

EMORY NURSING



UNSEEN

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TO THE FOREFRONT



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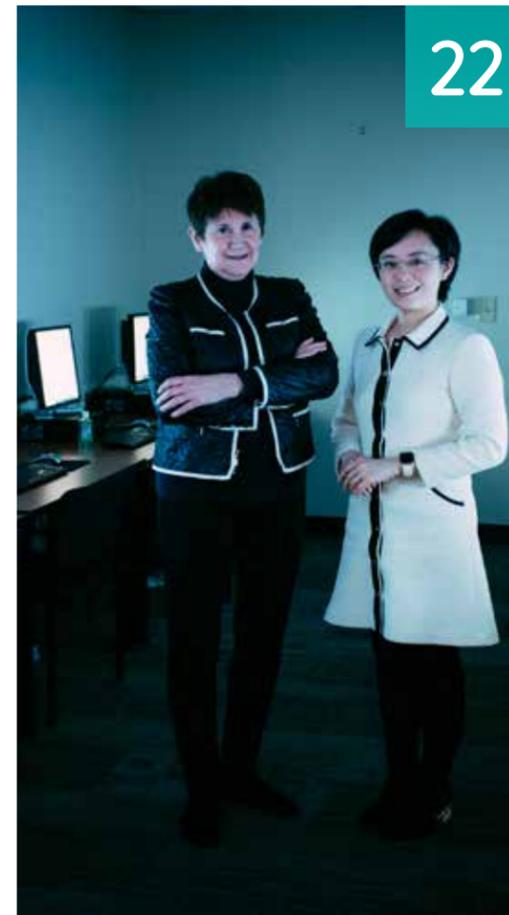
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On the Cover: When **Tara Noorani 17N 18MSN** and **Sasha Cohen 18N 19MSN** voiced their concerns about the lack of information on LGBTQ health in the nursing curriculum, the dean and the school listened. Learn why and how they went about it in the story on page 2.



THE PATIENT'S APPOINTMENT STARTED OFF SMOOTHLY ENOUGH: FIRST, SHE CHECKED THE BOX ON THE CLINIC'S INTAKE FORM TO CONFIRM SHE WAS SEXUALLY ACTIVE. THEN SHE CHECKED ANOTHER BOX SAYING SHE WAS NOT USING ANY FORM OF BIRTH CONTROL. THAT'S WHEN THINGS GOT ROCKY. THE NURSE READ THE PATIENT'S ANSWERS AND BEGAN A LECTURE.

"The nurse told the patient she was irresponsible and careless for not using contraception," explains Tara Noorani 17N 18MSN, a family nurse practitioner with a different perspective on the situation. "As both a queer woman and a nurse myself, I knew there were a multitude of assumptions being made."

In fact, the patient didn't use birth control because she didn't need to: her sexual partner was another woman. It was only when the patient volunteered this fact that the scolding ceased.

Noorani doesn't blame that particular nurse for the uncomfortable moment. "The problem was that there was nowhere on the form where this patient could indicate the gender of her sexual partner," Noorani says. "It was just assumed that every cis [biologically female] woman who came into the office would be having sex with a cis [biologically male] man. The problem was a structural one."

That same structural problem of limited medical training in health care for LGBTQ (lesbian, gay, bisexual, transgender, queer) people has also been apparent to many others, including Noorani's friends and classmates. Sasha Cohen 18N 19MSN, a nonbinary transmasculine person who uses they/them/their pronouns, doesn't look forward to medical appointments either.

"I had a provider literally say: 'So, what hormones do you need? What labs do you need? Write whatever prescription you want down,'" says Cohen. At the pharmacy, they found that the prescription had been written for enough hormones to last five years—way too much.

"That's not good patient care," Cohen adds. Competent gender-affirming hormone therapy includes laboratory monitoring and either telemedicine or inpatient visits to assess a patient's progress and goals.

Noorani and Cohen knew they could use these difficult experiences—and the experiences they'd heard about from

 **LGBTQ TERMINOLOGY**

CISGENDER: when biological sex matches gender identity (i.e., someone with a vagina identifies as female; someone with a penis identifies as male.)

GENDER SPECTRUM: The concept that gender is not just male/female, but rather encompasses a range of experiences and gender identities.

GENDER NONCONFORMING: when a person's behavior or appearance defies mainstream gender norms.

HETERONORMATIVE: Beliefs—and corresponding action—related to an assumption that being heterosexual is "normal." Often leads to intentionally or unintentionally dismissing, ignoring, or oppressing those who do not fit into the category of heterosexual.

NONBINARY: People who find that the binary gender categories of "male" and "female" don't accurately reflect or include their gender identity.

QUEER: A broad term for those who don't identify as cisgender, heterosexual, or gender conforming.

TRANSGENDER: People whose biological gender differs from their gender identity (i.e., someone with a vagina identifies as male).

TRANSMASCULINE: People whose biological sex is female but who identify with the more masculine side of the gender spectrum.

TRANSFEMININE: People whose biological sex is male but who identify with the more feminine side of the gender spectrum.

UNSEEN

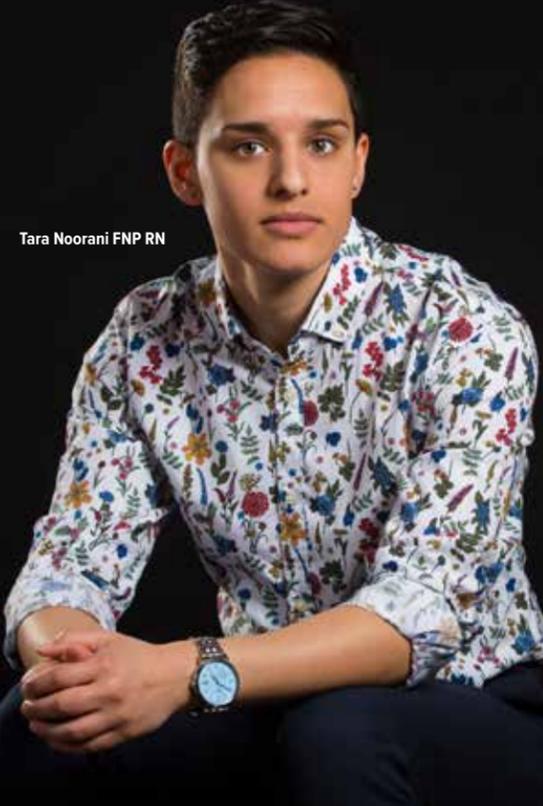
BRINGING LGBTQ HEALTH TO THE FOREFRONT

By Dana Goldman | Photography by Kay Hinton

 **LGBTQ Health Do's**

- Create gender-neutral restrooms in clinics.
- Host cultural competency training for all staff that includes gender identity discussions.
- Ensure that your practice has a non-discrimination policy that protects both gender and sexual minorities and confirm that all employees are aware of it.
- Include images of families and individuals who are LGBTQ in the office setting.
- Include brochures for other LGBTQ-friendly clinics in your lobby and educational materials on LGBTQ health in your office.
- Do a values assessment on yourself. Think about how you feel about different gender orientations and sexual identities. Be aware of those biases when you interact with patients.
- Be an example. If you find yourself in a clinic that isn't completely inclusive, hold lunch and learns to update staff, conduct diversity training, and advocate to update intake forms and other health records.

Tara Noorani FNP RN



some data suggest that lesbians are at higher risk of some cancers, although accurate data can be difficult to obtain since many surveys and studies do not ask about gender and sexual identities.

Despite their health needs, people who are gender or sexual minorities are less likely to seek out medical care than their cisgender heterosexual counterparts. Family nurse practitioner and Emory adjunct nursing professor Michelle Sariev O6N MSN has worked with LGBTQ patients for the past decade. She understands the disparity.

“Primary care is about keeping people healthy, involving everything from screenings to vaccines to diet and exercise,” says Sariev. “But when you talk about LGBTQ people, they’ve had such a bad experience historically in medical clinics. Oftentimes, they don’t go into care because they’re afraid they’re going to have another bad experience. So they miss out.”

And, like Noorani and Cohen, they worry about having to teach their provider about their health care needs. Even well-meaning LGBTQ-friendly nursing students and experienced professionals often lack the training to be competent in LGBTQ health. Until recently, nurses and other medical professionals have rarely been able to amass skills in LGBTQ health care through their classroom learning. Emory nursing historian Kylie Smith PhD, Andrew W. Mellon Faculty Fellow in Nursing and Humanities, explains why.

“Nursing education follows a fairly strict medical model. That can be problematic because that model itself is based on one type of human body, which is the white male,” she says. “The history is white men deciding what is normal and what is healthy. We’re still trying to overcome some of that historical legacy. It’s only recently that scientists have thought, ‘maybe this works differently in the female body.’ And it’s even more recently when scientists have thought, ‘what does male and female really mean?’ The curriculum hasn’t quite caught up yet.”

As a result, even in the recent past, those working with gender and sexual minorities had few options for learning besides on-the-job training. For Sariev, that training came working at local health care centers known for being LGBTQ-friendly.

“Like many nurse practitioners, I kind of got thrown in,” says Sariev, who supplemented her learning by attending conferences and asking questions of a transgender friend. “I learned a lot on the job. I was self-taught.”

Still, she knows there were downsides to her real-world education. “It’s very hard to be a new provider,” she adds. “Having to learn something you weren’t exposed to at school makes it more difficult. You have to really seek out opportunities. There’s no textbook. There are few guidelines.”

And yet the growing consensus is that caring for LGBTQ patients should be within the scope of all nurses. A 2018 position paper from the American Nurses Association (ANA) calls for nurses to be ready to meet the needs of their LGBTQ patients: “ANA affirms the need for nurses in all roles and settings to provide culturally congruent, competent, sensitive, safe, inclusive, and ethical care to members of LGBTQ+ populations, as well as to be informed and educated about the provision of culturally competent care.”

In other words, LGBTQ care must be incorporated into the roles of all nurses. Otherwise, the paper argues, health disparities—as well as discrimination—will continue.

READY FOR ACTION

In September 2017, as Noorani began the masters portion of the Accelerated BSN+MSN program, she found herself in a bind. She wanted to work with LGBTQ populations after graduation and wanted to attend conferences on transgender health to learn more. To apply for funds, she would need to make presentations at the conferences she attended—but there was no research relevant to LGBTQ concerns going on at Emory’s School of Nursing.

“It was a catch-22,” she says. Beloved School of Nursing Professor Sally Lehr had died that spring, and Lehr’s long-running course on Human Sexuality had been discontinued, leaving in its wake an absence of specific coursework focused on LGBTQ concerns. “I realized there was so much silence about LGBTQ issues in general,” says Noorani.

Then she met Sasha Cohen, who had just entered the School of Nursing as its first openly transgender student. It was a pivotal moment, says Noorani. “When I met Sasha, I realized two things. The first was that I wasn’t alone. The second—that my narrative, opinion, or experience didn’t matter—would continue to play out in the lives of future students if I didn’t say something.”

Ready to take action, Noorani sought out Arnita Howard, assistant dean for student affairs and diversity initiatives, who encouraged her to also speak with

Dean Linda McCauley. In preparation for the meeting, Noorani wrote a letter of concerns and suggestions and gathered signatures of more than a hundred supportive classmates. That letter offered specific recommendations for the School of Nursing, including:

- ▶ APPROVING MORE CLINICAL SITES FOR STUDENT ROTATIONS WHERE THEY COULD GET EXPERIENCE WITH LGBTQ PATIENTS,
- ▶ ADDING CASE STUDIES TO COURSES FEATURING PEOPLE AND FAMILIES WITH DIVERSE GENDER AND SEXUAL IDENTITIES,
- ▶ CREATING AN EXPECTATION THAT FACULTY INTEGRATE LGBTQ ISSUES INTO CLASSROOM TOPICS,
- ▶ PRIORITIZING FACULTY CANDIDATES WITH AN INTEREST IN LGBTQ HEALTH DISPARITIES,
- ▶ PROVIDING MORE SUPPORT FOR NEW STUDENTS WHO IDENTIFY AS LGBTQ, AND
- ▶ CREATING FUNDING FOR CONFERENCES ON SEXUAL AND GENDER MINORITY HEALTH.

other friends within the LGBTQ community—to do better with their own patients. But they wondered: Would their straight, cisgender classmates want to do the same?

The School of Nursing curriculum assumed that most, if not all, patients would be heterosexual and cisgender and did not include LGBTQ health topics such as what hormones to prescribe to transgender patients and how to monitor them. It’s impossible for nurses and other health care professionals to know something they never learn. What would have to happen to ensure that all nursing students now and in the future would be competent to care for one of these patients? Noorani and Cohen were determined to find out.

MISSING OUT ON HEALTH CARE

Even as more LGBTQ people are being open about their sexual and gender identities, the specific health issues they face have not gone away. They continue to be more at risk of violence, victimization, and discrimination, leading to higher rates of trauma, psychiatric disorders, suicide, and substance abuse as well as increased morbidity and mortality. Gay men, especially in communities of color, are at higher risk of contracting HIV and sexually transmitted infections. Lesbians are less likely than heterosexual women to get preventive screenings, including pap smears and mammograms. And

 **LGBTQ Health Don'ts**

- Don't assume someone's pronouns or preferred name. These may differ from the names on an EMR chart or official ID card.
- Don't assume what organs a person has. This will affect preventive screenings such as pap smears and prostate exams.
- Don't assume information about someone's sexual health—this includes whether they are sexually active, who they have sex with, and whether they are monogamous.
- Don't stop learning!

Sasha Cohen RN 19MSN



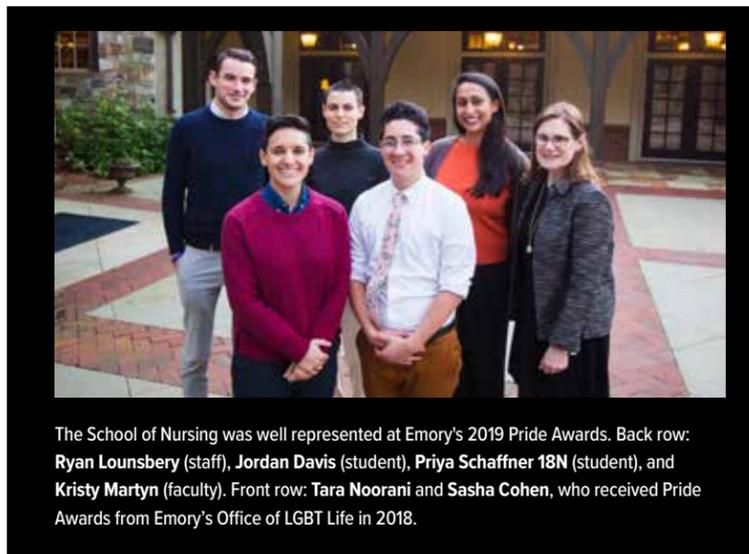


Sybastian Smith is among the LGBTQ patients **Michelle Sariev** follows at Thacker, Thompson & Bernard, a community-based practice in Midtown Atlanta.

In that meeting, Noorani also stressed the importance of supporting students at the School of Nursing who are racial and ethnic minorities and who may also feel marginalized or under-represented in the curriculum. In other words, her goal was to be intersectional, acknowledging the multidimensional identities of students, faculty, and staff.

“It was important to keep our vision and goals intersectional because our lives and the lives of our patients are intersectional,” says Noorani now. “I may identify as queer, but I am also a woman and a person of color. When it comes to something as intimate as health care, I believe intersectionality is critical to ensuring we are assessing the whole person in front of us.”

McCauley and other administrators were more than receptive to the students’ concerns and ideas for integrating LGBTQ health into the curriculum. McCauley describes why.



The School of Nursing was well represented at Emory’s 2019 Pride Awards. Back row: **Ryan Lounsbury** (staff), **Jordan Davis** (student), **Priya Schaffner 18N** (student), and **Kristy Martyn** (faculty). Front row: **Tara Noorani** and **Sasha Cohen**, who received Pride Awards from Emory’s Office of LGBT Life in 2018.

new group, the Dean’s Executive Student Council, to examine and work on intersectional issues within the School of Nursing, including gender, sexuality, race, ethnicity, and class. Then Noorani, Cohen, and others formed SpeakOUT, a student group with a mission “to advance health equity, promote the highest standards of clinical practice, and foster community among racial, gender, and sexual minorities through the provision of evidence-based education and programming at the Nell Hodgson Woodruff School of Nursing.”

“Historically, nurses have been given the privilege of caring for individuals from all walks of life and assisting individuals and families through the most challenging times,” she says. “Sexuality is part of the human experience, so it is imperative for nurses to develop the sensitivity to recognize, accept, and care for individuals regardless of race, gender, religion, or sexuality. It is what we do.”

Soon, the dean had convened and funded a

SpeakOUT’s first event was a lecture by a nationally recognized LGBTQ-affirming midwife and a film screening about resiliency in the LGBTQ community amid the AIDS crisis in the 1980s. Meanwhile, faculty began integrating LGBTQ information into their course curricula.

In April 2018, SpeakOUT hosted a panel on providing care to transgender and nonbinary patients. More than 100 students, faculty, and staff attended. For Cohen, one of the organizers, the event was an eye-opener.

“We had known there was support for our efforts, but the attendance really showed there was a need and is a need—and that it’s not just LGBTQ students who want this information,” says Cohen. “All students want this.”

For Cohen, it’s obvious why the event was a hit. “Everyone has a gender identity. Gender is a lens through which we all experience our lives. So learning about gender identity and learning how to talk about that is important. And if you can be affirming of trans folks, you can be affirming of everyone who comes through your office.”

STRIVING FOR SOCIAL JUSTICE

It’s been nearly two years since Noorani’s initial letter. She and Cohen continue to work with individual professors to incorporate best practices for gender and sexual minorities into different courses, sometimes connecting faculty members to community resources and sometimes coming to lecture themselves about LGBTQ health. In addition, the school reached out to Sariev—

winner of the 2019 Ally of the Year Award, one of the Emory Pride awards presented annually by the university’s Office of LGBT Life, and recruited her to restart the Human Sexuality course, which she taught for the first time in spring 2018.

The School of Nursing also approved a new elective specifically focused on LGBTQ health. Sariev and Elizabeth Downes 04MPH DNP, Betty Tigner Turner Chair and MSN program director, will co-teach that course in the next year. Noorani and Cohen are hopeful that future changes will include more interdisciplinary research, faculty training, and curriculum mapping to ensure more LGBTQ integration.

For nursing historian Kylie Smith, these actions are right in line with nursing’s social justice history. “Nurses have always been agents of social change and not just patient change,” she says. “People like Noorani and Cohen have pushed to move LGBTQ issues and broader issues of diversity and inclusion beyond the margins and into the forefront of the curriculum.”

Now Cohen is finishing an MSN at Emory and presenting research about the School of Nursing’s efforts to become more inclusive at various conferences. After winning Emory’s Silver Bowl Award, the school’s top student honor awarded at graduation, Noorani is practicing at Ponce Primary Care in nearby Decatur, where she oversees hormone replacement therapy for transgender patients. Thanks to her advocacy—and the changes at the School of Nursing—it’s a job she’s well prepared to take on. **EN**

“If I cry, I cry.”

It was the first time Cammie Rice had spoken publicly about her son, Christopher Wolf, who died from an accidental opioid drug overdose in 2016. Just 32, Christopher was curious, smart, energetic, and kind. He was also a hugger.

“My Christopher had a heart as big as his smile,” said Rice during the 2018 David C. Jowers Lecture, “Eyes on the Opioid Crisis,” hosted by Emory’s schools of nursing and public health last fall. “When he set his mind on something, nothing stopped him.”

Ultimately, something did. In eighth grade, Christopher was diagnosed with ulcerative colitis. Midway through his senior year of high school, he had his large intestine removed. He suffered complications and remained in the hospital on morphine for 70 days before being sent home with 90 oxycodone pills for pain.

Rice dutifully looked after her son. She gave him oxycodone at the correct intervals, as the label on the pill bottle instructed, and refilled the prescription multiple times. Unbeknownst to Rice and her son, she was paving the way for his addiction to opioid medication.

“I had no idea of the risks, I had no idea of the danger, and I had no idea of the questions I should be asking the doctors,” Rice told the nurses, physicians, scientists, public health experts, policy-makers, faculty, and students attending the nursing school’s annual Jowers Lecture.

Christopher fought back, determined to remain engaged with the world. He completed a college degree, attended graduate school, and dreamed of becoming a Navy seal. He remained close to his family, who stuck by him through the ups and downs of drug rehab. Ultimately, his opioid addiction proved too powerful.

“It did not have to happen,” said Rice of her son’s death. “There are no words to describe my pain as a mother. I’m angry that I lost my son at 32, that I won’t be at his wedding. I’m angry that I had all the resources in the world and couldn’t save my son’s life.”

HOW DID WE GET HERE?

When Christopher first took oxycodone for pain relief, he became an unwitting victim of a crisis that causes more than 130 deaths each day, according to U.S. Department of Health and Human Services (HHS) data for 2016–2017. The epidemic continues to have far-reaching effects not only on patients and families but also on health care providers and educators.

Jackie Rowles DNP MBA MA CRNA FAAN, a global leader in nurse anesthesia education and practice, shared her insights on the practice aspect as the keynote speaker of the Jowers Lecture.

“We got to a crisis because of a lack of competency,” Rowles said. “We just didn’t know a lot of things and how to do them better. So how did we get here?”

Rowles traced the origins of the opioid crisis to two developments of the mid-1990s. The Joint Commission, the accrediting body for U.S. hospitals, issued new standards for pain management. Pain thus became the fifth vital sign. Hospital reimbursements were tied to patient satisfaction, and patients rated hospitals on pain management.

“We were then forced as providers to relieve everyone’s pain,” said Rowles. “We wanted them to have no pain so that everyone was happy.”

Also, in 1996, Purdue Pharma introduced OxyContin, an opioid drug for pain then touted as posing little risk of addiction. Sales of OxyContin rose from \$48 million in 1996 to \$1.1 billion in 2000. Opioid use—and addiction—skyrocketed.

The soaring numbers eventually gained national attention. Congress acted, declaring 2001 to 2011 as the Decade of Pain Control and Research to address rising concerns over inadequate treatment of chronic pain. In 2009, Congress passed the National Pain Care Policy Act and the VA Pain Act to improve pain management. That same year, Rowles signed a letter of support in her role as president of the American Association of Nurse Anesthetists.

In June 2011, the National Academy of Medicine (NAM) issued a report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. The report noted that much of the chronic pain experienced by Americans was not being treated correctly and called for a cultural change to prevent, assess, treat, and understand all types of pain correctly. It also directed HHS to develop a plan to increase awareness about pain and its health consequences and improve how it is assessed.

For Rowles, one NAM recommendation stood out above the others. “Pain doesn’t belong to one discipline,” she explained. “It’s not treated by one discipline. All providers need more training in pain management. That’s the biggest take-home message.”

Rowles began reshaping pain management education well before the NAM report was published. In 2005, she introduced multimodal pain management to nursing and osteopathic medical students at Marian University in Indianapolis, where she later established a DNP program in nurse anesthesia.

“Pain management is no longer just opioid monotherapy or polypharmacy medications,” said Rowles. “It’s also physical therapy, occupational therapy, pain psychology (you can’t heal the body without healing the mind), therapeutic massage, manipulation, acupuncture, exercise physiology, and diet and nutrition. There are so many things we have to work on.”

Rowles also served on the HHS/NIH team that developed a National Pain Strategy, issued in 2016. During her tenure on that team, she pushed hard to create a new educational model for pain

MORE THAN A STATISTIC

When experts gathered to talk and learn about the opioid crisis, the greatest lessons came from a mother who lost her son to addiction and a nurse anesthetist who has changed the landscape in pain management.

By Pam Auchmutey
Illustration by Shaw Nielsen

OPIOID USE THROUGH DIFFERENT LENSES

“Eyes on the Opioid Crisis” extended well beyond the realm of nursing. In addition to Cammie Rice, who spoke about how opioid addiction affected her family, and Jackie Rowles, a leading expert in nurse anesthesia practice and education, the program included panelists well-versed in science, policy, and practice. Among them: Hannah Cooper ScD SM, the first Rollins Chair in Substance Use Disorders at Rollins School of Public Health; Christy Norman Pharm D MS, vice president of pharmacy services at Emory Healthcare; and Sheila Pierce MPA, opioid program coordinator and director of the Prescription Drug Monitoring Program for the Georgia Department of Public Health.



Kelly Wiltse Nicely



Jackie Rowles

Also, in their remarks, James Curran MD MPH, dean of Rollins School of Public Health, and Claire E. Sterk PhD, president of Emory University, pointed out the parallels between the opioid crisis and the HIV/AIDS epidemic with regard to stigma, drug use, mental health, and the need to address both as societal problems rather than placing blame on the individual.

“It was a great opportunity for cross collaboration,” said Kelly Wiltse Nicely PhD CRNA, the organizer behind the 2018 David C. Jowers Lecture. In addition to directing Emory’s DNP nurse anesthesia program, Nicely is part of a work group that helped create a center for substance use disorders at Rollins, led by Cooper, and serves on the Emory Healthcare Opioid Stewardship Council, led by Norman.

In the days following “Eyes on the Opioid Crisis,” Nicely heard from Emory nursing faculty and students and others about how the program broadened their perspective of an epidemic that affects thousands of individuals and families every day. “We hear about the opioid crisis every day in the news, so much so that people become immune to it,” said Nicely. “When you learn something you didn’t know, it opens your eyes wider to what the opioid crisis means for all of us.”



LEARN MORE | View “Eyes on the Opioid Crisis,” including the keynote Jowers Lecture by nurse anesthesia clinician and educator Jackie Rowles, at emry.link/opioid-crisis.

management that nursing and medical schools could implement quickly.

“Previously, we looked at pain management as a band aid for treating pain. But we never looked at how to fix the cause of pain,” said Rowles. “We came up with an educational model that looks at pain as a disease. Over time, chronic pain causes changes in your body and health. It truly becomes its own disease.”

Increasingly, Enhanced Recovery After Surgery (ERAS) has become the preferred science-driven strategy that care teams use to manage patients’ pain. ERAS calls for using opioid-sparing techniques such as regional anesthesia, peripheral nerve blocks, nonpharmacologic approaches, and nonopioid medications to control pain.

Communication is another key protocol of ERAS. “We have to have better discussions with our patients,” said Rowles. “We can’t be afraid to have them.”

Additionally, nurse practitioners and physicians in primary and ambulatory care must prescribe opioid medications sparingly. “If someone comes in with a back spasm and can’t walk, you can give them an opioid. But don’t give them a 30-day supply,” Rowles said. “Give them enough for three days and then have them come back to see you.”

As one might imagine, Rowles’ words held the attention of her audience, including Cammie Rice. In 2017—the year after her son died, the CDC reported more than 70,000 drug overdose deaths in the United States. Of those, more than 47,000—67.8 percent of all overdose deaths—were attributed to opioids. Such numbers are painful for mothers like Rice to hear.

“I have been in so many meetings and heard so many statistics, and they are grueling,” Rice said. “When I leave those meetings, it’s hard for me because I feel like my Christopher is a number.”

In 2018, on what would have been her son’s 35th birthday, Rice launched the Christopher Wolf Campaign to raise awareness about opioid addiction and help save lives. “I can assure you that I’m not sitting on the sidelines,” she told the Jowers Lecture audience. “I’m breathing and I’m grieving and I need your help.”

Her message resonated with everyone in the room, including Emory nursing Dean Linda McCauley. “We can stand with you and help you with this challenge,” she told Rice. “Today is the start.” **EN**



“There are no words to describe my pain as a mother. I’m angry that I lost my son at 32, that I won’t be at his wedding. I’m angry that I had all the resources in the world and couldn’t save my son’s life.”
—Cammie Rice



Kylie Smith stands in the hallway of the building that housed the Georgia Mental Health Institute near Emory.

A DIFFERENT SET OF TOOLS

Using the humanities to understand nursing's role in social justice

By Laura Raines

Nurses have always been advocates for better health and “bringers of good” to patients and populations. “It’s part of their mandate to care,” says **Kylie M. Smith PhD**, Andrew W. Mellon Faculty Fellow for Nursing and Humanities at the School of Nursing.

That’s why nursing students should engage with the humanities. “The nursing curriculum is necessarily technical, but studying the liberal arts, looking at ethics and social responsibility, gives nurses a different set of tools and language to deal with today’s complex health issues and diverse patient populations,” adds Smith, who teaches Nursing for Social Change, an elective open to all students, and co-teaches Evolution of Nursing Science, a requirement for doctoral students.

Nurses have a long tradition of advocating for social justice, but what that means has changed through history. Following the Nightingale role, nurses in the late 1800s were concerned with improving sanitary conditions in hospitals.

As the profession evolved to embrace community and public health, nurses provided care to people who otherwise would not receive it—disenfranchised, marginalized, and vulnerable populations, including immigrants. The Frontier Nursing Service, where nurses traveled on horseback into rural Kentucky, and nurses who practiced on Indian reservations exemplify nurses as sole providers. Nurses also were active in the suffragette movement. “They saw the vote as empowering them to better influence decisions made about practice, working conditions, and mother/baby care,” says Smith.

During the 1950s and 1960s, the civil rights movement opened nurses’ eyes to the concept of patient rights as well as disparities in nursing education and practice. ‘Separate, but equal’ was anything but.

“When African American women tried to move into professional nursing, doors were shut for quite some time,” says Smith. But it was nurses who advocated for letting African American nurses into the Army Nurse Corp during World

War II. At Emory, School of Nursing Dean Ada Fort fought to admit the first two African American nursing students in 1962. Threatened with losing its tax-exempt status, Emory went to court to argue that it had the right to establish its own admission policies. The Board of Trustees advised Fort to wait until the tax matter and the tensions of integration had settled some, but she persisted until both students were admitted.

Smith’s research into psychiatric/mental health nursing has taught her much about the importance of nurses’ taking a stand for social justice. Her book, *Talking Therapy: Knowledge and Power in American Psychiatric Nursing*, will be published by Rutgers University Press this year. Her research into *Jim Crow in the Asylum: Psychiatry and Civil Rights in the American South* will be published by the University of North Carolina Press in 2021.

The latter book “is not just about state hospitals and the deplorable and disparate conditions there, but also the people involved in that process,” Smith says. Her research will support a website with historic photos, court cases, records and interviews with civil rights lawyers and practitioners to better inform the public about mental health history and current needs.

“I talk to my students about the nurses who worked in those institutions,” she adds. “Some did nothing and were part of the problem. Others were whistle-blowers. It’s important to look at who had access to care and who got diagnosed with what, how there was a correlation between state hospital closings and a rise in prison numbers, and how laws were gradually changed. You

can no longer lock anyone up without giving treatment. History reminds us that nurses can be part of the problem or the solution.”

While health conditions have improved for blacks and other populations, disparities still exist and access to care is a major issue for many. Nurses, for instance, are addressing the rights of LGBTQ patients and pushing back against biological racism. The humanities, Smith maintains, better equip nurses to be patient advocates and agents of system change. As caregivers, nurses have the ability to form relationships with their patients.

“In addition to being practitioners, nurses must be ethical problem-solvers,” says Smith. “It’s important for them to understand the multiple factors that contribute to their patients’ lives in order to care for the whole patient.” **EN**



BYGONE ERA: PATIENTS ON THE LAWN OF THE ALABAMA INSANE HOSPITAL IN TUSCALOOSA.



Forensic nurses are a special breed.

They provide specialized care to victims of child abuse and neglect, domestic violence, sexual assault, human trafficking, elder abuse, and other forms of trauma and harm often experienced by vulnerable and high-risk populations.

These advanced practice nurses (APNs) may be called upon in the aftermath of mass disasters, but much of what they regularly see is the result of personal violence that too often is hidden away out of shame or fear. Forensic nurses are experts in recognizing signs of abuse, detecting and treating injuries, collecting evidence, and providing testimony to apprehend and prosecute perpetrators.

Nationally, the number of forensic nurses, especially those certified as Sexual Assault Nurse Examiners (SANEs), is rising thanks to growing awareness about sexual assaults and other forms of violence and the need to expand SANE education and certification.

Unfortunately, says School of Nursing forensic expert Trisha Sheridan DNP WHNP-BC SANE-A SANE-P, the majority of Georgia's 170 hospitals lack access to this kind of expertise. Many people in the health care and legal systems—not to mention the general public—don't fully understand the role and value of forensic nursing.

One of 25 certified forensic nurses in Georgia, Sheridan was recruited to Emory four years ago after Dian Dowling Evans 90MSN PhD FAAN, specialty coordinator of the Emergency Nurse Practitioner program, heard her teach an elder abuse course through the International Association of Forensic Nursing (IAFN). At the time, Sheridan had just updated the IAFN's elder abuse guidelines.

Sheridan knew a lot about the School of Nursing before joining the faculty. Angela Amar PhD RN FAAN, who previously taught forensic nursing at Emory and is now dean of nursing at the University of Nevada, Las Vegas, had been her mentor.

Today, as assistant professor and coordinator of the Women's Health Nurse Practitioner program, Sheridan offers two elective forensic courses. In the course for BSN students, medical examiners and other community partners deliver guest lectures on how the health care and legal systems deal with different types of violence—and the role nurses can play within their specialties.

In the advanced course, MSN students learn how to perform forensic exams and collect evidence, making Emory one of the few nursing schools that offer forensics in the basic curriculum.



Trisha Sheridan

EXPERT WITNESS

Forensic nurse Trisha Sheridan testifies in classrooms and courtrooms to help victims of violence

By Sylvia Wrobel



Trisha Sheridan (right) reviews the steps involved in using a sexual assault evidence collection kit from the Georgia Bureau of Investigation with Courtney Wilmot, an MSN student in the Women's Health Nurse Practitioner program.



While Sheridan would like to encourage more students to become forensic nurses, she's also intent on making sure that every nurse, no matter her or his specialization, is familiar with the goals, methods, and manners of forensic nursing.

"Unless a forensic specialist is on staff at a health care facility, a nurse with even limited training is likely to be best prepared to work with victims of child, sexual, elder, or other abuse and trauma," says Sheridan.

It's also important that providers learn to recognize signs of abuse. Victims may be unwilling to volunteer information out of embarrassment or fear. For example, young victims of human trafficking average seven encounters with the health care system before a clinician realizes their situation.

Sheridan writes and speaks to reach as many nurses as possible. She now leads a two-day clinical skills training course through the Emory Nursing Professional Development Center. The first class drew 20 registrants, and more classes are on the books.

To further widen understanding of forensic nursing, Sheridan teaches residents in Emory School of Medicine, partnering with emergency medicine physician Lauren Hudak MD. Just recently, she worked with the DeKalb County District Attorney's office to instruct staff about child abuse medical examinations.

The experience that set Sheridan on the path to forensic nursing happened a decade ago, when she worked as an APN in a family planning clinic in greater Washington, D.C. A young woman arrived in so much pain she could barely walk. Although she had been sexually assaulted four days earlier, she did not go to the hospital until Sheridan agreed to go with her.

Once at the local emergency room, the nurse on duty grew impatient when the woman was reluctant to report the assault. *Then why are you wasting our time?* The physician called in to do a pelvic examination barely spoke to the woman except to ask if she ever had herpes. *No? Well you do now.* He handed her a prescription and left.

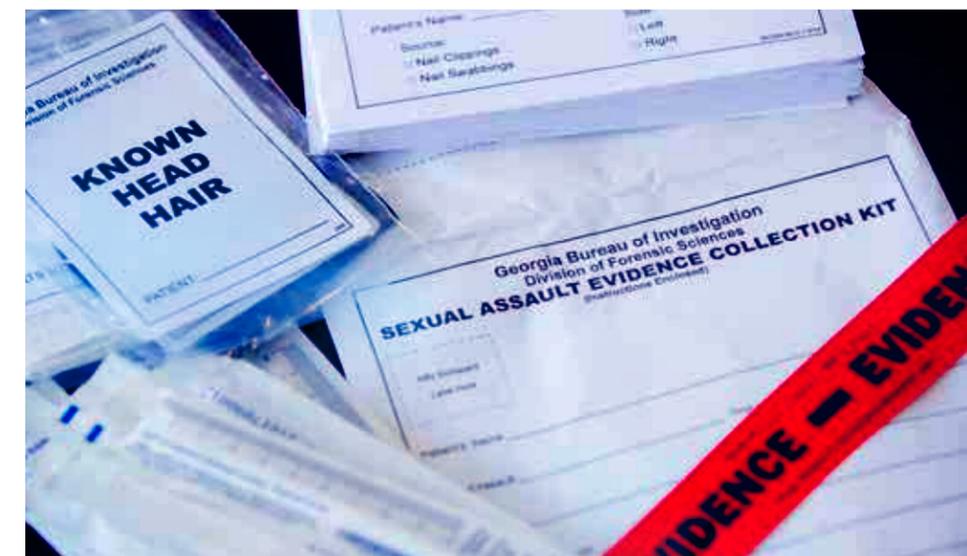
Sheridan asked herself: *What just happened here?* She soon began studying to become a forensic nurse and, three years later, a SANE nurse.

All too often, sexual assault victims believe health care providers focus solely on collecting evidence, which prevents many from seeking care. In addition to collecting evidence to aid in criminal prosecution, providers assess and treat injuries; prescribe prophylactic medication to prevent pregnancy, sexually transmitted infections, and HIV; and, most importantly, help victims regain a sense of autonomy and power.

That may be especially true for victims of sexual trauma. "Rape is always about exerting power, never about sex," says Sheridan. "That's why everything in the patient encounter—from history-taking to head-to-toe physical examination and data collection—must be done respectfully and with the patient's consent." *May I touch you here? Do you want to apply the swab yourself?*

Sheridan's desire to better understand violence and trauma led her to pursue a doctorate of nursing practice at the University of Texas Health Sciences Center. Her dissertation focused on sexual assault, specifically on HIV prophylaxis for assault victims. But her greatest lessons come from the victims of violence she has met in clinical practice, primarily in Texas, where she was the only forensic nurse in a highly populated seven-county area. Her patients? Women, men, and transgender individuals. Children and senior citizens. People from all ethnicities, socioeconomic classes, and walks of life. Successful professionals and young men and women caught up in human trafficking.

What she learned from them has continued to shape what she teaches her students in health care and law. The right response to victims, she says, can empower them, alleviate their distress immediately after a trauma, contribute to their recovery, and positively affect long-term outcomes such as depression, shame, or suicide risk. The right response can help them resume living a normal life. **EN**



THE EVOLUTION OF FORENSIC NURSING

Although nurses had long included aspects of forensic nursing in their practice, the field first gained formal recognition by the American Nurses Association Congress on Nursing Practice in 1995. Leading the way were Sexual Assault Nurse Examiners (SANEs), who sought to standardize and be recognized for their work with sexual assault victims and their families and expand and strengthen their relationships with medical examiners and legal professionals.

Today, other forensic nursing specialties include correctional nurses working in prisons and correctional facilities, forensic nurse death investigators (in some areas nurses may serve as coroners), intimate partner violence specialists, child abuse and neglect specialists, elder abuse specialists, forensic psychiatric nurses, legal nurse consultants, and clinical risk managers who deal with falls, injuries, and deaths among patients and staff in hospitals and in-patient facilities.

What these nurses have in common is education in specialized care to address the physical, psychological, and social trauma of assault or abuse and working with the legal system.

How many such nurses are there? The International Association of Forensic Nurses (IAFN) has more than 4,200 members—three-fourths of whom identify as SANE nurses—but its leaders believe the number is considerably higher. IAFN has certified 1,140 SANE-A nurses working with adults and adolescents and 465 SANE-P nurses working in pediatrics. Certification is not required to become a SANE or general forensic nurse, however. Nurses learn in the classroom, virtually, and through continuing education programs like the one offered by the Emory Nursing Professional Development Center. Other education sites are listed on the IAFN website (www.forensicnurses.org). Nurses must make sure their education meets the requirements of the state where they practice.

Linda Cross RN has been a surgical ICU nurse in Emory's liver transplant unit for 30 years. She wouldn't have it any other way.

During her shift, she cares for one to two critically ill patients awaiting or following transplant. Some patients in her unit stay for several months or even a year. Nothing makes her happier than to see patients regain their health and go home.

Recently, when one of her patients was about to be discharged, she issued a friendly mandate. "I told him the best thing he could do was to go to rehab and come back and see me wearing blue jeans and a T-shirt," says Cross. "We get to know our patients when they are very sick and lying in a bed. There's a lot of joy in seeing someone get well."

Then there are moments that put Cross's emotions and values to the test, especially when families must decide whether to prolong a loved one's life or end it by withdrawing care.

Emotional and moral distress among nurses is nothing new. It happens when a patient does not have a designated person to make care decisions. Or a family's care decision runs counter to what nurses and other clinicians feel is best for a patient. Or when a family member takes out their frustration and anger on a nurse. All can lead to compassion fatigue and burnout, causing some bedside nurses to leave their jobs.

Not so with Cross, whose experience and resolve have kept burnout at bay. She is helping other nurses do the same as her unit's ethics nurse liaison. The new role was created for Emory Healthcare (EHC) nurses with a desire to alleviate the emotional pressures inherent in their work. Cross is one of 10 nurses across EHC who have taken on the role thus far.

"Health care has evolved to a place where we can keep very sick people alive for a long time and dramatically improve their

Early Intervention

New ethics role designed to ease moral distress for Emory nurses

By Pam Auchmutey | Illustration by Mike Austin



Linda Cross and Kathy Kinlaw routinely hold ethics meetings with nurses on Cross's floor at Emory University Hospital.



“Every day I touch people’s lives in a way that no one outside of nursing gets to do. It’s important to me that they think and feel they are cared for as a person regardless of their beliefs, ethnicity, or immigration status. I don’t care about that. **I care about them as human beings.**”
—Linda Cross

Ethics in Ambulatory Care

Ambulatory care nurses often run into ethical issues in their work setting. Among them: providing test results to patients in a timely manner by phone. Complications arise when no one answers or the person who answers the phone isn’t the patient.

Kathryn Moore MA RN, who works in the clinic for heart and vascular patients at Emory Saint Joseph’s Hospital, has tackled the issue in her role as ethics nurse liaison.

“Most ethical dilemmas have to do with palliative care, end-of-life care, and family issues on the hospital side,” says Moore. “The challenges for nurses in our clinic revolve around patient confidentiality and language and communication.”

Moore is helping address those issues. Now, when a nurse calls a patient with test results, she or he can give the information only to the patient or a designated proxy to ensure confidentiality. If the nurse has to leave a message, only the patient or the proxy can be given the results on call back.

Providing test results becomes more complicated when the patient or the proxy speaks another language. In those instances, the nurse must connect them with a certified medical interpreter via the service called Blue Phone to ensure the information being relayed is medically accurate. For patients

who are hearing impaired, the nurse communicates the results via a special phone service, again to ensure medical accuracy.

“The ethical burden falls on us to make sure we reach the right person and that test results are communicated accurately,” says Moore.

She currently is working on a plan to have a password entered in a specific area of a patient’s electronic medical record that ambulatory and inpatient care providers can access. The change would improve continuity of care by enabling nurses in both settings to verify who can receive patient information. “For example, if we need to leave results and have a patient call back for a referral, we can leave a detailed message with an approved family member who has the password rather than wait several days for a patient to call back,” says Moore.

She also encourages all of her patients to include an advanced health care directive in their electronic medical record to make care decisions easier for families and providers in the event of a serious illness or event.

“Our goal is to make it easier for patients transitioning from hospital to ambulatory care,” Moore says. “It will ensure that nurses and other clinicians are on the same page to ensure care continuity.” **EN**

quality of life,” says Cross. “Nurses experience the trauma, the drama, the sadness, and the happiness that goes with taking care of patients who are critically ill. That comes with complex ethical issues that affect how well we care for our patients.”

Moral distress is well documented as a key driver of burnout among nurses and physicians. In its 2017-2018 report, the Blue Ridge Academic Health Group—which includes Emory’s Woodruff Health Sciences Center (WHSC)—calls on the nation’s academic health centers to address the well-being of health professionals. The report cites a survey of staff in the Emory Critical Care Center that showed high scores for feelings of personal accomplishment, community, fairness, and value among nurses and physicians. However, staff gave low scores pertaining to emotional exhaustion, workload, and control, “consistent with national trends in the field,” as the report states.

The survey was among the steps taken by Timothy Buchman MD, chief of critical care service, and Sharon Pappas PhD RN FAAN, chief nursing executive, to address burnout syndrome among EHC staff. Pappas also added new career development tracks, based on feedback from nurses and others, to support nurse retention. The ethics nurse liaison role evolved from the work of Kathy Kinlaw 79C 85T PhD, associate director of the Emory Center for Ethics and a longtime EHC partner. Kinlaw proposed creating the ethics liaison role for nurses, based on what she had observed at other institutions. Such a role, she believed, would further strengthen the ethics infrastructure throughout EHC by empowering nurses to intervene at the first sign of a potential issue.

When Kinlaw presented the idea to EHC nurse and physician

leaders, “everyone supported creating a specific role for nurses to grow our collective work in health care ethics,” she says.

Today, the ethics nurse liaison role is part of a career ladder program called PLAN (Professional Lattice Advancement in Nursing), which affords EHC nurses with multiple career opportunities. The 10 nurses now serving as ethics nurse liaisons represent different specialties and hospitals throughout EHC, including ICU, NICU, emergency medicine, oncology, and ambulatory care. All completed 12 hours of classroom training, led by Kinlaw, to be certified for the role.

“The ethics nurse liaison is the link between what’s going on in their unit or floor and ethics experts,” says Michelle Gray 89MSN RN, the now retired administrator who implemented the nurse ethics champion program last year. “They know who to call in their hospital or clinic and how to identify issues. They can recognize when things aren’t going well and intervene early before an ethics consult is needed.”

Cross became an ethics champion long before taking on the role officially. She spoke up when problems arose in her unit and attended ethics committee meetings at Emory University Hospital, where the liver and kidney transplant floor is housed. And she talked to and supported other nurses on her unit as they wrestled with the emotional challenges of patient care.

“I want to be a voice for nurses who have these experiences and implement policy changes down the line to create an environment that’s more ethically sound for patients,” Cross says. “Compassion fatigue and moral distress are key issues right now. We can’t afford to lose any more nurses to burnout.” **EN**

“The ethical burden falls on us to make sure we reach the right person and that test results are communicated accurately.”

—Kathryn Moore



Lower Oconee Community Hospital closed a few years ago in Glenwood, Georgia—one of many rural towns affected by a fractured health care system, including a shortage of nurses.

New initiative examines Georgia's nursing workforce

SUPPLY & DEMAND

By Laura Raines | Photography by Stephen Nowland

More than 4 million strong, nurses are the largest profession in the U.S. health care sector. Yet, as experts have predicted for some time, the nation faces a critical shortage of nurses stemming from a wave of nurses reaching retirement age and an aging population that relies heavily on nursing care.

Emory's School of Nursing took on the problem last summer by launching the Georgia Nursing Workforce Initiative. Housed within the School's Center for Data Science, the project is funded with a \$200,000 grant from the Robert W. Woodruff Foundation.

"Our first goal is to determine what the supply of nurses looks like in Georgia," explains Associate Professor Jeannie Cimiotti PhD FAAN, a health services researcher and expert in nurse workforce issues and quality of patient care. "We want to know nurses' level of educational preparation, whether they are registered nurses (RNs) or advanced practice registered nurses (APRNs), where they live, and where they practice."

The initiative stemmed in part from Dean Linda McCauley's role in the Georgia Nursing Leadership Coalition (GNLC) and its 2015 report on the *Registered Nursing Workforce in Georgia*. That report analyzed data from the Georgia Board of Nursing (GBON) workforce surveys, part of nurses' online relicensure process since 2011. While survey participation is now 86.7 percent, the data are not exhaustive.

"We are in the process of locating and gathering data from other sources in order to put together a more complete picture of nursing in Georgia," says Assistant Research Professor Yin Li PhD, who manages and analyzes large data sets.

She and Cimiotti are scrutinizing data from the American Community Survey of the U.S. Census Bureau and the U.S. Bureau



Active Licensed Nurses in Georgia (as of May 6, 2019)

126,923 RNs* 14,702 APRNs

11,797 NPs

197 CNS/PMH

571 CNMs

155 CNS

1,982 CRNAs

Jeannie Cimiotti and Yin Li are analyzing workforce data to address Georgia's nursing shortage, especially in rural areas.

Source: Georgia Board of Nursing
* Single State Licensure

of Labor Statistics to augment the information obtained from the GBON survey.

According to the 2017 Health Resources and Services Administration report on *Supply and Demand Projections of the Nursing Workforce: 2014–2030*, national nursing demand will increase from 2,806,100 RNs in 2014 to 3,601,800 RNs in 2030. Many states are projected to have an undersupply of nurses, including Georgia, where the shortage will reach 2,200 nurses by 2030.

"We know that Georgia is going to have a greater need in some geographic areas and clinical specialties than in others," says Cimiotti. "Many new nurses are attracted to the fast pace and high acuity of university hospitals and less inclined to work at small community hospitals and in long-term care."

According to the GNLC report, fewer Georgia RNs work in gerontology and assisted living, nursing homes, and extended care facilities than the national average. Cimiotti and Li suspect that the rural/urban question will be important for the state. If their findings support greater shortages in rural areas, the data will help state health care leaders look for solutions. For instance: "They might adjust salaries to make working in rural areas more attractive," notes Cimiotti.

The first product of Cimiotti and Li's work is a 10-year longitudinal analysis of nursing in Georgia. Slated for publication this spring, the report will describe the demographic and employment characteristics of nurses, including where they work and at what salaries.

"After we have a descriptive report, we can begin to determine the specific demands and needs in the state," says Cimiotti.

While various organizations have focused on the nursing shortage in general, few have looked at specifics, such as the need for more nurse practitioners in rural areas, the untapped resource of clinical nurse specialists, and the shortage of nursing faculty. In time, the researchers' work may lead to establishing a major nursing workforce data center.

McCauley sees the data being used to address key health issues in Georgia, such as maternal mortality, infections, blood pressure control, healthy behaviors, rehospitalizations, and workforce needs in the face of major health crises such as flu or other pandemics. Understanding the nursing workforce, she says, is also crucial to helping transform models of care, which is one of the strategic goals of Emory's Woodruff Health Sciences Center. **EN**

Another banner year



No. 4 in U.S. News rankings

U.S. News & World Report ranked Emory 4th among U.S. nursing schools in the 2020 edition of *America's Best Graduate Schools* guide. The school has maintained its place in the top five nursing schools since 2017.

Its Doctor of Nursing Practice program ranked 9th for 2020. Specialty program rankings included Health Systems Leadership (No. 10), Family Nurse Practitioner (No. 15), and Adult-Gerontology Primary Care Nurse Practitioner (No. 15).

TOP-RANKED GRADUATE NURSING SCHOOLS FOR 2020:

- No. 1: Johns Hopkins
- No. 2: Duke
- No. 3: Penn

NO. 4: EMORY

- No. 5: Columbia, UNC-Chapel Hill, and Yale (tied)

No. 3 in NIH rankings

Emory currently ranks No. 3 among U.S. nursing schools in research funding from the National Institutes of Health (NIH). In 2018, the school received a record \$17.9 million in total research funding. NIH funding accounted for \$8.9 million of the total. The school has ranked among the top five nursing schools in NIH funding for the past four years.



TOP FIVE RANKED NURSING SCHOOLS IN NIH FUNDING

- No. 1: Penn
- No. 2: UCSF

NO. 3: EMORY

- No. 4: Pitt
- No. 5: NYU



Student initiative cools down cost hot spots

Emory students in nursing, medicine, public health, and law have banded together to try to curb health care costs at Grady Memorial Hospital. All are participants in the Interprofessional Student Hotspotting Learning Collaborative in Atlanta, an affiliate of a national initiative founded by the Camden Coalition of Healthcare Providers in New Jersey.

The Emory students work in teams to target the medically and socially complex patients who constitute 5 percent of Grady patients but account for 50 percent of its health care costs—the “hot spots.” The teams aim to cool down those spots, but not by providing medical care or advice. Instead, they help patients manage their conditions to keep them out of the emergency room and the hospital. Students visit patients in their homes, or, if they are homeless, wherever they can. They also accompany patients to doctor’s appointments.

“We try to find out what they need to keep their condition stable,” says Michael Arenson 12G 19M, a fourth-year medical student who helped bring the hotspotting initiative to Atlanta. “Sometimes that means making sure they are taking their meds correctly or that there is not a significant amount of mold in their house. It also means supporting them to get an ID that they need for a job. We don’t do it for them. The whole idea is to help them become self-sufficient.”

Arenson worked with Colin McNamara 17N 18MSN, now a family nurse practitioner graduate, and three other students to lay the groundwork for the initiative in 2017–2018. This year, the initiative has 32 students in eight disciplines from Emory, Georgia State University, Mercer University College of Pharmacy, and Philadelphia College of Osteopathic Medicine. Their work is sponsored by a seed grant provided through a partnership of the Emory/Georgia Tech Healthcare Innovation Program, the Georgia Clinical and Translational Science Alliance, and Georgia State. Emory’s Primary Care Consortium and the School of Nursing provided additional support.



Field manual covers reproductive health

“Sexual and reproductive health (SRH) is a human right and, like all other human rights, applies to refugees, internally displaced persons, and others living in humanitarian settings. To realize this right, affected persons must have access to comprehensive SRH information and services so they are free to make informed choices about their health and well-being.”

So begins the *2018 Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings*, regarded as the global standard for providing SRH services to people affected by events such as armed conflicts, natural disasters, epidemics, or famine. The manual—the third edition since 1999—was updated and written by an IAFM Task Force whose members come from United Nations agencies, nongovernmental organizations, and academic institutions. The task force includes four members from Emory—Dabney Evans PhD MPH from Rollins School of Public Health, Eva Lathrop MD MPH from the School of Medicine, Lara Martin MA MPH from the Emory Center for Humanitarian Emergencies, and Sydney Spangler PhD CNM from the School of Nursing.

Emory experts provided significant input on chapters covering maternal and newborn health, gender-based violence, minimum initial service package (which outlines objectives and priorities when a crisis first occurs), logistics, and monitoring and evaluation.

Such expertise is sorely needed. “As of 2015, the United Nations High Commissioner for Refugees estimated that the global forcibly displaced population exceeded 65 million for the first time in history,” the IAFM states. “Of those needing humanitarian assistance, approximately 1 in 4 are women and girls of reproductive age.”

Download a copy of the IAFM at emory.link/iafm3.

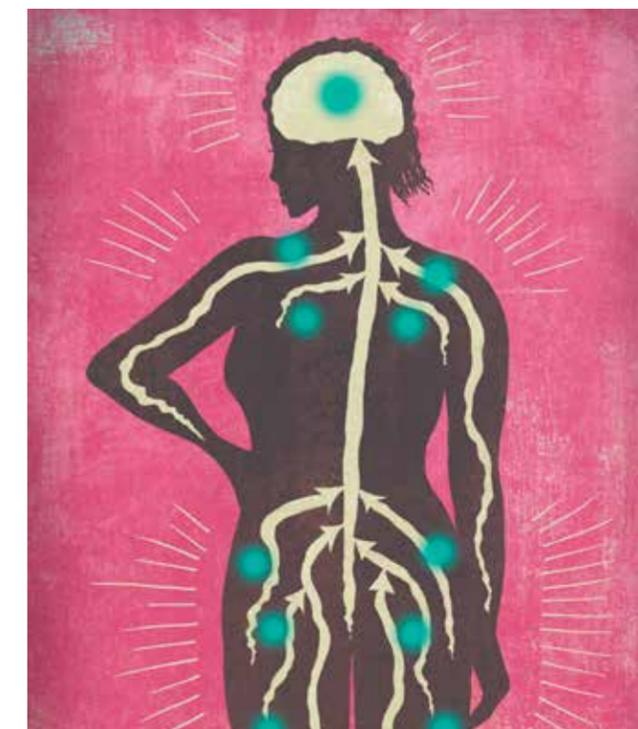
Examining the “omics” of chronic disease

In the United States, African American men and women are known to have the highest risk of living with multiple chronic conditions (MCCs). A new research center at the School of Nursing aims to improve clinical treatment approaches for this population by examining the metabolic pathways of symptoms that accompany MCCs.

Specifically, the center is taking an in-depth look at fatigue, depression, and anxiety—symptoms that often accompany diabetes, HIV/AIDS, depression, and hypertension. The center’s work stems from past studies which show that African Americans are more susceptible to living with MCCs related to stress, diet, and limited access to health care.

“Until you understand the underlying mechanisms by which multiple chronic conditions associate with worsening symptom development, it’s difficult to develop care that is specific to relieving symptoms in individual patients,” says Emory nursing researcher Elizabeth Corwin PhD RN FAAN. “Attaining this kind of precision care is a hallmark motivator of nurse-led research.”

Corwin directs the Center for the Study of Symptom Science, Metabolomics, and Multiple Chronic Conditions, funded by a five-year \$2.5 million grant from NIH. The center has two pilot projects under way. One study is examining the metabolic pathways to fatigue, depression, or anxiety in black family caregivers with obesity and hypertension. The other study is looking at the same symptoms in black adults with HIV and hypertension.





In cases of extreme weather, more than 50,000 people may evacuate the Georgia coast, which has 54 miles of coastline.

Emory and Georgia public health nurses create training videos

First came Hurricane Matthew (2016), then Hurricane Irma (2017), followed by Hurricane Michael (2018). All are siblings of a sort—devastating storms that have pounded Georgia one after another. When such storms occur, many residents leave their homes and head to state evacuation shelters, where staff include Georgia Department of Public Health (DPH) nurses.

Quite often, residents arrive at evacuation shelters with special health care needs. For DPH nurses, who typically work outside the hospital or clinic setting, caring for someone with co-existing chronic conditions, mental illness, or limited mobility can prove challenging in a shelter housing 50 to 100 people or more.

Needs also vary by situation. During Hurricane Matthew, DPH nurses found that shelter evacuees needed help with mobility and catheter care. During Hurricane Irma, nurses contended with flu cases and the access and functional needs of some evacuees.

“We saw two very different groups come in during each hurricane, so being prepared quickly changed,” says Heather Holloway RN, the DPH emergency nurse preparedness liaison for the Macon, Georgia, area. “For public health nurses, we needed to identify a way to give some ‘just in time’ training and a refresher on specific types of care.”

DPH turned to the Academic Clinical Partnership Committee (ACPC) at Emory’s School of Nursing for help. Led by Associate Clinical Professor Lisa Muirhead DNP FAANP FAAN, the ACPC includes Emory nursing faculty and staff and nursing leaders from DPH, Emory Healthcare, Grady Health System, Atlanta VA Medical Center, Children’s Healthcare of Atlanta, Northside Hospital, and Mercy Care.

In 2018, the Georgia Public Health Nurses Preparedness Disaster Task Force, an ACPC subcommittee, met at Emory to prioritize the training needs of DPH nurses related to mass care. Their collaboration with Emory nursing and physical therapy faculty led to production of four training videos demonstrating IV management, patient transfer techniques, ostomy care, and wound care.

“The online videos are now being used to train Georgia’s public health nurses to ensure they have the skills needed during a deployment to a disaster shelter,” says ACPC member Rebekah Chance-Revels MSN RN, DPH deputy chief nurse for education and professional development.



NEW FELLOWS

NICOLE CARLSON PHD MSN and **DESIREE CLEMENT DNP APRN CNM FNP-BC** were elected fellows of the American College of Nurse-Midwives (ACNM). Carlson is an assistant professor at the School of Nursing, where her research focuses on labor dysfunction and strategies for achieving better outcomes in obese women. She serves as president of the Georgia Affiliate of the ACNM and as a member of its Virtual Quality Institute, which focuses on quality assurance and improvement in care for women in the weeks before and after giving birth.

Clement is a clinical assistant professor and coordinator of the Dual Specialty Family Nurse Practitioner-Midwifery program. Her research addresses transformational leadership, health policy, nurse unity, and interprofessional education. She has held a variety of leadership roles with the ACNM and co-directs the Georgia Coalition of Advanced Practice Registered Nurses.



RESEARCH HONORS

MI-KYUNG SONG PHD RN FAAN and **RASHEETA CHANDLER PHD ARNP FNP-BC FAANP** received top honors from the Southern Nursing Research Society (SNRS). Song received the Distinguished Research Award for developing end-of-life nursing interventions, nationally and globally.

Chandler received the Research in Minority Health Award from SNRS for research on using smartphone technology to deliver sex education to adolescents and emerging adults. She is an expert in using advertising and social media messaging to deliver HIV prevention interventions to young African American women.



Check out InEmory

The School of Nursing and Emory Healthcare (EHC) have launched InEmory, a 15-month accelerated BSN program for second-degree students. The first 34 students enrolled in January. As they move through the curriculum, they will be immersed in clinical rotations across the EHC system. Students receive up to \$10,000 in scholarships and will be hired by EHC following graduation and successful completion of licensure exams.

InEmory was created to help fill a critical shortage of medical surgical nurses in EHC hospitals. “This new program will have a transformational impact on clinical learning for students while growing the nursing workforce at Emory Healthcare with the best and brightest graduates,” says Sharon Pappas PhD RN FAAN, chief nurse executive for EHC. “We are committed to giving students an unparalleled learning experience that combines hands-on patient care with evidence-based practice and research in our Magnet-designated hospitals.”

Three of the 11 EHC hospitals hold Magnet designation for nursing excellence: Emory Saint Joseph’s Hospital (designated for the sixth time in April), Emory University Hospital (designated a second time in 2018) and Emory University Orthopaedics & Spine Hospital (first designated in 2016).

Learn more about InEmory at emory.link/InEmory.



TOP EMORY LEADER

DEBORAH BRUNER PHD RN FAAN is now Emory senior vice president for research. She continues to serve on the faculty at the schools of nursing and medicine and as associate director of faculty mentorship, training, and education at Winship Cancer Institute.



Fulbright Scholar Weihua Zhang (center) with nursing students in Myanmar

Myanmar nurses face heavy workload

In Myanmar, officials have pledged to train and hire up to 3,600 nurses—twice the number as last year—to help address the country’s critical nursing shortage.

Weihua Zhang PhD RN, associate clinical professor of nursing at Emory, understands the strains the shortage is placing on nurses in Myanmar, where she was a Fulbright Scholar this spring.

“Because of the shortage, nurses have taken on multiple responsibilities under a heavy workload,” says Zhang, who taught at the University of Nursing, Yangon. “For example, Yangon General Hospital has 2,000 beds. However, there are about 2,500 patients who need to be cared for as inpatients. You could see patients in the hallway.”

The University of Nursing, Yangon is one of three universities that offer a four-year BSN program. It also offers a master’s degree program and certificate programs in mental health, pediatrics, critical care, and orthopedics. Zhang taught health assessment to BSN and MSN students and critical care for students seeking certification in that specialty.

When students in the critical care program presented their work before a group of physicians, nurses, and university faculty, it sparked “many conversations on patient safety, quality assurance, and policy change,” says Zhang. “The students’ presentations generated the need for adding a cardiac and pulmonary rehabilitation program to the curriculum. I worked on curriculum changes with the faculty and provided resources on setting up the first cardiac and pulmonary rehabilitation program by working with the interdisciplinary team in Yangon.”

Zhang also played a role in helping medical, nursing, and ministry of health leaders move toward establishing the first government-supported hospice care in Myanmar. She shared her experience in interprofessional training with health care providers from different universities and presented on palliative and hospice care at a World Health Organization workshop at the university.

Before returning to the states, Zhang lectured and took part in scholarly exchanges in Thailand. She was one of five U.S. Fulbright Scholars in the region.

Under the Georgia Dome

Shaping legislation backed by science

As a School of Nursing instructor for prerequisite courses in microbiology and human anatomy and physiology, **Jasmine Clark 13G** has her feet firmly planted in science. So when she saw an attack on scientific thought in the federal government, she was inspired to act.

It began with the national March for Science in 2017. Clark directed the march in Atlanta to help persuade political leaders and policy-makers to enact laws based on proven scientific evidence.

“Everyone else is marching, so I thought, ‘why don’t the scientists march?’ And it was hugely successful,” says Clark. “I realized that if you step up and speak, somebody might just listen to you.”

But marching wasn’t enough. She decided to step up again and run to represent District 108 in the Georgia House of Representatives in the 2018 election.

Clark wasn’t sure if she would win, especially since she signed up right before the filing deadline and hadn’t spent a dime on her campaign. But for her, running for office was more than just about winning.

“I felt that no matter what the outcome of the election was, at least the people in my district had a choice. Until my name was put on the ballot, my opponent ran unopposed,” says Clark. “I thought, ‘if they don’t choose me, that’s the democratic process. I will run again.’”

But Clark did win against incumbent Clay Cox. At around 1:30 a.m. on November 7, when the final votes were tallied, her intern and her daughter, both sound asleep on the couch, were the first to know the good news.

In January, when the Georgia General Assembly kicked off its 2019 session, Clark hit the ground running to represent her district, which covers a portion of Gwinnett County. She subsequently was elected to three committees—Higher Education, Interstate Cooperation, and Budget and Fiscal Affairs Oversight—a great accomplishment for a freshman representative. One of her legislative goals is to decriminalize HIV, which her scientific background helps her address.

“If someone throws feces on you, that’s a misdemeanor. But if someone with HIV throws feces on you, that’s a felony,” explains Clark. “It’s scientifically proven that you cannot contract HIV from feces. The current HIV legislation is an example of a law based on fear. We have to make laws based on scientific evidence.”

Clark also wants to enable nurses to practice to the full extent of their licensure to serve rural communities in “hospital deserts.”

“We have excellent nursing schools in Georgia that teach advanced practice, and we should use that more to our advantage,” says Clark.



Sharon Cooper, Renee Unterman, Jasmine Clark, and Viola Davis are among the nurses serving in the Georgia legislature. Unterman is a state senator; the others are state representatives.

“People in rural communities would probably rather have an advanced practice nurse provide care rather than drive an hour to the closest doctor.

“It’s 2019—nurses should be able to care for patients through telemedicine, without having a doctor physically stand over them,” she continues. “I’ve seen the education that goes on here at Emory. Our nursing graduates are prepared to practice as sole providers, especially in underserved communities where they are so needed.”

Clark is vocal about other issues, such as advocating that Georgia’s K12 students receive age-appropriate sexual health classes.

“I want to make sure that sex education courses in Georgia schools remain objective, not subjective. The topic concerns me because I have a daughter,” she says. “It’s not the state’s job to teach morality. That’s a conversation parents should have with their children. Sex education should be taught as a science course, not a morality course.”

By the time the legislative session ended in April, Clark had learned that a scientific point of view was a much-needed asset in committee rooms and the chambers of the Capitol.

“Whether evaluating conclusions based on data, providing scientific understanding of cited journal articles, or using my education to scrutinize and evaluate claims, I have come to realize that I am here for a reason.”—*Catherine Morrow*

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CLASS NOTES

1980s

DR. MARY GULLATTE 81MSN received the Nursing Trailblazer Award during the Atlanta Black Nurses Association's 40th anniversary celebration in October 2018. She also received a second-place honor for her book, *21st Century Nursing Leadership* (Oncology Nursing Society, 2018). The book was selected by the *American Journal of Nursing* for its 2018 Book of the Year Awards.



DR. CORRINE ABRAHAM 84N co-wrote an article, "A Qualitative Evaluation of Caregiver Support Services Offered at the Atlanta Veterans Affairs Health Care System." It was published in the CDC's open access journal, *Preventing Chronic Disease* (February 28, 2019).

DRS. KATE YEAGER 84N 12PHD and Sarah Belcher received a research development award from Emory's Center for Nursing Excellence in Palliative Care. The award supports their pilot study on the relationship between economic hardship and quality of life for oncology outpatients receiving palliative care. Yeager serves on the faculty at Emory's nursing school, where Belcher is a postdoctoral fellow.

1990s

DR. HOPE BUSSENIUS 93MSN will be inducted as a fellow of the American Association of Nurse Practitioners (AANP) in June. Once inducted, she will be one of 10 Emory nursing faculty who are AANP fellows. Bussenius also received the 2018 BAYADA Award for Innovation in Clinical Practice. The award recognizes her development of Pedia BP, a smartphone app to quickly assess blood pressure in children.



Family nurse practitioner **DR. ERIN E. SULLIVAN 96MSN** completed her DNP in 2009 at Augusta University, concentrating on management of type 2 diabetes in the uninsured population. For the past 16 years, she has worked at the Athens Nurses Clinic for the Uninsured with **JANNA CLEVELAND 74N 91MSN 91MPH**, who heads their hep C clinic. "Emory grads are the best!" Erin writes.



2000s

KATHLEEN M. KEARNEY 06MSN eloquently makes the case for being a dual-career professional. After earning her BSN from Boston College in 2000, she began her career as a pediatric nurse in Dallas. A few years later, she returned to Boston to attend Suffolk University Law School while working as a pediatric nurse. During law school,



she realized that an advanced practice degree would better prepare her to teach nursing and advocate for children. Thus she enrolled in Emory's Pediatric Nurse Practitioner-Primary Care program.

After receiving her MSN, she returned to Dallas to work as an attorney, representing adults and children severely injured in automobile and other accidents. For 12 years, she practiced with various law firms in Dallas-Fort Worth before founding Kearney Law Firm in 2018.

She also serves part time on the nursing faculty at Texas Tech University, where she teaches Nursing Jurisprudence & Ethical Challenges in Clinical Practice, a core course in the online RN to BSN program, and Health Intervention Design, aimed at improving the health of patients with chronic disease.

How does she juggle her dual workload? "I usually work six days a week (and I do not have children), but it's definitely not physically challenging like being a clinical nurse, so I have no complaints. Plus, Texas Tech's School of Nurs-

ing allows me to telecommute, and most of my teaching is online," she writes.

"With my education, knowledge, and experience as a nurse, I am better equipped to help my injured clients navigate the legal and health care systems. Being a nurse also gives me credibility when I am discussing (or arguing about) health care-related issues with insurance adjusters, other lawyers, judges, and juries.

"As a nursing professor, my law practice provides endless real-world lessons to share with my students," she adds. "Nurse attorneys are dual professionals and make the most effective teachers of nursing jurisprudence (in my humble and biased opinion)."

2010s

DR. CHELSEA HAGOPIAN 12N 14MSN 18DNP published an article, "Ethical Challenges with Nonsurgical Medical Aesthetic Devices," in *Plastic Surgery Nursing* (January/March 2019). The article resulted from her work in Emory's DNP program.

Married: **LAUREN HEEKE 09OX 12N** and Kevin Szu-Tu 09OX 11B on Sept. 29, 2018. After graduating, Lauren worked for Emory Healthcare for five years and completed her MSN at Georgia State. Last year, she joined Kevin in New



York City and worked at Vizient as a clinical operations manager. She enjoys exploring Central Park with their dog, Randy Travis.

REBEKAH STEWART 14MSN 14MPH (left) is a nurse epidemiologist in the Division of TB Elimination at the CDC and a lieutenant with the U.S. Public



Health Service. Last September, Stewart was deployed to Charlotte, N.C., during Hurricane Florence. For two weeks, she and other members of the federal government's Rapid

Deployment Force worked at a church that had agreed to house hurricane evacuees with medical needs. The team of nurses, physical therapists, physician assistants, psychologists, and physicians provided care for people affected by stroke, amputation, tracheotomy, dialysis, wounds, cystitis, and more. The status of these individuals improved because of the level of care they received, Stewart reports.

Once evacuees were given the OK to leave, the Rapid Reponse Team helped them transition back to their homes, to the care of family members, or to assisted living. "I got very attached to some of the patients," says Stewart. "It was an enriching professional time for me. I was part of an excellent team, which made the hard, stressful work enjoyable and helped me through being away from my home and family."

SAVE THE DATE

HOMECOMING 2019
October 24-26

Spend the weekend at Emory to celebrate reunions for class years ending in '9' or '4.' To help plan your reunion, contact Marifel Verlohr, director of alumni engagement, at marifel.verlohr@emory.edu or 404-727-3348.

DEATHS



Teacher, Researcher, Filmmaker

SHIRLEY JO DUBOIS CAREY 82PHD MSN RN, a longtime faculty member with the School of Nursing, died on January 5, 2019, at age 83.

During her 27 years at Emory, Carey taught graduate courses and developed the maternal and child health majors as a clinical focus. She also explored the new medium of educational filmmaking. Among her projects, she produced three highly respected films now in the National Library of Medicine. The films illustrated SOAP noting, a then-improved method for charting patients, in maternal-infant care.

Carey also played a role in shifting the focus of Emory's graduate nursing program to clinical nurse specialist, developing new graduate majors in nursing administration and teaching, and enabling students to take electives outside the school in theology, law, business, and public health. She was the first faculty member to hold a dual appointment in teaching and research.

In the course of her career, Carey taught more than 300 Emory nursing graduates, many of whom stayed in contact with her over the years seeking advice, recommendations, and support. She retired in 1999 and lived in Flowery Branch, Georgia.

MEMORIAL GIFTS honoring Shirley Carey may be made to the Emeritus Faculty Scholarship Fund. To give online, visit emory.link/emeritus-faculty. Or make checks payable to Emory University, Office of Gift Accounting, Emory University, 1762 Clifton Road, Suite 1400, Atlanta, GA 30322; Re: Shirley Carey.

IN MEMORY

- Harriet Smith Head 45N
- Anne Smith Neal 47N
- Barbara Kinsley Slauson 50N
- Eleanor C. "Ellie" Underwood 50N
- Nora Reed Burleigh 52N
- Mary Rogers Jordan 52N
- Dorothy Holmes Tolar 52N
- Gwyndolyn Cline Ayers 53N
- Nancy Joan Tappan 53N
- Louise Tribble Cerny 55N
- Annie Lou Henry Clay 55N
- Hazel Brown Marshall 55N 60MSN
- Donna Lee (Fenton) Martin 56N
- Shirley Allgood Mushet 57N
- Margaret Walter "Peg" Wise 58N
- Elizabeth Ann Della Ratta 59N
- Mary Wallace Brogan 61N
- Elsie Deana Cross 65MSN
- Verna Garmon Brinson 67MSN
- Deborah D. Rogers 70N
- Charlotte E. Hockenberger 71MSN
- Jo Ann Rhyne Norris 71MSN
- Vandona S. "Dona" Sorenson 73N
- Glynn Thomas Hamilton 82MSN
- Sandra L. Evans Goins 90MSN 90MPH
- Donna Carol Sanders 90MSN
- Tania M. Suao-Castleberry 91N 95MSN
- Miriam Huffstetler Caddell 95MSN
- Karen Lynn Claugus 95N
- Mollie Bly Grimaldi 98MSN

Full information on alumni deaths may be found online at emory.link/alumni-spr19.

Creating Healthy Neighborhoods

Alumni work together to restore Atlanta communities

Life can lead us down a path to serve others. Breanna Lathrop 08MSN 08MPH found her calling as a community health advocate in high school, where she volunteered at a free clinic.

“I saw the difference volunteer providers were able to make when health care services became accessible to people who otherwise couldn’t afford it,” says Lathrop. “So, I decided that’s where I wanted to go with my career.”

For Veronica Squires 06C, her interest in vulnerable populations surfaced at Emory College, where she studied religion and met her husband, Eric Squires 06B, through a Christian student organization.

“After graduating, we decided to move to a low-income community in Southwest Atlanta in order to be part of community redevelopment and try to reverse some major trends in health disparities,” says Squires. “We tried to bring ideas, resources, and leadership experience back into a community that had been drained of resources over decades and generations.”

Squires and Lathrop now work at Good Samaritan Health Center in Atlanta, which provides a full circle of health services to low-income populations. Lathrop is chief operating officer, medical director, and a family nurse practitioner, while Squires is the chief administrative officer. In the following Q&A, they talk about their book, *How*



Breanna Lathrop 08MSN 08MPH



Veronica Squires 06C

Neighborhoods Make Us Sick: Restoring Health and Wellness to Our Communities (IVP Books, 2019).

How did the idea to write a book together evolve?

VS: My husband and I were able to start some pretty neat programs and saw some positive things happening in our Southwest Atlanta community, but the situations with our neighbors were not changing. The community was not improving in a lasting way, and beyond that we ourselves became physically sick (depression, panic attacks, heart palpitations, and psoriasis as a result of chronic stress) from the impact of the environment. When we moved out nine years later, we were discouraged, sick, and mentally beat down. It was around that time I got to know Breanna and we became friends. We asked each other the questions that had been percolating in our minds. My question was, “Is community

development really the answer to fixing these problems?” Her question was, “Is health care alone the answer to fixing some of these issues?” These conversations ultimately led to our book.

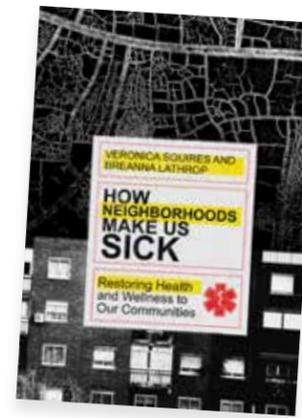
BL: Our book started out of our failures and our own learning journeys. I left Emory well prepared to be a nurse practitioner, and I was excited and went into the clinic doing good work. I was meeting patients’ needs and prescribing medications, but for the first time I started to understand how much more complex health was.

I talk in the book about this idea—something as simple as prescribing an asthma inhaler and then sending a patient back to the same apartment that’s full of mold. We then wonder why we aren’t seeing the patient improve. You can take any condition and say the same thing. I had spent a lot of time preparing for my career, and I love what I do, but the neighborhood wasn’t getting healthier and so I asked myself, “What am I missing?”

As I continued on in my career and went on to do my DNP, those were the kinds of questions that fueled the book. That’s when I came into a better understanding of social determinants of health and being aware of them as a clinical provider.

How do communities make people sick?

BL: We’ve learned from experience that social determinants of health (the conditions in which we are born, live, grow, and work) operate on a gradient, meaning that each step up



that ladder of financial security, social support, more control in the workplace over your day-to-day existence, worrying less from paycheck to paycheck, equates to better health. We are seeing a direct correlation between

the stress that comes with people’s living environments and health problems such as diabetes and preterm delivery.

What does that look like? The zip code area of Southwest Atlanta has a life expectancy 13 years less than the zip code area for Buckhead (where residents have a much higher level of income). This data comes from the Robert Wood Johnson Foundation, and when we drilled down to the census tract (neighborhood) level, the disparity was closer to 25 years. Both areas are in a large metropolitan community with the same number of hospitals. We are Atlanta, we are a hub of health care. Clearly, these outcomes aren’t driven by health care in and of itself. They are driven by social conditions.

What is the main message in your book?

VS: My family demonstrates the power of social determinants that impact our health. Not only were my husband and I a dual-income family, we had a strong safety net, financial resources, and access to health care and health insurance. And yet, even with all those privileges, we still felt the impact of the condition of the neighborhood. So then how can we expect people without any of those things plus mountainous other barriers on top to pull themselves up by their bootstraps and just “do better?” There are no bootstraps to pull up. I think that’s really the message of the book.

How can people help?

BL: Our second-to-last chapter is dedicated to a list of ideas about what individuals can do. Things like finding an organization within your community that’s doing really good work, that has really listened to their community and needs support. So maybe it’s becoming a monthly donor or showing up and volunteering.

VS: We invite people to visit our website (letsmakehealthyneighborhoods.com), not only to gather resources from it, but also to share their volunteer work so we can learn from what other people have done. We want to create a space where that information can be learned and encouraged. We would love to further the conversation on social determinants of health. **EN**



NAA award winners Theresa Gillespie, Timothy Porter-O’Grady, and Mona Counts pose with Dean Linda McCauley at Homecoming last October. Counts, who founded one of the nation’s first nurse-run rural practices, died in April.

2018 Alumni Awards

Nurses’ Alumni Association honors three nursing leaders

DISTINGUISHED NURSING ACHIEVEMENT AWARDS

Mona Counts 70MSN PhD CRNP FNAP FAANP was the Elouise Ross Professor Emerita at Penn State University College of Nursing, where she taught for 16 years. Prior to joining Penn State, she used her own money to establish the nurse-run Primary Care Center (PCC) in rural southwestern Pennsylvania. PCC became a model of care replicated by nurse practitioners across the country. In 2009, Counts established a mobile clinic to extend PCC services to area residents. From 2006 to 2008, she led the American Association of Nurse Practitioners as president. *Editor’s note: Counts died at her home in Pennsylvania on April 4, 2019.*

Timothy Porter-O’Grady EdD PhD RN FAAN is an Atlanta-based international health consultant who has served on Emory’s adjunct nursing faculty for 35 years. He has held professorships at Arizona State and Ohio State universities and consulted for more than 600 health systems worldwide, sharing his expertise in clinical health systems, professional governance, and health systems innovation. Porter-O’Grady serves as board chair of the American Nurses Foundation and as a board member of Saint Joseph’s Mercy Care of Atlanta, which he helped establish 30 years ago.

EXCELLENCE IN NURSING AWARD

Theresa Gillespie 98PhD 81N has held key leadership roles at Winship Cancer Institute for the past two decades. A professor of surgery and hematology/medical oncology, Gillespie teaches in Emory’s schools of medicine, nursing, and public health. She also directs health services research at the Atlanta VA Medical Center, where she has built a regional center of research excellence. In 2009, Winship was designated a cancer center by the National Cancer Institute. Gillespie played a key role in this achievement as Winship’s deputy director for administration. **EN**





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