

Looking to the future

New faculty arrive

Susan Bauer-Wu, a Georgia Cancer Coalition distinguished cancer scholar, studies whether psychobehavioral interventions have a positive effect on psychological and physical health in cancer patients. Her largest study is looking at whether meditation affects subjective symptoms as well as laboratory findings such as neuroendocrine (stress) hormones or how long a patient's white blood cells take to recover after a bone marrow transplant.

"Psychobehavioral interventions, such as mindfulness meditation, provide skills for the cancer patient to better cope with stressful circumstances," she says. "In turn, the stress response can be minimized, and a sense of well-being ensues,



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—Susan Bauer-Wu

and the cancer patient feels more relaxed, in control, and physically comfortable."

An NIH-funded study in progress will enroll 265 patients at Emory and the Dana-Farber Cancer Institute in Boston, where Bauer-Wu previously served as director of the Phyllis F. Cantor Center for Research in Nursing and Patient Care Services. The study will finish in 2010. Bauer-Wu also plans to pursue research in neuro-imaging to see what parts of the brain respond to such interventions.

Her interest in cancer patients began early in her career when she worked as an oncology nurse. "It was challenging yet satisfying in that I got to take care of the whole patient," she says.

While she no longer sees patients and their families in a traditional nursing role, she feels her work is helping improve the experience of cancer. "I like the idea of being part of the research momentum in nursing here at Emory."

Catherine Vena noticed when she was a palliative care nurse that her cancer patients had horrible sleep patterns. Some of them had difficulty sleeping at night, napped frequently during the day, and often complained of fatigue and inability to function. Unfortunately, commonly administered interventions



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(usually hypnotic medications) were rarely effective in alleviating their symptoms. Delving further into the problem is something she always had in the back of her mind.

"I've always contemplated pursuing an academic and research career, but I really enjoyed clinical practice," she says. "However, in palliative care, there is so little evidence for what we are doing." The frustration of not having the tools to provide good symptom management was a strong motivator to return to school for graduate studies.

Vena was drawn to the doctoral nursing program at the Nell Hodgson Woodruff School of Nursing because of its emphasis on ethics, interdisciplinary research, and

patient outcomes. "That framework was congruent with my idea of what was important in palliative care research," she says. After finishing her doctoral studies, Vena completed an interdisciplinary post-doctoral fellowship in sleep and sleep disorders at Emory under the mentorship of Kathy Parker in the School of Nursing and David Rye and Donald Bliwise in the School of Medicine. She has recently joined the School of Nursing faculty as an assistant professor.

Vena says she was impressed by the atmosphere of collaboration within the Woodruff Health Sciences Center. "The Emory environment is very exciting because it is rich with other scientists who have similar interests and are willing to collaborate across disciplines," she says.

Her program of research focuses on sleep disturbances in persons with lung cancer. While poor sleep is a common complaint for many cancer patients, Vena's work has shown that this group has a higher prevalence of nocturnal sleep disturbances and daytime sleepiness. Because of the frequent association of respiratory symptoms with sleep disturbances, she is focusing on how altered lung function may affect sleep quality in people with lung cancer.

"We think this group may be predisposed to sleep disordered breathing, a spectrum of altered breathing during sleep that results in sleep frag-

mentation and hypoxia,” she says.

Preliminary data analysis of continuous pulse oximetry patterns in patients with lung cancer show that well over half display abnormal patterns that are suggestive of sleep disordered breathing. Of particular concern is the frequency of intermittent hypoxia during the night. This not only disturbs sleep, but leads to a number of cellular responses that promote tumor growth and resistance to treatment. Vena is currently working with an interdisciplinary team to further investigate the occurrence, correlates, and outcomes of sleep disordered breathing.

“There are a number of successful interventions to address various types of sleep disordered breathing,” she says. “Managing breathing and oxygenation at night has the potential to greatly improve sleep, daytime functioning, and perhaps morbidity and mortality. The impact on a patient’s well-being could be huge.”

Ron Barrett is a nurse anthropologist who most recently taught courses on ethnography and the British health care system at Oxford University through Stanford University’s overseas study program. “One thing I found interesting is that conservatives do not want to get rid of the health system,” he says. “Both the Tory and Labour parties agree on having the universal system but disagree on how it’s implemented.” The new



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Brown administration, he says, is expected to favor more public-private partnerships.

At Stanford, where he was an assistant professor of medical anthropology for the past five years and taught courses on the anthropology of death and the evolution of human disease, he required his students to volunteer at a local hospice. “There’s a handful of things I wanted them to know, like understanding that a patient who goes to a hospice is not receiving a death sentence,” he says. “It’s more about life than death when time is much more precious. A good death is really about a good life. The experience enhances the students’ sense of mortality, and I think that’s healthy. It helps them appreciate their own life. Life is finite.” He found that two-thirds of his students continued to volunteer at the hospice for an additional six months or longer.

Barrett also has a book, *Aghor Medicine: Pollution, Death, and Healing in Northern India*, coming out in February (University of California Press), based on his research on the Aghori sect, formerly one of the most radical ascetic groups in the country but who now seek to heal those stigmatized by disease.

His current research is on the social dynamics of influenza susceptibility among Muslim poultry workers in Surat, India.

He holds a joint appointment in nursing and anthropology. He received his master’s and doctorate in anthropology from Emory. He is a registered nurse with clinical experience in hospice, neuro-intensive care, and brain injury rehabilitation.

No sand or surf here

The School of Nursing’s Alternative Spring Break offered students an international service learning experience. Nursing students traveled to Kingston, Jamaica, in March 2007 to assist the Catholic monastic order of Missionaries of the Poor with caring for 450 homeless children and adults. Many of the residents are physically or mentally challenged or living with HIV/AIDS. The nurses provided help with daily living, wound care, and hospice care.



Have nursing skills, will travel

From East Africa to Atlanta, one nurse is living a commitment to social responsibility

Crystal Bailey, MSN06, traveled the world before coming to the School of Nursing and continued to do so as her studies progressed. With that experience, she saw firsthand the need for health care in vulnerable populations and how important nurses are around the world. Emory University recently named her one of its 2007 Humanitarian Award winners.

The honor, the highest university award for student nominations, recognizes undergraduate and graduate students who embody a spirit of volunteerism and sense of community, both on campus and off. The students are nominated by their peers and faculty members for demonstrating honesty, integrity, responsibility, and a sense of community and for committing an unusual amount of time and energy in service to others.

Through a faith-based organization, Bailey has lived and worked with underserved populations in Uganda, Kosovo, Australia, and Papua New Guinea. In Uganda, she worked with villages on sustainable agriculture. She was out in the fields almost every day, doing demonstrations and sharing information from government research on plant diseases. The villages in the area successfully raised bananas, potatoes, beans, and maize.



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"I would love someday go back to east Africa, but for now I would like to get a job as a midwife in the United States to get my clinical skills down," she says. "I would like to stay in the South, in a rural, underserved area."

Bailey hails from Indianapolis and says she's always been interested in health care. She followed the pre-med track at Taylor University, earning a bachelor's degree in biology.

"During that process, I discovered I didn't want to be a doctor," she says. "I wanted a little more personal contact with people, and I wanted to spend more time with each person. That's when I discovered nursing."

Bailey earned her bachelor's degree in nursing from Emory and will graduate with a master's in midwifery as a Fuld Fellow in December. The

Fuld Fellowship program provides scholarships for second-degree nursing students who are committed to social responsibility and serving vulnerable populations.

As a student she has traveled several times to

Haiti and other countries in the Caribbean to work with the poor. Locally, she has volunteered at Mercy Care, a clinic serving the homeless population in Atlanta and has assisted with relief efforts in New Orleans.

Golden Numbers

This year's incoming fall class of 98 students range in age from 19 to 57 years old. Of the class, 90 are women, eight are men; 30 are seeking their second degree. With the new junior class, the total number of bachelor degree-seeking students is 204. The school also admitted 81 master's level students—75% of them are full-time—and six first-year PhD students.

Fine-tuning teamwork

Training together helps everyone know their role

During an obstetric emergency, a team responds and works together to stabilize the patient. In a matter of seconds, each health care professional starts to perform certain duties. But how do the nurses, midwives, and doctors decide on their role? Are they working as efficiently together as they could be?

Team training is a relatively new concept in health care, and one nurse's research is taking a look at how team training with simulation technology affects team performance. Bethany Robertson, a certified nurse-midwife who earned her doctorate of nursing practice degree from the Medical College of Georgia in August, conducted a study that shows using team training with simulation can improve individual and team performance in a crisis.

"Health care professionals perceive themselves performing the same in an emergency or a non-emergency," Robertson says. "That's not always the case."

Robertson recruited perinatal health care professionals and evaluated a simulation-based team training program that used several simulations

within a pre- and post-test research design to evaluate knowledge, attitudes and performance of team skills. Before training started, she expected to find some differences before and after training but was surprised about the extent to which training did affect behavior. The difference in individual

do next or what might be the source of the problem," Robertson says. "That's why it's important to standardize roles and responsibilities in a response. A fundamental team skill that is critical to coordination is communication."

Roles can be communicated through body

attitude about human factors and teams. This is the first step toward developing a safe system. An attitude shift is a proxy for performance that leads to a culture shift toward safety."

Team training is best viewed from the patient's perspective, says Mary Dolan, director of obstetrics

at Emory Crawford Long Hospital, who observed Robertson's simulation training. "All caregivers are a patient's team—and nurses are key members of that team since they often spend more time than any other team member with the patient. The value of team training for nurses is to optimize the coordination of patient care. The team approach helps minimize the chances of mistakes and also improves morale and job satisfaction."

People will make mistakes, but a well-oiled team has a better chance of

catching them, Robertson says. Team simulation training is especially relevant to academic health centers. "A new resident may not have the skill set of a 20-year ICU nurse. A good ICU nurse can run a code. If everybody understands the roles and responsibilities, they can have a successful outcome even though some team members may still be learning."



Bethany Robertson hopes more hospitals invest in simulation training for code teams. When health care workers practice their roles, better team performance results.

and team performance and in confidence levels was huge, she says.

When teams ran through a simulation with no standardized process, team and individual performance suffered. She found that team members were unsure about who does what during an emergency. "Often, when four people respond to a crisis, they have four different ideas on what to

language. For example, a health care professional who moves first to the crash cart "speaks" to one role versus another who stands by the patient. "Learning how to communicate effectively, particularly in an emergency response, is one of the hardest skills to perfect, and it requires practice," she says. "My goal is to foster a positive shift in

Building a global village

Karen Kun joins the Lillian Carter Center

Karen Kun has built a career of designing, implementing, and evaluating programs at the federal and international level and brings that experience to the School of Nursing's Lillian Carter Center for International Nursing as administrative director of service learning programs.

At a former position with the National Institutes of Health, Kun worked with numerous agencies, including the World Health Organization and the Pan American Health Organization, to enhance international scientific collaborations. One of her

largest projects involved orienting U.S. scientists to traditional Indian systems of medicine research.

Most recently she served as a consultant to the Georgia Division of Public Health, where she planned and evaluated women's reproductive health initiatives.

Since arriving in May, she has worked in conjunction with nursing faculty, the Emory Global Health Institute, and others across the University to expand opportunities for international exchange, research, and service learning. These opportunities would engage nursing students as part



Karen Kun

of interdisciplinary teams, along with medical, public health, and allied health students. "For any student pursuing health care, an interdisciplinary learning experience that combines policy, research, and prac-

tice in an international setting is invaluable," she says.

To track the progression of service learning programs, she is developing a database.

"We will be able to report to the University how these programs are contributing to goals of the strategic plan and be able to approach potential funders with comprehensive information on service learning," Kun says. "Before, such information rested with each faculty member. Now we are developing the infrastructure to systematically track service learning programs."

She expects the database to be functional in early 2008.

School of Nursing Awarded National Quality and Safety Education Grant

The School of Nursing is one of only 15 nursing schools across the country tapped by the Robert Wood Johnson Foundation to create and implement an innovative quality and safety curriculum. The grant



Marsha Lewis

is part of the foundation's Quality and Safety Education for Nurses (QSEN) project that began in late 2005 and is aimed at reshaping nursing education to include quality and safety competencies recommended by the Institute of Medicine.

"This grant will help us graduate students who will begin their professional practice with the confidence

that they have the competencies and skill set that will allow them to provide effective patient-centered care," says Marsha Lewis, PhD, associate dean for education in the School of

Nursing and QSEN grant project leader. "It also will aid in development of students' leadership potential and utilize their creativity in addressing the challenges they may face as nurses."

The grant will position the school's faculty to build a stronger link between what students learn in the classroom to a real-world clinical setting. The school already integrates classroom and practical teaching so students learn how to avert common medical errors and improve patient safety early on in their nursing careers.

To date, the QSEN project has defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in pre-licensure programs for each competency: patient-centered care, teamwork, evidence-based practice, quality improvement, safety, and informatics. The new model will connect classroom and clinical experiences in safety and quality, foster collaboration between faculty and clinicians, and address knowledge, skill, and value development through an integrated approach to teaching, practice, and research.

How women talk about safer sex

Directing the conversation can empower women in their choices

One School of Nursing doctoral student is listening to what women have to say about sexual protection in Botswana in an effort to change the dismal rate of HIV/AIDS infection in young women there.

As a nurse and midwife-teacher, Mabel Magowe has worked with women more than 25 years in her home country. Previously, she developed a curriculum to prepare midwives for the care of HIV-infected women during pregnancy and childbirth to reduce their risk of transmitting the disease to their baby. And in talking with her patients, she often found that while women were able to initiate safer sex discussions, men often controlled the outcomes of conversations related to safer sex practices, leaving women feeling disempowered and vulnerable to HIV infection.

“Men control the destiny of the discussion,” Magowe says. “In general, women talk, but men determine the direction of the discussion. With safer sex practices, there are two people involved, so the discussion has to come from both sides.”

About 170,000 women aged 17 to 49 are infected with HIV or have AIDS in Botswana, a country with a population of less than 2 million. Overall, about 20% to 24% of adults are infected there.



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Magowe interviewed women aged 21 to 35 individually and in groups. The focus group interviews were based on sexual behavior scenarios at various stages in a relationship. The women were then asked about what they would say to their partner regarding safer sex practices and what they thought he would say in response.

She found quite a difference in the women’s conversations. When women were interviewed individually, the simulated conversation about safer sex practices went perfectly; they envisioned no resistance from men on the subject of condoms. But only when they were in a group did the conversation follow a more realistic path, and women raised concerns

about men’s non-response or non-compliance, influenced by their own difficult experiences in a patriarchal society.

Magowe plans to run a follow-up study that focuses on development of tools that could empower women to better voice their concerns in safer sex conversations. She presented the results of her pilot study in July at the 18th International Nursing Research Congress Focusing on Evidence-Based Practice in Vienna, Austria, after receiving the prestigious Edith Anderson Leadership Education Grant awarded from Sigma Theta Tau International.

She says that she was inspired to apply to Emory after coming to the 2001 international nursing conference, attending as president of the nursing association in Botswana. She is a Fulbright scholar.

School names development officer

Amy Dorrill has joined the School of Nursing as assistant dean for development and external relations. She will oversee the school’s capital campaign and will hire a development staff, including an alumni relations officer and two major gift officers.

Dorrill previously worked at the University Health Care System (UHCS) in Augusta, Georgia, since 1997. She was responsible for overseeing a recently completed \$7 million campaign.



She says she was attracted to the nursing school because of the large number of active alumni and the reputation of the University and the school’s dean, Marla Salmon.

“Emory is a great product—a great institution and name,” she says. “My goal here is to have the external community see what the nursing school is. I came from a hospital background so it’s nice to jump back one step and be part of making better health care workers.”