

EMORY | nursing

AUTUMN 2008

The nursing fields

Taking health care to migrant families where they live and work

Inside: SALLY LEHR AND THE INTIMACY OF HEALTH | SCHOOL'S MIDWIFERY PROGRAM MARKS A MILESTONE

In nursing, all good things are shared

Over the past few months, I have had the honor of serving as the interim dean of the Nell Hodgson Woodruff School of Nursing, in addition to my role as the chief nursing officer for Emory Healthcare. I continue to learn about this wonderful school. Marla Salmon advanced the school in so many ways, and my responsibility is to keep the momentum going.

Since my arrival at Emory two years ago, Emory Healthcare has partnered with the school to bridge the gap from academe to practice. Our Partnership Committee has looked at a number of ways to collaborate, including instituting a dedicated education unit (DEU) within Emory Healthcare. Now I want to give you an update on the DEU as we move forward on it.



Traditionally, students gained clinical experience with a school instructor working with six students at once in a clinical setting. After students graduated, they would transition into a position by working with a unit-based “preceptor” staff nurse for six to 12 weeks. Typically the student and new graduate experiences were not integrated, and frequently, new graduates experienced “culture shock” as they entered into practice.

In the DEU, faculty work with experienced staff nurses to teach students in their junior and senior practica. First, seasoned staff nurses are trained by clinical faculty in how to teach students—how to evaluate, how to teach at different levels of knowledge, and how to make patient assignments, for example. Then the staff nurses work with only one or two students under the supervision of school faculty.

We think this model will benefit all those involved. By training with one nurse, students can gain clinical experience that is consistent, focused, and more in-depth. We’re also increasing the pipeline for clinical instructors by tapping into the pool of experienced staff nurses. Nursing schools across the country have a shortage of faculty. The increased demand for nursing programs and the fact that a large number of faculty are approaching retirement age have given rise to a constant concern about the availability of clinical instructors.

Ultimately, the DEU experience will narrow the transition for students entering into professional practice at Emory. Our goal is to make their first professional nursing experience the best possible and to retain them, and a key factor in retention of new graduates is the ease in which they transition into practice.

Most important, patients under the care of DEU nurses also benefit. The University of Portland, which pioneered the DEU concept, reported higher patient satisfaction in DEUs than in nondedicated education units. In addition, staff turnover and nursing agency use were lower on the DEUs, lessening the variation in patient care.

Emory Healthcare and the school have decided to use the name “dedicated collaborative unit.” Our first steps of the DCU began in the summer with the hiring of Kelly Brewer, a former instructor with the school, into a shared position to support the concept. She’ll work to start two DCUs at Emory Healthcare for the spring semester, and with input from the participating nurses and students, we will grow the concept. Thanks to everyone on the Partnership Committee who has helped with this exciting endeavor.

A handwritten signature in black ink that reads "Susan M. Grant". The signature is written in a cursive, flowing style.

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On the Cover: Jessica Gross, 07N, 09MN/MPH, goes through a health assessment form with a client in Moultrie, Ga. Gross went to the south Georgia town as part of the nursing school's annual project to provide health care to migrant farmers and their families. Through the project, students gain clinical hours, learn culturally sensitive care, and gain satisfaction by practicing their skills in a nontraditional health care setting.



Edith Honeycutt

Edith Honeycutt will be remembered for her spirit of collaboration by those she mentored

Edith Folsom Honeycutt, 39N, a beloved member of the School of Nursing, died July 22. She was 91 and had been suffering from renal and heart failure. She is survived by her daughter, Dianne McAfee, her granddaughter, and three great-grandchildren. She was preceded in death by her husband, Paul, and by her son, Danny.

Honeycutt is best known for her service to Emory University Hospital (EUH), where she was a longtime oncology nurse, and to the Woodruff family, including the school's namesake,

Nell Hodgson Woodruff.

"Edith was the nurses' nurse, but most of all she was the patients' nurse—there for them and their families across time and circumstance," says Marla Salmon, former dean of the nursing school, who first met Honeycutt when she interviewed at Emory. "Edith was guided by an unflagging belief that she needed to do what was right and to live out her potential, regardless of how many barriers, setbacks, or tragedies she encountered. Through it all, she never stopped striving or counting her blessings."

For those who worked with Honeycutt, her legacy is how she taught them to be a nurse.

'I'LL SHOW YOU HOW TO BE A NURSE'

Jane Clark, 67OX, 71N, 80MN, was a student nurse when she first met Honeycutt at EUH. Honeycutt cut an imposing figure. She wore a very starched white uniform and cap, white hose, and white shoes.

"It was the first or second day that my roommate and I were on the oncology unit," Clark says. "Edith came up to both us and said, 'Do you want to be really good nurses?' Of course we said yes. 'Well, stick with me,' she said. We were smart enough to do just that."

Clark continued working in oncology after gradu-

ation, as did seven others in Clark's class who trained with Honeycutt. When Clark was in a doctoral program years later, she wrote about Honeycutt's influence on her. Her professor asked to meet Honeycutt, and Clark and the professor teamed up to write an article on her in 1997 for the journal *NursingConnections*.

to be a nurse," was usually one of the first things she said to them. Honeycutt promoted a "we're in this together" atmosphere on the floor; there was no blame-and-shame culture, they said.

When she showed a nurse how to do something, she did so in a way that never left them feeling put down. In return, patient care was at its best amid the spirit of teamwork, something that Honeycutt's husband, Paul, would later come to appreciate.

Paul Honeycutt was diagnosed with multiple myeloma at age 63. The nurses who worked with Honeycutt were the ones who cared for her husband. While he lay in a bed on the oncology wing at EUH, Edith Honeycutt never interrupted his caregivers or told them how or what to do. She simply said, "You're the nurse." Before he died, Paul told her, "If I were God, I could not have had better care." "I know that," she replied.

Honeycutt retired a staff nurse. She never desired to move into nursing administration, despite numerous offers over the years. Patient care was the most important to her, she said, and she couldn't imagine not doing it.

BECOMING A WOODRUFF 'DAUGHTER'

Honeycutt went to work at EUH right after graduation. It was there in 1941 that she received a request that would set one course of her professional career. A doctor asked her to take over as a private duty nurse for one of his more difficult patients. He was a crotch-

ety old man who had run off all of his previous nurses, he told her. Honeycutt replied, “Well, I won’t quit, and he won’t fire me.”

The patient was Ernest Woodruff, the patriarch of the Woodruff family, who owned The Coca-Cola Company. He was a frugal, conservative man, but he and Honeycutt hit it off.

“I was with him until his death in 1944,” she recalled in a 1998 interview with *Emory Nursing*. “He never called me anything but his daughter.”

It was some years later that Woodruff’s son, Robert, would recognize Honeycutt’s selfless dedication to his father. In 1955, at a dinner and dance to celebrate the nursing school’s golden anniversary, Robert Woodruff pulled her aside and said to her, “I have never properly



Honeycutt in 1939.

come with him. “From then on, one of the requirements of my hospital staff position included the understanding that I would be available for Mr. Robert

marked the end of Honeycutt’s nursing career. A few years earlier, she had retired from the oncology wing of EUH.

NURSING SCHOOL, ACT II

Though Honeycutt graduated in 1939, she never really left the school. In addition to working at EUH, she was active in the Nurses’ Alumni Association. She organized a fund-raiser for the association, the first dance ever held on campus. When she was a student, fun was not to be had—at least not officially. Dancing and intercollegiate sports had been banned by a former university president for fear the “evil activities” would lead young people astray. He died in 1941, prompting Honeycutt to revise the rules for her dance several years later.

She would serve as president of the nursing alumni association several times.

The association and Emory returned the

attention. In the early 1980s, the association presented her its Award of Honor. The university drafted a declaration in 1986 to honor Honeycutt’s “enduring loyalty” and as a “uniquely cherished friend and supporter of the students and faculty.”

There were more recognitions to come.

A rare honor in 1990, she said, wasn’t for her but for all staff nurses. A chair in the nursing school was named in her honor with a \$1 million endowment. The endowment eventually would support two chairs. They are believed to be the only named chairs in the country to honor a staff nurse.

In 1997, Emory gave Honeycutt its ultimate recognition—the Emory Medal.

“I’ve always said that I’ve gotten much out of my relationship with Emory than the other way around,” she said some months after receiving the medal. “I was so grateful to be admitted to school here, to be given a roof over my head during the Depression and a chance to become a nurse. Emory gave me a feeling of security emotionally and took the place of

Edith was the nurses’ nurse, but most of all she was the patients’ nurse—there for them and their families across time and circumstance.

—Marla Salmon, former dean of the nursing school

thanked you for nursing my pa the way you did. I want you to promise me, Edith, when I am old and worn out and they don’t now what to do with me, that you will take care of me the way you cared for my pa.”

A short time later, Woodruff’s wife, Nell Hodgson Woodruff, called Honeycutt.

Robert Woodruff needed to go into the hospital and insisted that Honeycutt

and Miss Nellie whenever they needed me,” she said.

Mrs. Woodruff would die of a massive cerebral hemorrhage in 1968, shortly after the groundbreaking for the then new building of the nursing school. Robert Woodruff died in 1985, holding Honeycutt’s hand. “I believe he was aware of my presence,” Honeycutt said. “He knew I had kept my promise.”

Woodruff’s death

Listen to an interview with Edith Honeycutt at pcsw.emory.edu/audio.htm#honeycutt. The 2004 interview was part of an oral history project sponsored by the Emory President’s Commission on the Status of Women.

the family unit I had lost as a teenager. I found my husband here. Both of my children were born here. I met my dearest friends here. Emory has given me physical, emotional, mental, and spiritual fulfillment.”

Spreading good KHARMA: Motivating HIV-positive women to take their medication

They are the women society tended to overlook—poor, minority, and HIV-positive. They were raising children, trying to maintain relationships, and working long hours to pay bills, all the while living with HIV.

Hearing their daily struggles was commonplace to Marcia Holstad,

HIV was the least of their problems.”

Still, Holstad thought they could be success stories, but they wouldn't have the chance if they didn't take their medication to hold off AIDS. If they felt good about themselves, they would have a stronger incentive to take their medication regularly. They

helping the women realize what is important to them.

On average, the women in the study had been taking medication for more than six years and had been HIV-positive for almost 10 years.

“We asked them to look at and clarify their values,” Holstad says. “What's important to them? What is their behavior and how does it relate to that important value? For example, if they want to be here long term for the sake of their children, then how can they accomplish that? Most would say they need to take their meds.”

The women had to be on medication to take part in the groups. In addition to issues about taking medication, the groups discussed reducing the risk of infecting others with HIV, using female and male condoms, and disclosing HIV status and the potential resulting stigma.

“They talked about how to have that conversation,” she says. “There are women who tell everyone and those who tell no one. If you haven't told anyone you have the disease, then taking meds can be difficult. They need to be able to have that conversation because anyone who has HIV needs a support system.”

To determine whether the women were taking their medication, Holstad relied on their self-questionnaires, as well as laboratory results (viral loads and T-cell counts), and records

from tiny microchips embedded in prescription bottle caps. The cap recorded every time the bottle was opened.

She continued tracking the women for nine months following the end of the group sessions. Preliminary data show that on average, the women in the study took their medication 65% of the time, compared with 60% of those in a control group. Forgetfulness was an often-cited reason for missing doses.

“It's important to find ways to remember,” she says. “You look at the pills, and it's a constant reminder that you have the disease. With a long-term regimen, we expected that people would forget to take their medications, but we managed to help stem the decline.”

Holstad also found that the women's self-confidence increased and remained higher even after the group sessions ended.

“Our philosophy is that ideally the patient is an expert on herself,” she says. “The nurse counselor simply works with each individual to find the best strategy for her.”

Even the control group showed some improvement in self-confidence and taking medication. That group listened to lectures on nutrition, exercise, stress reduction, and other health issues. Ultimately, Holstad says she would like to combine the best of both programs into one comprehensive series.

It's important to find ways to remember. You look at the pills, and it's a constant reminder that you have the disease. With a long-term regimen, we expected that people would forget to take their medications, but we managed to help stem the decline.”

—Marcia Holstad

a faculty member of the Department of Family and Community Nursing. She'd heard their stories as a nurse practitioner working exclusively for almost two decades with HIV-positive and AIDS patients. “These women were not viewed as success stories,” she says. “There were histories of abuse and drug use. Sometimes,

just needed a little motivation to get there.

So Holstad devised a program called KHARMA, keeping healthy and active with risk reduction and medication adherence. Its main component is motivational interviewing in a group format, led by nurse facilitators. No preaching to the choir, as the saying goes, by the nurses, only



Rewriting the book on quality and safety: QSEN is changing how schools teach

The Emory nursing students, short on sleep and long on enthusiasm, thought they could solve one of their own problems. They needed a topic to study for a project on quality improvement in their Professional Development course. They decided to assess themselves and test whether an intervention would improve their sleep.

They looked at previous research on the effects of inadequate sleep, made a fishbone diagram of all the factors that affect sleep duration, and then tracked their own sleep for two weeks. During week one, they limited watching television and using cell phones prior to bedtime. During week two, they instead tried dimming the lights for 30 minutes prior to sleep.

They plotted their findings in a run chart, which showed them that neither course of action resulted in significantly longer sleep for any of them. While they didn't find their proverbial warm glass of milk, their study was a fitting example of how nursing education across the United States is changing and how the nursing school is helping set the agenda.

The students' study is one way that quality and safety competencies are being incorporated into the nursing curriculum. As health care has worked to improve its systems to avert quality and safety problems, nursing schools have seen the need to educate students on quality and safety competencies before they enter the workforce. Fifteen nursing schools, including Emory's, have been selected by the Quality and Safety Education for Nurses (QSEN) project to help develop a new model for nursing education. The project has defined the quality and safety competencies needed, and now educators at each of the selected schools are testing ways of teaching them.

"Many of us were educated in a system where safety and quality were focused on individual performance," says Gerri Lamb, a visiting scholar, who spearheaded incorporating QSEN across the School of Nursing's undergraduate courses. "We were stuck in a blame-and-shame culture. Now we are creating environments that allow people who've made a mistake to come forward in order to improve processes. Our students are being prepared

to step into these environments and be part of interdisciplinary teams focused on improving quality and safety."

Building Teamwork

Of the quality and safety improvements, Emory chose to focus on helping students develop and practice effective teamwork. During an interprofessional team training day, both nursing and medical students learned advanced team communication, followed by a simulation in which students role-played and assessed themselves and their teams.

Lamb worked with more than 30 faculty members to integrate QSEN knowledge and skills across classroom and clinical settings. She also had an advisory group of more than a dozen students to give feedback on whether they were recognizing the competencies. Students learned the concepts in class, and faculty then relayed in a weekly email to the clinical instructors what competencies were addressed so they also could highlight them. In return, students got more out of their clinical work.

"Students noticed quality and safety indicators in clinical practice in more specific and meaningful ways," says faculty member Corrine Abraham. "Our clinical preceptors told me that since students knew about quality improvement they were able to talk with them about specific initiatives in their units."

Before the competencies were integrated into coursework and clinical practice, "students would see quality improvement charts in their clinical settings and not know what they were," Lamb says.

A survey sent to graduating seniors in the spring showed that the students understood the value of the competencies and felt prepared to perform them in the workplace. Now faculty are working to introduce the quality and safety competencies in the junior year. That's a good move, as they soon will be required for all undergraduates by the American Association of Colleges of Nursing.

Says Associate Dean for Education Marsha Lewis, "We are ahead of the game in the undergraduate program as we integrate quality and safety more thoroughly into our curriculum."

Nursing by example

Many Atlantans volunteer several hours of their free time, but few match the efforts of Ann Connor. The School of Nursing's clinical assistant professor has built an extensive resumé of working with the underserved and inspiring her students to do the same. In recognition of those efforts, she received a Nursing Excellence Award from the *Atlanta Journal-Constitution* in May as part of its third annual Celebration of Nurses.

Connor is a family nurse practitioner who teaches community and public health nursing. She helps oversee the school's participation in the Farmworker Family Health Program in Moultrie, Ga., and at the Gateway Center, which treats homeless patients who have acute or chronic illnesses.

"She is humble, caring, and self-sacrificing, yet energetic and always on top of things," says Maureen Kelley, chair of the school's family and community nursing department. "She asks students what learning activities they like most and then manages to incorporate all those styles into her teaching. Nursing is so very lucky to have her."

Connor has worked with the homeless since she moved to Atlanta in 1980. She and her husband had a steady stream of homeless people living with them for 12 years. They created Café 458 in 1988. The café is a full-service restaurant for the homeless. Its customers also have access to medical care, drug and



Ann Connor says that students gain an appreciation for the complexity of homelessness by working at the Gateway Center and Cafe 458.

alcohol treatment, counseling, employment services, phones, and a mailing address. Because its recovery program is a minimum of six months, compared with many that are less than 30 days, its relapse rate is very low.

Connor and her husband have stepped back from the day-to-day running of the café, but she still takes her students there for clinical rotations. Says former student Crystal Bailey, 06N, 07MN, "Ann has inspired countless student nurses like me to embrace the true heart of nursing—providing care and service to the most vulnerable."



Mary Woody

Mary Woody, former School of Nursing associate dean and director of nursing at Emory University Hospital, was inducted into the Alabama Healthcare Hall of Fame in the spring. A native of LaFayette, Ala., she was

Woody inducted into the Alabama Healthcare Hall of Fame

honored for her contributions to health care in the state. She was the founding dean of Auburn University's School of Nursing in 1979. During her five-year tenure, she developed a baccalaureate program that quickly received national accreditation.

Woody returned to Atlanta in 1984 to serve at the school and at Emory University Hospital. She and then dean Clair Martin established a partnership that allowed hospital nurses to teach students and nursing faculty to maintain a

clinical practice. She originally joined the hospital in 1956, serving as hospital administrator for 13 years. Her leadership led to major improvements in patient care, including implementing the guideline that all patients admitted should have an RN responsible for their care. She later became director of nursing at Grady Hospital in 1968, where she created a diabetes day care program using nurse practitioners, a nurse midwifery service, and specialized nurse-run clinics. She was one of the first

administrators to seek out advanced practice nurses at Grady and later at Emory.

She served as interim dean at the school for one year before retiring from Emory in 1993. The induction into the hall of fame is one of several awards she has received. In 1999, she received the Marie Hippensteel Lingeman Award for Excellence in Nursing Practice from Sigma Theta Tau International and was named one of 50 "Women Pioneers in Health Care in Georgia" by the state.

Eastbound and down: Truckin' in health care to the underserved

The young Hispanic woman sat on the exam table, glancing down at the purple iridescent nail polish on her toes as she knocked her black wedge sandals against the side of the table. She was relieved that her name had been called so she could step inside the air-conditioned Wellness on Wheels van and out of the hot summer sun.

She told nurse practitioner Genia Morse, 74N, that a fish bone had irritated the back of her throat. As the conversation continued in Spanish, other details emerged. She also said she might be pregnant. She would not get a pregnancy test that day because the van had needed repair and the last clinic had been conducted inside the office of a refugee agency, the pregnancy tests were inadvertently left behind. Such is the challenge of a mobile health service.

The woman was just one of dozens of people who visited the mobile health unit that afternoon when it was parked in the back of a run-down apartment complex in Doraville, Ga. And like many others, she will be back. She knows the van comes regularly to the area, and without health insurance, she uses the mobile health service as a main source of primary care.

Wellness on Wheels (WOW) provides free services in DeKalb County neighborhoods where a large percentage of the

residents have no insurance and are medically underserved. Morse has overseen WOW since DeKalb Medical Center's foundation started the program in 1999. Knowing how much Wellness on Wheels is needed is one reason Morse loves what she does.

Morse has worked with low-income and medically underserved people since graduating from Emory. "Being a community health nurse allows me to make an impact through providing preventive care," she says. "It's about realizing that you can make a difference in someone's life."

Becoming an advocate

Community nursing goes beyond the one-to-one contact that nurses usually have with their patients, she says. It allows them to address more: medical problems that become exacerbated because of lack of means, language barriers, or cultural differences. Sometimes it means being an advocate. She recently called an Atlanta hospital to help an Asian immigrant, who was worried about an expensive surgery bill, get enrolled in a program for low-income patients, for example.

She became interested in community health nursing when she went with her older sister, Mary Ellen Pendergrast, 70MN, on a home visit while Pendergrast was working for a metro Atlanta board of health. Morse witnessed

the passion her sister had for her patients and later decided to make the underserved community her professional focus.

While at the School of Nursing, she worked in a 24-bed hospital in Nome, Alaska. After graduation, she worked in a hospital in Haiti for a year. Before she joined WOW, she worked with poor rural communities in Appalachia, a migrant health clinic in Colorado, and a health center for low-income clients in downtown Atlanta.

"Obviously I love travel," she says of her career. "What's great about the Atlanta area is that it's such a melting pot. There are so many people here who need

help navigating the health care system."

Some days she sees an endless stream of patients who congregate outside, regardless of the weather. There is little room to maneuver in the van, which is packed with two exam rooms, four other staff, supplies, a computer and desk, and a small loveseat for waiting patients. (Come late 2008, Morse and her staff will have more room. They are getting a new motor coach.)

Regardless, Morse says there is little else she would rather be doing. She says her grandfather always told her, "From whom much is given, much is expected," and she still believes that today.



Genia Morse talks with a young patient about the vaccinations he will need for school.



(above) Allyson Buendia, a registered nurse at Emory Crawford Long Hospital, talks with migrant farm workers. "In these less than ideal situations where resources are limited and a language barrier exists, students must rely on clinical skills and work together as a team with other disciplines to problem-solve and provide quality care," she says.

Nursing school faculty member Ann Connor is one of several nursing faculty members who coordinate the migrant health project for the school. Jose Luis Palomares is an outreach worker for the Ellenton Clinic. He goes into the fields days before the faculty and students' arrival to tell the migrant workers about the service.

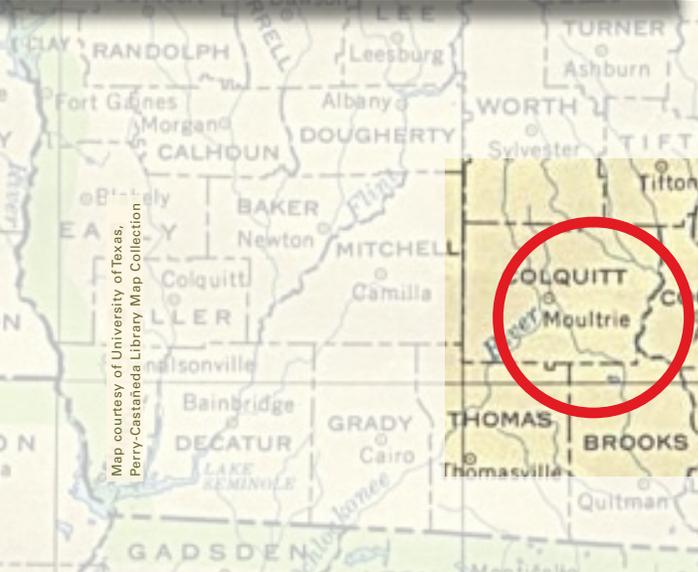




Photos by Bryan Meltz

The nursing fields

Every summer, students and faculty from the School of Nursing make a three-hour trek to Moultrie, Ga. There, in the small agricultural community, they provide health care to one of America's most needy populations—migrant farm workers and their families. For two weeks students and faculty, along with community partners, such as the Ellenton Clinic, provide physical examinations and health screenings. They go where the migrant farm workers live and work, setting up shop in their fields and apartment and trailer park complexes. And they work during the day and night to reach this often invisible population, most of whom live in abject poverty.



Map courtesy of University of Texas, Perry-Castañeda Library Map Collection

Laura Durkin, 08MN, was one of many health care students who worked past sundown to treat migrant farmworkers.



(above) Julie Dotterweich Gunby, 09N, treats the foot of a migrant worker. Foot problems are seen often, says faculty member Ann Conner. Although migrant farm workers wear rubber boots for some protection, many of them succumb to foot fungus, infection, maceration, or other ailments.



(right) Jane Woodward, 09N, checks a patient's blood pressure. "Through the Moultrie experience, I was able to see a completely different side of nursing care outside of a hospital or typical clinical sites," she says. "I learned how vital public health efforts are to these populations and gained a lot of respect for those who devote their lives to working with them."



(left) Carissa Stanley, 08N, checks the pupils of a worker. Students gain a deeper appreciation of the health and social issues that migrant farm worker families face by providing health care services in the places where they live and work.



(above) Susan Laney Castle, 83C, 01N, 08MN, checks the throat of a young patient. More than 500 adults and children used the health care service over two weeks. Most of them are Mexican immigrants who migrate along the eastern seaboard from Florida to Maine.



(above) Carrie DeBoer, 08MN/MPH, took time out of her work to connect with a young patient.





(above) Lisa Strassner Hutchcraft, 09N, works at the blood pressure station. She was one of 32 students who spent some of their summer vacation in Moultrie.

By Dana
Goldman

Sally Lehr dares you: just try and question the need for her course on sexuality, officially named Human Sexuality in Health and Illness. For the past 24 years, Lehr has taught the elective, a rarity for health professionals nationwide, at the School of Nursing. Through it, she's determined to help her students feel more comfortable raising issues around sex and sexuality with patients and their families.

That's a skill that perhaps has never been more needed. For example, many medications to treat everything from high blood pressure

why their sex drive has changed and quit taking the medicine," Lehr says. That might help their sex life in the short term, but it comes at the long-term cost of any benefits the prescription drug was providing.

At the heart of the problem, says Lehr, is discomfort among patients and medical professionals when it comes to talking about sex. "Physicians don't get any more training in sexuality than anyone else," she says. Lehr tells of an obstetrics-gynecology resident she met at a conference three years ago who told her he'd gone through 18,000 hours of medical training—but

The Intimacy of



Sally Lehr says it is imperative that new nurses feel comfortable talking about sexuality. The topic will come up more often than they think, she says.

to depression can impact patients' sex drive or sexual function. But that's information they often find out only after months or years of frustration and anxiety. "A lot of times those side effects aren't addressed at all," says Lehr, 65N, 76MN. "They may not know that it's the medication that's causing the problem."

If patients are too uncomfortable to talk with their doctors about changing medications, they often take another route. "They may figure out

only 45 minutes of that had been on human sexuality. "But people expect doctors to be comfortable talking about sex," says Lehr. "A lot of people expect their physicians to answer questions if they're brave enough to ask them."

To be ready to have those conversations about sex, Lehr says nurses and other medical professionals first need to feel comfortable thinking and talking about sexuality themselves. That's a journey she herself began at Emory, years after her mom handed her a medical book so she could learn about sex. "Those were the days when you didn't talk about it," Lehr says.

Indeed, Lehr had no intention of talking about sexuality until she began studying for her master's in nursing in 1974. In the process of being educated as an advanced practice psychiatric nurse, she

became intrigued with sexuality's connection to health when she met a faculty member, Frances Nagata, who also worked as a sex therapist. "She was the first person in my life who ever talked openly about it," Lehr says. "Feeling like it was okay to talk about sexuality—having permission to do that—was just great." When Nagata started the sexuality class in the nursing school, Lehr was happy to serve as her assistant, helping others become more comfortable with

the topic. When her mentor left in 1984, it was a natural fit for Lehr to take on full responsibility for the class.

Since then, the course has changed to address current issues and new information. Transgendered sexuality and homosexuality have become major topics in class discussions, along with a range of other sex-related topics that often connect to both patients and nurses: sexuality and disability, rape, and sexuality and spirituality.

While students become more comfortable talking about sexuality, they also gain empathy

of discussing sexuality at the first obstetric visit, then at around 24 weeks—because women feel so much better during the second trimester and might enjoy intercourse—and then in the hospital post-partum and at the postpartum visit in the office.” It’s her way of ensuring that her patients can share concerns.

For nursing school senior Rob Wuthenow, his experience with the class this past spring already has been helpful. This past summer, he was working at a hospital when a middle-aged patient who had been admitted because of emphysema also showed signs of rectal bleeding. While doctors and nurses talked to one another, trying to figure out the connection between the two, Rob felt comfortable enough to approach the patient directly. “This person told me something he wouldn’t have admitted without my asking directly,” Rob says. “As a result we were

Health

Without the sexuality class, I wouldn’t have the courage to speak to people about things like that. But being a nurse you have to look at sexuality because it’s part of the human condition. You have to address all aspects of patient care. Sexuality does come up. —*nursing school senior Rob Wuthenow*

and information, as in when talking to a guest speaker in a wheelchair about his sex life. “I think that’s really important for the students to hear,” says Lehr. “Then when they see other people in wheelchairs, they know there may be some very similar concerns and issues for them.”

As a result of the guest speakers and discussions, the course often makes students realize and reassess their own beliefs about sex. “A lot of what happens in sexuality—a lot of the values we have—maybe came from something somebody said back when we were young that stays with us forever,” says Lehr. “So I tell people this is a class that’s not necessarily meant to change your values, but to explore your values and see if they’re values that are still meaningful for you.”

Nurse midwife Jennifer Smith took the class in 2003 and now comes back each semester to teach a session on sexuality and pregnancy. For her, the course is a reminder of how open and helpful she wants to be with her patients and of how far medical professionals still have to go. “I am sometimes amazed how little women, even future nurses, know about their bodies’ sexual responses,” she says.

Smith doesn’t wait for her pregnant patients to bring up the subject of sex. “I make a habit

able to identify what was going on with him.”

That’s a conversation Rob probably wouldn’t have been comfortable having a year ago. “Without the sexuality class, I wouldn’t have the courage to speak to people about things like that,” he says. “But being a nurse you have to look at sexuality because it’s part of the human condition. You have to address all aspects of patient care. Sexuality does come up.”

Now, Rob Wuthenow and Jennifer Smith—along with the hundreds of other Emory nursing students who have taken the class—are ready when sexuality does come up with their patients. They are ready to decode what a patient really means when he says, “I won’t be a man anymore” or “I’m not going to be any good,” and are not so shocked when they see the signs of alternative lifestyles or female circumcision. They’re at ease initiating a post-op conversation about when a patient can be sexually active again and straightforwardly tell patients with new medication to come back if they notice any changes in their sexual functioning.

For Lehr, those are all parts of what makes this class so special to her. “Generally I get good feedback that the course has been meaningful for people,” she says. “It’s really nice after the fact to hear that it’s made some difference.” **EN**

A special delivery

30 years in the making

School's midwifery program marks a milestone

By Kay Torrance

The ledge in front of Jane Mashburn's office window is full of cards she has received from former patients. Thank you-notes with baby photos enclosed. Christmas cards with family pictures. They are from mothers whose babies Mashburn has helped deliver. The women have remembered Mashburn long after the birth date. When asked about the cards, her eyes fill with tears. "When I think about being there at such an important life event...," she says, as her voice trails off.

Mashburn, 78MN, has delivered many babies in the years since graduating from the midwifery program of the School of Nursing. She was one of eight students in the first class. Now she oversees the education of future midwives as director of the program, which celebrates its 30th anniversary in 2008.

It is the only midwifery program in Georgia and has graduated more than 300 nurse midwives since its inception. But it's a relatively small program where faculty and graduates remember each other. Mashburn still keeps all her roll call booklets from past years and can tick off "who's who" as she reads down the lists.

Midwifery, in general, is a small community, since the number of midwives has decreased in recent years. Since the late 1980s, it has faced its share of challenges, with shifts in health care funding and support.

WHEN GRADY DELIVERED

Back in 1977, Mashburn and other midwifery students trained at Grady Hospital. Grady's midwives delivered, on average, 200 babies a month, most to low-income women. Those were the days before private doctors accepted Medicaid, and most low-income women delivered at public hospitals.

"We had a large, vibrant midwifery practice at Grady," says Maureen Kelley, a midwife and chair of the school's department of family and community nursing. "It was ideal. We had students teamed with faculty there for most of the students' first year."

A decade later though, Grady like other public hospitals across the country, saw fewer and fewer low-income expectant mothers. States increased Medicaid reimbursements, and low-income patients became more financially attrac-



**You really love it, or it's not for you. There is no middle ground.
It's a life in itself. – Heather Woodall, 07MN**

tive to private doctors. Subsequently, the number of midwives at Grady was greatly reduced. Grady still serves as a place to train, though it only takes 1 to 2 Emory midwifery students a year. Similarly, the midwifery program at Emory Crawford Long Hospital, which Kelley started in 1983, closed two years ago.

“Health care is focused on productivity,” Kelley says. “Doctors see patients every five or 10 minutes. They don’t get to know a person’s nutrition, behaviors, or home life, for example. Midwives provide a continuity of care that takes more time.”

Both she and Mashburn, who also practiced there, hope the Crawford Long program will be revived, as the demand grows for personalized health care.

The school’s midwifery program is continually on the lookout for more suitors—practices with midwives willing to serve as preceptors. “We also want to find practices where students can really practice midwifery and not be a junior doctor,” says Mashburn, who points out that accreditation standards require students to be

precepted by a midwife and not a doctor.

“They have to be willing to take a student at 3 PM or 3 AM,” adds Kelley. “It’s a big commitment.”

A SPECIAL CALLING

Midwifery is a niche field, and that is just fine with its practitioners. They say they love what they do and are providing much-needed service and care that doctors do not. Not every nurse can become a certified midwife, though, because midwifery is a special calling, they say. It takes a nurse with an extra dose of stamina and compassionate caring. It also takes a nurse willing to commit to the lifestyle.

Some younger nurses forgo midwifery in favor of other areas of nursing that offer a more regular schedule. Kelly Moynes Sklare, 04N, 06MN, says she remembers some of her classmates being a little leery of the midwifery field, but she knew from the get-go that that was where she should be.



Faculty member Jane Mashburn foresees a resurgence in the demand for midwives as medicine becomes more customized.

“When I was in the psychology field, I was working with people who were really ill,” she says. “I did it for two reasons. I was compassionate, and I also was interested in it. What I like about midwifery is that it is really health

care, not sick care. It doesn’t focus on disease but on the whole health care of a woman. But there also has to be something in it that is meeting a nurse’s need. There has to be intellectual stimulation, in addition to the desire to give loving care.”

The school has seen the number of applications to the program decline slightly over the years, though its student roster is full every fall. Nationwide, the number of midwifery education programs has declined from 50 in 1998 to 41 in 2005.

“Many in the younger generation don’t want the lifestyle,” Mashburn says. “It’s pretty difficult to be on call 24 hours a day. But I felt like it was worth it. It gave me great stories to tell my students.”

“You really love it, or it’s not for you,” says Heather Woodall, 07MN. “There is no middle ground. It’s a life in itself. You have to love it to get into it. You have to have that kind of mindset.” **EN**

A global midwife

Somewhere in the Middle East, an American midwife is packing up the four-wheel SUV with supplies she’ll need before she heads out on the long drive. She’ll travel outside the main city on unpaved roads for up to an hour to reach a rural clinic by early morning. Once there, she’ll work alongside the clinic’s employees to improve prenatal and primary care.

After graduating from the midwife-family nurse practitioner program at Emory in 2004, she went to work in the Middle East for a nongovernmental organization. (Due to security risks, she asked not to be identified by name or country of work.) She always wanted to work overseas, she says, particularly with an underserved population. This is her second stint in the Middle East. After completing her undergraduate degree, she worked in a small rural hospital and gained experience as a midwife but wanted to become certified.

She didn’t know what to expect when she first arrived in the Middle East, but since then she has come to love the people and culture.

“Arab women are very hospitable, and it is easy to come into their hearts and their homes,” she wrote in an email. “That is one of the things I treasure about working here. Everywhere I go people invite me into their homes and into their lives. Life is slower-paced [here], and relationships are highly valued.”

She and her colleagues teach the local health care providers how to do a thorough assessment, how to correctly calculate medication dosages for children, and when to refer patients to a more advanced facility in the capital. They take along only basic medications that they know the facility will be able to replenish. Clinics there usually end their day by 2 PM, so the nurses will



This woman, who prefers to remain anonymous for security reasons, is a midwife and family nurse practitioner in the Middle East. Her Emory education in both specialties helped her get a work permit and visa to work in the Middle East.

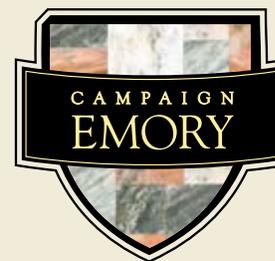
often talk with people in the community to find out the villagers’ view of the clinics.

The health needs are so great in the area that she finds her education in both specialties has served her well.

“The balance of being a family nurse practitioner and certified nurse midwife been such an asset in the depth and breadth of ways that I can function,” she says. “Although most health professionals in this part of the world are unfamiliar with the role of a family nurse practitioner, explaining that I have my master’s degree seems to clarify my role in delivering health care.”

She’s been in the Middle East for six years overall, and her contract is set to expire soon. She plans to come back to the United States to catch up on her continuing education requirements before heading out again somewhere. “I could picture myself in this kind of work for the rest of my career,” she says.

Harnessing the power of nurses



Emory, like all universities and colleges, continually seeks private support. Funding allows Emory to recruit faculty, provide undergraduate and graduate scholarships, strengthen facilities, and enable research. In essence, financial support helps ensure the future of Emory. And sometimes gifts can transform the future.



School of Nursing development staff:
(l. to r.) Betsy Oliver, Amy Dorrill, and Shirley Connolly

Take a look back to 1914. Coca-Cola founder Asa Candler effectively moved Emory from Oxford, Ga., to Atlanta with his gift of \$1 million and 72 acres of land. Another example is the 1979 gift of the Emily and Ernest Woodruff Foundation of \$105 million. It was a record sum at the time, the first nine-figure gift to an institution of higher education, galvanizing Emory's advance into the front rank of American research universities. These gifts, along with thousands of others by alumni, helped set Emory on the course to become what it is today.

Today we've reached another crossroad. This fall, Emory publicly announced its comprehensive campaign for the university, with a goal of \$1.6 billion. Of that total, the School of Nursing will raise \$20 million.

A comprehensive campaign, first and foremost, helps ensure a greater future for the school. But Campaign Emory is also about creating positive change. It's about grooming the next generation of nursing leaders. It's about advancing nursing research that improves lives. It's about reaching beyond the borders of the nursing school to change health care.

Together, you and the School of Nursing can create future nursing leaders. The school has never made its focus to be simply turning out charge nurses. We look for

students who have the potential to improve the profession, those who will lead others, tackle issues, and change policy. But nursing students can't get there alone. Most of them need financial support, especially to participate in service learning opportunities.

We also want to continue to hire the best in faculty and to support their research. Our faculty are studying Alzheimer's disease, depression in diabetes patients, the intricacies of emergency response teamwork, and how African American families cope with major illness, among many other groundbreaking topics.

This campaign is a big directive, and my office couldn't lead it alone. We've formed a campaign committee for the School of Nursing to help guide

our efforts and to make contact with the many alumni and friends of the school. The committee is led by David Allen, 67C, 70D, 75DR, and his wife, Beverly, 68C. They have been active within Emory and the greater Atlanta community for many years. David sits on the board of trustees for the university, the Woodruff Health Sciences Center, Emory Healthcare, and the Emory Clinic. David and Beverly have always appreciated the difficult work of nurses, working with them every day as they did in their own oral surgery practice before retiring. In recent years they saw another side to caregiving during illnesses of family members. They are a natural choice to lead the committee.

Please join us in this campaign for the School of Nursing. Let's ensure a great future together.

Amy Dorrill
Associate Dean for Development and Alumni Relations
School of Nursing

Did you know?

Nursing students graduate with an average debt of \$38,000, compared with the average \$20,000 for Emory undergraduates overall.

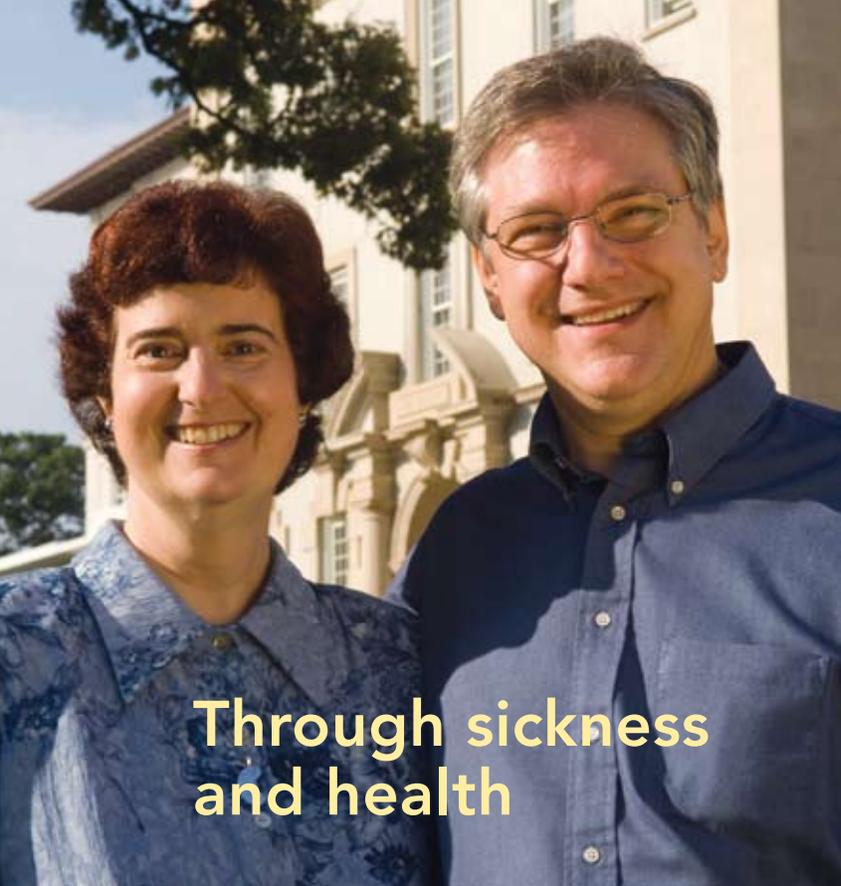
Meet your campaign committee



(l. to r.) Ann Hooper, 70C, 72N, Barbara Reed, 58N, David Allen, 67C, 70D, 75DR, Beverly Allen, 68C, Betty Marie Stewart, 52N, and Sally Lehr, 65N, 76MN

Campaign Emory fast facts

Goal: \$1.6 billion
\$750 million for endowment
\$510 million for buildings and renovations,
\$340 million for expendable funds
Raised: \$849 million or 53%
End date: December 2012
School of Nursing: \$20 million goal, 47% raised
scholarship support
service learning
faculty support



Through sickness and health

Mary and Vincent Capka

Mary and Vincent Capka have spent their 20-odd years together making complex and difficult decisions. First and foremost was how to deal with Mary's polycystic kidney disease, a genetic disorder that already had claimed the lives of her mother and a brother. Out of that came another hard choice not to have children.

Then, when Mary's kidney function began to deteriorate about 10 years ago, Mary, a nurse and director of education at two Emory hospitals, opted for a pay cut and a less stressful part-time job as coordinator of employee credentialing for Emory Healthcare. And then two years ago, Vincent, a retired software developer and researcher, made a personal decision to donate a kidney to Mary.

If both their lives have been complicated, the couple says their recent decision to give money to the nursing school was, in comparison, easy. A \$20,000 scholarship will support a master's level nursing student for one year, with a preference toward current Emory employees interested in becoming transplant nurses. So was establishing a fund for additional nursing scholarships in their wills.

"It seemed like the right thing to do," says Mary. That's because, until her retirement in October, Emory was not only her employer of 30 years, but her educator, benefactor, and healer.

After working her way through college in the 1970s, Mary came to Emory University Hospital as a staff nurse. She intended to take classes toward her master's in nursing while working full-time. Then those plans changed for the better, when the School of Nursing offered Mary a fully funded traineeship.

After the transplant, we said, 'What can we do for Emory?' The best choice we could come up with was to help sponsor a student through the nursing program, preferably in transplant.

—Mary Capka

"Getting this traineeship was a godsend," says Mary now. "It allowed me to do the entire program in one year, something I otherwise couldn't do."

The Capkas' goodwill toward Emory continued to grow. While Mary's doctors continued to monitor her kidney function, two other family members who also had polycystic kidney disease came to Emory for successful transplants. When it was her turn, in October 2006, she and Vincent felt ready.

"The Emory transplant team is incredible," says Mary. "There was tremendous comfort and security in our caregivers. We knew things could go south, but we just knew they had an incredibly good reputation."

That reputation was well deserved. "It's a great group of people," says Vincent. "The staff was tremendous." His experience was so positive that Vincent now volunteers every week on the transplant unit at Emory University Hospital.

Now Mary, newly healthy, is planning on joining him. They hope that through their presence with transplant patients and families, they can provide reassurance—physical proof that there's life after surgery and a failing organ.

Most of those patients won't know the Capkas' other role as nursing school benefactors. But that doesn't matter to the couple. Through the scholarship, the Capkas simply hope they can set the stage for more transplant nurses to be trained at Emory—and to stay with Emory Healthcare.

What it comes down to, says Vincent, is paying forward a little bit of what they've received from the nursing school. "They helped us," says Vincent. "Now I'd like to help them."

His wife shares the feeling. "After the transplant, we said, 'What can we do for Emory?'" Mary explains. "The best choice we could come up with was to help sponsor a student through the nursing program, preferably in transplant."

On this, and most other things, she and her husband are on the same page, as if it's not just a kidney they have in common. But that comes as no surprise to Mary. "I knew I'd be compatible with him in more ways than one," she says, smiling. —Dana Goldman

Fuld fellow gains nursing skills, not debt

Anjalie Graham knew she wanted to help people around the world, she just didn't know how. While teaching in Tanzania, she visited a malaria ward for babies. Inspiration struck. She would become a nurse, a career that would enable her to help anyone, anywhere.

A family friend recommended Emory, but the Montana native didn't think she could afford a private school so far from home.

Then she found the Fuld Fellowship. Funded by the Helene Fuld Health Trust, the fellowship is aimed at aspiring nurses with previous degrees and who have a commitment to social responsibility. The fellowship, which covers four semesters of undergraduate tuition and one year of graduate studies, was tailor-made for Graham.

At 25, she holds a self-designed undergraduate degree in peace and justice from Carroll College in Montana. Her family once spent part of a vacation near the Mexican border, where Graham later returned to volunteer at a shelter. "My parents were adamant about exposing us to different experiences," she says.

Since starting at Emory in fall of 2007, Graham has participated in Alternative Spring Break in Jamaica and the Farm Worker Family Health Program in Moultrie, where she provided health screenings for children and adults. "It was very intense," Graham says.

She is grateful for the chance to dive into a new field of study without accumulating massive debt. Says Graham: "I wouldn't have been able to come to Emory without the fellowship."

—Patti Ghezzi



Anjalie Graham

Pioneer in psychiatric nursing now gives back to Emory



Betty Daniels

Betty Daniels, 51N, 67MN, enjoyed a 45-year career as a public health and mental health nurse, including 15 years teaching at Emory.

As a pioneer in psychiatric nursing and supporter of the Georgia Nurses Association, she helped develop legislation protecting nurses—or anyone else—from libel if they reported children whom they suspected were being abused.

"Giving" has always been in her nature, and now she is giving back to Emory financially.

Of the two professions predominantly open to women when she graduated from high school, teaching and nursing, Daniels was drawn to caring for others. "I used to play nurse with my dolls—they were always sick," she chuckles.

"Nursing was very hands-on then. We were taught what to do. Now the focus is on why you do it. Students have more science background and more theory, and certainly the technology has changed.

"I love nursing. I've had a wonderful career, and I've not regretted one moment of it," says Daniels. "I mostly give to the scholarship fund, and I've listed the school in my will. I had help—my education cost me very little—so now I want to help others." —Kathy Morse



From the Alumni Association President

Paying it forward

In the spring, I had the pleasure of welcoming the new nursing graduates to the alumni association. As I stood at the podium, I saw the smiling faces of the new alumni and the partners in caring who supported them throughout their education. In reminiscing about my own graduation, I told them that I'm sure that they were probably relieved the coursework was over and excited about entering the next phase of their lives as a registered nurse.

After I congratulated the new nurses, I also reminded them about another responsibility they would have in the coming months and years. They need to pay it forward. They need to help those who come after them have the same opportunity and financial support they had.

That support also comes from alumni like you.

As you've read in the previous pages, the School of Nursing has embarked upon a \$20 million campaign. We are a small school of less than 10,000 alumni so we count on every one to provide for future nurses. Every alumnus can move us toward success, no matter the size of the gift.

Mary Lambert

Mary Lambert, 81MN
President, Nurses Alumni Association

Class News

1950s

Martha Bailey, 52N, was one of 10 nurses in Alabama who received a Lamplighter Award in April. The awards, given by the Alabama League for Nursing, honor those who have contributed to a better society. Bailey founded the Parish Nurse Program, in which nurses assist their congregations by serving as health educators and counselors, support group facilitators, and referral agents. The program has 24 nurses serving in 20 churches. Bailey has worked for the East Alabama Medical Center since 2001.

1980s

Mary Jo Scribner-Howard, 83N, received South Carolina's highest nursing award, the Palmetto Gold,

in April. Palmetto Gold recipients are selected for their excellence in nursing practice and commitment to the profession. She works in the Palmetto Health Richland Memorial Hospital in Columbia, SC.

She also was selected as one of 10 national panelists that set the standards for the professional development certification exam of the American Nursing Credentialing Center.

1990s

Kandy Smith, 92MN, is teaching at the University of South Alabama and has received funding from the Health Resources and Services Administration to establish a doctorate of nursing practice. The program will emphasize the reduction of health disparities, particularly cardio-

vascular health disparities, by preparing advance practice nurses to deliver culturally competent, evidenced-based nursing expertise.

Margo Moore, 94N, graduated summa cum laude from Duke University in May 2008 with a master's in nursing. She works as an oncology nurse practitioner at Batte Cancer Center at Carolinas Medical Center-NorthEast in Concord, NC.

Carol A. Newman, 94MN, was appointed commander of the Raymond W. Bliss Army Health Center at Fort Huachuca in Arizona. Her appointment will begin in summer 2009. Colonel Newman currently serves as deputy commander for nursing of the 30th Medical Brigade in Heidelberg, Germany.

2000s

MARRIED: Emily Mason, 04N, to John Beard on Oct. 13, 2007. She is a nurse navigator at Dekalb Medical Center's Comprehensive Breast Care Center in Decatur, GA.

In Memory

1930s

Helen Porter Putnam, 34N, of Greenwood, SC, on April 28, 2008. She was 96. She was a retired major in the U.S. Army Nurse Corps and served in Europe during WWII and in Japan during the Korean War. Helen and her husband, William, always paid special attention to their nieces and nephews, said nephew John Porter.

"They always remembered us at Christmas and birthdays, inviting our families to houses at the beach in the summers, introducing us to formal, candlelit dinners at an early age, taking us for meals at the officers club," Porter says. "I very much buy in to the premise of their generation being the greatest, but even among that strong peer group, I think Helen and Bill Putnam were pretty exceptional."

She was preceded in death by her husband, Col. William Putnam. She is survived by her sister, Edna Todd.

1940s

Olive Galloway, 43N, of Lakeland, FL, on Aug. 25, 2008. She was 88 and died of complications of pneumonia. She was director of nursing



Mary Jo Scribner-Howard, 83N



Carol A. Newman, 94MN



Emily Mason Beard, 04N

education at Gordon Keller School of Nursing at Tampa General Hospital and director of the nursing program at Hillsborough Community College. She is survived by her niece, Dorothy Galloway Hollis.

Lena Ruth Martin

McCullough, 43N, of Clemson, SC, on May 4, 2008. She was 86. After graduating from the School of Nursing, she served as a Navy nurse in WWII. After the war, she worked at Oconee Memorial Hospital in Seneca, SC, for many years. She is survived by her sons, Howard, Larry, and David, six grandchildren, and four great-grandchildren.

Exa Parrish Hayes, 45N, of Kerrville, TX, on Aug. 10, 2007. Her husband, John Hayes, 42OX, 44C, 46M, died in January 2008. They are survived by their daughter, Sandy Wolfmueller, son John Randall Hayes Jr, and two grandchildren.

Marie Perkins Cain, 48N, of Quitman, GA, on Aug. 15, 2008. She was 81. She was a member of the first class to receive the four-year bachelor of nursing degree at Emory. She is survived by her husband, Robert, a son, Robert Jr., and a daughter, Marjorie.

Mary Mason Martin, 48N, of Auburn, AL, on June 7, 2008. She is survived by her

daughters, Esther Evans and Matilda Bryan, son Robert, eight grandchildren, and two great grandchildren.

Martha McDevitt, 48N, of Conyers, GA, on May 25, 2008. She was 86. She was a nurse in the U.S. Army, later earned her pharmacy degree, and worked in both professions. She said her first solo flight as a pilot on March 17, 1949, was the highlight of her life. Her flight was featured on the front page of *The Atlanta Journal* at the time.

More than two months in advance, she requested St. Patrick's Day off from her job as a visiting nurse for an insurance company. In the

meantime, she took flying lessons and prepared for the big day by buying her flight uniform—green slacks and a blouse on which she sewed shamrocks.

Her body was donated to Emory University School of Medicine. She is survived by her nephew.

Wanda Kathryn Krawiec, 49N, of Louisville, KY, on May 10, 2008. She was 84. She served as a nurse in the U.S. Army, caring for WWII returnees, and later taught nursing at Hackensack (NJ) Hospital. She is survived by her five children, Chris, Katie, Keith, Cliff, and Casey, and 10 grandchildren.

Parker leads Rochester nursing school

Former School of Nursing professor Kathy Parker, 77MN, began her first day as dean of the University of Rochester School of Nursing this past August.

Parker has more than 20 years of clinical experience and most recently served as co-director of the Emory Sleep Center. She is one of only five nurses in the country certified in clinical sleep disorders by the American Board of Sleep Medicine and was elected as a fellow of the American Academy of Sleep Medicine and a fellow in the American Academy of Nursing. She is currently developing an educational program on insomnia for the American Academy of Nurse Practitioners.

Parker has served on the Institute of Medicine's Committee on Sleep Medicine and Research, is a manuscript reviewer for a number of clinical and research journals, and serves on several NIH study sections.

She came to Emory in 1993, not knowing what tenure meant, she says, but simply wanting to research sleep. She had worked

at the Atlanta VA and noticed that her dialysis patients were sleeping all day and awake during the night. Thus was the start of a research career, in which her studies helped bring a sound night's sleep to dialysis patients based on the finding that reducing the temperature of dialysis fluid helps patients sleep. She is extending her research to include the study of sleep in cancer patients with pain.

While leaving Emory was painful, Parker says, it was time to take on another challenge. "I want to be in a position to tell nurses what they can do, not what they can't do," she says of the appeal of serving as a dean. "I have worked with so many wonderful scientists across the university. I've never been anywhere in Emory where someone said they wouldn't help me. But I think it's now more important to me at this point in my career to foster the development of others."



Kathy Parker leads a nursing school that expanded its doctoral program last year to admit students seeking a doctorate of nursing practice.

The University of Rochester School of Nursing is ranked 40th in the nation by *U.S. News & World Report*.



Helen Porter Putnam, 34N



June Gray, 63N, 64MN



Rhoda Nielsen, 66MN



Jan Cashion Stuenkel, 75OX, 77N



Rebecca Gerrard Liberman, 89MN/MPH

1950s

Virginia Tison Gracia, 52N, of Winter Haven, FL, on Jan. 5, 2005. She was 73.

Joanna Langford, 53N, of Sarasota, FL, on Jan. 31, 2007.

JoAnn Crawford, 54N, of Loganville, GA, on June 26, 2008. She was 76. She is survived by her husband, Bill, son William, daughter Susie, and four grandchildren.

Marie "ReeAnn" Sweeting, 56N, of Auburndale, FL, on Aug. 25, 2008. She is survived by her three children, Lew, Lynn, and Arlene, and five grandchildren.

Elizabeth Herwick, 58N, of Roswell, GA, on Aug. 10, 2007.

1960s

June Gray, 63N, 64MN, of Atlanta, GA, on July 12, 2008. She was 82. She worked as a nurse practitioner in several Atlanta hospitals and volunteered in community free clinics. She also served as treasurer of the Georgia Nursing Association.

She is survived by her husband, Robert Gray Sr., their four children, Robert, David, Paul, and Martha, six grandchildren, and six great grandchildren. She donated her body to Emory University School of Medicine.

Ella Garrison, 66N, of Easley, SC, on Feb. 8, 2008. She was 79.

Rhoda Nielsen, 66MN, of College Park, GA, on April 19, 2008. She was born in Denmark and was a staff nurse at two hospitals there before moving to Iowa. In 1956 she became a nurse for the American Baptist Foreign University in the Belgian Congo. Four years later, she returned to the United States to become an assistant professor at East Carolina University and later, at Emory University. She is survived by her partner, Nellie Randall, and her children, Philip Schmidt and Hanna Nesbit.

1970s

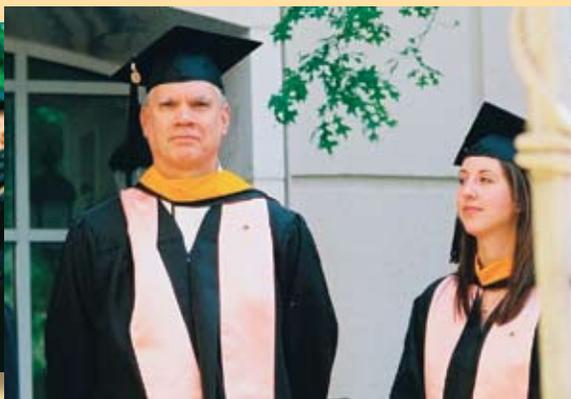
Jan Cashion Stuenkel, 75OX, 77N, of Morganton, NC, on Oct. 27, 2007. She worked as a staff nurse at Grace Hospital in Morganton before becoming a full-time instructor at Western Piedmont College in 1987.

She is survived by her husband, Eric, a son, Mark, a daughter, Elizabeth Stuenkel Selgrade, and by her parents, Robert and Ellen Cashion.

1980s

Rebecca Gerrard Liberman, 89MN/MPH, of Atlanta, GA, on April 25, 2008. She was 53. She is survived by her husband, Henry, step-daughter Heather, and niece Rebecca Foley.

Please stay in touch by updating your contact information at alumni.emory.edu/updateinfo.php. If you would like to make a gift to honor a classmate, please contact the development office at 404/727-6917. 



Commencement 2008

It seems fitting on the day that marks Florence Nightengale's birthday that 181 Nell Hodgson Woodruff School of Nursing students graduated. The pioneer of modern nursing is a fitting role model, said Dean Marla Salmon. Commencement speaker Michael M.E. Johns, chancellor of Emory, shared a few life lessons. "Your reputation always will precede you into the room," he said. "Your degree is both a blessing and a burden. You know what excellence is, but now you have a special obligation. You're good, but we expect you to do better. No matter what you do, you carry the Emory pedigree. You are our proof of principle."



Can you imagine an **end** to the **nursing shortage?**

When nurse practitioner Angela Goodridge 07N read in a newspaper that students are being turned away from the nation's nursing schools because there aren't enough faculty to teach them, she decided to help. The 20-year health care veteran enrolled in the Nell Hodgson Woodruff School of Nursing's summer teaching institute. Now an instructor at Georgia Perimeter College, Goodridge has joined the growing number of Emory-prepared teachers working to alleviate the nursing shortage through excellence in education.

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Spinning the wheels

Genia Morse, 74N, oversees the Wellness on Wheels (WOW) program that provides low-cost health care for those in need. The WOW van travels to several communities in the metro Atlanta area, page 7.

