EMORY | nursing
AUTUMN 2007

Making Knowledge the Best Prescription

One professor's plan teaches the developing world how to make childbirth safer

NELL HODGSON WOODRUFF SCHOOL OF NURSING

To be of use

Nursing is a remarkable profession. It is among the most respected in society and one that touches the lives of practically everyone. Nurses are invited into people's lives at their most vulnerable moments. It is no wonder that people leave those encounters with a sense of what nurses do. However, like the proverbial elephant being described in a piecemeal fashion by a group of blind men, nursing is seldom understood in its totality.

The story of the elephant and the blind men often comes to me when I am asked questions like "Why does your school prepare nurses who are interested in research when we need nurses at the bedside?" Or, one of my favorites, "Why prepare nurses to be leaders, when you know they will be taken away from patients?" These questions serve as important reminders of why all of us need to take time to help those who clearly love our profession understand that for nurses to do what is most evident—expert caring—we need to focus on nursing's place in society and its contract.

Nursing is critical to the well-being of all people and to society at large. As a profession, we have a special responsibility to care for those we are paid to serve now. We also have the responsibility to work on behalf of those who are most vulnerable and to find better ways to provide services in the future. Our relevance and our future capacity to care rests with our developing knowledge to improve care and developing leaders whose service will advance humanity. These fundamental values rest in our social responsibility—developing and using knowledge to improve care and the overall well-being of society.

Those of you who know our school well also know our values: scholarship, leadership, and social responsibility. We see it as our responsibility to foster students who want to use their talents to inspire positive changes in the world. They work with underserved populations during school, and many continue doing so after graduation, such as our Fuld fellows. These incredible professionals came to nursing from other fields and saw the profession as an important way to make the world a better place, and they are doing just that! For example, Kelly Moynes Sklare, 04N, 06MN, works as a midwife to many uninsured patients at a hospital in Lawrenceville, Georgia. Laura Rainer, 05N, 06MN, 06PH, is working at the Fulton County (Georgia) Health Department. Jordan Bell Simcox, 05N, 06MN, is a family nurse practitioner, assisting refugees at a primary care practice in Ellenwood, Georgia.

This issue of *Emory Nursing* highlights other important, tangible ways in which our values are being lived out every day. You will learn also about how research is helping find ways to improve the outcomes of care. Dr. Lynn Sibley devised a program that teaches simple techniques to birth attendants in developing countries, like Ethiopia and Bangladesh, to improve birth outcomes. She's a tireless crusader for saving women's lives, but she's also an anthropologist who wanted to make sure any program she implemented respected the culture of the community in which she's working.

The theme of social responsibility in which nursing lives out its contract to improve health and well-being is evident throughout this issue, as are those dimensions of nursing that are bedrock to virtually everyone's understanding of our profession. Caring is at the core of our work. We will never abandon the bedside. We will, though, work tirelessly to ensure we reach more people and that we improve the ways in which we do our work. Our Alpha and Omega—the beginning and end reason for our being—rests in one simple phrase: "To be of use…"

Marla E. Salmon, ScD, RN, FAAN

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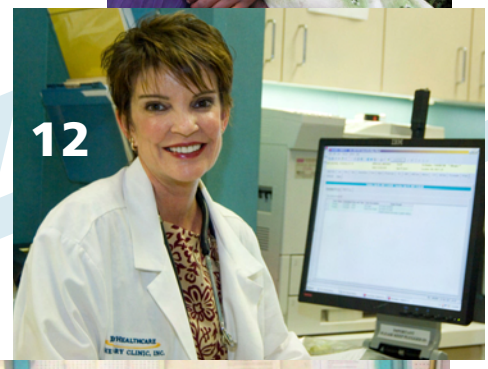


On the Cover: Lynn Sibley has traveled to Asia and Africa to teach traditional birth attendants simple techniques that can save the life of a mother-to-be.

Emory Nursing magazine is published by the Nell Hodgson Woodruff School of Nursing, a component of Woodruff Health Sciences Center of Emory University. The website for the School of Nursing is www.nursing.emory.edu. To view past issues of the magazine, visit http://whsc.emory.edu/_pubs/en/nursing/.

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

I like the idea of being part of the research momentum in nursing here at Emory.

—Susan Bauer-Wu

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 (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.

The Emory environment is very exciting because it is rich with other scientists who have similar interests and are willing to collaborate across disciplines.

—Catherine Vena

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

Hospice experience enhances the students' sense of mortality, and I think that's healthy. It helps them appreciate their own life. Life is finite.

—Ron Barrett

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.

I discovered I didn't want to be a doctor. 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. —Crystal Bailey

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

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

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 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 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 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."

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

Karen Kun

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 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.

Marsha Lewis

"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.

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. —Mabel Magowe

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."

By Kay Torrance

One professor teaches life-saving skills while respecting local culture

Making Childbirth Safer in the Developing World

Somewhere in Ethiopia or Haiti or any other impoverished country in the world, in a small village without the luxuries of running water or electricity, a woman gives birth. By her side is a local woman who's attended many births but who has no formal medical training. The mother begins to bleed heavily and eventually dies. Unfortunately, this scenario plays out every day.

In fact, a woman dies every minute from causes related to pregnancy and birth, making childbirth the leading cause of death and disability for women of reproductive age, according to the World Health Organization. Those women who live in the poorest countries are at the most risk. In sub-Saharan Africa, the lifetime risk of maternal death is 1 in 16, in developed countries, 1 in 2,800.

One faculty member at the nursing school at Emory is trying to change those numbers.

Lynn Sibley, a nurse-midwife and anthropologist, has been teaching midwives and health care workers in the developing world some simple steps that can greatly increase a woman's chances of survival should an emergency occur. Along with colleagues from the American College of Nurse-Midwives (ACNM), she has created a program, Home Based Life-Saving Skills (HBLSS), that focuses on educating women and traditional birth attendants about basic life-saving techniques they can use without expensive tools or technology.

The program was first tested in India and has worked so well that it has branched out to six other countries. The ACNM recently has gotten requests from a number of U.S. universities to come and teach the program to their nurse-midwifery faculty and students.

"Though midwifery in the United States is wonderful and important, there is such a need elsewhere," Sibley says. "It's been an interesting journey. I did clinical nursing for five years, and then I had a child. In becoming a mother, I realized I wanted to do something much more hands on and challenging in maternal and newborn health."

That journey began when she began graduate studies in nurse-midwifery at the University of Colorado, stayed on as faculty there, and decided to get her doctorate in anthropology. For two years, she lived in two rural communities in Belize for her dissertation research on traditional birth attendants and maternal health.

"It was amazing," she says. "I had been a midwife at the University of Colorado for six years before becoming a doctoral student in anthropology. I knew I would have professional biases as to how things should be done and that I would be learning different ways in Belize. What I didn't realize was how strong my own beliefs would be."

Birth attendants in Belize did things midwives in this country were trained never to do. "It took me awhile to become comfortable sitting quietly and observing," she says. She watched as they pushed and pulled the cervix vigorously, seeing the womb as a passive vehicle to birth. Although she cringed inside sometimes, she was there to observe and made it clear to the women that she wouldn't interfere unless she was asked to help, and in a couple of emergencies, she was.

After she earned her PhD, she worked as a senior technical adviser at the ACNM in Silver Spring, Md., from 1995 to 2003. It was then that she and three of her colleagues, who today remain some of her closest friends, began to develop HBLSS after they talked with the college's head of global outreach, based in Washington. She still remembers the exact date of that meeting: December 6, 1996.

Sandy Tebben Buffington, one of those ACNM colleagues, remembers Sibley saying

The nursing school's Lynn Sibley joined a medical anthopologist and two midwives in Matlab, Bangladesh, to introduce the HBLSS program. With support from Emory's Global Health Institute, she is beginning a project to help birth attendants recognize danger signs during birth that can lead to an emergency.

at the time, "These women and newborns are so valuable, we must find something that will help them—there must be some way to stop the suffering."

At the time, there was a debate within the field of midwifery. Foreign aid was going toward the training of traditional birth attendants overseas, but after more than two decades there was little evidence that maternal mortality was decreasing. The problem was one that Sibley thought about numerous times.

"My experience in Belize was the seed for the home-based program," she says. "I remember dreaming about this: How can we train birth attendants and midwives in other countries while still respecting their cultural norms and beliefs?"

She and her colleagues designed HBLSS to respect local practices and to help families plan how to safely transfer a mother and newborn to a health facility, if such a place is available. The approach was different, Sibley says, because the medical problem of maternal and newborn death was framed in a context of cultural and economic realities.

Putting the plan into action

Sibley and her colleagues first field-tested the program in India, with the help of a local nongovernment organization. They set about gauging what medical facilities were available for emergency maternal and newborn care and drafted teaching materials—picture cards for the mostly illiterate population in the poor villages in which they worked.

The picture cards depict the steps to take to help ensure a problem-free birth, such as massaging the womb and nipple, making sure the mother-to-be stays hydrated, and not rushing the exit of the placenta. To reach the most people possible and to ensure the program's longevity, they teach the selected women to be trainers, who, in turn, train women in the community to implement the program on a regular basis.

The program, though, does not teach birth attendants or families to handle serious complications all on their own. In such an event, families are encouraged to seek professional help, though for many people in developing countries, help is hours away on foot to the capital city.

In India, villagers eagerly picked women to go to the training after Sibley and her team shared with them the statistics of high maternal mortality in their own area—nine maternal deaths in one year out of a population of only 22,000.

The village-level HBLSS trainers adjusted the sessions because of issues surrounding gender and economic status. Some women from one caste wouldn't sit with those from another, so one-on-one sessions were organized. Men wouldn't attend any meeting with the women. A separate male-only meeting on referrals to medical facilities and organizing transportation to them was held.

Sibley found a more open and engaged society in Ethiopia, where 90% of births take place at home and 25,000 women die each year of complications. What was supposed to be a two-hour session with village elders turned into two days. The community leaders were so interested in the program that they wanted help in setting up their own data-collection system.

"It was really incredible to see the initiative there take root so vigorously and the idea Ethiopians have that you haven't done your duty until you've told someone about this in the next village," she says.

Sibley was so touched by the experience in Ethiopia, Buffington recalls, that she called Buffington from Africa to read her the evaluations of the training "with joy and tears in her voice."

"People who work in child and maternal health are deeply committed," Sibley says. "The real joy is joining hands with someone to make a difference. Even small differences are important."

The program is also in Haiti, Liberia, Afghanistan, Ghana, and Bangladesh and is gearing up in Tanzania and the Peruvian Amazon River basin.

"Lynn is willing to look at what is learned each day during training, make adjustments, be transparent with trainees and donors, and document experiences to make the program the best it can be in the place it is being implemented," says Buffington. "Her style is 'respect' and 'acceptance' with every birth attendant she approaches."

Getting students involved

Most recently, Sibley worked in Bangladesh, and since coming to Emory in 2003, she has been able to engage students in the project. "I find Bangladesh challenging because of women's roles in a predominantly Muslim country, density of population, and the level of congestion and filth in Dhaka," she says. "I had one student in Bangladesh last summer. The student is a nurse and had done a lot of world

travel, but Bangladesh was still a shock to her. We had a discussion before she left the states about the need to prepare herself for such a difficult environment and how to keep doing this kind of work despite the challenges."

Still, the experience proved so gratifying for one student in nursing/public health who worked in Liberia that she decided to extend her studies to become a certified nurse-midwife and family nurse practitioner. "Even something as small as sitting in a hot room training 10 midwives in the HBLSS model has the potential to change the health of a nation," says Kelly McNatt, 05MPH, 07MN. "HBLSS is great in providing a forum for discussing all the traditional practices that midwives do, allowing them to express their experiences and thoughts and as a group agree on new skills or practices that they are going to use."

With HBLSS under way for almost a decade, questions have arisen from the traditional birth attendants and midwives that have led Sibley to another project. They wanted to know how much is too much bleeding and how long is too long of a labor duration. They knew the methods to deal with an emergency but didn't have a firm grasp on when an emergency started, so Sibley will soon start a study in Bangladesh on improving recognition and response to prolonged labor and birth asphyxia after recently receiving a three-year grant from Emory's Global Health Institute. EN

Sibley stands in a field of mustard flowers in Matlab, Bangladesh.

By Sylvia Wrobel

A nursing professor finds a solution to the sleep problems that plague up to 85% of dialysis patients

Turning Down the Heat for a Better Night's Sleep

As you drift into sleep, your body's core temperature begins dropping rapidly, while heat escapes through the skin surface and extremities. Toward morning, as the core temperature naturally rises, you begin to wake up.

These fluctuations are barely noticeable on a thermometer, a fraction of 1% on either side of the average body temperature of 98.6 F, but they can have a big impact. Anything that interferes with the body's ability to dissipate heat from the core to the surface interferes with the amount and quality of sleep. Icy feet, for example. Too many blankets on the bed. Or, as recently reported by nursing professor Kathy Parker, very slight differences in the temperature of the dialysis fluids used to filter the blood of patients whose own kidneys are no longer able to do the job.

Parker, the Edith F. Honeycutt Professor who also serves as co-director of the Emory Sleep Center, has been a pioneer in understanding the notoriously bad sleep problems experienced by dialysis patients. Starting in the 1970s, she saw these problems firsthand as a nurse practitioner in the dialysis and nephrology units at the Atlanta Veterans Affairs Medical Center. Patients submitted without complaint to hours of being hooked to life-saving dialysis machines, but almost all complained about how poor sleep was affecting their quality of life and ability to function. No one understood why. In the mid-1980s, Parker decided to return to graduate school in nursing at Georgia State University to find out.

Her earliest studies confirmed that dialysis patients did indeed have cause to complain, that their sleep problems differed from those experienced by chronic kidney disease patients not on dialysis. Something about dialysis itself was causing disturbances in sleep.

Parker documented the excessive daytime sleepiness of patients, even on dialysis-free days. Before her work, published in the *American Journal of Kidney Disease*, patients' tendency to fall asleep during dialysis often had been attributed to simple boredom. Parker showed it also occurred the day after dialysis and that the amount of sleepiness depended on when dialysis took place. She and other scientists suggested ways that dialysis might adversely affect sleep, such as rapid changes in fluid/electrolytes and acid/base balance, cytokine production, or

treatment-induced changes in melatonin levels. A study in the *Journal of the American Medical Association* (co-authored with sleep center colleague Donald Bliwise and epidemiologist Nancy Kutner) reported that patients who received dialysis in the morning lived longer on average than those who were dialyzed in the afternoon; the research team suggested this too might have something to do with the quality of sleep, a factor known to be related to mortality. Perhaps people who got their dialysis over with early in the morning simply had better sleep?

As Parker (and indeed, the emerging field of sleep medicine) learned more and more about the mechanisms of sleep and waking, she began to wonder if dialysis might be causing sleep problems, at least in part, through its impact on body core temperature.

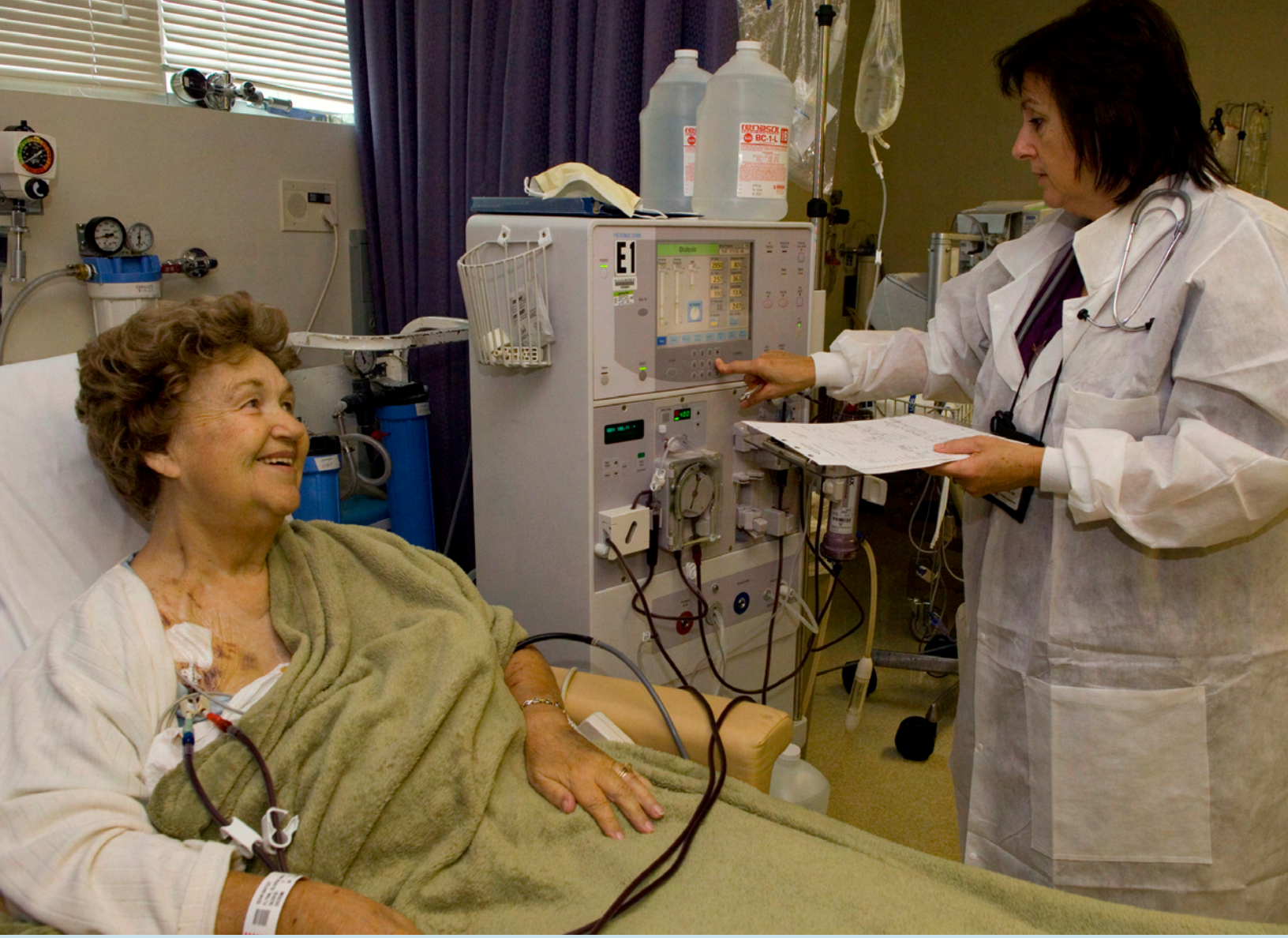
The study published this past March in the *Journal of Sleep Research* is the first to establish the dialysis core temperature sleep connection as well as the first to suggest a simple solution: just lower the temperature of the dialysis bath flowing through the blood vessels from 37 C (98.6 F) to 35 C.

Parker coauthored the study with nephrologists James Bailey and Eus J. Van Someren, David Rye (director of the Emory Sleep Center), and neurology colleague Donald Bliwise.

The seven patients participating in the pilot study (four women, three men) were stable dialysis patients. They each initially spent one night in the sleep laboratory in the clinical research center at Emory University Hospital, giving them a chance to acclimate to the place. The next morning, these patients received their usual dialysis with dialysis fluid at the usual temperature and were then sent home.

The patients then returned to the sleep laboratory on two different occasions, a week apart, each time spending two nights. On day 1, the patient was admitted at 6 PM. The following

Kathy Parker has confirmed that dialysis causes sleep problems through its impact on body core temperature.



More than half a million people in the United States are undergoing dialysis. That figure is expected to increase substantially in the near future.

morning, day 2, he or she was given dialysis with fluid at either the standard 37 C temperature or the cooler 35 C temperature, in a sequence selected at random. (The exact degree of the cooler liquid was determined separately for each patient, adjusted to his or her individual average body temperature.) After dialysis, patients were allowed to walk around and have visitors but were not permitted to leave the sleep laboratory until noon on day 3. During these 42 hours, patients both asleep or awake, had their skin temperature measured and recorded minute by minute with a small sensor worn under the armpit. Both nights, patients went to bed at a set "lights-out" time, and standard measures of sleep—onset, stages, wakening—were collected every half hour until "lights-on."

Parker conducted the study "blinded," not knowing the sequence in which patients received the warm or cool dialysis. But even before the

Parker conducted the study "blinded," not knowing the sequence in which patients received the warm or cool dialysis. But even before the analysis came in, the results were unmistakable, in terms of both skin temperature and sleep patterns.

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When patients received dialysis with fluid at the usual temperature, they experienced a markedly greater drop of skin temperature the next morning than that seen in either the baseline (the morning after a night in the lab during which no dialysis had been given) or the morning after the day in which dialysis was given using the cooler fluid. On the morning after having received the cooler fluid in dialysis, patients sustained the normally elevated skin temperature until later in the morning hours.

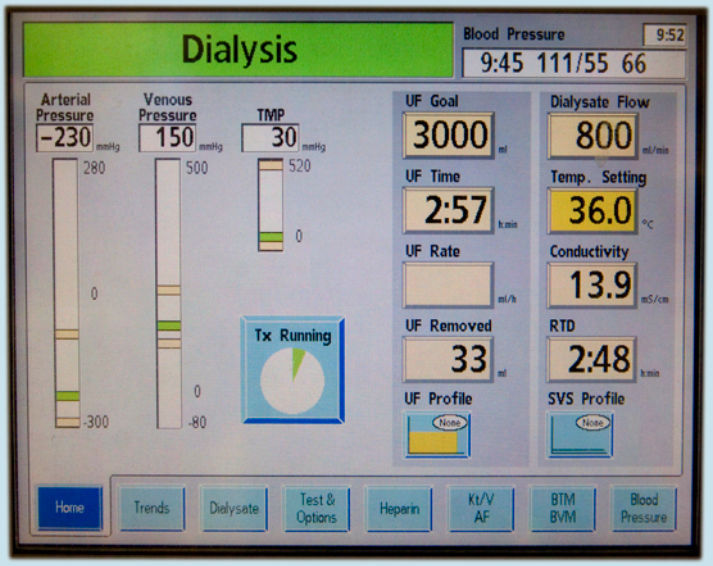
That appeared to make a significant difference in sleep. Patients who had received the cooler dialysis liquid fell asleep earlier, more quickly moved into deep sleep as measured by rapid-eye-movement, and tended to sleep longer.

It makes physiologic sense, explains Parker. During dialysis, significant quantities of blood are removed from the body to be cleaned. To maintain a constant blood pressure in the face of this change, the body compensates by constricting vessels in the skin and extremities, keeping blood closer to the center of the body and the major organs. This causes an increase in the core body temperature, but the vessels closer to the surface are so constricted that they are unable to dissipate the heat. It requires several hours for the body to return to equilibration.

"We actually already knew that lowering the temperature of the dialysis fluid could help keep blood circulating to the skin surface," says Parker. The technique has been used for years, without negative side effects, in people who experience dangerously low hypotension during dialysis. But nobody, before Parker, thought to look at it in terms of the sleep problems dialysis patients report.

Parker and colleagues are now conducting a clinical trial involving 60 dialysis patients, men and women, 30 to 70 years old. During the nine-month study, slated to conclude this fall, patients are undergoing three months of dialysis using either the warmer or cooler dialysis fluid, with half of them then changing to the other temperature for three months. During the final three months, all patients receive warm fluid. In addition to measuring skin temperature and sleep, the researchers also are measuring daytime sleepiness (nap studies) and performance (response time to digital signals).

If the results turn out as Parker expects, nephrologists will have access to a new intervention. Nothing could be simpler. Already tested



The intervention costs nothing, requires no new equipment or special training, involves no pharmaceuticals, and takes about two seconds to perform. Just adjust the dial on the dialysis machine.

(in hypotensive patients), the intervention costs nothing, requires no new equipment or special training, involves no pharmaceuticals, and takes about two seconds to perform. Just adjust the dial on the dialysis machine.

Lowering dialysis fluid temperature would be inadvisable for patients with peripheral vessel disease, says Parker, but for the great majority of patients undergoing dialysis—700,000 in the United States alone, a figure expected to grow substantially in coming years—this innovation may be one way to decrease sleep problems and increase quality of life.

"Emory is all about changing how medical care is practiced and delivered to optimize outcomes for our patients," Rye says. "This clinical translation of basic science concepts is a huge step forward, a keystone for the development of new procedures." EN

Sylvia Wrobel is former associate vice president for health sciences communications at Emory.

An Emory-CDC project to capture data on Kenya's nurses holds promise as a model of change for nursing policy in Africa

By Robin Tricoles

Transforming a Nation's Nursing Workforce

Bouncing along in a 4x4 on a dirt road, mud splashing up on the vehicles' tires from the deep, rain-filled potholes, Martha Rogers thought she probably would never again take for granted the paved roads in the United States. Getting around anywhere outside of Kenya's capital city was trying—just in the time it took to drive anywhere. But important work is never easy, she reminded herself. She was there to help Kenya modernize its nursing workforce.

Rogers, a clinical professor in the School of Nursing, is helping Kenya's nurses develop a computerized system to collect data on themselves to transform a shrinking nursing workforce into a highly effective and efficient one. Patricia Riley, a certified nurse-midwife in the CDC's Global AIDS Program, works with Rogers as the project's technical adviser.

Several factors are contributing to Kenya's ever-dwindling nursing workforce at a time when nurses are needed most, says Rogers. Chief among them is that because of the global nursing shortage, demand for Kenya's well-trained nurses has increased worldwide. Better working condi-

Clinical professor Dr. Martha Rogers (second from left), the project's principal investigator, and the Kenya workforce team, including Agnes Waudo (far right, holding pen), the in-country project coordinator, review the data entry program at the Nyanza Provincial Nurse's Office.

tions and better pay for nurses in other countries make emigrating highly attractive, especially given Kenya's early mandatory retirement age for nurses. Second, the nurses themselves have been hit hard by AIDS-related deaths and disease, just as the country's general population has.

In December 2001, two professors from Nairobi's Kenyatta University were visiting the CDC to discuss malaria and parasitic diseases, Riley recounts. During the last hours of their visit, the professors asked for an impromptu meeting with a nurse to discuss the possibility of a new nursing baccalaureate program in Kenya. They hoped such a program would address the nursing shortage there. The person the professors spoke with was Riley, also an adjunct professor with the School of Nursing, who then quickly arranged for them to meet with her and two of her colleagues, Kathy Kite, administrative director of the Lillian Carter Center for International Nursing (LCCIN), and Judith Wold, 81MN, an academic fellow with the LCCIN.

"I wasn't sure whether something would come out of that meeting. But I was intrigued with their request," says Riley. "All of us felt it was worth pursuing. This was the first time I could ever recall someone from an African academic institution requesting CDC's technical assistance in advancing the practice of nursing." Immediately after the meeting with Riley, the two officials returned to Kenya. Not long after that, a team from Emory and the CDC followed.

Where have all the nurses gone?

The Emory-CDC team conducted a month-long assessment of Kenya's nursing workforce and concluded the country did not need another baccalaureate program just yet. Rather, Kenya first needed to determine the number of nurses employed in the country, their education and training levels, and their workplace locations. Even this basic information was unknown.

Because Kenya's communications infrastructure is fractured, it took months to gather that information, and much of it was outdated. For example, the Nursing Council of Kenya (NCK) collects all data relating to nurses' licensing, training, and outmigrating. But the chief nursing officer collects data concerning nurses' work history, continuing education, promotions, and deaths. This information is collected from various districts and then faxed or mailed to a province, where it is compiled. But the data are often lost or incomplete.

"Every nurse who went to school, took their exams, or got their certifications all got a paper filed in a chart," says Riley. "If they went back to school for a specialization, such as psychiatry

> When you have an in-country party willing to put aside resources to support this common goal...they see it as their project. This project has many owners, and that's exactly what we want.—Martha Rogers

or midwifery, they got another paper in another chart. So, if the minister of health ever wanted to know how many nurses were in the country, the staff had to go through each chart and count one by one. Not only would that take months, but the result would be wrong."

The Emory-CDC team's proposal: Kenya needed a centralized, real-time, electronic database to track nurses so they could quickly be relocated to areas where they were needed most. Officials in Kenya agreed. Through a collaborative effort involving the CDC, School of Nursing Dean Marla Salmon, an expert in health workforce issues, and Emory's Rollins School of Public Health, the team secured seed funding from the CDC to launch the program.

Building the database

About this time, Riley became acquainted with Stephen Vindigni, then an Emerging Leader Fellow in the CDC's National Center for Environmental Health, while he was serving in Riley's office as part of his fellowship rotation. In July 2006, Vindigni, who has since left the project to attend medical school, returned from his fourth trip to Kenya, where the project has progressed markedly since it was funded in 2002. "The first two years were spent going through 44,000 files that were in a large metal trailer at the Nursing Council of Kenya, the licensing body for nurses," he says.

Since then initial data-collection sites are being set up—two down and six more to go in order to cover the country. Rogers is overseeing development of these sites. Kenyan IT professionals have been hired to write software, set up the hardware, and train other Kenyans to operate their new equipment, which many Kenyans have never seen before.

"I expected a little bit of computer phobia," Rogers says. "But the nurses were eager to learn the technology. To work in Kenya means to overcome a challenging communication system. Kenya doesn't have a strong IT system, as most everyone uses only wireless connections. People

From her home base at the Centers for Disease Control and Prevention, Patricia Riley works to improve Kenya's nursing workforce. Stephen Vindigni, who has since left the project for medical school, helped the NCK start inputting nursing data.

Peggy Vidot, an adviser to the Kenya nursing workforce project from the United Kingdom, inspects one of several file collections being entered into the new database.

use cell phones because the land lines are unreliable, especially in the outlying rural areas."

"We told people who had little or no experience with computers that we were going to take them into the future with computers, just like with telephones 10 years ago," Riley adds. "The thought was that if we could pilot this project in a far-flung province and make it work, then the ministry would see immediately the benefit and want to continue in other areas."

It appears the ministry and others have seen the benefit of the nursing workforce project and embraced it. NCK has assumed some of the costs of the project, such as paying for its own e-mail domain. Furthermore, the council recognizes that maintaining accurate records is inherently important and that licensing nurses is a revenue-generating process. One goal is for the project to become self-sustainable.

"When you have an in-country party willing to put aside their resources to support this common goal, that means they don't see it as your project, they see it as their project," Rogers says. "This project has many owners, and that's exactly what we want."

Rogers says she knew the project had turned a corner when the chief nursing officer of Kenya saw the potential uses of the data. The data not only provided him a look at nurses' education and salary levels but also helped in placements of new hires. Using the nursing data in conjunction with HIV infection rates among the public, he could place nurses in areas that were particularly hard hit with the disease.

After data collection is complete, Rogers says, the project will tackle cleaning up the data—making sure figures and names are accurate. Because personal information will be entered into the database, the Ministry of Health has come up with ways to protect workers' confidentiality. There also are plans to implement workforce databases in all eight provinces in Kenya and then expand the databases to include other types of health care professionals.

Collaboration and a dose of determination

Because of the project's promise, the CDC's Global AIDS Program has decided to invest in the project, says Riley. The program would use this project as a model for other workforce cadres, such as physicians and laboratory workers. Officials from other countries, such as Uganda, Zambia, and Malawi, have also expressed interest in using the model. Peggy Vidot, a health adviser for the United Kingdom and collaborator with Emory's School of Nursing, supports the creation of nurse workforce databases for various countries throughout Africa, Asia, and the Caribbean. Early last year, Vidot attended a meeting involving 14 African countries and spoke to the group about the importance of creating nursing workforce databases. A few months, later, Vidot visited Kenya and got to see the workforce project in action and was impressed.

Both Rogers and Riley are thrilled that other countries are now recognizing the importance of the nursing workforce and acting on it. They knows from experience that collaboration is the best way to get the most out of this project, both ideologically and monetarily. "You're never going to have enough money to do all that you want to do," Riley says. "So it's important to leverage your resources with those of others and build collaborations. The success of this project is the result of the collaborations we've had with the School of Nursing, the Rollins School of Public Health and its Center for Global Safe Water, CARE International, CARE Kenya, and CDC Kenya."

Determination and persistence also played a big part in the realization of the nursing workforce project. "The Kenyans had this blind faith in us, a faith that we were going to make this work," says Riley. "I thought there's no way we can't deliver on this. There's so much riding on the project: Emory's credibility, my credibility, the credibility of the Ministry of Health, but most of all, the credibility of our stakeholders in Kenya." EN

Robin Tricoles is a science writer in health sciences communications at Emory.

From the Alumni President

More than 25 years ago, I came to the nursing school to earn my master's degree. A lot has changed, as one would expect. But the school's core values of education, scholarship, and service have remained consistent and strong, and I see them exemplified still in our many alumni.

I recently talked with a few recent graduates who asked me about my career path. As I told them about my time in positions here in Atlanta, Washington, D.C., and abroad, I once again was reminded about how versatile nursing is. It truly is a field where opportunities abound.

As the new president of the Emory nursing alumni association, I'm proud to see new nursing graduates join. I know the future of nursing is in good hands, although, regrettably, in too few hands, as the nursing shortage in this country and around the globe grows dire. We, as alumni, greatly influence future students as advocates of the school's academic mission.

Two such alumni are **Sarah Hall Gueldner, 65MN,** and **Twilla Haynes, 80MN,** who were honored in September during the alumni reunion weekend. Gueldner is dean of the School of Nursing at State University of New York at Binghamton. Her research in gerontology is widely praised, and she is a member of the National Academies of Practice. Haynes, one of the school's first Native American graduates, is a nurse practitioner and co-owner of Health Connections, Inc., in Atlanta, which serves the needs of the poor and underserved. She also started an orphanage for medically fragile children in Haiti and organizes trips for student nurses to get hands-on learning there. She also has helped the school further develop its migrant farmer worker program in Moultrie, Georgia.

They are just two examples of the more than 10,000 accomplished alumni of the School of Nursing. As a graduate, you are our most important asset. Now is the time to reconnect.

Mary Lambert

Mary Lambert, 81MN
President, Nurses Alumni Association

Martha Orr, 64N, 65MN

Kay K. Chitty, 65N, 68MN

Class News

1960s

Martha Lane Orr, 64N, 65MN, was presented with the Honorary Recognition Award from the New York State Nurses Association (NYSNA) at its convention last fall. Orr was executive director of NYSNA for 19 years. Since retiring in 2003, she moved to Austin, TX, to be near her grandchildren. She is active in Democratic political campaigns and served as a delegate to the Texas State Democratic Convention. President of the local chapter of AARP, Orr also is taking Spanish lessons so that she can communicate with the growing Hispanic population. She says she misses New York and is still adapting to the "brutal summers" but is enjoying retirement.

Kay Kittrell Chitty, 65N, 68MN, completed the fifth edition of her textbook, *Professional Nursing: Concepts and Challenges*. The book has been in print since 1990 and is used by more than 150 colleges and universities in the United States and abroad. It is used in introductory courses in BSN programs, in RN to BSN programs, and as a reference in graduate programs. Dr. Chitty credits her excellent undergrad and graduate education at Emory for her ability to write and edit this textbook. She retired after a varied career in private practice, education, and educational administration and lives in Mount Pleasant, SC.

1970s

Nancy Olson, 78N, has been named senior vice president and general counsel for John Muir Health in Walnut Creek, CA. John Muir Health is a not-for-profit organization that includes a 321-bed medical/trauma center, another 251-bed medical center, a behavioral health center, a physicians network, and three outpatient centers. She is the

Grayton and William Knaak

John, Luke, and Emma Elizabeth Foshee

first in-house general counsel for the organization. She lives in nearby Lafayette, CA.

1990s

BORN: **To Rebecca Olson Knaak, 91OX, 93N,** and husband, Bill, a son, Grayton Daniel, on April 6, 2007. She is a CRNA with Gwinnett Anesthesia Service. The family lives in Flowery Branch, GA.

BORN: **To Anna Katherine (Katie) Foshee, 94OX, 96N,** and husband, Andrew, a daughter, Emma Elizabeth, on Nov. 6, 2006. Emma has two older brothers, John and Luke. Foshee is a day shift supervisor on the medical oncology floor at Gwinnett Medical Center. The family lives in Auburn, GA.

Barb Lockart, 98MN, was selected as one of two 2007 Nurses of the Year by the Leukemia Research Foundation. Lockart is an advanced practice nurse with the Long-term Survivor Clinic and general oncology population at Children's Memorial Hospital in Chicago. The award, presented annually since 1996, recognizes a hematology-oncology nurse or nurses who give time and compassion every day to patients and families affected by leukemia, lymphoma, or myelodysplastic syndromes. There were dozens of nominations this year from almost 20 hospitals, clinics, and doctors' offices in the Chicago area, reports the Leukemia Research Foundation, headquartered in Glenview, IL.

Nancy Olson, 78N

Barb Lockart, 98N

Amanda Nickerson, 06N

Suzanne White, 06MSN/MPH

2000s

Iman Omer, 04MN, has accepted a position at Maxim Healthcare Services, Inc. in Falls Church, VA, as a case manager/clinical nursing supervisor. Previously, Omer was an RN at Emory Crawford Long Hospital.

Amanda Nickerson, 06MN/MPH, is a public health fellow in the Division of Nursing, part of the Department of Health and Human Services in Rockville, MD. Nickerson graduated from the International Health Program of the School of Nursing's Lillian Carter Center for International Nursing. The Division of Nursing is the key federal entity for nursing education and practice, providing national leadership to ensure the provision of qualified nursing personnel to meet national health needs. Nickerson is working in the office of the director and works closely with the division's Advanced Nurse Education Branch.

Suzanne M. White, 06MN/MPH, is manager of a medical surgical unit at Good Samaritan Hospital, a not-for-profit community hospital in Puyallup, WA. She says one of the hospital's goals is to build community relationships through partnerships and ownership. She participates in the hospital's recruitment and retention program, the safe patient handling committee, and quality patient care as a whole.

Bavier to be UConn Nursing Dean

Dr. Anne R. Bavier, 73MN, was appointed dean of the University of Connecticut (UConn) School of Nursing effective Aug. 17, 2007. Dr. Bavier is the former assistant dean for development, alumni, and external relations at Emory's School of Nursing, from 1999 to 2003. Before coming to Emory, Bavier worked for a dozen years in federal health care agencies, including as deputy director of the National Institutes of Health's Office of Research on Women's Health. After leaving Emory, Bavier took up duties as dean of the School of Nursing at St. Xavier University in Chicago in 2004. At St. Xavier she quadrupled faculty publications and scholarly presentations, increased the school's grant funding by 50%, and expanded funding for disadvantaged undergrad nursing students. "My approach at UConn's School of Nursing will be to set forth a bold strategic plan for elevating the school's research focus, while enhancing its emphasis on teaching excellence," Bavier said before taking the post. UConn's interim nursing school dean, Carol Polifroni, said, "She is a dynamic administrator who will further the school's research, teaching, and service excellence."

The Long and Winding Road of Jean Johnson Givens

At 93, Jean Johnson Givens, 62MN, is one of Emory's oldest nursing alums. She is also one of the most amazing, with all she has done in those 93 years. Her accomplishments were recognized this past spring when she received the 2007 Alumnae Award for Distinguished Service to the Community from Wesleyan College in Macon, GA.

After Wesleyan, Givens earned her nursing certificate in 1934 at Wesley Memorial Nursing School, the predecessor of Nell Hodgson Woodruff School of Nursing. Her inspiration was her mother, who was a 1929 graduate of Wesley Memorial. "Mother waited until her three children were old enough to be on their own some and then went to nursing school," says Givens. "Bless her heart, she came home every day after school to look after us."

Givens worked as a nursery school teacher and school nurse but went back to school and earned a BA at Emory College in 1940 and a master's in biology at Emory in 1942. She got married, had a child, and was teaching at St. Joseph's Infirmary School of Nursing, which was in downtown Atlanta at the time. Twenty years after her last degree at Emory, she decided to go back for her master's in nursing. "I wanted to be more efficient in my job—things had changed a lot since I was in school," she explains.

After earning her MN at Emory in 1962, Givens taught nursing students for eight years at Georgia State University in Atlanta—in anatomy, physiology, and microbiology. Later she taught medical and surgical nursing services at Piedmont Hospital School of Nursing. Somewhere along the way she also took the first nurse practitioner course offered by Emory and began working for Emory Community Nursing Services. Emory's nurses ran a clinic and treated, among other patients, students from Agnes Scott College.

In addition to her nursing career, Givens is a master horticulturist. She is the author of several books about gardening, including *The Georgia Gardener: State-by-State Gardening*. She has lectured on numerous gardening topics, served as president and trustee of many garden clubs, and been recognized by state and national organizations for her contributions to the field.

Givens was born and raised in Druid Hills and still lives in Decatur near Emory. "I go way back in DeKalb County," she says. "My grandfather's farm became the core of Druid Hills." She still loves gardening and cooking and was going to a master gardeners' meeting in Athens, GA, one weekend recently. She has come a long way and is still going.

—Carol Pinto

In Memory

1930s

Martha Cheves D'Anna, 30N, of Savannah, GA, on July 6, 2006. She was the first nursing instructor at Warren A. Candler Hospital in Savannah and was director of nursing education at that hospital from 1931 to 1961. She was also a past board member of the Chatham County Board of Education.

Mary M. Means, 30N, of Decatur, GA, on Nov. 14, 2006, at 97. She had two daughters, Mary Catherine and Sarah Anita.

Grace Hart, 36N, of Decatur, GA, on Feb. 15, 2007. She was preceded in death by her first husband, James A. Hart, and her second husband, James Wade. She was a retired RN from Emory University Hospital. She is survived by one brother and numerous nieces and nephews.

1940s

Frances Hill Rothrock, 40N, of Snellville, GA, on July 10, 2007, at 88. She was born and buried in Warm Springs, GA. Her family said she served proudly for many years as an Emory nurse. She was preceded in death by her husband, Joseph M. Rothrock Sr. Survivors include a son, a daughter, three brothers, four grandsons, and several nieces and nephews.

Harriet W. Sladek, 45N, of Dallas, GA, on Feb. 5, 2007, of Alzheimer's disease. She was preceded in death by her husband, James Sladek Sr., who was a pharmacist in the Air Force and died in 1998. She is survived by her son, James Sladek, Jr., also of Dallas, GA.

Blanche Kirby Holden, 46N, of Dublin, GA, on Oct. 8, 2006, at 81. Survivors include her husband, Norman, and three sons, Kenneth, Michael, and Stephen.

Kathryn Lockaby Lott, 46N, of Springfield, VA, on March 1, 2007, at 84. She was preceded in death by her husband, Sterns B. Lott, Jr. She is survived by her daughter, Libby Kathryn Connery.

Hilda Sellers McMullen, 47N, of Fort Walton Beach, FL, on April 25, 2007. She was the widow of the late Col. James McMullen. Born in Dixie, GA, she worked for many years in the health departments of Okaloosa and Walton counties in Florida. Survivors include her sons, Buddy Rogers of DeFuniak Springs, FL, and Jimmy McMullen of Niceville, FL; her daughters, Gwen Galucki of Jefferson, MA, Janie Wyllie of Destin, FL, and Patti Powell of Shalimar, FL; brother Herb Sellers; 12 grandchildren, and three great-grandchildren.

Jean Thompson Butler, 48N, of Austin, TX, on Feb. 19, 2006, at 78. She was born Margaret Jean Thompson in St. Louis, MO, on May 20, 1927. She worked at St. David's Hospital in Austin for more than 26 years, moving from head nurse to hospital supervisor before retiring in 1992. She had continued her education at Southwest Texas State University and earned her bachelor's degree in health professions in 1985. Butler was preceded in death by her husband of 39 years, Robert Perrin Butler. She is survived by her sons, Robert and Michael, her daughter, Cheryl Ann Smith, and two grandsons.

Marialys M. Dekom, 48N, of Brunswick, GA, died Nov. 22, 2005, at 78. She was preceded in death by her husband, Anton. She is survived by two sons, Fred and Martin, and two daughters, Anne and Kristian.

1950s

Marilyn W. May, 50N, of Powder Springs, GA, on Sept. 19, 2006, at 76. Survivors include her son, Donald, also of Powder Springs.

Beverly Bacon Gray, 52N, of Tampa, FL, on June 17, 2006, at 78. Born in Atlanta, she moved to Tampa at age 10. She began her nursing career in Birmingham, AL, where she met her husband. They moved in 1955 to Tampa, where she worked at Tampa General Hospital. After the birth of her children, she opened Tampa's first greeting card store in 1962—Beverly's Card Shop—and later opened two other stores. She is survived by a daughter, Gretchen, a son, Bradley, her sister, Jean Divers of Tampa, her brother, Robert Bacon of Clearwater, two granddaughters, and two grandsons.

Sylvia Averett, 59N

JoAnn Hayes, 56N, 60MN, of Stockbridge, GA, on May 31, 2007, at 73. She taught at the University of Virginia, Western Carolina University, and the University of Miami. She retired from the Chatham County Public Health Services as district immunization supervisor. Survivors include her two sisters, Virginia Cooper of St. Augustine, FL, and Elizabeth Wilson of Monroe, GA, four nieces, and one nephew.

Shirley Wiggins Bell, 57N, of Gainesville, GA, on May 10, 2007, at 71. She served as a public health nurse in several north Georgia counties, including Habersham, Lumpkin, and Dawson, and was an enrichment nurse in Georgia Health District 2. She retired as a health educator in the Hall County Health Department. Survivors include her husband, Rev. George Emory Bell Sr., her son, George Bell Jr., of Flowery Branch, and two granddaughters, Hannah and Kayley Bell.

Sylvia Bacon Averett, 59N, of Atlanta, on Feb. 4, 2007, after a battle with cancer. She was from Toombs County, GA, and grew up in Statesboro. She is survived by her husband of 47 years, Dr. James Eli Averett, Jr., 56C, 60M. Other survivors include her daughter, Angela Averett Rose, her son, James Eli Averett III, and three grandchildren, Frank, Claire, and Catherine Rock, all of Atlanta.

1960s

Lucile "Tee Rae" Melton Dismukes, 67MN, of Alabaster, AL, on June 30, 2007, at 77. Born in the Dominican Republic to American parents, she was raised in Plaquemine, LA. Public health was her passion, especially making prenatal care available to mothers, including those who could not afford it. "From the cornfields of rural Georgia to the statehouse in Atlanta, Tee Rae championed this cause," reported the *Birmingham News*. She served as executive director of the Council on Maternal and Infant Health for the state of Georgia from 1977 to 1997. She donated her brain to the University of Alabama for research. Survivors include her husband of 54 years, Walter W. Dismukes, sister Petra Kelly, brother Edward, son Walter W. Dismukes Jr., daughter Carole D. Barton, and three grandchildren.

Linda Chaney Murphey, 68MN, of Little Rock, AR, on June 9, 2007, at 68. She is survived by her husband, Arthur G. Murphey Jr., a daughter, two stepsons, and two granddaughters.

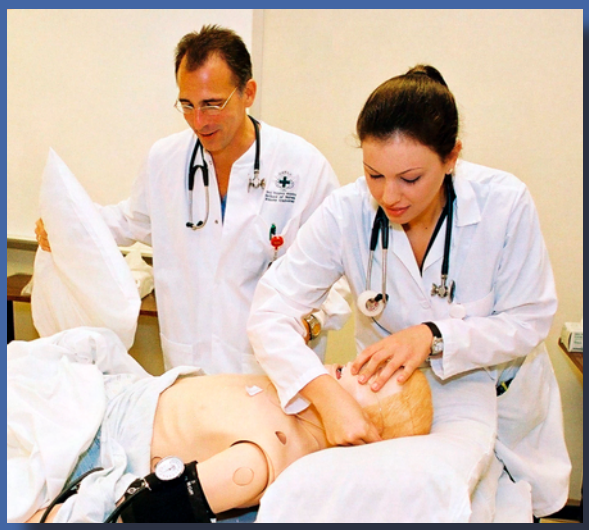
2000s

Rachel Elizabeth Rogers, of Hayesville, NC, on Sept. 24, 2004, at 28. She was in the pediatric advanced nurse practitioner program and was to have graduated in 2005. EN

On May 14, 2007, 97 nursing students received their BSN degrees, and another 87 earned MSN degrees. An additional six students received a post-master's specialization certificate, and three received PhDs. Barbara Stilwell, one of the first nurse practitioners in Great Britain, was commencement speaker. She urged graduates to be open to opportunities that may not appear to offer a foreseeable future, because such experiences often lead to unexpected gratification. "Nursing skills are so scarce and so important, you can work anywhere in the world. As you step out onto this pathway, consider where you would be of need, even if it's for a few months here or there," she said.

Emory's Nursing Partners in Caring Fund

Students at Emory's Nell Hodgson Woodruff School of Nursing begin a lifelong devotion to caring while in school. Yet when they graduate, nurses are burdened with more debt than other undergraduates. In fact, 95% of nursing students need financial aid.



At Emory, we're committed to making college more affordable. We believe that talented students should not shy away from an Emory education because of cost.

That's why our new financial aid program will support the best and brightest students—whatever their circumstances—so our nursing students can base their college and career choices on what's in their hearts, not in their bank accounts.

You can help.

By supporting Emory's Nursing Partners in Caring Fund, you'll ensure scholarships for nursing students. At the same time, you'll support important research, education, service learning, and development of 21st century health policies that will touch people everywhere.

Thank you for sending your gift today payable to Emory University and designated to Nell Hodgson Woodruff School of Nursing, Partners in Caring Fund. You can use the enclosed envelope.

Mail your gift to Alumni and Development Records, Emory University, Plaza 1000, 1762 Clifton Road NE, Atlanta, GA 30322-4001.

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Experience Beyond Textbooks

Nursing students made their way to the Missionaries of the Poor in Kingston, Jamaica, to help its residents with basic health care. The students were part of the school's Alternative Spring Break in March 2007.