Yale Nurse: Yale School of Nursing Newsletter, December, 1998

Yale University School of Nursing

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Distinguished academic, clinician, researcher, and mentor, Marjorie Funk '84 (R), Associate Professor in the Adult Advanced Practice Nursing Program (Cardiovascular Specialty), personifies the "Yale Nurse." Her current research, funded by the Hewlett-Packard Corporation, involves atrial fibrillation in patients discharged after cardiac surgery. Marge is pictured with her former students Irene Stuklis '96 (L) and Nancy Lorenze '96 (C).

CLINICAL RESEARCH: Building Upon YSN's Tradition of Leadership
From the Dean

With this issue of the Yale Nurse we bring news of the research activities of our faculty, students, and alumnae/i. You will hear about the ongoing work of individual scholar investigators, as well as the thoughts of those who facilitate the scholarship of others, notably Dr. Margaret Grey, Associate Dean for Research Affairs, and Dr. Ruth McCorkle, Director of the Center for Excellence in Chronic Illness Care. As we advance our research and scholarship agenda, we are particularly mindful of the unique mission of YSN, to contribute to better health care for all people. The mission clearly shapes the ways in which we take up our research and scholarly activities.

As the faculty has begun discussion of the mission, goals, and governance structure of our Center for Excellence in Chronic Illness Care, they have given voice to our overriding concern: that inquiry grows from clinical practice and returns to shape improved clinical practices through direct care, program development and implementation, and policy. This is exemplified in the work of Dr. Tish Knobf, who regularly cares for women with breast cancer and addresses their symptoms in her research, and by Dr. Gail Melkus, who regularly cares for women with non-insulin dependent diabetes and is studying ways to improve the outcomes of their care. YSN's explicit support of clinical practice among our faculty investigators distinguishes us from other schools of nursing.

Through the development of our Center for Excellence in Chronic Illness Care the YSN community is exploring new ways to align ourselves with one another and advance our scholarship and educational programs in the name of improved health care. Our Center will be officially inaugurated at a YSN Convocation scheduled for February 2, 1999. Dr. Patricia Benner of the University of California at San Francisco will keynote this gathering. Dr. Benner's work has addressed skill acquisition in nursing ("From Novice to Expert") and has rendered visible the formerly invisible work of nursing that makes a difference to patient care. Given YSN's commitment to patient care, the selection of Dr. Benner as our speaker is particularly apt. Please plan to join us for this special celebration.

Finally, as we approach the holidays, I join the faculty and students in wishing you and your loved ones peace and joy now, and throughout the coming year.

Catherine Lynch Gilliss
Dean and Professor
There have been numerous seminars, guest lectures, and other events taking place over the Fall, 1998 semester and scheduled for Spring, 1999.

- The Office of Research and Policy has scheduled general research seminars through April, 1999:
  - September 30, 1998  Recruiting Critically Ill Patients for Clinical Research, Marge Funk ’84
  - October 21, 1998  Post-hospitalization Referral to Home Care and Subsequent Rehospitalization for Medicare Patients with Congestive Heart Failure, Cassy Pollack ’83
  - November 18, 1998  Developing Theory to Explain Mid-life Women’s Responses to Illness, Tish Knobf ’82
  - January 27, 1999  Preventing Perineal Dermatitis in the Elderly, Courtney Lyder
  - February 24, 1999  Developing an Instrument to Screen Excessive Psychosocial Sequelae to Genetic Testing for Breast Cancer, Jeannie Pasacreta
  - April 21, 1999  Increasing Adherence to Antiretroviral Therapy, Ann Williams ’81

- The YSN Center for Health Policy and Yale-New Haven Hospital co-sponsored an Advanced Practice Nursing Forum on November 4, 1998. The discussion centered on, “Politics, Policy, and Power: Building a Coalition of CNMs, NPs, CNSs, and other APNs to Address the Issues that Affect Us and Our Patients.”

- Dr. Deanne Messias, Indiana Wesleyan University, visited the Yale campus as part of an interdisciplinary lecture series sponsored by the Council on Latin American Studies at Yale. While in New Haven Messias presented a lecture to the YSN community on November 9, 1998 entitled, “Women’s Work and Health: Transnational Perspectives of Brazilian Women in the United States.”

- Ullabeth Larsson, a Swedish nurse and international scholar who serves as President of the European Council on Cancer Education, visited YSN on November 10, 1998. She joined students and faculty for an informal lunch discussion which addressed her research in cancer, research in communication, and her work with her own doctoral students.

- On November 18, 1998 YSN held a special reception in honor of a number of young New Haven artists and their families from the Hill Community whose paintings are currently on display at the School. This exhibit was part of the International Festival of Arts and Ideas that took place in New Haven earlier this year and we were fortunate enough to be able to hang some of the works in the School in celebration of this local talent.

Any faculty or staff member at YSN can be contacted by E-mail using the standard format: firstname.lastname@yale.edu

Please be sure to send any changes of address and/or telephone numbers to the Student and Alumnae/i Affairs Office, P.O. Box 9740, 100 Church Street South, New Haven, CT 06536-0740. We want to be able to stay in touch with our alumnae/i!

Apologies to Donna Mahrenholz who was misidentified as Denise Mahrenholz in the photo on page 23 of the September, 1998 issue of Yale Nurse.
Catherine Gilliss: Leadership Through Change

When people talk about Catherine Gilliss, the word “energy” comes up time and again. A fitting word to connect to this new dean who immediately set about organizing more and different ways for YSN students, faculty, and staff to interact with each other and with their counterparts throughout the University. Catherine Gilliss seems to be everywhere at once, shaking hands, meeting new people, and (miraculously) remembering the ones she’s met already. Dean Gilliss’s energy goes far deeper than that, however. She is also possessed of a wealth of intellectual energy. It’s what keeps her doggedly pursuing a research area that she describes as “messy science.” And it’s ultimately what drew her to the Yale School of Nursing, a school experiencing exponential growth in its research activities. The dean’s task will be to foster this growth and to guide it in a way that builds upon YSN’s tradition of clinical scholarship.

Dean Gilliss talked with Yale Nurse about her plans.

YN: What brought you to Yale?
CLG: I am drawn to this faculty at this point in time because of the challenges that are immediately before them and because of the way they developed their strategic plan. We are poised to make significant strides forward in the strength and prominence of this school, building on our long established core mission. It’s a time in the University’s history when Yale is particularly interested in integrating the School of Nursing into the work and activities of the other graduate schools and of the college. The Provost and President Levin are very supportive of us. Their vision of Yale is to have a more integrated whole.

YN: How will that integration benefit YSN?
CLG: We continue to develop strong relationships with people in other disciplines so that we have interdisciplinary teams in practice and research. We can extend our capacity significantly by building bridges with other people throughout the University.

YN: You’ve reached out a good deal beyond the University as well.
CLG: Yes, we’re bringing in a number of visitors this year, prominent nurse researchers from around the country, not only to look at some traditional scholarly work with us, but also to work with the faculty around issues of clinical scholarship, an area where they have always excelled. The alumnae/i will be receiving more information about these visits. It’s my hope that many of them will be able to join us.

YN: How does the research tradition here compare with that at our sister schools of nursing?
CLG: It is truly unique. YSN’s mission is to improve health care through preparing leaders in practice, education, and research. What distinguishes this school is that it does focus on health care. The faculty have a long history of practice. The research that they are doing has obvious and direct benefit to the health care of people. Nursing is an applied science, and this school has never lost sight of the fact that application is at the heart of any inquiry that we make.

YN: And what about faculty and students who see themselves as clinicians?
CLG: Actually, I believe you’d be hard pressed to find anyone in this school who does not see herself or himself as a clinician, no matter how much time the person is spending on research. That’s an enormous piece of who we are here. I remember Ann Williams saying, “Even when I’m in my research office, I’m a clinician at heart.” Just as our clinical roots inform our research, our scholarly pursuits should inform our work as clinicians. Some faculty may never conduct externally funded trials that are experimental in nature. But those faculty should also develop questions and models of care. It’s important that we develop clinical curiosity in our students, teach them to ask why, teach them to evaluate research to aid them in the care of patients. Again, we come back to the delivery of health care and how that’s accomplished in the best interests of our patients.

YN: In your own career, what spurred your interest in research?
CLG: I went into a master’s program at the University of Rochester to become an adult nurse practitioner. Through a Robert Wood Johnson Foundation fellowship, I was encouraged to become clinically curious. Dr. Loretta Ford, who was Dean at Rochester, impressed upon me that we would not move forward in nursing without the ability to conduct sound research and also to document the outcome of our practice.

YN: Why does your work so often focus on families?
CLG: I went into doctoral study very interested in groups. I wanted to focus on the group that most influenced health care and health care outcomes, and that was the family. I look at life threatening illness, because that’s an event in which the role of the whole family is especially critical. It’s a messy science. It’s compelling though, because I’ve always believed that it’s important to study things that matter.

YN: What’s “messy” about it?
CLG: The instruments are all compromised in some way. It’s quite difficult to collect data from the family, from the multiple members of the family, and then know what to do with it. Some people call the field “mom sociology,” because the temptation is to let mom speak for the whole family. Traditional quantitative methods are difficult to employ here, but those are the methods that help you get funding for clinical trials. So the challenges are great — on many levels.

YN: So you’re not just concerned with conducting research, but with changing the ways in which research may be conducted?
CLG: Very much so. At UCSF, I taught a doctoral course on theories of research methods and the study of the family. I think that extending theoretical thinking is among the most important activities that takes place in doctoral studies. When the course was over, most students said that it was the best course they ever took. That’s because the classroom was a place to think hard.

YN: Was it hard for you to leave a satisfying job, pick up, and move across the country?
CLG: The logistics of closing down one house and opening another are very hard, naturally. But the decision to come to Yale was easy. As you know, my husband, Tom, and I are from Connecticut, and our children are both attending East Coast colleges. This is a homecoming for us. And my father and brothers are Yale College graduates, so we were always very much a Yale family. As I said earlier, this is a particularly significant time in the School’s history. We have an opportunity to gain even greater prominence through the support of the Yale administration and through the exciting and growing body of research being done at YSN. We have challenges, to be sure. We need to work toward greater diversity on the faculty and student levels. We need to collaborate with nurses throughout the State and the nation to see that our profession gets the resources it needs and the respect it deserves. But we come from such a strong base. The alumnae/i I’ve had the pleasure to meet are true leaders in the best tradition of the School and the University. Our students are bright, committed people who will take nursing to new heights. I became a nurse because I wanted to make a difference in people’s lives by bettering health care. There is nowhere that I can better fulfill that ambition than Yale School of Nursing.
Ruth McCorkle’s varied career in nursing began at a diploma school and includes service in Vietnam as an Air Force nurse and work co-founding Hospice of Seattle. After beginning in med/surg, she chose to specialize in oncology in order to get more sustained patient contact. Ruth was the first research chair of the Oncology Nursing Society and has done landmark work in cancer nursing, education, and cancer control research. She directed the University of Pennsylvania’s Center for Advancing Care in Serious Illness before coming to YSN to found the Center for Excellence in Chronic Illness Care and to chair the doctoral program.

YN: Why leave an established Center to start a new one?
RM: I’m a person who doesn’t like to achieve things and then ride on them. I’ve got to be constantly achieving and striving. I also believe that you have to work with people smarter than yourself who stretch you, and I saw the opportunities within the University and within the State to work with fantastic people. I knew that our focus on policy would also stretch me.

YN: How do you see that policy focus playing out in the Center for Excellence in Chronic Illness Care?
RM: At YSN there is a real emphasis on clinical research and on policy. Frequently having a clinician as a principal investigator will help us to create a new level of knowledge discovery that will have more promise for its application. In nursing research we have some stellar accomplishments, but where we’ve failed is in the dissemination and the application of those accomplishments. Making policy the overarching framework — it’s brilliant. It will allow us to create a new translational model. We hope that it’s going to jump start practice in a new way.
YN: What direction do you see research at the Center taking?
RM: We are going to explore care in HIV/AIDS, cancer, cardiovascular disease, and diabetes, which will give us discreet populations to study. Our focus, however, won’t be on disease. We are interested in how all these areas overlap. For lack of a better term, we’ll be looking at the experience of chronic illness, questions about function and about family. Again, our clinical orientation allows us to look at these questions in a unique way.

YN: What will the makeup of the center look like?
RM: This is going to be a multidisciplinary team of researchers that draws on the strengths of Yale University. By collaborating with Medicine, Public Health, and other areas, we’ll be able to demonstrate how the whole becomes greater than the sum of the parts in health care. Of course, we will have an emphasis on scholars who are also clinicians. I also believe that it’s very important to have a health care consumer on board. There will be opportunities for pre- and post-doctoral fellows, as well as students in the master’s program, to collaborate with us.

YN: You talk about approaching problems like a clinician. Of course, you’ve stopped seeing patients on a regular basis. Can you go into that a bit?
RM: Yes, I maintained a practice until 1990, when I was diagnosed with breast cancer. It was hard to see patients going through chemotherapy and naturally associating that with myself. I needed to step back from it, and so shifted to full-time research and teaching, although I have started to get involved clinically again.

I remember I’d sort of taken offense a few years earlier when I read Gilda Radner’s book about her experience with ovarian cancer. She said that people really couldn’t help you unless they’d been there themselves. It negated so much of what I’d tried to do in nursing. But when I was treated in my own clinic, I began to see things differently. I really appreciated it when the woman filling out the papers for my mammogram looked at me and said, “Good luck.” I appreciated that human connection. On the other hand, there was nobody in the clinic that explained simple things like where to put lab slips. It was confusing, and I had plenty on my mind already. I began to see what we could do to help patients get through the experience.

YN: And you’re in a position to pass that insight along.
RM: What I’m doing now is educating the next generation of nurse researchers. I’m responsible for nurturing and developing the best program to do that and for developing the best Center in the country so that they will get the best training. There is a real opportunity here to change the way we approach caring for people with chronic illness and how the public views nursing and its role in that care.

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Friends of NINR

Over 600 guests from all over the United States attended the Friends of NINR (National Institute of Nursing Research) banquet held in Washington, DC on September 16, 1998. Secretary of Health and Human Services, Donna Shalala, was guest speaker and recipient of the 5th Anniversary Commemorative Award. YSN hosted a table and took the opportunity to highlight Catherine Gilliss’s appointment as Dean and to introduce her to some of the DC area graduates. The YSN group included Doris Bloch ’54, Margaret Cushman ’76, Dean Catherine Gilliss, Margaret Grey ’76, Judy Krauss ’70, Luc Pelletier ’82, Cassy Pollack ’83, and Lisa Summers ’83.
Margaret Grey: A Passion to Improve Patient Care

As winner of the 1998 Applied Nursing Research Award, Margaret Grey is a nationally recognized scholar. What is perhaps not nationally known is that Margaret also maintains a practice where she provides care for youths with Type 1 diabetes. After seeing the first doctoral students graduate last May from the DNsc program she established at Yale, Margaret has turned over the management of the doctoral program to Ruth McCorkle. As Associate Dean for Research Affairs, she spends an increasing amount of her time helping other faculty to develop their own research careers.

YN: Do you find it difficult balancing your roles as clinician and researcher?
MG: That's the whole point: I do research because I have a practice. I practice to know what's going on with my patients and to change the way that care is delivered. It's just like a busy marriage. My practice makes my teaching real, and my research energizes everything I do.

YN: We talk quite a bit at YSN about clinical research. But other schools of nursing will say that they're part of that tradition as well. What makes Yale different?
MG: Other schools do clinical research, but only recently have they engaged the notion of the researcher as clinician. We have the longer history: Rhetaugh Dumas '61 pioneered the idea of clinical research when she was at Yale. We also had a team of sociologists, Dickoff and James, on faculty in the 1960s who came up with the idea that practice could drive theory in the way that research drives theory. We've built the doctoral program on that tradition.

One is much more likely to find elsewhere that a researcher formulates a question and a methodology and then forms a partnership with a clinician. At Yale, the problems come directly from the practice, so they're not "ivory tower," esoteric questions.

YN: Does that affect the way that the findings are applied?
MG: Absolutely. In disseminating, we have a commitment to go back to that clinical base with our findings, not just to traditional research meetings. I find that the work we do resonates with clinicians in a way that it wouldn't if the questions were more esoteric. I hear things like, "I'm so glad you studied this. I didn't know how to go about looking at it."

YN: The stepping up of the research effort at YSN is very apparent, both in activity and dollars. What kinds of things are you doing to spur that growth?
MG: We're doing a number of things, including creating opportunities for people to work together around compatible interests. I'm providing a lot of consultative services, like reading drafts of grants over and over again. The research office is also offering support services that faculty require to do research work. Of course, the School is also looking ahead to find out where the holes are in our research capabilities. Research is certainly a priority in recruiting faculty.

YN: The climate of research throughout the University must help.
MG: One of the major reasons that I came back here is the receptiveness to doing research collaboratively, particularly with colleagues at the School of Medicine. There is a recognition by faculty that the clinical problems we are dealing with are bigger than any one of our disciplines. Right now I'm working with colleagues from the School of Medicine and Main Campus on a project to prevent obesity in adolescent girls. In many institutions, these kinds of opportunities are really hard to pull off. That project is also going to include community-

Margaret Grey
BSN: University of Pittsburgh
MSN: Yale School of Nursing
DrPH: Columbia University
Elected Fellow of American Academy of Nursing, 1990
Distinguished Fellow, National Association of Pediatric Nurse Associates and Nurse Practitioners, 1990
Distinguished Alumna Award, YSN, 1991
Applied Nursing Research Award, ANA, 1998
based organizations. We have good relationships with strong community providers like Hill Health Center and Fair Haven Health Center. It's not just us "coming down from the ivory tower;" it's a real partnership. Right now we have a doctoral student, Carmen Adams '00 (DNSc), doing work with Latinas at Fair Haven Health Center, and they are thrilled to have her. She's making a real contribution.

YN: Does the tradition of clinically-based research you describe influence the doctoral program? MG: Our doctoral program attracts students who are clinicians who want to do research based on clinical practice and build on their skills as clinicians. In some places, people like that would begin doctoral study as if they were an empty slate. And they certainly wouldn't have many faculty they could look to as role models. I'm living proof that you do not have to give up practice to do research.
Teaching patients to cope with diabetes and with adolescence

A team of Yale researchers led by Margaret Grey '76 found that teaching coping skills to adolescents with diabetes significantly improves the youths' metabolic control over the disease, as well as their overall quality of life. The team won the Applied Nursing Research Award for their work which was published in the journal, *Applied Nursing Research*. "If the gains made by the adolescents in our study can be maintained, they can expect a 25 percent reduction in long term complications," said Grey, the Principal Investigator in the National Institute of Nursing Research study.

After six months, youths who had the skills training showed a 42 percent reduction in metabolic control over peers who had not had the training. They also scored better on quality of life measurements, including reporting fewer worries about their diabetes. The researchers found such dramatic improvement in the group receiving skills training that they felt ethically compelled to offer the training to the control group as well.

Margaret Grey

"This is a relatively inexpensive, brief intervention that has real potential to help adolescents," said Grey. Her co-author colleagues were Elizabeth Boland '95 and Maryanne Davidson '90, both Lecturers at the Yale School of Nursing, and William Tamborlane, Professor at the Yale School of Medicine and one of the investigators of the landmark Diabetes Control and Complications Trial.

The 1993 release of the Diabetes Control Complications Trial results changed the way that Type-1 diabetes is treated. The study found that intensive interventions — typically the use of an insulin pump or multiple injections daily, as well as four or more daily blood tests — reduced long term complications. Despite the widespread adoption of this regimen, managing diabetes in adolescents remains difficult. The biological changes of adolescence make even those without diabetes resistant to insulin. These biological issues are compounded by psychosocial ones.

As Grey puts it, "Teenagers in particular are difficult because they're teenagers." Factors ranging from resentment of parental control over scheduling injections, to fear of appearing strange in front of their friends can prevent adolescents from taking the necessary steps to manage their diabetes, she said.

Helping women deal with disquieting knowledge

Jeannie Pasacreta, Director of YSN's Psychiatric-Mental Health Nursing Program, has spent her career studying the psychosocial implications of breast cancer in women. More recently, she has turned her attention to women who are at high risk for breast cancer. Because genetic testing can now identify some of the mutations associated with breast cancer, still healthy women are facing many of the same difficult questions that weigh on breast cancer patients. "It's brought the point of diagnosis to a much earlier time," said Pasacreta. She is currently conducting focus groups of high risk women to determine the psychological, social, family, and insurance issues around genetic testing. "We hope to develop a questionnaire to screen women who may have ongoing difficulty with the issue of their risk status," said Pasacreta.

The demand for genetic testing may increase dramatically following a National Cancer Institute
announced that tamoxifen, previously used to treat breast cancer, actually lowered the breast cancer rate 45 percent among high risk women in a clinical trial. “This gives women more motivation to go through genetic testing,” she said.

“Prior to the tamoxifen trial, the only option open to women who found that they had a breast cancer susceptibility gene was to undergo prophylactic mastectomy and/or oophorectomy.” Pasacreta cautioned that an increased demand for genetic testing could motivate industry to market that service strictly-for-profit, without providing the counseling that women need. “The concern initially was that it could be marketed like a home pregnancy test,” said Pasacreta. The tests for breast cancer susceptibility genes often do not yield clear-cut results, she explained. Without a detailed examination of a woman’s family history and associated counseling and education, it is difficult to determine who should be tested.

Giving women the alternatives they want

Menopausal women who fear the ill effects of prescription estrogen are presented with myriad alternative therapies to manage their symptoms, but there is little objective information available about the efficacy and even the safety of these therapies.

Susan M. Cohen, Director of YSN’s Adult Nurse Practitioner Program, is undertaking studies to explore two alternative therapies — acupuncture and the herb black cohosh. Cohen’s research has been guided not by a particular interest in alternative medicine, but by her interest in women’s health.

“Women have been told, ‘Take your estrogen,’ but they are clearly not comfortable doing that,” said Cohen.

While estrogen can prevent osteoporosis and help relieve hot flashes and other discomforts associated with menopause, there is also a suspected relationship between the hormone in its prescription form and breast cancer. While most physicians will prescribe estrogen for menopausal women, less than half these women will fill their prescriptions, said Cohen. Within a year, some studies show, only 20 percent of the women for whom estrogen was prescribed will be taking the hormone.

Some women turn to herbal therapies. But Cohen cautions that anyone can call herself or himself an “herbalist.” Great claims can be made by herbalists and the popular press, as is the case of St. John’s Wort, touted as “Nature’s Prozac,” a safe, non-prescription antidepressant. “St. John’s Wort is a bad choice for people with severe clinical depression,” said Cohen. “We need more good, scientific studies on herbal therapies.”

Cohen has already worked with a graduate student on an encouraging pilot study of black cohosh and plans a larger study of the herb’s effectiveness controlling hot flashes. The herb has been used for at least 300 years for the relief of “women’s complaints” and is native to the eastern United States.

Cohen is currently on research leave to conduct a study of acupuncture’s effectiveness in relieving menopausal symptoms in breast cancer survivors. Though studies have confirmed acupuncture’s utility in pain relief, Cohen said that more investigation must be done to determine what sites give relief for menopausal symptoms and how many treatments are necessary to see a benefit.

Menopause is a natural process, said Cohen, and not all women want or need interventions to control its symptoms. But the baby boomers entering menopause do face challenges that their mothers did not. “If you have a hot flash in the middle of an important business meeting, it may be a much bigger deal than if you have one while you’re doing the laundry,” she explained. In a culture that routinely medicates headaches and colds, the demand for interventions around menopause is predictable, Cohen added. “This is the first generation of women who have been able to control their fertility,” she noted. “Today’s menopausal women expect to have more control over their bodies than their mothers did. I’d like to be able to offer these women alternatives that are well tested,” said Cohen.
NMP Grads Hold Diverse Jobs

By Donna M. Mahrenholz, RN, PhD, Director, Nursing Management and Policy Program, YSN

The objective of the Nursing Management and Policy Program is to prepare nurses to integrate concepts, knowledge, and skills of management and policy for positions of leadership across delivery settings. The program is designed to provide didactic and practical experiences in management and policy. Students are required to take a set of core courses and then are able to select eight credits of electives to augment their skills and knowledge in areas of their choice. This allows the individual student to gain the skills and knowledge needed for future leadership roles of his or her choosing. The mastery of these advanced conceptual skills is necessary to articulate the problems, solutions, goals, and strategies of the delivery of health care.

The Nursing Management and Policy Program’s roots are in former YSN programs and specialities, such as the community health clinical specialist program and nursing systems. The first graduate of the program in its current iteration was Carol Ann Wetmore in 1994. Carol Ann is employed as a Partnership Manager at Oxford Health Plans in Connecticut and continues to work part-time as an instructor in the pediatric rotation of YSN’s Graduate Entry Program in Nursing.

A survey was sent out this past summer to all graduates of the program to determine current employment. Five 1996 graduates returned the survey. Crystal Ahn is working as a clinical case coordinator in the Case Management Department of Danbury Hospital, Danbury, CT. She feels that the courses in health policy, legal issues, and knowledge of home care practice and policy have been very beneficial in her current position. This past summer Lea Ayers was in transition from her first job after graduation to a new one in another state. She had been working as an administrator of a nurse-owned staffing agency in Massachusetts. In the time Lea had been with the agency, staffing demands changed dramatically with home care subcontracting for nurses and aides evaporating. She noted an increase in requests for private service staffing, but a stable level of use for long-term staff. She and her husband relocated to a small town in New Hampshire where she is currently working as a part-time instructor in a university school of nursing. After spending the first year post graduation in a home care agency, Fran Gwinnell is now a nurse manager in a private-duty nursing agency that provides high-tech services such as tracheostomy care and ventilator care. Beth Lada is working as a Senior Associate with CurranCare, a nurse-owned consulting company based in Chicago. This summer she was working with a hospital-based home care agency helping the agency become profitable while delivering care across the continuum. She feels that her experience at YSN prepared her for her position, especially the courses in the Home Care and Community Health Management and Policy track. Mariette McCourt is working as staff to the Connecticut Medicaid Managed Care Council in Hartford, CT. She frequently sees YSN.

Attending the April reception were Fran Gwinnell ’96 (L) and Mariette McCourt ’96.
Assistant Professor Sally S. Cohen '80 and the current students when they travel to Hartford on field trips. This fall I had a conversation with CT State Senator Toni Harp, Co-chair of the Public Health Committee, who was most complimentary about Mariette's work. Senator Harp stated that she hoped more nurses would follow in Mariette's footsteps!

Members of the Class of 1997 are now in their second year post graduation. At the time she returned her questionnaire, Susan Brink was working as a senior systems analyst at the Hospital of Saint Raphael in New Haven. She assists in the analysis of hospital workflow processes in a team with other hospital personnel in order to create clinical system changes. She feels that the information and knowledge she gained from the group project course and the Uses of Data in Decision-Making course have helped her in the positions she has held. Cindy Czaplinski is the Nurse Manager of the Nursing Resource Pool at Yale-New Haven Hospital (YNHH). She is active in the Connecticut Nurses’ Association as Director of Region 3 and in the Delta Mu Chapter of Sigma Theta Tau. She feels that YSN increased her ability to use data and information in decision-making and managing. She states that the most interesting aspect of her work is with committees and the work needed to implement changes, while the most rewarding aspect is when she is able to recognize the high performances delivered by her staff. Brooke Karlsen is the Associate Director of Materials Management and Purchasing at YNHH. This position enables her to work with clinicians to standardize products and reduce unnecessary expense in purchase of supplies, equipment, and services. She feels her elective courses at the Department of Epidemiology and Public Health and the School of Management, plus the acquisition of written and oral presentation skills along with working and analyzing data, are very helpful in her current job. At the time of the survey Irene Markham was a director of nursing at a long-term care facility. This past year’s graduates are in various stages of their careers. Moira O’Neill, after taking the summer off, has been interviewing for a wide range of jobs. As this article goes to press, she is in final negotiation with an agency. Jane Regan has been working with Paula Milone-Nuzzo at YSN assisting two Chinese nurses learn more about management and home health. Jane will go to China as a Chia Fellow early in 1999 to learn more about nursing in China. She also is working with Paula on a survey for the Department of Public Health that is looking at VNA well-baby clinics. Nancy Tracy is a clinical supervisor in a home care agency here in Connecticut.

As these brief snapshots indicate, Nursing Management and Policy graduates are prepared for a wide variety of positions in many different settings. For more information about the program, contact Donna M. Mahrenholz, Program Director, at (203)737-5391 or e-mail her at donna.mahrenholz@yale.edu.
Yale School of Nursing Opens Office of Research and Policy

YSN has officially opened its Office of Research and Policy, marking the School’s enhanced emphasis on research to complement its long-standing tradition of clinical excellence.

The Office of Research and Policy will facilitate the scholarship of the YSN faculty and community, offering administrative support and consultation services in grant development and management, writing, statistical analyses, and database management and development. The office is headed by Associate Dean for Research Affairs Margaret Grey ’76, who is also Yale’s Independence Foundation Professor of Nursing. In addition to encouraging scholarship throughout the YSN community, Margaret will continue her own widely recognized research on the adaptation of children and their families to chronic illness. “The stated mission of this school has never changed; we want to contribute to better health care for all people,” said Margaret. “Research and scholarship, because their impact is so broad, offer our faculty and students a wonderful opportunity to work toward that goal. As our research and scholarship are translated into policy and practice, we not only advance the health of our own patients, we advance health care itself.”

The Office of Research and Policy includes The Center for Health Policy, directed by Sally S. Cohen ’80, Assistant Professor. The Center serves as the focal point for policy discussions within the School of Nursing and facilitates linkage among clinical nursing practice, research, and policy. Under the auspices of the Center, Sally and other faculty members offer testimony at the state and federal level on issues of health care and nursing practice. The Center also sponsors forums linking research and policy on such topics as managed care.

YSN is developing a Center for Excellence in Chronic Illness Care, under the direction of noted cancer researcher Ruth McCorkle, who also directs YSN’s doctoral program. The first of several planned centers for excellence at YSN, it will advance research in AIDS, cancer, cardiovascular, and diabetes care by drawing upon the expertise of the YSN faculty and the Yale faculty at large.

“Yale School of Nursing has assembled a truly eminent team of nurse researchers,” said YSN Dean Catherine Gilliss. “I am proud of their scholarly work, for its excellence and insight and for its clear potential to reform policy and practice. It delights me that our students can benefit from their mentorship.”

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**Figure 1: YSN Extramural Research Grants Activity, 1993-1998**

![Graph showing YSN Extramural Research Grants Activity, 1993-1998](image)

**Figure 2: Growth in Research Dollars (In thousands)**

![Graph showing Growth in Research Dollars (In thousands)](image)
Colleagues in Caring Project

By Donna M. Mahrenholz, RN, PhD, Director, Nursing Management and Policy Program, YSN

The Colleagues in Caring project is a national project partially funded by the Robert Wood Johnson Foundation (RWJF) to address the need for collaborative planning and implementation of nursing workforce actions and policies. RWJF is one of the largest of the private foundations in the United States which fund health care studies and projects. In August, 1995 they announced the project and requested proposals. The Connecticut League for Nursing (CLN) developed and submitted a proposal which successfully competed against 56 applications to become in August, 1996 one of the 20 sites nationally which were awarded 3-year grants.

The Connecticut Colleagues in Caring (CIC) Project built on new and expanded existing relationships to establish a statewide consortium of providers, educators, professional organizations, policy bodies, and third party payers. This consortium is evaluating the Connecticut nurse workforce needs and educational resources in order to develop a plan to meet the health care needs of the citizens of Connecticut. The consortium’s work is accomplished through a steering committee and task forces. The Steering Committee, which meets regularly, consists of 25 persons representing various professional and special interests groups from all areas of the State. Judith Krauss ’70 served on the Steering Committee prior to her retirement from the YSN deanship. Donna M. Mahrenholz now serves on it.

Three task forces were initially appointed: the Task Force on the Future Health Care Delivery System, the Task Force on the Workforce and Education, and the Task Force for Future Data Collection. The activities of these task forces varied, with the Task Force on the Future Health Care Delivery System using available statewide data to produce a report that describes the salient facts and figures which will impact the future of health care delivery, and the other two Task Forces developing surveys and other methods in order to collect data that they determined to be important to the development of a plan for the future nursing workforce in Connecticut. These April, 1998 surveys were distributed to employers of nurses asking about future plans for employing licensed nurses compared to present practices; to various persons involved in healthcare regarding thoughts on the future of health care in the State and nurses’ roles in this future; and to schools of nursing and their faculty about their plans for the future education of nurses. Also during this time, 21 focus groups were conducted with various licensed nurses throughout the State. These focus groups were led by graduate students from all schools of nursing in the State under the supervision of Barbara Witt and Kathleen Heinrich at the University of Hartford. Two YSN students, Leslie Farkas ’98 and Helena Chmielowicz ’98 led focus groups with support from YSN faculty member Jeannie Pasacreta.

Prior to the above surveys, the Research Advisory Group (RAG) was established to assist with data collection and analysis. Sally S. Cohen ’80 and Donna M. Mahrenholz serve on this committee. The RAG examined existing data available in the state and nationally. It soon became apparent that no agency had an in-depth “picture” of the current Connecticut nurse workforce. Estimated numbers were available
from the federal government calculated from data obtained in the National Sample Surveys of Registered Nurses conducted by the Division of Nursing, Department of Health and Human Services, and actual numbers of licensed APRNs, LPNs, and RNs were available from the CT Department of Public Health and the State Board of Nurse Examiners. But no actual counts with demographic data describing the current nurses in Connecticut were accessible.

Therefore, the first project was to establish a database which described the nurses in Connecticut. Even though all licensed nurses renew their state licenses annually and are asked a few questions on their renewal applications, these data are not compiled by the Department of Public Health into a database. The Connecticut State Board of Nurse Examiners reported that 48,721 registered nurses (RNs), 11,230 licensed practical nurses (LPNs), and 1,419 advanced practice registered nurses (APRNs) held licenses in the State in April, 1997. A random sample of these nurses who renewed in 1996 and in 1997 were abstracted by two YSN graduate students, Amy Drescher-Crumpley '99 and Barbara McCloskey '00 under the supervision of Donna M. Mahrenholz and with the cooperation of the Department of Public Health.

These abstractions took place in March, 1997 and July, 1998. The initial year 1996 was chosen, so these data could be compared with the national sample that the Division of Nursing had collected on registered nurses in March, 1996 and published in December, 1997. The APRNs were over-sampled because of their low numbers compared to the other two licenses. The data from these samples were analyzed and the RN data were compared with national data obtained from the National Sample Survey of RNs conducted by the Division of Nursing. See Table 1. Similar national databases for LPNs and APRNs are not available.

**RNs**

The average age of nurses nationally and in Connecticut is over 40. A lower percentage of licensed RNs are employed in Connecticut than nationally; also in Connecticut, a lower percentage are employed full-time. Consistent with the national data, the largest number of registered nurses in Connecticut work in hospital settings, but at a lower proportion. There are more Connecticut RNs employed in long-term care than are reflected in the national figures. These national data show that the New England and the West North Central areas were more likely than other areas to have higher proportions of their nurses employed in nursing homes or other extended care facilities.

Graduate degrees are held by 11.2% of Connecticut’s registered nurses. Connecticut, along with Massachusetts and Rhode Island, are three of the four states with the highest proportion of registered nurses with graduate degrees.

### TABLE 1 Comparison of Employed Registered Nurses in CT & US, 1996-1997

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<td>N=657</td>
<td>N=646</td>
<td>N=25,256</td>
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<td>Empl oyed</td>
<td>78.1%</td>
<td>78.7%</td>
<td>82.7%</td>
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<td>Average Age</td>
<td>44.8</td>
<td>45.1</td>
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<td>Setting</td>
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<td>Highest Degree</td>
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<tr>
<td>Diploma</td>
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<td>No Response</td>
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<td>35</td>
<td>5.4%</td>
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Average Work Hours per Week
As Reported by Licensed Nurses,
1996 & 1997

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<th>Hr/Wk</th>
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<th>APRN</th>
<th>RN</th>
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APRNs

APRNs have the highest percentage of licensees employed (1996: 93.3% and 1997: 90.7%). The average hours worked per week of all licensed nurses in Connecticut have decreased in the two years examined. See Table 2. A higher percentage of APRNs (1996 and 1997: 64%) work full-time (>36 hours) than RNs (1996: 55.3% and 1997: 53.1%) and LPNs (1996: 51.0% and 1997: 42.3%). Because the APRNs were over-sampled, comparisons of employment settings need to be done with caution. The highest percentage of APRNs (1996: 38.4% and 1997: 37.5%) work in ambulatory care. As expected, the majority of APRNs (1996: 62.4% and 1997: 69.1%) hold a master’s degree as their highest degree.

Future Activities

Two new Task Forces, one focusing on nursing delivery and service and another on education, have been created to use the collected data in formulating a plan for the future. The collected data from the initial task forces, data from the focus groups, and the random sample were presented at two meetings, one at Mystic in September, 1998 and one to the nursing leaders in service and education in October, 1998. Plans continue to be developed so that the future nursing workforce will have the requisite skills and knowledge in order to meet the health care needs of the citizens of Connecticut in the 21st century.

For more information, contact Donna M. Mahrenholz at YSN or Diantha McMorrow, Project Director, at the Connecticut League for Nursing.

Florence Wald Reception

Former Dean Florence Wald was honored by her friends at The Connecticut Hospice on the occasion of her induction into the National Women’s Hall of Fame with a reception held at Bittersweet Farm in Branford, CT on August 4, 1998. Many of Florence’s friends and colleagues from YSN had the pleasure of attending this wonderful acknowledgment of Florence’s many accomplishments. Standing behind Florence (L to R) are Margaret Grey, Colleen Shaddox, Marge Funk, and Henry Wald, her husband.

IN MEMORIAM


Elizabeth R. Walters ’32
Date of death unknown.

Josephine Riley Johnson ’34 died August 18, 1998.

Elizabeth Tucker Smith ’47 died September 15, 1998.

Eleanore L. Hayden ’57 died on October 18, 1998.

Yale Nurse received notice of the death of former YSN faculty member, Margaret A. Colliton, on September 24, 1998.
The Expedition Nurse

By Moira O'Neill '98

When my friend Jane invited me to join a group hiking the Grand Canyon after graduation last spring, I thought she was inviting me as a fellow hiker, not as a nurse. Her husband Peter argued with friend Ron about who would hike nearest to me, ensuring prompt CPR during the descent into the Canyon. I just chuckled and nodded my head and lingered at a nursing home med cart, contemplating the theft of a few nitroglycerin pills for my First Aid kit. Because I was a "Yale Nurse," no one would accept that I knew nothing of First Aid!

Once at the Grand Canyon our group of nine, ranging in age from twelve to 70, met the 4:00 AM bus to the South Kaibab trail head at Yaki Point. In the early morning darkness we were a rag-tag bunch with hats askew, hydration system tubing swinging behind, and layers of mismatched clothing. Only one member, Cindy, looked well coiffed and stylishly out of place. Still, using hiking poles and treading carefully, she steadily descended into the canyon ahead of us. Seventy-year-old Peter disappeared at the front of the pack as well. With gouty knees firmly bound in elasticized wraps, he set a brisk pace, appearing only now and then in the distance, yodeling or stopping for a snack. Jane and I brought up the rear, soon overcome by heat and exertion after spending too much of the cool, shaded morning hours gasping at the scenery. The South Kaibab trail skirts ridges over 7,000 feet above sea level, winding down to 2,500 feet at the cold Colorado River, seemingly close, yet seven miles of switchbacks away.

Despite aggressive warning signs about the dangers of hiking unprepared, we met numbers of people with inadequate footwear, water supplies, food, and even hats. I found my progress slowed by frequent stops to administer the First Aid I knew little about, mostly applying mole skin to sore feet, in addition to sharing food, water, and hats, all of which we carried in extravagant and burdensome abundance. Our packs were filled with high energy snacks, trail mix, carrots, fruits, and anchovies. We decided anchovies were a fine intervention for avoiding electrolyte imbalance. It is not uncommon for hikers in the Canyon to over hydrate with water, further compromising sodium levels already depleting through perspiration. We were also a group of anchovy lovers, a special breed. Cindy and Ron were exceptions; their tastes were not so exotic. They carried packets of orange juice and peanut butter crackers. She explained that she had recently been told that she had hypoglycemia. A cousin had advised her that orange juice was a good remedy. I didn't have time to review a diabetic diet with Cindy, or the value of protein and complex carbohydrates. I was on a hike, truly not expected to be on call the whole time!

At the bottom of the Canyon, Phantom Ranch welcomed us with cold showers and bunk beds. After solid naps, our expedition team met and took inventory. Despite exhaustion from heat and the physical duress of walking downward for seven miles, we all seemed in good condition. Cindy was the only exception. She had prepared for the trip by joining Weight Watchers over the winter, as well as an aerobics class for "the over 50." Unfortunately, she had not prepared her feet for the rigorous hike into the Canyon. Assessing the monstrous blisters that had formed on her feet, I had the feeling she was more than unaccustomed to long walks. I reckoned she had never walked barefoot in her life. Because of her determination to reach the bottom, she never revealed the pain she was experiencing in her boots.

We had three days at Phantom Ranch to recover, stretch out, and prepare for the ascent back to the rim. The group took short day hikes, feeling more fit each day. Cindy could not tolerate much walking. I was torn. To allow healing I advised her to rest, but to keep muscles from stiffening, I advised her to walk. She slept most of the three days. I suspected she was sedating herself for pain. The night before our hike out, I stood staring at a red cross on the steps of the park ranger's bungalow. I already knew that people who hiked in, hiked out; that mules were not an option unless you rode in on one; that even those willing to pay the $2,000 fee for a helicopter ride had to be in life or death circumstances for pilots to risk the dangerous air currents and limited landing space of the Canyon. Still I hoped the ranger could offer me some sage advice. Perhaps the blisters should be treated. I argued against that, worrying about the dusty, mule-contaminated Canyon floor. But she had nothing more to offer than a knowing, sympathetic look. I returned to
the Bright Angel Creek where I had left Cindy soaking her feet in the cold spring water. We made plans for an early start and a slow, steady pace.

At 3:00 AM I heard Cindy get up. Jane hesitated in the early hour, but I recognized that Cindy was driven. She had a long day ahead and we all had a hot climb up the nine and a half mile Bright Angel Trail. It was critical that we get through Devil’s Corkscrew, a canyon cove with a propensity for excruciatingly hot trapped air, and make it to Indian Gardens, the shaded halfway point, before the heat of the day began. In the dark we re-packed duffels for the mules to carry out, and minimized our pack weights to fluids and food to eat on the hike. Ron couldn’t find his flashlight, so Jane held hers while he consolidated bags. We were on the trail just after 4:00 AM. As we set out, we quietly planned that I would stay behind until Indian Gardens, monitoring Cindy’s progress and repairing anything I could. Then Jane would switch with me until Three Mile Resthouse. Cindy set out ahead, but was soon overtaken by the group. Ron caught up and stayed at her side. After about a mile, she stopped and asked me to apply more moleskin. There really was no place to put the stuff; her feet were two enormous blisters. By 10:00 AM we met up with the rest of the group at Indian Gardens. Well pleased with our progress, we ate and Cindy fell asleep. I left ahead with the boys and immediately felt the scorch of the desert sun. This would be a long day.

Our party spread out along the Bright Angel Trail. I paired off
The Expedition Nurse
continued

with Peter whose pace slowed in
the heat. Between Indian Gardens
and the rim, there is very little
shade. We stopped frequently
whenever there was an outcropping
offering even inches of shade. It
was at such a spot that Jane caught
up to us, without Cindy in tow. She
explained that Ron insisted Cindy
get rested, that they would be fine,
that Jane should get moving. We
lingered some time, sharing trail
tales with passers-by. Soon we start-
ed hearing rumors of hikers being
warned away from leaving Indian
Gardens. The temperature was
climbing to over 100 degrees, and
with no shade above the Gardens,
rangers were advising against hik-
ers ascending. It was said that a
hiker leaving Indian Gardens at
11:00 AM in the heat of the sun
would arrive at the rim after a per-
son who left at 4:00 PM as the day
began to cool. Just the previous day
a woman was near death with heat
exhaustion, requiring evacuation
by chopper. An Australian fellow
was the first to describe Cindy and
Ron as two of the hikers who were
turned back. With gray hair, spiffy
hats, and hiking poles, Cindy and
Ron were easily identifiable. We
came to understand that this cou-
ple would not resume their ascent
until 4:00 PM as the sun moved
across the sky and away from the
Canyon trail.

From Three Mile Resthouse I
moved on alone. Trail traffic now
was heavy with day trippers and
mule trains. The day trippers were
just out of their cars at the rim, few
with hats or hiking boots. Many
lacked water or snacks. I was hot,
my pack was too heavy, and I
wanted to get to the rim. After a
while, I could care less about the
people on the trail with blisters and
no water. What was I, the Grand
Canyon Nurse? They should have
heed ed the Park Service signs. I
moved on and caught up with Lars,
the 12 year old, who graciously
waited near the trail head to finish
first, but with company. Shortly
after, his brother Anders arrived.
We headed for the snack bar and
ordered every dairy product we
could get our dusty hands around.
Although the food at Phantom
Ranch was excellent, especially
with our anchovy accents, dairy
products were limited due to the
necessity to transport everything by
mule. We found a spot and slurped
away, awaiting the rest of the team.

By 6:30 PM everyone was out of the
Canyon except Cindy and Ron.
Reviewing their predicament, I esti-
mated they were out of food, had
no flashlight, and no jackets.
Although we had packed well with

Arriving at Phantom Ranch at the bottom of the Canyon. Some people travel the "easy way."
provisions, we had not anticipated that Ron and Cindy would be in the Canyon an extra six hours. I also remembered back in the early hours of the day that Ron could not find his flashlight, and doubted they had carried jackets in their one-lightened pack. Considering Cindy's reports of hypoglycemia and unavoidable exhaustion, we could assume she was in trouble. I spoke with a ranger early in the evening who gave me another of those knowing looks and explained that the Park Service was just not equipped to keep tabs on everyone in the Canyon. There were caches along the trail with emergency radios for hikers who were in trouble and knew about them. The former criteria eliminated Cindy and Ron. I knew they would not find the radios. What did the rangers think about private citizen rescue attempts? Well, of course they discouraged anyone from hiking into the canyon after dark; beyond that, they could not say. Our group discussed measures to take. I volunteered to go back after Cindy and Ron with supplies and flashlights. Everyone wanted to go. I suggested it was too dangerous for the kids to hike down in the dark and that parents should stay with them (especially 70 year old parents). Finally I argued that one idiot in the Canyon at night was better than seven idiots.

I packed sandwiches, drinks, fruit, jackets, and flashlights, then set out. When we had first arrived at the South Rim of the Grand Canyon a week before, the moon was full and the canyon was bathed in a blue brilliance. Night time was the only time I could look at the Canyon; otherwise it was just too overwhelming. I remember feeling it would be really lovely to hike the Canyon in the cool, bril-
The Expedition Nurse

continued

close. The wind was coming up and the desert air was quickly cooling.

In the dark of the night, the most astounding thing was the number of people on the trail. The majority seemed to be teenagers. Some, like Cindy and Ron, had been caught while returning. Others were looking for people and still others seemed to be thrill seekers. It was not long before I gave away flashlights, a jacket, and several food items to some very anxious hikers. I warned the individuals without flashlights of the dangers ahead. They seemed to take heed, then asked if I were a ranger. When I said no, they dismissed me and moved on. Maybe I should have explained I was a nurse; that tends to carry a bit of weight. Continuing down the trail, I worried about Cindy and Ron and now worried about a lot of other people, too, hoping not to hear sudden long, disappearing screams.

I descended into the Canyon about two miles. My flashlight was enormous, showering the trail with light. After a time, I came around a bend and saw before me a small wisp of light and two agonizingly slow-moving bodies coming towards me. I stood in the middle of the trail with one hand on my hip and the other shining the light in the direction of Cindy and Ron. I said, "You are late for dinner," and Cindy burst into tears. I offered them sandwich es that Cindy declined; then she ate two. In the glee of being reunited, Ron stepped back to make a point and came perilously close to the edge. He did have a flashlight, but it was just a pen light with waning battery power. They had been moving up the trail in measured steps (the goal was 30), then stopping to rest and turning out the light to conserve the batteries. In the relative darkness, they did not appreciate the proximity of potential disaster that was beyond the trail's edge. Once fed and juiced, we all resumed their measured pace. The last two miles out of the Canyon took about two hours. I followed behind, illuminating the trail at their feet and distracting them from their discomfort with cheerful chatter.

The next night we had a celebration dinner in the private dining room at the El Tovar restaurant. The richly paneled room is said to have been a favorite of Teddy Roosevelt's. Everyone was dressed in real clothes and brilliant Southwestern jewelry. The food was excellent and we extravagantly ordered every course possible. Cindy, sitting next to me, quietly shed her sandal and placed her foot discretely in my lap to show off her blisters. Yes, they were like nothing I had ever seen, monstrous eruptions disfiguring her pedicured foot. But during dinner? Only a nurse would be treated to such a delightful dinner conversation piece. It is the beauty of being a nurse. People feel comfortable revealing their most intimate afflictions to you. They also feel comfortable falling in under your wings, confident in your ability to get them out of danger or ill health. It's what I like about being a nurse.

Jane says that on the next Canyon hike I can go as a private citizen hiker, but I still find myself introduced at dinner parties as "the Expedition Nurse." I have bought a smaller pack. It rides higher to assure a lighter weight and has less room for extras like the First Aid kit. However, I'm not sure I can leave that kit behind!

AYA NEWS

By Linda Demas '89, AYA Representative, YSN

Sometime last June Barbara Reif, YSN Director of Student and Alumnal Affairs, called with an invitation to serve as one of the representatives from the School of Nursing to the Association of Yale Alumni, beginning with the Fall, 1998 Assembly LII. "Now why would I want to do that?" I asked, thinking I had already served YSN as a student representative to GPSCY, a YUSNAA Board officer, and a Co-editor of Yale Nurse. "Well, we would need to get together at least twice a year," Barb replied. Hmmmm...I am easy!

Does it surprise you that as a YSN commuting student I drove to and from New Haven without ever venturing onto the Old Campus? And, I had my own thoughts about what it would be like to mix with those Yaleis. Perhaps I would finally learn my way around?

What a fabulous treat! Marvel Davis '70, a member of the AYA Board of Governors, welcomed me at the morning breakfast for first-time delegates and guided me through initial confusions. The Assembly on the "Internationalization of Yale" proved to be an exciting and stimulating three days on campus. We explored how Yale, in an economic and communication age, will internationalize at home and abroad, acknowledging the multifaceted process that such an effort will encompass. In addition to Yale faculty, administrators, and alumni, international and American undergraduates engaged delegates both formally and informally. Rafael A. Porrata-Doria, Jr. '77 JD, Chair of the Association of Yale Alumni, had earlier asked if I would serve on the Nominating Committee for the Board of Governors. He implied, with a chuckle, that if it appeared that the School of Nursing was on a mission to take over the AYA, this was not an illusion! Maureen Doran '71 currently serves as Vice Chair! I found myself enthusiastically involved in this activity and look forward to continued contact with other members, as we work to present a slate for election at the Spring, 1999 Assembly LIV, "The Yale Faculty."

An AYA delegate serves a three-year appointment, attending Assemblies in the autumn and spring. Lucky me! I get to do this five more times. Thanks, Barb and Marvel!
Yale School of Nursing Offers Interdisciplinary Spirituality and Healing Program

Yale School of Nursing launches its spirituality, healing, and health care curriculum this fall with "Spirituality and Health Care," a graduate course designed for divinity, nursing, and medical students. The course is part of a larger YSN initiative to train health and pastoral professionals to care for people in a way that acknowledges the connection between the physical and spiritual. The project, undertaken in collaboration with Yale Divinity School and Yale-New Haven Hospital, is supported by grants from The Teagle Foundation, Inc. and the John Templeton Foundation.

In addition to "Spirituality and Health Care," the multicultural curriculum includes "Alternative and Complementary Therapies." The final components in the curriculum will be "Living With Dying," a course examining the needs of terminal patients and their families, and a clinical practicum where the student works under the supervision of an experienced provider to use spiritual assessment and spiritually based practices in direct patient care. These courses are planned for the Fall of 1999 and Spring of 2000. Additionally, in the spring semester of 2000 YSN will host a one-time symposium of leading authorities in spirituality and health care. The symposium (date TBA) will be open to the entire Yale community.

Yale School of Nursing, Yale Divinity School, and Yale-New Haven Hospital agreed to collaborate on the new curriculum based on the premise that appreciation of patients' spiritual beliefs is an essential component in the provision of the highest quality health care possible. In a 1994 Gallup survey, 94 percent of patients reported that their spiritual health was as important as their physical health, and 77 percent felt that physicians should consider their spiritual needs. Furthermore, a growing body of research supports the measurable healing effects of faith and spirituality. "Spirituality and Health Care" is taught by Ann Ameling '67, Professor of Nursing, and the Rev. Margaret Edgerly, Director of Religious Ministries at Yale-New Haven Hospital. Students interested in enrolling in "Spirituality and Health Care" or "Alternative and Complimentary Therapies" should call Professor Ameling at (203) 737-1791.

Ann Ameling
Yale-China Nursing Exchange:  
THEN AND NOW

By Pamela Minarik, RN, MS,  
Associate Professor,  
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“I’ve never been so happy,” say YSN student Jill Patton ’99 of the eight  
weeks she spent studying cardiac care  
nursing in Changsha. What made the  
experience so wonderful was, “having  
a life there;” daily contact with the hos­  
pital staff; dinner at friends homes,  
rather than in restaurants; in short an  
involvelement that goes far deeper than  
tourism.

The Yale-China Association,  
founded in 1901 to promote  
mutual understanding  
between China and the  
United States, is marked by ongo­  
ing collaboration that enriches all  
its participants. Yale-China became  
involved in nursing in 1908 when  
Nina Gage, RN, arrived in  
Changsha in Hunan Province to  
work as a nurse and then later as  
Dean of the Hsiang-Ya School of  
Nursing. Hunan Medical  
University (HMU) in Changsha  
was started in 1914 with the sup­  
port of Yale faculty and the Yale­  
China Association and is the largest  
in central China. The relationship  
between Yale and the people of  
Changsha has survived natural dis­  
asters, wars, and ultimately a three­  
decade hiatus during which the  
political climate prohibited Western  
involvement in the region.

Yale School of Nursing Professor  
and Yale-China Association Trustee  
Ann Williams ’81 met with  
Chinese colleagues in Changsha in  
1995 to explore a renewed nursing  
exchange. As a result of her 1995  
visit, Ann, a specialist in the treat­  
ment of AIDS patients, returned to  
Changsha in August, 1996 with  
four colleagues for more detailed  
discussions about possibilities for  
collaboration. The group included  
Jane Burgess, Coordinator of the  
YSN-based Connecticut AIDS  
Training and Education Center;
Marjorie Funk '84, expert in cardiac critical care nursing and casual status RN at Yale-New Haven Hospital (YNHH) CCU; Paula Milone-Nuzzo, specialist in community health nursing; and Pamela Minarik, (the author) specialist in psychiatric nursing and the subspecialty of psychiatric consultation liaison nursing and YNHH Psychiatric Consultation Liaison Nurse Specialist. Staff members of the Yale-China Association also accompanied the group. The delegation met with Faculty of Nursing Dean Zhou Changju, an obstetrician, and leaders of the three hospitals affiliated with HMU. The Yale group was excited by the good quality of nursing care at the institutions, impressed by the extensive preparations for the visit made by our Chinese counterparts, captivated and intrigued by the people, and fascinated by the culture.

Nurses in China traditionally attended two- or three-year courses after secondary school. Until recently there were no BSN programs in China, but now HMU, among others, has created a Faculty of Nursing to provide instruction in a baccalaureate program. Nursing and medical practice combine both Western medicine with diagnostic and interventional technology, surgery, and pharmacotherapeutics, and Chinese traditional medicine with herbology, acupuncture, massage, and Qigong. Quite advanced technology is available, but used only when clinically necessary, and not with every patient. There is less use of sedation and analgesia than in the US. There is no emphasis on "hotel amenities" for patients; no wall decorations in the rooms; little to no privacy, with a preponderance of three-bed rooms opening onto the hallway; iron beds, some with air mattresses for skin protection and most with a rattan mat for coolness; and few private rooms or rooms with toilets. Some rooms had air conditioning depending upon the condition of the patient or the type of equipment in use. Many family members were in attendance, providing food and personal care to the patient.

Registered nurses appeared knowledgeable about the patients and their care, enthusiastic, and committed. Nurses and physicians appear to have good working relationships, often quite cordial and friendly. Physicians perform services such as physical therapy and speech therapy that are generally done by other health care providers in the US, and nurses are responsible for such things as preparing intravenous solutions. All providers wear white uniforms or
lab coats supplied by the hospital. Nurses wear caps with stripes designating hierarchical rank.

A number of potential collaborative projects that were identified at the time of the 1996 visit have come to fruition. Projects currently in progress are the following:

1) HIV/AIDS training program at Hunan Medical University funded by a grant from the World AIDS Foundation to establish a series of “train the trainer” workshops in Changsha. Under the leadership of Ann Williams, Jane Burgess and Dr. Nancy Angoff have traveled to China to conduct workshops. Additional workshops and training activities are in process.

2) Cardiac Clinical Scholars Exchange Program. In 1997, Marjorie Funk and Jill Patton, on a student research fellowship funded by the Wilbur Downs International Health Travel Fellowship, conducted a descriptive study of ST segment monitoring at the CCU at Xiang-Ya Hospital (affiliated with HMU) with the help of Zhang Qiong, cardiac care nurse at Xiang-Ya Hospital. They also interviewed CCU nurses about their practice as part of a study comparing demographic characteristics, patient care priorities, patient teaching methods, and job satisfaction. Zhang Qiong visited Yale-New Haven Hospital this summer to ask similar questions of her American counterparts.

3) Community Health Nursing. A delegation of five people from HMU, including Dean Zhou Changju of the Faculty of Nursing, made an extended visit to Yale School of Nursing in July, 1998 to study community health care in a market economy and consult with American colleagues. They visited such diverse care settings as YNHH, a hospice, a community-based well-child clinic, an occupational health clinic, a pre-hospital care site, and a visiting nurses’ association. Two members of the delegation, Yang Min and Li Lezhi, will remain at YSN through December on Chia Fellowships to continue studying community health nursing under the guidance of Paula Milone-Nuzzo, who also made an additional visit to Changsha in 1997 for planning. The Chia Fellows will also study psychiatric nursing and communication skills with Pamela Minarik. Yang Min is responsible for the psychiatric nursing curriculum at HMU and Li Lezhi is a leader in the Psychiatric Consultation Liaison Nursing project at Second
Hospital. Chia Fellowships, which are administered through the Yale-China Association, are awarded to public health scholars for the purpose of developing projects that will improve the public health in Changsha. Jane Regan '98 is also a Chia Fellow. After working with Yang Min and Li Lezhi at YSN to develop their community health projects, she will go to Changsha with them to help implement the projects.

4) Psychiatric Consultation Liaison Nursing Program. Nurse leaders and clinical nurses at the Second Affiliated Hospital of HMU are collaborating with Pamela Minarik to develop a psychiatric liaison nursing program with the goal of enhancing the psychological and emotional care of hospitalized patients. First proposed in 1996, this program is part of the overall hospital strategy to implement holistic and patient-centered care throughout the hospital. Pamela’s visit to the Second Affiliated Hospital in March, 1998 included lectures about psychiatric consultation liaison nursing; assessment of communication and psychosocial assessment skills and learning needs of nursing staff, as well as training; interviews of two patients on the burn and plastic surgery unit and one patient on the psychiatric unit; and planning for further training. In July-August, 1998, Li Lezhi, the Vice Director of Nursing at Second Hospital; Yang Min; and Elizabeth Steinmiller '98 participated in the development of a training program for the Second Affiliated Hospital. Unfortunately, the effects of the floods in China have been so devastating that the training program initially planned for the fall has been postponed.

5) Intensive Training in Communication Skills, Mental Status Assessment, Psychosocial Assessment, and Psychiatric Nursing Care Planning. Pamela Minarik taught in a five day “train the trainer” program at Hui Long Guan Hospital in Beijing planned by Marlys Bueber, RN, MS, and Kathleen DeGrazia, RN, both American psychiatric nurses. Consultation has continued by e-mail.

For all of us involved in the Yale-China Nursing Exchange, our relationships with our Chinese colleagues provide an exciting and stimulating two-way exchange of expertise. As Paula Milone-Nuzzo said, “We’re gaining new perspectives about the world. We are learning how people view health, illness, and healthcare delivery systems in other cultures.” Information about the Yale China Nursing Exchange is available on the world wide web at http://www.yale.edu/yalechin/about/about.html.

Group photo taken, Summer, 1998, New Haven, CT. (L to R) Terry Hanson (Yale-New Haven Hospital), Zhang Qiong, Marge Funk, Paula Milone-Nuzzo, Pamela Minarik, Deim Zhou Changju, Ann Williams, Yang Min, Jane Burgess, “Teacher” Zhu, Jill Patton, Liz Lezhi, Chenghui Watkins (Yale-China Association interpreter)
Grace Project Update

By Ann Williams ’81, RN, EdD, Professor, YSN

Over the last three years, more than 200 women living with HIV in New Haven, many of whom had not previously received HIV care, enrolled in GRACE. GRACE (Gynecologic Regimens Addressing Candida Events) is a clinical trial funded by the National Institute for Nursing Research. The primary research goal is to examine the effectiveness of nursing interventions for the prevention of candida vaginitis, a common problem for women with immune suppression.

Participation in GRACE, a randomized, double-blinded, placebo-controlled clinical trial, required weekly use of intravaginal suppositories and semi-annual study visits that included interviews and pelvic examinations.

GRACE got underway through the development of a comprehensive community outreach program. The study team distributed information about GRACE through AIDS clinical care services, drug treatment programs, social service agencies, church presentations, community access television, and billboards. The GRACE staff included women familiar with the New Haven community and is ethnically diverse. Jane Burgess, MS, ACRN, is the Project Manager. The team worked to reach HIV positive women in the community by establishing trust and legitimacy via shared language, history, and culture. Although the GRACE staff did not provide routine health care services, they did facilitate referrals and appointments, working to encourage all HIV positive women to enter the health care system.

Data collection for GRACE concluded this fall. The GRACE research team is now engaged in analysis of the data and also in several follow up and supplemental studies. Although the clinical trial data analysis is not complete, the results of baseline descriptive data analyses have been presented at several international meetings and publications. Important findings from the GRACE project include the information that vaginal yeast infections in HIV infected women are strongly associated with advanced HIV disease, that self-diagnosis of Candida vaginitis is unreliable, and that women with a history of cocaine use are less likely to return for scheduled pelvic examinations.

Currently the GRACE team is focusing on the challenge of medication adherence for HIV infected women. The new pharmacologic therapies for HIV are very effective, but the numerous pills and complicated schedules make these regimens very demanding. In a series of focus groups and surveys, GRACE researchers learned that women who understand the purpose of the therapy and who have a positive relationship with their primary care provider appear to be more likely to adhere to the medication schedule.

The next major project for this group will be a study of the effect of home visits from a nurse and peer educator on the ability of people with HIV to adhere to medication schedules. The new project, which will begin in the Spring and will probably not be called GRACE, will include men as well as women. There are many unanswered questions about the best strategies to improve adherence. Although this study will be conducted in HIV positive individuals, the knowledge gained should be of value for those living with other chronic illnesses.

Grace team members (L to R) Jerre Winfrey, Jane Burgess, and Karina Danvers
Humor: Is Laughter the Best Rx?

By Kate Stephenson '94

The relationship between mind and body as it relates to health and illness is a complex one. Much evidence in the scientific and medical literature points to the detrimental effects that stress, fear, anxiety, and depression can have on the immune system. Pet therapy has been used in settings of chronic disease in order to lift patients' spirits. It would seem intuitive that if certain emotional states contribute to declining health, or even exacerbate illness, then perhaps others may enhance healing. However, few formal investigations have been done to look at the positive effects humor may promote on physical well-being.

Mary Jean Thielman '92, who graduated from YSN's CNS-Oncology Specialty, has always had an interest in humor. During her study at Yale, she had an opportunity to present a class on behavioral techniques in Dorothy Sexton's course. She was approached by Tish Knobf '82 to see if she was interested in helping her, the Yale Comprehensive Cancer Center, and Yale-New Haven Hospital's Auxiliary launch a humor program for patients on the gynecologic oncology floor.

Mary Jean recalls the enthusiasm of the gyn-one nursing staff and the patients' positive responses to the project, which was called The Humor Cart. "We even had a three-minute slot on Action 8 News," recalls Thielman. "Even though people think, 'Cancer--funny?', it is far from the truth. But using humor for cancer stress management is a beneficial tool in dealing with the disease." Her project's results showed that 90 percent of patient participants agreed that humor helped to ease their problems and 100 percent agreed that in their experience humor was an effective way of coping. All patients also agreed that it helped if their nurses and doctors had a sense of humor. Mary Jean recalls talking with her patients about the use of humor and how many shared stories of how humor helped them to forge new relationships in stressful times. It had also been a beneficial distraction technique for several patients. She remembers, 'Humor can help the body, mind, and soul. Several of my patients said, 'When I use humor, I'm not using a lot of energy worrying about things I cannot change,' and 'Making light of things puts other people at ease when they know I have cancer.'"

Mary Jean's approach to patients is one of teaching coping skills, where she tells patients that they cannot change the realities of the situation, but they can alter the way they respond to the situation. "I feel that humor is one thing that people can take with them wherever they go--doctor's appointments, diagnostic tests, and family functions, to name a few. I encourage patients to keep a Feel Good File for reference at any time.'

Sometimes, as Mary Jean has led support groups on humor as a coping skill, the situation itself becomes humorous. 'I distributed a handout, '25 ways to cope with stress.' Item number six was, 'Dance naked in front of your pets.' It so happened that a local newspaper reporter attended and interviewed some from the group. One patient with lung cancer started laughing and told the reporter that she did number six. Who knows if she was joking, but the way it came out in the article made it sound as if I was quoted as saying that! Well, you can imagine the ribbing I received from my nursing, medical, and administrative colleagues!"

On a more serious note, Mary Jean reminds us that humor may have some important physiological benefits such as improved relaxation, altered perception of symptoms, and perhaps improved immunological function. "There is increasing interest in psychoneuroimmunology linking immune responses to our emotional experiences. For example, laughter can decrease serum cortisol levels and negative moods seem to decrease killer T-cell numbers and the salivary IgA response. There is more research on humor and groups in the psychiatric litera-
Humor: Is Laughter the Best Rx?

continued

ture, as well. She likes to share a quotation with patients, which she views as a philosophical way of approaching life:

Humor is another of the soul’s weapons in the fight for self-preservation. It is well known that humor, more than anything else in the human makeup, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds.

Victor Frankl
Man’s Search for Meaning

Mary Jean believes that humor is beneficial, but it must be used appropriately. She uses three criteria for determining the correct use of humor: timing, receptiveness, and content. Humor would be inappropriate in a time of crisis, when the care giver is unfamiliar with the patient, or when the humor is at the patient’s expense. She offers some tips on using humor: you don’t have to be a stand-up comic—just have a cheerful, spirited approach; assess the other person’s frame of mind and be receptive; laughter should restore a person’s dignity and self-worth, whereas sarcasm can destroy these; administer the correct dose.

Mary Jean currently works as a CNS in Radiation Oncology at Midstate Medical Center in Meriden, CT. She is the co-facilitator of the Bosom Buddies, a support group for women with breast cancer. She has given presentations on the use of humor as a stress management technique to professionals, however, she promotes the use of humor predominantly through her cancer support group sessions. She and her husband live in Southington, CT.

Long Term Service Luncheon

On October 30, 1998 YSN staff members who have served YSN and Yale well for varying lengths of time were honored with the traditional luncheon and gifts. Pictured (L to R) are Dean Catherine Gilliss, Karina Danvers (10 years), Sheila Saunders (15 years), Donna Epps (20 years), Cathy Zawalich (10 years), Barbara Reif (25 years), and Lillian Hale (20 years).

Ruth McCorkle, DNSc Program Chair, showed up at the luncheon in her Halloween costume as The Shooting Star, challenging anyone in the future to top her ingenuity and creativity!
Faculty Notes

Margaret Beal '82, Associate Professor in the Nurse-Midwifery Program, presented, "A Phase One Study Exploring the Efficacy of Acupuncture on Symptom Distress and Quality of Life in HIV-Infected Individuals and Their Significant Others," at the Third Annual Nursing Research Conference at Yale-New Haven Hospital, October, 1998. The study is being conducted with Leslie Nield-Anderson, Associate Professor, Psychiatric-Mental Health Nursing Program.

Clarice Begemann ‘90, Program Instructor in the Adult Nurse Practitioner Program, has been elected President of the Connecticut Nurse Practitioners Group.

Marge Funk '84, Associate Professor in the Adult Advanced Practice Nursing Program, won the Women’s Club Championship at the Yale Golf Course last August and placed Sixth in the Connecticut State Women's Amateur Championship. Marge has been a champion golfer for many years and continues to play as much as her schedule allows.

Courtney Lyder, Associate Professor in the Gerontological Nurse Practitioner Track, wrote a chapter for former faculty member, James Fain, in Jim's recently published text, Reading, Understanding, and Applying Nursing Research: A Text and Workbook. Philadelphia (1998): F.A. Davis. Courtney’s chapter is entitled, “Interpreting and reporting research findings.”

Gail Melkus, Associate Professor, Adult Nurse Practitioner Program, and diabetes researcher, has been notified of a grant renewal from the Donaghue Foundation for her work with nursing interventions for black women with NIDDM, as well as of new funding from the Bayer Corporation in support of her research in diabetes care and education services for black women in the greater New Haven region.

Paula Milone-Nuzzo, Associate Professor and Chair of the Master’s Program, was inducted into the American Academy of Nursing on November 1, 1998 at the Academy’s 25th anniversary annual meeting and conference, “Breakthroughs in Nursing,” in Acapulco, Mexico.

Pamela Minarik, Associate Professor in the Psychiatric-Mental Health Nursing Program, and Leslie Nield-Anderson, Associate Professor, also in the Psychiatric-Mental Health Nursing Program, along with YSN 1998 graduates, Jeannie Dilworth, Janice Jones, Paula Nash, Kristin O'Donnell, and Elizabeth Steinmiller, co-authored an article, “Difficult Patient Behaviors: Identification, Assessment, and Intervention.” The article was accepted for publication by the American Journal of Nursing.

Jane Karpe Dixon, Professor; Kimberly Lee ’95; and Leslie Nield-Anderson, Associate Professor; have co-authored an article entitled, “Random assignment and patient choice in a study of alternative pain relief of sickle cell anemia,” accepted for publication in the Western Journal of Nursing Research, Vol. 21 (2), April, 1999. Leslie and Jane also presented an abstract, “The Nurses’ View of Operational Redesign: The Living Experience of Professionalism,” at the Third Annual Nursing Research Conference at Yale-New Haven Hospital, October, 1998.

Preceptor Workshop

The Third Annual Preceptor Recognition Workshop was held on Friday, September 18, 1998. Welcoming remarks were made by Dean Catherine Gilliss, after which Associate Dean Cassy Pollack moderated a panel presentation, “Putting It All Together: Integrating Teaching, Practice, Research, and Policy.” YSN faculty panelists included Sally Cohen, Gail Melkus, Paula Milone-Nuzzo, and Geralyn Spollett. Afternoon small group discussions rounded out the program. Pictured are program participants (L to R) Geralyn Spollett, Gail Melkus, Catherine Gilliss, Cassy Pollack, Sally Cohen, and Paula Milone-Nuzzo.

Rebecca Edwards '99 and Jennifer McInnes '99 have been selected as co-recipients of the Richard D. Frisbee III Foundation Scholarship for 1998-99. The scholarship was established in memory of Richard D. Frisbee III who died of acute leukemia in 1989 and is awarded annually to a student or students with an interest in oncology nursing. Rebecca and Jennifer are both enrolled in the Adult Advanced Practice Nursing Program.


The following students have received scholarships and/or grants for the 1998-99 academic year:

- American Association of Critical Care Nurses
  - Elizabeth Salvaggio

- American Cancer Society
  - Karen Martin

- American Red Cross (Summit Area Chapter)
  - Katherine Wyrough

- Connecticut Association of Nurse Recruiters
  - Kyung-Hee Lee

- George B. Boland Scholarship Trust
  - Jana Manassee

- International Order of King's Daughters and Sons
  - Carrie Hrubala

- Japanese Medical Society
  - Rina Otani Hui

- Kennedy T. Friend Scholarship
  - Elaine Alpern

- Leopold Schepp Foundation
  - Amy Drescher-Crumpley Deborah Rovner

- National Health Service Corps (new recipients)
  - Helena Albertin
  - Amy Alderson
  - Sekou Jones
  - Jennifer Wright

- National Hemophilia Foundation
  - Sher Viera

- NCAA Postgraduate Scholarship
  - Amy Burns

- Nurses' Educational Funds, Inc.
  - Maribeth Pomerantz

- Oncology Nursing Society
  - Karen Martin

- PEO Scholarship
  - Amy Drescher-Crumpley Deborah Rovner

- Stewart B. McKinney Foundation
  - Christina Kim

- Yale Club of New Haven
  - Jeffrey Agli
  - Philip Stearns

- Yale University Women's Organization
  - Tara Coleman
  - Deborah Rovner
  - Sher Viera

- YSN Alumni Fund Scholarships
  - Brian Arey
  - Marie Bonitatibus
  - Nicole Bidlingmaier
  - Laura Cirilo
  - Robert Deegan
  - Sheila Geen
  - Rachel Kay
  - Kerry Marcio
  - Soumya Routray
  - Kimberley Russell
  - Meghan Sawyer
  - Charlotte Smart
  - Thomas Wilk
Sally Pullman '44 published a book entitled, "Letters Home: Memoirs of One Army Nurse in the Southwest Pacific in World War II," chronicling her correspondence to family and friends from her tour in New Guinea and the Philippines. It is available for purchase directly from her for $20 plus tax. The YSN Reference Room also has a copy graciously donated by Sally who can be reached at 10 Wells Road, Granby, CT 06035.

Karen Stolle '65 recently received the Regents Award for Superior Teaching from the University of Oklahoma. She is a CNM and professor at the University of Oklahoma College of Nursing and lives in Oklahoma City.

Sharon Schindler Rising '67 was inducted into Fellowship of the American College of Nurse-Midwives during its May, 1998 Annual Meeting in recognition of her achievements in providing health care to women and infants. Sharon currently practices at Stay Well Health Center and Center for Women's Health in Waterbury and at the Women’s Ambulatory Health Services at Hartford Hospital, both in Connecticut. She is also an Associate Clinical Professor at YSN and she lives in Cheshire, CT.

Charlotte Houde-Quimby '72 was inducted into Fellowship of the American College of Nurse-Midwives during its May, 1998 Annual Meeting in recognition of her achievements in providing health care to women and infants.

Danuta Bujak '81, Assistant Professor in the FNP Program at the University of Maryland School of Nursing in Baltimore and Clinical Instructor at the University of Maryland School of Medicine, presented a poster, "Predictors of Outcome in Early Lyme Disease" at the Fourth World Congress on Myofascial Pain and Fibromyalgia in Silvi Marina, Italy in August.

Kate Timbers '81 left private practice in April and accepted the position of Program Director for Mental Health Services at Petaluma Valley Hospital in California where she opened a new geropsychiatric unit. The hospital also acquired a partial hospital program and Kate was preparing for a JCAHO survey when she wrote to update YSN Nurse. Kate lives with her husband Bob and their children Amelia, 14, and Elizabeth, 11.

Jacquelyn Jordan '82 has moved from Connecticut, where she was Associate Professor of Nursing at Western Connecticut State University, to accept a position at Howard University in Washington, DC as Assistant Dean of Undergraduate Nursing.

Martha A. Q. Curley '87 was inducted as a Fellow of the American Academy of Nursing in November, 1998. Nursing Fellows of the AAN are recognized for having demonstrated outstanding contributions to nursing beyond their professional position requirements through publications, research, professional activities, and community service.

Beth Cheney '89 was recently appointed to the Board of Directors of the National Association of Nurse Practitioners in Reproductive Health. Since January, 1997 she has been Women’s Health Coordinator at Windham Community Memorial Hospital in Willimantic, CT performing prenatal care and providing local women’s health services for the State’s Breast and Cervical Cancer screening program. Beth lives with her husband, Rick Mendes, and their son, Alec, 2, in Columbia, CT.

Sherry Rinell '90 and her husband, Rod, joyfully announce the birth of their fourth daughter, Chloe Veronica, on June 15. Chloe is also welcomed and nurtured by her teenage sisters, Lindsay, Melissa, and Rebecca.
Michelle Bolles Vitale '93 and her husband, Rob, announce the birth of their daughter, Madeline Anne, on June 8. She weighed 6 pounds, 14 ounces.

Michelle Kennedy '94 married T. Anthony Prisco on September 6, 1998 in Tunkhannock, PA. Classmates in attendance included Rachel Hutson, Deirdre Murty Marcus, and Kate Stephenson. Michelle and Tony live in Alexandria, VA and she continues her work at the VA Medical Center in Washington, DC. She recently published, "Influenza viral infections: Presentation, prevention, and treatment," The Nurse Practitioner Journal, 23(9).

Ann Oswood '94 and her husband, Mark, announce the birth of their second son, Thomas Mark, born June 24, weighing 10 pounds, 2 ounces. Ann works part-time as a nurse-midwife in a private practice in St. Louis. She is the first CNM in the practice.

Linda Buzby '95 writes from Ben Lomond, CA where she reports enjoying her current position as CNM at Kaiser in Redwood City.

She has now assisted in more than 500 births since graduation and is thankful for her experience at YSN.

Elizabeth Marlow '96 co-authored, "Stop diabetes! An educational model for Native American adolescents in the prevention of diabetes," The Diabetes Educator, Jul/Aug 1998, with Gail D'Eramo Melkus and Anna Marie Bosma. She lives in Bakersfield, CA where she works at East Bakersfield Community Health Center.

Kathy Myint-Hpu '98 is working as a PNP in the Pediatric Stem Cell Transplantation Unit at Georgetown Hospital. She was recently married and now lives in Washington, DC.

Margaret Potts '98 took a position at the Lunenburg Medical Center in Virginia this fall.
The tradition of honoring outstanding alumnae/i was started at the time of YSN's 50th Anniversary celebration in 1973. It is a very special opportunity to honor colleagues and classmates who have distinguished themselves with special talents and achievements. The YUSNA Board again solicits your nominations of YSN alums who you feel should be recognized in this way. These awards will be presented at the Reunion Banquet in June. The deadline for receipt of your nomination is March 1. Please send all nominations and supporting documentation to Barbara Reif at the above address.

Review the criteria below and provide as much specific information as possible to indicate the ways in which your nominee meets these criteria. You may wish to solicit help from your friends or colleagues. A curriculum vitae would be helpful, if one is available. The committee will also seek additional information on nominees where necessary.

Criteria for eligibility for nomination:

Achievement in and outstanding contributions to any of the following categories:
- Teaching and scholarship
- Clinical practice
- Leadership
- Research in clinical nursing
- Community/Society
- YSN growth and development

Explanation:
1. How is the achievement or contribution beyond the normal expectation of the activity or position?
2. How is the achievement or contribution unique and innovative, having more than local impact?
3. Describe how the service to YSN/community/profession is continuous and sustaining.
4. How do the activities contribute to the development of new dimensions and directions in nursing?

Your NOMINEE: ___________________________________ CLASS __________

Your Name ___________________________________ Class ______________________

Address __________________________________________

Phone (_____) ____________________________