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Clients awaiting radiation at Miraj Medical Center in India

CULTURAL DIVERSITY IN NURSING PRACTICE

Nurse Exchange Program to Latvia
Adventures in England
India
This year marks the 70th anniversary of YSN. It is a year of serious assessment and change for our nation, indeed for the world. This issue of the Yale Nurse gives testimony to the common wisdom that the world is rapidly becoming a smaller place — and that no matter where you go you can always find a Yale nurse! There is no doubt that rapid advancement in technology has made it possible for us to take a world-view of health care as we all participate in the reform of our national health care system.

As I write this column, Donna Diers, the Annie W. Goodrich Professor of Nursing, is in Australia providing major consultation on reform of nursing services. Ann Williams, Associate Professor, will soon leave for Poland where she will consult about solutions to the AIDS crisis. Two of our students (who shall remain unnamed because the announcement is not yet official) are about to be awarded Downs Fellowships to support summer research in Africa. And, several of our alumnae/i featured in this issue have been engaged in health-related ventures in England, India, and Latvia.

Meanwhile, back at the ranch, YSN faculty and alumnae/i are taking significant roles in advising the Clinton Health Care Reform Task Force. Margaret Grey (YSN '76) was one of only 30 nurse experts invited to Washington, D.C. to meet with Hillary Clinton and members of the Task Force concerning the needs for national health care reform. I have just finished a major position paper for the American Nurses Association which addresses the needs for mental health care reform in this country. That paper will go to the Clinton Task Force. And, on April 19th, I will join an interdisciplinary group to address the National Governors Conference on primary health care reform — there is a chance that the morning plenary session will be televised, so you may want to watch your TV listings.

As you well know, YSN went through its own serious assessment and is in the midst of several changes, the most significant of which include the new DNSc program and the Nursing Systems and Policy program, as well as serious budgetary refinements and fine tuning of our existing programs. With these changes, we were definitely ahead of the curve and are well positioned to prepare the next generation of leaders for a reformed health care system.

We will officially launch our five year campaign at this year’s Alumnae/i Weekend. The campaign will culminate on the occasion of YSN’s 75th anniversary — a real milestone. I can think of no better climate than this in which to launch a capital campaign. Reform is in the air. The nation and the world need nursing leadership to create a better health care system. The Yale School of Nursing has been in the business of producing nurse leaders for seventy years. Capital means assets, resources, and money; but, it also means first-rate, first-class, unequalled, preeminent — all terms that are synonymous with the Yale School of Nursing. I know you will give your best to assure the permanence of our preeminence at Yale, in the nation, and around the world.
CULTURAL DIVERSITY IN NURSING PRACTICE
Linda Demas '89

This year, 1993, the School of Nursing celebrates its 70th Anniversary. From the beginning, Yale nurses have practiced as innovators, in the thick of things, in culturally diverse settings in the US and in foreign arenas. The Alumnae Bulletin, Vol. III, No. 4, 1949, provides this excerpt:

For twenty-five years graduate nurses have gone out from the School to work in small and large communities throughout the United States and the world. Many have been the tales that have come back. In a review of present fields of service one finds, in addition to the more usual positions, such connections as the following, to mention a few: sanatorium nurse in Alaska; consultant in maternal and child hygiene in the Department of Health in Canada; state supervisor of public health nursing in Santiago, Chile; superintendent of nurses, Hsiang-Ya Nursing School, Changsa, China; public health nurse, displaced persons camps, Austria; Captain, Army Nurse Corps ... Guam; Vice Principal, College of Nursing, University of Delhi, India; instructor and supervisor, public health nursing, military government, Okinawa; staff nurse, Dunedin, New Zealand; superintendent of nurses and textbook translator, Gaziantep, Turkey.


Certain to bring a smile to all is Drusilla Poole's ('47) journey to China. Drusilla wrote, "How would you like to travel to China with Mrs. Chase as a companion? I did just that." She was accompanied by Mrs. Chase and because the latter was too large for a trunk, she travelled in style in a casket! Drusilla was to teach in the School of Nursing at the Yale-in-China Hospital in Changsa, the largest nursing school in China. Another alumna, Edna Hutchinson '35, also found adventure in Changsa as Dean of the same School of Nursing. She chronicled her years as an idealistic nurse in this war-torn country in the fascinating book, A Path of Many Windings, QED Press, June, 1989.

A perusal of several Class News columns in recent issues of Yale Nurse verifies that many alumnae/i are currently practicing or have practiced in culturally diverse settings - June Horning '53 as a nurse educator in Zambia; Joan Cost Lester '67 with the American Red Cross in Italy; Mary Lee Mantz '69 developing a BSN curriculum in Uganda; Ann "Betsy" Greig '79 with refugees in Thailand and as a travelling FNP in India; Ann Williams '81 in her...

Effie Jane Taylor (I) with friend on board the M.V. Britannic
work with the World AIDS Foundation in Poland; Karen Herold-Fahey '82 as a pharmaceutical research associate in Europe; Sylvia Metzler '84 with the Brethren Volunteer Service in Nicaragua and with migrant workers in Pennsylvania; Doug Brown '87 with migrant farm workers in Washington; Susan Lamar '88 and Debbie Price '90 with the Indian Health Service; Hemsley Stewart '90 with education, AIDS counseling, and substance abuse work in Jamaica; and Terri Friend '91 with diabetes research with the Oglala Lakota Sioux Indians – to name a few.

In the following feature, three alums graciously share culturally diverse practice experiences that continue to shape their lives both personally and professionally. Karina Courtmanche '88 participated in a Nurse Exchange Program to Latvia in the summer of 1992. In Riga she presented an ambitious program of nine lectures in her field of psychiatric nursing, and also fulfilled a personal mission as well, that of returning home to the country her family fled when she was two weeks old and of visiting the places her mother had told stories about during Karina’s childhood. Maridel Johnson ’83 has recently been a Lecturer on the nursing faculty at Manchester University, Manchester, England where she and husband Keith have been living. She shares her impressions of the British system of nursing education.

One way of thinking about culturally diverse experiences is by the length of time spent, intensity of immersion in the culture, and degree of similar belief system to one’s own culture. Karina participated in a three week exchange program in her native land; Maridel will have spent a year in a western country, but one with a different cultural heritage; and Beth Anderson ’92 spent eight weeks in India immersed in a culture that perceives health and the delivery of health care through values and beliefs far different from our own. In order to earn a PhD cultural anthropologists are required to complete two years of field work. Studies have shown that the field work progresses through four predictable stages: excitement and enthusiasm, disenchancement, introspection, and acceptance and appreciation. Like an experienced field worker, Beth kept a daily journal and as you read excerpts from that journal, you will see, that while brief in duration, the progressive steps emerge from her writing.

CULTURAL DIVERSITY...

Nurse Exchange Program to Latvia

Karina Courtmanche ’88

My trip to the Baltic Republics sponsored by the Keggi Orthopedics Foundation Nurse Exchange Program began with an eight hour plane ride from Newark via Copenhagen, Denmark to my destination, Riga, Latvia.

Because of the numerous requests from the Latvian nurses, hospitals, and administrators for our time and lectures, my colleague, Zinta Kulits, a retired medical-surgical nursing school administrator born in Latvia, and I, as well as our hosts, Iveta Stepste, chief nurse of the Republic of Latvia, Gita Runjuniece, representative of the Ministry of Health and Dr. George Ritovs from the Gailezers Medical Society, decided to focus our time and energies in Latvia and forego our intended excursions into the other Baltic Republics of Lithuania and Estonia. Our mission was to assess the medical facilities in Riga, Latvia and provide educational lectures about the nursing profession and nursing care in the US to the health care providers in the facilities, as well as to provide smaller personal contact sessions for questions and discussion. English lessons were interspersed in our discussions.

My agenda was to visit and give lectures in psychiatric hospitals and smaller provincial hospitals in Latvia. Thus, I visited three psychiatric hospitals in Riga, Yelgava, and Liepaja. I also visited provincial medical hospitals in Aizputes, Yelgava, and Liepaja. I learned that I was the first psychiatric nurse to visit any of the hospitals including Riga. I was also the first exchange nurse to visit the hospitals outside of Riga since visiting nurses usually limited themselves to Riga hospitals. I asked to attend walking rounds with the psychiatrists and be allowed to talk to the patients and the tour staff nurses. I was very well received. The medical administrators, head nurses, staff nurses, and educators were very gracious and welcoming with teas, flowers, gifts, and thought provoking questions. I found them very eager and enthusiastic to hear about our work and lives in the US, especially about our professional status, our nursing education, level of responsibility, and autonomy. They expressed surprise at the United States nurses’ level of responsibility and autono-
my and at how hard we worked. In Latvia the level of education is two years, the nurses receive a certificate, and have no licensing or testing procedure. The nurses work completely under the direction of the physician with no independent responsibility or autonomy. Their work week consists of thirty-five hours and four to six weeks of vacation in the summer when wards are often completely closed down. There are fewer patients in the summer as well because patients usually tend their gardens rather than be admitted. The medical personnel envied our advanced technology and our salaries, but agreed we earned them. The average doctor in Latvia earns 4,000 rubles per month which is the equivalent of $80.00. A nurse earns basically the same salary as a physician. In the hospitals I found antiquated equipment and supplies with no disposable medical materials including syringes. The nurses sterilize glass syringes by hand, as well as cut and make gauze bandages. The physical plants were antiquated. There are a few new hospitals but most work has been stopped because of the lack of materials. The hospitals are generally old with poor lighting and variable hot water supplies due to the shortage of fuel. There is a lack of advanced technology, a lack of medications (very few antibiotics, antipsychotic meds, antidepressants, anticonvulsants, tranquillizers, analgesics, narcotics, and anesthesia). There have been Humanitarian Aid contributions, mostly from Europe, of tegretal, pamelor, lithium carbonate, valium and thorazine, but many drugs do not reach their destination having been intercepted by speculators who get rich on selling them in the “black market.”

Because of the lack of medications, creative ways have been devised to treat patients. “Fasting therapy” is a nutritional method used to treat psychiatric illnesses such as depression, psychosis, epilepsy and obesity and other medical problems. This therapy includes use of herbs, teas, and spices in the diet with careful monitoring of electrolytes and other bloodwork. It lasts for two to three weeks. Electro-convulsant therapy is used extensively for refractory depressions and psychosis. Because of the lack of anesthesia, only muscle relaxants are given to the patients prior to ECT treatments. “Aversion therapy” is used to treat the rampant alcoholism in the population. This involves group induced vomiting. Alcoholics Anonymous has recently been introduced but minimally used at this time by the patients. Drug abuse is unusual because of lack of funds for buying street drugs. The authorities admit to only six known cases of AIDS. HIV testing is not prevalent and there are no universal precautions in use in any of the hospitals. There is a severe shortage of soap, hot water, and disposable gloves. The AIDS cases are isolated and treated with AZT when it is available or with
treatments for the opportunistic diseases such as pneumocystic pneumonia.

Basically there is no prophylactic medicine and little outpatient follow-up because of poor resources and even less medication in outside pharmacies. There are a few polyclinics (various outpatient clinics) in the larger cities, consequently, more patients come to the hospitals as inpatients and they stay longer with less acute illnesses. Most of the hospitals, including psychiatric hospitals, have large wards of nine to 20 beds—little white cots with no side rails in any hospital including intensive care, postoperative recovery room and geriatric wards—and few nursing staff. In the average medical hospital there are 40 patients to one nurse; in a psychiatric hospital 80 patients to every nurse. With the exception of newborn care, there is no means of identifying patients since ID bracelets are not used in Latvian hospitals.

In the psychiatric hospitals, conditions have improved. The 20 or so beds in the wards used to be double decker bunk beds until recently. Many of the "adjustment disorder patients" who opposed communism have been discharged so the psychiatric population has diminished somewhat. All are reluctant to discuss these "political" patients. The care in the psychiatric hospitals is custodial. There are no groups and no organized activities. The patients who are restricted to the wards either lie on their beds or mill about in the dark hallways. There are no activity rooms or lounges. All the patients were in hospital issued pajamas, even the ones whose improved condition warranted their own clothes, because there are no facilities in the hospital to do laundry. All laundry has to be sent out to the central city laundry. The unrestricted patients were able to go outside in pajamas and walk around on the hospital campus, go fishing in the hospital pond, and care for the numerous cats and dogs adopted by the hospital staff and patients. The cats are a necessity to keep down the rodent population in these old cities and hospitals where there is no extermination process other than the natural one using cats. These felines roam relatively freely in the wards and interact with the patients who find them enjoyable—our "pet therapy." For disruptive patients, isolation and fourpoint restraints are used but patients are not monitored as closely as here in the States. Most of the hospitals, including the medical hospitals, have liberal visiting hours so family members come in to help care for the patients, often bringing in food, since meals are generally poor in the hospitals. Patients are also encouraged to help each other and they generally do. I must add that although there is much poverty and need in the hospitals, I found the staff very caring and humanitarian; the patients really cared for and clean. The patient wards were bright and airy with large windows with lace curtains the staff brought in. The cots had bright spreads on them and the staff and families had brought in flowers from their gardens to cheer and brighten. The many patients I talked to expressed satisfaction with the hospital care and stated they came back willingly and readily. The complaint that was expressed most by patients was that there were no medications when discharged and little follow-up which is why they became ill again and needed to return to the hospital.

The nursing education system is being revamped. At this time there are nine nursing schools in Latvia, five of which are in Riga. All of these schools are two year schools taught by, not nurses, but physicians. Psychiatry is not taught in nursing schools at all. The requirements for entry vary and the curriculum is not standard. There is no national test nor is there a licensing process or continuing education requirement for graduate nurses. Currently, the chief nurse, Ivetta Stepite, is working on standardizing nursing education curriculum, and establishing nursing care standards and a philosophy of nursing. She wants to establish a national test and licensing procedure. Expanding the nursing curriculum to include psychiatric training in nursing schools is also on her agenda. Ms. Stepite is looking for and training nurse educators to replace the physicians who now teach nurses in schools. The thought is to develop the nursing profession in Latvia to be more independent with more responsibility and autonomy through education.

A brief word about the social climate during my trip and my assessment of health care facilities in Latvia. Politically, Latvia, along with Lithuania and Estonia, became an independent republic one year ago. It is in turmoil and transition at this time with a provisional democratic government. There are few laws and much uncertainty. There are also 200,000 Russian soldiers still in Latvia, a remnant of the communist occupation of 40 years duration. They are not willing to leave. Economically, the country is bankrupt and drained by this occupation. The land and houses confiscated forty years ago by Russians are being returned to rightful Latvian owners but are in terrible disrepair from neglect. Money is scarce and fluctuates daily as prices are rising and wages stay the same. There is little or no industry, much unemployment, and little resources or money to rebuild and reorganize. Latvia is an agricultural country which has been neglected. Veterinary supplies and medication are almost nonexistent. The drought this year in Eastern Europe is causing crops to fail so the winter looks particularly bleak in Latvia. Socially there is much resentment toward the predominately Russian population—70% Russians to 30% Latvians—as the Latvians try to regain their culture and country from the Russians. The Latvian language is now the national language and many of the Russians do not speak it, including doctors and nurses. They have been given a
mandate by the Latvian government and a time frame to learn the language and pass a test or lose their jobs. Streets and stores are now being called by their previous Latvian names. There is an emphasis on learning English in school. Churches are being reclaimed as churches after having been forced into serving as concert halls and cafes. People are returning to the church and religion, and are being baptized. The cities and countryside are shabby but very clean. The streets in the cities and towns are swept twice daily with handbrooms.

In conclusion, I like to compare Latvia to a beautiful, elegant old lady. The beauty of long ago is apparent. The structure of the land and cities, like the bone structure of the lady, is beautiful but it is covered by the wrinkles, not of time, but of neglect. Latvia desperately needs a facelift. Help is coming from Europe and much renovation is going on in Riga, Liepaja and the rest of Latvia. Much needs to be done.

CULTURAL DIVERSITY . . .
Adventures in England
Maridel Johnson '83

Keith and I moved to Manchester in the north of England in the Spring of 1991 as a result of a job transfer with his company. That move was the beginning of a once in a lifetime experience as ex-pats in a foreign country whose inhabitants speak English and are most gracious in their hospitality.

I had no difficulty in obtaining a UK nursing registration after submitting the required documents. An MSN from Yale and teaching experience on my CV opened the door to the Department of Nursing at Manchester for me and I have been on the faculty as Lecturer since December, 1991.

Manchester University has one of the 15 baccalaureate nursing schools in the UK; the majority of nursing students are "trained" in nursing colleges directly connected to hospitals. These three year basic programs are conducted on the apprentice system in which the student gains clinical experience.

Preparing a patient (center) for discharge with Maridel (far right)
on the ward under the supervision of a qualified nurse. The program at Manchester is similar in many aspects to the degree courses in the US. Lecturers teach in the classrooms, as well as instruct the students in the clinical areas. However, the students here have much more community nursing experience and have a choice of two of the three options of District Nursing, Community Psychiatric Nursing, or Health Visiting in the fourth year. A new curriculum introduced last year also includes Care of the Elderly as another option. We have no counterpart in the US to the role of Health Visitor. These specialist nurses are employed by the Health Authorities (county health departments) and their role is in screening, health teaching, and determining populations at risk for health problems. The National Health Service (NHS) provides extensive community health services and I feel quite strongly that the US could take a lesson from the Brits in this area of health care delivery. I have had the opportunity to teach in the first, second, and third year modules. The subjects include medical and surgical nursing, care of the elderly, and nursing management. One of the aspects of nursing education I have had to come to terms with is that students are taught very little physical assessment. Physical assessment is considered to be the physicians’ domain and nurses use a stethoscope only to monitor blood pressure. I have had many happy hours in discussion with my colleagues here about the differences in concepts and scope of nursing practice in our two countries. Whilst nursing models such as Orem and Roy are heartily embraced, “nursing diagnoses” are eschewed by most educators and practitioners. The delivery of care utilizing the philosophy of primary nursing is being explored and is being implemented in a modified manner in some area hospital wards. My colleagues have been wonderful in every way and I know that I will keep in touch with several friends I have made. The students have been “brilliant,” an adjective used to describe something very desirable and pleasant and wonderful! Travels with Keith in England and Europe have been an adventure beyond my wildest dreams. One of the great advantages of living in a foreign country is learning about people and culture. Of special interest to us are the amazing cathedrals in England and France dating from the 11th and 12th Centuries. They are visible historical evidence of the culture, art, religion, and architecture of these countries – monuments to the human spirit that never cease to be awe inspiring. We have visited several of the major cities of Europe and hope to spend a week touring southern France this summer before coming home for good in September. I have gained much knowledge and I will return home with a great deal more understanding of other people and cultures. It has been a humbling experience to view Americans through the eyes of those in other countries. I recommend employment abroad to everyone, however, we will be glad to come home, happy with our memories and hundreds of photographs!

CULTURAL DIVERSITY…
India
Beth Anderson ’92

Seven days after graduating from YSN’s Three Year Program in the Oncology Specialty, I found myself walking the ramp at JFK airport to board a huge DC-10, destined for Bombay, India. Only days before I had been surrounded by parents, siblings, nephews, cousins, and YSN classmates and teachers in celebration of graduation; Yale pomp and circumstance at its best. Now I was boarding a plane to go nurse in India alone.

Since my college years as a religion major, I had been fascinated with India. I studied its rich history from its transformation as a British colony to the largest independent democracy in the world; its diverse religious traditions and rich cultural heritage; its glorious monument to love, the Taj Mahal, and found myself captivated by Mother Teresa. Having traveled quite extensively as a tourist and student prior to nursing school, I was excited by the opportunities which nursing would give me in terms of having skills which I could use in other parts of the world. So, with one more year ahead of me at YSN I had begun planning by dream trip to India where I could use my skills as a nurse as a means of experiencing the culture and its people. And, more idealistically, where I felt I could go and make a difference.

After many letters and conversations with various people and organizations I decided to go to a small Christian Mission Hospital in Miraj, India, southwest of Bombay in the state of Maharashtra. It seemed especially appealing due to its Cancer Center where they treat over 800 patients a year, and its College of Nursing that was eager to have a "tutor" to lecture in oncology. I would spend six weeks at this hospital before going
South to Bangalore where I would spend several days at St. John's Medical College Hospital and College of Nursing, and several days at Karnataka state's Kidwai Memorial Institute of Oncology.

After 15 hours in the air, eight hours in a hotel in Bombay, and nine hours on a crowded overnight train, I arrived in Miraj on a hot humid morning. I was met at the train, escorted to the guest house where I was to spend the next six weeks, and was warmly greeted by Heidi, the only other foreigner at the Medical Center and an American nurse who had come from Seattle to help upgrade the neonatal ICU. I was delighted to meet Heidi and to discover that not only did I have "western plumbing" (a toilet and shower) but we had a cook who, Heidi told me, made great chocolate cake and kept cold boiled, filtered water for us in the kitchen refrigerator.

June 13, 1992

This second week I've found two homes in the hospital. The first is the outpatient radiation and chemotherapy clinic. Most of the patients come from villages and have traveled a long distance. Many are staying with family members in the hostel provided by the hospital for their month of treatment. E Ward is my second home. Here I observe the ovarian and cervical cancer surgical patients as well as follow the ovarian cancer patients who are receiving cisplatinum and cytoxan regimens. Ratna the head nurse has been wonderful, always willing to be a translator for the patients and eager to listen to my ideas. I completed a poster board displaying the side effects, nursing care, and teaching needs around cisplatinum and cytoxan. I've never had colleagues who are so easy to please and such eager learners. These nurses are thrilled by any written material and posters are a highlight. Coming from the Three Year Program this is the ideal place to implement the CNS role. There are so many obvious problems and

(L to r) Beth, client, and Nurse Manager in the Surgical Unit at Miraj Medical Center
needs, so much basic cancer nursing knowledge that is missed, and most importantly nurses who appear eager and enthusiastic to learn.

Tea time is sacred here. Things stop at 10 am for tea and this has been a valuable time period for me in which to make important contacts. I hold my breath to drink the tea as it is so sweet and has an awkward smell and taste. I must get faster at finishing it.

June 15, 1992

Hand motions and touch do go a long way with the patients in spite of the major language barrier. This week my most distressing problem has been seeing these ovarian cancer patients vomit all day during their treatment. Odanseton has not made it to India (in spite of Glaxo having a headquarters in Bombay) nor do the doctors believe that they can keep these women from vomiting. It's just accepted that they will.

The gynecologist and the pharmacist are eager to consider alternative antiemetic regimens. They do have reglan but they give very low doses. We'll see if I can get some literature together to support giving higher doses.

I met some dear nurses tonight at the hostel where many of them live. They came to Miraj five years ago at the age of 17 to begin their nursing education. They completed three years and now they have a two year bond period where they can pay for their education by staying on as nurses and rotating through all areas of the hospital. They will finish their bond period in August when two will stay on for two more years to get their BSc, the Indian equivalent to our BSN. The three of them, Ani, Sophie, and Sara, have lived together in one small room for the last two years.

June 16, 1992

It is real joy to come home in the evenings to the children playing in front of Fletcher Hall. Often now when I am introduced to a new doctor or hospital employee they say, "I haven't met you but my children have." The children enjoy playing games on the lawn and Heidi and I play right along with them. We have also started teaching some of the girls gymnastics and Heidi has choreographed a dance to a Michael Jackson song. Girls here don't have opportunities to take classes or participate
too much in sports. It has been a thrill to see these girls learn how to gain command over their bodies and learn some skills. They have such a sense of accomplishment when learning a cartwheel or handstand. They speak beautiful English and have been teaching me some Marathi words. Their big brown eyes, white smiles, hugs and hands to hold are such delight. The most dangerous part of life here is crossing the street from Fletcher Hall to the hospital. Dodging the rickshaws, donkeys, trucks, oxen, buses, and cars can be tricky.

June 17, 1992

I taught my first inservice today on the nursing care of the ovarian and cervical cancer patients. I think it went well. I tried to speak slowly in my “Indian English.” Cervical cancer is the most common cancer in women here due to the prevalence of poor prenatal and postnatal care, and pregnancy at an early age. It was also an exciting day at work because the community health department will have my breast cancer and self breast exam pamphlet translated into Marathi and printed up and I picked up a breast cancer patient who will have a mastectomy tomorrow. I was able to palpate her huge tumor in the left upper quadrant and palpate an axillary node. It will be nice to follow her post-op to do exercises and to inquire about any interest in a breast prosthesis if I can get one from the hospital in Vellore.

June 21, 1992

My senses continue to be bombarded daily with sights and sounds and smells. I’ve seen a head and neck tumor the size of a large grapefruit. I’ve seen a prolapsed uterus that a woman has had between her legs for ten years. And I’ve seen a small boy lying in the dust in front of the train station with flies all over him holding bread in his hand. He wasn’t begging, just lying on the ground looking half dead like an animal carcass. I’ve seen stray kittens stroll the hospital corridors and counters, chasing roaches without the staff even flinching or commenting on the sight – all too ordinary for them.

July 4, 1992

I went with so many different medical teams on rounds last week and saw so many different patients, it is starting to get difficult to remember where they all are. Similarly, doctors are consulting me now to see their patients for various reasons, especially the breast patients and those patients receiving chemo. However, sometimes on rounds I find myself incredibly discouraged. Pain management is basically non-existent here. The man with penile cancer whose lymphs are obstructed and whose scrotum was about the size of a basketball was wailing in pain today. When I questioned the consultant (attending) as to what was being done to manage his pain the doctor seemed proud to say that he was on a “non-narcotic” and mentioned aspirin. Then the one day post-op mastectomy patient also moaning in pain I found was also only on the equivalent of extra strength Tylenol. Narcotics are discouraged by the government and I was told that only four to five hospitals in India even have morphine.

Then the leukemia patient spiking temps of 103-104 degrees for the last month. The medical team is clueless and has no plan of action for this poor 23 year old man. Even worse, the wife and the patient do not know the diagnosis and the wife continues to inquire as to when her husband will get better. The physicians refuse to confront the wife or the patient, choosing rather to speak to the patient’s brother who is only around during the weekend. When I conveyed to the team that the wife was asking questions and was desiring more information, the consultant told me only the brother was to know and that the wife, being illiterate, wouldn’t understand. I’m getting so tired of that cop-out phrase “they’re illiterate” which I hear from so many, as if these adults do not have mature opinions and feelings. I was told that in India diagnoses are often kept a secret with family members preferring not to have the patient informed about their illness. Watching this poor man with leukemia and loyal wife wondering why he was not getting better after six weeks in the hospital was almost more than I could stand. However, it has caused me to examine whether or not I am wrong in thinking that I know best and that they should be told about his diagnosis. Am I imposing my Western/American values and beliefs onto this situation wrongly?

July 10, 1992

I came out of the hospital tonight at 9:00 P.M. after giving a class to the surgeons (on breast prostheses and the importance of offering them to women post mastectomy) to a cool night and to the sound of a donkey galloping down the road with its crazy voice. Only in India, I laughed to myself. I find myself having to laugh at a lot – bats in the dining hall, power outages, people being on “Indian time,” that is, a half hour late to meetings or scheduled classes; days of stomach troubles; and the lizards on my bedroom screens that frighten me. The exotic life of India has become quite routine for me. Yet, simultaneously when I take a step back, I still can’t believe I’m here. I’m here seeing what I’m seeing and living here as a foreigner. I have mostly loved India but somehow it seems impossible or not right to love a country where there still exists such widespread poverty and injustice. What I can selfishly say is that I am loving my life in India – my work, my relationships, and what I’ve learned about myself. I’ve learned that being productive doesn’t always mean I’m being fruitful. It seems that often my self-worth at home comes from how much I have gotten done or produced in a period of time. Here when I am busy in the library or
making posters or rushing to see a patient my Indian nurse friends describe me as "hurry, worry." I have found that often what they value is not my professional-looking class handout or lecture on cancer, as much as they enjoy buying me tea or visiting with me outside the college of nursing. Have I been so eager to implement various projects here that I have given up some valuable time in relating to the people and the nurses? Likewise, have I not been a good receiver because I have been so programmed to give? I've realized what a joy it is for my friends here to give me little gifts or invite me for an Indian meal. It's been a struggle for me to accept these gifts of jewelry, mangoes, various trinkets, and Indian feasts because in some way I feel as if I should be the one giving. But somewhere in receiving their "Indian hospitality" and accepting their gifts I find I am giving to them what they find very valuable. Somehow my American sense of self-sufficiency and independence often translates into my being a poor receiver. Perhaps it is more important for me to receive from my friends and poor patients the many gifts born of their love than to try to make myself valuable, or productive in their eyes. I know I live in an illusion of self-sufficiency and could learn much from those here who have so little and yet who seem to have such a clear understanding of fruitfulness—of joy, peace, patience, and forgiveness, and of living in relationship.

The loyalty and dedication among families here is particularly inspiring. There are no such things as nursing homes. Families care for their sick and elderly. Here, the families bring in each meal to the patient. The hospital provides no food. Similarly, the families have to buy every medication, IV bottle, and needle used in the hospital. It is not uncommon to find family members sleeping on the floor next to their loved one's bed. Relationships seem to take precedence over place in life, or pursuit of the productive life.

July 16, 1992

I taught my fifth class today. This one was to the entire college of nursing—around 120 were present—a basic lecture on oncology nursing. My teaching experiences here have been invaluable. My class yesterday to the BSc students was especially good. I was asked to speak about anything. I chose to spend time on nursing care plans and identifying differences between task centered nursing and patient centered nursing. They got a kick out of my illustration of a nursing care plan as a chapati recipe.

July 17, 1992

It feels good to be winding up my projects although leaving will be so sad! I finalized the breast cancer and self-breast exam teaching sheet in Marathi to go to the printer. Similarly, I finished meeting with the appropriate doctors around safety in handling chemotherapy issues. The director has promised he will make gloves available and each unit where chemo is mixed will have a designated spot where counters are covered.

There's so much more that I would like have liked to do and see here if I had been able to stay longer. Each week has brought new contacts, new areas of interest, and new projects. I was just approached by a doctor today about providing teaching support to the many colostomy patients here. No one teaches these patients about their appliances and many go home wishing they had never had surgery, unable to care for their ostomy. In the beginning if I had had more time to assess the needs of various oncology populations, before jumping in with the breast and chemotherapy populations, I suspect I would have found the head and neck and the ostomy patients to have tremendous needs for quality of life improvements as well.

July 19, 1992

My last day in Miraj was difficult, as I always hate goodbyes. In chapel Dr. Thomas announced my departure and when it came time for me to go to the train, many of my friends came to see me off as is the custom in India.

After leaving Miraj I went on to visit two other hospitals where I gave classes and observed. The most interesting was the Kidwai Memorial Institute of Oncology where I was able to observe the Pain Relief Clinic, one of the few places in India where oral morphine is dispensed. The nurse in the clinic, Usha, was one of the best nurses I met in India as she is very knowledgeable around palliative care issues and is a phenomenal patient teacher in what can be very difficult circumstances. She learned two languages in addition to her own in order to better communicate with the wide population of patients that she sees. Moreover, often she teaches patients about how to administer themselves oral morphine when some cannot even count to ten. She taught me a great deal in the three days I spent at the Kidwai and I will forever remember the contorted faces of some of those patients in pain we treated who left at the end of the day with smiles.

My last week was spent touring in Delhi and Agra. The very morning I left India I was walking on the magnificent Taj Mahal delighting in its splendor. Its inlaid precious gems of lapis and coral and its white marble against the background of blue sky. Later, as I sat on the steps facing this building that has come to represent India, mesmerized by its beauty, I was thankful that nursing had brought me here. Nursing had provided me the opportunity these last eight weeks to reach into the interior of India allowing me to experience the lives of its people and its rich culture.

It is the hope of the Editors that our readers have been inspired by Karina's, Maridel's, and Beth's experiences—and inspired as well to share through *Yale Nurse* an experience of cultural diversity in your own nursing practice.
Old YSN Site Now Children’s Hospital

C.W. Vrtacek

It was during the late fall of 1990 that the walls came tumbling down. Wrecking crews tore into the brick and wood that made up the Yale School of Nursing, reducing the structure to a pile of rubble. But the building did not give up its life only to be replaced by a mini-mall or office complex. The demolition was the first step in creating the new Children’s Hospital at Yale-New Haven, an eleven-story structure primarily dedicated to the treatment of children and scheduled to open in July.

"I think most YSN folks feel a bit nostalgic about our former school of nursing building which was demolished to make way for the new hospital," said Lois Sadler, PNP Program Director at YSN. "It will be a benefit to the entire community to have a new children’s facility, and we at YSN will all be looking forward to newer, larger quarters eventually."

"I worked in the old building for a long time but saw us growing beyond the space," added Linda Lewandowski, PCNS Program Director. "It was hard to make the change but, we’re looking forward to a new permanent home for YSN in the future."

July will mark the formal opening of the Children’s Hospital at Yale-New Haven. The new hospital will augment physical resources in support of superior patient care, teaching, and research. The new children’s hospital, according to Joseph Warshaw, MD, Chief of Pediatrics at YNHH and Chairman of the department of the School of Medicine, offers proof of Yale-New Haven’s continuing commitment to providing first class pediatric treatment. Yale-New Haven Hospital already stands at the forefront of pediatric medicine. Almost half the children in Connecticut with cancer see pediatric oncologists affiliated with Yale-New Haven. More than 300 diabetic children from Connecticut, New York, and Rhode Island are treated at the hospital by pediatric endocrinologists. Pediatric pulmonologists treat more children with cystic fibrosis than any other service in Connecticut. The growth in pediatric sub-specialties also extends into the fields of anesthesia, surgery, neurosurgery, orthopedics, dentistry, otolaryngology, radiology, orthodontics, pathology, psychiatry, dermatology, ophthalmology, and more. All of these are well represented by Yale-New Haven’s pediatric staff.

In addition to pediatric services, the Children’s Hospital will also house the Hospital’s maternity
services, including labor and delivery, postpartum and newborn special care, maternal special care and newborn care. "Our women’s and children’s services will now be proximate," said senior vice president Marna Borgstrom. "Nearly everything that has to do with children will be located in one place — from babies right on up through adolescents."

Linda Lewandowski believes the new hospital will further enhance the care of children and families at Yale-New Haven Hospital. "I think one thing it will do is provide a focal point for child and family issues that hasn’t been there before," she said. "It gives a high-profile to some of the new thrusts the Hospital is working on such as increased family-centered care and the new Children’s Surgery Center."

Top-notch physicians and nurses from around the country are drawn to Yale-New Haven because it gives them a chance to practice alongside ongoing medical developments provided by sub-specialties. "I think having the Children’s Hospital here will be a giant step forward in advancing the quality of care," said Sadler. "I believe that the new hospital will provide more opportunities for our students, and I see the possibility for more clinical research. It opens up many new areas of inquiry," she added.

The experience of coming to a hospital can be overwhelming for children. Because pediatrics is a specialty that begins as soon as the patient comes through the front door, the Children’s Hospital at Yale-New Haven will project a special ambience. New technologies have yielded materials that allowed designers to create a warm, friendly environment. Gone are the cold fluorescent lights, bland linoleum tile, and glossy pastel walls. New tough, fire-resistant materials are now available in a wide variety of colors and designs. Less noticeable but just as important are other, more subtle considerations. Shorter hallways and recessed areas within those hallways in which to store equipment will do away with long corridors filled with wheelchairs, IV stands, and other equipment that may appear eerie or frightening to youngsters. Lighting, too, will be an important component in designing the space with options such as dimmer switches in patient rooms. Natural light will also figure into the scheme, pouring into patients’ rooms in the Children’s Hospital. In addition, extra windows provide views that many have called the best in New Haven — particularly in maternity rooms which are located on the two top floors. Gazing out these windows affords a panoramic view of New Haven harbor, Long Island Sound, and the surrounding hillsides to the north.

Making the hospital feel friendly even extended to choosing the furnishings. Manufacturers brought an assortment of items in different furniture categories to the hospital and set up sample rooms. Test groups made up of hospital employees and patients were then invited to try out the furniture. Hospital design teams paid close attention to what worked and what didn’t and made their furniture selections based on their observations.

Back at the turn of the century, when pediatrics was still a new specialty, children were routinely threatened by diseases like smallpox, measles and polio, to name a few. Today new plagues have replaced the old ones and issues such as lead poisoning, poor nutrition, child abuse, inadequate prenatal health care and family problems stemming from the increase in AIDS and the use of drugs are the scourges that threaten the health of children in the late 20th century. Having a Children’s Hospital will help draw attention to these concerns.

"We’ve learned a lot over the years about how best to work with children and families," added Vincent Conti, senior vice president for administration at Yale-New Haven Hospital. "Many of the families we see today are facing economic and social challenges of unprecedented severity — issues of money, insurance coverage, teenage pregnancy, single parenthood. Families in the best of times need all the support they can get, and these families are even more fragile. They need a lot more support. The Children’s Hospital will allow us to more sharply focus not only on direct care of children but also do more health education and community outreach to encourage children’s advocacy. We want to serve as a beacon for children’s health."
YSN Celebrates 70th Anniversary in Conjunction with Bellos Lecture and Wisser Tea

On April 21, 1993 the School will celebrate its 70th Anniversary at the annual Sybil Palmer Bellos Lecture and Wisser Tea. Ellen B. Rudy, RN, PhD, FAAN, Dean and Professor at the School of Nursing at the University of Pittsburgh, will speak on, "Health Care in the 21st Century: Untouched by Human Hands." Dr. Rudy has had a long and distinguished career as a clinical scholar and researcher in acute care nursing. She is a prolific writer and dynamic speaker on topics including critical care nursing, care of the neurologically impaired client, and measurement of patient and nursing outcomes. The Lecture will take place in Harkness Auditorium, 333 Cedar Street, to be followed directly by the Wisser Tea in the Harkness Dormitory Lounge, 367 Cedar Street.

Helen Varney Burst, Certified Nurse-Midwife, Professor, and President of the Anne Hutchinson Society for Nursing History, recently shared in an interview some of the history of YSN which opened its doors 70 years ago:

Historically, what role did the School of Nursing play in 1923 in the development of the nursing profession?

"A major role. The Yale School of Nursing was pivotal in forging a new direction in the education of nurses at that time. This new direction emphasized education rather than apprenticeship training of nurses through the staffing and provision of service within hospitals. YSN was the first true university school of nursing: autonomous with its own Dean, a faculty qualified for university rank, its own budget and financial resources, and meeting university requirements for matriculation and conferring a degree. 1923 was also the "Year of Jubilee" for United States nurses as it marked the 50th anniversary of the first training schools for nursing. This included YSN's predecessor, the Connecticut Training School, founded in 1873 and considered an American Nightingale School as it was patterned after the structure of the schools founded by Florence Nightingale in England."

Can you give us some insight into Annie Goodrich, the School of Nursing's first Dean?

"Our founding Dean was Annie Warburton Goodrich. She was a leader in American nursing and recognized by her peers as the leader of nursing's movement to the university. Prior to coming to Yale she had directed four hospital training schools of nursing in New York City, including the one at Bellevue and Allied Hospitals (another one of the three American Nightingale Schools); had organized and was the first Dean of the Army School of Nursing in World War I; and was the Director of the Henry Street Visiting Nurse Service. During her career she was President of the American Nurses Association, President of the National League of Nursing Education, and President of the International Council of Nurses. She was a dynamic personality with the courage of her unshakable convictions, energetic and enthusiastic, revered by her students, and respected by all."

What changes has YSN seen over the past seven decades?

"There have been many changes in nursing practice and education over the past seven decades. The Yale School of Nursing was instrumental in most of them. First, as I've already mentioned, the 70th anniversary of YSN also is the 70th anniversary of autonomous schools of nursing within universities not coupled with three years of hospital training. By 1934 YSN had gone from a baccalaureate program in nursing (with transfers in at the junior year so as not to be intermingled with or mistaken for Yale College students who were all male at that time) to a post-baccalaureate basic nursing program at the graduate level. In 1956 the basic Master's of Nursing program ended and YSN started granting the Master of Science in Nursing degree for education in the advanced specialty practice of clinical nurse specialists, nurse practitioners, nurse-midwives as clinician/scholars and leaders in health care policy and systems. Another cutting-edge development took place in 1974 when YSN started its Three Year Program for Non-Nurse College Graduates which leads to both the RN and specialty preparation, and culminates in the same MSN. Today, YSN continues its leadership as it prepares for a new doctoral program which will prepare nurse scientists who are expert in clinical research."

We encourage all alums to join in the celebration of this important anniversary on April 21!"
An Update from Nevis
Barb Reif

Last spring I cut out an article that had appeared in the Branford Review, my hometown paper, describing the author's memorable visit to the island of Nevis where Heidi Miller, our former Reference Librarian, is spending her glorious retirement. I sent it to Heidi who in turn sent me a newsy update from "paradise in the West Indies," which I thought I would share with the YSN community. There is life after Yale and look what that life has to offer...

March 12, 1992

Dear Barb:

I simply have to answer your letter right away and I will do so before my next visitors, Mr. and Mrs. Lacourciere (Pat and Phil), arrive on Sunday afternoon. It was thoughtful of you to send the article from the Branford paper. The minute I looked at it I recognized the face of the author. It so happens I met her and her friend when they were visiting with a couple whom I know quite well. The beach in front of their house here offers some of the best snorkeling on the Island. A lovely spot! I have not found an unlovely spot in Nevis yet.

Your letter arrived just one day after the formal dedication and opening of the new Nelson Museum mentioned in the article. I did some work for the museum and was thus invited to the opening ceremony and reception. I have joined the Nevis Historical Society and was recently asked if I had by any chance any kind of experience with archival work... Can't seem to get away from it! But I am looking forward to helping with the organization and preservation of the archives in the Hamilton House Museum. It is a strange feeling to sit in the rather dark, low-ceilinged rooms of that old house and work on a PC. I did a German translation of some of the literature for visitors. (I have learned much of the history of this little island through my work with the museums.)

Yes, Saturday morning at market is one of my favorite times. The produce is so wonderful and the colorful old ladies are fun. I am beginning to understand their West Indian dialect (Nevis alone has seven different dialects), and they know me by name. However, there is really not much haggling since I believe they practice price-fixing. But the degree of ripeness of an "eating banana" (as opposed to a cooking banana) can lead to considerable discussion.

Do I have a recipe for goat? You bet, but the name of the dish so turns people off that I have not dared make it yet. I have eaten it once before I knew the name and it is really a stew which is not bad at all. It is called "goat water" and is the national dish here, but most people make it with lamb or mutton. The locals seem to live on the stuff. I have thought of a better name for it — lamb stew!

I have been quite busy getting this place in shape, which means that I now have a fence around the whole property to keep out the donkeys. They roam the island by the hundreds and eat anything one might try to plant, especially young palm trees. Our previously overgrown and uncultivated lot is beginning to look better and is ready to be planted with grass seed and eventually with those magnificent tropical flowers and shrubs. That has to wait till September, though, when the rainy season starts, but I have been busy making dozens of cuttings from hibiscus, bougainvillea and many other shrubs, rooting them in pots to be planted later on.

Life is good here; the pace is leisurely, the climate is perfect, the scenery is stunningly beautiful, and the unpolluted air and daily swimming make for a great sense of well-being. Now I am waiting for my husband to retire so that he can be down here more than for those one-week visits.

Cordially,
Heidi
36th Annual Alumnae/i College to Focus on AIDS/HIV

This year's Alumnae/i College will be devoted to the topic of AIDS/HIV as reflected in the theme, "Nurses and AIDS: Making a Difference." Many of the nurse experts in the field are graduates of our School and have agreed to join us for an informative and provocative program. Ann Williams '81 will set the stage on Friday morning with her talk entitled, "AIDS/HIV: The Challenge to Nursing," to be followed by the personal testimony of a person living with HIV. Friday afternoon workshops will address legal and ethical issues with Sarah Cohn '73; sensitivity issues with Janet Murphy '88; and the impact on the community and home health care with Ellen Rubin '80. The banquet on Friday evening is always the social highlight of the Weekend. Saturday's program features Jill Strawn '77 who will talk on providing psychosocial support to persons living with AIDS and related transcultural challenges, to be followed by the powerful video about the creation of the AIDS quilt, "Common Threads." The Board is excited about this year's program and the prospect of once again drawing alums from all over the country back to Yale and New Haven to re-establish those unique bonds that are YSN. Won't you join us this year?

A Word on AYA Assemblies

Twice each year alumni leaders from across the country gather at Yale to receive updates on the University and to delve more deeply into one area of the University's operations. In the last issue of Yale Nurse (December, 1992) AYA Representative Toni Tyndall '79 shared her impressions of her experience as a delegate, prompting the Editors to offer some further background on the purpose of the Assemblies and how they benefit the greater alumnae/i community.

In addition to the plenary sessions which provide information on the Assembly's selected theme, the following meetings are routinely held:

- CLUB COMMITTEES, where discussions and resolutions center on issues of leadership and membership development, scholarships, Alumni Schools Committee work, educational programs, and career counseling.
- YALE COLLEGE CLASS LEADERS, whose annual meeting to discuss common concerns brings together older, middle, and younger classes in compatible clusters.

GRADUATE AND PROFESSIONAL SCHOOL LEADERS' GROUP, which focuses on common problems and shares potential solutions. At the Spring, 1991 Assembly, for example, C & P leaders discussed the implications of the administration's decision to assign housing in the Graduate School to undergraduates.

INFORMATION SESSIONS, in the fall and spring which allow alumnae/i leaders to discuss topics of interest and concern to alumnae/i with University administration.

If you might be interested in volunteering your time and expertise to the ongoing work of the AYA, please let Barbara Reif, Director of Student and Alumnae/i Affairs at YSN, know. The network of active alumnae/i volunteers that is the backbone of the AYA has long been a strong source of University support, now needed more than ever in these times of budget constraints and program reevaluation.

Career Counseling Resource Network

Students and alumnae/i of the graduate and professional schools at Yale now have direct access to the Career Counseling Resource Network through their school representative. Barbara Reif, Director of Student and Alumnae/i Affairs, is the YSN contact or Alisa Masterson at the Association of Yale Alumni Office would also be available to offer assistance, (203) 432-1951. The Network is designed to assist students and alumnae/i in job searches or career changes. Network volunteers, all Yale graduates, provide insight into a particular field, names of other contacts who might be willing to help in the search, or information on the climate for that field in a particular geographic area. Your School representative has the list of Network Coordinators and has been briefed on how to connect alumnae/i to the Network. This is not a job placement service, simply a resource for learning about career paths.

SPREAD THE WORD!!!

We are seeking qualified candidates for the new master's program in Nursing Systems and Policy for the Fall of 1993. Our current students say the program is exciting, challenging, and even fun. We need your assistance in identifying those nurses ready for a Yale graduate education. And, as always, we actively recruit minority applicants.

Please refer all interested persons to Cassy Pollack, Program Director, Nursing Systems and Policy Program, (203) 785-2399.
YSN Students Hold Health Fair As Part Of National “Make A Difference Day”

Last November in the finest tradition of the nursing profession, 16 YSN students held a health promotion fair for some of New Haven’s neediest citizens at the Community Soup Kitchen located in the basement of Christ Church on Broadway. The students offered:

- Blood pressure screening and counseling
- Blood glucose screening and diabetes counseling
- Smoking cessation and substance abuse treatment
- HIV education, including safe sex practices
- Personal care and hygiene.

To lay the groundwork for promoting good hygiene, the students solicited donations from the YSN community. The students assembled contributions of shampoo, combs, soap, razors, toothpaste, toothbrushes, and other items into personal care kits. The students also collected winter coats for health fair participants. At the health fair 75 of these kits were distributed and 30 people were counseled about smoking cessation, substance abuse treatment, and HIV/AIDS. The students also screened scores of people for blood pressure and blood glucose levels.

Judy Krauss commented, “YSN students have always given generously of their time and knowledge to those most in need – the poor and disenfranchised in our community. They do so out of a nursing context, one which embraces comprehensiveness, care, and community.”
A READING LIST ON 
WOMEN'S ISSUES, PART II
Judith Shannon Lynch

The following books are of interest to women because of their emphasis on contemporary issues.


If you read the entire list of these books, you will be completely up to date on current feminist issues!

DO YOU NEED A REFERENCE?

It is not unusual for a graduate to need a reference for pursuit of doctoral study or for a job application several years after leaving YSN. These references are important and we want to meet your needs as best we can. To help us in this effort please keep the following in mind:

• Make your request as early as possible. It always takes time to write a good reference and unforeseen circumstances can cause delays in meeting your deadlines.

• Be sure to contact the faculty member in advance rather than just sending a form in the mail. Sometimes the faculty may be tied up and unable to help you in a timely fashion.

• Send a current resume or CV with your request and some information about what the job entails or what area of study you might be pursuing. This helps enormously in gearing the reference toward your particular goal.

Help us help you!

Janet Cameron '93 was awarded an American Cancer Society Scholarship for the 1992-93 academic year. Janet is enrolled in the Oncology Specialty of the Medical-Surgical Nursing Program.

Curtis Harmon '94 and Karen Wyse '95 performed in the 14th Annual Jamboree Concert benefitting the Edith B. Jackson Child Care Program. Curtis sings with the Yale Russian Chorus and Karen is a member of the Slavic Chorus.

Kate Stephenson '94 has recently been appointed co-chair of the Inter-Grad School Social Committee, a group that organizes social events including ski trips, a casino night charity benefit, discount movies, happy hours, and wine tastings to name a few.

Liana Corliss '95, Margot Stone-Condry '95, Kristen Homé '95, Karen Klein '95, and Katy Cottingham '94 continued their involvement in the Centro San Jose Children's Health Workshop series in January when they taught about the skeletal system and the benefits of calcium. Another workshop is in the planning for sometime this spring.

First year student Jayme Radding '95 helped organized the newly formed Health Care Student Council (HCSC) to fulfill a desire among nursing, medical, physician associate, dietetic, and epidemiology and public health students, faculty, and administration to be more integrated and unified. The goal of the HCSC is to foster greater awareness and understanding of the different roles that each profession plays in the provision of health care, and to create a socially enjoyable atmosphere for the formation of friendships and professional relationships through educational and social interactions. The HCSC also publishes a bimonthly newsletter announcing events, programs, and other items of shared interest.
Faculty Notes

James A. Fain, Associate Professor and Associate Dean at YSN appeared on the first national television news series created for and about nurses entitled, "Nursing Approach." Presented by Sigma Theta Tau International, the honor society in nursing, in conjunction with Studio Three CNBC Cable TV, "Nursing Approach" presents a weekly forum focusing on the work of nurses through in-depth feature segments, news updates, and interviews. The purpose of the program is to present a positive image of nursing to the public and to discuss health care of patients. Jim discussed the incidences of Type II (NIDDM) diabetes mellitus and the importance of self-monitoring of blood glucose (SMBG) in preventing diabetes related complications. The same show is aired on Sundays at 1:00 EST on CNBS for a month at a time. Jim’s segment was presented during the month of February, 1993.

Gail D’Eramo Melkus, Adult and Family Nurse Practitioner Program Director and Coordinator of the Diabetes Concentration, has been elected to the National Certification Board for Diabetes Educators in the Registered Nurse position.

Margaret S. Wacker, RN, CS, PhD, has been appointed Program Director of the Adult Psychiatric-Mental Health Nursing Program. She comes to Yale from the University of Rhode Island School of Nursing where she opened the first biofeedback laboratory in a college of nursing in the United States.

Virginia Henderson has Moved

Virginia Henderson has recently moved to The Gables at Guilford, a lovely retirement community located in Guilford, CT. She is comfortably settled into her new residence and would love to hear from you. Her new address and telephone number are:
The Gables at Guilford
Apartment 235
201 Granite Road
Guilford, CT 06437
Reception Desk: (203) 458-3337
Apartment: (203) 458-0687

Jim McKay, newly hired Systems Support Specialist at YSN, assists faculty, students, and staff with personal computer needs. His particular expertise lies in statistics and data analysis, but he also troubleshoots equipment problems. Jim spends half his time in a similar capacity at EPH.
Edythe Ellison Hough '63, was appointed Dean of Wayne State University College of Nursing in Detroit, Michigan in January, 1993.

Clare Collins '75, has been inducted into the American Academy of Nursing. She recently received a Clinical Mental Health Academic Award from the National Institute of Mental Health to support a five year program of study, clinical training, and research in geriatric mental health with an emphasis on community based care of persons with dementia. Clare is currently a professor in the College of Nursing at Michigan State University and a visiting scholar at the University of Michigan.

Terri Clark-Coller '76, who is the Director of Obstetrical Education for the Urban Family Practice Residency Program at the Bronx-Lebanon Hospital, ran into Sandra Eger '91 in a shelter for homeless women and their children in the South Bronx, while doing community outreach for her department. Sandra visits all five buroughs of New York as a pediatric clinical specialist with the Visiting Nurse Service Home Care.

Margaret Cushman '76, President and CEO of the VNA Group, was named to the National Association for Home Care's Foundation for Hospice and Homecare.

Patricia Urick '81, became certified as an Occupational Health Nurse in June, 1992. She also received the annual statewide "Recognition Award for Excellence in Occupational Health Nursing" through the Massachusetts Association of Occupational Health Nurses. She resides with her husband Jeff and her five year old son, Sam, in Winchester, Massachusetts and is expecting twins in March, 1993!

Beth K. Boyarsky '82, who now resides in Galveston, Texas, has been accepted to medical school at the University of Texas.

Tish Knobf '82, has been chosen to receive the first Oncology Nursing Society/Cetus Oncology Award for Excellence of Scholarship and Consistency of Contribution to the Oncology Nursing Literature. The award will be officially presented at the ONS Congress in May in Orlando, Florida.

Carole Singer '82, was recently appointed the Director of Staff Development at Charles River Hospital, Wellesley, Massachusetts. She co-authored, "The Changing Face of Mental Health Managed Care: From Cost Containment to Quality Assurance," in Administration and Policy in Mental Health, Vol. 19, No. 5, May, 1992. She lives with her husband and two daughters in Sudbury, Massachusetts.

Jacqueline Rugg's ('85) abstract, "Living with an Automatic Implantable Cardioverter Defibrillator (AICD)," has been selected for presentation at a poster session at the 1993 Annual Meeting of the American Psychosomatic Society, March 4-6 in Charleston, SC. It will also be printed in an upcoming issue of the American Psychosomatic Society's journal, Psychosomatic Medicine.

Robin Landes Wallin '85, continues to work two part-time positions so she can spend time with her 3 1/2 year old son, Nathaniel, and 8 month old daughter, Hannah. Hannah's birth on February 16, 1992, was made extra special by midwife Laura Mahoney '83, who delivered her at The Maternity Center in Bethesda, Maryland. Also, Patricia's former classmate, Beth Sipple, helped provide support for Patricia's son, Nathaniel.

Christina Malango '87, and Barry Masiello joyfully announce the birth of their son, Jules Malango, who joins his brother, Sam, who is 3 1/2 years old. Christina was appointed by Oregon Governor Barbara Roberts to the Maternity Care Access Planning Commission to assist in developing a comprehensive maternity care plan for the state. She works part-time at the Portland Feminist Women's Health Center.


Within the next month, graduates of Yale School of Nursing Classes of 1988, 1989, 1990, 1991, and 1992 will receive a YSN Survey of Graduates along with an Employer Questionnaire. The survey is designed to gather data concerning the influence of your Yale education on professional role performance. We are likewise required to gather information concerning our graduates for a variety of agencies, relating to our ability to be an accredited and/or approved educational agency.

We ask that you take the time to complete the survey and have your employer complete the Employer Questionnaire and mail back to the Student Affairs Office. These data are important to us, not only for accreditation purposes, but also to support the development of new programs or major curricular changes.
Pamela Avila '88, and Tim Crump '88 are happy to announce the birth of twin boys, Miles Dominic Avila-Crump and Forrest Galbraith Avila-Crump on February 3, 1993.

Jane Reardon '88, presented the findings of her research, "The effect of comprehensive outpatient pulmonary rehabilitation on exertional dyspnea of persons with COPD," at Connecticut Sigma Theta Tau Research Day, March 18, 1993 at Western Connecticut State University. Jane also received an award from the American Lung Association of Connecticut in recognition of her volunteer activities.

Linda Demas '89, has a new position as a Psychiatric Clinical Nurse Specialist in the Adolescent Partial Hospitalization Program at Lawrence and Memorial Hospital in New London, Connecticut.

Jane Loubier '89, is now living in Albuquerque, New Mexico with her spouse Mark Epstein, Yale Medical School '91. Jane is working as a Nurse Practitioner with an exciting public school program, Recovery High, which addresses addiction recovery in the high school age population.

Zoe Sutton '89, joins the San Francisco "YSN contingent" as a Nurse Practitioner and Clinic Coordinator at the Youth Guidance Center which is part of the Department of Public Health's SPY program for homeless teenagers.

Cheryl Fattibene-MacDonald '90, and Ed MacDonald are happy to announce the birth of their daughter, Emily Chase MacDonald, on December 1, 1992.

Phebe Dodyk '90, is juggling – and very well! – her various jobs in San Francisco in women's health care where she is involved with the Haight Ashbury Free Clinic; the San Francisco Department of Public Health Special Projects for Youth (SPY) for homeless teenagers; and her latest challenge as a Nurse Practitioner for the County Alameda's Girl's, Inc. which is a public school for pregnant teenagers.

Meg Arthur '91, is challenged with her work in the Haight Ashbury Free Clinic in San Francisco. She loves her role in the Primary Care Center and with the AIDS Outreach Program.

Melissa Curran '91, and husband Michael are expecting a baby and have recently bought a house in Providence, RI. Melissa developed a new Pediatric Nurse Practitioner position in the Emergency Room of the U Mass Medical Center in Worcester where she started a "Pediatric Fast Track" which services kids with less acute prob-
Diane Demirjian '91, and Gerard Coste have a new family member, Paul Roberto Coste, born on October 6, 1992. Diane and fellow classmates in ANP/FNP program organized a mini reunion in June, 1992 at Mary's in New Haven and are planning to get together again in June, 1993.

Ann Williams '81 with fellow participants in the AIDS/HIV educational exchange program between New Haven and Gdansk, Poland. The project, funded by the World AIDS Foundation and co-sponsored by Yale University and the Gdansk Medical Academy, will contribute to the development of effective, sophisticated and culturally based public health programs for HIV prevention and management in Poland and other countries. Ann is joined (l to r) by John Booss, MD; Robert Ryder, MD; Vittoria Maack, Cultural Liaison; Monroe Wright, Executive Director, Connecticut AIDS Residence Program; Ann; Gerald Friedland, MD; and Patrick O'Connor, MD.

SIGMA THETA TAU ANNUAL RESEARCH DAY

All alums and friends of YSN are cordially invited to attend the Annual Sigma Theta Tau/YSN Research Day to be held on May 6, 1993 from 3-6 pm on the fifth floor of the Grace Building, 25 Park Street. This event traditionally serves as a showcase for thesis research projects that have been completed by graduating students. This year will also highlight ongoing faculty research. Following a brief keynote by Madelon Baranoski entitled, "Designing Nurses and a Statement of Purpose," concurrent sessions will take place in which students will present their work, to be followed by a reception featuring faculty research posters and abstracts. We look forward to stimulating discussion and networking around common research interests. Mark you calendars now!

IN MEMORIAM

Eleanor Tilton Copley '31 died in January 1993.
Nancy Lim '85 died in January 1993.