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Yale University School of Nursing

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Yale Nursing Matters

THE BRIGHT FUTURE OF YSN
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matter n. Something that occupies space and can be perceived by one or more senses; a physical body, a physical substance, or the universe as a whole. A subject of concern, feeling, or action. Something printed or otherwise set down in writing. v. To be of importance or value. Signify.
Yale nurses are visionaries. Their vision stems from their comprehensive understanding of society's needs and a consummate faith in their ability to improve the human condition. Their view of the world has been enriched by a unique set of professional and academic experiences. They come to Yale as dedicated humanitarians with distinguished accomplishments as scholars, managers, teachers, journalists, political activists, international aid workers and clinicians. The paths they travel to Yale are as diverse as the contributions they make after their departure.

Even as students, Yale nurses contribute to the development of our community and to the health of outlying communities. By forming close working relationships with the School's faculty and alumni as students, Yale nurses begin life-long collaborations that shape their career paths and their contributions to healthcare. These same relationships provide nourishment for their faculty and alumni mentors. Together they develop new understandings, fresh perspectives and forge relentless optimism.

Great leadership continues to grow at Yale as a consequence of the wisdom and generosity of our alumni. Known for their commitment to ensuring the quality of future generations of Yale nurses, our alumni teach, provide scholarship support, guide in the development of professional networks and support the strategic activities of the School. They invest wisely. Through their support, the alumni assure that the next generation of Yale nurses is launched into ever improving systems of healthcare delivery and into communities of need throughout the world.

Each Yale nurse leaves a legacy for the next generation. Ours is a bright future, indeed.

Catherine Lynch Gilliss, DNSc, RN, FAAN
Dean and Professor
"We need to commit ourselves to maintaining and expanding the connections that bind us together. . . . by committing ourselves to expanding student and faculty exchanges and creating stronger and deeper institutional partnerships. Together, we can educate global citizens for the future and extend the frontiers of knowledge for the benefit of all humanity." — Richard C. Levin
President, Yale University
NAAE International Day
November 12, 2003
BREAKING THE BARRIERS TO TB MEDICATION ADHERENCE IN RUSSIAN PRISONS

The Russian prison system is a world in itself, defined by its own myths and traditions, social norms, and hierarchies. Dangers lurk behind every corner; real, imaginary, institutional and self-afflicted.
PLEASURES ARE SCARCE and heavily guarded. Inmates in Russian prisons take delight in even the most mundane diversions from routine; a cigarette inhaled hastily in the corner of the cell block, a glimpse of sky beyond the prison walls, a semi-candid conversation with someone from "outside the system." Inside each prison there are as many distinct tales of woe as there are inmates. These stories vary a great deal, yet there are some common threads. Drug addiction, poverty, mental illness, physical and psychological abuse are frequent. A large percentage of inmates are repeat offenders. By the time they are in their twenties and thirties, many will have spent as much or more time as inmates than as civilians. All prisoners' stories are tragic, and the majority of them will never be heard outside prison walls.

Russian prisons and labor camps house what has historically been one of the most isolated and underserved populations in the world. Crumbling infrastructure, overcrowding, lack of adequate health care, and human rights violations have plagued the prison system throughout the twentieth century. Years of institutional neglect have also bred a new set of acute threats, both to the prison population and to the world community. Among the gravest damages inflicted on society is the spread of tuberculosis (TB). In recent years, the incidence of TB in Russian prisons was 40-50 times higher than the civilian population. The Russian Federation Ministry of Justice estimates that close to 100,000 inmates, or 10% of Russian prisoners, have TB. Currently, TB is the main cause of death among all Russian prisoners.

"Even more alarming is the increase in the proportion of inmates infected with the virulent resistant forms of the disease, known collectively as multi-drug resistant tuberculosis (MDR-TB)," said Kaveh Khosnood, an infectious disease epidemiologist and Assistant Professor at the Yale School of Epidemiology and Public Health.

Russian prisons are an ideal environment for the spread of TB due to poor sanitary conditions, overcrowding, food shortages and the lack of attention to and funding for infectious disease prevention. TB is curable with a 6 to 9 month long course of inexpensive antibiotics. But this is often not the case in the Russian prison system where MDR-TB has emerged through spontaneous genetic mutation. The reasons for MDR-TB in the Russian prison system are lengthy transfers between prison facilities, delays in the identification of TB in the early stages of a prison stay, and an un-standardized approach to TB treatment in Russia which relies more heavily on clinical symptoms and surgeries than laboratory results and standardized medication regimes. Once the prisoners are released into the civilian population, interrupted treatment is attributable to lack of social support networks, unemployment, poverty, drug and alcohol abuse, and absence of easily accessible information about available treatment services and facilities. "Upon their release, TB-infected inmates who interrupt their treatment pose a serious health threat to the civilian population," said Dr. Khosnood.

Dr. Khosnood is one of the investigators of the Yale/St. Petersburg TB Project. This three year project builds in-country research and public health capacity in transitional case management of cases of active TB infection in Russian prisoners at the time of their release. In the summer of 2003, a YSN student, Rebecca Fry, traveled to St. Petersburg as a Wilbur Downs International Fellow to assist Dr. Khosnood with the project.

"Much like the rest of Russia, the St. Petersburg prison system is a main breeding ground of tuberculosis," said Rebecca. Not enough is known about what happens to prisoners with active TB who are released from prison into the civilian population in St. Petersburg. The Yale/St. Petersburg TB Project estimates that only 28% of 80 active TB patients released from prison in 2002 had a single post-release visit to the outpatient TB dispensaries. Even fewer ever completed treatment. "These facts, when combined with what we know about the social factors that beset former prisoners, demonstrate a need for a program in St. Petersburg to link

Continued on page 8
The sickest of the sick,” according to Rebecca Fry, these men are being treated for TB and related conditions at the prison hospital ward in St. Petersburg where Rebecca conducted her research.

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former prisoners with TB treatment services for civilians,” Rebecca said. Her research project, titled “Barriers to Completion of Tuberculosis Treatment Among Prisoners and Former Prisoners in St. Petersburg, Russia,” examines characteristics of and barriers to medication adherence for prisoners and former prisoners with active TB in St. Petersburg to inform the development of an intervention to increase medication adherence among these vulnerable groups.

During the summer of 2003, Rebecca collaborated with the Department of the Russian Ministry of Justice in the St. Petersburg Region to administer surveys to 100 TB patients (60 within the prison system and 40 dispensary patients) to inquire about basic demographics, knowledge about TB, and life plans upon release. Most importantly, the surveys asked TB patients to identify barriers to taking TB medication and to identify potential solutions to cope with the problem outside prison. Preliminary results show that 90% of prisoners surveyed expressed the desire to continue with their TB treatment on the outside, with 91.5% of the sample stating that completion of their TB treatment was “very important.” Despite the optimistic outlook, few participants had plans for a job or money for food and clothing after release. Of the imprisoned sample, 41.5% stated that they had experienced a disruption in their TB treatment. The most common reasons were transfer among correctional facilities, lack of adequate supply of medication at the facility and a reluctance to take medication because patients did not “feel sick.” On the knowledge section of the survey, prisoners scored approximately 67% correctly, indicating a fair to moderate knowledge base on the disease’s transmission and severity. In contrast, former prisoners scored approximately 58%, which was significantly lower than their counterparts in prison.

With respect to participation in a planned and funded future project to help complete TB treatment, a resounding 93.1% of imprisoned patients and 77.8% of former prisoners stated their interest. Of the types of incentives listed for prisoners, the top three were help finding a job, an offer of psychosocial help at the dispensary, and help with an internal passport. For former prisoners, a small offer of money, food, and help finding a job were the motivators of choice. When asked to elaborate on what barriers they may face to continuing TB treatment on the outside, prisoners remarked, “The Military Police!” “I am homeless and this is the greatest reason” and “I have no passport and this makes my life and my treatment very difficult.”

“While unnerving, these statements, along with survey results, give us a glimpse into the lives of former prisoners in St. Petersburg,” said Rebecca.

Because prisoners have great difficulty obtaining an internal passport upon their release, their readjustment to civilian life is made particularly harsh. The internal passport functions like a social security or a national identification card. Without it, a person released from prison cannot seek legitimate work, establish permanent residence, or obtain access to health care and other social services provided by the state. “Essentially, the lack of an internal passport makes the released prisoner a ‘non person’ as far as the state is concerned,” explained Rebecca.

With thousands of prisoners released each year, drug-resistant strains of TB are spreading. According to Rebecca, they have been found among Russian émigré communities in Europe, Israel, and the United States. “The problem of TB in Russian prisons is not just a Russian problem any longer,” she said. “Armed with a view of their world, we can design and pilot test an intervention that identifies soon-to-be released prisoners and markets an array of social incentives to attend a TB dispensary and to complete treatment in the hopes of decreasing TB among this very high risk group.”

The work of designing and pilot testing an intervention is already under way. A manuscript of Dr. Khoshnood’s study in which Rebecca participated is pending submission to the International Journal of Tuberculosis and Lung Diseases. Yale researchers, along with partners from Russia and Sweden, continue to design and implement a program for released prisoners at the main TB dispensary in St. Petersburg. “The work they are doing is of vital importance not only to Russia, but to the entire world,” said Rebecca. “It has been a great privilege to be part of this effort.”
Working with the women of Tamil Nadu to Solve a Public Health Dilemma

Imagine a village in southern India. A line of sari-clad women, most clutching infants or toddlers, snakes down a dirt road. On a sunny afternoon, they brave 100-degree plus temperatures to wait at a crowded doorway.

What are these women waiting for?

Just inside the door calmly sits Shona McNeil, a third-year VSN student in the FNP specialty. As part of a Downs Fellowship for the summer of 2003, Shona has traveled to the villages and urban slums of the South Indian state of Tamil Nadu to research childhood diarrhea. Continued on page 10.
Shona McNeil (above with friends she made in Tamil Nadu) was awarded the Milton and Anne Sidney Prize during the yss Commencement on May 24, 2004. This prestigious award recognizes one yss student each year whose research praxis best exemplifies yss's commitment to clinical scholarship and contributes to the School's mission: better health care for all people.

“I wanted to do something that was applicable anywhere I would go in the world.”

Shona McNeil (above with friends she made in Tamil Nadu) was awarded the Milton and Anne Sidney Prize during the yss Commencement on May 24, 2004. This prestigious award recognizes one yss student each year whose research praxis best exemplifies yss’s commitment to clinical scholarship and contributes to the School’s mission: better health care for all people.

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She brings with her no food, no medicines, no tangible gifts. Shona is equipped only with questionnaires and interview forms, yet these women wait to speak with her. With the aid of her two Tamil-speaking interpreters, Shona interviews all the women in the line, speaking with each for between ten and twenty minutes. Over the course of the summer, she will gather data from over 900 Tamil mothers, far exceeding her expected sample size of 100.

This anecdote, typical of Shona’s experience, is a fitting testament to the relevance of her work. Shona’s project, “An Assessment of the Knowledge, Attitudes, and Practices Surrounding Use of Oral Rehydration Solution (ors) during Episodes of Childhood Diarrhea in Tamil Nadu, India,” involves the mothers of children under 5 years of age. These children are among the most most vulnerable to dehydration which can result from acute episodes of diarrhea. In fact, as Shona quickly points out, despite major technological advancements in health care, diarrhea continues to kill 1,300,000 children each year, making it the second leading cause of death for children under 5.

“I wanted to do something that was applicable anywhere I would go in the world,” explains Shona, “and diarrhea is such a problem worldwide.”

Shona’s experience as a Downs Fellow brought her to some of the most remote areas of Tamil Nadu, both geographically and culturally, and exposed her to phenomena for which even her previous international experiences in Mexico and Guatemala did not prepare her. After three weeks of working and traveling through the state, a glance at the other passengers revealed that men and women sat separately on buses. “I remember realizing, ‘Oh my God, I’ve been sitting on the wrong side this whole time,’” Shona exclaims.

With the use of house-to-house data collection methods, Shona was able to speak with a great number of Tamil women to survey their understanding and use of ors. Shona has recently completed her data analysis. She has been able to discern that “attitudes toward ors were mostly positive, although there were many misconceptions about it, and most women did not use it correctly.” Shona’s analysis indicates that nearly half of the participants believed that ors is intended to stop diarrhea, a misconception that may often lead to the treatment’s discontinuation. Marge Funk, yss professor and Shona’s advisor (with Henry Binder, MD), states that “ors is such a simple solution to the problem.” She adds that this “elegantly simple” and “really important” study stands a “much better chance of being representative with such a large and [geographically] varied sample.”

In the future, Shona, who states that “clinical days are my best days,” plans to continue to pursue community health work. As a National Health Service Corps scholar, Shona would like to work in a rural setting, potentially the Louisiana bayou or Appalachia, doing “the hands-on parts of nursing.” She adds, “You can never predict what your future will be, but I definitely see myself working internationally.” Shona does not rule out a return to research, either, and considers working in the design and implementation of public health interventions aimed at alleviating health problems among those who live in cramped conditions like refugee camps. As she concludes, “research plays a part in everything you do.”
The Oaxaca Experience:
Community Health Rotations
in Mexico

Guelaguetza is a Zapotec word signifying offering or offertory. It is also the term used to describe the celebration held each July in Mexico’s Oaxaca Province to propitiate the gods in return for sufficient rain and a bountiful harvest. Many who have witnessed Guelaguetza regard it as among the most impressive expressions of Oaxacan folklore. For 4 weeks in the summer of 2003, eight YSN GEPN students, lead by doctoral student Allison Squires, helped to provide care for, and shared in the rich cultural heritage and traditions of the people of Oaxaca.

The student’s community health rotations took them into health care settings in the province’s suburbs and countryside. “I wanted to make sure our students got the most of their experience by helping them make connections with populations and health care professionals serving in the fields that were of interest to them,” said Allison, who coordinated the trip and mentored the students throughout their time abroad. Capitalizing on the contacts that she made and maintained since her first trip to Mexico in 1995 (this was her 6th trip in under ten years), Allison put together a program where the students were able to spend time at two primary care clinics and in two acute care settings. Allison traveled to Mexico early to coordinate the rotation schedules in hospitals and to match the students’ activities in the field with their professional and personal interests.

“I really wanted to give them the macro and micro level perspectives of community health in a developing country,” said Allison. To do so, she helped arrange for the students’ visits to a number of health care settings from non-profit clinics for women and children to state-run providers. “The students made many great contacts with health care professionals in these settings, which will serve them and YSN well in the future,” said Allison.

For the students who could not freely communicate in Spanish, the experience proved valuable in another way. Suddenly, they found themselves communicating with patients from cultural backgrounds that were significantly different from theirs in a language that was foreign to them. Not only did this experience improve the students’ Spanish language skills, but it also made them acutely aware of the importance of culturally sensitive patient care. “I hope this is an experience that will help guide their own practice of caring for patients from diverse cultural backgrounds,” said Allison.

Students indicated that these challenges added to the value of their experience in Oaxaca. “I learned a great deal about the differences in our two cultures and in the ways health care is perceived and practiced,” said one student. “Anyone who is studying to provide care to patients from diverse backgrounds, especially to patients from the Latino communities, will find a similar experience rewarding, both personally and professionally,” said another.

Identifying Priorities for Health System Reconstruction Among Northern Iraqi Nurses

Shortly after returning from Mexico, in the fall of 2003, Allison Squires was chosen by Yale University as an Associate Yale World Fellow. The World Fellows program was established by Yale University to offer emerging leaders from diverse countries and cultures the opportunity to broaden their knowledge, gain new perspectives, sharpen their skills, and build the networks of relationships needed to meet the demands of issues on the local, national, and global scales. Allison was among only four Yale graduate students chosen to work alongside the 2003 World Fellows. The participants were provided with access to a broad range of resources within Yale University, and numerous opportunities to engage the community and one another on issues in international development.

Dr. Ali Sindi (at left with Allison) was a 2003 World Fellow whose research interests were especially close to Allison’s. Dr. Sindi, a senior advisor to the Health Ministry and provisional government in Iraqi Kurdistan, has contributed in countless ways to the reconstruction of Iraqi Kurdistan’s medical infrastructure. He and Allison were interested in priorities for reconstruction among Kurdistan’s health care professionals. Allison suggested a study to gauge the perceptions of nurses in Kurdistan, and the two developed a proposal to present to senior officials in Kurdistan upon Dr. Sindi’s return. Their study, currently pending IRB approval, seeks to identify priorities for health system reconstruction and professional development among Northern Iraqi nurses. Already, surveys have been collected from over 750 nurses. Among the comments about the importance of such a study, one nurse surveyed wrote: “This work is so important because our opinion is being sought.”

“I am very grateful to Dr. Sindi and the World Fellows for the opportunities provided by the Program. Our collaboration in this situation will enhance understanding of professional development issues of nurses in a post-conflict situation,” said Allison.
Of Flexibility and Fulfillment: Undertaking Public Health Research in Haiti

Julie Mann didn’t take long to decide to apply for a Downs Fellowship. “I knew when I came here that I wanted to do it,” she recalls. Interested in international health for years as an eventual career focus, Julie maintained an open mind to any opportunities that might come her way and actively sought a place to study and work last summer.

A wide-cast net and meticulous investigation led Julie to the Boston- and Haiti-based organization Partners in Health, which invited her to spend her summer in Haiti aiding in Partners’ research. A future nurse-midwife, Julie was excited to have a hand in the design of her research project, a survey of antepartum and postpartum adherence to antiretroviral therapy in HIV-infected women in rural Haiti. Julie left for Haiti somewhat “scared and nervous” but “mainly excited” and “ready.”

Despite copious preparation, Julie was surprised to find that her initial plan would be difficult to set in motion. “The whole system was a mess,” she confesses. Julie had intended to track women’s rates of adherence to antiretroviral therapy, but she discovered that the women were not getting the treatment as planned. Julie immediately recentered herself and redefined the goals of her research: “I had to be open to as many possibilities as I could...

It was a wonderful experience in public health, though I had never had a course in public health!”

By the end of the summer, which she describes as “powerful” and “unbelievable,” Julie succeeded in helping to set up the antiretroviral therapy program and in securing one research participant for her thesis. As her abstract states, “Administering combination antiretroviral therapy in HIV-infected pregnant women in rural Haiti is a difficult task that requires a secure infrastructure in order to implement.” Julie observed that adherence is contingent on the creation of such a stable infrastructure, comprised of community health workers and directly observed therapy.

Julie’s work this summer motivated her to “study as much as she can to provide the absolute best care” worldwide. “Seeing these faces that were suffering” from Haiti’s widespread abject poverty greatly impacted her attitude toward school—and toward life in the United States. Julie recalls experiencing a complicated mix of emotions upon returning home. She found herself “thoroughly disgusted with our gluttonous lives here in the U.S.” Additionally, she felt saddened by the isolation which she felt: “I had lived in a community in Haiti. I was never alone.” Back in her quiet home, Julie missed the “unbelievably friendly” and “welcoming” interactions of her hosts.

Julie’s trip served a variety of purposes, some planned and some unintended but fortuitous. By helping to fill the gaps in the antiretroviral therapy program, Julie gained a wealth of public health knowledge and ensured that many Haitian women would be served. She completed her thesis research and forged indelible connections with her Haitian and American colleagues at Partners in Health. Most importantly, Julie explains, “I needed to see it to rejuvenate myself and remind myself why I was studying so hard... And that’s exactly what happened.”
Notes from abroad:

YSN midwifery students in South Africa

By Terri Clark CNM, PhD (Yale '76, YSN '79).

"Intense." That is the word that I use to best convey what it is like to conduct births with YSN midwifery students in a hospital in rural South Africa.

Over the semester break from December 2003 to January 2004, the first YSN midwifery students, Tiffany Lundeen '04 and Christine Keating '04, went to a clinical practice site in a public health hospital in the heart of the traditional land of the Zulu people. As a member of the YSN Midwifery Specialty faculty, I accompanied the students as their clinical preceptor. I had visited and had also worked at the site originally in August 2002, and considered that it would be not only a premier clinical learning opportunity for students, but also a chance for us to meet people and appreciate the cultures and history of this amazing country and of southern Africa.

We lived and worked at Church of Scotland Hospital (cos11), in Tugela Ferry, KwaZulu-Natal. Cos11 is a rural public health hospital which serves a catchment area of half a million people in an area of hundreds of square miles. They do more than 4,000 deliveries per year. The staff of only ten nurse-midwives conducts 90% of these deliveries. They also care for the newborns and run a busy outpatient prenatal care clinic.

We worked at cos11 in the peak of summer. The configuration of mountains around Tugela Ferry formed a bowl where the river ran and the heat concentrated. There were days when we were functioning in the hospital in 110 degrees Fahrenheit. Covered in protective gowns and masks for universal precautions, we were very, very hot, sometimes completely drenched in sweat. We would fan the laboring women who were even hotter than we were. Some days, and even at night, it would be so hot that the laboring women would find the coolest place available to labor: the bare cement floor.

We had about 4 weeks of clinical practice time. We managed labors working with our South African colleagues, and Christine and Tiffany conducted 40 deliveries while we were there. The HIV seropositivity rate for women of childbearing age in this area is no less than 20%. A significant number of hospital admissions at cos11 are related to complications of HIV/AIDS, including the children admitted to the pediatrics unit. Most of the children with HIV were Continued on page 14
Continued from page 13

YSN's Christine Keating (above and below right) and Tiffany Lundeen (not pictured) were welcome additions to the staff of Church of Scotland Hospital in Tugela Ferry.

infected at birth. An important objective of our trip was to assist the midwives in preventing HIV transmission from mother to child at birth.

As women arrived at the hospital, the students would evaluate the patient history, review their prenatal record and conduct the appropriate physical examination with faculty or South African midwifery input. That part of the clinical experience was very familiar to us. The unfamiliar part was that most of the patients spoke Zulu, 'Xhosa (do you hear the click?), or any number of the nine other official South African languages, only one of which is English. Fortunately for us, the sounds of birth and the language of support and caring are not so different the world around. Our few words that we could say in Zulu for instruction, suggestion, and endearment went a long way!

It later came back to us through community friends that the word on the street was, "having a baby with the American midwives you did not feel pain." That was news to us, since we were conducting only natural births which are the norm in South Africa. I believe the positive patient perceptions of their experience with us could be attributed to the gentle, calm manner of the YSN students and their thoughtful and consistent application of the principles of midwifery care.

As YSN visitors, we had numerous opportunities to contribute something of ourselves and our knowledge to a developing nation in which health care currently faces great challenges. We were also extremely fortunate to able to work with and learn from our South African professional colleagues. This mutual sharing by colleagues and patients at cost was among the most valuable outcomes of our visit. It is the main reason why YSN students and faculty continue to seek ways to expand their collaborations abroad.

Clinical settings and practice conditions in clinical midwifery and other nursing specialties in most of the world diverge dramatically from the reality of practice in the United States. The practices of a community hospital in South Africa diverge from practices at Yale-New Haven Hospital in the extreme. Nursing faculty at Yale believe it is vital for YSN students to learn their craft in a variety of settings. Only then can we truly advance our mission of better health for all people.

YSN is actively seeking funding sources to be able to continue to send midwifery and other students to South Africa and other international sites for clinical experience. We have many potential collaborating providers and hospitals in the developing world. Time and money spent sending YSN faculty and students to international sites will enrich the health of both the mothers and babies of those countries, and enrich the experience of YSN students. The success of our South Africa project inspires us not only to continue, but to expand. With the support of YSN alumni and friends, we can educate our clinician students to hit the ground running when they graduate, wherever they choose to practice in the world where women have babies and need midwives.
**Observing Obstetrics**

**Confronting Challenges: A Summer in South Africa**

Janna Stephan's summer in South Africa did not get off to an easy start. After experiencing "abject terror" for the few weeks leading up to her departure, Janna worked hard to prepare for her Downs Fellowship research. Gathering materials ranging from clinical supplies to mental energy to research skills, Janna left to study HIV transmission in an obstetric ward in rural KwaZulu-Natal, South Africa.

"When I landed, I was so jetlagged that I don't remember having any thoughts for three days," recalls Janna. Arriving in the village, which she describes as a "different world," she asked herself, "Why do I think this was a good idea?" Here I was: blond, white girl in this all Zulu-speaking ward... I don't think I've ever been in such a race-conscious place."

In the end, Janna exclaims, "Everything went really, really well!" Not only did she learn a few key phrases of Zulu ("I definitely picked up 'push' and 'breathe'"), but she also came to understand the cultural and linguistic subtleties that characterize the rural region where she worked. As Janna explains, the Zulu dialect in the region requires that certain individuals be addressed with different grammar, a realization that served her well. "I tried to be really sensitive in my questions," she says, an approach that allowed her to learn from everyone she encountered.

Janna's research highlights document the obstetrical practices and procedures currently observed at the Church of Scotland Hospital and analyzes the attention paid to potential HIV transmission. The need for such research is acute: Janna cites South Africans' migratory work patterns, lack of access to antiretroviral therapy, and gender inequality as key factors in the "disproportionate" impact of HIV and AIDS on that nation. Janna's study documents her observations and goes on to provide impetus for further study and potential interventions to reduce transmission of HIV/AIDS from mother to child, from mother to mother, and from mother to health care worker.

On a personal level, Janna accomplished more than any poster presentation or master's thesis can encapsulate. Over the summer, she also came to understand more fully her capacity for adaptation and learning. Impressed by the resourcefulness of those she worked with at the hospital, Janna now tells herself, "You can't ever say, 'This is impossible, I can't do it.'"
Strengthening ties with colleagues in Ireland

In November of 2003, Margaret Beal, M.D., Ph.D. and Janet Singer, M.S., C.N.M., presented their work at the 4th Annual International Research Conference “Transforming Healthcare through Research, Education and Technology,” held at the School of Nursing and Midwifery Studies at Trinity College in Dublin, Ireland. Beal and Singer’s presentation was titled “A Review of the Literature on Post-Abortion Care: With Implications for Nursing and Midwifery Practice.”

In the presentation, Beal and Singer reviewed the literature on the global scope of maternal mortality due to unsafe abortion, and the improvement in maternal mortality with the availability of post-abortion care when safe abortion is not available. Beal and Singer also discussed the contributions of the ROE Consortium, a grant funded, educational initiative in the United States, which is presenting nursing faculty with content and skills to address the nursing care aspects of the full range of reproductive health care for unintended pregnancy. Innovations in nursing and midwifery practice in post-abortion care in the developed and developing world were also discussed.

According to Beal and Singer, inadequate post-abortion care and complications of unsafe abortion are major contributors to global maternal mortality. Ninety-five percent of the twenty million unsafe abortions occurring around the globe each year are conducted in developing countries. The complications from these procedures lead to 80,000 maternal deaths per year, and account for 13% of the global maternal mortality. Post-abortion morbidity affects hundreds of thousands of women each year, and post-abortion care is life saving for women.

“The developed world experienced a dramatic decrease in maternal mortality during the 20th century,” said Dr. Beal. “The increased availability of safe abortion and post-abortion services was an important factor in this achievement.”

“We were very fortunate to have had the opportunity to discuss with our international colleagues the role of nurses and midwives in post-abortion care,” said Dr. Beal. “We were also able to present to them an educational innovation to develop curricula for nursing educators on post-abortion care. Dr. Beal emphasized that “in order to improve health care for women, it is essential that scholars and educators share expertise with colleagues from around the world.”

YSN will be well represented in Dublin, Ireland in July 2004. Professors Cynthia Connolly, Angela Crowley and Sheila Santacroce have been selected by Sigma Theta Tau International to make oral presentations at the 15th International Nursing Research Congress, which will take place in Dublin July 22-24. Their presentations will be as follows:

Cynthia Connolly’s presentation is part of a history symposium panel entitled, “Enduring Issues: Past Perspectives on the Future.” The title of her talk is “Knowledge Migration, Culture, and Science: A Case Study of Children, Nurses, and Tuberculosis Prevention in Western Europe and North America, 1900–1940.”

Angela Crowley’s presentation is titled “Collaborative health consultation: A developmental-symbolic interactionist model.” Dr. Crowley’s study examined the nature of health consultation between childcare center directors and nursing consultants. Factors which promote or inhibit a collaborative relationship and the influence of these factors on the health consultant role were explored.

Sheila Santacroce will present at the Second International Evidence-Based Nursing Pre-Conference scheduled for July 21. The title of her talk is “Uncertainty in illness theory provides a framework for evidence-based care of childhood cancer survivors.”
Finding Mama Licha in Esteli, a town in the northern highlands of Nicaragua with a population of over 100,000, is not as difficult as one might think. How does one go about doing so? Those who have worked with 'Mama' will tell you: "Just ask anyone in town!" In the summer of 2003, this is exactly what one YSN student did.

Having crossed the border from El Salvador, Misae Ueha arrived in Nicaragua for her community health rotation in June of 2003. Upon getting off the bus in Esteli with a suitcase full of medical supplies destined for Mama's clinic, Misae inquired at the first place she saw—a local gas station. "I am looking for Mama Licha, the midwife who works in town," she said. "Would you know how I can find her?" The gas station attendant had heard of Mama but did not know the location of her clinic. He directed Misae to a customer, who in turn directed her to a woman at a nearby store. In no time at all, Misae found her way to Mama's clinic. "Mama Licha is such a presence in the community," Misae said. "Even the people who have not met her personally know of her good work. Her clinic wasn't difficult to find."

When Yale Nursing Matters last brought you news of Alicia Fuente (Mama Licha) in 2002, she ran a women's health clinic out of her home in Esteli. A health and human rights activist with 34 years of experience as a nurse and midwife, Mama continues to see all patients regardless of their ability to pay (her monthly income is less than $40). Earlier in 2002, YSN students Angie Rogers and Bethany Golden created a non-profit organization for human rights projects and women's health initiatives in Nicaragua and adopted Mama Licha's Clinic as their first project. Since that time, Mama's clinic has seen significant improvements. A major addition (waiting room, examination room and a bathroom) has been built in her backyard; no longer does she have to examine patients in her kitchen with a cloth partition separating the examination room from her living room. New medicines and supplies including a baby scale, an autoclave, gloves, and suture materials were donated by Remedy Inc., and delivered by YSN students in June of 2003. Plants and flowers were also bought by YSN students to replace the garden that had been uprooted to build the new addition. "All this was made possible because of Angie Rogers and Bethany Golden," said Katie Hutchinson, another YSN student who got to know Mama Licha in the summer of 2003. Angie and Bethany's commitment to improve women's health services in Esteli and their ability to generate support for this cause among the Yale community has helped realize Mama's vision."

Mama Licha continues to inspire YSN students. Her clinic provides an important practice site, one of several sites in Latin America, for YSN students who choose to do their community health rotation abroad. In 2003, 8 YSN
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students, including Misae and Katie, spent time with Mama Licha at her home and clinic in Esteli. During the four week stay they learned about Mama and the services that she provides: including annual exams, treatment of sexually transmitted infections, contraception counseling, prenatal care, vaccinations for children and couples parenting classes. “All this care is provided around the clock, 24 hours a day, with utmost competence, professionalism, respect, and a kind word for every one of her patients,” according to Misae and Katie.

The students also worked with preceptors in a number of regional health care clinics, assisted physicians and nurses in their daily work, lived with local families, participated in community events, and received Spanish instruction. For students like Misae, fluent in conversational Spanish, the experience provided a chance to learn the intricacies of health care terminology and to interact with patients. Most students, however, had little or no Spanish language skills upon their arrival. “This trip enabled us to immerse ourselves into community life where we had to learn quickly how to communicate with our hosts, our preceptors, patients, and townspeople,” explained Katie, who hopes to work as a nurse midwife in a Latino community upon her graduation from YSN. “There is no better way to learn about a people than to be there, to see and speak to them on a daily basis,” she said.

By living with host families and working in local health care facilities, the students were able to observe differences in culture, and to dispel some misperceptions, their own about Nicaragua, and those of the local community about life in the United States. “Many doctors and nurses I spoke with were amazed to learn that the health care system in the U.S. is not perfect, and that many families go without adequate treatment and care,” said Katie. “In turn, it was fascinating for me to observe how significantly culture, political history, and social norms impact people's perception of health care and their interaction with physicians and nurses. This was an important lesson to take back home.”

Misae, a National Health Service Corps scholar who will be doing nursing research in Guatemala in the summer of 2004, and hopes to work as a Family Nurse Practitioner in a Latino community after graduation, encouraged other YSN students to conduct their community health rotations abroad. “If you are to be effective in providing quality care in a culturally diverse community, it is essential to learn about that community's roots. Doing your community health rotation in a region whose population you one day hope to care for equips you with that knowledge. You learn to speak their language; you get to know the culture, the history and the unique needs of that community. This is how you find common ground with patients; you appreciate the whole person and where they come from. That's what good nursing is all about.”
ALUMNI PROFILE: Emily Barey

Emily Barey is a nurse. But Emily Barey does not administer medications, perform assessments, change linens, or counsel patients. She does not teach at a school of nursing or conduct clinical research.

Emily Barey works in informatics, a branch of health care little known to most nurses and nursing students. In her role on the clinical informatics team at Epic Systems, Emily ensures that the computer systems designed and implemented by her company best serve the interests of nurses and patients; as she says, “I try to keep my hands in or ears open to almost everything ‘nursing’ at Epic.” Epic Systems’ website describes the company as “an innovative developer of integrated inpatient, ambulatory, and payor systems.” According to Emily, Epic produces software for use in the entire spectrum of the patient experience in the hospital, “from registration and scheduling, through the clinical care process, all the way through billing and claims.”

Emily spends the majority of her time working onsite with customers and prospective customers, explicating the benefits of Epic’s software and advising on its use. She spends much time training nurses and states that her work allows her a “really nice balance” between quality assurance, technical services, sales, and implementation, as well as between the corporate and clinical realms.

“Other positions I looked at in policy and management arenas were not close enough to the bedside for me,” explains Emily. “I was pretty clear that even though I did not want to be at the bedside, I still wanted my nursing practice to impact that space and patient population.”

Though her work does not instantly align with traditional understandings of nursing, Emily’s background in nursing and her VSN education constantly inform and motivate her daily actions: “Nursing explains why I am good at my job in a different way from my colleagues who don’t have a clinical background.” Emily cites the “intimate patient work” provided by her VSN clinicals as impacting her work. “If you have given discharge instructions and helped families make hard decisions, it informs you as you move onto a more macro level,” she states.

Emily’s interest in informatics was first sparked by a course on “Data and Decision Making,” co-taught by Donna Diers at the School of Public Health. The central question of the class, how to take raw data and analyze it to inform clinical decisions, alerted her to nurses’ crucial role in data collection.

“Until this class,” Emily recalls, “I had no idea what that I did as a bedside nurse was the root for this data that I was looking at.” All of the information documented by nurses and other health care providers goes into this “great database” which enables administrators and researchers to check demographics, critique care, and even predict readmission rates.

During Diers’ course, Emily came to recognize the “amazing” impact that computers have had on this type of analysis. “You can imagine trying to collect that data manually,” she muses. “To be able to do that quickly with a few keystrokes was really powerful to me.”

Emily’s curiosity about informatics was not satiated by her studies at VSN; she wanted to learn more about data collection and “to see where that field was going.” Encouraged by faculty members including Diers not to limit herself in her job search when she graduated in 2001, Emily looked “beyond hospitals and clinics, even beyond health care.” On the Healthcare Information and Management Systems Society website, Emily came across an ad for her current job at Epic. She describes the job as a “good match” and her decision to move to Madison, Wisconsin and accept the position as an “easy choice.”

Emily would advise new VSN grads to approach their careers with similar flexibility. She counsels current students “not to be afraid to step out of the traditional role of a nurse practitioner or nurse-midwife.” Drawing on her own satisfaction with her career as an illustration, she continues, “you can find really meaningful things to do outside the four walls of a health care institution, and we need nurses involved in those things.”

Emily Barey and colleague at Epic Systems
The Bright Future of Yale Nursing

John Roy is enrolled in YSN's Psychiatric-Mental Health Nurse Practitioner Specialty. He entered YSN in September 2002 via the Graduate Entry Pre-Specialty in Nursing (GEPN) program. He is a 1979 graduate of Yale University with a BA in History, and holds a Masters in Business Administration from Yale's School of Management. Following graduation from Yale College and while attending the MBA program, John worked at the Yale Psychiatric Institute as a member of a multi-disciplinary treatment team involved in all aspects of long-term psychiatric rehabilitation.

John has both founded and co-founded a number of non-profit and for-profit enterprises in musical arts and international education exchange. In 2001, President Bill Clinton honored the work of the Washington D.C. based non-profit corporation, The International Society, Inc., which John founded in 1994, with a joint presidential audience at one of the corporation's overseas projects during a state visit to Vietnam.

John intends to employ his leadership and analytic skills in research, advocacy and the treatment of patients: "the GEPN program at YSN is the most targeted and direct course of graduate professional training that would enable me to commit the remainder of my life to the delivery of one-on-one psychiatric care and to a calling to social service that has informed more than twenty years of academic study and professional work experience."

Esther Seibold is a doctoral student at YSN and a 2003 Peabody Fellow in Biodiversity and Human Health. The Peabody Fellows Program is a science literacy initiative for New Haven middle school teachers and students. It aims to educate and excite young students about the diversity of the natural world and its relationship with health issues, and to promote the incorporation of science and scientific inquiry methods in the classroom.

John Kinabrew entered YSN as a Graduate Entry Pre-Specialty in Nursing program student. John is currently in his first year of the Adult, Family, Gerontological and Women's Health Primary Care Specialty. He is also a John A. Hartford Foundation Scholar. The John A. Hartford Foundation scholarships support students who are interested in leadership in geriatric nursing practice.

Shan Liu is a first year doctoral student at YSN. She comes to YSN from Changsha in the People's Republic of China (PRC). Shan Liu's research focus is oncology nursing. Working with her research advisor, Professor Ruth McCorkle, and her academic advisor, Dean Catherine Gilliss, Shan Liu hopes to improve chronic illness care in her country. She also hopes to promote advanced nursing education, particularly doctoral training in nursing, in the PRC.

Allison Squires is a doctoral student at YSN and is one of only four outstanding students at Yale University chosen as Associate Fellows in the Yale World Fellows Program. The aim of the Program is to build a global network of emerging leaders and to broaden international understanding at Yale University. Allison is currently working with Yale World Fellow, Dr. Ali Sindi, to identify priorities for health system reconstruction among Northern Iraqi nurses.
Sixteen million individuals in the U.S. are afflicted with type 2 Diabetes Mellitus (DM), with an estimated 3.5 million potentially having asymptomatic coronary artery disease (CAD). "This disease has reached epidemic proportions in ethnic minority populations and youth, creating an urgent need to develop and test innovative interventions," said Dr. Chyun. Her pilot study will develop and evaluate a comprehensive risk reduction intervention aimed at optimizing self-management of DM and CAD risk factors in this high-risk population. The project will examine the impact of a clinical nursing intervention on patient care through the development and testing of a self-management intervention. "Interventions directed as early as possible will have important public health benefits in this population," she said.

Obesity is one of the leading causes of morbidity and mortality in the U.S. Rates of obesity are increasing disproportionately among young women of reproductive age, particularly ethnic minority women who are at higher risk for type 2 diabetes and related cardiovascular disease. Obese women in pregnancy are more likely to experience significant complications such as preeclampsia and gestational diabetes. Their babies are more likely to be born with birth defects or macrodome and to develop obesity in the future, further repeating the cycle. Traditional prenatal visits are not designed to teach women the skills necessary to effectively control weight gain during pregnancy. A new model of group prenatal care called Centering Pregnancy has many qualities found in successful weight loss programs. However, little is known about how to best provide education and support to this population in relation to appropriate weight gain during pregnancy. Barbara Hackley's study will explore factors related to excessive weight gain during pregnancy and postpartum weight gain in Black and Hispanic women. The project will provide additional knowledge regarding excessive weight gain during pregnancy and postpartum weight retention and provide a basis for future studies designed to develop culturally appropriate approaches that could be adapted for use in the Centering Pregnancy Model.

Enrollment of children in childcare settings continue to increase at unprecedented rates. Over two decades of studies indicate that participation in childcare poses risks and benefits to children's health and development. Recognizing the importance of decreasing risk and promoting health in childcare settings, the U.S. Department of Health and Human Services has sponsored a number of efforts to support healthy and safe childcare, including initiatives to prepare childcare health consultants in every state. The State of Connecticut requires basic standards for childcare health consultation; however, there is no universally accepted definition of the role of childcare health consultant. The purpose of Dr. Crowley's project is to implement and evaluate a best practice childcare health consultation model using an Advanced Practice Nurse that will improve health outcomes for children enrolled in childcare programs and their families. In the photo above, Dr. Crowley is featured with students and teachers at the Phyllis Bodel Childcare Center in New Haven, CT.

Breast cancer survivors represent 22% of the 9 million cancer survivors, making them the largest cancer survivor population. Women following breast cancer therapy have unique multidimensional needs and report a wide spectrum of physical and psychological symptom distress. Younger women who receive chemotherapy after surgery report more physical symptoms, greater sexual dysfunction, persistent psychological distress and poorer physical functioning. Older women report declines in physical and mental health over the first year following therapy. The end of therapy is a particular emotional challenge for women, as they transition away from the supportive medical environment into their own world as cancer survivors. There is a recognized need for psychosocial interventions and support programs. Specifically, a need has been identified for interventions to promote better physical functioning, emotional well-being and communication with health care providers. It was found that women desire information on nutrition and physical activity. Yet few intervention programs have been initiated to meet the needs of patients after therapy is completed. Dr. Knobf's project seeks to develop an educational-support intervention to improve adaptation and promote self-care for survivors with breast cancer after therapy. In the photo above, Dr. Knobf is featured with YSS's Siobhan Thompson and the staff of In-Shape Fitness in Branford, CT.
It was a science classroom full of eager seventh graders, that much was plain to see. A high decibel buzz of conversation punctuated by an occasional “All right!” or “Cool!” filled the room. Lithe bodies maneuvered expertly through the obstacle course of tables, chairs and fellow students to get a better look at each science experiment in progress. They stood on their toes, peered over their classmates shoulders, and handled as many objects and instruments as they could lay their hands on. When an experiment was complete and the expected results achieved, they shouted the findings to their friends; it didn’t matter whether their friends were across the room or standing right next to them.
Pure delight filled their youthful faces. Their genuine curiosity and unguarded enthusiasm deceived the first time onlooker. Only after a few minutes of close observation did the unaccustomed observer realize that he was actually standing among seasoned public school teachers instead of a classroom full of seventh graders. Utterly engaged in the classroom activities, none of the teachers seemed to give much thought to the fact that they themselves were part of a scientific study.

The study in question, the Peabody Teachers Program, is funded by a Science Education Partnership Award from the National Institutes of Health. A science literacy initiative in New Haven elementary and middle schools, the program aims to educate and excite teachers and students to experience the diversity of the natural world with a positive attitude towards scientific inquiry, and to promote the incorporation of science and scientific inquiry methods in the classroom. "The program provides participants with access to the educational resources of the Peabody Museum to enhance the learning experience in their classrooms" explained principal investigator Michael J. Donoghue, Director of the Peabody Museum and G. Evelyn Hutchinson Professor of Ecology and Evolutionary Biology. "It helps educators to develop new and exciting ways to teach children to view their environment, to strengthen students' observational and investigative skills, and instill a respect for biodiversity."

The program works closely with selected teachers to develop science curriculum units aligned with state and national science standards. Although participants are officially welcomed into the program at a reception in the spring, their year truly begins with the summer Biodiversity Institute. Often described as "summer camp for teachers," this weeklong professional development course takes place each summer at the Peabody Museum. The institute includes a number of laboratory and field activities. During a jam-packed week in June of 2003, teachers examined a series of Petri dishes, looking at the impact of spices such as garlic, hot chili peppers and cinnamon on various types of bacteria. Another group looked at the parts of a flower and identified the functions of each. To gain a better understanding of a flower's structure, the group dissected one and drew diagrams based on their observations. Another experiment involved DNA extraction; the group was

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able to end up with strands of wheat germ DNA in a test tube and to examine those strands. Classroom discussions reinforced knowledge gained in the lab. Didactic activities included lectures on group process, as well as on issues in biodiversity.

The program also included field trips. One group visited an Asian oriental grocery market where they were introduced to a multitude of exotic foods. “We looked at distinctive Asian fruits, vegetables and herbs; products most teachers normally wouldn’t come in contact with regularly,” said Esther Seibold, a doctoral student at VSN. “This and other hands-on activities helped program participants gain an appreciation for the wide variety of resources in our community that can be used to help children develop a better understanding of natural science.”

Through the Museum’s NSF Graduate Teaching Fellows in K-12 Education Programs, Esther is working closely with Peabody Teachers to develop lessons that introduce scientific inquiry methods into their schools’ curriculum. According to Esther, the partnership between nursing science and public school education makes perfect sense. “My own research focuses on the relationship between public schools and health services,” she explained. “With a better understanding of each other’s roles, teachers and nursing professionals can be very effective collaborators.”

Laura Fawcett, program director of the Peabody’s NSF grant, agreed. “The GK-12 Fellows Program brings together a diverse community of scholars and educators who develop strategies to encourage, support and sustain interest in the sciences. We are very pleased to have Esther share her unique expertise with the other program participants.”

In the hope of recruiting Yale doctoral students into the program, Ms. Fawcett sought assistance from Dr. Ruth McCorkle, Esther’s academic advisor. Dr. McCorkle recognized at once that Esther was a great choice for a GK-12 Fellowship. “I was aware of Esther’s long standing interest in school health issues,” said Dr. McCorkle. “It was clear that her background and experience were perfectly suited for the program.” She encouraged Esther to apply, and in May of 2003 Esther was awarded a fellowship, along with four other Yale graduate students in the sciences.

That spring, Esther took part in a series of instructional seminars that introduced her to the numerous collections in the Peabody Museum. She also met with the museum curators, collection managers and other members of the Yale scientific community. This orientation process proved extremely useful to the GK-12 Fellows, according to Esther. “It helped us to identify university resources we would have access to in our work with teachers and students in the program,” she said. She also participated in the daily activities of the Biodiversity Institute, helping to guide teachers through each laboratory experiment, and discussing with them strategies to incorporate what they have learned into their classroom instruction. “The institute served as a springboard for us in developing curriculum topics in science to be delivered in the classroom in the coming year,” she said.

By the end of the week-long summer institute, teachers had identified their
topics and were provided with an informational packet to aid them in developing lesson plans. Among chosen topics were a study of nutrition and how it impacts health, an examination of the impact of garbage and waste on the environment, and a study of local bodies of water and their place in the ecosystem. The next step was to develop a plan to introduce these issues to students in a classroom setting.

In the fall of 2003, the 6th-12th Fellows received classroom teaching instruction. To enable them to become more comfortable in the classroom, each Fellow was assigned a mentor; a middle school teacher who had been a past participant in the Peabody Teachers Program. Fellows then delivered three practice lessons in their mentors' classroom. Esther was paired with Karlen Meinse, a 5th grade teacher at Conte West Hills Magnet School in New Haven. Her class consisted of over 20 students with varying degrees of interest in and knowledge of science. "That was challenging, but also a lot of fun," recalled Esther. "You have to be extremely flexible and quick on your feet in order to keep students' attention and stimulate their interest. My mentor's help was invaluable in improving my teaching skills with this age group."

Having honed their classroom teaching skills, 6th-12th Fellows will provide science teaching and technical assistance to Peabody Teachers as they implement lessons in their classrooms. Fellows will mentor teachers in inquiry-based science techniques, and will also serve as dynamic, young scientist role models for students. Esther has been assigned to Wintergreen Interdistrict Magnet School—serving New Haven, Hamden and Woodbridge—for a period of several weeks in the spring of 2004. Additional work will be required to modify the curriculum for different ages and grade levels of the students, according to Esther. "How one presents the information and keeps the interest level high will vary considerably from third to fifth grade," she said, "but I am looking forward to that challenge."

The fellowship has enabled Esther to gain a better understanding of the rewards and challenges of the teaching profession from the educator's point of view. Due to receive her doctoral degree in May of 2005, Esther says that she is committed to improving nursing education and plans to build on her current research following graduation. "Whether by expanding my current research focus or developing implementation projects, I intend to continue to look for ways teachers and health care providers can minimize barriers to collaboration," she said.

Esther sums up her experience by pointing out that the program impacted her professionally and personally. "If one is interested in creating a better dialog between educators and health care providers, it is essential to first understand school dynamics from the teacher's point of view," she said. "This fellowship has provided a great way for me to expand upon my own understanding of educational systems and has informed my research." She adds, "I have also gained much respect and appreciation for the remarkable individuals who pursue the teaching profession. Their encouragement and collegiality have made this experience very special to me."
“I saw history not as an end in itself, but rather, as a living and breathing organism that informed policy and practice.”
THE TALK OF THE DAY WAS NURSING HISTORY. The place was Rochester General Hospital (RGH) in Rochester, New York. The speaker was Dr. Cynthia Connolly, nurse historian, political activist and faculty member at VSN. The audience was diverse; nursing managers, staff, and directors were joined by the hospital’s house officers and other physicians. Their backgrounds varied a great deal as did their views about the subject matter. As a number of house officers were trained abroad, their understanding of nursing history was rooted in their past practice environments and the established norms for nurse-physician interaction within those settings. For a number of them, the talk provided a first opportunity to consider the historic contributions of nursing to the advancement of health care in the United States.

Dr. Connolly stepped up to the podium. “History is our cultural DNA,” she began. “It is an ongoing exploration of our values, actions, and struggles. History is also a great teacher. It teaches us that not all of our problems are unique. While history can’t predict the future or find the magical solution to all of our problems, it can feed our intuition, and help us understand how we got to where we are, which may help us to better analyze our current situation and plan for the future.”

The idea for the RGH lecture series evolved from a conversation Dr. Connolly had with Deborah Zimmermann, RN, MS, the hospital’s senior vice president and chief nursing officer. Ms. Zimmermann had attended Dr. Connolly’s presentation of a research paper at the University of Rochester in 2003. Following that presentation, she invited Dr. Connolly to speak to nursing staff and physicians at the hospital about the past as a way of providing a template for RGH to use in developing a vision for nursing care in the 21st century. Dr. Connolly recalled: “I was very excited at the prospect of speaking to such a diverse group of (health care) professionals about how the study of nursing history could help them better prepare for the challenges and opportunities of the future.”

Dr. Connolly conducted three distinct sessions at RGH, repeated several times. Her morning talk was to nursing managers, directors, and advanced practice nurses. She sketched out the history of nursing nationally and regionally against the backdrop of American history and chose several historical cases to dissect the themes of leadership and courage with relevant contemporary questions. “One striking theme when taking an historical snapshot of 1904 and 2004 is how much hasn’t changed,” Dr. Connolly said. “Nowhere is this truer than in health care. As we are caught up in today’s hectic world, we often think things have never been more challenging and that the world in general and health care in particular, has never faced such crises. In fact, our nurse forebears faced equivalent issues one hundred years ago.”

CULTURAL DNA OF NURSING

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"As a child, I was fascinated with stories from the past, particularly people from the past and the ways in which their thoughts and deeds impacted society"

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Dr. Connolly's noontime talk was to nursing staff, house officers, and other physicians. She presented an overview of nursing history with an emphasis on the way race, class, and gender have influenced the development of health care in general, and nursing specifically. As part of this presentation, she discussed the evolution of the relationship between nurses and physicians. “It is impossible to historically contextualize nursing without considering changing ideas about illness, the growth of hospitals, and other professions such as medicine,” she said. “Nursing and medicine have always been interdependent... but there are critical differences between the two professions and issues related to the distribution of work and authority. These are easier to understand when viewed through the lens of history.” She concluded the talk by pointing to recent collaborative triumphs by nurse and physician groups: “Some of the historic distrust between the two professional groups is abating as more and more a new generation of nurses and physicians unite to fight to provide quality care, whether it be nursing or medical, to their patients,” she said.

Dr. Connolly's evening talk was to the Finger Lakes Organization of Nurse Executives and was not purely historical. Rather, she talked about her work in Senator Paul Wellstone's office and the way in which nurses are viewed on Capitol Hill. In 1992, during candidate Bill Clinton's first election campaign, Dr. Connolly became very interested in the his health care reform agenda. She recalled: "I kept wondering, how in the world have we gotten to where we are? We had such wonderful new technologies and excellent health care for the few, yet so many segments of the populations were lacking basic health care services. Some good solutions were being discussed, but I didn't think we could figure out how to move beyond the crisis until we knew what had gotten us to this point." That was the impetus for Dr. Connolly's interest in public policy. "I saw history not as an end in itself, but rather, as a living and breathing organism that informed policy and practice," she said.

In 2001, as part of her post doctoral fellowship in the Program in the
History of Medicine and Public Health at Columbia University, Dr. Connolly decided to complement her research with a “policy clinical.” She expressed her interest in a letter to the late Senator Paul Wellstone [D-Minn], the legislator she admired most. “Paul was an activist Senator...I really respected what he stood for and thought I could use my knowledge of history and my clinical background to help further his legislative agenda,” she said. Dr. Connolly’s letter could not have arrived at a better time. The Democratic Party was newly energized, health care was high on the legislators’ priority list, and there was an immediate need for scholars who brought to the debate a combination of theoretical knowledge and practical know how. Dr. Connolly was awarded a 6-month fellowship in Senator Wellstone’s office beginning in the summer of 2001. “I was a middle aged nurse and historian [not looking to party on the DC scene] who would cost them nothing,” she recalled. “It was a good match from the start, and I was thrilled at the chance to become more involved.”

On Capitol Hill, Dr. Connolly placed contemporary health care issues into historical context for current legislative action, wrote speeches and remarks for the Senator, and briefed him and other legislators and their staff on the substance of particular issues and pieces of legislation. “In some offices, fellows don’t do much,” she explained. “In Senator Wellstone’s, I was given a chance to do as much as I wanted so quickly that I soon found myself deep in the middle of a debate on some of the most pressing health care issues of the day. You haven’t lived until you’ve felt that power.”

Dr. Connolly’s presentation to the Lakes Organization of Nurse Executives was very much about power; how to get access to it, and how to use it to instigate social change. “The Senate demystified our society’s power structure for me,” she said. “It showed me ways in which individuals and groups committed to their cause and determined to see change can create opportunities and get results.” Dr. Connolly also spoke about how she saw history used [and not used] in Washington, and discussed the need to increase the numbers of nurses working in staff positions on Capitol Hill. “To affect change, nurses are often encouraged to become politically active at the grass roots level, and this approach is useful,” she said. “But there is nothing wrong with starting at the top and shooting for the moon. We need to reach out to our legislators at the top levels of government. We also need to be there as elected officials and staffers. We don’t encourage this often enough in nursing education.”

Dr. Connolly fell in love with history from a very early age. “As a child, I was fascinated with stories from the past, particularly people from the past and the ways in which their thoughts and deeds impacted society,” she explained. “I also saw history as a way to travel beyond the boundaries of the small Central Pennsylvania town where I grew up.” Having joined ysv as an Assistant Professor in the Pediatric Specialty in 2003, Dr. Connolly continues to use her love of history to motivate students and colleagues to use people and events of the past as learning models and sources of inspiration. Presently, Dr. Connolly is working with the History of Medicine faculty at the Yale School of Medicine to document the contribution of nursing science to health care delivery. “We need to make sure that there is a nursing ‘presence’ in courses, seminars, and curriculum, so that when faculty and students consider the history of “health care” that they also consider the vital contribution of nursing,” she said. At ysv, Dr. Connolly is teaching a historical praxis research seminar with Professor Helen Varney Burst. She is also a lecturer in the “Issues in Nursing” class where she encourages students “not to assume that the world has to look the way it does, and to think outside the box when it comes to improving health care in this country and in the world.”

“I hope to help them understand that they have more power than they may think, and to mobilize them to use the resources available to them to identify issues and solve problems,” she said. ♦
The scope of nurse-midwifery practice in the early 1960s was the maternity cycle: antepartal, intrapartal, postpartal and immediate newborn. Our class on family planning consisted of an observation experience at the Margaret Sanger Clinic in New York City because the use of contraception was illegal in Connecticut. We went to Kings County Hospital in Brooklyn, New York between the two academic years for clinical experience in midwifery because the legality of nurse-midwifery in Connecticut was in question. Our admitting physical examination was limited to the thyroid, breasts, abdomen, pelvic, and legs. We called in a physician to listen to heart and lungs. All births were in the delivery room with the woman in lithotomy position and no family members present. We passed Planned Parenthood pamphlets under the sheets with the clinic closest to the woman circled if she expressed interest in family planning as it was illegal to provide contraceptive information in the city hospitals.

After five years of teaching obstetric nursing, I returned to nurse-midwifery and Kings County Hospital in Brooklyn. An internship would enable me to regain and update my midwifery skills. While intrapartal and postpartum had not changed much since the summer of 1962, there had been a sea-change in family planning. Antiquated contraceptive laws had been struck down by the U.S. Supreme Court in 1967 (State of Connecticut v. Griswold). Nurse-midwives had started family planning clinics at Kings County Hospital and at the State University of New York Downstate Medical Center.

From my internship I went with others in 1969 to Mississippi as part of a federal project initiated by Robert Kennedy. The purpose of the project was to bring maternal-newborn care to a population that had not been getting adequate or any care because of racism. We cut infant mortality in half for this impoverished African-American population. We also established a nurse-midwifery education program, of which I was the founding Director, in the Department of Obstetrics and Gynecology at the University of Mississippi Medical Center.

We rapidly expanded the curriculum and practice of nurse-midwifery. We were the only contact with the health care system for the women we were seeing for pregnancy or family planning. Therefore, it was essential that we learn how to conduct a complete physical assessment and screening of all body systems, including heart and lungs. Family planning was an integral part of our curriculum. Well-woman gynecology was quickly added as we identified other areas of care that naturally evolved from working with women to meet their needs for contraception. The management of
the care of the newborn up to one month of age and the infant up to one year of age also were added to the curriculum. Combined with home visiting, we could provide health care otherwise not available to babies. This was critical to our ability to wipe out the spike in infant mortality occurring at 6 months of life from preventable causes. We applied the principles of mastery learning and developed curriculum modules that revolutionized the teaching of nurse-midwifery. The curriculum model and the modules with the expanded scope of practice were given to all of the then existing nurse-midwifery education programs.

It was also clear to me that the profession and the students desperately needed their own textbook. Not seeing anyone else taking on this endeavor, I decided to write it. I was prepared for this undertaking by my years of involvement with others in the development of the national certification examination for nurse-midwives; the writing of curriculum modules that specified learning objectives, sub-objectives, and tasks; my grounding at vsN to analyze interactions and situations in a constant search for clarity; and my adaptation of the research process I had learned at Yale to formulate a clinical management process as a framework for practice and for learning.

In the meantime, the 1970s were a time of childbearing consumer dissatisfaction and the evolution of lay midwifery. As a profession, we had to grapple with both sides of our hyphenated name, each an internationally recognized profession. In 1977, the members of the ACMN passed a definition that clearly identified that a nurse-midwife belonged to two different professions: nursing and midwifery. My identity was no longer that of a hyphenated profession that was neither totally nursing or totally midwifery but rather the hyphen simply recognized that I fully belonged to two separate professions with different scopes of practice. I was President of the American College of Nurse-Midwives and I was now in South Carolina.

My five years at the Medical University of South Carolina (musc) initially provided me time to write the book. Later, musc profoundly tested the most basic of my beliefs, forged throughout my life but first articulated while a student at vsN. Knowledge of my beliefs and ability to act upon them sustained me through an intolerable situation of racial hypocrisy and unacceptable mandates from the Chair of OB/GYN at musc. With the support of Dean Marcia Curtis, vsN ’57 I resigned on principle from my position as Director of the Nurse-Midwifery Program. I came “home” to Yale in 1979 as Chair of the program where I had been a student. What a relief it was to return to vsN where many of the battles I had fought elsewhere did not have to be fought again, where I could be proud to be both a nurse and a midwife, where ways of thinking that were not acceptable elsewhere were commonplace, and where I had a Dean, Donna Diers, ’64, who understood from whence I came.

The late 1970s and the 1980s saw the further expansion of our scope of practice in gynecology and the inclusion of management of a woman’s care through the perimenopausal years. We admitted the fact that the populations we serve had never been exactly "essentially normal" and thus elaborated our collaborative management of high-risk patients with physicians in tertiary medical centers. At the same time we started out-of-hospital birth centers and continued home birth practice. Our scope of practice again expanded in the 1990s as we reclaimed the primary care provided by our foremothers at Frontier Nursing Service in 1925. In 2004, our scope of practice can be found in all settings and embodies the primary health care of women from puberty through senescence including the maternity cycle and reproductive health care.

The editions of my book reflect the evolution of our practice not only in the increased number of chapters from 57 to 82, but also in the fact that it has more than doubled in size since first published in 1980. My book also reflects ongoing developments in the ACMN. In 1994, the ACMN and the ACMN Certification Council, Inc. (ACC) assumed responsibility for setting standards for the practice of both nurse-midwifery and direct entry midwifery (non-nurse) in the United States and the title of my book changed from Nurse-Midwifery to the more inclusive Midwifery in 1997.

Injuries resulting from a fall in 1993 took me out of clinical practice forever. The generosity of the next two vsN Deans, Judith Krauss and Catherine Lynch Gilliss, enabled my subsequent scholarly efforts. I redirected my energies into researching, writing, and presenting history: the history of nurse-midwifery in the United States and the history of the Yale School of Nursing. I kept my textbook alive by bringing in contributing authors on the third edition in 1997 and then adding two co-authors for the fourth edition published in 2003. The co-authors, one of whom is vsN graduate Jan Kriebs ’83, will be responsible for future revisions of the book.

So, the truth of the matter is that the Yale University School of Nursing has been incredibly good to midwifery during its 48 year history of having a nurse-midwifery program, and vsN has been incredibly good to me. I am humbly grateful and I am so very proud to be a Yale nurse, a Yale midwife, and a Yale nurse-midwife.
HELEN VARNEY CHAIR IN MIDWIFERY
at Yale School of Nursing

In recognition of the profession's vital contributions to the health and well-being of women and newborns, and the School's commitment to midwifery education, YSN is pleased to announce that it is embarking on a campaign to raise funds to establish the Helen Varney Chair in Midwifery.

YSN has a rich history in midwifery education. In 1956, YSN became one of the first graduate schools in the nation to prepare nurse-midwives. Today, YSN's Nurse-Midwifery Specialty is the second oldest existing master's program. Started by Ernestine Wiedenbach, CNM, MA in 1958, the program awarded graduates with both the Master of Science in Nursing and a Certificate in Nurse-Midwifery.

With nearly 500 graduates since 1958, YSN has prepared many of the leaders in the profession. YSN graduates have been in the forefront of innovation in midwifery practice, education, research and policy. Among their contributions to the profession, Yale Midwives have started midwifery education programs in numerous academic institutions throughout the United States, developed new models of care which have shaped the profession, directed midwifery services, held leadership positions in the American College of Nurse-Midwives and authored the first textbook in nurse-midwifery/midwifery.

YSN continues to demonstrate excellence and innovation in women's health services. In an ongoing effort to expand the delivery of quality health care to women in our community, in 2001 YSN established Yale Women's Health and Midwifery in Derby, Connecticut. Staffed by faculty in the YSN Faculty Practice Group, the practice offers a full range of health services to women in Greater New Haven and the Lower Naugatuck Valley. In 2002, Yale Women's Health and Midwifery and its partner, Valley Women's Health Access Program, were recognized by the U.S. Department of Health and Human Services as one of twelve National Centers of Excellence in Women's Health. In that same year, YSN expanded its midwifery services at Yale-New Haven Hospital to a 24/7 operation, unprecedented in the State of Connecticut.

We invite you to be a part of this historic and important milestone in the future of midwifery education, by making a tax deductible contribution in support of the Helen Varney Chair in Midwifery. For more information, please contact Lisa Hotchin, Director of Development, Yale School of Nursing, P.O. Box 9740, New Haven, CT 06536-0740, or call 203-785-7920, or email lisa.hotton@yale.edu.