All Hands on Deck

Nursing student Brandy Sykes visits with two residents of the Missionaries of the Poor in Kingston, Jamaica. As part of the school’s Alternative Spring Break in March 2008, students helped residents with basic health care.

Keeping the faith in difficult times

Inside: GATEWAY TRANSFORMS HOW STUDENT NURSES SEE THE HOMELESS
CHANGING HOW FACULTY AND CLINICAL NURSES WORK TOGETHER
Fare thee well

This column has been particularly challenging for me to write. As with the many others I’ve written over the past nine years, there is so much I could highlight. The school continues to be a truly remarkable place in which people make so many good things happen every day. You will see this again as you read this issue.

The challenge for me, though, is how to say farewell. In the fall, I will become dean of the School of Nursing at the University of Washington—a choice that is exciting for me both professionally and personally. Within this happy circumstance, however, is the challenge of leaving Emory and the Nell Hodgson Woodruff School of Nursing. The school and the people who make it special have become a part of my heart.

It’s not an easy thing for me to say farewell to you. But I want to convey my wish for all good things for the faculty, staff, students, alumni, and friends and to those who will follow. I also want to express my hope that all that has been built here will serve as a platform for an even stronger future.

But more so, I want this farewell to be something of a prayer that the future will continue to require the best of all here and that the best will be done with grace, generosity, creativity, and commitment. The values of scholarship, leadership, and social responsibility should frame the future in the ways that it has shaped the past.

My words are not enough to say all that I’d like, so I will borrow those of Sir Frances Drake. He wrote a prayer in a ship’s log more than 400 years ago. His words have comforted and challenged me for many years and now guide for me as I move forward. I hope that they might do the same for each of you as well.

“Disturb us, Lord, when we are too well pleased with ourselves
When our dreams have come true because we have dreamed too little
When we arrived safely because we sailed too close to shore
Disturb us, Lord, when with the abundance of things we possess
We have lost our thirst for the abundance of life
Having fallen in love with life
We have ceased to dream of eternity
And in the efforts to build a new earth, we have allowed our vision
Of the new heaven to dim
Disturb us, Lord, to dare more boldly, to venture on wider seas
Where storms will show your mastery
Where losing sight of land, we shall find the stars
We ask you to push back the horizon of our hopes
And to push us in the future in strength, courage, hope and love.”

My deepest thanks to all of you, for all that you do for nursing and for those we serve.

And, to each, fare thee well!

Marla E. Salmon, ScD, RN, FAAN

EVER SINCE she can remember, Sally Lehr has loved nursing. Her mother, who began her own nursing career in a hospital diploma program, pushed Lehr to pursue a university degree. Today Lehr has two degrees from the Nell Hodgson Woodruff School of Nursing and is a clinical associate professor, teaching a new generation of Emory students the art and science of nursing.

As an affirmation of her lifelong commitment to nursing education, she has made the school a beneficiary of her retirement plan. Lehr’s gift is a simple, tax-wise strategy to strengthen the school she loves. “Your money goes where your heart is,” she says, “and my heart is with Emory nursing.”

Support Emory nursing in your estate plans. Visit www.emory.edu/giftplanning or call 404.727.8875.

Plan to follow your heart.
On the Cover: A new book, *Nurse: A World of Care*, features the photographs of Karen Kasmauski, who traveled to a number of countries to document the work of nurses. This photo was shot in Bangladesh, where nurses contend with cholera in the summer months. See more of the book’s photos on page 14.
What does that prescription say?

In three associate degree and baccalaureate programs, including the nursing school at Emory. The test had five case studies and associated vignettes, and students had to catch errors in 70 yes/no questions. Had the dosage changed? Was the dosage calculated correctly? Was the patient’s name double-checked against the prescription and patient’s arm band? Ryan’s test was anonymous in terms of school and student. Of the 267 students who took the test, only 18 had a perfect score. The most frequently missed question was one where students failed to identify that the patient’s name on the physician’s order didn’t match the one listed in the case history.

“Medication errors are a huge problem in the health care system,” Ryan says. “Most instances occur when health care professionals let their guard down. Nurses who don’t stop and methodically follow the ‘five rites of medication administration’ are at high risk for committing a medication error.”

In fact, one study found that nurses intercepted 86% of medication errors, especially during the ordering, transcribing, and administering of drugs.

While many health care facilities have policies in place for high-risk medications, drug manufacturers need to do their part, Ryan says. “Avoiding the use of similar sounding names and, for nurses, being diligent in checking dosages and double- and triple-checking every medication is critical,” she says.

Though technology, such as personal digital assistants loaded with PDR software and bar code scanning that double-checks a patient’s name and medication, can help reduce errors, it is not infallible; such tools must be programmed by humans and can break down, Ryan points out. Continued diligence by nurses will be needed.

Liquid gold: Clean water program reduces disease, nets award

Amy Parker, MS/MN/MPH, a nurse epidemiologist for the CDC, and School of Nursing adjunct faculty Patricia Riley, a technical adviser for the CDC, have received the 2007 GlaxoSmithKline Circle of Excellence Award for their development of a clean water and hand-washing program. The award is presented by the Henry M. Jackson Foundation for the Advancement of Military Medicine and recognizes projects that promote prevention or enhance the quality of health care.

Some years ago, the CDC developed a “Safe Water System (SWS),” a program based on teaching how to store water safely, along with the use of water disinfection tablets, and promoting six steps of hand-washing with soap. Parker and Riley, along with Rob Quick, a CDC medical epidemiologist and an adjunct professor at the Rollins School of Public Health, took the program further and put it to use in health care facilities in developing countries.

“We knew that the SWS had worked in low-income communities for years,” Riley says, “but we had yet to take that intervention and integrate it into health care settings.”

Enter Parker, who at the time was working on her master’s degrees in nursing and public health. “This project was the perfect blending of Amy’s course work,” says Riley. “She could draw on her nursing training to develop the materials and her public health training to do the fieldwork. She would be building on the strength of both schools to advance a global health intervention.”

Parker developed a health care worker curriculum and resource guide in a semester. Then in the summer of 2004, she trained nurses at a busy maternal and child health clinic in Homa Bay, Kenya, on how to effectively coach their patients. For the nurses, the training was the first of its kind, and for the CDC, the program was the first time it had scientifically measured the impact of a safe water project in a low-resource health care facility.

“We were thrilled that 71% of patients were treating their household water and more than a third could demonstrate proper hand-washing during our follow-up study a year after they were initially taught the information in the clinic,” Parker said. With the success of the program documented, Riley went to the Kenyan government to develop plans for a nationwide expansion.

“That’s so important because fewer than half of Kenyan health care facilities have running water,” Riley says. “Showing health care providers how they can treat their water and helping them incorporate that into their patient teaching, along with basic hand hygiene programs, are the first steps in preventing disease and promoting health.”

—Patricia Riley

Writing a wrong

Prescription drug errors injure 1.5 million Americans and cost hospitals approximately $3.5 billion each year. In hospitals alone, 400,000 preventable drug-related injuries occur each year. Though the Institute of Medicine recommended in July 2006 that all U.S. physicians adopt electronic prescribing to reduce the prevalence of medication errors, at present, less than 5% of the nation’s practicing physicians and advanced practice nurses have access to this technology.

Treatment household water was a crucial component of the Safe Water System, says Amy Parker, in top photo and in inset below with CDC colleague Patricia Riley.

Deborah Ryan’s study showed that student nurses let their guard down; only 18 of 267 nursing students got a perfect score on a test designed to see if they could detect incorrect dosages and medications.

Showing health care providers how they can treat their water and helping them incorporate that into their patient education, along with basic hand hygiene programs, are the first steps in preventing disease and promoting health.

—Patricia Riley

news briefs

washing their hands or providing hand hygiene training. The program since its inception, has expanded to Nigeria, Uganda, Malawi, and Indonesia. Globally, the successes of SWS have been documented and recognized.

The program since its inception, has expanded to Nigeria, Uganda, Malawi, and Indonesia. Globally, the successes of SWS have been documented and recognized. A CDC presentation in 2007 was the first of its kind, and for the CDC, the program was the first time it had scientifically measured the impact of a safe water project in a low-resource health care facility.

Treatment household water was a crucial component of the Safe Water System, says Amy Parker, in top photo and in inset below with CDC colleague Patricia Riley.
International visa: Emory’s community nurses attend to Atlanta’s immigrants

The Congolese woman, a refugee living in metro Atlanta, was irritated that her two young daughters were showing fear. The girls eyed the seven vaccination needles laid out for each of them on the table warily. The student nurse working with them expected some apprehension from the children; after all, needles make most children wince. And the mother’s sternness was only making the children more apprehensive.

Situations like this are all in a day’s work for student nurses in Elizabeth Downes’ community health course. The assistant professor is exposing her students to a challenging aspect of community nursing: working with immigrants or refugees who may know little or no English, routinely ingest herbal medicines, and have differing cultural norms. As Atlanta becomes more diverse, student nurses will be called on increasingly to test their communication skills.

Tristan Pajak, 08N, worked with the Congolese family aboard a mobile health care unit. She talked with the mother, coaching her to release her bear hug-like grip on the girls, thus relaxing everyone involved. She says, “It’s a great experience that many nursing students don’t get. In hospitals, patients seem to take healthcare more for granted. They have information, but they don’t use it. People who use the van service see it as such a gift. They are much more receptive to information we give and will use it.”

Downes has achieved her goal with Pajak. She wants Pajak and other student nurses to gain a newfound empathy that can only come from working with vulnerable populations. “It’s a powerful position to be in—to be a nurse, to walk up to someone you don’t know, especially to someone whose first language is not English,” she says. “I love it when our students realize, ‘I can’t believe how hard this must be for them.’ Having worked with refugees overseas, I understand how hard they work to get here. They have such resilience and strength. Any little show of support has great meaning to them.”

Downes worked with refugees in Mozambique and Zimbabwe, two places she lived because of her husband’s job in disaster relief. She also lived in Fiji for four years, establishing that country’s nurse practitioner program. Since coming to Atlanta, she has volunteered at the International Rescue Committee (IRC), the Clarkston Community Center, and the International Community School.

At the IRC, for example, she teaches adults and teenagers about personal hygiene: how Westerners’ view body odor, how to use a toothbrush, and what necessities calling 911. At the International Community School, she concentrates on a more kid-friendly topic: hand-washing. At the community center, she and student nurses recently helped Vietnamese senior citizens understand their medications. And she will answer any question that comes up. One client at the IRC wanted to know what do with a frozen chicken in her freezer.

She also taps School of Nursing’s students to assist immigrants. She matched a French-speaking African student with a woman who needed a translator to talk to doctors about her baby who needed surgery. She sent a Swahili-speaking master’s student to a medical center that cared for a number of Somali-Bantu mothers and their babies. Downes hoped the student could translate for the women, but the student thought she would be more effective in clearing up a vexing problem for the nurses. The student explained to the nurses that they needed to teach the Somali-Bantu mothers how to use a disposable diaper, something the women had never seen before.

One experience, in particular, sticks in her mind. Downes took a pregnant Lebanese woman to a community clinic, and she saw a School of Nursing graduate working there. That was the ultimate gratification.

Elizabeth Downes (right) talks with a new Atlanta resident about taking the correct dosage of her medication. Language and culture differences can make access to health care challenging for immigrants and refugees, says Downes.

Two lifetimes of work

The School of Nursing is saying “happy retirement” to two cherished faculty, Lynette Wright and Lynda Nauright.

Lynette Wright, the first nurse genetic counselor in Georgia, spent 32 years teaching genetics and working with families on genetic issues. After completing a two-year traineeship in genetics in Emory’s Department of Pediatrics, she began working at Emory, establishing the first outreach clinics in Georgia. She was instrumental in expanding a genetic screening program for newborns.

As a faculty member at Emory’s School of Nursing, she developed and taught the first undergraduate and graduate courses in genetics. She didn’t limit herself to educating students. After attending a genetic conference, she devised two seminars for Emory faculty: “Applying Basic Genetics to Clinical Practice” and “What’s New in Genetics and How Do We Use It?”

“Her interest in continuing education is contagious,” says Assistant Professor Joyce King, who, along with Associate Professor Michael Neville, has taken over the genetics courses. “We are still one of the few schools of nursing to have a genetics course for undergrads.”

Likewise, Lynda Nauright was not your typical teacher, Eddie Gammill, 01N, 05MSN, recalls. The manager of Emory’s wellness programs says he walked into one of his undergraduate classes to find his professor, Lynda Nauright, wearing jeans and a hat. Nauright later became his mentor, and not only did she guide him professionally, she also could keep him in line.

On one particularly rough day, she says he made a snarky comment to her. She shot back, “Don’t be a smartass to a smartass. I’m older and better at it than you.” Nauright will continue to mentor students in her new position at Kennesaw State University as interim director of the graduate nursing program. She retired from Emory in December after almost 30 years of teaching.

She began as the director of the School of Nursing’s continuing education program. She helped the program flourish, securing $2 million in federal funding for the development of a statewide continuing education program. She later managed nurse practitioner certificate programs in gerontology, family health, and women’s health, which became the core content for courses at the master’s level.

Nauright gained national recognition for her “Beads for Books” campaign. She helped collect more than 300 used nursing textbooks for the nursing library at Dillard University in New Orleans after Hurricane Katrina hit. Anyone donating a book received a string of Mardi Gras beads to hang on their office door.

Emory Nursing students lead an exercise class for Vietnamese senior citizens at a local community center.
No weighting around: Heart patients need to pump iron

Despite the best medications, heart failure patients suffer such severe fatigue and shortness of breath that many become inactive—definitely not the prescription the nurse ordered. Fatigue hits all heart patients, regardless of their physical condition, so many hop onto a stationary bike or treadmill to improve their cardiac endurance. But new research is pointing to the need for heart patients to pump iron.

Nursing Assistant Professor Rebecca Gary made the connection between strength training and heart failure survival when she saw a study showing that a decline in hand strength in cardiac patients is associated with increased mortality. Hand strength did not decline in patients placed on bed rest or for noncardiac conditions. The difference for heart patients, though, is believed to be their body’s loss of oxidative fibers. “Signs of deconditioning and those of heart failure are similar,” Gary says.

“But strength training has been shown to partially reverse some of these skeletal muscle changes that contribute to severer symptoms.”

Strength training helps heart patients perform routine daily tasks, such as carrying a weighted bag up the stairs with less fatigue or short of breath. Gary found her research in a pilot study last year. Aerobic exercise, which she tested in an earlier study, improved endurance, reduced depression, and improved sleep time in cardiac patients. They still had loss of muscle strength, though, despite these important gains.

Gary is conducting a new study this year funded by the Emory Heart and Vascular Center. She hopes it will help make strength training a routine recommendation for future heart failure patients, whose numbers are increasing.

An estimated 4.8 million Americans suffer from heart failure, and according to researchers, it is the only cardiovascular disease that is rising in occurrence, with 510,000 new cases reported each year. Once diagnosed with heart failure, about 50% of patients die within five years.

Salmon appointed to NIH board

Dean Maria Salmon, ScD, RN, has been appointed by the U.S. Secretary of Health and Human Services to serve on the National Advisory Council for Nursing Research of the National Institutes of Health. She will serve a four-year term.

The council advises the HHS Secretary and the National Institute for Nursing Research on training, dissemination of health information, supporting research, and other programs with respect to basic and clinical nursing. The council also approves applications for research grants.

The council has 15 members, two-thirds of whom are invited from health and scientific disciplines. Of these, seven are professional nurses who are recognized experts in clinical practice, education, or research. The other eight are scientists or basic researchers in a related field. The council is the principal advisory body to the NIH’s director and provides recommendations on national policies and programs for nursing research.
For the first time in university history, nursing and medical students trained together on lifelike mannequins in their schools’ simulation labs one day this past February. More than 200 senior nursing and third-year medical students worked in teams to run through an emergency code—in this case, a 52-year-old man with a leg injury caused by a steel girder.

“Many people assume that medical and nursing professionals train together as part of their education, but for many, this isn’t the case. They train independently in their respective disciplines, and their first interactions are typically in the hospital emergency room or clinic.” —Barbara Kaplan, coordinator of the Charles F. and Peggy Evans Center for Caring Skills, the nursing school’s simulation lab

There’s no ‘I’ in team

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“Many people assume that medical and nursing professionals train together as part of their education, but for many, this isn’t the case,” says Barbara Kaplan, coordinator of the Charles F. and Peggy Evans Center for Caring Skills, the nursing school’s simulation lab. “They train independently in their respective disciplines, and their first interactions are typically in the hospital emergency room or clinic.”

During the session, each team gathered around a bed, each with a mannequin, whose voice was supplied by a volunteer via microphone. As one team discussed painkillers, the mannequin piped up, “How about morphine? I heard it was good.”

Another group, intent on ordering an x-ray, was encouraged by the mannequin to look at his patient chart at the foot of the bed. In it, they found an x-ray.

After the session, the students debriefed with trained facilitators from across the Woodruff Health Sciences Center. Most students said they found the joint simulation training beneficial.

“Team work has been shown to avert medical errors,” says Assistant Professor of Nursing Bethany Robertson. “It’s not the result of simply locating people together.”

Not only does teamwork take practice, but interdisciplinary training improves patient care, adds Douglas Ander, who oversees the medical school’s simulation center.

“The more time students train together at an earlier stage, the more it will be ingrained in their normal mode of operation,” Ander says. “Typically, students and residents have little to no understanding of how teams function in a real health care environment.”

As a result of its Quality and Safety Education for Nurses grant from the Robert Wood Johnson Foundation, the nursing school is expanding simulation training. Simulation training is one way that students are taught to avert medical errors before they begin practicing on real patients. In the coming school year, students will go through team simulation training to learn how to work in groups more efficiently. Everyone also will learn the “language” of team simulation training—huddling, debriefing, checkback, and call-out are just some of the terms used to encourage seamless team work.
The more time I have spent with the homeless, I have encountered them less as homeless and more as people. We share hopes, dreams, disappointments, struggles, stresses, difficulties, successes, failures, relationships, families—the human experience.

—Nursing student Jessica Gross

A Gateway for Learning

By Dana Goldman

Many of the patients look 20 years older than they actually are—and have symptoms to match. Others are depressed and have turned to alcohol as medication for both physical and emotional pain. Most can only guess where they will be in seven days or seven weeks, making follow-up appointments out of the question. Few have much control over what they eat, surviving off soup kitchens and scavenged food.

Health problems facing the homeless are severe and can severely strain health care professionals unfamiliar with the population. That’s exactly why Emory’s nursing students are learning how to provide.

THE GREAT DEMAND

Johnny Hogue, 52, spent eight months living at Gateway after becoming caught in a downward spiral that included the deaths of his mother and wife, a long-time addiction to drugs, a job loss, and heart and back surgeries. “I have seen guys come in here from divorces after they’ve lost their homes,” he says. “There’s a guy here whose family had a car wreck. They died, and the medical bills took everything he had. Addiction’s a big reason a lot of folks are here.”

Now, Johnny’s been clean almost two years, and he gives Emory’s collaboration with Gateway much of the credit for his physical, emotional, and spiritual good health. He is just one of many success stories of the Gateway collaboration, which started in 2005, soon after the center’s opening. “Some of the clients who have left have made a point to call and thank Emory students and faculty for what they’ve done,” says Gateway client engagement specialist Vicky Ford. “They’ve learned to trust them.”

IN CHARGE AND CHARGING FORWARD

At the helm of Emory’s effort is nursing instructor Monica Donohue. Since the beginning, Donohue has coordinated Emory’s partnership with Gateway: arranging rotations and health fairs, assessing the needs of clients, and talking up Gateway to faculty and students as a unique service-learning opportunity. She also has been witness to Gateway’s own learning curve. “It’s definitely changed a lot in so many ways,” says Donohue now. “They have grasped their identity as a service center, not just a homeless shelter. They don’t want to be seen as a short-term answer but as a big part of ending chronic homelessness.”

That’s where Emory comes in. Early in the collaboration, Donohue saw that Emory’s nursing students could fill a vital role at Gateway by complementing the on-site primary care clinic operated by Saint Joseph’s Mercy Care Services. During the fall 2007 semester alone, 10 groups of Emory nursing students held workshops for a total of 175 Gateway clients, on topics ranging from diabetes and stroke prevention to self-esteem building and winter preparedness.

It’s not just a teaching experience for nursing students or a learning opportunity for clients. “The education goes both ways,” says Donohue. Workshops attendees are now making suggestions about topics for future presentations, including arthritis, hepatitis C, and AIDS. Students are returning to Emory from Gateway with new ideas about old preconceptions. “It appears the experience for many of the students is very transformative,” she says. “It changes the way they see and understand people who are homeless.”

Take Jessica Gross. The former anthropology and theology student became an RN last year and is now a dual-degree MSN/MPH candidate at Emory. Even before her first visit to Gateway, Gross’s work at the South Fulton Medical Center had exposed her to some of the problems leading to homelessness. “In the emergency department, I have encountered patients with mental illness, a dwindling social network, and few resources,” she says. “Where will they go when they are discharged? Suddenly, the path to homelessness seems inevitable.”

But already, through her time at Gateway, Gross knows she can make a difference on that path. That became clear after she and her classmates gave a presentation on tuberculosis at Gateway and were met with numerous requests from residents over the following weeks for screening tests for the disease.

MOMENTUM BUILDING

The health presentations are continuing this semester, and momentum is building, especially around Emory’s efforts to provide holistic care to patients. A good example is Emory’s faculty practice at Gateway’s health recovery unit, which serves more than...
20 patients who’ve recently been released from the hospital. Some have broken bones after having been hit by cars; others, like Johnny Hogue, just had surgery. “It’s really a place to rest and recover, to get food, clothing, and shelter,” says Donohue. “They’re pretty much taking care of themselves physically, so we’re really working more with mind and spirit. We give clients the opportunity to talk about their faith, to ask how they would use it to become healthier.”

That concept—of healing emotional, spiritual, and physical pain—follows the parish nursing model popularized in the 1980s. At Gateway, both those providing the information and those receiving it,

To build more community, nursing students have also started having lunch with clients after their presentations. “This idea of sharing a meal brings down walls and eliminates barriers,” Donohue says. “A lot of the clients need attention and time and listening. This affords that opportunity.”

As a result, clients have opened up to the nursing students and faculty about their lives and struggles. That sharing is unusual for the homeless, many of whom have learned in hard ways that trust isn’t always rewarded. “They’re ashamed of their situation and have a hard time with outsiders,” says Gateway’s Ford. “Outsiders are usually a threat when you’re in a bad situation. But these guys don’t see Emory as a threat.”

Oftentimes, what clients have to say is eye-opening to students. “Is there an expansive gulf between the average American and the man on the street? Most would probably say yes,” says student Jessica Gross. “But the more time I have spent with the homeless, I have encountered them less as homeless and more as people. We share hopes, dreams, disappointments, struggles, stresses, difficulties, successes, failures, relationships, families—the human experience.”

For Gross, that lesson reaffirmed her vocation to work with marginalized populations. For others, their realizations at Gateway lead to reassessments of their own nursing practices. Donohue tells the story of one student who came to Gateway after being employed in a local hospital’s emergency department. “It was the first time he saw a homeless person as a person, as someone with a story. He’s more compassionate now. He still can’t let them stay in the ER, but he’ll give them a sandwich of Gatorade and a sandwich in a bag as he asks them to leave.”

**Life on the street is very stressful.**

**The loneliness and isolation are just tremendous. Stress is a huge deal. We want to give them a safe environment to reveal what is really going on with them. —Monica Donohue**

Life on the street is very stressful. The loneliness and isolation are just tremendous. Stress is a huge deal. We want to give them a safe environment to reveal what is really going on with them.

the need for that overall perspective emphasizing total wellness is strong. “Life on the street is very stressful,” Donohue says. “The loneliness and isolation are just tremendous. Many have mental health issues; lots are bipolar. Stress is a huge deal. We want to give them a safe environment to reveal what is really going on with them.”

Because Donohue’s focus is on more than the physical symptoms that Gateway clients describe, she and other faculty have been able to provide support and resources to those hoping to reconnect with family, those still struggling with addictions, and those depressed enough to consider suicide.

For many clients, reconnecting with their faith is the key to making positive changes. “Many of the clients at Gateway are rooted in a faith tradition,” says Donohue. “So we just ask the question, ‘How can you use your faith to help you grow toward a healthier life?’”

That integration of faith and health also comes through in other aspects of the collaboration. Many nursing student groups start their presentations with a short interdenominational prayer or a meditation, which helps center
The global nurse

The phone rang as Karen Kasmauski was heading out to a family reunion in Michigan. The freelance photographer was savoring the prospect of rare family time but was intrigued by the caller’s idea: a book showcasing nursing around the world. The caller, Marla Salmon, dean of Emory University School of Nursing, had tracked down Kasmauski after seeing her photographs in a book on global health issues.

Their resulting collaboration, Nurse: A World of Care, contains more than 220 pages of photographs and narrative depicting nurses, including Emory nursing students and staff nurses, their work, the challenges they face, and the shortages that already are seriously compromising care, particularly for the world’s most vulnerable people. Funding for Nurse was provided by Johnson & Johnson and Emory University. The nursing honor society, Sigma Theta Tau, is the book’s distributor, and all proceeds benefit the nursing school’s Lillian Carter Center for International Nursing.

“Too often, though, nurses’ work goes unnoticed. With the growing global shortage of nurses, their invisibility is to the detriment of all people.”

Kasmauski says, “Marla gave us the vision. She wanted something that spoke globally to the nursing crisis. Then I thought about what could work visually. This book makes nursing look like what it is: exciting and important to the fabric of this world.

“I’ve been a photographer for almost 20 years, and what surprised me was not so much the mortality or poverty that I saw but the commitment of the nurses to their communities,” Kasmauski says. “All of them were trying to do the best they could under very trying conditions.”

Salmon also hopes this book will spur action to enable nursing to be there for all people in the future. “Within nursing lies the ability to reach out to others in ways that make their lives better,” she says. “The need for this caring is basic to who we are, and we are in greatest need when our health is compromised or at risk.” To see more photos, Nurse is available at www.nursingknowledge.org. For bulk orders, contact Nursing Knowledge International at 1-888-NKI-4YOU.

Shadows of a long-dreaded disease follow residents at the Ben San Leprosy Treatment Center in Ho Chi Minh City, Vietnam. Many of the nurses here first came to the center with loved ones who were leprosy patients; they learned nursing skills and then stayed on to help others.
During their annual stay with the missionaries, students make a “chicken run” to a poultry farm. The chickens are handed out to the needy, who gather in long lines.

In Ethiopia, many houses are no more than walls of cardboard and scrap materials—rough places to be dying of AIDS. Sister Yewagenesh, a nurse with a local nonprofit, ministers to these patients in their homes.

Kelly Moynes Sklare, an Emory nursing student, shaves one of the residents at a home run by the Missionaries of the Poor in Kingston, Jamaica.

Every June Emory nursing students and faculty go into the farm fields of south Georgia to offer check-ups and other care to migrant workers and their families. For many of them, this is the only health care they’ll receive the entire year.

The global nurse

Within nursing lies the ability to reach out to others in ways that make their lives better. The need for caring is basic to who we are. —Marla Salmon, dean, School of Nursing
What surprised me was not so much the mortality or poverty that I saw but the commitment of the nurses to their communities.—Karen Kasmauski, photographer

(left) Waiting for the dry season to end has become an annual ordeal in much of Africa. This nurse in Mali is searching for any moisture that could be hidden in a dry lake bed, so that a poor rural village might find some respite from drought.

Nurse Mary Berliner has to pack everything she needs to visit the clinics she maintains, scattered across remote southwestern Alaska. Among her clients is an elderly man, whose family asked Mary to make a home visit. Public health nurses serve as primary health providers in much of Alaska, stationing themselves in bare-bones clinics for a week at a time, living out of a backpack, and spreading a sleeping bag at night. Most nurses caring for these isolated communities last only a couple of years, but Mary has been on the job for more than a decade now.
Watching the nurses at a School of Nursing faculty retreat or at a meeting in an Emory Healthcare (EHC) nursing leadership conference, it is not always easy to tell which are faculty and which just left a patient’s bedside 10 minutes ago. Everyone likes it that way.

“To truly prepare our students for the immense changes taking place in health care—and the opportunities those changes offer to nursing—we need to work in collaboration with our clinical colleagues in ways we haven’t done before,” says Gerri Lamb, who holds the Independence Foundation and Wesley Woods Chair in nursing.

That goes both ways, says Noel Hunter, nursing administrative supervisor at Emory University Hospital. “Nurses in clinical practice need faculty in the nursing school as much as they need us, now more than ever. The school is educating the nurses we are going to bring into our hospitals, and we want the transition between school and our evolving nursing practice to be as smooth as possible.”

This collaborative sea change began in April 2007, when nursing Dean Marla Salmon and Emory Healthcare Chief Nursing Officer Susan Grant created a joint nursing task force. The group was charged with identifying opportunities—and barriers—to more closely align nursing education, service, and research. Chaired by Marsha Lewis, associate dean of education in the nursing school, the task force was made up of Lamb, Hunter, nursing instructor Kelly Brewer, and Sharlene Toney, director of nursing research for EHC. Meeting biweekly, the nurses barraged each other, and many of their colleagues, with calls, emails, and mounting enthusiasm.

The team knew proposed initiatives needed to mesh with the strategic goals and the shared values of both organizations. They also quickly established priorities related to what is widely agreed to be the major issue in health care today, at Emory and nationwide: improving the quality and safety of patient care.

NURSING IN A TIME OF CHANGE

Across the country, the push to improve patient safety has rapidly accelerated the evolution of nursing as a discipline. Addressing safety issues, such as avoiding medical errors or identifying places where the system could work better, requires empowering nurses and other members of the health care professions to have a greater voice in how patient care is provided across the system, as well as in their own practice.

At Emory Healthcare, nurses have gained new power and new responsibilities through such changes as a new system-wide shared decision-making structure and unit practice councils in specific clinical areas. For example, when the unit practice council in Emory’s groundbreaking neuro-ICU identified bloodstream infections and ventilator-associated pneumonia as areas of concern, clinical nurse specialists in the ICU researched the issue and found that diligent hand-washing by clinical staff and regular mouth care given to patients every four hours markedly lowered infection: evidence-based medicine that made a real difference in patient care.

Looking at these changes, the joint nursing task force focused on three types of activities and plans: new methods of collaborative teaching; increased emphasis on the role and education of clinical nurse specialists, seen as change agents in the new environment; and visibility, ensuring that all nurses across the Emory family were aware of and felt part of the expanded collaboration.

Collaborative teaching: real-world lessons

For the school and the hospitals, teaching has always been a busy, collegial two-way street: students were sent to the hospitals for clinical teaching, and practicing nurses headed back to school when they wanted a master’s degree or postgraduate training, as more and more do. It’s far less compartmentalized, far more integrated today, says Lamb. She and Emory Healthcare’s Toney recently co-taught a senior leadership course so that students could learn the tools and policy implications of new quality and safety initiatives and gain a sense of its day-to-day power from nurses who are living and leading these changes.

With both of us teaching, says Lamb, these changes take on a new immediacy for students.

Members of the task force visited and attended a symposium on the Dedicated Collaborative Unit at the University of Portland and came away convinced this new way of providing nursing education was key to the enhanced collaboration they sought at Emory. In traditional clinical rotations, students work with a different nurse each shift. In the Dedicated Collaborative Unit, staff nurses complete a clinical instruction...
course before being assigned one or at most, two students, with whom they work throughout the student’s clinical experience. This allows these new “clinical faculty” to develop a better working relationship and more accurately track the student’s development and skills set. The task force is writing up a proposal to develop the units at Emory’s hospitals.

Other collaborative initiatives in process include a possible student nurse exchange between the school and the nursing program at Napier University in Edinburgh, Scotland, and Kings College in London. Not only are there plans for student exchange, but Emory Healthcare is working on a staff nurse exchange with the Royal Infirmary Hospital and Western General Hospital in Edinburgh.

But students aren’t the only ones who are learning from the collaboration. Practitioners also are teaching each other. For example, two of the clinical nurse specialists who helped lower rates of infection and ventilator-associated pneumonia, as described earlier, presented these and other quality and safety improvement initiatives during the School of Nursing’s faculty development day. Faculty now jump at invitations to attend nursing leadership meetings in the hospital and participate in key Emory Healthcare committees, exchanges that didn’t happen just a year ago. In addition to numerous faculty presentations in the hospital, plans are under way to develop a research mentorship model in the hospitals, including dedicated clinical and faculty time (time being one of the barriers to collaboration identified by the task force).

**An expanded emphasis on the clinical nurse specialist**

As improving patient care quality and safety take on increasing importance at Emory Healthcare (as in all leading hospitals in the country), the strong, versatile role of the clinical nurse specialist (CNS) becomes ever more important, say task force members. Like all advanced practice nurses, such as care managers, mentors, and confidants for those in crisis. They are the ones also who should be recognized and rewarded. Why not nominate them for the Nursing Alumni Association’s Award of Honor or the Distinguished Nursing Achievement Award? The Award of Honor is given to a nursing school alumnus who has shown exceptional service to the alumni association, Emory University, or the profession of nursing. The Distinguished Nursing Achievement Award is awarded to someone—not necessarily an alumnus—who has demonstrated distinguished service to the profession of nursing. With either award, the nominee could have contributed in one or more nursing practice specialties such as research, education, clinical practice, management/leadership, public health/public service/community services, or consultancy.

Let’s not forget our wonderful friends. Nominate a person who has shown distinguished service to our association, Emory or the profession of nursing for the honorary alumni award. Please direct your nominations to the nursing alumni office (alumni@nursing.emory.edu). The recipients will be announced during Homecoming Weekend in the fall.

**Inventing Judy Wold**

Judy Wold, 81N, is retiring in May from Georgia State University (GSU) after 25 years of teaching. Wold, an Atlanta native, began teaching at GSU after receiving her master’s at Emory. Being a nurse, Wold says, is something she always wanted to do. “My aunt was a public health nursing director in DeKalb County. I always thought what she did was really interesting. Then in high school I had a human biology course, which I really enjoyed. I ended up doing all the lab work on a fetal pig. My lab partner—a guy—wouldn’t touch it. That sealed my fate.”

She went on to become director of the nursing program at GSU from 1996 to 2001. She was a visiting scholar at Emory University in 2001 to 2003, during which time she oversaw the transfer of the Farmworker Family Health Program from GSU to Emory. When the GSU school director dropped the project, Wold asked Dean Marla Salmon to consider picking it up. Salmon eagerly agreed, having worked with migrant farmers in northern California during her first job.

Wold says the service learning project, which sends nursing students to south Georgia to provide health care to migrant farmworkers and their families, is one of the most rewarding that she’s done in her career. She will make that trip again for this year’s program, June 8 to June 20.

“It’s a very powerful experience for students,” she says. “It gives students who’ve never been outside their city a chance to work in a rural area and with another culture. Migrant workers are the some of the poorest people in this country and lack access to health care. It’s an international experience in our own back yard.”

From teaching to helping under-served populations, Wold says she has most enjoyed the flexibility of nursing. “Nursing allows you to do so many things,” she says. “Nurses are very versatile. I talked to a nurse yesterday, for example, who had been in occupational health and now has started her own nurse executive search firm. There is so much room to invent and reinvent your career in nursing.”
Class News

1970s

Dorothy Ann Valin, 72N, received her doctorate in psychology and religion from Northwestern University in December 2006.

1990s

Theresa Kyle, 95MN, is teaching at Herzing College in Winter Park, FL. Her first textbook, Essentials of Pediatric Nursing, was published by Lippincott Williams & Wilkins in October 2007. Her second book, Essentials of Maternity, Newborn, & Pediatric Nursing, will be available by the same publisher in October.

2000s


MARRIED: Iman Omer, 04N, 06MN, and Anum Omar, on May 26, 2007. They reside in Fairfax, VA.

Amanda Nickerson, 06MN/MPH, recently completed a fellowship at the Health Resources and Services Administration and started her own consulting firm, ALN Consulting. She lives in Fairfax, VA.

Jan Heather Yoepp, 06N, has accepted a position as an acute care pediatric nurse practitioner at Arnold Palmer Children’s Hospital in Orlando, FL.

Deena Gilland, 07MN, has been appointed director of nursing for Emory University Winship Cancer Institute.

Gilland previously served as oncology services department director for Emory University Hospital. She joined Emory University Hospital in 1988 as a staff nurse in oncology and served as nurse manager in the Hematology/Leukemia Unit from 1996 to 2005. She is a member of the Oncology Nursing Society and serves as a faculty member in Emory Healthcare’s Oncology Residency Program. Gilland also is a member of the American Nurses Association and the Georgia Organization of Nurse Executives.

In Memory

1930s

Marian H. Tidwell, 39N, of Manchester, GA, on October 23, 2005. She was 87.

1940s

Joella Rogers, 40N, of Athens, GA, on April 2, 2006. She was 91.

Martha Floyyd Asters, 42N, of Americus, GA, on September 25, 2007.


Grace Myers, 43N, of Pensacola, FL, on November 24, 2005. She was 84.

Alice Tootle, 43N, of Duluth, GA, on November 27, 2007. She was 86. She is survived by three daughters.

Martha Shields Sharp, 48N, of Richmond, VA, on December 26, 2007. She was 79. Before retiring in 2002, she worked for the Hospice of Volusia in Palm Coast, FL.

Avis B. Rabin, 49N, of Miami, FL, on July 12, 2007. She served as a flight nurse during WWII and afterward earned her nursing degree from Emory, where she studied under her mentor, Dean Ada Fort. She served as an associate professor at several universities. She is survived by her husband and three daughters.

1950s

Carolyn Rogers Allen, 53N, of Austin, TX, on January 28, 2008, of complications resulting from a brain tumor. After graduating from Emory, she worked in several hospitals, including the Army hospital at Fort Campbell, KY, until her husband was discharged from the service. In 1960, they moved to San Antonio, TX, where she began teaching surgical nursing at Baptist Memorial Hospital. Later, she took a job with the Austin-Travis County Health Department as a community health nurse, but would ultimately leave nursing for a career in the ministry. She is survived by her husband and two sons.

1960s

Loreen Overstreet, 63N, of Fayetteville, GA, on January 26, 2008. She was professor emeritus with the University System of Georgia. She began her nursing career as a WWII Army cadet and taught at numerous colleges throughout Georgia. She is survived by her daughter.

1980s

Francis Ann Chapman Vinson, 85N, of Conyers, GA, on February 4, 2008. She was 72. She was a head nurse at Emory University Hospital, from which she retired in 1999. She is survived by her husband and three daughters.

1990s

Barbara F. Pollard, 91MN, of Albany, GA, on January 22, 2006. She was 64.

2000s

Michelle Antrovese Murphy, 04N, of Decatur, GA, on August 7, 2006. She was 26.

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