: studying for the boards to become an Advanced Oncology Certified Nurse Practitioner.

The hardest part of her job is finding an emotional balance amid a heartfelt investment in her patients.

“There’s undoubtedly a significant emotional burden for patients and families. You learn to manage that stress. But the positive impact on patients and families is what makes it all worthwhile.”

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Guiding cancer patients in clinical trials

On occasion, Colleen Lewis DBMN administers a new drug to a hopeful patient for the very first time. The drugs are always experimental and as of yet unapproved by the U.S. Food and Drug Administration. The treatments may or may not work. Yet day after day, Lewis’s patients suffer up their time for clinical trials, hoping that research results may benefit themselves or others dealing with cancer. “These patients are some of the most generous people I’ve ever met,” says Lewis, lead nurse practitioner in the Phase I Clinical Trials Unit at Winship Cancer Institute. “Even when they’re dealing with a difficult diagnosis, they’re asking how they can give back and help others.”

Lewis came to the job after graduating from Emory’s School of Nursing, just as plans for the Phase I Unit were being developed. As lead nurse practitioner, Lewis supervises patient care and safety at the unit, while serving as a co-investigator on more than 50 research trials. She collaborates daily with physicians, pharmacists, advanced practice providers, nurses, and Emory ethicists to ensure meticulous research protocols and conscientious clinical care.

“Everyone here has special training to not only provide excellent patient care but to also pay extraordinary attention to data collection,” she says. “It’s important to us to get everything right so the patients’ time in the clinical trials is meaningful.”

Lewis had an early start in the oncology field. “My mom’s an oncology nurse in Florida,” she explains. “As a kid, I would help volunteer at events such as Celebration of Life.” Later on, Lewis spent summers working in her mom’s hospital and was inspired by the oncology staff’s passion and commitment.

“Seeing the dedication of my mom and other people around her really drew me into the field,” says Lewis. “For me, it’s important to come to work not just to do a job but to serve a purpose. I wanted to know everyday when I came into work that I was making an effort to serve others.”

In recognition of her dedication and service, Lewis is a past recipient of the Katie Ferraris Taylor Oncology Nursing Fund Award for continuing education. She used her scholarship to become an Adult Oncology Certified Nurse Practitioner. Lewis was among the nurses who cared for Taylor, who died of a rare form of leukemia in 2003.

At the Phase I Clinical Trials Unit, Lewis oversaw early immunotherapy research and then watched it evolve into a mainstream and effective cancer treatment. “We see better responses and better quality of life for some patients, so really it’s a best-case scenario,” she says. “It’s a reminder that while we have a lot of work to do to advance cancer research, we have made a lot of progress in the past few years.”

While many patients have exhausted standard treatment options by the time Lewis meets them, she focuses on what she can provide to them. “For me, it’s an honor to be part of their journey. Their disappointments motivate me to work harder every day. Even if the outcome is not what we want, I can be here to help manage their pain, focus on their quality of life, and ensure they have a pleasant experience while they’re here with us.”—Marlene Goldman of herself helps her recommit to her patients “110 percent” when she returns to work.

“I absolutely love what I do and am blessed to collaborate with a nursing staff and medical team that shares this passion,” she says. “There’s nursing and there’s oncology nursing, and those who understand the difference will tell you it’s a life changing privilege.”—Markanne Goldman

Way to go, School of Nursing!

Colleen Lewis and Taofeek Owonikoko confer with T. Kearney in the Phase I Clinical Trials Unit at Winship Cancer Institute. Lewis is the lead nurse practitioner in the unit.

No. 4 in U.S. News rankings

U.S. News & World Report ranked Emory 4th among U.S. nursing schools in its 2018 edition of America’s Best Graduate Schools. Emory’s specialty program rankings include Family Nurse Practitioner (No. 8), Adult/Gerontology Primary Care (No. 13), Adult/Gerontology Acute Care (No. 15), and Nurse-Midwifery (No. 16).

Top-ranked graduate nursing schools for 2018:

No. 1: Duke
No. 2: Johns Hopkins
No. 3: Penn
No. 4: Emory
No. 5: Ohio State
No. 6: Washington (tied)
No. 6: Yale (tied)
No. 8: Columbia
No. 9: Pittsburgh
No. 10: Maryland–Baltimore

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INNOVATION | Making music to help people with HIV

Taking antiretroviral medication each day is an absolute necessity for people living with HIV. Without strict adherence to their treatment regimen, they risk further illness or spread of the disease.

To combat the problem, nursing professor Marcia Holstad 77MN PhD FNP-BC FAANP FAAN created the LIVE Network, a 70-minute simulated talk show and music program to educate and motivate men and women about their health and taking their medication. The network covered topics such as T-cells, viral load, and dealing with side effects from disease and medication. The music—12 songs from different genres—made learning about HIV enjoyable in keeping with the program theme of “every dose, every day.”

When Holstad tested the LIVE Network a few years ago, study participants asked if they could share the MP3 program with family members to help them understand what it means to be HIV positive. Some participants used the program to disclose their HIV status.

Holstad saw great potential in the LIVE Network as an education tool for HIV clinicians and had a developer repackage it as a smartphone application called Music for Health. The app includes 12 songs with music videos and content and web links related to HIV, medication adherence, and symptom self-management. A total of 149 adults, predominately African American, evaluated Music for Health at six sites in rural Georgia. Holstad and her collaborators in Emory’s schools of medicine and nursing are now analyzing four years’ worth of data. What have researchers found thus far?

“We learned that we need to keep participants interested,” says Holstad. “Our app was built to include all 12 songs at one time. Ideally, it would be better to roll out a new song every few months and add some type of engagement to keep people’s interest. But people definitely liked the app and told us they shared the information with their children, grandchil- dren, and nieces and nephews.”

A nurturing partnership

Months before Margaret Mae Mutic was born last fall, she was part of Emory’s nursing family. Her parents, Abby and Nathan Mutic, are researchers in the School of Nursing, and the midwives who cared for Abby, who coincidentally is also a midwife, are graduates of the school.

Just as important, these same alumni are educating future midwives through a new clinical partnership involving their practice, Atlanta Birth Center, and the School of Nursing. The center’s midwives—Anjli Himman 06N 08MNP, Sara Edwards 94MN 94MPH, Crystal Bailey 06N 07MN, and Erin Graham 12N 12MNP—teach a class onsite on labor techniques and out-of-hospital birth for Emory nurse-midwifery students. They also serve as student preceptors and help conduct simulation training at Emory.

The collaboration is a natural one, given each partner’s commitment to growing nurse-midwifery as a practice specialty and health care option for women. Open since last summer, Atlanta Birth Center is the only freestanding birth center in Atlanta and one of 300 such centers nationwide.

“We want students to experience what the birth process looks like in a wide range of midwifery models of care and settings—from labor and delivery units, obstetrical practices, and health departments to urban and rural communities,” says Carolyn Cleveinger 02MN DNP GNP-BC AGPCNP-BC FAANP, associate dean for clinical and community partnerships. “Atlanta Birth Center provides yet another way for students to learn about the birth process outside of the hospital setting.”

It also helps fill a critical health care need. According to the American College of Nurse-Midwives, nearly half of all U.S. counties lack a single obstetrician/gynecologist, while 56 percent are without a nurse-midwife.

To fill the void, Atlanta Birth Center uses a holistic approach to pregnancy, childbirth and birth. Women have more birth options, selecting hands-on care before, during, and after birth, the practice model is guided by each woman’s needs. Center midwives develop trusting relationships with families that result in confident, supported labor and birth where medical intervention is the exception. The model centers on the body’s natural biological processes for birth. Women have more birth options, such as water births, and a greater sense of control over health care decisions.

“Our goal is to be a sanctuary that nurtures the lives of women and their families,” says Himman, co-founder and executive director of Atlanta Birth Center. “We are here to provide a community where birth is embraced as the most fundamental part of a conscious and connected human experience.”

A nurturing partnership

Anjli Himman is co-founder of Atlanta Birth Center, where Emory nurse-midwifery students learn about labor and out-of-hospital births in a home-like environment.

Notes from the Field

Student interest in global health has never been stronger. This past year, a record number of students worked at clinical sites in the Dominican Republic, Jamaica, the Bahamas, Puerto Rico, and other locations. For the first time, faculty members Ursula Kelly PhD FAANP and Gladys Justino Lazo DNP RN accompanied students to Nicaragua to work with the organization Comuni- dad Correct on health promotion and preventive care. Last fall, four Emory midwifery students trained midwives in rural Guatemala in a project piloted by faculty members Jennifer Foster PhD FACNM FAAN and Sydney Spangler PhD CNM. The School of Nursing launched the project in partnership with the Guatemalan ministry of health and Casa Materna Ana Sayre, a birthing center founded by retired Presbyterian minister Anne Sayre 57N. The center seeks to reduce maternal and infant mortality in a region where mothers often walk several hours to seek care. It houses women in the final days of pregnancy and transports them to a nearby medical facility for safe delivery.

Molly Jobe 16MN helped train nurse-midwives in the village of El Rancho in central Guatemala.
Corrine Abraham 85MN DNP RN, clinical assistant professor. “She strategies into her classes to enhance student engagement, ” says with grace, humor, and sensitivity.

In her classes, she engaged both faculty and students in learning health with patients, a topic that clinicians often shy away from. Therapist, Lehr advocated open and honest talk about sexual a highly popular course on human sexuality. A certified sex she taught mental health and psychiatric nursing, including as a clinician, teacher, colleague, and alumni leader.

In 2009, Lehr received the J. Pollard Turman Service Award, Emory’s highest service honor for alumni. It was one of many Emory's highest service honor for alumni. It was one of many leadership, compassion, service, and integrity that we all aspire to advance research, education and practice.

Lehr also shined as an alumni leader. In the mid-1970s, she helped reorganize the Nurses’ Alumni Association Board, which she led for four terms as president. At the university level, she served on the Emory Alumni Association Board of Governors. She also represented the School of Nursing on Emory’s Capital Campaign Committee and co-chaired the MyEmory fund-raising campaign.

In 2009, Lehr received the J. Pollard Turman Service Award, Emory’s highest service honor for alumni. It was one of many honors she received in her lifetime. This year, the Class of 2017 honored her with its Heart of the Students Award.

“For nearly 60 years, Sally was the heart of our school,” says Dean Linda McCauley. “She represented the highest levels of leadership, compassion, service, and integrity that we all aspire to live by in our daily lives.”

MEMORIAL GIFTS may be made to the Sally T. Lehr Scholarship Fund to benefit students interested in psychiatric-mental health or human sexuality. To give online, visit emry.link/ Lehr-scholarship. Or make checks payable to Emory University @ NHWSN; Emory University; 1520 Clifton Road, Suite 446; Atlanta, GA 30322; Re: Sally T. Lehr Scholarship Fund.

In April, Dean Linda McCauley spoke at a U.S. Capitol briefing on how Environmental Protection Agency (EPA) rules protect children’s health. She zeroed in on the effects of the insecticide chlorpyrifos, which has been shown to inhibit brain development in young children.

Chlorpyrifos is part of a class of chemicals called organophosphates, which includes the highly toxic warfare agents Sarin and VX. Though banned from residential use in 2001, chlorpyrifos is used routinely to control pests that harm food crops. In 2015, the EPA recommended banning the chemical for agricultural use as well. The new EPA administration has rolled back that decision, prompting the briefing that McCauley attended. In her remarks, she described the threat that chlorpyrifos poses to children: “Think about this: Parents who work in fields where chlorpyrifos is sprayed bring that pesticide home on their shoes and clothes. Pesticides drift to playgrounds and play areas outside homes. Once these pesticides enter the home, they’re not degraded by the sun, rain, or wind. Residues can remain on food, and children digest them. We know that children in agricultural communities have more chlorpyrifos metabolites in their bodies. We’re talking about 11 million children living in rural areas in the United States. “In Oregon” the suggestion was made that agricultural families shelter in place when organophosphates like chlorpyrifos are sprayed in neighboring fields. That’s what’s going on in our country today.”

McCauley also pointed to Agent Orange and DDT as precautionary tales of prolonged chemical exposure and the need for evidence-based decision-making to better balance the risks and benefits of chemical use. Agent Orange, used as a defoliant during the Vietnam War, continues to affect the health of veterans and their children. In 1972, the EPA banned DDT, widely used as an agricultural insecticide for 30 years, to prevent harm to wildlife and people.

Watch the briefing at emry.link/EPA-briefing.

NEWS BRIEFS

MARCH FOR SCIENCE | On April 22, School of Nursing faculty, staff, and students joined thousands of marchers in Atlanta and Washington, D.C., to stand up for scientific policies and discoveries that save lives. Amanda Denzer-King (center) participated in the Atlanta march, directed by nursing instructor Jasmine Clark 13G. See more photos at emry.link/march-science.

ANGELA AMAR PHD RN FAAN received two book awards from the American Journal of Nursing. Her book, A Practical Guide to Forensic Nursing, took first place in the critical care/emergency nurs- ing category and third place in the medical-surgical nursing category. Amar, associate dean for undergraduate education, co-wrote the book with Kath- leen Sekula from Duquesne University’s School of Nursing.
**Our nurses are redefining care.**

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**THIS NURSING LIFE | Mary McCabe**

Creating a model in cancer survivorship

On a cold day this winter, Mary McCabe 72N MA set out from home in Virginia and headed to Florida to do something she loved. McCabe, newly retired, didn't go to relax at the beach. She joined colleagues from Memorial Sloan Kettering Cancer Center (MSKCC) for a meeting with Baptist Health’s Miami Cancer Institute to discuss cancer survivorship care and how to set up a survivorship clinic, based on the model she developed at MSKCC in New York City.

Baptist Health is one of numerous health systems, clinics, and private practices that McCabe has advised on the model, designed to help cancer survivors of all ages. Led by a nurse practitioner, the survivorship clinic extends the continuum of care provided by the patient's team of oncology doctors and nurses. The nurse practitioner works alongside them to monitor patients for after-effects of cancer treatment, screen for cancer recurrence, promote health through smoking cessation and other interventions, and communicate with the patient’s primary care physician.

"We've had the privilege of being a resource to institutions around the country and the world," says McCabe, who served as clinical director of MSKCC's Survivorship Center until retiring last year. "In addition to answering emails and phone calls, we hosted more than 100 teams who spent time with us to learn about our model. States and countries have different laws governing advanced nursing practice, so we helped them adapt our model to their home facilities.”

Another key part of her plan was putting nurses in charge of patients' long-term care. "As we thought about how patients should be followed, the focus was about their heart, kidneys, lungs, and endocrine system. This population is complex, and we wanted to make sure they were thriving. We didn't want anyone to fall through the cracks."

"When we surveyed cancer survivors about their unmet needs," she adds, "they told us about services they would like to have. So I added sexual health, fertility preservation, and reproductive endocrinology to my five-year plan." Another key part of her plan was putting nurses in charge of patients' long-term care. "As we thought about how patients should be followed, the focus was about..."Continued on next page
more than screening for cancer recurrence,” McCabe says. “It was about health promotion, rehabilitation, and understanding insurance options. The person in charge needed to have a holistic view of cancer survivorship. What better person than a nurse practitioner?”

Learning from the best
McCabe became a cancer nurse almost by accident. While in nursing school at Emory, she requested a clinical rotation in the ICU. Instead, she was paired with a preceptor named Edith Honeycutt, an oncology nursing pioneer, in one of Emory’s cancer units. “Someone told me, ‘If you want to learn how to take care of sick people, watch her.’” McCabe recalls. “Edith made a tremendous impression on me. I not only learned the clinical aspects of nursing care, but also how to relieve suffering. She opened my eyes to oncology nursing as a subspecialty.”

McCabe began her oncology career in Washington, D.C., at Georgetown University’s Lombardi Cancer Center, eventually serving as director of nursing services. Drawn by the potential of clinical trials to advance cancer therapies, she joined NCI in 1988 and, over the next 15 years, held key positions to help refine the Chang’s Oncology Nursing Program and serve on the adjunct faculty and as a DNP mentor. She is also a host/preceptor for nursing students in the Outpatient Echo Lab at EHC. In 2016, Williams received the EHC Ambulatory Care Clinical Excellence Award in the Transformational Leadership category and was a finalist in the Structural Empowerment category.

CLASS NOTES

1980s

EVE BYRD 86N 98MN/98MPH 17DMP is director of the Center for the Career Center’s Mental Health Program. She previously served on the faculty at the School of Nursing and as executive director of the Fuqua Center for Late-Life Depression at Emory School of Medicine. Byrd graduated from the Doctor of Nursing Practice program this year.

2000s

JANET (RIZZARRY) PEDULLO 01MN received the 2016 outstanding preceptor award from the American College of Nurse-Midwives. She is a nurse-midwife and lactation consultant at Intown Midwifery in Atlanta.

MARRIED JULIE SCHNEIDER 06MN and Michael Levy, on Sept. 6, 2016. She is a nurse practitioner at Emory University Hospital. The couple lives in Atlanta.

JON SOFFER 10N 11MM and his colleagues at Mid-Columbia Medical Center (MCMM) launched a program last year to serve the seasonal farm workers who pick cherries in Oregon’s Columbia River Gorge. MCMM joined with community groups to farm SOMOS (Supporting Oregon and its Migrants by Offering Solutions), which provided a walk in clinic and off-site events to provide health screenings, primary care, and referrals for some 200 workers. “We plan to continue this on an ongoing basis,” Soffer says. “Our hope is that once the migrant farm workers know that we do this, every year when they return, we’ll have more and more of a following.” SOMOS is patterned after Emory nursing school’s Farmworker Family Health Program in Moultrie, Georgia, where Soffer participated as a student.

2010s

JOHN N. KING 060X 11N completed the Ironman Triathlon in Quebec last August. Held in the ski resort town of Mont-Tremblant, the race has one of the harshest Ironman courses. In typical Ironman fashion, the race includes a 2.4-mile swim, 116-mile-bike ride, and a 26.2-mile run. “I trained from the start of the race at 5:30 AM until about the time I finished at 11:30 PM,” says King. “It was cold, wet, and windy, and I was unsure if I was going to finish a few times. I’m pretty sure a few tears were shed as I fought against the rain.”

Knowing his friends and family were cheering him on, he kept pushing and crossed the finish line 16 hours and 33 minutes later, fulfilling a lifelong dream.

DEATHS

1940s

ELISE M. BOWEN 43N of Steeleville, Ga., on Sept. 29, 2016.
HARRIET OWENS McINTOSH 44N of Lakeland, Fla., on Dec. 27, 2016.
CONSTANCE (CONNIE) OSTERLUND LECLERC 45N of Longwood, Fla., on July 15, 2016.
ANNE LAURIE SISSON 47N of Daytona Beach, Fla., on Dec. 8, 2016.
DR. EVANGELINE BLACK LANE 56N of Atlanta, on Nov. 8, 2016.
MARGARET H. ALLEN 57N of Lawrenceville, Ga., on Sept. 25, 2016.
PATRICIA (PAT) MAIGURE STOWELL 58N of Atlanta, on Sept. 2, 2016.

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2016 ALUMNI AWARDS

At Homecoming last fall, the Nurses’ Alumni Association honored four outstanding nurses for their contributions to their profession.

Distinguished Nursing Achievement Award
For a decade, Jacqueline Zalumas ’73MN ’89PLD led the Corrections Technical Assistance and Training Project with the Southeast AIDS Training and Education Center in Emory School of Medicine. Through a series of federal grants, Zalumas evaluated models of training and provided technical assistance and training on HIV and other infectious diseases to medical, law enforcement, and transitional care staff in adult prisons and jails, juvenile detention facilities, and the community. A professor emerita with the School of Medicine, Zalumas served on the nursing faculty at Emory, Mercer University, and North Georgia College and as a nurse at Emory University Hospital. She is a contributor to the Georgia Public Health Oral History Collection in the Manuscript, Archives, and Rare Book Library in Woodruff Library and wrote the book Caring in Crisis: An Oral History of Critical Care Nursing (U. Pennsylvania Press, 1995).

Excellence in Nursing Awards
Ann Nix ’77N/’07MN has been a nurse and nursing leader at Atlanta’s Northside Hospital for nearly four decades. Currently, as manager of quality and education for surgical services, Nix oversees clinical outcomes for surgical patients at the three hospitals within the Northside Hospital Health System. She also practices in adult prisons and jails, juvenile detention facilities, and the community. A professor emerita with the School of Medicine, Zalumas served on the nursing faculty at Emory, Mercer University, and North Georgia College and as a nurse at Emory University Hospital. She is a contributor to the Georgia Public Health Oral History Collection in the Manuscript, Archives, and Rare Book Library in Woodruff Library and wrote the book Caring in Crisis: An Oral History of Critical Care Nursing (U. Pennsylvania Press, 1995).

NAA award winners: Joanne Butler Parks, Jacqueline Zalumas, Anne Sayre, and Ann Nix at the School of Nursing

Anne Sayre ’57N is a retired Presbyterian minister dedicated to serving people in need. She has helped displaced steel workers in Pittsburgh and set up medical clinics in the Dominican Republic. In Guatemala, Sayre worked with church and government leaders to establish a birthing center in the town of Cahabon to reduce the dramatically high rates of maternal and infant mortality in the region. The center was named the Casa Materna Ana Sayre (the Anne Sayre Birthing Clinic) in her honor. It is now the site of a project to train nurse-midwifery students from Emory.

Recent Graduate Award
Joanne Butler Parks ’13N has served as a nurse with the Atlanta VA Medical Center and currently practices with Genitva Health Services to provide home health care and with the Fulton County Health Department, where she has fostered best practices to improve quality health care and access. An aspiring leader, Parks serves on the advisory board for the School of Nursing/VA Nursing Academic Partnership and on the Georgia Nurses Association board of directors as director of staff nurses. She is working toward a master’s degree in psychiatric/mental health nursing and a DNP at the University of Alabama at Birmingham.

HOMECOMING 2017
October 20-22
Spend the weekend at your alma mater to celebrate reunions for classes ending in 2 or 7. To help plan your reunion, please contact Kate Balconi at kate.balconi@emory.edu or 404-727-3348. For event details and registration, visit emory.edu/homecoming.

SAVE THE DATE

A Giver of Hope
In times of need, Linda Spencer ’79MPH ’89RN was there. She crisscrossed the globe to provide nursing care and training, working tirelessly to improve lives.

Spencer, a retired clinical associate professor and U.S. Army Nursing Corps colonel, died of esophageal cancer on November 12, 2016, in Marietta, Georgia. During a career spanning more than 40 years, Spencer held assignments with the International Committee of the Red Cross (ICRC), the World Health Organization, the Centers for Disease Control and Prevention, the American Leprosy Mission, and the U.S. State Department. She once met Mother Teresa while working on a leprosy project in India. As an American Red Cross first responder, she was deployed to the scene of the Oklahoma City bombing, assembled volunteers to support the response to Hurricane Katrina, and assisted Haitian earthquake evacuees at Dobbins Air Force Base in Marietta.

Beginning in 2001, much of Spencer’s work focused on the role of the public health nurse in emergency preparedness. At Emory, she coordinated the former Public Health Nursing Leadership MSN program and helped develop a disaster-preparedness simulation exercise as part of an undergraduate course in community health nursing. She also secured funding from Emory’s Rollins School of Public Health to develop a coalition of Georgia nursing schools to introduce emergency preparedness into the curriculum.

Spencer’s work did not go unnoticed. In 2002, she received the Florence Nightingale Medal from the ICRC in Geneva, Switzerland. With Spencer’s award came a touching letter from Emory alumnus Max Cleland, former Georgia U.S. senator and Vietnam War hero. In his letter, Cleland 68G 79H congratulated Spencer, noting that public health and disaster nurses like her do more than give care. They also are “givers of hope,” he wrote.

Education in Service to Others
Madge Donnellan PhD RN, who valued nursing education and social responsibility equally, died on January 11, 2017, at her Sandy Springs, Georgia, home following a long struggle with multiple myeloma. An associate clinical professor for 22 years, Donnellan forged several university-community partnerships that fostered students’ sense of service to others and helped advance health awareness and outcomes for patients and families throughout the region. She spearheaded the nursing school’s partnership with Atlanta Public Schools and establishment of the Health and Human Services Academy at Booker T. Washington High School. Through this nine-year collaboration, BSN and MSN students helped prepare high school students for careers in health by improving their academic achievement and college readiness, strengthening their social support, and broadening their awareness of health career opportunities.

For years, Donnellan managed two of Emory’s nurse-led community clinics in DeKalb County, one at a public housing development, the other at a retirement community. For 10 years, she worked with Emory’s Employee Assistance and Wellness Program (EAWP) at Emory Well House. She was also part of the Emory nursing and physician team that helped advance SB480 into law, enabling advanced practice nurses in Georgia to write prescriptions.

Donnellan held many leadership positions at Emory: specialty coordinator for the associate to master’s of science in nursing (RN to MSN) and the MSN public health degree programs; curriculum committee chair; director of the Family Nurse Practitioner (FNP) program; and director of risk assessment and lifestyle planning for EAWP. Donnellan once was a nurse without a BSN herself. After staying home with her four children for 10 years, she went back to school, eventually earning her BSN and MSN at State University of New York, Buffalo. She completed her PhD in lifestyle health promotion and risk management at the University of Tennessee (UT), Knoxville, where she served on the nursing faculty.

“Dr. Donnellan valued education,” remembers Emory nursing faculty member Elizabeth Downes ’04MPH ’15DNP ’15NCE ’19FAANP, who was a student in the FNP program that Donnellan established at UT. “She was an exceptional educator committed to health and wellness and lifelong learning.”

MEMORIAL GIFTS honoring Linda Spencer & Madge Donnellan may be made to the Emeritus Faculty Scholarship Fund. To give online, visit emry.link/emeritus-faculty. Or make checks payable to Emory University @ NHWSN; 1520 Clifton Road, Suite 446; Atlanta, GA 30322; Re: Emeritus Faculty Scholarship Fund.
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