

A man in blue scrubs with a stethoscope around his neck, holding a pitchfork, standing in a field of pine needles. The background shows a clear blue sky and some trees.

EMORY | nursing

SPRING 2009

Second life

*How second-career nurses
found their calling*

Inside: NEW DEAN LINDA MCCAULEY | MATERNAL DEATH IN THE
DOMINICAN REPUBLIC | A NEW NURSE REFLECTS ON YEAR ONE

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On the Cover: Richard Bennevento 09N was a landscaper for 18 years before going to nursing school. He and other second-career nurses talk about their previous jobs and what led them to nursing in *Second Life* on page 13.

Emory Nursing would like to thank RR Donnelley-IPD Printing, Tim Stewart Ford, and AirTran Airways for their assistance on our *Second Life* photo feature.



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Hiking up a dirt road to reach a rural community in the Dominican Republic was all in a day's work for faculty member Jenny Foster (wearing black dress) and her research team.



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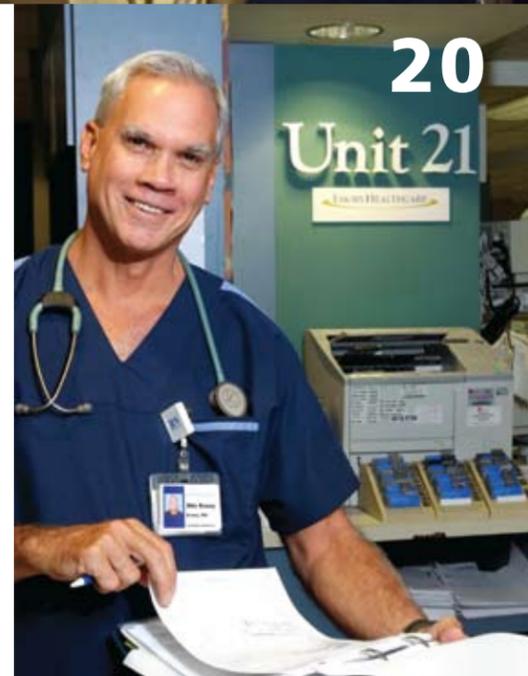
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Former students of retired faculty member Elizabeth Mabry honor her with a nursing scholarship in her name.

Weathering the storm

Greetings, alumni. I'm honored to be named dean of the Nell Hodgson Woodruff School of Nursing, and I hope each of you will join us at our alumni events here over the coming months so I can meet you.

This is an exciting time for me as I take on the new opportunity of serving as dean. This is also the most challenging and uncertain time many of us have faced. Just about every week on the evening news, I hear of another company laying off workers. Unemployment has risen to a level most of us have never seen before. I am grateful to be in a field with many open positions, both clinical and educational.

Granted, even though nurses are in demand, we will not be immune to the downturn in the economy. Veteran nurses who had left full-time work are re-entering the workforce, and many who had planned to retire are holding onto their positions. Nursing students, who previously had their choice of jobs, may find themselves choosing their second or third option. New graduates increasingly are looking for positions outside of the hospital, since almost half of all RNs now work in other settings, including community health, ambulatory care, nursing homes, schools, and businesses. Overall, though, there are still plenty of open positions to choose from. The media has picked up on that fact recently, naming nursing as a recession-proof job.

Nurses, like everyone in health care, will be contending with fewer resources and a heavier work-



nursing leaders will not waiver.

—Dean Linda McCauley

Dean Linda McCauley

load. Nursing faculty will need to find creative ways to fund research, as the NIH budget remains flat. It is promising, though, to see new research funding proposals from the Obama administration in its economic stimulus package. Faculty in our school have been busy responding to these opportunities.

While some nursing schools report 20% to 40% cuts in expenditures, reductions in workforce, and decreased enrollments, we have not faced such drastic cuts. We certainly have “tightened our belts” and watched our expenditures very closely—and we expect to continue doing so for at least the next year. We’ll weather this financial storm. Perhaps we will emerge from these rocky times a little weary, but our focus to graduate exemplary nursing leaders will not waiver.

That commitment to students is one of the biggest reasons I chose to come to Emory. I have a list of priorities that I want to fulfill for the school (see my punch list on page 11). Even during this difficult time, we still have many opportunities to grow and prosper. I look forward to working with each of you as we move ahead.

Perhaps we will emerge from these rocky times a little weary, but our focus to graduate exemplary

Legal eagles : Transitioning from clinical to law firms, nurses find a niche

On the 36th floor of an Atlanta law firm, down a hallway flanked by shiny marble floors and walls adorned with art, a handful of nurses are going through stacks of medical records. They read, analyze, and then they write their summaries for attorneys.

They are legal nurse consultants (LNCs), a niche within nursing that has been gaining traction since the late 1980s, when the American Association of Legal Nurse Consultants was formed. They help orient attorneys to any medical aspects of a case—medical terminology, pharmacology, standards of care, to name a few. Most of their work involves requesting and looking at medical records. The LNC then has to piece together a patient’s medical history, symptoms, and treatments. They render written opinions ranging from whether a drug could cause a certain reaction to the appropriateness of care received by a patient.

More experienced LNCs accompany attorneys to trial. They work with medical experts on their testimony, alert attorneys to contradictions in medical testimony, prepare multimedia exhibits to help explain concepts to the jury, and draft questions for the lawyer to ask a medical witness.

“Nurses have long been patient advocates, but in working in defense litigation, we often are on the



Debra Meadows, Hope Busenius, and Dianne Collier, standing in a mock courtroom at King & Spalding in Atlanta, say legal nurse consulting is a growing field, in part because of the development of a national association.

other side as advocates for our clients,” says Dianne Collier 76MN, an LNC for 25 years and former School of Nursing faculty member.

Collier and two other Emory nursing school alums, Debra Meadows 99N and Hope Busenius 93MN, work in the Atlanta office of King & Spalding, where they handle a range of cases involving product and medical device liability, pharmaceuticals, and malpractice. A large law firm like King & Spalding, which employs seven LNCs, looks for candidates with a master’s degree and more than five years of varied clinical experience.

Though Busenius wanted to transition away from full-time clinical care when she became an LNC, adjusting to the change of workplace culture took some time. “You’re not

If you want day-to-day interaction with patients, this is not for you because most of what we do is review, analyze, and summarize documents for the attorneys. —Debra Meadows 99N

running the show at a law firm like you would as a family nurse practitioner,” she says. “But the clinical and law firm role are similar in that you educate the attorney as you would the patient.”

Meadows adds, “If you want day-to-day interaction with patients, this is not for you because most of what we do is review, analyze, and summarize documents for the attorneys. You have to be self-driven. You deal with a lot of deadlines. Sometimes you will handle 20 to 30 cases at one time,

so this is not for the faint-of-heart. You have to analyze a lot of information very quickly and precisely.”

New LNCs should look toward a small law firm to gain experience. Collier says when she first started, “legal nurse consulting wasn’t even a field. There were 22 lawyers at the small firm where I started so I was able to get more hands-on experience than is sometimes possible in larger firms. I was at my first trial within a year and a half, and that’s how I grew in this profession.”

Solving one facet of the Dominican paradox: Nurses help their Dominican colleagues prevent maternal death

In a country twice the size of New Hampshire, women were dying at an alarming rate after giving birth. As small as the Caribbean country of the Dominican Republic was, its maternal death rate was 15 times that of the United States.

While many developing countries have high maternal death rates because of lack of resources, the Dominican Republic was considered a paradox. It had a large network of public hospitals with trained staff that pregnant women used. In fact, approximately 97% of pregnant women gave birth in hospitals, where doctors handled births by cesarean section, and nurses, the vaginal births. But these women were still dying.

The nurses at one public hospital in the third largest city of San Francisco de Macorís decided to



do something about the problem. They had had six deaths in the span of six months, compared with three deaths in the same time period the year before. They contacted the

Universidad de Puerto Rico for help. The university sent a team of nurse-midwives to assess the problem, and the Dominican nurses received an interesting evaluation. “We think you

know what the problem is,” they were told.

The nurses themselves did identify the problem early on. They said patient follow-up was their biggest weakness in patient care. Often, family members were the ones who recognized a problem and alerted the nurses. The nurses told the assessment team that they were stretched thin—too many patients, too few nurses—and felt caught in a cycle of reacting to problems as they arose instead of anticipating and addressing problems proactively. Help us break the cycle, they asked.

One member of the assessment team called Jenny Foster, a midwife who has a doctorate in medical anthropology and who came to the School of Nursing in 2007. The team member and Foster had worked together in clinical practice at the University

of Massachusetts. Together, they came up with a plan that would be led by the Dominican nurses and the community.

“Change can’t come just from the health side,” Foster says. “It also has to come from the community

The nurses have more self-confidence and are more motivated. They quality of their patient reports is better, leading to more respect from doctors. —Jenny Foster

but also thinking of questions and analyzing data.”

Today, five years after the start of the project, the Dominican nurses have improved their clinical skills and job satisfaction. The hospital had no maternal deaths in 2008.

“The nurses have more self-confidence and are more motivated,” Foster says. “The quality of their patient reports is better, leading to more respect from doctors. These points are so important in locations where there are huge shortages of supplies and resources.”



In the Dominican Republic, faculty member Jenny Foster (second from r.) and her team interviewed new mothers and men who had lost their partners or children after birth.



About 60% of births in the Dominican Republic are by cesarean section, and doctors with private clinics routinely advertise their services, as Emory nursing students saw last year.

for it to be sustainable.”

The initial assessment pointed out some other areas for improvement, such as updating knowledge and skills. The nurses attended a number of educational conferences over three years to learn how to use a fetoscope, conduct a physical, and monitor the progress of labor. The main issue, though, still was the need to increase proactive behavior.

“It wasn’t about knowledge,” Foster says. “They knew what to look for, with bleeding, for example. What they didn’t do is fol-

low up with women on a routine basis.”

The Dominican nurses then trained volunteers to be doulas, had a new bathroom installed on the labor ward, and purchased supplies, including fabric to sew curtains for patient privacy. Still, pregnant women from rural areas would come into the hospital very ill and die.

The nurses wanted to know if women understood dangerous symptoms during pregnancy, and that question formed the basis of the next phase of Foster’s research. Health

care providers made up one-half of the research project; the other half was the community. Foster and her team recruited people, including men who lost their partners or children after birth, for interviews and focus groups. The team currently is working on assessing communication between nurse and patient and seek to publish their work in Spanish nursing journals.

“The community was involved in every part of research,” Foster says. “They helped not only with the collection of research

By comparison

Average number of maternal deaths per 100,000 births

United States 10

Dominican Republic 150

Afghanistan 1,800

Source: United Nations, 2005.

Lehr presented Emory's highest alumni service award, with \$25,000

According to Sally Lehr 65N 76MN, "service" to her alma mater isn't a job or even a responsibility.

"It's just something I've enjoyed doing," says Lehr, clinical associate professor of nursing. "I've been with a group of people I like working with, and what I have done, I've enjoyed. I didn't feel like I was 'giving' anything." In truth, Lehr has given Emory a great



Emory University President James Wagner presents Sally Lehr with the Turman Award's "bell cow." The late J. Pollard Turman, a university trustee for more than 30 years, gave the nickname to outstanding leaders.

As a teacher and as an alumna, on campus and off, Sally Lehr's service to her community has been invaluable and transforming.

—President James Wagner

deal—as a student, alumna, and faculty member.

At a ceremony in the Miller-Ward Alumni House in March, Lehr was rewarded for that nearly 50 years of giving to Emory with the Turman Award, the university's highest honor for alumni service.

The award, established in 1998 and presented by the Emory Alumni Association, is named for J. Pollard Turman 34C 36L 73H, a university trustee for more than 30 years. It recognizes Emory alumni who have made outstanding contributions of time, expertise, and leadership to Emory. Lehr is the first graduate of the nursing school and the first faculty member to receive the award. The ceremony honoring Lehr drew more than 160 attendees, the most ever.

"I've really found a place to call home," Lehr told the ceremony's audience. Shortly after receiving her master's, Lehr was encouraged by her mentor, then-professor Rose Dilday 79N, to apply for an open teaching position. She got it and has served on the faculty (as well as in private practice) ever since.

The honor includes a glass "bell cow" (Turman's personal nickname for outstanding leaders) and a \$25,000 donation from the Tull Foundation to be pledged to the Emory school, unit, or program of the recipient's choice. Lehr said she plans to donate the award to the nursing school and the Emory Winship Cancer Institute.

Lehr's alumni engagement began in the mid-1970s, when she helped re-form the Nurses Alumni Association Board. She has served on the board ever since, and her leadership includes multiple terms as its president, a role she currently fulfills. University-wide, Lehr has served a three-year term on the Emory Alumni Board, and she has been a member of the nursing school faculty for 32 years.

Lehr's service has expanded beyond campus. In 1964, while still an undergraduate, she helped found the Emory chapter of Sigma Theta Tau International, the honor society for nursing, and she has been involved ever since. Five years ago the chapter began participating in the Alzheimer's Association Memory Walk, a national fund-raiser for Alzheimer's research. For the past three years, the Emory chapter has won the award for most money raised.

"As a teacher and as an alumna, on campus and off, Sally Lehr's service to her community has been invaluable and transforming," said Emory President James Wagner, upon presenting the award. "She has been and continues to be a role model for generations."

—Eric Rangus, director of communications for Emory Alumni Association

Globetrotter: a public health nurse

For nurses considering careers outside the United States, a master's in public health nursing is the way to go, says assistant professor Linda Spencer. Spencer, who has more than 20 years' experience working around the world, says developing countries need nurses with expertise in working with populations as a whole, more so than knowledge of modern medical technology.

Spencer has worked in Zambia, India, Indonesia, Russia, and Iraq, among others, where she has developed a variety of training programs for nurses and other health care providers.

She shares her experiences and knowledge with

In public health nursing, we look at the community as an aggregate, not as single patients.

—Linda Spencer

students enrolled in the School of Nursing's master's in public health nursing program. It is the only such program in the state and one of only a few in the Southeast.

Spencer says her public health experience served her far better in those situations than her pharmaceutical or interventional knowledge.

"Many of the interventions we have available are not appropriate in a



In a village in Zambia, Linda Spencer (l.) taught mothers about oral rehydration to treat dehydration resulting from diarrhea. Diarrheal dehydration is a leading cause of death in children from birth to age five in developing countries.

developing country," she says. "These countries have limited access to drugs and don't have the resources to replicate a medical intervention."

A public health nursing degree, though, prepares nurses to assess populations and identify resources available to them.

"We're much more focused on prevention than, for example, a nurse practitioner," Spencer says. "In public health nursing, we look at the community as an aggregate, not as single patients. A community knows best what their problems are and how to best solve them. But they may not be able to articulate them, and that's where we can be most effective."

U.S.-based job opportunities in public health nursing have surged as companies and governments have focused on creating disaster-preparedness plans. Students gain experi-

ence while enrolled in the program by working in the community 500 hours over three semesters.

One such place was the Georgia Office of Preparedness, where public health nursing students reviewed pandemic flu plans for more than 100 counties last year. "They made recommendations to

the plans that the department hadn't thought of," says Spencer. "Now the director wants to create a chief nurse position."

"All nursing students take a community health course as undergraduates, and they learn there is a whole other world of nursing outside the hospital," she says.

Recent articles from the School of Nursing

Amazon J., McNeely E., Lehr S., and Marquardt M., "The Decision-Making Process of Older Adults Who Elect to Receive ECT." *Journal of Psychosocial Nursing*, 46(5), 2008.

Hruschka D., Sibley L., Kalim N., Khan J., Paul M., Edmonds J., "When There is More Than One Answer Key: Cultural Theories of Postpartum Hemorrhage in Matlab, Bangladesh." *Field Methods*, 2008; 20, 315-337.

Sullivan A.M., Bauer-Wu S., Miovic M., "The Tong Ren Healing System: A Survey Study." *Complementary Health Practice Review*, published online December 23, 2008 as doi:10.1177/1533210108329265.

Murray, J.P. and Terrazas, S.B., "Solving the Shortage of Health Care Providers at the Grassroots Level: Ethiopia's Response: The Carter Center Ethiopia Public Health Training Initiative." In Hoyt, P., Fitzpatrick, J. & Smith, B., *Problem Solving for Better Health: A Global Perspective*, Springer Publishing Company, 2009.

A nursing humanitarian

Shauna Mettee 09MSN/MPH received the Emory University Humanitarian Award, given each year to students who have demonstrated honesty, integrity, and responsibility in serving others.

“Shauna is a registered nurse who not only has extended her own hands but also engaged large numbers of other students to extend theirs,” says Ruth Berkelman of the Rollins School of Public Health. “She’s always gracious, always humble, always giving the credit to others.” Berkelman nominated Mettee for the award.

Indeed, after a week of classes and caring for patients as a registered nurse with Emory’s emergency services, Mettee still



Shauna Mettee, above right with a Bangladeshi nurse, worked last summer to improve treatment in obstetric emergencies.

finds the time to serve as a board member and volunteer for Mad Housers, an organization that builds shelters for the homeless in Atlanta.

“What drives me? Oh that’s a good question,” says Mettee. “I think what I’m always trying to do



Emory’s MSN/MPH offered this unique opportunity to unite global health with a holistic clinical perspective.

—Shauna Mettee 09MSN/MPH

is to create a community where people feel supported and encouraged, where they can achieve their dreams.”

Mettee took a big step

toward achieving her own dream, she says, when she enrolled in the schools of nursing and public health. “Emory’s MSN/MPH program offered an opportunity to unite global health with a holistic clinical perspective.”

Her skill sets came in handy last summer when Mettee went to rural Bangladesh to help improve the treatment of women with obstetric emergencies. However, it was during a CDC internship that she realized what she really wanted to do. “I was going on outbreak investigations with Epidemic Intelligence Service (EIS) officers, including a cholera outbreak in Guinea-Bissau in West Africa. And ever since then it’s been a dream of mine to join them.”

That dream is soon to come true. Mettee will join the U.S. Public Health Service as an EIS officer on July 1.

—J. Patrick Adams 09MPH

RAPPING nurse Thomson

Need a refresher on your maternity rotation? Check out YouTube. Thomson Haley 09N has posted a video featuring himself rapping about his experience. Decked out in sunglasses and a winter hat, he starts the thumping music...

Let’s induce the labor
 Let’s start the action
 Administer the pit
 Will increase the contractions
 Yeah, they’re getting longer
 Yeah, they’re getting stronger
 Increase the duration and check the cervix for dilation
 Then I check the station, about a plus-2
 I know what to do when the baby is coming through
 His head’s starting to crown, he’s heading southbound
 Oh please catch the baby before it hits the ground

Haley says he’s written poetry and listened to rap and hip-hop for a number of years but only started rapping in his sophomore year of Emory when he needed a creative project for a class. Since then, “rapping has helped pass the time when I’m driving or lifeguarding during the summer,” he says.

After he posted the video and word spread in the School of Nursing, his classmates were surprised. “I’ve gotten a lot more attention from teachers,” he says. “Even if I haven’t been in their class, they come up to me and say, ‘You’re the rapper, aren’t you?’ At first I thought the rapping was kind of goofy, but it helps me learn. It gets me excited about studying. With any subject I’m studying, I just freestyle it.”

Access youtube.com and search “nurse Thomson.”



Virtual connections

Through E-Connection, nursing alumni can network with graduates in their area and around the world and view dozens of job openings. Access it through Emory Alumni Association’s web page, alumni.emory.edu.

Also stay connected with the School of Nursing from anywhere in the world. The school has a page on Facebook, a free social networking site via the Internet. More than 150 students and alumni have visited the page, which was posted in May 2008, to stay in touch with classmates and to learn of events and announcements.

E-Connect

Linda McCauley takes on the School of Nursing

Last year, some of Linda McCauley's colleagues at the University of Pennsylvania asked her how the nursing school could better recruit the best doctoral students. Without hesitating, she replied, "We're sitting on them. They're our undergraduates." Emory's School of Nursing is too, she believes.

A NEW DEAN

By Kay Torrance

COMES TO TOWN



One of the items on McCauley's to-do list as the new dean of the School of Nursing is to increase its PhD candidates. (McCauley became the new dean on May 1 after Marla Salmon left to become the dean of the University of Washington nursing school last fall.) She wants undergraduates to know that research doesn't always entail working with test tubes or sitting in front of a computer all day—not that there is anything wrong with that, she says.

Her own research, for example, centers on the effects of pesticides on migrant farm workers. She has gone into the homes and fields of migrant farm workers to study them—engaging in one-on-one interaction, as she did in her days in patient care.

"Students get mesmerized by clinical care," she says. "Research is fascinating and rewarding too. I want to set a goal of enrolling two students each year to go from BSN into the doctorate program. But we need to educate students as freshman and sophomores in college about nursing science. If we wait until they are juniors

really listened to the people. She cared about them, and not a lot of people are interested in working with this population."

Since then, McCauley has published extensively on pesticide exposure and migrant farmworkers—particularly young Hispanic males—including the biomarkers of pesticide toxicity, neurobehavioral performance after exposure, and knowledge about safe-worker protections. She's currently seeking a grant for a study on pesticide exposure and pregnant farmworkers, in collaboration with Maureen Kelley, a midwife and chair of the school's family and community nursing department—a fact that initially didn't sit well with the farmworkers.

"I told them that we have to bring health care providers into this because we will be studying pregnancy," McCauley says. "We have to make

I WANT TO SET A GOAL OF ENROLLING TWO STUDENTS EACH YEAR TO GO FROM BSN INTO THE DOCTORATE PROGRAM.

—NURSING DEAN LINDA MCCAULEY

and seniors, their schedules have become so tight that they don't even want to think about staying in school longer."

Her venture into environmental health research developed from seeing a grant application in the mid-1990s for research involving migrant farm workers. She was studying Gulf War veterans while at the Oregon Health & Science University when she met Juanita Santana, who directed a local Head Start program for children of migrant farm workers.

Together they worked on a five-year study about pesticide exposure. McCauley formulated the study parameters, and Santana provided a gateway into a population that often feared outsiders. The study raised the ire of some growers, but the researchers were able to bring them onboard by appointing them to the study's advisory committee. Soon the growers wanted their own children and homes tested for exposure.

"The study was so successful because Linda was very responsive to the issues in the community, rather than coming in and saying this is what I want to work on," Santana says. "She

sure the women get prenatal care. They were hesitant; they don't trust outsiders."

McCauley has learned over the years that she has to walk a fine line to study the community. In other areas, though, she's more outspoken—her students have even told her that she's "too political." She recently told undergraduate students in her community health course that nurses must address health care challenges not only through practice but advocacy.

She pointed to a recent news story to illustrate her point: Children were coming into the Children's Hospital of Philadelphia with gunshot wounds at an alarming frequency. The trauma doctors had mobilized and spoken to the media about the issue. The mayor's office was getting involved. But where were the nurses?

"Where is nursing's collective voice in stopping the shooting of children?" she asks. "It's okay to patch and heal them, but why is nursing silent? Before I retire, I want to see nursing speaking in a collective voice. Nursing is the most trusted profession and the largest in health care, but we don't go to the table. And we don't

LINDA MCCAULEY'S PUNCH LIST

1. Recruit faculty
2. Start new programs of research, perhaps in palliative care or mental health
3. Expand the Lillian Carter Center for International Nursing
4. Increase the number of doctoral students
5. Increase clinical placement opportunities and partnerships

teach nursing students to join collectively to have a voice.”

She has taken a backseat approach, though, with the migrant farmworker community.

“I’ve had colleagues say to me, ‘How can you not report a housing violation,’” she says. “It’s not my call to make. It’s the community’s. If I go onto a farm, for example, and see a housing violation, the camp could be shut down,

and families would be homeless. Then that creates a whole new set of problems. It’s not as simple as it might seem.”

McCauley says community-based research is one of the hardest types to do but also one of the most personally satisfying because it brings attention to an underserved population. She hopes she can be an example to faculty and students of the nursing school. **EN**

IN THE BEGINNING

McCauley’s mother was a nurse and wanted her daughter, whom she called “my little bookworm,” to follow suit. McCauley was thinking about pharmacology because she loved chemistry. “Why do you want to count pills all day?” her mother asked. So McCauley stayed close to home and earned her bachelor’s of nursing at the University of North Carolina.

After graduating, she headed to her first position as a staff nurse at the Holy Name of Jesus Hospital in Gadsden, Ala. Because she has a bachelor’s degree, she was asked to assist in teaching classes. “I had to memorize a prayer because we had to say it at the start and end of class,” she says. “I still know it to this day.”

She moved on to the Jewish Hospital School of Nursing in Cincinnati as instructor for three years and then came to Georgia Baptist Medical Center in Atlanta as associate chair of its parent-child department. During her time there, she decided she wanted to earn her master’s degree.

“I scouted out the best schools,” she says. “Some people wanted to drive the best car, but I wanted to go to the best school. When you have to pay for higher education, why wouldn’t you look for the best school?”

She and two colleagues applied to Emory’s School of Nursing, and she was the only one of the three to be admitted. “I was lucky enough to get a traineeship my last year, which allowed me to step down from Georgia Baptist and immerse myself in my graduate education. It was one of the best years of my life. I got my master’s in pediatric nursing (79MN), and my only regret was that I couldn’t earn my master’s in midwifery and community health also.”

She went on to hold faculty positions at the University of Cincinnati, the Oregon Health & Science University, and most recently, the University of Pennsylvania.



Public health dean James Curran and Linda McCauley say nursing and public health are reciprocally linked.

NURSING ALWAYS HAS BEEN AT THE CENTER OF PUBLIC HEALTH, BOTH PHILOSOPHICALLY AND IN PRACTICE. PUBLIC HEALTH NURSES ARE LEADERS IN COMMUNITIES WORLDWIDE IN ASSESSING HEALTH NEEDS AND PROVIDING CARE AND PREVENTIVE SERVICES. THROUGH THEIR COMMITMENT TO EXCELLENT CARE AND SOCIAL JUSTICE, NURSES ARE CRUCIAL TO IMPROVING THE HEALTH OF ALL POPULATIONS.

—James Curran, dean of the Rollins School of Public Health, and co-chair of the search committee for the nursing school dean

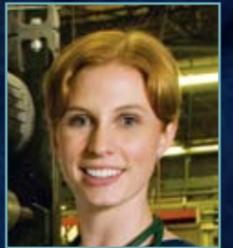
Second life

by Valerie Gregg

Photos by Kay Hinton

What’s in a life? Gone are the days of a one-career life. In the search for a meaningful and secure job, people increasingly are choosing nursing. Nationwide, nursing schools with accelerated baccalaureate programs saw a 21% increase in second-degree students from 2005 to 2007, according to the American Association of Colleges of Nursing. (Though it does not have an accelerated baccalaureate program, the School of Nursing, attracts many second-degree students. They make up about 60% of the applicant pool.)

They come from all kinds of first careers, and bring a variety of skills and life experience with them, all of which serve them well in the classroom and clinical settings. The following pages showcase just a few of past and present students and their stories of transition.





WHO: ROBERT ANGSTADT 08N

THEN: He earned an MBA from Emory in 1989, worked for Citicorp, Ford, and Mercedes-Benz in the United States and United Kingdom for five years, traveling four days a week on business.

TRANSITION: Near-fatal collision with a semi-truck led Angstadt to make a U-turn in life. The accident, though traumatic, became his “proverbial 50-foot Jesus,” he says, a sign that he had been given a second chance for a new life. “My dad died when he was 40, and I was 41 at the time of the accident. I realized that if you’re going to spend 10 hours a day working, you darned well better be able to enjoy it.

There was a nagging voice inside me that wouldn’t let up, and I decided to pursue something service-oriented. I really had to start my education from scratch, and it was a tough couple of years. But there are very few worthwhile things in life that are easy.”

NOW: a neonatal intensive care nurse at Northside Hospital. “One day early on in my job it was very busy, and one particular baby was crying. I couldn’t just let him cry until I could get to him. I gave him a pacifier and calmed him down. The next day I got a card from the baby’s grandmother that said: ‘Thank you for taking such good care of my grandchild.’ Her gratitude meant the world to me.”

WHO: RICHARD BENNEVENDO 09N

THEN: He worked as a grounds supervisor at Emory for 18 years, during which he earned a BS in biology from Georgia State University. He joined the Naval Reserves after 9/11 and will serve until November.

TRANSITION: He got married a few years ago, and his wife encouraged him to go back to school. He chose nursing because he felt a calling from God to “share his heart with the world. I saw a video on the School of Nursing website, and that was it. I knew what I was meant to do with my life. It was as if from that moment on, every obstacle, including tuition, was removed.”

A poignant moment in his Emory training was learning the importance of foot care, a task symbolic of humility and service. “I had this aversion to feet when I started. I realized that foot care is overlooked, even though it’s critical for diabetics. The washing of feet is significant in my faith, so I consciously overcame my aversion. It made me realize how much the little things can give comfort to someone who is sick or in pain.”

NOW: Age 43, graduating in May. His full scholarship requires him to work in an underserved community for two years, and he’s chosen West Georgia Health System in LaGrange, Ga.





WHO: IVEY MILTON 10N

THEN: Graphic designer at Emory University. “When I was at Furman University, my professors made graphic design sound exciting. Once I got into the real world, I found it to be eight hours of sitting in front of a computer with little interaction with my colleagues.”

TRANSITION: “Halfway through my first pregnancy, I had complications. My health care providers did everything to calm my fears and educate me as to what life with a preemie would be like. Once Noah was born, I felt prepared to handle watching and waiting for him to stabilize. I realized that not all women are fortunate enough to have the wonderful care I experienced. Maybe I could care and comfort patients who found themselves in uncertain situations.

I looked into my options for medical degrees, but I focused on nursing because of the quality and quantity of patient interaction. I have to admit that while I am convinced that nursing is for me, I’ve had moments when I was afraid I was in way over my head. My first rotation was working on a long-term acute care wing, where many patients had tracheotomies. My second week on the wing, I was assessing my patient when she started waving her hand frantically. I immediately thought the worst. I tracked down her nurse and explained that my patient was having a major problem. We found out she was simply hot and wanted the fan on, something I could have done in two seconds. I’ve since learned to calm down and recognize that I am there after all to act as their nurse.”

NOW: Age 28. An Emory Healthcare scholarship recipient, she will work at one of its hospitals after graduation.



WHO: CAMILLE PEREIRA 09N

THEN: In the early 1980s, she emigrated from Guyana to New York. With an accounting degree, she became a foreign exchange clerk for Mitsubishi Bank. “The man who interviewed me at Mitsubishi was so impressed by my ability to do mental math, he offered me a full-time position on the spot. I learned the world of finance from the bottom up.” For 20 years, she worked on Wall Street as a currency trader, for Chemical Bank and other companies. After witnessing 9/11, she moved her family to Georgia.

TRANSITION: Her father had a stroke in 2004. “I had just moved to Georgia, so I rushed back to New York to be with him. I had originally booked my airline ticket for three days, but when I saw my dad in the ICU, I was devastated.

I knew I couldn’t leave. He couldn’t speak and was very agitated. It was horrible to see my father like that. I stayed in the hospital 24/7 for 10 days. The nurses trained me how to do everything.”

She returned home resolved to become a nurse. “I had made all this money on Wall Street, yet had never felt so fulfilled and content as I did taking care of people.” She resigned as a financial analyst and took her core classes. “My dad is the sole motivator for my career change. I learned through his experience that taking care of people is what I am meant to do.”

NOW: Age 47 and plans to work in geriatric nursing. “I tell my children that when I die you will say that your mother was not just about making money. She was about caring for other people.”

WHO: THOMAS TUCKER 05N

THEN: Commercial sales for McDonnell Douglas. His final sales deal was for the entire Boeing 717 fleet, a billion-dollar order, operated by AirTran (formerly ValuJet) today.

TRANSITION: Tucker's inclination toward nursing began in the early 1980s, when he was hospitalized for five months at a California hospital for depression. "I have not hidden this fact. I even had my former psychiatrist write a letter of recommendation for my application to the BSN program. With psychotherapy following my hospitalization, my life moved from darkness into brilliance. I wanted to help other people have the same degree of recovery that I experienced."

It wasn't until much later that he was prompted to make a change. Boeing merged with McDonnell Douglas in 1997 and wanted Tucker to move to its Seattle headquarters. "It made me reevaluate my priorities. Sales had felt ho-hum a lot of the time, and the thought of working for Boeing seemed mundane. I also had taken care of my mother in her final battle with breast cancer. I looked closely in the mirror one day while I was shaving, and it hit me—if I waited much longer, it would be too late." He was 53 when he graduated.

NOW: RN II at Wesley Woods Geriatric Hospital's long-term acute care unit. "Nursing has been everything I dreamed it would be," he says. "My only regret is that I didn't do it sooner."



WHO: LORRAINE WITHERS 03N

THEN: Among the first women to graduate from West Point (she holds the hat of the cadet uniform at left), Withers spent five years in the Army. "Once you jump out of an airplane, you can do anything," she says. "I was responsible for 40 to 60 soldiers. Time and crisis management are my strongest skills that I've transferred to nursing. I don't get flustered, and I'm not intimidated by anybody."

TRANSITION: After working as an engineer for Proctor & Gamble, she decided to go back to school at 34. "I liked the process of engineering, but I find the process of the human body so much more interesting. Engineering was missing a human element. Nursing is a really good fit for me. I thought about medical school, but at the time I had young kids. There are so many paths to choose from in nursing. I could easily change my focus within the field."

NOW: Now 45, she is a nurse practitioner in pulmonary and critical care at an Albany, Ga., hospital. "I like the multiple problem-solving in critical care. It's like following a story—you watch it unfold as the patient responds to treatment." Withers became the charter president of the Albany Nurse Practitioners Chapter. "I always say, don't whine unless you're willing to do something about it. I learned a lot about organizing and politics at West Point, and I've put that knowledge to good use in nursing."

Year one

A recent graduate tells about his first year on the job

By Randy Evans,
RN, OBN



“How long have you been a nurse?”

a patient will sometimes ask. I always know why the question is posed. My silver hair, face, and hands reveal my time on earth, so surely I must be a grizzled veteran of floor nursing. My answer always

surprises them: I'm a new nurse. I was 58 when I graduated last May from Emory University's nursing school.

As you read this, I've had RN behind my name for almost a year. I call myself a cardiac nurse because I'm learning how to be a nurse on Unit 21 at Emory University Hospital Midtown, formerly Emory Crawford Long Hospital. It's the



same unit where I was a patient more than eight years ago following my own quadruple-bypass surgery. Unit 21 is a telemetry unit, but we're more than cardiac nurses. We also care for post-op lung and esophageal cancer patients, vascular patients, and others. It is a demanding, intense, and stressful launching pad for a new nurse.

Has the experience so far been what I expected? I knew something about this floor before joining its staff. Besides having been a patient in room 2118, I spent two years as a Mended Hearts volunteer here, working with open-heart patients during the long recovery that follows this major surgery. My last semester as a nursing student was on Unit 21, working with the same veteran RN who would become my preceptor.

Gerry Wall has worked on this floor for 22 years. She was the preceptor each new nurse hopes for and deserves, consistently encouraging and supportive, always patient. When I was discouraged at what I perceived to be my own slow progress, she assured me that the technical skills would come with time and repetition. She claimed to see in me an uncommon gift for connecting with patients. “Your patients love you, your coworkers like you. You're doing a great job,” she told me on days when I seemed to need encouragement. And Gerry set patient-care standards I try to follow each day. I never saw her compromise patient safety or take a shortcut—

even on days when the workload was almost overwhelming.

No nursing school, even one bestowed with limitless resources, could fully prepare a new nurse to assume total responsibility for four or more critically ill patients. No classroom course could possibly teach the time-management skills demanded by a job like the one I've chosen.

On a typical day, I begin my shift with four or five patients. After charting head-to-toe assessments and vital signs (we RNs do our own vital signs every four hours), I check for new morning orders on my patients and scan those containing new or changed medications to the pharmacy. Administering medications to just four to five patients can take two hours or more—opening PO packages; drawing up IV meds, flushing, pushing and flushing again; punching and hanging bags, programming pump settings, labeling tubing. I've thought often of my first clinical rotation and how my clinical instructor, Erin Ferranti, watched patiently as I fumbled and fidgeted in my first attempts to draw medicines from a vial. I wish she could see me now. I have had days on the floor during which I dispensed meds to my patients almost non-stop for the entire shift, struggling between patients to complete other ordered tasks: emptying or removing chest tubes, changing or removing central lines, changing dressings, collecting lab draws



Nursing school provides the information we will need to be a nurse, but we *learn*, on the job, how to be a nurse.

—Randy Evans, RN, 08N

or samples, transferring and walking patients. I'm constantly reprioritizing, in my head and on lists, juggling times, orders, medicines, policies and procedures, assessments, tests, labs, requests and issues—from patients, family members, doctors, and management. And of course, there's charting—lots of charting.

One evening, as my face reflected my distress after new orders were written on each of my patients an hour before the end of my shift, I received some simple but sage advice from a veteran Unit 21 nurse, Sue Rodgers. "Don't look at the whole picture," she advised me. "If you look at everything you have to do, you'll just get paralyzed. Prioritize, decide what needs to be done first, get that done, and then do the next thing. It will all get done, and your patients will be safe. At the end of the day, that's what is important."

During a typical day, I also may discharge one or more of my patients, a process that requires paperwork, education, and for cardiac patients, scheduling follow-up physician appointments. I enjoy discharging patients, especially open-heart patients, because I enjoy patient education. Open-heart surgery recovery is measured not in terms of days, but in weeks and months. Alone among my nurse coworkers, I know personally the roiling of emotions, the challenge to a weakened physical body, the discouragement, and the triumph of recovery. I've offered my telephone number to patients who seem particularly distressed about their ability to recover, and some of these patients have called me at home weeks after discharge to seek encouragement and motivation. They also tell me what my words, care, and example meant to them during their hospitalization and recuperation. This is my strength during hard days.

I noticed from our earliest clinical rotations that many of my young classmates were most

intimidated not by procedures or medicine administration, but by the simple act of entering a patient's room and connecting personally with the person in the bed. I do this easily. When I care for a cardiac patient, I know that person's pain, and I have experienced the same emotions. I have been extubated. I have had chest tubes removed from my body. I have hugged a pillow to my split sternum, dreading the next cough. I have shuffled painfully 200 feet around the same nursing station and heaved in exhaustion at the end, frightened by my incapacitation. Make no mistake: knowing this makes a difference to the patient, and makes me a different kind of nurse.

Nursing school provides the information we will need to be a nurse, but we *learn*, on the job, how to be a nurse. I am sufficiently mature, sufficiently humbled by the responsibility of caring for sick persons to ask questions, to seek assistance or guidance in areas where I am unsure or inexperienced, and I am inexperienced in most areas, often unsure. But I am fortunate to be learning on Unit 21, where so many nurses and nurse managers, day and night shift, have so willingly helped me and taught me. And not just nurses: I have asked for and received help from secretaries, nurse technicians, housekeeping staff, physician assistants, and physicians.

Nursing is more difficult and challenging than I ever imagined: always arduous and exhausting, often laborious, exasperating, frustrating, and poorly compensated. But at the end of every shift, I walk out of the hospital's bright lights into the same dark from which I entered sometimes 14 hours before, gratified and satisfied that I have made a difference in someone's life that day. I know of few jobs that provide that kind of fulfillment. May I never lose it. **EM**

From the Alumni Association President

Warm greetings to our second-degree nurses



You are a unique and wonderful part of today's world of nursing. You have come from diverse backgrounds, some that seem a world away from nursing. For many of you, a career in nursing is a life dream that was put on hold for a variety of reasons. For others, you really "saw" nursing for the first time

by realizing the potential of nursing to make a difference in people's lives when you or someone dear to you became a patient. Some of you left lucrative careers to come to this field. Having worked and made a living in another field, you chose to take a different direction, a path that would change your life in almost every way.

Coming into nursing has brought you challenges no doubt, as we all cope with the rising costs of health care,

funding cutbacks that affect staffing and other areas, and complicated and difficult patient situations. On especially hard days, you may even question your decision to become a nurse. You may feel that you have given all that any human can possibly give and that you have received little in return. Your patience and your values have been tested many times. And then you find that your care has truly impacted someone's life, and you remember why you became a nurse.

Each of you brings knowledge, wisdom, life experience, and new perspectives to the career you have chosen, and you want to make a difference. Your influence can be seen in every area of health care. As you move through your new life journey, we hope you'll remember that Emory's nursing alumni are here to support and encourage you. You are one of our own. We know and value what you bring to all of us, and we hope you know that you will always have a connection here. We wish for each of you a life of health and healing. We are very proud of you.

Sally I. Lehr

Sally Lehr 65N 76MN
President, Nurses Alumni Association

Class News

1950s

Tommie Kappler 51N was named grand marshal of the Martin Luther King Jr. Parade in McIntosh County, Ga. She has been a longtime member of the NAACP and is a registered nurse in eight states.

1970s

Cathleen Shultz 76MN, dean of Harding University College of Nursing, will assume the presidency of the National League for Nursing in September. The 29,000-member league sup-

ports nurse faculty and leaders in nursing education. She has been a member of NLN since 1976 and became a NLN-certified nurse educator in 2006.

She also was appointed to the Arkansas State Board of Nursing for a four-year term to expire in 2012. She previously served on the board from 1989-1992. Shultz is the only nurse to have served as president of the State Board of Nursing and the Arkansas Nurses Association.

1980s

Mary Gullatte 81MN was awarded the 2008 APEX Publication Award of Excellence for *Clinical Guide to Antineoplastic Therapy: A Chemotherapy Handbook*, for which she is the editor. The handbook provides detailed information on all aspects of chemotherapy administration.

1990s

Anna Catherine Foshee 94Ox 96N completed her oncology certification. She is the day shift supervisor of the

medical-oncology unit at Gwinnett Medical Center in Lawrenceville, Ga. She also works with **Deborah Briese 96N**, both of whom attended a recent leadership retreat.

BORN: Garrett Benjamin to **Molly Jones Bachtel 99N** and husband Garrett on Dec. 11, 2008. Mary is director of the student health service at Oxford College.

James F. Lawrence 99MN will be named as a fellow in the American Academy of Nurse Practitioners in June. His dissertation research on



Tommie Kappler 51N



Cathleen Shultz 76MN



Anna Catherine Foshee 94OX 96N and Deborah Briese 96N



Molly Bachtel 99N and baby Garrett



Samantha Honeycutt

advance directives in institutionalized older adults was published in the March edition of the *Journal of the American Academy of Nurse Practitioners*.

2000s

BORN: Samantha Eley to **Stephanie Honeycutt 02N 06MN** and husband Jason on Dec. 9, 2008. The family lives in Winder, Ga.

Carrie DeBoer 08MN/MPH and **Shauna Mettee 09MN/MPH** will enter the Epidemic Intelligence Agency of the CDC this summer. The EIS was established in 1951 to combat the root causes of major epidemics. EIS officers, for example, have documented the U.S. obesity epidemic, helped states reduce tobacco use, and studied whether disease outbreaks were a result of bioterrorism.

In Memory

1930s

Dorothy Edwards Lane 34N of Orlando, Fla., on May 24, 2008. She served in the U.S. Army before her marriage to an Army doctor. They lived around the world on various postings. She was preceded in death by her husband, William, and is survived by their three children and five grandchildren.

Wilma F. Nix 39N of Smyrna, Ga., on Dec. 5, 2008. "She was most proud of her nursing career," her daughter, Shirley Loiselle, wrote to *Emory Nursing*. "She lived a good life for 90 years and spoke often about nursing

training and the career she was so proud of. I placed her Emory cap in her casket. She was an excellent nurse who did what she loved, caring for others." In addition to her daughter, Nix is survived by two grandsons.

Delta Taylor 39N of Hykesville, Tenn., on March 27, 2007. She was 91.

Marguerite Beasley Williams 39N of Fairfax, Va., on Jan. 12, 2009. She was 95. She was preceded in death by her husband, Harley, and is survived by their four children and four grandchildren.

1940s

Margaret Hasty 43N 62N of Hiawassee, Ga., on July 4, 2007. She was 87. She is survived by her son.

Margaret McGibony Boatwright 45N of Clarksville, Ga., on Nov. 5, 2008. She was 87. During her career, she worked at Habersham County Medical Center and the health departments of Habersham, Stephens, and Hall counties. She is survived by two sons, two daughters, six grandchildren, and two great-grandchildren.

Florence Peet Brent 46N of Dalton, Ga., on Feb. 7, 2009. She helped establish Hamilton Home Health, Hamilton Hospice, Hamilton Industrial Health, Olive Branch Hospice, and the first shelter for battered women and children in Whitfield County, Ga. She is survived by her husband, Oscar, their two children, four grandchildren, and two great grandchildren.

Frances McMichen Lawson 47N of Atlanta, on Nov. 9, 2008. She was 86. She was preceded in death by her husband, Carl.

Anne B. Davis 49N 71MN of Monroe, Ga., on Nov. 9, 2008. She worked for DeKalb County health department and as district nursing director in Brunswick, Ga. She is survived by her daughter, four grandchildren, and four great-grandchildren.

1960s

Janice Clack Geller 60N of Raleigh, N.C., on Jan. 31, 2009. After earning her master's in clinical science at Rutgers University, she taught at Mount Sinai School of Medicine in New York. She worked, taught, and published in both individual and group psychotherapy.

Jane C. Blankenship 62N of Parkville, Md., on July 30, 2008. She is survived by her father, Floyd.

Patricia Lynn Sutton 62N of Sandy, Utah, on October 10, 2008, of cancer. After graduation, she moved to Germany where she worked at the 97th General Army Hospital. She married her husband, a lieutenant in the Army, in 1963, and the couple returned to the United States in 1964. She continued to work as a nursing supervisor for more than 20 years. She is survived by her husband, William, two daughters, and four grandchildren.

1970s

Laura Susan Stevens Cox 77N of Blountville, Tenn.,

on April 17, 2008, of multiple sclerosis. She was 53. She is survived by her husband, Steven, and two daughters.

1980s

Judith Eakin Schmitt 89MN/MPH of Atlanta, on Aug. 31, 2008. She was 69. She served as a nurse practitioner until her retirement in 2006. She is survived by two sons and a granddaughter.

Faculty Deaths

Frances R. Tanksley 47N of Atlanta, on Feb. 18, 2009. She was 84. She taught nursing at Emory for several years. She was a longtime member of Trinity Presbyterian Church, the American Legion Women's Auxiliary, Federation of Republican Women, and Fulton County Republican Women. She is survived her sons Jephtha, Charles, and Thomas, five grandchildren, and three great-grandchildren.

Mary E. White of Anderson, S.C., on Jan. 24, 2009. She was 102. She grew up in Anderson, Ga., and didn't begin her nursing career until age 41. She taught at the School of Nursing and Anderson Memorial Hospital. She retired as hospital administrator of Hart County Hospital. She is survived by her nephews and nieces.

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. **EN**



The whole nurse

Elizabeth Mabry's friends and family celebrated with her when the scholarship fund in her name reached \$100,000. The retired School of Nursing professor served Emory University for 35 years, teaching everything from the basic sciences to surgical nursing.

"I'm very grateful and humble and a little bit in disbelief," she told the crowd gathered at the Miller-Ward alumni house in February. "They [students] didn't know how much I didn't know when I taught them. Nursing has provided me so much satisfaction, and Emory has been so good to me."

The class of 1952, headed by Betty Marie Stewart, started the Mabry scholarship the night of their 50th reunion. Approximately \$13,000 was donated that first night, and the fund grew from there. For Stewart, the fund was a way to honor a faculty member who was special to her and to help future nurses.

"Elizabeth taught us that it was important to establish a rapport with the patient," Stewart says. "We were there to listen, we were there to look, we were there to assess. And when we left the room, we were there to have established a relationship with that patient."

"There were some life lessons that she would tell us that no one else would," says Sally Lehr 65N 76MSN. "One of the pieces of advice she gave us was, 'You don't have to do it perfectly, but you do have to do it well.' She was our teacher, our role model, and our

friend. She is what Betty Marie and I termed years go, the 'whole nurse.'"

The scholarship has surpassed the endowment level of \$100,000. Interest earned from the fund will go to students, while the principal remains untouched.

If you would like to make a gift to this scholarship, please use the attached envelope or call 404-727-6917.



Betty Marie Stewart 52N and Elizabeth Mabry



Delta Taylor 39N



Margaret McGibony Boatwright 45N



Florence Peet Brent 46N



Laura Susan Stevens Cox 77N



Anne B. Davis 49N 71MN



Judith Eakin Schmitt 89MN/MPH



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Y-e-a for nursing!

Nursing seniors (l. to r.) Christina Day, Dana Lindsey, Ashley Forman, and Afsheen Gulamhussain make use of their time during a layover at the Nassau airport in the Bahamas. As part of the nursing school's Alternative Spring Break in March, they worked with island nurses in clinics and conducted health education in schools in Eleuthera. Watch a movie made by these and other students on the Bahamas trip at whsc.emory.edu/_pubs/flash/eleuthera2009.html

