

EMORY NURSING

WINTER 2018

Transforming Memory Care

A nurse-led clinic provides primary and dementia care for patients and families



INSIDE: Embracing Big Data | Partners in Ambulatory Care | Sex Chromosome Disorders

FEATURES



On the Cover: Terry Wyatt and her mother, Jenny Loveless (seated), are among the 300 patients and families now served by the nurse-led Integrated Memory Care Clinic. The clinic was established to provide patients and families with primary and dementia care services in one location.



10

The ambulatory care residency program is shaping us. We're a brand new slate with a lot of passion and excitement for the field.—*Molly Lynch 16N, a staff nurse in the infusion center at Winship Cancer Institute.*



IN THIS ISSUE

WINTER 2018

Transforming Memory Care.....2

A nurse-led clinic provides primary and dementia care for patients and families.

Embracing Big Data.....6

The Center for Data Science gives nurses the analytical tools to optimize health care delivery and outcomes.

Partners In Ambulatory Care.....10

A school and health system join forces to train future nurses in outpatient care across the continuum.

Hiding in Plain Sight.....14

A filmmaker and a nurse shine a light on sex chromosome disorders.



Student Impact 16 | Point of View 18 | News Briefs 19 | Alumni News 26

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Joung Ja Lee (left) is a patient at the Integrated Memory Care Clinic, which helps her daughter, **Esther Lee**, manage her care for multiple chronic conditions, including dementia and hypertension.



Transforming Memory Care

A nurse-led clinic provides primary and dementia care for patients and families

In her prime, Joung Ja Lee helped her husband Keun So run a convenience store in North Florida. Customers depended on the Lees for gas and groceries for many years. Now with advanced vascular dementia and Alzheimer's disease, Joung must depend on her daughter, Esther Lee, and the nurse-led team at the Emory Integrated Memory Care Clinic (IMCC) to manage her condition.

Open since 2015, the IMCC has quickly become a model of care for patients like Joung. It is the first nurse-led clinic in the nation specializing in primary care for dementia patients and the first nurse-led medical home at Emory Healthcare.

Esther recently brought her mother to the IMCC for a checkup. The normally feisty 78-year-old wasn't feeling well. Her arms and legs ached, her hands felt sore, and she was tired and cold all the time.

Joung takes several medications daily—for hyperten-

sion, arthritis, osteoporosis, and depression related to her dementia.

Her daughter talked calmly and candidly with nurse practitioner (NP) Alison Schlenger 07N 08MN APRN-BC GNP-BC, who manages her mother's care at the IMCC.

"We're reaching a crucial point, I'm starting to see," says Esther. "Mom stopped taking her medication for depression because she thought she was cured."

Schlenger listened carefully to Esther as she examined Joung and soon had an explanation as to why her patient wasn't feeling well.

Lab results showed that Joung's hemoglobin level and red blood cell count were consistently low, making her feel tired. Her GFR (glomerular filtration rate), a measure of how well the kidneys filter out protein, indicated stage 3 chronic kidney disease. The kidneys, Schlenger explained, are where red blood cells are made.

"This type of kidney disease is not uncommon in older patients with hypertension," she told Esther. "We'd like to get nephrology on board with a consult to make sure your mother stays functional."

By the end of her visit, Joung had completed new lab work, a dosage change in her arthritis and depression medications, and an appointment scheduled with an Emory nephrologist. When Schlenger noticed that Joung had two appointments scheduled at the Emory Brain Health Center in the same month, she switched them to the same day.

For Schlenger and the rest of the IMCC team, making life easier for dementia patients and their families is what it's all about. "Our goal," she says, "is to identify and manage symptoms of dementia, prevent and treat co-existing health conditions, and support families in order to optimize quality of life for every patient."

Streamlining memory care

The IMCC is a medical home that integrates memory and primary care for patients and families. By design, medical homes streamline care. A health team—nurses, physicians, social workers, and others—provides primary care and coordinates care with specialists and community services. Their goal: to provide better care, improve health outcomes, and lower health care costs for patients.

At the IMCC, patients receive care for behaviors related to memory loss, co-existing chronic conditions such as hypertension and diabetes, minor illnesses such as colds and urinary tract infections, and minor injuries. Nurses are the frontline clinicians at the IMCC, where each patient sees a triage nurse and one of three NPs trained in neurology, geriatrics, and palliative care.

A patient services coordinator, clinical social worker, and supervising physicians in neurology and geriatrics



Terry Wyatt (right) with her mother, **Jenny Loveless**

Saving time, saving memories

Terry Wyatt and Jenny Loveless are inseparable. The daughter and mother live within an hour's drive of the Integrated Memory Care Clinic, where Jenny has been a patient since 2015.

"You don't know what a blessing the clinic has been," says Wyatt. The nurses there manage her mother's care for a variety of conditions, including diabetes, high blood pressure, atrial fibrillation, and low vision. Loveless, 79, also has dementia.

"Most of mom's doctor's appointments are at Emory now," says Wyatt. "My mother didn't want to give up the heart doctor who put in her pacemaker, so the clinic coordinates her care with her heart doctor and endocrinologist at WellStar."

The IMCC has made life easier for Wyatt, who cares for her mother and a teenage nephew at home. "Going from doctor to doctor was hard enough," she says. "The IMCC nipped that in the bud by providing most of her care in one place."

Mother and daughter lead an active life together. They spend time at a local senior center, volunteer at two churches, work the concession stand during high school football games, and cater small events. Loveless sings at church every Sunday.

She trained as a classical singer in New Orleans, as did her brother.

"Every day, we concentrate on conversing about mom's past," says Wyatt. "She talks to her brother in Los Angeles once, sometimes twice a day. She loves to be involved in things, and we do everything she wants to do within reason. We want to celebrate her while she's here."

By **PAM AUCHMUTEY** • Photography by **STEPHEN NOWLAND**

round out the staff. In addition to medical care, the clinic offers support and training for caregivers and advanced care planning for patients and families.

Day or night, NPs are available by phone to help caregivers manage minor problems on their own and save a trip to the clinic or emergency room. Nurses check back to see how their patients are faring. When a trip to the IMCC is warranted, patients are seen within 24 hours.

Already, hospitalization rates for patients have decreased, from 4% in 2015 (during the clinic's start-up phase) to below 2% in 2017—well below the 13% national estimate cited in *JAMA Internal Medicine* (September 2016).

“Our 24/7 access that patients and caregivers have to our

on-call nurses is the major reason for the drop in hospitalization and emergency department usage,” says Carolyn Clevenger 02MN DNP FAANP, clinical director of the IMCC and a School of Nursing faculty member. “It reflects the quality of care that sets the IMCC apart from similar clinics.”

The idea for the clinic evolved from Clevenger's work with Janet Cellar DNP at the Emory Alzheimer's Disease Research Center. Both saw the difficulties patients and families faced in navigating appointments with different providers and determining which tests and treatments are needed. Cellar led clinical operations at the IMCC until she retired in May 2017.

“Families told us they needed dementia-sensitive primary care,” says Clevenger. “Everything from pneumonia vaccines,

mammograms, or diabetes management needs to be addressed through the lens of a progressive illness that limits a patient's lifespan. Having one place that manages all these things is a great service.”

Word of the IMCC has spread. To date, the clinic has treated just over 300 patients, with an enrollment goal of 600. Most patients live no more than 60 minutes away. They generally are referred by primary care clinics at Emory Healthcare and the Memory Disorders Clinic, located on the same floor as the IMCC in the five-story Brain Health Center at Emory's Executive Park campus.

Interdisciplinary in scope, the IMCC is a partnership between the School of Nursing and the Department of Neurology in Emory's medical school and was launched with \$1 million gifts to each from two anonymous donors. The Emory Palliative Care Center, the Department of Psychiatry and Behavioral Sciences, and the Division of Medicine and Geriatrics also play a role in providing cost-effective continuity of care for dementia patients.

Greg Esper MD, Emory Healthcare's director of new care models, points to the IMCC as a success story in achieving the Institute for Healthcare Improvement's triple aim of improving patients' care experience, improving population health, and reducing per capita health care costs.

“IMCC patients receive timely access to high-quality care that greatly improves patient and family satisfaction,” says Esper. “They benefit from expanded program and service offerings that translate into lower cost of care for patients.”

IMCC data show that meeting patients' care needs in dementia, primary care, and mental health leads to better



The IMCC care team discusses the day's cases. Carolyn Clevenger (second from left) co-established the clinic in response to patients and families who expressed a need for primary and dementia care in one location.

Partnering with caregivers

Key to the success of the Integrated Memory Care Clinic is collaborating with caregivers to optimize patients' quality of life. That includes counseling them on the pros and cons of diagnostic procedures and treatments and what to expect and plan for during the early, middle, and late stages of dementia.

Before Mary McCreary became a patient at the IMCC, her primary care physician recommended she have a routine colonoscopy. Lloyd McCreary, her husband and caregiver, resisted.

“When I switched Mary's care to the IMCC, her nurse practitioner said she no longer needed a colonoscopy,” Lloyd says. “Mary was at a stage where procedures like colonoscopies, pap smears, and mammograms no longer made sense.”

Mary was diagnosed with early-onset Alzheimer's disease at age 56. Now 63, she recently transitioned to hospice care at the personal care home where she has lived comfortably for almost two years. When Lloyd could no longer care for Mary at home, he explored different care options with the help of friends from his support group and IMCC social worker

Laura Medders LMSW.

“I'm a huge fan,” says Lloyd, who remains on the clinic's Patient and Family Advisory Council even though Mary is no longer a patient. “The IMCC provided much-needed support and valuable

stage 4 chronic kidney disease.

Baxter was sold on the IMCC after meeting Carolyn Clevenger, her mother's NP, and has used the 24-hour call line a time or two since moving her mother to assisted living. When Baxter noticed a



Lloyd McCreary (shown with his wife, Mary) and Sara Baxter (shown with her brothers and mother, Virginia Baxter), serve on the IMCC's Patient and Family Advisory Council.

information about what I should expect regarding Mary's condition and care.”

Sara Baxter, another council member, learned about the IMCC when she took her mother to see an Emory gerontologist. Baxter's mother, 81, has dementia coupled with high blood pressure and

bruise and skin tear on her mother's arm one Saturday, she texted a photo to Clevenger.

“She saw right away that my mother's arm was infected,” Baxter says. “She called in a prescription and saved us a trip to the ER.”



Gifts to the Integrated Memory Care Clinic help clinic staff provide high-quality services to patients and their families. To learn more, contact Amy Dorrill, associate dean of development and alumni relations at the School of Nursing, at amy.dorrill@emory.edu or 404-727-6264.

Embracing Big Data

The Center for Data Science gives nurses the analytical tools to optimize health care delivery and outcomes | By Sylvia Wrobel

Two years ago, Dean Linda McCauley asked biostatistician Vicki Hertzberg PhD FASA to move next door, from the Rollins School of Public Health to the School of Nursing, to help nursing faculty and students take advantage of the tsunami of data related to health, disease, and patient care.

An expert in statistical methods for collaborative research on epidemiological and clinical issues, Hertzberg knew little about nursing except that highly prepared nurses are caring clinicians and administrators.

Based in the School of Nursing, the Center for Data Science serves as a resource for Emory researchers and affiliates. The staff who designed and lead it include Rebecca Mitchell (left), Mengtian Jin, Roy Simpson, Andrea Plotsky, and Vicki Hertzberg.



But the more she learned about nursing’s multiple roles and unique perspectives—especially its holistic approach to patients and families—the more she was convinced that McCauley was right. To empower nurses—and accelerate advances in health care—nursing and big data needed each other.

The first step in capitalizing on that prospect was creating the Center for Data Science (CDS), led by Hertzberg and Elizabeth Corwin PhD RN FAAN, associate dean for research. Its overarching goal is to use the power of data-driven thinking to help solve some of nursing’s (and health care’s) most challenging problems through better clinical decision support, disease surveillance, and population health management.

Housed in the School of Nursing, the center serves as a hub for the growing number of data science resources across the university, including the schools of medicine and public health, Emory Healthcare, and affiliates such as the Georgia Institute of Technology and Children’s Healthcare of Atlanta, all of which

helped help plan CDS.

Hertzberg, “the big picture person,” has recruited key staff and faculty, including visiting assistant professor Rebecca Mitchell, whom she describes as “a DVM/PhD with serious bioinformatics chops.” CDS has sent a dozen nursing research faculty to data analysis workshops. It also has established partnerships with Emory colleagues in business, mathematics, and computer science.

Corwin also formed a consortium with five other nursing schools committed to using common data elements for nursing research—work that Roy Simpson DNP RN DPNAP FAAN, assistant dean for technology management at the School of Nursing, helped pioneer nationally for implementation in the electronic medical record (EMR).

Working with Andrea Plotsky MSPH, an informatics specialist whom Hertzberg recruited from Rollins, consortium members agreed on the use of common terms, coding, and research instruments and measures across institutions. Thus, researchers can combine databases to increase sample sizes and maximize the ability to identify true differences.

Drilling down into EMR data

The new Center for Nursing Data Health Electronic Record database (CeNDHeR, pronounced Send-Her) is part of CDS’s plan to provide real-life data for teaching purposes. Created by Plotsky and Mengtian Jin, an Emory business major and mathematics and computer science whiz, CeNDHeR consists of 100,000 randomly selected Emory Healthcare patient records. The records have been scrubbed of any identifying information. What remains is information gold. Each record may include hundreds of patient encounters (i.e., hospital, clinic, diagnostics, procedures, and medications), and each encounter may contain up to 160,000 fields of data.

Plotsky and Jin used hypothetical research scenarios proposed by students in the Doctor of Nursing Practice (DNP) program to create a subset of 100 variables that can be combined to ask questions, look for relationships, and explore hypotheses. Current usable variables include demographic factors; where each encounter took place and with what type of health professional; DRGs, the diagnostic codes used for billing (so that students

can examine costs); results of laboratory tests and medical procedures; and medication history. With time, the number of variables will expand, enabling more complex queries.

DNP and PhD students are using CeNDHeR for queries such as determining the number and type of congestive heart failure patients readmitted within 48 hours after discharge. Such data will help them identify and understand reasons why patients are discharged too early.

Amazon Web Services provided support to move the database to the cloud, making access and analysis easier, faster, and less expensive. Cloud computing, Hertzberg and Plotsky note, has leveled the playing field, enabling newcomers to jump into big data science without the expense of building complex physical systems of their own.

As data use becomes more integral to nursing practice, CeNDHeR will become integral to MSN and even BSN nursing education. “Don’t worry,” Hertzberg says. “No one is trying to turn nurses into programmers.” Thanks to Plotsky and Jin, nurses don’t have to be. The simple drag-and-click design of the program interface will enable students to explore the database with relative ease.

Using big data for research

Big data gets much of its strength from its ability to combine information from multiple and vastly different databases. Take, for example, the rapidly burgeoning field of “omics”—genomics, transcriptomics, proteomics, and metabolomics, to name a few. Emory is awash in such data, which nursing and other scientists are eager to share and explore.

One example can be found in Moultrie, Georgia, where nursing students spend long summer days providing care to migrant farm workers in rural Colquitt County. The students often are the only health care providers many of these men, women, and children see all year.

Valerie Mac 07N 15MN 16PhD, assistant research professor at the School of Nursing, studies the body’s responses to pesticide and other hazardous exposures. In 2016, she and Hertzberg went to Moultrie for a pilot study involving 38 male and female migrant workers, who provided samples of urine, blood, and stool (to measure gut microbiome). Samples were brought back to the HERCULES Exposome Research Center at Rollins, where they were analyzed for evidence of organophosphates (commonly found in fertilizers) and changes associated with inflammation and heat-related illnesses.

Still more samples went to Emory’s Clinical Biomarkers Lab, where high-throughput mass spectrometry measured the chemical fingerprints left behind by specific genetic, metabolic, and cellular processes. Based on this data, Hertzberg is determining how heat and dehydration affect the microbiome, metabolomics, and, ultimately, health. She and Mac plan to expand the study.



Elizabeth Corwin

The Big Data Consortium

CDS co-director Elizabeth Corwin organized a consortium of six nursing schools committed to using common data elements for nursing research. Members include:

- Emory University
- University of Washington
- Case Western Reserve University
- Duke University
- University of Maryland
- University of Minnesota

The ultimate goal of nursing’s embrace of big data is to make a positive difference in the lives of patients. Nurses who understand how big data work can help the health care team record patient notes properly for consistent, accurate data retrieval and analysis. As personalized health care (biological information that predicts disease and treatment response) becomes a greater reality, nurses will play a critical role in using collective data to build health profiles for predictive models. Big data will also provide the evidence that nurses need to shape health policy.

“Big data is the future—a future that requires critical thinking and the ability to evaluate data for good decision-making,” says Simpson. “Nurses *must* be part of this increasingly interdisciplinary process, focusing on data through the distinct lens of nursing knowledge and education.” **EN**

A Nurse’s Guide on Using Big Data

A new book co-edited by Emory’s Roy Simpson will help nurses incorporate data into every aspect of nursing. *Big Data-Enabled Nursing: Education, Research, and Practice* (Springer, 2017) educates readers on the evolution of knowledge discovery methods, made possible in large part by the abundance of rich data found in electronic medical records. The book examines effective use of data in health care methods and delivery to improve daily practice. “Nurses collect more than 106,000 data points on a patient in a single eight-hour shift,” says Simpson. “So you can imagine when we mine the data in nursing how the patient will benefit. Nursing education also benefits because data is so valuable and important to science and evidence.”



Roy Simpson

PARTNERS IN AMBULATORY CARE

A school and health system join forces to train future nurses in outpatient care across the continuum

By PAM AUCHMUTEY • Photography by STEPHEN NOWLAND

Meghan Hathaway 16N was five months into her residency at the Emory Ambulatory Surgery Center in Dunwoody when she experienced one of those moments of clarity that new nurses often have.

Hathaway was in the post-anesthesia care unit, helping an older female patient following a GI procedure. The patient nearly fell on Hathaway as she helped her into bed. That's when the patient told Hathaway she had been in the hospital two days earlier because of a fall.

"No one knew she had been in the hospital," says Hathaway, a graduate of Emory's Accelerated BSN program. "It showed a gap in our pre-op procedures and that we need to ask more questions to hone in on what's going on with a patient. Sometimes you don't know what's missing until you need it."

Following her patient encounter, Hathaway began a research project to ramp up fall prevention at the surgery center.

"It's one way of bridging the knowledge gap between inpatient and outpatient care and ensuring that patients receive the very best care," says Hathaway.

That type of problem solving is just what Deena Gilland 07MSN RN NEA-BC had in mind as the creator of a new nurse residency program in ambulatory care. To date, 16 new BSN graduates are in the one-year program at ambulatory practice sites throughout Emory Healthcare (EHC). Five of the nurses are Emory graduates, including Hathaway.

Emory BSN graduate **Meghan Hathaway** (right) and preceptor Heather Leone have formed a strong bond at the Emory Ambulatory Surgery Center in Dunwoody. "In another five to 10 years, Meagan might be running an ambulatory surgery center," says Leone. "She's got the drive and skills to do it. She's going to do really well."



Deena Gilland (left) and Caroline Coburn co-teach the course on ambulatory care at the School of Nursing. They are collaborating on a textbook, *Perspectives in Ambulatory Care Nursing*, for publication in 2019.

As vice president and chief nursing officer for ambulatory care services, Gilland oversees recruitment and training of nurses for outpatient care. The new residency program is key to those efforts, especially in light of recent trends.

According to the American Association of Colleges of Nursing, 55 percent of nurses today are age 50 or older and approaching retirement. On average, nurses in ambulatory care are five to 10 years older than those in acute care. More younger nurses are needed to maintain the workforce overall.

Health care reform also has driven demand for nurses in ambulatory care. To lower costs, health systems have reduced hospital length of stay and shifted service delivery away from hospitals (more expensive acute care) to the community (lower cost ambulatory care). This shift in care delivery has propelled the growth of outpatient services, fueling a need for nurses trained in care coordination and transition management, health risk appraisal, disease prevention, and chronic disease management.

Also, health care continues to evolve to meet the needs of an increasingly diverse and aging population. At the same time, health care costs are driving value-based reimbursement and innovative models of care. Ambulatory care RNs are prepared to lead the design and delivery of high-quality care. That includes partnering fully with patients and families on interprofessional care teams.

At Emory, outpatient services are booming, with more than 140 group practice and surgery center sites throughout Atlanta and Georgia. That number will continue to rise. In 2017, EHC ambulatory patient visits totaled 4.4 million.

“The demand for ambulatory care nurses in our health system

outweighs supply,” says Gilland. “We need more nurses on our care teams to avoid delays in care that affect patient outcomes. My top priority is developing a nursing infrastructure to meet patient demand and a pipeline of new graduates to help support it.”

A willing partner

The School of Nursing is committed to building that pipeline. When the school rolled out an updated BSN curriculum in fall 2015, it included a new required course in ambulatory care for graduating seniors, prompted by a conversation between Gilland and Dean Linda McCauley.

When Gilland told McCauley about her plans for a nurse residency program, the timing was ideal. The school was in the midst of revising its curriculum and introducing new content. Offering a course in ambulatory care, McCauley believed, would broaden students’ knowledge, skill set, and career prospects.

“Historically, much of the BSN curriculum focuses on acute care,” Gilland says. “To build a pipeline of nurses in ambulatory care, we need to introduce them to the concepts while they are in school. The course fit in perfectly with the new curriculum’s emphasis on the continuum of care.”

So what do BSN seniors gain from the course? Co-instructors Gilland and Caroline Coburn DNP MS ANP-BC designed it around the three hallmarks of ambulatory care: care coordination, transition management, and virtual care. It is purposely taught in the final semester to shed new light on knowledge and skills students have learned in previous classes.

“When students come to us, they’ve seen how nurses coordinate care in the hospital,” says Coburn, assistant clinical professor in the School of Nursing. “They’re part of a medical team that drives patient care. When you give a patient their 9:00 AM meds, you know they’re going to take them because you are standing there giving it to them.”

The tables are turned in ambulatory care. “The patient is in the driver’s seat,” Coburn adds. “Managing their diabetes or heart disease may not be their biggest issue. It may be they can’t afford their meds or don’t have insurance. If your care coordination plan doesn’t fit with what a patient is able or willing to do, you have to work around that to reach the common goal.”

During the course, students discuss articles they’ve read for class (there is no textbook on ambulatory care yet; Coburn and Gilland recently signed a contract to write one); listen to guest lectures, and practice their skills in the simulation lab. In one scenario, students walk in cold and draw out information from their “patients,” without the benefit of consulting their electronic health record. In another, students use telehealth to interact with patients in remote locations.

Clinical rotations expose students to ambulatory care in different settings: primary care, oncology, infusion, solid organ transplant, ambulatory surgery, HIV/AIDS, memory care, renal, cardiology, women’s health, home visits, telehealth, and more.

The variety is intentional. “We like for students to see patients who come in for one procedure [i.e., foot surgery] and patients who come in multiple times [i.e., chemotherapy],” Coburn says.

New career options

In years past, the career path to ambulatory care began in the hospital. New BSN graduates typically began working in acute care, drawn by the allure of working on a cancer unit, in the operating room, or in intensive care. While some nurses prefer acute care, others transition to ambulatory care during their careers.

Gilland and others aspire to change this trend through EHC’s nurse residency program in ambulatory care.

Molly Lynch 16N decided on a career in ambulatory care after completing a clinical rotation at Emory’s Winship Cancer Institute. She is well into her residency program at Winship’s

infusion center, where she treats patients from ages 18 to 85.

“Every day is different,” she says. “Plus I get to form relationships with my patients.”

When she entered nursing school as a second-career student, she purposely kept an open mind about career options. The ambulatory care course introduced her to a specialty she had never considered.

“It widened that nursing lens,” she says. “I discovered there is so much more to nursing than inpatient care in a hospital. I wasn’t aware there were so many outpatient sites at Emory.”

Last July, Lynch celebrated another “Independence Day” of sorts when she left her preceptor’s fold to work on her own in the infusion center. She continues to take classes related to her residency and her specialty. Before her residency year is up, she will complete an evidence-based group project to bring about change in her unit.

“The ambulatory care residency is helping shape us,” says Lynch. “We’re a brand new slate with a lot of passion and excitement for the field.”

A year from now, there will be more nurse residents like Lynch at more EHC sites. Other clinics and centers—primary care, cardiology, and endocrinology included—have expressed interest in the residency program.

“We’re laying the groundwork now,” says Gilland. “We’re holding workshops for experienced nurses to bring them on board as preceptors. Our goal is to have nursing residents in multiple clinics in 2018.” **EN**



Molly Lynch decided on a career in ambulatory care after taking the required course on the subject. She now works in the infusion center at Winship Cancer Institute.

Ambulatory care nursing at Emory Healthcare

- Approximately 300 nurses work in ambulatory care at EHC.
- To date, there are 140 ambulatory care clinics at EHC; that number continues to grow.
- These clinics include seven surgery centers and five oncology sites.
- Emory’s School of Nursing is one of a few U.S. schools that offer a required course in ambulatory care. The course is designed to broaden students’ knowledge, skill set, and career prospects in the field.

To learn more about the ambulatory care nurse residency program, contact Deena Gilland at deena.gilland@emory.edu.



Sharron Close co-directs a clinic for children with X and Y variations at Emory. The clinic will be included in a documentary to help raise awareness about these disorders.

Hiding in Plain Sight

A filmmaker and a nurse shine a light on sex chromosome disorders

By PAM AUCHMUTEY

Sometimes, baby sisters can be a handful. When Carole Steinkraus recently broke her leg, it proved to be more than a physical setback. She also experienced serious post-surgery reactions similar to post-traumatic stress disorder.

"I don't know what's happened to me," Carole told her big sister and documentary filmmaker Dianne Steinkraus. "I was doing so well. Now it's like I don't know who I am. Why did I have to break my leg?"

Carole, 60, is now in assisted living in Minnesota, where she has lived in various foster group homes since her 20s.

For years, Dianne consulted with doctors and behavioral experts to learn the cause of her sister's complex mental health issues. Finally, when Carole was 53, genetic testing confirmed that she had trisomy X, a sex chromosome abnormality that affects 1 in 1,000 females at birth.

The sisters finally had an explanation for Carole's lifelong

struggles with anxiety, insecurity, and difficulty connecting with family members and friends. It also explained why she was 6 feet tall by age 12.

But even with the trisomy diagnosis, Carole's doctors knew little about her disorder and had little more to offer regarding her mental health treatment plan. Dianne reached out to the national advocacy group AXYS (Association for X & Y Variations) to learn more about research on trisomy X. By then, her sister's story had revealed a clear need for a documentary to shed light on sex chromosome disorders.

"Why don't you call Sharron Close," a leader with AXYS told her.

Dianne found a kindred spirit in Close PhD MS FAAN, a pediatric nurse practitioner at Emory's School of Nursing who studies children and adults with X and Y variations. "I understand your frustration," Close told her when they first spoke over the phone.

The two have become friends and collaborators on

Steinkraus's documentary film project to raise awareness about X and Y variations. Last spring, the School of Nursing and Steinkraus conducted a crowdfunding campaign that raised nearly \$26,000 toward production of "Hiding in Plain Sight," the working title of the film. The funds will support creation of a 10-minute segment to help Steinkraus secure additional funding to complete the documentary.

Among the projects to be featured in the film is the eXtraordinaryY Clinic at Emory. Close and Amy Talboy MD, a developmental pediatrician in the Department of Human Genetics, established the clinic in 2016 to serve patients and families in the Southeast. It is one of a network of eXtraordinaryY Kids Clinics in the United States that provides information, research, and medical interventions.

X and Y conditions are not inherited and occur when girls (XX) and boys (XY) are randomly born with more or less than the expected number of sex chromosomes. Some people with variations live free of or are mildly affected by symptoms, while others face lifelong medical and mental health challenges. X and Y variations are not rare. But they are rarely diagnosed, leaving children, adults, and families to struggle on their own.

"Families have been falling through the cracks for decades," says Close. "Our clinic meets a tremendous need."

Once a month, the eXtraordinaryY Clinic sees two to three babies and children who have been diagnosed via chromosomal analysis. Clinicians evaluate their needs and connect children and parents with early intervention programs, speech and language therapies, and occupational



Carole Steinkraus (right) is the inspiration behind the documentary that her sister, Dianne Steinkraus, is making. Carole was diagnosed with trisomy X at age 53.

Photo courtesy of Dianne Steinkraus

and physical therapies as needed.

When children reach puberty, clinicians can address reproductive health problems that may arise. They can also counsel expectant parents concerned about possible risk of X and Y variations detected through prenatal screening.

A genetic counselor, nurse navigator,

neuropsychologist, pediatric endocrinologist, and adult urologist staff the clinic in addition to Close and Talboy.

"We tailor our recommendations, depending on the age and needs of each patient," says Close. "We tell families we will follow you, we will help you, we will be a touchpoint and a resource for you."

Until recently, most X and Y research offered few interventions to help patients and families coping with a challenging behavioral and physical condition. To close that gap, Close organized conferences in 2015 and 2016 to engage patients, families, clinicians, and scientists in developing ways to help children and parents manage X and Y symptoms. The No. 1 goal of patients and families in attendance, she found, was to raise awareness and promote education about sex chromosome variations.

For the past two years, Georgia Governor Nathan Deal has signed a proclamation declaring May as X & Y Chromosome Variation Awareness Month, marking a milestone in a grassroots campaign led by Close, Talboy, and Dorothy Boothe, whose son has XXY (Klinefelter) syndrome, which occurs in one out of 500 male births.



Falling Through the Cracks

Why have so few children and adults been diagnosed with sex chromosome disorders?

It wasn't until 1959 that the first genetic test showed that children with Down syndrome, or trisomy 21, had an extra full or partial copy of chromosome 21.

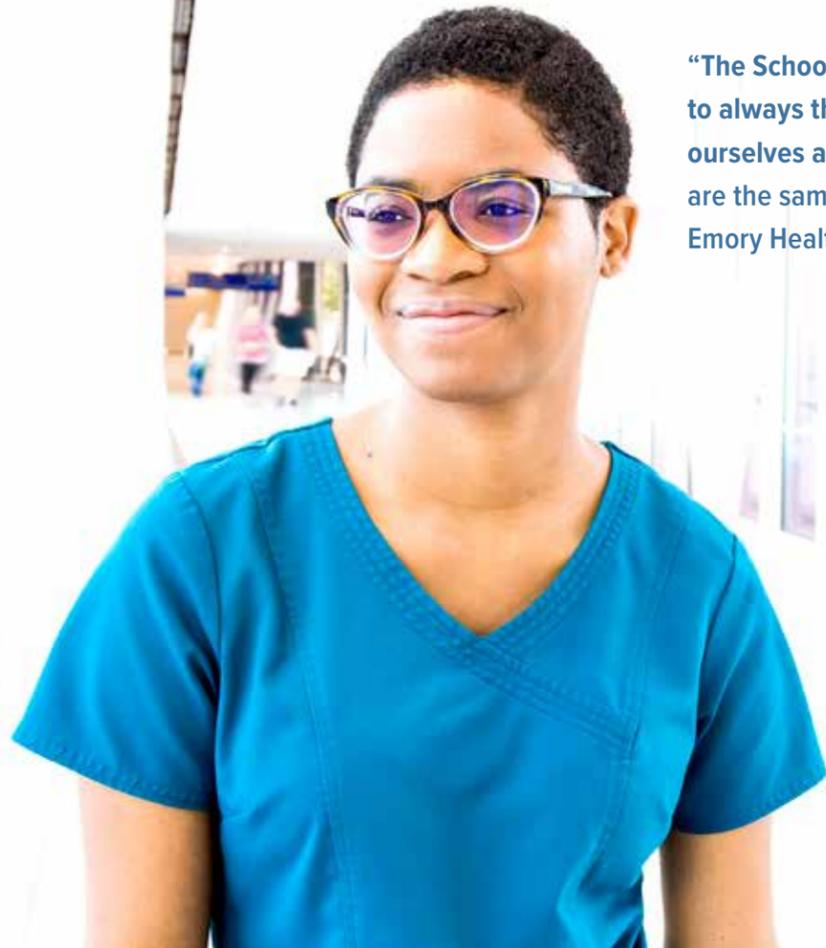
"Generally, there was no way of testing or characterizing X and Y chromosome variations," says Sharron Close, assistant professor in the School of Nursing. "Children born with these disorders were thought of as slow learners. Schools and education programs marginalized them. So people can struggle all of their lives with these disorders and not know why."

Carole Steinkraus, 60, was diagnosed with trisomy X late in life. Her formative and primary adult years were spent without anyone knowing that she had special needs. She is now part of Close's national study on trisomy X.

"There probably are many other women like Carole," says Close. "The truth is they most likely have escaped being diagnosed during their lifetime."

Boothe is a parent leader with the Southeastern Regional X and Y Support Group, which meets bimonthly, often at the School of Nursing. She and other support group members were at the Georgia State Capitol when Deal read the proclamation for which they had lobbied.

"It was so important for families to be there with the governor and state legislators to talk about who they are and what they need," says Close. "It was powerful. We're all very proud of that." EN



“The School of Nursing pushed us to always think of ways to improve ourselves and our profession, which are the same values promoted at Emory Healthcare.”—*Jailyn Mercadel*

Mercadel completed two years of undergraduate education at Emory College before transitioning to the School of Nursing, where she was awarded the Josephine Malone Scholarship, based on her strong academic record and leadership qualities. Between her junior and senior year, Mercadel took the trip of a lifetime to Italy as part of a study-abroad program aimed at understanding how compassion relates to the medical profession.

She also was part of the Building Nursing’s Diverse Leadership at Emory (BUNDLE) program, which focuses on developing the leadership potential of racial and ethnic minorities, men, and first-generation college students, all of whom are under-represented among registered nurses.

“Being part of BUNDLE opened my eyes as to different roles you can have as a nurse,” Mercadel says. “We had speakers from the department of health, the CDC, and so many other interesting organizations. I learned where nursing could take me and got the support I needed to realize my dreams and informa-

tion on resources to help make my dreams happen.”

Those dreams began to take shape last July when Mercadel became a nursing resident at Emory University Hospital’s bone marrow transplant (BMT) unit. Though oncology was not originally on her radar, a class visit from a nurse manager in the BMT unit changed that. After shadowing on the unit, Mercadel was convinced.

“What really connected me to the floor was other nurses,” she says. “They are very engaged and communicative—and they were all about teaching me. I was able to enter Emory Healthcare as an employee who already understood their systems, values, and patient populations. The School of Nursing pushed us to always think of ways to improve ourselves and our profession, which are the same values promoted at Emory Healthcare.” **EM**



The Josephine Malone Scholarship is awarded to a BSN senior who excels academically and demonstrates outstanding potential for personal and professional growth and strong leadership. The scholarship is sponsored by the Emory University Hospital Auxiliary, which supports Emory University and Emory Healthcare. Malone helped found the auxiliary.

Pathway to Nursing

By KERRY LUDLAM

Jailyn Mercadel carries lessons from home into her BMT residency at Emory Healthcare

If she’s ever needed some inspiration, Jailyn Mercadel 17N hasn’t had to look too far.

“My mom inspires me daily. She always has and will continue to do so,” Mercadel says. “She raised me as a single mom and sacrificed many things in her own life so I could have the beautiful one I’m living that’s filled with nonstop opportunities.”

Those opportunities began to reveal themselves as Mercadel and her mother moved from her birthplace of New Orleans

to McDonough, Georgia. As a student at Union Grove High School, Mercadel chose the health care career pathway as part of the Georgia Department of Education’s Career, Technical, and Agricultural Education program.

“I took a health care class every year and gained real-world experience,” Mercadel explains. “I shadowed in a hospital and in an urgent care setting. I realized nurses are able to genuinely connect with patients and help them make real changes in their lives.”



HOMECOMING 2018

October 19-21

Spend the weekend at your alma mater to celebrate reunions for classes ending in 8 or 3. To help plan your reunion, please contact Kate Balconi at kate.balconi@emory.edu or 404-727-3348. Also, be sure to nominate a colleague for next year’s Nurses’ Alumni Association awards. The deadline for nominations is March 2, 2018. Download a nomination form at emory.link/NAA-awards.

Redefining Emory Nursing

By **Linda McCauley** 79MN PhD RN FAAN FAAOHN, Dean of the Nell Hodgson Woodruff School of Nursing,
and **Sharon Pappas** PhD RN NEA-BC FAAN Chief Nurse Executive for Emory Healthcare

Nurses account for 60 to 80 percent of the total health system workforce worldwide and provide 90 percent of health care services. With increasing demand for health services from a growing and aging population, nurses are positioned to play a critical role in developing higher-functioning, more patient-centered health systems.

Greater alignment in health care delivery, education, and research will help nurses capitalize on these emerging opportunities and maximize their essential role as catalysts for transforming care and improving health. The School of Nursing and Emory Healthcare (EHC) have partnered more closely to make this shared vision a reality.

Three years ago, the eyes of the world focused on Emory when a highly trained team of nurses and physicians successfully treated the first Ebola patients in the United States. Several of the nurses on the Ebola team were alumni of the School of Nursing. The Ebola team and their patients raised Emory's profile as one of the nation's top academic health centers (AHCs) and schools of nursing.

Internally, Ebola heightened our thinking around Emory's mission as an AHC, including nursing's role in interprofessional education and practice and scientific discovery.

Two years ago, the Emory Nursing



Linda McCauley



Sharon Pappas

Professional Development Center, a joint effort of EHC and the School of Nursing, was certified as one of 10 continuing nursing education providers in the state. Among the center's recent offerings is an emerging infectious disease preparedness workshop, sponsored by the National Ebola Training and Education Center, and a one-day conference on how to advance nursing science and practice collaboratively.

In March last year, a retreat was held at Emory involving nursing faculty and EHC nurse leaders. Informing their discussion was a pivotal report—*Advancing Healthcare Transformation: A New Era for Academic Nursing*—prepared by Manatt Health for the American Association of Colleges of Nursing. Transforming health care, the report states, requires a coordinated response from academic and practice leaders across the health professions. Nursing plays an important

role in such critical work. Going forward, nursing must find new ways to link academia and practice at AHCs.

Emory Nursing is at the forefront of this endeavor, as indicated by many examples in this issue. Months before the Manatt report was published, Carolyn Clevenger, a faculty member at the School of Nursing, and Janet Cellar, an EHC clinical nurse specialist in geriatric psychiatry, established a nurse-led primary care clinic for dementia patients and families, based on their feedback. The Integrated Memory Care Clinic now serves 300 patients and families in the Atlanta area.

Weihua Zhang, another nursing faculty member, is piloting an app that patients can use at home for pulmonary rehabilitation. Zhang has a patent pending from the Food and Drug Administration for the app, developed in cooperation with EHC and the Atlanta

VA Medical Center.

During the past year, EHC nurse leader Deena Gilland established a nurse residency program in ambulatory care to recruit and retain more nurses in outpatient care. Several new BSN graduates are in this program. During their senior year, students take a relatively new required course in ambulatory care, co-taught by Gilland and Caroline Coburn at the School of Nursing. They are now writing a textbook for the course, *Perspectives in Ambulatory Care Nursing*, slated for publication in February 2019.

As the Manatt report states, the mission of an AHC calls for excellence in practice, education, and discovery. We are well on our way in that regard. Emory ranks fourth among U.S. nursing schools in the latest survey of graduate schools by *U.S. News & World Report*. Three of Atlanta's four Magnet hospitals are EHC hospitals. We expect the number of EHC Magnet hospitals to grow. For two consecutive years, EHC nurses Sharon Vanairsdale (2016) and Mary Still (2017) have been honored as a National Magnet Nurse of the Year.

Whether you're an EHC nurse or a School of Nursing faculty member, graduate, or student, all play a role in these accomplishments. We are all Emory nurses who share the same passion and mission—advancing nursing science, demonstrating nursing excellence, and improving the health of our patients, families, and communities. Quite simply, we are all partners in Emory Nursing. **EN**

LEARN MORE |
To download a copy
of the Manatt report,
visit [emory.link/
Manatt-report](http://emory.link/Manatt-report).



Measure of Excellence

Two years ago, the School of Nursing set its sights on earning national recognition for student education. The school achieved its goal last summer when the National League for Nursing (NLN) designated it as a Center of Education Excellence.

Specifically, Emory was recognized for enhancing student learning and professional development, one of four categories recognized by the NLN.

Emory is one of seven U.S. nursing schools recognized for excellence in this category and one of 15 schools recognized overall. Other designation categories include advancing the science of nursing education, promoting the pedagogical expertise of faculty, and creating workplace environments that promote the academic progression of nurses.

"There are a lot of people who teach our students," says Kristy Martyn PhD RN CPNP-PC FAAN, associate dean for graduate education. "Being recognized as a center of education excellence rewards those who teach in the classroom and in the clinical setting as well as those who work behind the scenes to prepare future nursing leaders and scholars. The NLN designation will help us continue to attract top students and recruit talented faculty who love teaching." **EN**

2017 NLN Centers of Education Excellence

- Ball State University
- **Emory University**
- Purdue University
- Rush University
- University of Alabama—Birmingham
- University of Kansas
- Washington State University





EUH TOWER OPENS | The first patients moved into the new Emory University Hospital (EUH) tower last August. Surgical oncology patient Crystal McCollum (above right) was the first inpatient to cross over Clifton Road via the two-level pedestrian bridge that connects EUH with the tower. Wendy Delaserna O6N (above left), McCollum's primary nurse, prepared her for the move. The nine-level tower contains 232 patient beds, including 40 critical care beds, to accommodate surgical oncology, hematology and medical oncology, bone marrow transplant, and solid organ transplant patients. It also expands diagnostic and treatment spaces, anesthesiology pre-operative services, and radiology. Nurses will fill about a third of the 500 new jobs created by the tower's opening.

NEW FACULTY



SUSAN BRASHER PHD CPNP
Assistant clinical professor
Expertise: pediatric nursing
and autism spectrum disorders



GLENNA BREWSTER PHD FNP-BC
Assistant research professor
Expertise: sleep and aging



ANNE-MARIE BROWN PHD FCCM
Assistant clinical professor
Expertise: pediatric acute care



MICHAEL CONTI PHD CRNA
Assistant director,
Nurse Anesthesia Program
Expertise: clinical nurse anesthesia



ALEXIS DUNN PHD CNM
Assistant research professor
Expertise: maternal microbiome
and pregnancy outcomes



LAURA KIMBLE PHD FAAN
Assistant dean for clinical advancement
Expertise: nursing education, cardiovascular
and emergency nursing



REBECCA MITCHELL DVM PHD
Visiting assistant professor
Expertise: quantitative epidemiology



PATRICIA MORELAND PHD CPNP
Assistant clinical professor
Expertise: pediatric nursing
and global health



VICTORIA PAK PHD RN
Assistant professor
Expertise: sleep medicine, translational
research, occupational and environmental
health, biomarkers, genetics



LISA THOMPSON PHD FNP-BC
Associate professor
Expertise: global environmental health



PAULA TUCKER DNP FNP-BC
Assistant clinical professor
Expertise: quality improvement
and emergency nursing

Putting history back into nursing

Nurses need to know more science and technology than Florence Nightingale ever imagined. The downside: the history of nursing has been sidelined from many nursing school programs. Kylie M. Smith PhD, Andrew W. Mellon Faculty Fellow for Nursing and Humanities at Emory, wants to put it back.

"Today's nurses are nobody's handmaiden," says Smith. "They're confident, armed with evidence, and on the frontline of health care systems. But throughout history, nurses did a lot more than what physicians told them to do. They have always been social activists, patient advocates, and innovators. It's important for nurses and especially nursing leaders to know where they came from. They need to have a historical perspective on how and why their profession developed as it did."

A recent text, *Nursing History for Contemporary Role Development* (2016), edited by Smith with Sandra B. Lewenson EdD RN FAAN and Annemarie McAllister EdD RN, aims to do just that.

"We recognized the need for practical ways to teach the history of nursing in the curriculum," says Smith, who wrote the chapter on mental health. "This is a toolkit that is easy for faculty to use and students to understand."

Nursing professors don't have to be history experts or wade through 800-page texts in order to teach nursing history. "We've distilled the latest thinking, research, and scholarship and embedded it into chapters that examine key issues in contemporary nursing roles," says Smith. "Teachers can assign an appropriate chapter for reading and discussion. It can be one lecture."

The chapters are diverse, driven by the editors' intent to move beyond the role of hospital nursing. They cover the care of diverse populations, rural health care, mental health care, neonatal health care, the nurse educator role, entry into practice, and more.

Smith is a historian who began her career as research assistant to a dean of nursing and discovered her niche. She went on to earn grants to work in the field of mental health and psychiatric nursing history in the United States, the United Kingdom, and Australia.



"We recognized the need for practical ways to teach the history of nursing in the curriculum," says author and historian Kylie Smith.

"Nurses developed their own ideas about what psych/mental health nursing should look like and played a huge role in transforming care," she says. Her current projects include two forthcoming books, *Talking Therapy: Knowledge and Power in American Psychiatric Nursing* and *Jim Crow in the Asylum: Segregation and Psychiatry in the American South*.

At Emory, she found her dream job. She gets to conduct research and collaborate with nurses, co-teach a course on Ethics and Social Responsibility, guest lecture in multiple disciplines, teach her popular elective on Nursing for Social Change, and work with graduate students who are interested in history-related projects. Not being a nurse helps her bring a different perspective to the field.

"I get to say things that they can't always say themselves, and that can start students thinking in different ways," Smith says. "Not everyone wants to do history, but as long as there are a few, we can keep the spark alive. We need to pass the torch. If we ignore history, we run the risk of having to reinvent the wheel."—Laura Raines

Weihua Zhang and her team are testing an app called Exheale to help patients with in-home pulmonary rehabilitation. A patent is pending for the app.



INNOVATION | Learning to exhale

Weihua Zhang PhD APRN AGACNP-BC ANP-BC wants patients with chronic obstructive pulmonary disease (COPD) to breathe better. A new smartphone app now being tested by Zhang, associate clinical professor in the School of Nursing, is designed to help patients with their in-home pulmonary rehabilitation.

Called Exheale, the app teaches them how to use pursed-lip breathing techniques in order to exhale slowly and evenly to relieve dyspnea, or shortness of breath. Their discomfort occurs because they are unable to force air out of their lungs as they exhale. The app instructs them to breathe using different inhalation-to-exhalation ratios to optimize their breathing. During one exercise, they may be coached to inhale for 2 seconds and exhale for 4 seconds. The app collects and provides feedback on their breathing patterns, such as whether they need to further lengthen the duration of exhalation.

The app also includes links for COPD-related breathing exercises and physical exercises. For example, in a YouTube video Zhang recorded for the app, she encourages patients to think like a swimmer: take a short breath and then let it out slowly for several seconds as if swimming under water. She shows users how to breathe in and out by pursing her lips to control her exhalation.

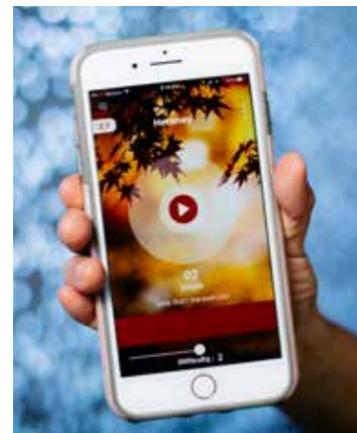
Exheale is a team effort. Collaborators include Ashish Mehta MD MSc, an Emory pulmonologist at the Atlanta VA Medical Center; Cliff Michaels PhD, assistant director of licensing in Emory's Office of Technology Transfer; and MIDA, a development firm in the Cayman Islands. A patent for Exheale is pending from the Food and Drug Administration.

Zhang and Mehta plan to pilot the app among 50 COPD

patients at Emory University Hospital and the Atlanta VA Medical Center. If the pilot proves successful, the project will enter a second phase, which includes testing the app along with a handheld device, similar in look to an inhalation spirometer and equipped with sensors to monitor exhalation speed. The device will further coach patients to exhale more slowly and effectively. It can be used separately or with the app. Either way, both will provide useful data to help Zhang and Mehta improve the health of patients with COPD.

Eventually, the collaborators would like to test Exheale among pediatric asthma patients. As an incentive, the app can engage young and adult users in friendly competition with anonymous friends in their respective age group [think Transformers or Candy Crush].

"Teaching patients is so important," says Zhang, who practices in the pulmonology group at the Atlanta VA Medical Center. "When I ask patients if anyone is training them how to breathe, they usually don't say 'yes.' As a nurse and a nurse practitioner, it's exciting and rewarding to be able to provide education for patients through this app."—Pam Auchmutey



The Exheale app coaches patients on breathing techniques to relieve dyspnea, or shortness of breath.

NEW FELLOWS of the American Academy of Nursing:



ELIZABETH DOWNES
04MPH DNP
Betty Tigner Turner Chair
and MSN program director



DOROTHY JORDAN
DNP APRN
Assistant clinical professor



LISA THOMPSON
PHD MS
Associate professor



BARBARA TOMCZYK
DRPH RN
Adjunct professor and senior
health scientist, Centers for
Disease Control and Prevention



SHARON VANAIRSDALE
MS APRN ACNS-BC
Adjunct professor and program
director, Serious Communicable
Diseases Unit, Emory Healthcare

March of Dimes Honors

Three Emory nursing faculty received 2017 Nurse of the Year Awards from the March of Dimes of Georgia. They join nurses recognized in some 20, categories from across the state.

Community Health



Erin Ferranti 96Ox 98N 01MN/01MPH 13PhD leads and coordinates community health efforts at the School of Nursing. Among her studies is a project examining how diet quality affects the gut microbiome and cardiometabolic outcomes during pregnancy and postpartum among African American women. She also advises the Emory Nursing Emergency Preparedness Student Nurses Association.

Critical Care



Jennifer Adamski DNP ACNP-BC directs Emory's Adult-Gerontology Acute Care Nurse Practitioner program. Her research encompasses trauma prevention and system development, rapid response teams, and critical care/trauma advances. Previously, as director of advanced practice for a rural Level 2 trauma center, she designed an APRN practice model that saved the health system more than \$2 million over three years.

Pediatrics



Through her research, **Janice Withycombe PhD RN** has identified predictors for obesity development in children undergoing therapy for acute lymphoblastic leukemia (ALL). Twenty-three percent of children treated for ALL become obese, and another 20 percent become overweight. Withycombe's studies show that children can safely increase their physical activity during and after cancer treatment to prevent weight gain.



Mary Dixon Still MSN RN
ANP-BC, clinical nurse
specialist at Emory University
Hospital, was named a 2017
Magnet Nurse of the Year by
the American Nurses Credentialing Center.

Still was honored in the Transformational Leadership category for her efforts to reduce sepsis mortality. Her concern for patients led to a system-wide protocol that decreased patient mortality by 10 percent and average length of stay by 35 percent.

Canhua Xiao PhD RN is the first Emory nursing faculty member to receive the Protégée Award from the Friends of the



National Institute of Nursing Research. Xiao was honored for her studies to understand the underlying causes of severe fatigue in head and neck cancer patients. The annual award honors a young investigator who shows great promise in advancing nursing science. Xiao received the award at the October 2017 NightinGala in Washington, D.C.



Nursing dean **Linda McCauley** co-edited a special issue of the *Journal of Nursing Scholarship* exploring climate change,

global health, and the role of nursing in addressing environmental changes and protecting vulnerable people and populations. Included in the issue is an article by **McCauley and Valerie Mac 07N 15MN 16PhD** on health-related illnesses among Florida farmworkers affected by rising global temperatures. Read more at emry.link/JNS-climate-change.



State of opportunity

August marked the official start of Emory's new DNP Nurse Anesthesia Program. The first cohort of students—10 in all—began the 36-month, full-time program in newly remodeled classroom space at the School of Nursing.

It was a happily hectic time for program director Kelly Wiltse Nicely PhD CRNA, who juggled moving her staff into new office space and moving her family into a new home in the same month.

She joined Emory last winter from the University of Pennsylvania, where she led the nurse anesthesia program during its transition from master's to DNP level. She planned to remain at Penn until Dean Linda McCauley recruited her to develop and lead a DNP-level CRNA (certified registered nurse anesthetist) program at Emory.

When Nicely flew to Atlanta to look the School of Nursing over, she wasn't looking for a big change since she and her husband had two young children. Once she visited the school, she was sold.

"I loved what the students and the faculty were doing," she says. "More than that, I loved the opportunity. I saw Atlanta as an urban center with abundant health care resources and an untapped market for CRNA education. When you look at other CRNA programs around us, they are geographically distant from us. The closest program in Georgia is at Augusta University. Other programs are in Alabama, North Carolina, and North Florida. So there was a hole here that needed to be filled."

By 2022, all students admitted to U.S. nurse anesthesia programs must graduate with a doctoral degree, as required by the Council on Accreditation of Nurse Anesthesia Educational Programs. Consequently, schools with master's programs in nurse anesthesia are now transitioning to DNP programs.

"We didn't have to do that here at Emory," says Nicely. "We had an opportunity to build a DNP program for CRNAs from the ground up."

Students spent their first semester in the classroom. During spring semester, they begin their simulation training in the high-fidelity operating room in the Center for Experiential Learning at Emory School of Medicine. They also will start clinical training later in the semester. Students will study and train year-round until they graduate in 2020.

Thus far, Emory's CRNA program has agreements with 16 sites in Georgia and one in Tennessee for clinical training,

Kelly Wiltse Nicely (left) leads Emory's new DNP program for certified registered nurse anesthetists. The first 10 students enrolled this past fall.



with plans to add more. The sites offer students inpatient and outpatient experiences in urban and rural settings. Typically, urban sites use the anesthesia care team model, with a physician anesthesiologist and one or more CRNAs, while rural sites use a CRNA-only practice model.

"Students will see everything from pediatrics, cardiology, and neurology to thoracic surgery," says Nicely. "They will be exposed to different populations in different settings."

Nationwide, approximately 55,000 CRNAs provide more than half of the anesthetics delivered yearly. Of those, 1,906 are licensed to practice in Georgia. With the graying of the nurse anesthesia workforce and the increasing demand for surgeries and other services, Georgia faces a significant provider shortage, especially in rural and underserved areas.

As the second nurse anesthesia program in the state, Emory is positioned to attract more nurses to train and practice in Georgia.

"In rural areas, the CRNA is often the only anesthesia provider," says Nicely. "Our program creates an opportunity to fill some of that need."—*Pam Auchmutey*

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This Nursing Life | Hospital CEO and student connect through Adopt-a-Scholar Program

If there is a theme to be followed through Taryn Connelly's education and now, her career, it most certainly is a commitment to public health.

In high school, Connelly 17N, who speaks Spanish, served as an interpreter in Moultrie, Georgia, for the Farmworker Family Health Program. Then, as a nursing student at Emory, Connelly returned to Moultrie as a caregiver.

"That sealed it for me," Connelly explains. "I saw how the farmworkers in Moultrie were living, and it just was not acceptable. It led me to look into a more public health-oriented path of nursing. I want to make changes in health care, find out where the problems are and why certain people are overlooked. The easiest way for me to understand it is to be part of it."

Serving in Moultrie, Connelly saw many of the public health issues—hypertension, diabetes, skin problems, and dietary concerns—that she saw as a Veterans Affairs Nursing Academic Program (VANAP) scholar. As part of VANAP, Connelly completed all of her clinical rotations, except for labor and delivery, at the Atlanta VA Medical Center.

"In many ways, the patients are similar," Taryn recalls. "Some are homeless, many are disabled, and their ability to follow up and be compliant can be limited. That's where the VA comes in to provide transportation and telemedicine, as well as other types of support."

Fortunately, as her education progressed, Connelly had some support of her own. As part of Emory's Adopt-a-Scholar Program, Connelly was "adopted" by Marilyn Margolis 89MN RN NEA-BC, the CEO of Emory Johns Creek Hospital. The program, now in its 13th year, provides a way for alumni and friends of the school to support students financially.

"When I first met Taryn, I understood very quickly that she is well spoken, kind, self aware, and really wants to make a difference," Margolis says.

An obvious benefit of the program is the scholarship component, which eases the financial responsibilities of higher education.



Marilyn Margolis (left) and Taryn Connelly



The university's **Adopt-a-Scholar Program** provides a way for alumni and friends to honor their connection to Emory. Donors commit to a minimum gift of \$2,500 annually throughout a student's course of study and are encouraged to serve as mentors. To adopt a student in the School of Nursing, contact Margot Early, associate director of development, at 404-727-5291 or margot.early@emory.edu.

"I'd always dreamed of attending the School of Nursing at Emory," Connelly says. "Marilyn's support of me through the Adopt-a-Scholar Program made it so that I didn't have to work full time through school. I felt so lucky to be able to work for the experience rather than working just to afford books and tuition. It took a huge load off my shoulders."

Even more lasting is the relationship the two women have formed.

"We were paired really well," says Connelly. "From the start, Marilyn took an interest in me, honing in on my interests. For someone in her role to give me hours of her time, help me map out my career trajectory, and tour me around the hospital meant a lot. She's very engaged, and her style of leadership transcends her role as CEO and trickles down to other leaders."

Adopting a scholar has its benefits for Margolis too. "I have

been a nurse for 36 years and am now a hospital CEO," Margolis says. "All along the way, I have received coaching and mentoring to be who I am now. It's my turn to give back. Mentoring is an important part of who we are as leaders and how we can give back to others."

When deciding where her first position would be, Connelly reflected on her experiences in Moultrie and the Atlanta VA Medical Center. Wanting to continue down a path in public health, Connelly began her role as a nursing resident in the emergency department—at Emory Johns Creek Hospital.

"The closest access point to patients and dealing with public health issues is through the ED," Connelly explains. "And getting to work with Marilyn is awesome. It's like everything has come full circle."

Their relationship highlights the benefits of the growing clinical partnership between the School of Nursing and Emory Healthcare.

"We know when we hire nurses who have been educated at Emory that they will be well educated and trained in evidence-based outcomes," Margolis says. "These are nurses who can be leaders and remain at the bedside. In turn, we hope we provide students with relevant opportunities that allow them to learn from us and us to learn from them."

Margolis is confident with Connelly on the frontlines.

"Taryn knows the direction she wants to go, and she's working toward those goals," Margolis says. "We're continuing to work together to map out her future path."—*Kerry Ludlam*

2017 ALUMNI AWARDS

Becoming a nursing leader takes dedication and perseverance, as exemplified by recipients of the 2017 Nurses' Alumni Association Awards.

Distinguished Nursing Achievement Award

Marilyn Margolis 89MN has had an exemplary nursing career with Emory Healthcare (EHC). She has served as CEO for Emory Johns Creek Hospital since 2014 and led quality initiative teams throughout the EHC system in areas such as emergency services and ICU at Emory University Hospital and Emory University Hospital Midtown.

Margolis also has worked with teams to develop operational changes with patient flow and transfer services and championed patient- and family-centered care. She is a recipient of Nursing Management's 2007 Visionary Leader Award and the Georgia Hospital Association's 2013 Lifetime Achievement Award.

Excellence in Nursing Award

Linda Grabbe 86MN has devoted her nursing career to serving vulnerable populations, especially homeless women, children, teens, and young adults in Atlanta. Grabbe is a clinical assistant professor at the School of Nursing and board certified as a family nurse practitioner and psychiatric/mental health nurse practitioner. Prior to joining Emory in 2005, she worked at hospitals all over the globe and in the United States. She has served as a Peace Corps medical officer in Kazakhstan and as a U.S. embassy nurse practitioner in West Africa. In 2016, the School of Nursing honored Grabbe with its Faculty Excellence Award for Social Responsibility.

Recent Graduate Award

Ida Curtis 14N 16MN trained as an emergency nurse practitioner and currently works as a family nurse practitioner with Peachtree Immediate Care in Acworth, Georgia, and Apollo MD. She also precepts students in both specialities. Through her practice, Curtis ensures that everyone is treated with respect and dignity. She has led efforts to reduce disparities and promote culturally sensitive, quality care for the LGBTQ community and migrant farmworkers. As a student, Curtis received the 2014 Silver Bowl Award, the highest student honor, and the 2016 Excellence in Social Responsibility Award.



NAA award winners: Ida Curtis (left), Marilyn Margolis, and Linda Grabbe

CLASS NOTES

1950s

JANIE T. TRUSSELL 51N considers herself fortunate in the wake of Hurricane Harvey, which hit eastern Texas last August. Trussell lives in Beaumont, where record flooding knocked out the city's water system for more than a week. Trussell had plenty of bottled water on hand and was able to flush her toilet, thanks to a neighbor who brought over buckets of water for the task. The retired nursing professor's one-story condominium is situated on a small rise that kept her home from being flooded. "The name 'Beaumont' means 'beautiful mountain,'" says Trussell, who is 89. "I haven't seen a mountain yet." She taught nursing at the University of St. Thomas in Houston and at Lanier University in Beaumont. She retired from Lanier in 1993.

1960s

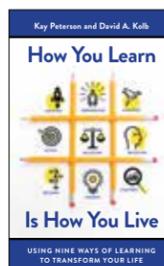


ANNELLE BROWN TANNER 69N (left) and **BARBARA (MUFF) DAVIS CARROLL 69N** had a mini reunion in Dallas, Texas, last summer. Tanner, an expert in nursing informatics, is the retired director of the Fetal Infant Mortality Review Program with the Office of Public Health in Louisiana. Carroll, a former nurse, lives in Zephyrhills, Fla., with her husband, Walt. During Hurricane Irma in September, the couple volunteered at a neighborhood shelter that housed 108 people and 50 dogs and cats. "The eye went right over us, but it was falling apart—still category 1—and many homes lost carports and roofs," says Carroll. "We were lucky and had no damage. The electricity stayed on and everyone was safe."

1980s



J. MICHAEL PATE 81MN was promoted to managing director for clinical services in the U.S. Department of State's Bureau of Medical Services. The bureau provides health care to American diplomats serving overseas.



KAY PETERSON 81MN and David A. Kolb co-wrote the book *How You Learn Is How You Live: Using Nine Ways of Learning to Transform Your Life* (Berrett-Koehler, 2017). Peterson is founder of the Institute on Experiential Learning and founder and co-CEO of Harlan Peterson Partners, an organizational development and executive coaching firm. She lives in Cleveland, Ohio.

MARILYN MARGOLIS 89MN now chairs the Johns Creek Chamber of Commerce. Margolis serves as CEO of Emory Johns Creek Hospital, a 110-bed acute care community hospital 45 minutes north of Atlanta. She has worked for Emory Healthcare for 36 years and began her career as an ICU and CCU nurse at Emory University Hospital.

2000s

LYNN WHELAN 04MN is assistant chief nursing officer at Parkridge East Hospital in Chattanooga, Tenn. She returned to the area after working in Houston, Texas, and Atlanta, where she was assistant chief nursing officer for cardiac and procedural areas at Emory University

Hospital and director of critical care services at Emory Saint Joseph's Hospital.



ANJLI HINMAN 06N 08MN was named one of the Emory Alumni Association's first-ever "40 under Forty." She is a co-founder and nurse-midwife at the Atlanta Birth Center, a holistic, comprehensive midwifery practice. Hinman grew up wanting to make the world a better place and has made it her mission to improve health care and quality of life across the globe. "I am so grateful to the School of Nursing for allowing me the support and space to grow as a clinician and also as a leader who experienced the power of working on an interdisciplinary team," she says.

2010s



ELIZABETH DRISKELL 14N is one of four pediatric nurses to receive the Laura Snitzer-Boozer Nursing Award, which honors nurses for professional excellence and leadership in hematology/oncology care at Children's Healthcare of Atlanta. The award is given in memory of Laura Snitzer-Boozer, an Aflac Cancer Center nurse who died unexpectedly from a brain aneurysm in 1999. Winners receive financial support for continuing education. Driskell has worked at Children's since 2014 and lives in Midtown Atlanta.

*The Big Red School Bus*

BARBARA LOCKHART 98MN is an advanced practice nurse at Lurie Children's Hospital of Chicago. In August 2016 and January 2017, she worked at a refugee camp in Thessaloniki, Greece. A veteran of 15 humanitarian trips, she discovered that working with displaced families fleeing a war zone is different from working in post-hurricane Haiti. Of the 26,400 refugee children in Greece, the majority are Syrian. Nearly half of them suffer from post-traumatic stress disorder related to bombings and losing family members in the war. They have chronic abdominal pain, sleep disorders, and bed-wetting problems.

Lockhart created happier moments by using her "little box of hugs" to treat scrapes, bumps, and bug bites. Some of the children visited her each afternoon to teach her Arabic, and she in turn tutored them in English. One of the most hopeful signs of progress was the big red school bus that came to take the children back to school after being away for so long because of war.

"The children were waving, smiling, and bouncing in their seats," writes Lockhart in the Lurie Children's Blog (emory.link/lurie-blog). "The routine and promise of school, the promise of a future had once again begun."



This friendly sign indicates when the doctor is in at the refugee camp in Greece, where Barbara Lockhart cared for children from Syria.

DEATHS

1940s

ELIZABETH FARNSWORTH GEHEBER 45N of Baton Rouge, La., on April 26, 2017.

THELMA POPE STEWART 45N of Norman Park, Ga., on Feb. 12, 2017.

FRANCES IRWIN OLIVE 46N of Columbus, Ga., on May 20, 2017.

MARGARET HAMMETT NEW 47N of Dublin, Ga., on March 29, 2017.

DORIS KING DICKINSON 48N of Griffin, Ga., on July 11, 2017.

1950s

LILLIAN HENSON MIKELL 50N of Dade City and Tampa, Fla., on July 2, 2017.

NANCY BRYANT RILEY 50N of Jonesboro, Ga., on Dec. 14, 2014.

KATHLEEN CAMPBELL FARROW 56N, formerly of Marion Junction, Ala., on July 10, 2017.

1960s

MOLISSA WEATHERLY SIMMONS 60N of Fernandina Beach, Fla., on Sept. 7, 2016.

HELENE RAMSEY HAND 62N of Decatur, Ga., on July 17, 2017.

ESTHER MUMFORD PEIRCE 65N 67MN, formerly of Hancock Point, Maine, on June 6, 2017.

MONIQUE M. FARILL 67N 75MN of Decatur, Ga., on June 22, 2017.

ALICE JANE GODFREY 68N of Auburn, Ala., on June 8, 2017.

JENNIE WILLIAMS DONALDSON 69MN of Atlanta, formerly of Birmingham, Ala., on Feb. 17, 2017.

1970s

RENAE O. MORRIS 73N of Atlanta, on Oct. 25, 2016.

ANNE CLEVELAND GOUELOCK 76C 78N of Fair Oaks Ranch, Texas, on Sept. 27, 2016.

1980s

JENNY WESTERMAN HURD 80MN of Atlanta on March 8, 2017.

Full information on alumni deaths may be found online at emory.link/alumni-w18.

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Susan Shapiro
Retired Faculty and Administrator for
the Nell Hodgson Woodruff School of
Nursing and Emory Healthcare



“AT EMORY I found a spirit of excellence that I have not seen anywhere else. That spirit is very alive at Emory Healthcare and the School of Nursing, where we are helping to build a culture that is based on constant inquiry and improvement. Emory students are going to transform health care for the benefit of patients, and I want to help them. My bequest will support nursing education programs at Emory Healthcare and the nursing school.”

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