Fall 1978

Yale Nurse: Yale University School of Nursing Alumnae Association Newsletter, Fall 1978

Yale University School of Nursing

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For Nurses

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Cover

Yale University School of Nursing
ALUMNAE ASSOCIATION
Newsletter

Published three times a year by the YUSNAA
Margaret J. Cushman
Editor
Please address all communications to
Mrs. Mary C. Colwell, Executive Secretary
Yale School of Nursing
855 Howard Avenue
New Haven, Connecticut 06510
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... Directory Update

From The Dean

Best line of the year: David Johnson '80 in response to people who say to him, "So, you want to be a male nurse." His reply: "I'm already a man. What I want to be is a nurse."

In the last column I wrote, last spring, I mentioned the problem we were then having concerning our eligibility for certain kinds of federal funds. I'm pleased (thrilled!) to report that the final regulations for nurse practitioner and advanced training grants contain wording that does make YSN eligible for support from these sources. A lot of very hard work on the part of the faculty and administration of the School, the students and alumnae went into this effort and it is a great relief to see it come out as it has.

We keep inadvertently (well, maybe not so inadvertently) raising troublesome questions for nursing nationally to answer. For instance, at the ANA convention in Hawaii, the Commission on Nursing Education discussed two position papers, one on entry into practice, one on graduate education. In the first one, there is considerable support (which the House of Delegates later voted) for the bachelor's degree as the entry credential into professional nursing. In the latter report, there was also support for the notion of entering nursing at the master's or doctoral level. But there was a potential problem between the two documents. If, as is happening in some states, the B.S. degree and ONLY that degree becomes the entry credential, then people prepared at the master's level in professional nursing would not be eligible to take state boards in that state. Surely an anachronism that could easily be changed. Sometimes in nursing in our struggle to upgrade we seem to lose the forest for the trees, and as in this case, set minimum criteria as if they were the ONLY criteria...

I looked it up: the class of 1978 wasn't the largest class we ever graduated (at 54 members), but it is the largest M.S.N. class. If everyone entering in the fall of 1978 stays with us, we will graduate 71 in the class of 1980. Good heavens! The class of 1953 had a wonderful slide show of pictures taken during their years at Yale at the Alumnae banquet this year. Besides the ones of Annie Goodrich, and of course, the class members, Peg Schaeffer was featured. Marguarite Schaeffer went on to become the first non-nurse dean of a school of nursing in the country, at the University of Pittsburgh, and now is a nationally recognized leader in thinking about administration and health services. Lots of people besides we Yalies got our starts at Yale...

I know the Yale Nurse is being read when I get letters from far flung friends inquiring about my mental health. I guess that last column in the Spring issue was more depressing than I meant it to be. Anyhow, the lilacs did bloom, and the rhododendron, too, and now it's summer as I write this and one can feel the energy returning for the year ahead.

From YUSNAA

Much as I am pleased to accept the office of YUSNAA President, I feel a loss at Sherry Shamansky's leaving. She was a warm, gracious, creative leader. I am sure she will represent Yale well in her new position in Seattle.

The Alumnae College Program proved, as well, that our alums, both on the program and attending, continue to envision a broad perspective of nursing. At the annual meeting David Johnson, a three-year student excited us all by his enthusiastic and realistic picture of the school and nursing.

I look forward to the next two years and hope that many of us will meet in the various activities which will be available. As Donna has said, "It's a good time for nursing."

- Penny Camp, '58
YUSNAA President
"...Also I'd like to tell you that I enjoyed this issue of Yale Nurse very much. The articles are well written and interesting. The literary quality is much improved...."
Ellie White, '35

"...I enjoyed the intelligent, effective and generous work of the Consumer's for Choices in Childbirth. It reminded me of those magnificent women who started rooming-in and natural childbirth at Yale 35 years ago. We like to think of ourselves in nursing and medicine as patient advocates but we have to humbly admit that an articulate, intelligent group of former and future patients is infinitely more effective. Annie Goodrich in her retirement used to meet with our class and urge two points to us: 1) Be a lady and 2) Make it your own. They were obscure urgings to me at the time. But this group of mothers put into operation the two ingredients of success. They can use anger as a motivator and not as a bath. I, for one, can learn from them, as well as admire them."  
- Reva Rubin, '46

Alcoholism Hotline Seeks Volunteers

Volunteers, particularly reformed alcoholics, are desperately needed to man a new telephone hotline specifically for victims of alcoholism.

Jake Weinstein YSN '80, a student in Yale University's graduate nursing program, Monday said the hotline will be available from 3 to 6 p.m. as soon as he can gather and train a staff.

Weinstein, who's project is funded by Yale's Dwight Hall, describes himself as a "veteran of hotlines." A large percentage of the people using general emergency telephone numbers are either drunk when they call or have problems related to too much drinking, he said.

However, people are reluctant to identify that as their problem, or don't realize they are alcoholic because drinking is so pervasive in this society, he said. Having a hotline that people can identify specifically with alcohol may help people identify their problem, he said.

"We'll probably be dealing with a lot of crises, threatened suicides at times. But what we hope mainly to accomplish is early intervention, catching people before they've bottomed out and preventing that downward spiral," Weinstein said.

Weinstein said he anticipates many of the calls will also be from relatives or friends who will say, "I know an alcoholic. How can I help?"

And there will be questioning calls like "I just had a few beers and I bashed in my girlfriend's face. Am I an alcoholic?"

Janet Koch

(Reprinted from New Haven Journal Courier 6-9-78)

IF-For Nurses

If you can give of yourself
And not think of receiving,
If you can still have hope
When others have stopped believing,
If you can give reassurance
To those who really need it,
If you can listen to advice
And when it's good, you heed it,
If you can lend a helping hand
To someone who is down,
If you can with a friendly smile
Make someone lose a frown,
If you can be very patient
When patience is required,
If you can do your very best
E'en though you are not admired,
If you can accept triumph today
And maybe disappointment tomorrow,
If you can give comfort to someone
Who is depressed and full of sorrow,
If you can stand like a woman (or a man)
And say to another. "I was wrong,"
If you can fail in something today
And tomorrow have Hope in your song,
If you can look at a person
And not see the color of his skin,
If you can think of what a person is
And not what he has been,
If you can overcome temptation
When others yield unto it,
If you can see that help is needed
And then go ahead and do it,
If you can remember that you are
But an instrument in God's hand,
If you can only remember that
You are to help your fellowman,
If you can do a job
When others are unwilling,
If you can remember that you are
There to help with other's healings
If you can do these things
And be faithful until the end,
The joy of it is you'll be a good nurse, my friend.

Written for faculty at Winston-Salem State University School of Nursing, 1973 - Beverly F. Dixon, '75 B.S., '78 Yale M.S.N. in Community Health Program

Save These Dates

ALUMNAE WEEKEND

June 1 and 2, 1979

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ALUMNAE COLLEGE

CRITICAL THINKING

The theme of the morning program of Alumnae College this year was Critical Thinking in Nursing, and a panel of three distinguished nurses shared their definitions and experiences in this type of thinking. The topic was introduced by Sherry Shamansky who "set the stage" for the 135 alumnae in attendance by noting that there are many complex problems confronting the health professions today which demand cautious, acute, objective thinking on the part of nurses. Critical thinking is a learned skill, not necessarily a talent, employed in problem solving, through systematic, scientific and thorough analysis of all available data. Sherry implored alums to see where nursing is today — to think about what has been, and what lies ahead.

Jean MacLean '33, Mildred Lafferty '46, Kit Nuckolls '41 and Marion Highriter '53

Kit Nuckolls, the first panelist, described critical thinking as "really sharpening the intellect and getting to the point!" This process entails the ability to analyze and assess the strength and weaknesses of a situation, a behavior, or written material; identification of problems and strategies for dealing with them. Next, one must make reasoned judgments about actions to be taken and finally, evaluate the results of action. Kit identifies different levels of thinking. One level is identification of information available and relevant to a topic leading to alternative explanations of behavior or events to be considered and explored further. A second level is identification of that information about a given topic which is needed, but which is not known, for which there is not conclusive data. This is the level of research which seeks to find answers to empirical questions. The highest level involves more imagination intuition and abstractions. It deals with theory testing with "what if's" and projects toward new knowledge. Critical thinking is an important cognitive skill for nurses. The staff nurse must be aware of patient welfare and protect patient rights; she must know the proper use of resources, and methods of delivering care. Nurses in positions of authority employ critical thinking to influence the planning and organizational development of health services. Kit believes many nurses have never learned critical thinking because of their traditional socialization as women and nurses, and because of the "cost" of deviating from old patterns. Much is and can be done to facilitate critical thinking in nurses. Continuing education sessions which include nursing process and problem solving, accountability, leadership training and assertiveness training are available. Nurse-Practitioner training, research in universities and practicing nurses are striving to achieve new boundaries in thinking for nursing.

Rhetaugh Dumas '61

Rhetaugh Dumas followed Kit in the panel discussion by stating that this society is dependent, more than ever, on brain power! Those who can think critically will make the most of their lives, and affect the lives of others. Rhetaugh reminded us that we spend most of our lives learning — it never stops — because there are always changes occurring in society and conditions of our lives. Critical thinking is key to continual re-thinking of basic philosophies and theories in nursing to see where there are gaps and how best to fill them. Rhetaugh listed three ingredients necessary to engage in critical thinking: 1) time to think, 2) an environment conducive to thinking and 3) personal liberty to dare to think beyond traditional molds and customs. In this complex society people are overwhelmed sometimes by pressures of time and volume of work. We must somehow find time to be alone and think. (Of course, one must have "the stuff" with which to think and learn how to use it!)

The context or conditions in which we function is important. We need pay more attention, and research the working environment of nurses in order to best utilize their skills and knowledge. Rhetaugh challenged the audience to incorporate 1) a vision of the context in which nursing is practiced; 2) into the theoretical framework which guides teaching, research and practice. Such incorporation would help nurses carry out functions while utilizing knowledge and skills they have learned. Central concepts include: 1) authority, 2) power and 3) leadership. These concepts need continual monitoring and change as situations and personal relationships change. As an example: Nursing is WORK, and is involved with groups. There must be interrelation and cooperation of these groups from which leadership and social relationships can either help or hinder the satisfaction and achievement of nurses. The success in expansion of nursing contributions depend on the knowledge and strategies that enable us individually and collectively to exercise authority, power and leader-
ship in the groups and institutions where we live

Martha Mitchell

Martha Mitchell used three specific situations to illustrate the struggle she has between two values: the value of scholarly inquiry (systematic study and theory development, critical thinking); and the need for action (the necessity of addressing problems relevant to improving human conditions).

The first situation described work as a faculty member on a committee to study clinical specialization, studying trends and role functions, relating to the direction of graduate curricula for MSN and PhD programs. The faculty surveyed literature, held interviews with clinical specialists in diverse areas of practice and consulted with nurses in leadership positions in service, education, and research. They found two divergent ideologies to be considered in addressing problems of the nursing profession and realization of its full potential in health care.

The nursing profession is fundamentally only as viable, strong, and capable of contributing to health care as is its KNOWLEDGE. The nursing profession is fundamentally a service profession and will be judged or held accountable for its responsiveness to health care needs of people.

A second situation illustrating Martha’s dilemma involved her participation as a member of the President’s Commission studying mental health care needs of the country. It was a great opportunity to participate as a nurse on this study, and she could see on one hand the need to have a collective, collaborative approach in making recommendations and figuring ways to implement the recommendations. On the other hand she had difficulty in accepting the fundamental assumptions on which these solutions rested. As a nurse critical thinker Martha could see other classification systems and identifying procedures which might better fit the study and produce a different course of action.

In Martha’s third situation, as an administrator in the Connecticut Mental Health Center and educator at YSM, Martha sees nurses as both providers of service and students studying theory in the field. She senses a helplessness in this setting of not being able to take on the responsibilities of which nurses are capable. Martha has concluded that action is not antithetical to critical thinking - it is the "how to do it" vs "why to do it" and "what's the IT". We are directed by the degrees of emphasis we put on each.

Angie McBride started the afternoon session on Creativity in Nursing with defining creativity as: "an ability to bring something new into existence or the ability to reconstitute something old into a more original fashion." In contemplating this, one must first have a sense of ones own uniqueness. We each have different backgrounds, education, reading interests, environments, and experiences which lead us each to be unique. In the literature, Angie has learned that characteristics of the creative person are a capacity to integrate the richness of these experiences to a higher order of synthesis - to make unusual and creative productions or performances; and possession of cognitive flexibility or an inner and outer openness and loss of self consciousness. Angie believes that to extend ones field, to produce or develop, one must master the field. One must have schooling in order to experience a "moment of illumination which comes suddenly and unexpectedly." Schooling is meant that one must be a specialist first, to feel comfortable and confident without anxiety about the subject. Then one can expand ideas. Creative ideas come from a field about which one knows a lot and has done a good deal of thinking. When an original idea comes: one must recognize it, believe in it and in oneself, think critically about it, and then dare to do something about it.

When asked about the method used in the process of writing her books, Angie said she used the process recording methodology. She looked at life from the here and now - the everyday-ness, studied it, knew it well, and reformulated some new theories about which she wrote. In nursing, as was pointed out in the morning panel, there are at least two divergent directions in which we are being pulled - which influence our actions and thinking - they are service and theory. Angie points out that creative nurses grow through this process of pulling, and then reach new levels. We go through stages of development, getting comfortable at each level until we ask questions and have more reaching out. Then we move on. Above all, we must be comfortable with our own thoughts and ideas, and if we think they all go together, we can believe in ourselves and become creative.

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(We'll happily accept a stencil drawing of the MN seal if there is an artist interested in working on one!!)
ONE OUT OF EIGHT
IN THE WHOLE WORLD

A Graduate's Reflections on Excellence
at Yale School of Nursing

Eileen Hodgman - speaker at YSN Honor Society Induction Ceremony, May 7, 1978

The phrase, "one out of eight in the whole world" was foremost among the associations that crowded into my mind as I thought back to the time I spent here, and the things that seemed most meaningful to me then, and still do now. As beginning psych students, 12 years ago, my seven classmates and I thought we knew what excellence at Yale meant. For one thing, our program was so small, it had to be good. For another, the size seemed to imply a certain exclusivity which we tended to equate with excellence. Our somewhat distorted notions of excellence caused us all to secretly wonder why we had been admitted - it was a big burden to know, "I'm one out of eight in the whole world who was admitted to Yale." Of course, congratulating ourselves being one out of eight in the whole world was what we said out loud, to each other. What we said to ourselves was "I'm one out of the whole world."

We finally got up enough nerve one day to ask Donna the fatal question: Why had we been chosen? Donna said it was because we were all marginal. We thought that was terrific, because, as you know, Donna can make anything sound like a compliment. In any event, we just used it to feed our narcissism even more, and nobody really wanted to think about which of the possible brink we were seen as tottering on.

But somehow, the idea of being a marginal person is hooked up with excellence in my mind, at least as I saw it demonstrated at Yale. It's one thing to be a person with strange ideas, but to be part of a whole institution with strange ideas is another. It provides a certain comfort that lets you come up with even stranger ideas. No idea was ever too strange at Yale, and some of Yale's ideas that seemed strange to the nursing world then now feel as though we've always done it that way. I think the biggest problem my class had after we graduated was that we came out of Yale even stranger than we had entered. In the meantime, non-Yale had remained pretty much the same. We felt a sort of embarrassment for the people we met who hadn't gone to Yale, because we truly felt we knew a secret that not many other people knew, and I think all of us who have gone to Yale still do.

The secret is some sort of inner knowledge of what the nature of nursing is, what remains the same as the environment changes, the technology changes, and the labels and the jargon change, and what nursing, practiced according to that knowledge, means to patients or others who experience it. I think it's safe to say that most of us left Yale with an attitude towards nursing, and towards ourselves as nurses, that was far different from those we held when we entered. When I look back now, I realize that for me, that attitude was a minor obsession with nursing that has just about become full-blown.

Most of what I have to say stems from my most recent experience in nursing, in an acute-care service setting. When I use phrases like "at the bedside," I hope those of you who practice nursing without a bed to stand beside will understand that I'm referring to providing direct, personal, laying-on-of-hands-type nursing, wherever that may take place. For those of you who don't provide such direct service, and I'm one of you, I hope you'll bear with me. And please keep in mind that anything I say about excellence I say with real people in mind - many of them young practitioners who have provided me with awe-inspiring models of excellence under often difficult circumstances.

I'd also like to be sure that when I speak of excellence in nursing, we're all operating out of the same frame of reference. We learned fairly quickly at Yale that the size of our program wasn't what excellence was all about, although we were still proud to be eight out of the whole world. Nor do I believe that excellence in nursing is synonymous with either scholarship or grade point averages. True, to be excellent is to stand out to conduct oneself in some way as to be readily noticed as being good. But what does it mean to stand out and be recognized as good, as a nurse? There are three things that always come through very clearly to me when I meet an excellent nurse. First, she knows what the core of nursing is: the nurturing, the caring, the attention to comfort, the support of the intact systems while the disordered systems are being healed. She knows that through nurturing she performs a special kind of healing that has little to do with the healing power of drugs, or of surgery, or with the practitioners of other disciplines who use those as their tools. She knows that when she observes a cardiac monitor she is performing an act of nurturance. She knows that to be skillful in interpreting medical data is not merely a technique, nor a physician. Rather, that skill is just one among many in her repertoire of professional nurturing.

Charles Dickens, you know, gave us our prototype of the bad nurse in Sairey Gamp. But if you go on to read Bleak House, he also gives us, indirectly, the true meaning of nursing. Many of his characters in Bleak House are described as nursing each other in times of greatest need and stress: women "nurse" children when there is no implication of breastfeed ing, and men "nurse" other men and women. Along the same line, Edith Lewis wondered recently why we no longer use the verb "to nurse": as in, "I nursed him." Language always reflects the thoughts and feelings of a society, and in today's nursing society we seem to prefer to see ourselves as "dealing with" patients. To say or imply "I nursed" a patient is so uncommon today as to make one stand out.

Let me go on to the second ingredient that always comes through in an excellent nurse. You never get a feeling that she's ashamed of being a nurse. She likes nursing, and you can tell because she likes to talk about what she does. When she talks about her patient's medical problems, she tells you what they mean in terms of his mobility; how painful it is for him to use the bedpan; and the different methods she's tried to make it less painful for him. When she talks of "my" patient. To say or imply "I nursed" a patient is so uncommon today as to make one stand out.

The reason that the nurse who takes pride in her nursing stands out as excellent is because so many of us today suffer from professional ambivalence. We know what nursing is, and we know what patients expect from us as nurses, but we're not sure anybody at all thinks highly of those activities. Consequently, it isn't unusual to see a patient nursed beautifully by a nurse who understands what a nursing diagnosis is, or the difference between a nursing diagnosis and a medical diagnosis. Too often, upward mobility in nursing in acute care institutions is toward the high technology intensive care units,
where there is much more opportunity to make medical decisions. These decisions, again too often, aren't seen in the context of nursing's historical function of close and constant observation of the critically ill patient, but in terms of the derived status they confer. There is no question that we reward those nurses more highly than nurses on the general care units - while not always financially, certainly through smaller caseloads, increased educational support, and inter-disciplinary collegialship. And, there is no question that nurses on the general care units listen in awe and admiration to intensive care nurses as they describe those activities that are done interchangeably by both physician and nurse. But only the excellent nurse listens in awe as an intensive care nurse tells how the nurses on her unit have formed a skin care committee - how they've been meeting for months on their own time to research and write up the mechanisms of skin breakdown and wound healing - the role of nutrition in maintaining skin integrity - the 63 suggested methods of preventing and treating decubitus ulcers - and the clinical nursing trials they will conduct in order to develop nursing prescriptions for this problem.

I suspect that these emotional conflicts about the importance and meaningfulness of nursing relate to issues of status and rewards. Over 10 years ago, William Glaser wrote an essay on nursing's struggle for professional authority. He pointed out that there was a discrepancy between the aims of nursing leadership toward this goal, and the behavior of practitioners. He said,

It is a sociological axiom that every occupation in achievement-oriented societies tries to enhance its public image and self-image, and a common method is to acquire prestigious tasks from a previously more respected occupation. Therefore, in an entirely unplanned and informal way, the rank and file... (in nursing) subverts these leader's aims by taking prestige where it is most obviously and easily gotten, namely from the technical and life-and-death tasks that are most highly admired by their co-workers and the public. Thus, dependence on the medical profession threatens the policies of the aspirants for independent professional status, while it serves the interests of the rank and file. Glaser's essay was published at about the time I had my last sustained experience with hospital nursing. Ten years later, when I returned to the service setting at Beth Israel Hospital, I was amazed and amused to see what had happened in the meantime. All the nurses had their own stethoscopes, which they wore draped around their necks. Ten years before, only house officers wore their stethoscopes that way. Now the house officers, male and female, carry their stethoscopes in their pockets, perhaps so they won't be taken for a nurse. Our

senior staff nurses, by and large, don't wear the traditional uniform - only the new graduates do, until they learn better. The senior staff wear brightly colored pull-overs over uniforms, or with white slacks. The only people who look like the nurses I knew ten years ago are the dietetic interns. Trivial changes, perhaps; but even in dress, each group has taken on the prestigious symbols of a group perceived to have higher status.

It's hard, I think, not to reach out for status and prestige by accepting tasks from medicine - their prestige has grown so much faster than ours in our mutually short professional history. But the sad part is that we should be fighting for the tasks instead of for the tools. We forget that we have a legitimate right to any tool that will help us nurse our patients better. We should remember that putting a stethoscope to a patient's heart today is no more revolutionary than putting a stethoscope to the antecubital space was about 60 years ago. Physicians were initially threatened then, just as they have been recently, but the acceptance of the physician's assistant within a very short period of time should make us reflect on our own history. Medicine, after some initial resistance, has always been both exactly willing to delegate tasks to nurses that have become inconvenient or not exciting enough for them to perform. In fact, once they see the advantages, they have demanded that we assume them. If we do assume them, it shouldn't be for the prestige they seem to confer, but because they help us to nurse better. Excellence in nursing means to nurture without apology.

I've spoken of two ingredients that are always demonstrated in an excellent nurse. There's at least one more. The excellent nurse, without always realizing it, lets you know that she's constantly protecting her right to nurse her patients. She sometimes despair's that she should have to, so often. She knows, if she works in a large teaching hospital, that she'll have to prove herself, as one staff nurse put it, with every new group of house officers, in order to nurse her patients as they should be. She wonders why this should be so, and she sometimes gets depressed, but she continues to do it, because she believes in the healing power of nursing.

Again, we see the issue of professional authority coming to the fore. About two years ago I decided to see if I could track down the when and the why of the nurses transformation from entrepreneur to salaried employee. In that search, I came across a speech made by Miss Lavinia Dock to a large group of physicians and hospital administrators in 1894. After presenting a strong argument for the administrative autonomy of the hospital training school - for freedom from domination by others in educating nurses, she continued on to say,

On one field only does the school properly come under the command of the medical profession, and that is in the direct care of the sick. Here indeed the command is absolute. Now for the first time in the history of medical science can its orders be carried out faithfully, fully, and at all hours. This obedience to orders, founded on principle and animated by an intelligent interest, is the dominant characteristic of the new system of nursing, and is the secret of its success in its professional work.

Today we are clearer about the interdependence of the two major health occupations in providing health care to people. But only as we accept the
fact that medical care and nursing care are two subsets of health care that can be distinguished in their operation, will we be willing to defend our right to nurse. Because of our history, each tactical maneuver toward achieving professional authority will occur within a scenario of confrontation and negotiation. And because medical dominance was established within the context of direct care activities, it will be within that context that the scenario has to be played out, over and over again, until the resolution we're looking for is achieved. The excellent nurse knows that and is not intimidated by it.

In the early days of our history, when the whole health care system was simpler, excellent nurses stood out because of major and highly visible contributions to the profession, or to the improvement of health among whole segments of our population. Miss Henderson beautifully describes these contributions in her paper on excellence. However, between that time and now, whole generations of hospitalized patients seldom were cared for directly by a professional nurse. We denied whole generations of hospitalized patients the experience of being professionally nurtured when they needed it most. It's no wonder they forgot what nursing meant, because we forgot. It's no wonder my mother could say to me, after a hospitalization about four years ago, "I hear what you're always telling me nursing is. But I've never seen it. Who does it?" Up until a short time ago, it almost seemed as though, as a group, we had lost our culture, or, even worse, had denied it because others seemed to view our tradition as subservient and menial. But a few culture bearers, such as Miss Henderson, and Yale, and other isolated schools, service institutions, and individuals, have persisted. Today, it's enough to be living that culture, that tradition, to stand out as excellent among those who may be receiving far more public acclaim.

I mentioned earlier the tendency to confuse excellence with scholarship. If we do, we perpetuate the destructive dichotomy between education and service that has characterized our profession for so long. In my mind, there's no essential difference between excellence in academia and excellence in service. If the three essential ingredients of nursing excellence are there, then only the means through which that excellence is expressed may differ. In academia, scholarship is often seen as a primary means. After all, the idea of a university focuses on the life of the mind. But nursing isn't just an intellectual exercise, and if a devotion to the main job of nursing - its practice - isn't present, nursing scholarship can be very arid. Some of this aridity is suggested in the titles of doctoral dissertations written by nurses. You wonder at the conceptual feats necessary to top-link theory with practice. You wonder if such exercises in scholarship haven't become an end in themselves; misdirected efforts to prove to people who don't really care, and when it should no longer be necessary that indeed, we have thinkers in the profession, not just doers and feelers. Our exercises in arid scholarship have only served to imply, unfortunately, that all of our thinkers are in academia, and all of our doers and feelers are in service. Both academics and practitioners have been brainwashed with this myth. The outcome is the perpetuation of the dichotomy.

Nurses in service are justifiably resentful when they're seen as doers and feelers who still need guidance. Thinkers from the thinkers in academia. And our academics are rightfully angry when they're stereotyped and mistrusted as not knowing what the real world of nursing is like. When I look at the excellent nurses in my service setting, I see nurses who are thinkers, feelers and doers. And when I remember my colleagues in education whose excellence shone forth, to me, at least, they weren't only thinkers, but also doers and feelers.

An interesting thing is happening. Certain institutions, be they academic or service, are establishing themselves as centers of excellence in nursing, and our excellent nurses are seeking them out. Excellent practitioners are seeking out centers of excellence in nursing education, such as Yale, that have never separated out thinking from doing and feeling, and that are clearly identifiable as staunch defenders of nursing's culture. New graduates are seeking their first positions not at institutions whose reputations have been built on the excellence of their medical care, but those that clearly stand out for the excellence of their nursing care. And finally, practice research, the bridge between academia and service, is coming into its own. Departments of nursing research are being developed in service institutions. And practice researchers are accepting deanships. Yale has been the culture-bearer here, too, as it has been with its understanding of the nature of nursing itself. How many of our colleagues across the country, I wonder, think they've discovered a new idea as they now try to link nursing research with nursing practice? Yale School of Nursing throughout its history has been clear about the purpose of nursing research and the problems that nursing research should address: problems of practice. In this respect, especially, Yale has stood out; and stood out in part, because of its long tradition of excellence in nursing research. The faculty and students of Yale have established within the context of direct care activities that today, such a clear idea of the nature of nursing research, and the potential for excellence. I say this without pessimism, because as Miss Henderson also points out, we nurse only within the context of our times. The nursing context has changed dramatically over the 20 years since Miss Henderson's published anecdote actually occurred, and indeed, over the 10 years since her paper was prepared. Nursing may have had little control over the external forces that changed that context, but nevertheless, nursing is accountable for the decisions it made in responding to those forces. We, as a profession, made some poor decisions over that period, that retarded the development of both the profession at large and that of many individual nurses with the potential for excellence. Our collaboration in denying the patient his right to be professionally nursed, to have a professional with highly developed, sophisticated nurturing skills at his side at all times, was perhaps the error we have greatest cause to regret. Yet, the culture survived despite this decision, and the culture-bearers prevailed. Our task today is to zealously preserve our pockets of excellence within a system that hasn't quite caught up, so that... (continued on page 14)
KUDOS
Distinguished Alumna Awards

Angela Barron McBride ’64

"She thought her initial interview at Yale had finished her chances. But in its infinite wisdom, Yale said, "come" and she did and distinguished herself with her gifts for research and teaching as a student and faculty member. Her time here was a growing time, a time of thinking and rethinking what the life of the nurse, the life of the mind, the life of the woman, wife and mother, are all about. With great insight, literary finesse, finely tuned intellect and enormous personal courage, she put it all down on paper and won a place as a seminal thinker and writer. Her impatience with social stereotyping has broken tradition in academe and nursing. Her pride in her chosen field does not blind her to its faults and excesses, and her energy increasingly finds its expression in a subtle combination of personal strength and public reformation."

Helen Sullivan Miller ’57

"The South may be home, but this northern University is proud to claim her. Her career has spanned nursing in midwifery, public health, mental health, service administration, and education administration as well as nursing research. Her current membership in eight professionally related organizations attests to her wide interests, and her ability is witnessed by over thirty-two offices held. She has personally broken new ground for nurses and people in Georgia, Virginia, Philadelphia, and New Haven. She has stood for and fought to maintain complete racial integration in all aspects of life as she directed a diploma school into a baccalaureate program and integrated the school successfully. Her devotion to the history of development of black nurses is pursued with energy and commitment as she writes about Mary Mahoney, whose named award she received from the American Nurses Association. Her concerns with the social ills of all people challenges professional nursing throughout the nation. She has received many honors for her work and her presence."

Katherine Buckley Nuckolls ’41

"She came to Yale to school, stayed to teach a while, and left. The initial impression she made as a student and young faculty member was so powerful that more than twenty years later, the long arm of a new dean reached out to snatch her back. In the meantime, she had raised a handsome family, acquired a doctoral degree, and made a reputation for her hard and creative work. So she came back to her academic home to give birth to a new program, nurture and develop it, and see it come to be recognized as the first and best in the nation. The quality of her mind, which inspires and shapes faculty and students alike; the depth of her conscience that will not countenance anything other than a true colleague relationship with medicine; the special generosity of spirit that gives the credit for her ideas to others; her grace in disappointment; the professional commitment that has elevated her to national prominence; her untiring efforts and devotion to Yale, selfless and pure -- all these we salute."

Eleanor Fordham Voorhies ’40
Throughout her career she has made outstanding contributions to nursing, in teaching, scholarship and community services. Hers is a sustaining interest in community health nursing, initially in practice with visiting nurse services, later as teacher and program chairman in well known institutions of higher education in New England. As co-author of a text on "Community Health - Evolution and Process", she has further shared her enthusiasm for community health nursing to make a greater impact on a wider audience of learners.

She has the time, too, for service to community and society, as a consultant for WHO in Jamaica and Columbia and serves on boards of community health services. Combined with her achievements are a strong loyalty and pride in the Yale School of Nursing, a warmth of personality and dedication of purpose.

Now as a Dean, and throughout the other 38 years of her nursing career, she has given generously of herself to students, faculty, community and friends, and balanced it all with broad interests, notably in music and travel.

Mount Holyoke College Confers Doctorate of Humane Letters

"Florence S. Schorske Wald '41, Bachelor of Arts from Mount Holyoke in the Class of 1939, holder of two Master's degrees from Yale University. After serving with the New York Visiting Nurse Service, with Columbia University's College of Physicians and Surgeons, and with the faculty of the Rutgers University School of Nursing, she returned to Yale in 1957 to direct its Psychiatric Nursing Program and to serve, for nine years from 1959 to 1968, as Dean of the Yale School of Nursing.

As a skilled and compassionate practitioner, inspiring and devoted teacher, bold and imaginative administrator, she brought renewed strength and importance to the profession of nursing. At a time when she was entitled to rest, she created a new health-care institution that led the medical profession to face the implications of inevitable death, restored dignity to the dying and compassionate understanding to the bereaved. That institution, Hospice, Inc. has become a national and international model."

Distinguished Leader

Miss Virginia Avenel Henderson, Research Associate Emeritus, has been selected for inclusion in the "Distinguished Leaders in Nursing" series being produced by Sigma Theta Tau. Known both nationally and internationally for her contributions as a scholar, teacher, researcher and practitioner, she was also named an Honorary Fellow of the American Academy of Nursing in September, 1977.

Miss Henderson was interviewed by Eleanor K. Herrmann and Anne R. Bavier, both Assistant Professors of Nursing on the YSN faculty. Copies of the video-taped interview will be available in the future from the national office of Sigma Theta Tau.

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DIRECTORY UPDATE

Classes of 1930's

Curtis, Mary E., '31, 109 Newtown Ave., Norwalk, Conn. 06851.
Scammon, Mrs. John H. (Margaret Morris), '31, 33 Christian Ave., Concord, N.H. 03301.
Spieir, Mrs. Edward B. (Katherine S. Shingle), '32, 1620 43d Ave. E., Park Shore, Seattle, Wash. 98112.
Stringham, Mrs. Charlotte Wild, '32, 836 Elmwood Ave., Evanston, Ill. 60202.
Keller, Mrs. Raymond E. (Dorothy Ohline), '33, 2424 41st St., Apt. 42, Moline, Ill. 61265.
Johnson, Mrs. Josephine Riley, ex'34, 849 Jolanda Circle, Venice Island Mobile Est., Venice, Fla. 33595.
Lawrence, Mrs. Walter E., Jr. (Nettie Iglehart), '36, 175 Azalea Trail, Leesburg, Fla. 32748.
Deretchin, Mrs. Allen (Laura Wolf), '38, 269-07 Grand Central Parkway, Floral Park, N.Y. 11005.

Classes of 1940's

Wallick, Mrs. Nancy Cole, '40, Colleran, Colo. 81624.
Nuckolls, Katherine B., '41, 305 Elliott Road, Chapel Hill, N.C. 27514.
Probst, Margaret M., ex'42, no address available.
Zovickian, Mrs. Anthony (Barbara Hurlin), '43, Zero Country Club Road, Woburn, Mass. 01804.
Hendrix, Mrs. Harold J. (Frances Ellision), ex'43, Box 248, Route 3, Land O'Lakes, Fla. 33539.
Hartman, Mrs. Neil H. (Mariam Weinberger), '45, 110 S. Church St., Moorestown, N.J. 08057.
Vastola, Mrs. Edward (Eileen McGuade), '45, 9 Hortense Place, St. Louis, Mo. 63108.
McClore, Catherine T., '46, 1808 Bob White Drive, Maryville, Tenn. 37801.
Balginy, Mrs. John (Evelyn Miller), '46W, no address available.
Crockett, Mrs. David (Mary Swanson), '46W, 34 Tarry Lane, Orinda, Calif. 94663.
Martin, Mrs. Mary E. (Mary Murrya), '46W, 105 W. Main Road, Middletown, R.I. 02840.
Mendel, Mrs. Mabel Pelikow, '47, 22 Bloomfield Ave., Somerset, N.J. 08873.
Hamilton, Mrs. David (Margaret Keeyes), ex'49, Box 8135, South Lake Tahoe, Calif. 95705.

Classes of 1950's

Aita, Mrs. Salvatore (Dee Plummer), '50, c/o Plummer, Route 2, Box 445, Randleman, N.C. 27317.
Dick, Arlyne (Lt.Col ret.), 117 Surf Drive, Falmouth, Mass. 02540.
Vordale, Miss Janice, '50, 437 Baywood Drive, Newport Beach, Calif. 92660.
Fisk, Mrs. Albert (Ruth Fenker), ex'50, 2 Bronce Court, Huntington, N.Y. 11743.
Dahkae, Mrs. John L. (Greta Schnell), '51, 16231 S.E. 84th, Portland, Ore. 97222.
Fujikura, Mrs. Toshio (Yuka Yasui), '51, 13514 Crispin Way, Rockville, Md. 20853.
Wortham, Mrs. G. Forrest (Elizabeth Dyer), '51, 3382 Waynoka Ave., Memphis, Tenn. 38111.
Cunliffe, Mrs. Susan G., ex'52, 1 Church Lane, Dalton, Near Newmarket, Suffolk, England.

Wulforst, Miss Laura, ex'54, 10255 Oasis Court, Apt. 2, Cupertino, Calif. 95014.
Blyler, Mrs. Donald (Joanne Heckman), '55, 150 Robin Lane, Bloomsburg, Pa. 17815.
Slind, Mrs. Sarah Ellington, '55, Route 3, Box 8028, Richland, Wash. 99352.
Turner, Miss Sarah L., '56, 2629 Chamberlain Ave., Madison, Wis. 53705.
Johnson, Dorothy Kleinfeld, '57, 715 Dover Drive, San Bernardino, Calif. 92407.
Jacobs, Ruth E., ex'57, 939 E. 17th St., Santa Ana, Calif. 92701.
Fazzone, Mrs. Philip R. (Adelaide Buoncore), '58, Eastwoods Road, Roxbury, Conn. 06783.
Roberts, Joan E., '58 Spec. Student, 43 Cromwell Court, Cromwell Road, Hove, BN3 3EF, Sussex, England.

Classes of 1960's

Mahaffy, Perry, '64, 111 Constitution Drive, Chadds Ford, Pa. 19317.
Motte, Mrs. Elaine Kiviniemi, '66, 3484 Avocado St., Riverside, Calif. 92507.
Young, Mrs. Karl E. (Jean Hallett Taylor), '66, 22 Happy Way, Harwich, Mass. 02645.
Christoffers, Carol Ann, '66, 216 Natchaug Drive, Meriden, Conn. 06450.
Kinnick, Mrs. Bernard (Virginia Gramzow), '67, 22212 27th Ave., Greeley, Colo. 80631.
Holmes, Nancy Schaffer, '68, Box 10291, South Lake Tahoe, Calif. 95731.
Shamansky, Sherry, '69, 1512 Nob Hill North, Seattle, Wash. 98109.
Poe, Ms. Donna Shields, '69, 40 Pleasant Blvd., Apt. 2707, Toronto M4T 1J9, Ontario, Canada.

Classes of 1970's

Bender, Cheryl Tiano, '72, 7 Chandler Road, East Sandwich, Mass. 02537.
Teague, Miss Mary E., '72, 15 Teeter Rock Road, Trumbull, Conn. 06611.
Kane, Judith Shagoury, '73, R.D. 1, Box 104, Susquehanna, Pa. 18847.
Tauer, Kathleen, '73, c/o Carole L. Passarelli, 626 Lambeth Road, Richmond, Va. 23225.
Teachev, Mrs. Donna L., '73, 1641 Wakefield Drive, Virginia Beach, Va. 23455.
Hutton, Ms. Carol, '74, 1164 W. Middle Turnpike, Apt. B-2, Manchester, Conn. 06040.
Walker, Mary Aitwood, '74, 283 Clark Ave., Framord, Conn. 06405.
Beal, Judy Alheim, '75, 10 Emerson Place, Apt. 140, Boston, Mass. 02114.
Braun, Elizabeth, '75, 505 Cypress Point Drive, Apt. 30, Mountain View, Calif. 94040.
Cole, Carolyn E., '75, 2101 H Powers Ferry Road, Marietta, Ga. 30067.
Collins, Clare, '75, 6213 Gossard Ave., East Lansing, Mich. 48823.
Hesko, Nancy Strafford, '75, 40-03 165th St., Flushing, N.Y. 11358.
Powderly, Kathleen Reilly, '75, 2066 Hill Top Road, Westfield, N.J. 07090.
Classes of 1970’s (continued)

Cushman, Margaret J., '76, 146 Rockview Drive, Cheshire, Conn. 06410.
Goodhart, Linda, '76, 14 Island View, Brushy Plains Road, Branford, Conn. 06405.
Grey, Margaret, '76, 300 Mercer St., Apt. 10K, New York, N.Y. 10003.
Lin, Sen, '76, 1007 S.W. Westwood Drive, Portland, Ore. 97201.
Nakamoto, Ms. Ann Kyoko, '76, 3045 Ala Napuaa Place, Apt. 401, Honolulu, Hawaii 96818.
Tipping, Margaret S., '76, 4876 Dixie Drive, San Diego, Calif. 92109.
Ekblad, Glenn, '77, 1572 L Sparton Village, Michigan State University, East Lansing, Mich. 48823.
Finesilver, Cynthia, '77, R.F.D. 3, 20 Gateway South, Columbia, Mo. 65201.
Holdren, Nancy McLean, '77, 405 Rockingham St., Rochester, N.Y. 14620.
Pennington, Susan, '77, 3131 Burris Road, Apt. 27, Vestal, N.Y. 13850.
Taylor, Dianne E., '77, 6009-7 Majors Lane, Columbia, Md. 21045.
Goldberg, Beth, '78, 91 Bay State Road, Apt. 214, Boston, Mass. 02215.
Kalma, Susan, '78, Health Services Coordinator, Bates College, Lewiston, Me. 04240.
Kraus, Nancy, '78, 277 W. 10th St., Apt. 9-N, New York, N.Y. 10014.
Krebs, Mary Lou, '78, 172 Division St., Summit, N.J. 07901.
McClintock, Janet, '78, 5546 Century Ave., #4, Middleton, Wis. 53562.
Dear Friends:

We would like to hear from you with ideas and reactions you have about the Alumnae Association, School activities, these Newsletters, or whatever --. Please use this sheet to write us a letter. Many thanks.

Peg Cushman
Mary Colwell
of her professional life. Since 1959 she has been a member of its certification committee, serving as chairman from 1970 to 1976. This group was one of the first to develop methods for the certification of nurses who worked in specialties and was instrumental in bringing about a unified recognition of professional standards.

Originally from Connecticut, Miss DiMaggio received her B.A. from Connecticut College for Women. She joined the Nurse Cadet Corps, received her M.N. from the Yale University School of Nursing and was registered in the state of Connecticut. For seven years she worked at New Haven Hospital and then entered Columbia University, where she was awarded an M.S. in teaching, curriculum development, and child health.

Following her graduation from Columbia, Miss DiMaggio became one of the four original faculty members at the University of Massachusetts School of Nursing in Amherst. Miss DiMaggio has been working at the MGH since 1969.

Andrew Veckerelli Prize

Anne LeDell-Hong recipient of the Veckerelli Prize, 1978

The Andrew A. Veckerelli Prize is given annually to a graduating student who has demonstrated outstanding performance in scholarship and clinical practice and who, through these efforts, has inspired others with an admiration for professional work. This prize was awarded in May 1978 to Anne LeDell-Hong, who has specialized in Community Health Nursing at the Yale School of Nursing.

YSN Sends 4th Fellow to D.C.

Ten outstanding nursing students have been selected from nationwide competition to participate in the fourth annual summer study fellowship program in public policy. It is sponsored by the National League for Nursing, funded by the Robert Wood Johnson Foundation of Princeton, N.J., and offers nursing students the opportunity to study and work full time in health policy offices in Congress or the executive branch. This year Martha Anne Driessnack, a student in the Pediatric Nursing Program at the Yale School of Nursing will be working in the Health Care Financing Administration with Jeffrey Merrill, the Executive Secretariat.

Annie W. Goodrich Award

Cornelia Porter, M.S. - Assistant Professor of Nursing Pediatric Nurse Practitioner

The Annie W. Goodrich Award for excellence in teaching was awarded at the graduation ceremonies to Cornelia Porter, M.S. Assistant Professor of Nursing in the Pediatric Nursing Program, and Pediatric Nurse Practitioner at the Yale-New Haven Hospital. This award presented and selected by the students, recognizes a faculty member who has demonstrated exceptional sensitivity to student needs, excellence in classroom and clinical teaching, and inspirational ability as a role model.

SCHOOL ACTIVITIES

Sybil Palmer Bellos Lecture

Ingeborg G. Mauksch - picture taken by Randy Smith

Ingeborg G. Mauksch, Ph.D. was the guest speaker at the Sybil Palmer Bellos Lecture this spring which was held on April 14th. Her topic was "Tomorrow's Nurse on the American Health Care Scene".
Task Force Profiles Graduates

Hot from the computer: the first results from the study of recent YSN graduates conducted by the Evaluation Task Force of the School of Nursing.

YSN is often asked for information about graduates, by funding agencies, or government offices, or health planners or even prospective students, and until now we've never had any systematic data collection. The Evaluation Task Force, headed by Jane Dixon, Ph.D., Assistant Professor, designed a questionnaire to be mailed to alumnae of recent classes to collect data about career patterns, jobs, and other things. Over the summer of 1977, 208 questionnaires were mailed to graduates. The number of years of alumnae varied by program, as the Task Force chose the year that represented the beginning of the current program focus. Alumnae since 1967 were surveyed for the maternal-newborn program, 1972 for the pediatric nursing group, and 1971 for psychiatric/mental health and community health. (Medical/surgical nursing had just graduated its first class.) The return rate was 67% (139).

Ninety-nine percent of the respondents were female. The mean age was 32, with a range of 25 to 54. Sixty-two percent of the alumnae responding were married; 51 alumnae had produced 90 children, half of whom were preschool age. An additional seven alumnae volunteered that they were pregnant at the time of completing the questionnaire.

Respondents lived in 28 states, with the majority in the Northeast (59%). Fifty percent of the respondents were employed within two months after graduation. Most respondents found the type of job they wanted for their first job (77%), and those who did not feel it was because the type of job they wanted was not available in the geographic area in which they lived. Generally, the type of job accepted was in the area of YSN specialization (88%), primarily a clinical position (51), but secondarily a teaching position (27%), and primarily with employment in hospital settings for those with clinical jobs. YSN education was the most important reason for the first job, with geographic location second.

The 139 respondents had held a total of 308 jobs since graduation, and currently sixty-seven percent are employed full time with another nine percent working part time. Twenty percent of the respondents were still in their first job at the time of the survey. Table I shows the activities of the alumnae.

Fifteen respondents have pursued further education through doctoral or masters programs, and five indicated they had changed careers.

The 78 respondents involved in clinical practice spend an average of half their collective time in outpatient care, 20% in inpatient care and 25% of their time consulting on or supervising direct patient care. Twenty-six respondents have a caseload of patients for whom they are the principle health care provider. The average caseload is 322 patients, 75% of whom are followed on a continuing basis, with an average of 9.5 patients seen per day. The most frequent clinical services provided are health checks or screening, health maintenance, diagnosing and managing acute illness, and maternity care or family planning.

Of the 84 respondents who reported that they are currently teaching as part of their job, 54 hold academic appointments, and 21 hold joint appointments with a clinical agency and an academic institution. Nearly 75% of these respondents are affiliated with either a BSN or MSN program, and half are involved in inservice or continuing education.

Thirty-two respondents (23%) reported they are currently involved in research projects, with 25 of these respondents either principle investigator or co-investigator.

The 106 respondents who are currently employed either full or part time have a total of 163 bosses, 57% nurses, 36% physicians. Half of the people to whom the respondents are accountable are Directors or Associate Directors. Eighty-seven percent report that they are satisfied to very satisfied with their current position(s).

The gross annual income of the 104 employed respondents who reported it is about $17,750.

On the average, respondents are members of 2.7 professional organizations each, and 15% are officers. Twenty-nine respondents have contributed 78 publications, and 22 (16%) have received a total of 26 awards or honors.

More analysis of data will be done, and there will be later reports from the Task Force. Stay tuned!

M. Walker '74
D. Congdon
J. Dixon

Grant Supports Minority Recruitment

The School of Nursing has received a grant from the Division of Nursing, DHFW for a special project in recruitment and retention of disadvantaged students. The project, "Increasing Opportunities in Graduate Nursing Education" will pull together and extend the work of the school in recruitment of minority students. In addition, the project emphasizes development of teaching materials to bring multi-racial and multi-cultural material to students; preparation of bibliographical materials on race and culture and illness; tutorial or other assistance to students; studies of application patterns and admissions patterns.

The project was funded in March, 1978 for a three year period.

Project Director for the project is Sandra Nel-
son, Assistant Professor. Sandy has been on the faculty for several years in psychiatric nursing. She will move full time to the project, and additional staff will be appointed as well. Sandy graduated with the class of 1972.

American Lung Association Grant Award

Yale School of Nursing received a grant award from the American Lung Association in the amount of $25,000 to prepare clinical specialists in pulmonary nursing. The grant application was prepared by Dorothy L. Sexton, Chairperson of the Medical-Surgical Nursing Program.

American Lung Association Fellowship

The Nursing Fellowship Review Committee of the Professional Education Committee of the American Lung Association/American Thoracic Society has favorably considered Janet D'Agostino's application for a Fellowship in Respiratory Disease and an award has been granted for the 1978-79 school year.

ACNM Names Officers

Brenda Penner YSN '76, who has been a certified nurse-midwife at the University of Oregon Health Sciences Center (UOHSC) since January 1978, has been appointed treasurer of the American College of Nurse-Midwives.

Her appointment, by the college's executive board, for a two-year term came during the organization's national convention in May in Phoenix, Arizona. The college includes about 1,500 nurse-midwives in the United States, U.S. territories, and American-trained nurse-midwives overseas. She said there are about 15 certified nurse-midwives in Oregon.

Brenda has joined a large number of YSN alumnae and faculty members who are already working on both the national and local ACNM organizations. This listing may not be complete, but it is impressive to see how actively involved our faculty and alumnae nurse-midwives are in their field.

On the national scene: President of ACNM is Helen Burst '63; Treasurer, Brenda Penner '76; Regional Representative to Board, Sara Woolbert '75; Chairperson: Clinical Practice Committee, Anne M. Corrinet, faculty; Division of Approval, Charlotte Houde '72; Assistant Editor, Region I, ACNM Journal, Vicky Wirth '76; Interorganizational Committee, Region I, Sara Gottlieb '78; Professional Affairs Committee, Helen Swallow '75; Division of Examiners Testing Committee, Sarah Cohn '73; Helen Burgess, faculty; Education Committee, Helen Burgess, Lois Daniels '67; Legislation Committee, Pixie Elsberry '65; Local Connecticut Chapter Officers: President, Sarah Cohn '73; Vice president, Nancy Burton, faculty; Treasurer, Barbara Dobay '72; Secretary, Terry Stone, faculty.

Honor Society Is Reality

The ceremony on Sunday, May 7th inducting 77 members into the YSN Honor Society was the culmination of two years of dreaming, planning and work. This is the first stage in the process of petitioning for a Sigma Theta Tau chapter at Yale. The members and guests were greeted by Judy Shindul, chairperson of the Steering Committee, and by Judy Krauss, Assistant Dean of YSN, who introduced the speaker Eileen Callahan Hodgman '68. Eileen's address, Excellence in Nursing, is included elsewhere in this issue.

INDUCTEES

Nina Adams
Naomi Barber Ament
Susan Altschul
Anne R. Bavier
Saundra Bialos
William Bloul
Carol Bowen
Christina Burke
Judith Buckholder
Frances Kathleen Bushnell
R. Pendleton Camp
Mary Chaucer-Hatton
Mary Cadogan
Sarah Cohn
Clare Collins
John Collins
Diana Page Congdon

Mary Criqui
Margaret Jane Cushman
Anne D'Antuono
Patricia Dahme
Donna Diers
Constance Donovan
Martha Driessnack
Karen Duggan
Glady's M. Dykstra
Harriet Fellows
Virginia Difrocki
Anita Ward Finkelman
Kathleen Flynn
Carolyn Folland
Bernadette Forget
Carol Garant
Ruth Gee
One Out Of Eight (continued from page 8) our ability to achieve excellence in the future will be strengthened.

Our ability to achieve future excellence will depend, first, on our willingness to put our professionals in direct, sustained, contact with patients; and second, on our willingness to invest those practitioners with their rightful authority as nurses. In service institutions, this change is coming about through the implementation of primary nursing. But a change in the organizational model for delivering nursing services isn't enough. Decentralizing professional authority to the practitioner level only makes us acutely sensitive to the related problems we still must address. Look at the practitioner group whom we ask to exercise professional authority on a 24-hour basis. By and large, they are the youngest, least mature, least skilled, least educated, least politically sophisticated, and have the least knowledge of the total system within which they're expected to perform on a peer basis with other professionals. This is asking quite a bit of the newest members of the profession. Perhaps that's why they seem to get "burned out" so early.

That's why I look with a great deal of hope to new programs, such as Yale's, as strong links in the chain of excellence. I suspect that the graduates of this program will be older, will have had more life experiences to draw from, and will have made their career choice on an entirely different basis from most graduates of current baccalaureate programs. All of this, in my opinion, will lead to a much larger reservoir of professional ego strength from which these practitioners can draw in defending their right to nurse and their patient's right to be nursed. But this defense, which really amounts to wholesale education of large numbers of other professionals and even the public at large, won't occur through rhetoric directed only at each other. The autonomy and authority issues are fought out, and the independence of various practitioners negotiated and recognized, within the context of direct care activities. The patient deserves a mature, highly educated, experienced nursing professional delivering his direct care.

This has great implications for nursing education and for our present conceptions of appropriate roles for our advanced practitioners. As the body of knowledge within nursing gets larger and larger, and as the advances in medicine to which nursing must be responsive in order to nurse well continue to increase, we must stop deluding ourselves that we can prepare a practitioner with even beginning competence in clinical, management and research skills within a two year period, superimposed on a two year liberal arts base as we do in our current baccalaureate programs. The professional who nurses an acutely ill patient today can't afford to be a generalist, if that term even has meaning in our time. To achieve excellence in nursing in the future, we have to help nursing education conform to the reality of patient needs. Our current concept of the master's prepared clinical specialist as consultant is inadequate to defend patients' rights to be nursed. Patients need that specialized knowledge and skill in a direct, laying-on-of-hands experience, routinely, and they need it now. So I'm asking those of you who will graduate from Yale's new program, and all of the programs that prepare clinical specialists, to return to the side of the patient. I truly hope, if you'reconverged with nursing's achievement of excellence, that you won't find this unthinkable. I hope that you will become staff nurses and remain staff nurses.
after you graduate. There are many other changes that I believe would make us more confident of our ability to achieve excellence in nursing in the future. I can only mention them briefly. Among other things, we have to begin to reward excellence appropriately. This will mean that we'll have to stop rewarding our practitioners on the basis of tenacity in a position alone, or because they take on tasks formerly the prerogative of other professions, or because they move away from direct care. And, we need to explore why so many excellent nurses move away from direct care activities after two years or less. What can we offer them that will help them tolerate the emotional and physical drain, and the working hours that constitute nursing's greatest strength - of being the only professional group that has continuity in time with the patient?

How can we insure that our growing body of nurse practitioners, who want to practice nursing, will not instead be seduced by distorted visions of authority into becoming cheaper providers of medical care, with even less autonomy as nurses than they had before? I don't believe it will serve the cause of excellence in nursing to leap unthinkingly into health care gaps in such large numbers, when so many of our own practice gaps remain to be leapt into through research. We must be vigilant that we don't expand the nursing role at the expense of deepening it.

Even as nursing grows stronger, as it does daily, old dilemmas rear their heads and new dilemmas appear. But these are dilemmas that I'm confident will turn into solvable problems through the exercise of the creativity that Miss Henderson uses synonymously with excellence. In the meantime, Yale will continue, as it always has, to admit the "marginal" nurses who will become the culture-bearers for their generation and for those who come after. They will remain ten, or fifty, or five hundred out of very few in the whole world.

Bibliography

3. Ibid., p. 27.
5. Ibid., p. 91.

FACULTY NEWS

New Faculty

Mary Chaucer-Hatton YSN '78, Instructor/Clinical Nurse Midwife; Katherine Heinrich, Instructor/Psychiatric Nurse Clinical Specialist (M.S. Boston University); Helen Burgess, Assistant Professor, Nurse-Midwife (M.S. New York Medical College); Barbara Davies, Instructor, Maternal/Newborn Nursing (M.Sc.N. University of Toronto); Maureen Spivak, Instructor/Nurse-Midwife (M.P.H. Johns Hopkins); Mary Alice Johnson, Instructor/Nurse-Midwife (M.S.N. University of Illinois); Sara Gottlieb ('75), Instructor/Nurse-Midwife; Nadine Schwab, Lecturer/Pediatric Nurse Practitioner (M.P.H. Columbia University).

Faculty Changes

Charlotte Houde ('72) has joined Dr. Thomas Hansen in the private practice of obstetrics. Lois Daniels ('67) has also left the faculty to practice as a nurse midwife with a private group. Dorothy Maclennan ('52) resigned the chairmanship of the Pediatric Nursing Program, but will stay close to YSN in her role as AYA representative. Mimi Dye ('58 and '61) has left YSN to return to her beloved New Hampshire as clinical nurse specialist.

Doris Banchik ('74) has been appointed chairperson of the Psychiatric/Mental Health Nursing Program, effective July 1, 1978. Doris was formerly director of Psychiatric Nursing at Yale-New Haven Hospital.

Nancy Hedlund (Ph.D. Columbia University), chair-person of the Program in Nurse Research was promoted to assistant professor effective July 1. Other promotions (all to assistant professor) include: Doris Banchik, Diane Schilke Davis ('72), Susan Molde ('72), B.O. Sullivan ('76), Linda Goodhart ('76), Ruth Gee ('74), Derry Moritz (M.S.N. Boston College). Judy Krauss ('70) has been promoted from assistant to associate dean.

Medical-Surgical News

Anne Bavier, assistant professor, Medical-Surgical Nursing Program presented two papers: "Wisdom: The Pinnacle of Academic Excellence"; "Creativity in the Practice of Nursing" for Beta Omega Chapter, Sigma Theta Tau Northern Illinois University, DeKalb, Illinois. And in July, she again presented "Wisdom: The Pinnacle of Academic Excellence", and participated on a panel, "Disciplinary and Professional Degree Curriculum Programs and Opportunities", at the 4th International Conference on Improving University Teaching in Aachen, Germany.

Connie Donovan, Derry Ann Moritz, assistant professors of nursing, Medical-Surgical Nursing Program attended the Oncology Nursing Society Third Annual Convention in Washington, D.C. Connie also attended a Workshop on Bioethics and Public Policy offered by the Hastings Center from June 25-July 2, 1978. It was held at Sarah Lawrence College in Bronxville, New York.

Three faculty members from the Medical-Surgical Nursing Program presented papers at the Sigma Theta Tau Beta Chapter, Research Day at the University of Massachusetts in Amherst. Kay Flynn - "Cost-Effectiveness of Primary and Team Nursing"; Trisha Horvath - "Conflict and Consensus of the Nursing Role Among Professional Medical and Nursing Staff of a Hospital Intensive Care Unit"; Derry Ann Moritz - "Eating Patterns and Related Factors in Cancer Patients: A Preliminary Report of a Multi-Disciplinary Cross-Institutional, Long-Range Study-in-Progress".

Requests for Transcripts may be sent to Student Affairs Office Yale School of Nursing, 855 Howard Avenue, New Haven, Conn. 06510. Cost per copy is $2.00.
ALUMNAE NEWS

Meet Your New President

Penny Camp was elected to a two year term as president of the Yale University School of Nursing Alumnae Association this Spring, and took over her job on July 1st. Penny earned her BSN from the University of Kansas in 1954. While she was working at the Topeka State Hospital from 1955-57, two Yale nursing students came to work as part of their psychiatric experience, and she became particularly interested in the YSN program because of them.

Penny came to YSN and received her MSN degree in Psychiatric Nursing in 1957 and then returned to the University of Kansas to teach psychiatric nursing. Since then she has been director of Yale Psychiatric Institute in New Haven, a planner and developer of the baccalaureate nursing program at Western Connecticut State College, and has been assistant professor of nursing at Southern Connecticut State College for the past three and a half years. She also is an attending consultant at the West Haven V.A. Hospital working with groups of staff nurses and head nurses.

Working with Penny on the Alumnae Board this next year are: Tony Mascia ('74), vice president; Mary Jane Kennedy ('68), secretary; Beth Fitzpatrick ('67), treasurer; and board members: Susan Altshul ('69), Alice Fahrquar ('75), Shirley Greenwald ('53), Marian Murray ('74), Anna Ryle ('33), and Barbara Pratt ('56) chairman of the nominating committee.

About Alumnae College '78

Critical thinking in nursing and creativity in nursing are challenging topics for any group of nurses to undertake discussion about. The Alumnae College of 1978 accepted this type of challenge as it attempted to develop a program which would promote the analytical discussion of critical thinking in nursing and promotion of creativity in nursing. Those of us who attended this year's College felt this challenge was met as the excellent speakers provided an information background for very lively large-group and small-group discussion around these issues. Also we had the opportunity to view some of the creativity that is going on within nursing today. I would hope that the feeling and energy developed during this Alumnae College would carry us as we all return to our individual areas of practice and service.

I would like to thank the Alumnae College Planning Committee and the Executive Committee of the Alumnae Association for their support and participation in the development of this year's program. For our speakers, my appreciation and thanks for their excellent contributions to making this Alumnae College the success that it was. And an extra special thank you to Mary Colwell for her leadership, organization, and support in the development and conduct of this College. Thank you.

- Your Alumnae College Chairman
John E. Collins '72

25th Reunion Class

"AFTER 25 YEARS - SHE REALLY HASN'T CHANGED" except for the better! Eighteen of the 45 basic program graduates of the class of 1953 managed to come back. June Christman Horning summed it up after our last get-together, saying, "I feel like I've been on a high!" (Some comment coming from you, June!) But we all felt that way. Seeing each other, (and we all recognized one another without introductions or name pins), answered some nagging doubts as to whether it was worth the trip. The years melted away, helped somewhat by the excellent newsletters the class has managed every few years. We came from all corners of the United States: California, Washington State, Colorado, Wisconsin, Michigan, two from Pennsylvania, North Carolina, Florida, Upper New York State, two from New York City, five from Connecticut, Maine, New Jersey and on Saturday afternoon we saw two more local alums. Several of us brought, or came along with, our husbands, and Nan Barber Ament even combined the trip into a college-inspection tour complete with S.A.T.'s taken by her daughter in New Haven. Such planning ahead: Helen Bennett Crowell spied some former faculty member and remarked what excellence was stressed in our days at Y.S.N. Connie Callahan Hornickel got a personally guided tour into New Haven from the airport with Dorothy Maclennan who had come to pick up Kit Nuckolls. Sorry Kit missed that flight, guess who locked out?

We were impressed with Dean Diers in person, having already been impressed with her on paper. The faculty and staff she has with her speak of an ongoing program, even better than when we were there. The new building is great, finished on time and under budget. We've kept it a secret too long that the gentler sex can spend less money and end up with a super project. A spontaneous greeting and praise from a current male student did much to convince the gathered alums that this was a for-real institution of higher learning. We were thrilled by the Rocky Road to Remission board game and independent film on Cancer which was presented Friday afternoon. Attending the Alumnae Banquet was fun and sentimental hearing from classes even more ancient than we were:

Some random snatches of conversation heard in the hallways: "She looks just the same, but she's thinner!", "I can still smell the formaldehyde in Sterling Medical Corridors," "I can't tell one class picture from another, we all look so young and inexperienced." "Is that where Nathan Smith was? At least they didn't take the Green away, I can still find Yale College", and on and on.

Transportation was planned so that everyone had a ride to meals, airports, and bus stations. The committee thought of everything and deserve a hand - Jeanne Picirillo, Jeanne Benninghoff, Shirley Edwards and Jane Mauro. Mimi and Jim Neiderman graciously opened their lovely home in Bethany for our farewell luncheon. Amid all the laughter of remembered experiences were a few tears. To Jeanne Benninghoff, it seemed like graduation (she wasn't there in '53, she was honeymooning in Bermuda). We did not say goodbye, just plan to return for our 30th! Thanks to all the folks at 855 Howard Avenue for helping make our 25th something to remember for the next quarter century! Good luck!" Sincerely,

- Connie Hornickel

A "Changing of the Guard—"

For 11 years Janet Sanborn Hine '47W has headed the Alumnae Fund for the Yale School of Nursing. Along with a group of dedicated class agents, she has been responsible for raising those dollars each year which make all the difference in providing a
margin of excellence at YSN. In 1975 in recognition of her outstanding service to the School, Janet was awarded YSN's Distinguished Alumna Award. Her citation read in part: "Her name on the letterhead, her signature on letters, her consistent presence, and her convincing words are only the beginning of the evidence of her contributions to the School of Nursing. A capacity for sharing her time and effort behind the scenes, a quiet sense of humor, a sincere interest in others, and unusual energy and endurance with those with whom she works and to whom she offers encouragement, combine with new ideas, inspiration and leadership to achieve progressively higher goals on the School's behalf."

This Fall, Janet will be succeeded by Marion Thompson Gates '48 as chairperson of the Alumnae Fund. Marion lives in Terre Haute, Indiana. Along with her husband Edward, who is a professor at the University of Indiana, she has returned regularly to YSN for Alumnae College and Alumnae Day. She understands the School and its needs, and has been a very effective Class Agent. She is thoughtful, decisive, and conscientious. We are delighted that she is teaching nursing in nearby Long Beach, and with two others, runs a health clinic for the elderly.

Carole Ann McKenzie, R.N., C.N.M., M.S.N. '73, Assistant Professor of Nursing and Director of Continuing Education at The University of Texas Health Science Center at Houston School of Nursing, and Sarah D. Cohn, R.N., C.N.M., M.S.N. '73, Nurse-Midwife at Yale University Health Service and Lecturer at Yale University School of Nursing, are editors of a new Journal, "Issues in Health Care of Women". The magazine, published by McGraw Hill, will be issued six times a year.

New Journal Editors

Carole Ann McKenzie, R.N., C.N.M., M.S.N. '73, Assistant Professor of Nursing and Director of Continuing Education at The University of Texas Health Science Center at Houston School of Nursing, and Sarah D. Cohn, R.N., C.N.M., M.S.N. '73, Nurse-Midwife at Yale University Health Service and Lecturer at Yale University School of Nursing, are editors of a new Journal, "Issues in Health Care of Women". The magazine, published by McGraw Hill, will be issued six times a year.

Class News

Ruth Kirkpatrick ('36) could not attend alumnae weekend - going to Alaska.

Dr. Katherine B. Nuckolls ('41), adjunct professor in the UNC-CH School of Nursing and Western Carolina University, has been named professor and chairperson of primary care in the School of Nursing at the University of North Carolina at Chapel Hill, which includes both graduate and undergraduate programs.

Mathilde Haga ('46W) could not attend alumnae weekend - she was in Norway.

Vivian Sucher ('46W) involved in geriatric nurse practitioner program at California State University, Long Beach, and with two others, runs a health clinic for the elderly.

LaVerne Fakkema Elliott ('54) and her husband, who has retired from dentistry, run a grocery store learning about country life - have own vegetable garden - she is teaching nursing in nearby Community College.

Rhetaugh Dumas ('61) is now Deputy Director, Division of Training, NMMH.

Angela McBride ('64) about to take a position on the faculty of the University of Indiana School of Nursing, in charge of developing a doctoral program there. She finished her dissertation and Ph.D. at Purdue in July.

Virginia G. Kinnick ('67) presented "How to Start Expectant Parent Classes in a Small Community" at the Chautauqua '78 Symposium.

Barbara Geach ('69) promoted to Associate Editor of Nursing Outlook, effective July 1.

Sherry Shamansky ('69) moving to Seattle for new job as Assistant Professor in School of Nursing at University of Washington. She received her doctoral degree in public health from Yale at commencement in May.

Seen at ANA convention: Anna Pearl Rains ('64); Doris Robertson ('44); Louise Greenlaw ('53); Madelon O'Rowe Amenta ('57) - she is now on the faculty of University of Pittsburgh School of Nursing, finishing doctoral work in epidemiology; Marilyn Schmidt ('70); Doris Bloch ('54); Janet Hine ('47W); Tina DiMaggio ('47); Eleanor Gill ('38); Tony Mascia ('74); Jean Johnson ('65); Ruth Burton ('72); John Collins ('72).

Maureen O'Keefe Doran ('71) also lectured at Chautauqua '78 on the subjects "Nursing Approach to the Treatment of Drug Addiction" and "Sexual Dysfunction: Etiology and Therapy".

Susan Caghan ('72), Assistant Professor Pediatric Nursing Program at YSN was awarded a Distinguished Alumnae Award from American University at their May 13, 1978 Honors Convocation.

Carol Garant ('73) has been working since 1974 as a Psychiatric Liaison Nurse at the New England Deaconess Hospital. Carol also reports that she has been a grass roots organizer of a political group "Nurses United for the Reimbursement of Services" and will start part time doctoral studies this fall at Brandeis University.

Kathleen Tauer ('73) has moved to Richmond, Va. and is on the nursing faculty of Medical College of Virginia.

Phil Gower (Brother Thomas) ('74) - "I'm freer now to have outside appointments, but can not attend alumnae weekend. Have just been nominated to be treasurer of District #11 NYSNA, also joined ANA Council for Psychiatric Nurses."

Peg Cushman ('76) is the new director of VNA in Waterbury, Conn.

Wendy Gerol ('77) writes from Chicago that she enjoys her job teaching at Rush and functioning as a PNP at a small family practice clinic.

Shirley Girouard ('77) prepared an article: "The role of the clinical specialist as change agent: an experiment in preoperative teaching", which was published in the May-June, 1978 issue of International Journal of Nursing Studies. The article is based on Shirley's master's thesis.

Births


Carol Lasater Howe ('74), son, Michael Joseph born March 9, 1978.

In Memoriam

Miss Helen Clarke died Friday, August 4th in West Haven at the age of 93. She was a retired registered nurse and worked as an instructor and registrar at YSN from 1923-1953, so she knew a great many Yale Nurses! She leaves a niece, Mrs. Kathryn Dillman of 50 Milton Avenue, West Haven, Conn.
A Letter To Alumnae

In addition to savoring the delights of a New England Spring many of us at YSN face the not always pleasant task of finding employment following graduation. Many of you who read the Yale Nurse are either directly involved in the hiring of nurses or are otherwise aware of job openings that might be of interest to those of us who are graduating. One of the benefits of attending a school like Yale is the opportunity to make contact with people who are in leadership roles within their profession. YSN Alumnae can be of great service to current students by simply forwarding information on employment opportunities to the School. Student government is attempting to establish a comprehensive listing of current job openings in all areas of nursing. Please send all relevant information to David Johnson, c/o YSN Class of 1980.

Graduation

Commencement Day, May 22nd, was bright and beautiful (as usual). Following the Program on the Old Campus, the class of 1978 YSN had its own ceremony under a tent outside the building at 855 Howard Avenue. Donna Diers and Judy Krauss awarded the diplomas to the 52 students, the largest class to graduate since 1957. Eleven of these graduates had completed the three-year program.

Beth Goldberg was chosen by the class members to be the Class Marshal for the Commencement procession, and was given the Gower Award. This $50 gift for the class marshal was established by Bro. P.E. Thomas Gower '74, and in addition is given the use of the cap, gown and hood needed for the graduation ceremonies. The Andrew R. Veckerelli Prize was awarded to Anne LeDell-Hong, and the Annie W. Goodrich Award presented by the students to Cornelia Porter, the faculty member chosen by the students to be one who had demonstrated exceptional sensitivity to student needs, excellence in classroom and clinical teaching, and inspirational ability as a role model.

Runner Defeats Semester Crunch

Nurse-Midwifery Student Completes Boston Marathon

Richard F. Jennings
MSN Candidate '79 in MNN

When my Philadelphia friends approached me last August with the idea of a group of us training for the 1978 Boston Marathon, I had my doubts. First of all, I would be leaving shortly for New Haven to attend YSN and would have to train alone. Secondly, the demands of the midwifery program were an unknown factor and I wasn't sure that I would have the time. Finally, the question of whether the rigors of training would match the rewards of the accomplishment was unanswered for me.

I accepted the challenge after deciding that the regular running would be a helpful distraction from the demands of graduate school. I have always felt that good health and physical condition were essential components of being a productive student. I saw this commitment essentially as a form of graduate school therapy and as a way to have a unique experience with my friends.

During the fall semester, I gradually built up from 20 minutes of running every other day to 30 minutes each day. My first goal was to avoid injury.

The second semester demanded a sharp increase in running time from 30 minutes a day to an average of over 60 minutes a day throughout March. The demands on my time due to increased clinical hours made these goals unrealistic. I continued to run daily but found it difficult to find more than 30 minutes a day. I thought my Boston aspirations were doomed.

The weekend of March 17th I visited and ran with my friends. As we finished 15 miles I discovered that I was almost even with their training level. The night before the race I visited and ran with my friends. As we finished 15 miles I discovered that I was almost even with their training level.

I spent the night before the race in Hopkinton with my friends. Arriving in Hopkinton about two hours before the race, we were met by several friends who came to cheer us on. Among them were Karen White (YSN '78), my wife, Kathy, and my two sons, Chris and Josh. How they ever found us among the 7,000 starting runners, I'll never know!

The race began with each of us optimistic but full of doubts as to how fast to run, how much to drink, can we all stay together and can we finish. Four of us ran together for the first 19 miles of the course that was lined from beginning to end with crowds of friendly well wishers.

Judy Shindul and Beth Goldberg
My brother and I accelerated for the last six or seven miles and finished in three hours and twenty minutes. Everyone of the six of us reached our goal of breaking three and one half hours. Finishing the 26 mile race within my goal gave me a great sense of accomplishment. I'm sure that I felt as proud as Bill Rodgers who had won the race. Despite the fact that over seven thousand people finished that day, I felt that I had done something unique.

I had expected to be exhilarated by the experience and to thoroughly enjoy the time spent with my friends, but I had no anticipation of the after-effects. I experienced a sense of inner calm and security. It could almost be called a feeling of invincibility. The pressures and anxieties which the end of a semester bring did not touch me.

I can recommend marathon training for anyone in graduate school who is so inclined. It serves as a good outlet for the pressures of school and has its own very unique rewards.

YALE MEDICAL CENTER NEWS

Public Health Agency Representatives

Members of the Yale-New Haven Medical Center family are well represented on several local and regional health agency panels. Heading the list is Yale Nursing School Dean Donna Diers, secretary of the Health Systems Agency of South Central Connecticut executive committee.

Other HSA members include Marilyn Beach, director of Discharge Planning and Home Care and YSN faculty member, chairperson of the Plan Development Committee; John Thompson, professor in the Department of Epidemiology and Public Health, chairman of the Data Committee; Courtland Seymour Wilson, assistant director of Personnel, Equal Employment Opportunity, vice-chairman of the Review and Evaluation Committee; Fred Hyde, vice president for Planning, a member of the governing body; Orvan Hess, M.D., an obstetrician and gynecologist, governing body member; Louis J. Kaplan, assistant dean for Community and Government Relations, Yale School of Medicine, member of the governing board, and Richard Granger, M.D., Yale Child Study Center, on the executive committee. Robert Mullin, M.D., head of Patient Care Studies, is a member of the Professional Standards Review Organization’s governing committee.

Thompson Awarded CLHA Honor

John D. Thompson, professor of Public Health and chief of the Division of Health Services Administration in the Department of Epidemiology at the Yale School of Medicine, was awarded one of three honorary memberships at the Connecticut Hospital Association’s 60th annual meeting Wednesday, June 21.

In Mr. Thompson's citation, the Association said: “He has served as a friend and advisor to many Association members and participated in community activities with the same enthusiasm and diligence that he has brought to his professional activities. His incisive and learned analysis of issues and problems affecting health care services has produced a valuable body of thought and research which is the basis for many of the improvements in hospital operations.

YSN—YNHH Collaborate in Survey

In collaboration with the nursing staff at Yale-New Haven Hospital, Nancy Hedlund, Chairman of Nursing Research Program at the Yale School of Nursing, designed a survey study to find out the perceived importance of certain aspects of the environment to patients. Approximately 60 students, enrolled in the Research Methods Course at the Yale School of Nursing will conduct the interviews on the outpatient and inpatient units of medicine, surgery, pediatrics and obstetrics, as well as non-hospitalized persons. Beginning April 25th a total of 550 interviews will be conducted. The study has been approved by the Human Subjects Research Review Committee and a verbal consent procedure will be used prior to conducting the interviews. Patients will be selected in cooperation with the Head Nurse and determined by the patient’s level of wellness to participate in a 30 minute interview.