

# EMORY | nursing

SUMMER 2017

## More Than a Cure

*Leading nurse researchers  
focus on the patient experience  
in cancer treatment*



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Songs Heal p. 8

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Cancer p. 10

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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 patient care 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 FAAOHN  
Dean and Professor  
Nell Hodgson Woodruff School of Nursing

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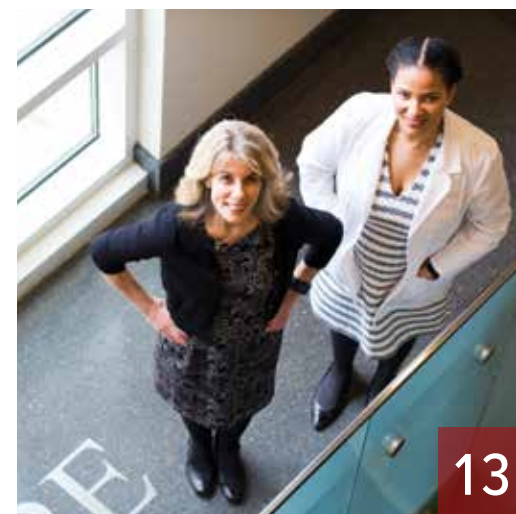
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**On the Cover:** Janice Withycombe has developed an iPad survey that pediatric cancer patients can use to improve symptom reporting accuracy.

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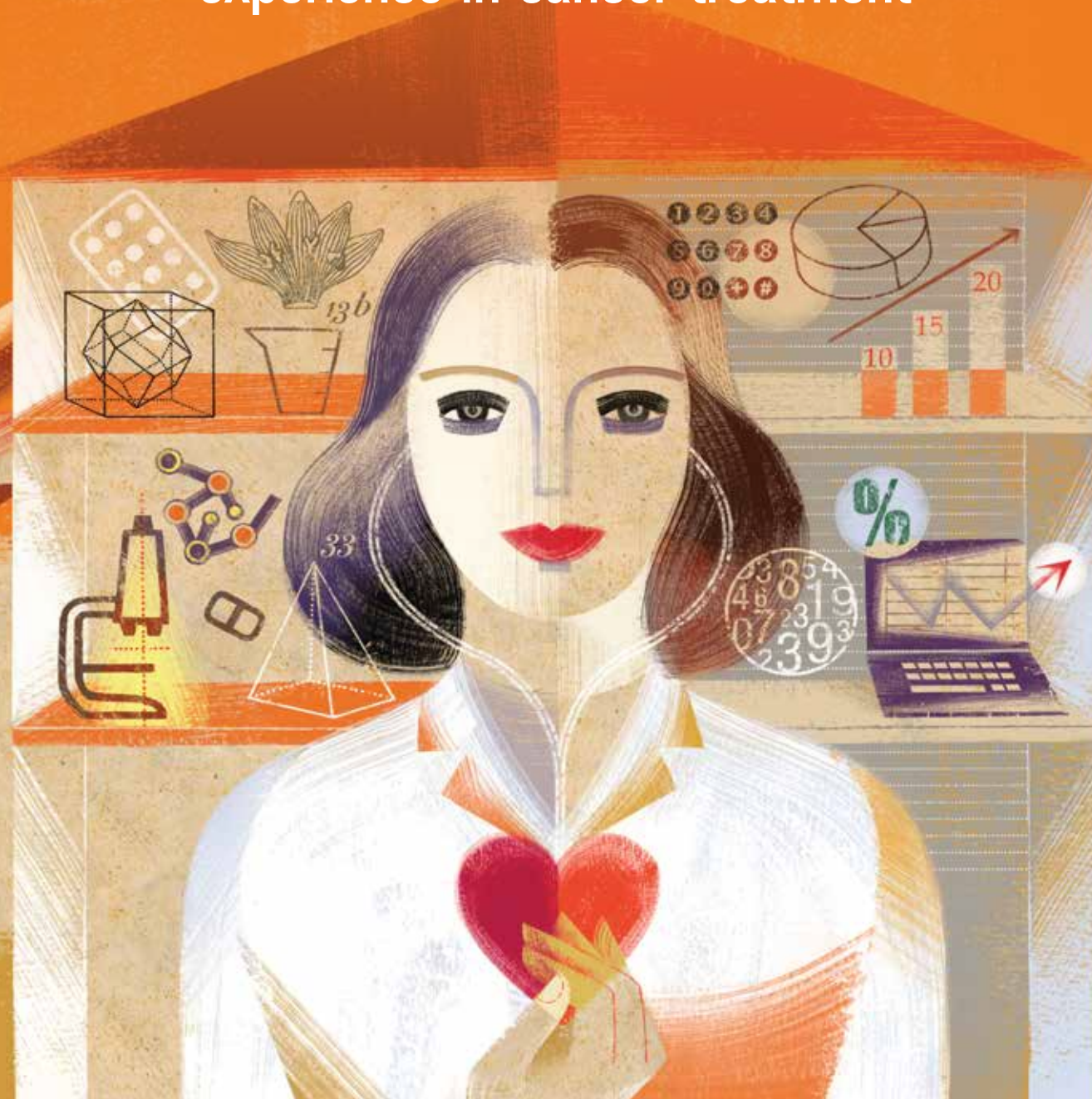
Visit [emory.link/interactSON](http://emory.link/interactSON) to connect with Emory's nursing community and learn the latest news via our social networking sites.

**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.*

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# Leading nurse researchers focus on the patient experience in cancer treatment



## More Than a Cure

By MARIA M. LAMEIRAS ■ Illustration by ANNA & ELENA BALBUSSO



**How do we make sure a patient gets a \$10,000 drug at home and takes it at noon and bedtime with the other drugs they are allowed to take? That is symptom science.**

—Deborah Bruner

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

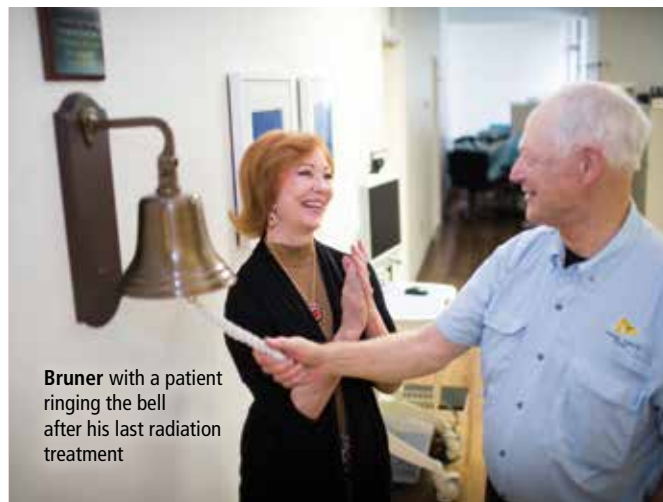
The concomitant effects of chemotherapy and radiation can ravage healthy tissues while battling tumors. Oral therapies can come with a startling array of potential side effects and daunting price tags.

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





Bruner with a patient ringing the bell after his last radiation treatment

## Patients help measure quality of life

Understanding how treatments influence patients' lives financially and emotionally by examining living environments and family dynamics is an important focus of Deborah Bruner's research on cancer treatments.

"There is not always a balanced description by clinicians of the risks versus the benefit," she says. "It is one thing to say to a patient that a treatment might offer a 10 percent higher chance of cure or you might get 10 percent longer life. But depending on how short the estimated lifespan is, we could be talking only months in exchange for significant toxicity in terms of financial burden on the family and in the symptoms. It is really important to look at both the costs and the benefits together."

At the 2016 annual meeting of the American Society for Radiation Oncology, Bruner reported on a study comparing patient-reported symptoms for two different radiation treatments for prostate cancer. There was no difference in survival rates between the two treatments—one of shorter duration and less expensive, the other longer and more expensive. Doctors rated the shorter treatment higher in toxicity because patients experienced slightly higher incidences of diarrhea.

For her study, Bruner looked at patient-reported outcomes alongside physician-reported outcomes.

"It turns out that, no, it doesn't matter to patients if they have diarrhea from two-to-three or four-to-five times a day," she says. "It has to be a bigger quantifiable leap for a patient to say this is really a change in my quality of life."—*MML*

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



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

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 bedtime 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 have 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





**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

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.

“Only 3 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

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.” **EN**



#### **What about the microbiome?**

**Deborah Bruner thinks we need to pay more attention to our bugs.**

Her current research is in the arena of the microbiome, or “the collection of all the micro-organisms living in association with the human body,” as defined by the NIH Human Microbiome Project. She correlates the importance of microbiome research to the launch of the Human Genome Project in 1990.

In a Winship Cancer Institute pilot study on cervical and endometrial cancer, Bruner is examining changes in patients’ vaginal microbiome that were thought to be related to post-treatment symptoms.

“We found that prior to treatment, women already had an abnormal vaginal microbiome. So that begs the question: Did cancer change the microbiome, or did the microbiome promote cancer? We hope to be on the forefront of answering some of those questions,” she says.

A tremendous amount of work also is emerging on the “gut-brain axis,” the biochemical signaling that takes place between the gastrointestinal tract and the central nervous system. In another Winship pilot study, Bruner is looking at the gut-brain axis in chemotherapy and breast cancer based on the phenomenon of “chemo brain,” a common term used by cancer survivors to describe thinking and memory problems that can occur after their treatment.

“Chemo brain has been very hard to explain,” Bruner says. “When you do neurocognitive batteries, you don’t find abnormalities, yet it is a consistent symptomatic complaint. It may be that we haven’t had the right pathways and metrics to discover the cause. It may be a change that occurs when you destroy the normal microbiome through chemotherapy, which may affect the brain.”—*MML*



# Healing Body and Spirit

Jill Hamilton documents how religious songs help cancer patients endure

By PAM AUCHMUTEY



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

**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-clapboard 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 in times of stress, especially during illness.

“Many people memorize songs when growing up but forget about them until something happens that shakes them,” says Ham-

ilton, 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.

“I’d never heard 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 these songs before they died off with the older generation.”

Colleagues were skeptical of her idea at first. 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.” **EN**



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.



Janice Withycombe walks a cancer patient through using an iPad app to record his symptoms at Children's Healthcare of Atlanta at Egleston.

# 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



assess 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 organization devoted to childhood and adolescent cancer research. Its 224 member hospitals and cancer centers treat the majority of pediatric cancer patients.

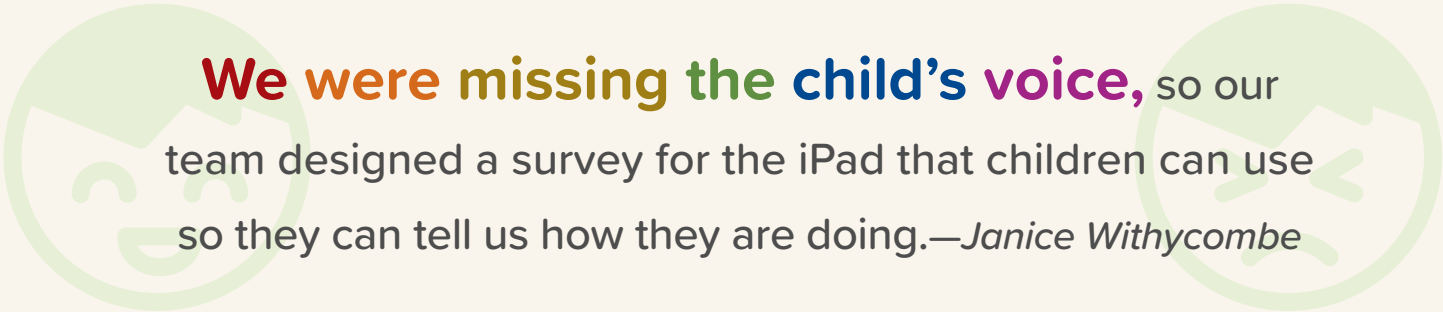
“A few years ago, the COG Nursing Discipline was looking

“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 overwhelm 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/parent education. Afterward, the team developed consensus on recommendations regarding better practices for providing patient/family education for newly diagnosed cancer patients. Recommendations



**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 are doing.—*Janice Withycombe*

for its next big project. We wanted a topic that hadn’t seen 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 have to become medical moms and dads. They monitor symptoms, manage medications, oversee nutrition, and juggle medical appointments in addition to normal family routines. They may have to learn how to give injections, change dressings, assess surgical sites, flush central lines, or operate feeding tubes. 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.

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.

“Treatment studies often focus on improving cure rates, but this kind of work can have a similar impact,” Withycombe says. “Teaching parents more effectively may lead to fewer hospital readmissions and better treatment compliance, which can improve cure rates for their children.” **EN**

# A new light on disparities

## Cancer & HIV

**While collaborating with clinical colleagues in rural southwest Georgia, cancer researcher Theresa Gillespie 81N 98PhD 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.”

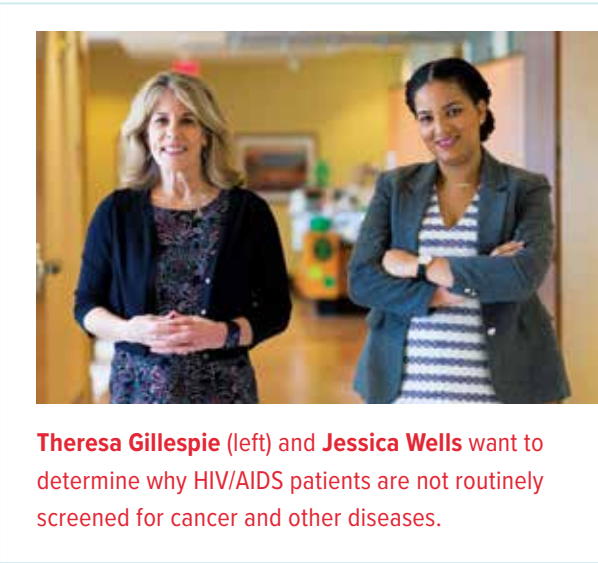
Gillespie and Jessica Wells 12PhD RN, assistant professor in the School of Nursing, plan to find out as co-leaders of a pilot study on cancer screening and early detection among people living with HIV/AIDS. They are talking to patients and providers at Grady Health System’s Ponce Center in Atlanta and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

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 chemotherapy. The bad news: she realized the field of breast cancer research was saturated.

Wells switched gears. She began to



**Theresa Gillespie (left) and Jessica Wells want to determine why HIV/AIDS patients are not routinely screened for cancer and other diseases.**

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.”

There is an important difference. “Unlike cervical cancer, there are no



national screening guidelines for anal cancer that clinicians can refer to,” Wells says. “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.”

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*



# PATHWAY TO NURSING

## *Pediatric Oncology*

### 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."

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

**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](mailto:margot.early@emory.edu).



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



## 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



Catherine Caprara credits her patients with shaping her career path as a nurse practitioner in Emory’s BMT unit.



The new **Emory University Hospital tower** will begin opening in late July across the street from the main hospital. All nine floors will be up and running by late October.

## *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 specialty 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 recalibrates 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-gerontology 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  
*Continued on next page*.....”



toll associated with this field,” Caprara says. “How can there not be, considering? It’s similar to being on an airplane—you have to don your oxygen mask first before you can be of help to anyone else.”

Whether volunteering as a school nurse at Cristo Rey High School in downtown Atlanta, making handmade pasta in cooking class, or cultivating her love of dance at the Atlanta Ballet, she knows that taking care

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.”—*Marlene Goldman*

## Guiding cancer patients in clinical trials

On occasion, Colleen Lewis O8MN 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 offer 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 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



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.

of the a 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 2007.

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.”—*Dana Goldman*

# Way to go, School of Nursing!



## 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. 15).

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

## No. 1 in NIH Funding

Emory currently ranks first among U.S. nursing schools in research funding from the National Institutes of Health (NIH). The No. 1 spot caps a dramatic jump in NIH rankings for the school, which rose from 38th (2009) to fourth (2015) to first (2017).

Last year, the nursing school secured \$7.8 million in NIH funding, the highest amount ever. **Total research funding from NIH and other sources was \$15.1 million**, another school record.



## Projects funded by NIH

The School of Nursing has 20 research projects funded by NIH. Among them:



**The Center for Children’s Health, the Environment, the Microbiome, and Metabolomics** seeks to understand the prenatal and postnatal environment in African American mothers and infants in Atlanta to reduce preterm births. The center is funded by a \$5.1 million NIH/EPA grant, the largest in school history.



**The Epigenetic Mechanisms of Inflammation and Fatigue in Head and Neck Cancer Patients** explores

the relationship between genetic and molecular changes, inflammation, and persistent fatigue in patients treated with chemoradiotherapy.



**The Environmental Influences on Child Health Outcomes**

examines the effects of air, water, and chemical exposures on young children.



**Through Healing Hearts, Mending Minds in Older Persons with HIV**, researchers

are testing a home-based aerobic exercise program to improve cognitive functioning in adults with HIV/AIDS age 50 and older.



**The Tele-Savvy Online Psycho-educational Program** provides distance education for dementia caregivers using tablet and computer technology and online conferencing.



# 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



**Marcia Holstad** tested Music for Health, a smartphone app to help adults living with HIV/AIDS.

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, grandchildren, and nieces and nephews.”



**Molly Jobe 16MN** helped train nurse-midwives in the village of El Rancho in central Guatemala.

## 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 Jusino Leon DNP RN accompanied students to Nicaragua to work with the organization Comunidad Connect 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.

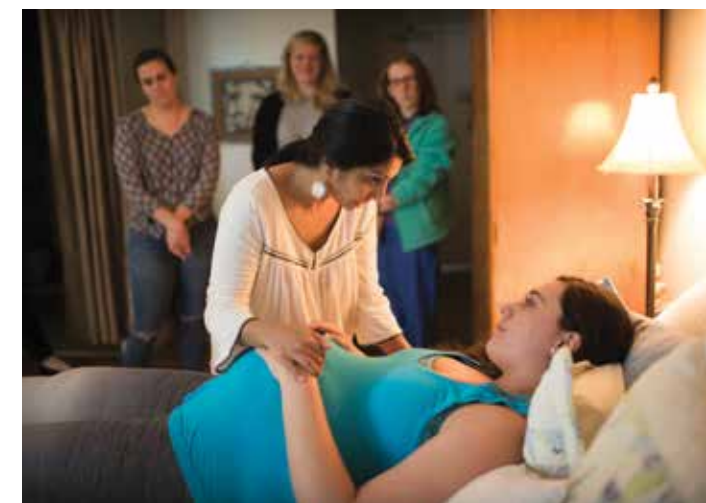
## A nurturing partnership

**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

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 Clevenger 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 and childbirth and focuses on educating future midwives. Emphasizing nurturing hands-on care before, during, and after birth, the practice model is guided



**Anjli Hinman** 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.

midwives—Anjli Hinman 06N 08MN, Sara Edwards 94MN 94MPH, Crystal Bailey 06N 07MN, and Erin Graham 12N 13MN—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

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 Hinman, 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.”



**ROY SIMPSON DNP RN DPNAP FAAN** was named assistant dean of technology management. This new position brings education, research, and simulation technology together in the School of Nursing. Simpson is a newly elected fellow of the American College of Medical Informatics and former vice president of nursing for Cerner Corporation.



**KELLY WILTSE NICELY PHD CRNA** is program director of the new Doctor of Nursing Practice Nurse Anesthesia Program, which will enroll its inaugural class in Fall 2017. Graduates of the 36-month program will be trained to work as Certified Registered Nurse Anesthetists. Nicely comes to Emory from the University of Pennsylvania’s School of Nursing.





## The Heart of the School

Something was different at the School of Nursing diploma ceremony this year. For the first time in 40 years, clinical professor Sally Lehr 65N 76MN PhD missed out on the celebration because of illness. On May 17 the following week, Lehr died peacefully at home from melanoma at age 74.

Her loss is keenly felt throughout the nursing school and the university, where she enrolled as an undergraduate in 1960. Always caring and upbeat, Lehr went on to transform the nursing school as a clinician, teacher, colleague, and alumni leader.

Students bonded quickly with Lehr in the classroom, where she taught mental health and psychiatric nursing, including a highly popular course on human sexuality. A certified sex therapist, Lehr advocated open and honest talk about sexual health with patients, a topic that clinicians often shy away from. In her classes, she engaged both faculty and students in learning with grace, humor, and sensitivity.

"Sally was always open to new ideas to integrate innovative strategies into her classes to enhance student engagement," says Corrine Abraham 85MN DNP RN, clinical assistant professor. "She recruited me on more than one occasion to participate in one of her simulations to provide students with a deeper understanding and appreciation for the impact of mental illness."

As a BSN student, Lehr cofounded the Emory chapter of Sigma Theta Tau International, the honor society for nursing, and subsequently led the chapter for several decades. For the past 10 years, she chaired the chapter's Walk to End Alzheimer's. For seven of those years, the chapter raised more funds than any other school team. For two decades, she chaired the planning committee for the

annual Virginia Lee Franklin Conference, which brought hundreds of nurse leaders in geriatrics, psychiatry, and neuroscience together 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](http://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.

## ADVOCACY | Why EPA Rules Matter to Children

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](http://emry.link/EPA-briefing).



**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](http://emry.link/march-science).



**URSULA KELLY PHD**  
**APRN ANP-BC PMHNP-BC**  
was elected a fellow of the American Association of Nurse Practitioners. Kelly studies female veterans affected by post-traumatic stress disorder and sexual trauma in the military. Among her current research is a yoga intervention to help these women overcome trauma.



**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 nursing category and third place in the medical-surgical nursing category. Amar, associate dean for undergraduate education, co-wrote the book with Kathleen Sekula from Duquesne University's School of Nursing.



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## THIS NURSING LIFE | *Mary McCabe*

### Creating a model in cancer survivorship



**O**n 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."

When McCabe left the National Cancer Institute (NCI) to join MSKCC in 2003, the cancer center offered a long-term follow-up



In 2016, Mary McCabe 72N MA became the first recipient of the Leonard M. Rosen Memorial Research Award, presented by the Children's Cause for Cancer Advocacy in New York City. Rosen was a founding member and board chairman of the organization. McCabe was honored for her leadership in pediatric cancer survivorship at Memorial Sloan Kettering Cancer Center.

program for pediatric patients and lectures and support groups for other patients. What it lacked were programs specifically for young adult survivors of childhood cancer and survivors of adult-onset cancer. McCabe and her colleagues turned to patients, families, and staff for guidance. From those conversations emerged a survivorship clinic for adults, training for physicians and nurse practitioners in survivorship care and research, more patient education, and services for adults treated for cancer as children.

"When pediatric patients are treated for cancer, their organs are still growing and they may experience organ toxicity later on," says McCabe. "It might affect

their heart, kidneys, lungs, and endocrine system. This patient 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

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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 39N, 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 improve the clinical trials process and incorporate quality of life and patient symptom evaluation into clinical trial networks.

She also collaborated with National Institutes of Health (NIH) agencies and the Pentagon to ensure patient access to clinical trials and spent one day a week in NIH’s Department of Bioethics. Later, at MSKCC, she became chair of its ethics committee, a resource to help clinical staff, patients, and families resolve conflicts, most often at end of life. In each case, the committee sought to bring parties together in the patient’s best interest.

“When I became a nurse, cancer treatments were harsh, and surgery was not as refined as it is today,” says McCabe. “Our focus wasn’t on quality of survival but on keeping people alive. Our ability to improve survival rates, for children and adults, has changed dramatically. But many patients still die of their disease. As nurses, our goal is to help cancer patients live well, regardless of how long.” —*Pam Auchmutey*

## CLASS NOTES

### 1980s



**EVE BYRD 86N 98MN/98MPH 17DNP** is director

of the Carter 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.



her DNP from the University of Alabama, Tuscaloosa, in 2015 and continues to serve there 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.

### 2000s



**JANET (IRIZARRY) FEDULLO 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.



**DR. BRITTANY M. NEWBERRY 01N 03MN/03MPH** is vice president of education and professional development for

HospitalMD, an emergency department staffing company for rural facilities. She is an emergency nurse practitioner at Piedmont Mountinside Hospital in Ellijay, Ga., and serves on the adjunct nursing faculty at Emory. She also chairs the practice committee for the American Association of Emergency Nurse Practitioners. Newberry and her husband live in Blue Ridge, Ga., where their household includes a dog named Emory.

### DEBORAH DARLENE WILLIAMS 02MN

is a nurse practitioner in cardiac imaging (outpatient adult care) with Emory Healthcare (EHC). She received



**MARRIED: JULIE SCHNEIDER 08MN** and Michael Levy, on Sept. 6, 2016. She is a nurse practitioner at Emory University Hospital. The couple lives in Atlanta.



**JON SOFFER 10N 11MN** and his colleagues at Mid-Columbia Medical Center (MCMC) founded a program last year to serve the seasonal farm workers who pick cherries in Oregon’s Columbia River Gorge. MCMC joined with community groups to form SOMOS (Serving 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 Farm-worker Family Health Program in Moultrie, Georgia, where Soffer participated as a student.

### 2010s



**JOHN N. KING 06OX 13N** completed the Ironman Triathlon in Quebec last August. Held in the ski resort town of Mont-Tremblant, the race has one of the hilliest Ironman courses. In typical Ironman fashion, the race includes a 2.4-mile swim, 114-mile-bike ride, and a 26.2-mile run. “It rained 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.

King works in an ICU step-down unit at an LTAC facility in Athens, Ga. He and his fiancée will move to Boulder, Colo., this summer to pursue flight nursing and mountain rescue.

**JENNIFER BURKHOLDER 13MN/13MPH** is the deputy director of emergent health threats at the Georgia Department of Public Health (DPH). In this role, she coordinates Zika preparedness and response activities and has developed an operational plan for how the department would respond to local Zika transmission. So far, there have been no reported cases of local transmission in Georgia. Previously, Burkholder served as the deputy chief nurse of emergency preparedness in the Office of Nursing at the DPH.

**SUSAN SWANSON 16DNP** was named a postdoctoral fellow in the VA Quality Scholars Program.

## DEATHS

### 1940s

**ELOISE M. BOWEN 43N** of Snellville, Ga., on Sept. 29, 2016.

**LAURETTE COLLEY RACIAPPA 43N** of Winter Haven, Fla., on Oct. 23, 2016.

**HARRIET OWENS MCINTOSH 44N** of Lakeland, Fla., on Dec. 27, 2016.

**CONSTANCE (CONNIE) OSTER-LUND LECLERC 45N** of Longwood, Fla., on July 15, 2016.

**DR. B. JACQUELYN (JACKIE) BARNARD 47N** on Aug. 11, 2016, in Kauai, Hawaii.

**ANNIE LAURIE SISSON 47N** of Greeley, Colo., on Jan. 24, 2017.

**FRANCES F. STILWELL 47N** of Cape Canaveral, Fla., on Sept. 12, 2016.

**MARY REGINA MESSIER CUMBIE 48N** of Daytona Beach, Fla., on Dec. 8, 2016.

**ELIZABETH EDWARDS 48N 60MN** of Greensboro, N.C., on Nov. 6, 2016.

### 1950s

**LORRAINE L. SPIVEY 52N** of

West Palm Beach, Fla., on Feb. 27, 2017.

**JAMIE H. (MARY) CRAWFORD 55N** of Perry, Ga., on Oct. 7, 2016.

**DR. EVANGELINE BLACK LANE 56MN** of Atlanta, on Nov. 8, 2016.

**MARGARET H. ALLEN 57N** of Lawrenceville, Ga., on Sept. 25, 2016.

**PATRICIA (PAT) MAGUIRE STOWELL 58N** of Atlanta, on Sept. 2, 2016.

### 1960s

**DR. SARAH HALL GUELDER 65MN** of Isle of Palms, S.C., on Oct. 4, 2016.

**FRANCES E. CARSON 67MN** of Nashville, Tenn., on July 28, 2016.

**KATHY JEANES SAUVAIN 69N** of Greenville, S.C., on Aug. 7, 2016.

### 1970s

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

**ANNE CLEVELAND GOUDE-LOCK 76C 78N** of Fair Oaks

Ranch, Texas, on Sept. 27, 2016.

### 1980s

**CAROLINE RACHELS CHURCH 80MN** of Gainesville, Ga., on May 3, 2014.

**KAY MCGUIRE WHITSON 80N** of Nashville, Tenn., on Oct. 16, 2016.

**CARMEN G. WOODSON 59C 80N** of Decatur, Ga., on Feb. 17, 2017.

### 1990s

**PATRICIA G. GARRISON 95N** of Danville, Calif., on Aug. 29, 2016.

**ROBERTA S. IMMERS 97N 02MN** of Covington, Ga., on July 6, 2016.

### 2000s

**JAMES LANDON PADGETT 10N** of Atlanta, on Sept. 17, 2016 at Halcyon Hospice of Atlanta.

Full information on alumni deaths may be found online at [emry.link/alumni-deaths](http://emry.link/alumni-deaths).

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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 89PhD** 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 emeritus 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 at Northside Anesthesiology Consultants. For her accomplishments, Nix was named the March of Dimes Nurse of the Year for Surgical Services in 2015. She is a member of the American Academy of Nurse Practitioners, the American Society for Pain Management Nursing, and the Association of Perioperative Registered Nurses.



**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 Gentiva 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.



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## A Giver of Hope



In times of need, **Linda Spencer 79MPH PhD RN** 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 also was 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 DNP RN CNE FAANP, 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 [emory.link/emeritus-faculty](http://emory.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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