Yale Nurse

...to be a nurse...
Yale University School of Nursing
ALUMNAE ASSOCIATION
Newsletter
Published three times a year
by the YUSNA
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New Haven, Connecticut 06520

Fall 1979

Deadline for next publication
Spring Issue - February 1

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REMEMBER ALUMNAE WEEKEND - May 30 - May 31
Reunion classes this year will be:
1930 1945 1955 1970
1935 1945W 1960 1975
1940 1950 1965

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... to be a nurse ...

Nursing is a thoroughly complicated thing, in the practice of the craft, the profession's place in larger scheme of things, and in the profession's struggles to shape a larger society. Y.S.N has historically been committed not only to the preparation of nurses, but to using its educational efforts to make a rational and humane health care service system evolve.

As this issue goes to press, the School is completing the work of self-evaluation upon which our accreditation by the National League for Nursing will be based. It's a good time, therefore, to think about what nursing is and what YSN is and how they fit together.

For this issue, we have pulled together some thoughts about nursing from various sources. Some you may recognize, some are wholly new. Some come from figures of our past, some from present students and faculty. Some are drawn from the published literature, some are brand new contributions, published here for the first time.

Enjoy!

Within a century, almost phenomenal changes have been brought about. Diseases, relentlessly persistent, have been tracked to their lair and will soon be eradicated. Mental deviations, the curability of which was not conceived to be within the range of rational thought, have responded to new understanding. A veritable mosaic of means has been evolved for the study and development of each aspect of that intricate, dynamic creation -- the human machine.

In this program, woman is destined to play a leading part. There is now a growing understanding of the fundamental importance of health, that composite term for man's best physical, mental and spiritual expression, in building an efficient society. It is accepted that environment is a more potent factor in the individual life than heredity; and that ineradicable impressions are stamped upon the mind in the early months, even weeks of the child's existence. In the light of these facts, the roles of mother,
nurse and teacher assume almost stupendous potentialities.

... A less sentimental and more comprehensive interpretation of her function is demanded of the nurse.

... To the nurse, working in the different levels of the social structure, in touch with the fundamentals of human experience, is given a unique opportunity to relate the adventure of thought to the adventure of action -- this to the end that the new social order to which we are committed by our forefathers may be realized. To effectively interpret the truly great role that has been assigned her, neither a liberal education nor a high degree of technical skill will suffice. She must be the master of two tongues, the tongue of science and that of the people.

... To no field does the call for the finest expression of womanhood come with greater insistence or greater justification than that of nursing -- a call that cannot be denied.

- Annie W. Goodrich '29
(Reprinted from Red Book Magazine in "The Ethical and Social Significance of Nursing", Macmillan, 1933"

I take off my shoes before you and stand at the periphery of your experience. trusting the caringness in my eyes you invite me into the space-of-your-life and with caution and anticipation allow me to stand by you. the vulnerability your experience is compounded by your pain. bewilderment and frustration overtake you for you have never needed like this before. and I, wanting to share the frightened-ness of your day offer my possibilities as person as one who acknowledges you as more than "patient."

if you let me, I will extend to you the fruits of my education and experience and I will hope for only your comfort in return.


if you desire, I will share the questions or the silence with you. when you recover, I will delight in the wholeness of your health. or when you die, I will grieve my loss of the gift of you.

- Theresa O'Connor '81

... I went into nursing because it would be "good" preparation for wifehood and motherhood. Where is the man who does not find a caring woman in white beautiful? My relatives regularly mentioned that a nursing background would always be useful, even if you get married right after school. All mothers have to deal with scratches and bruises and upset stomachs. "You can use your psychology on your kids," some said. So I became a nurse, not because it is an interesting profession in its own right (which it certainly is) but because "It's something to fall back on in case you marry a drunkard" and "it's such a feminine profession."

- M. Angela Barron McBride '64

As one of ten nursing students sponsored by the NLN's public policy internship, I experienced a part of nursing that many of us shy away from or ignore. Perhaps, politics has nasty connotations for some of us. Perhaps, we feel too frustrated by the "state of things" and don't know where to start. Or perhaps, worst of all, some of us think we "don't know enough about politics" or "that it's best left to those select few who already know what they're doing and can lead us!"

In response to some of these notions, I contend that to be a nurse means that one cares about the total system of health care delivery. Hence, while providing nursing care, a nurse is in a unique position to both facilitate a patient's interaction with the system and at the same time, to contribute to the formation of what is essential health care policy for this country.

My experience this summer was an ideal example of how these roles can be developed. For ten weeks, I worked in DHEW's Health Care
Finance Administration (HCFA). This is the DHHEW agency responsible for Medicare and Medicaid, as well as the financing of other federally sponsored health programs. As part of HCFA's Office of Legislation and Policy, I observed the checks and balances process between the executive and legislative branches of government. On the legislative side, I was involved in the preparation of the administration's testimony for Congressional hearings on topics such as the Child Health Assurance Program and Medicare and Medicaid amendments. In terms of policy, my main project was to write a speech for my preceptor (the office director) on long term care. The speech was to describe HCFA's approach to long term care services, including health and social aspects and what was recommended in terms of coordination and administration of these services. This was where "being a nurse" was most helpful. I would say that my being a nurse and writing that speech gave me the capacity to visualize a collection of individuals whom I had served and who were in need of long term care. These people provided me with a realistic foundation on which to base the theories and policies I was expounding. Rather than merely compile a collection of statistics and theories, as my policy co-workers were expert at doing, I had the practical knowledge of both individuals' needs and the "kinks" of the system to know what would succeed and what was totally unrealistic. To be a nurse in health care policy is to bring these types of insights to policy analysts who often have a pitiful understanding of the way things really are.

I must add that this role is no "bed of roses." There were many moments of anger and frustration when being a nurse at HCFA meant keeping one's impressions to oneself and learning what the other overall political issues were in policy formation. Or, it meant taking a risk and attempting to explain the "expanded roles" of nursing to people who have not seen beyond white caps and bedpans in their impression of our profession. Hence, I would add that being a nurse became for me a full time public relations job. I could go on and on....

One of the most rewarding aspects of being an NLN public policy intern was the sharing and learning with the other nine nursing students. Hopefully, we can now bring some of our insights to other nurses so that the notion of "being a nurse" can include more political and universal health care issues. These areas have tremendous impact on the future of our profession. To be a nurse today means facing tough political battles -- in and out of health care facilities. It also means that there is no better time to educate ourselves on these topics and muster our strength from the sidelines to tackle these challenging issues together. By so doing, we have nothing to lose and yet so much to gain.

- Sally Solomon '80
President, Student Government, YSN

Nursing of all professions is a human profession and belongs to the whole world. It knows no color or creed. It is for the poor as well as for the rich. Nursing is national and international in its relations, and every human being has a right to the contributions it can make. Its function is the conservation and restoration of health for the perpetuation of a happy and useful people.....

1934 - Effie Jane Taylor, Dean

Nursing has inflamed me. That is not an easy confession, my friend, not easy at all for an "old" English teacher recently turned nursing student at a time when the hairline treks back and the astigmatism creeps forward. Now, I am not so much inflamed by the new power and politics of nursing -- by its expanded roles, its FNP, PNP, and clinicians of assorted letters and ranks, by its lobbyists and its movers and shakers in higher places. All that is necessary, timely, useful. Rather, I am much more inflamed by the passion of nursing. Indeed, on those personal Sunday afternoons, when the sun streaks through the dust and the refrigerator buzzes and I am quite alone, this, above all, I know to be the truth: for me to be a nurse is to be suf-
fused with a deep and almost inexpressible passion for humankind.

There is, first of all, the passion for detail. Gently powdered gloves snap and squeak onto the catheter inserter's hands. Betadine on lamb-white balls smears and oozes its sickroom yellow into the folds of the genitals. The jelly-headed tube slips silently, with subtly changing stops and tugs, through the urethra, the patient -- ah yes, the patient -- wincing a bit, eyes darting. The golden stores of the dark reservoir stream out, sloughed off cells and clots floating, jerking like fish in the plastic collection box. Even in the most supposedly menial of nursing tasks resides a kaleidoscope of detail and texture whose observation ought to be approached with passionate energy. Such is the richness of nursing.

But there is, too, a passion for individuality. Every pulse bounds differently; every skin is creased and scented apart. Voices tremble, resonate, or trumpet in their peculiar rhythm. There are no Abbott Pumps or IVs hanging, no Cantor, Levine, or Blakemore tubes; there are only these hollow lines entering individuals. In one of those cutting ironies that haunt me, it happened that this country's first execution against a person's will in over a decade occurred at exactly the same hour I was helping a young mother in the final stages of labor for the birth of her first child, whom she named Oliver Wendell Holmes. Later that same day, some 275 other individuals were extinguished in a Chicago plane crash. Anguished by the fateful extinction of so many, I was nonetheless privileged to participate in the inauguration of a new uniqueness in the world. That participation, if it is done well, is a passionate experience.

Most importantly, there is the passion toward humility. I had cared for Amy, a 13-year-old girl with marked scoliosis, from the beginning of her hospitalization. I taught her about a "Spinal Fusion with Harrington Rod Insertion." I medicated her. Both afraid, we comforted one another in the cool hallways of the OR: "You really didn't hurt me with the needles," she sobbed, filling the tremulous spaces in our talk. I gaped at her spine gaping open like some prehistoric mammal on the table as the processes were cruelly clipped off, the bone grafts thumped out of her hip, and the glinting rod inserted. Then later, the obligatory Demerol injected to calm the searing pain, I stood beside the bed as her mother leaned over Amy, vulnerable and fragile in her half-cast. I yearned to enter that twosome, to feel their pain and their unity. I saw only their profiles in the dim light, so alike and so close. But the communion was sacred. If there was a passion in my involvement with this family, there was also a passion in keeping my distance. Benevolently rejected, I needed the humility to appreciate that. It took deep energy, passion, to do that.

You -- who have so much more skill, heritage, and maturity in nursing than I -- would you think on this passion with me? If you do, perhaps you can understand how difficult it is for me to appreciate many others' views that "basic" nursing is menial and often meaningless drudgery, as if it were some prison sentence we dutifully endure as we grope, pilgrim-like, toward the freer air of administration, teaching, or an "expanded role." Nonsense. To be a basic nurse, any nurse, is not to be serving time; it is more to be making love.

- David Evans '81

Summer time. My uniform consists of bib overalls and a trainman's hat with the YSN emblem stitched on above the visor. (It's my first
job as a nurse, and I wanted to have some sort of cap.) I've learned to keep a penlight, "ahhh sticks," index cards and a pencil stashed in my bib at all times. During clinic hours, I fill all the loops and pockets with the tools of my new trade--otoscope, culture tubes, kleenex, bandaids, droppers... But now I'm going out for a walk. My inpatients have been hugged and provided with reading materials, juice, and reassurance. I've refilled the band-aid box. I've told two staff members to come back after their campers are asleep for counseling. I hang a sign on the door: "Need a nurse? Look along the road. And I head off down the winding dirtway that runs along the lake, past the barns, gardens and orchard, and on through the heart of our Vermont valley world. I need these quiet moments desperately, but often my mind is too busy with the challenges of my job to use them. I cut down a steep bank to the doctor's cabin. "David, we have a bunch of kids...(I give him a list of complaints and symptoms)...what do you think about Giardiasis?" He tells me that I am ordered to take a swim, and hands me a towel. I plunge gratefully into the cool waters, roll, spurt, splash and dive. Then, feeling a little guilty, I climb back up to the road, and head "home" to the infirmary to give out the 5:00 meds. Suddenly the bushes are alive. Children seem to be popping out of every possible hiding place, calling my name, grabbing my hands, telling me their ailments. "I've been WAITING for you." Dragging my train, triaging en route, I proceed slowly to the infirmary porch where I'm greeted with another barrage of questions and complaints. "You're LATE!" I start sorting. This one to soak, that one to gargle. Another to scrub. "How much salt?" "Do I have to take that vile cough syrup?" Much persuasion. Hugs. "Can we visit Suzie?" I remind them that the first (and last) time I allowed visitors on day one, there were thirty people sick on day three. "No!" Now I'd be the meanest, worse nurse in the world if I didn't go shift Suzie over near a window so they can talk through the screen. Sometimes I am that mean. But even so, on the walls, the graffiti collection is growing. "This nurse is the best nurse in the WORLD." My predecessor was the best in the UNIVERSE, if you believe the walls, but I'll settle."

"It's so strange," says one of my fans, "two years ago when you were here, you weren't anything special. And now you're the nurse!" - B. Janeway '80

... Physicians have managed to make medicine synonymous with health care, but it's only one aspect of health care; nursing is another. Men are assigned the instrumental role in a family, and women the expressive role. Such role divisions have become institutionalized in doctor-nurse relationships, which define the physician as the agent of change, and the nurse as the compassionate keeper of the status quo who cares and supports... So much of what a professional nurse does is dismissed as housekeeping, yet a coordinated, smoothly running organization entails tremendous skill. The nurse's self-initiated therapeutic efforts are regularly minimized... They're overlooked because so much of what she does seems like "common sense", people forget that what looks effortless might have taken years to perfect.

What nurses do is often overlooked because their efforts are seen as instinctive. Whatever value "creative mothering" may have as a description of what nurses actually do gets lost in the emotional, grandiose fantasies that professionals and laymen alike have about motherhood. The nurse-patient relationship isn't based on kinship, and the sentimental reference to mother obfuscates more than it illuminates.
Good nursing like doctoring has something in common with good parenting, but professionals shouldn't expect an emotional payoff for their services the way mothers do; their effectiveness is better measured in terms of a remission of symptoms than in a patient's undying gratitude or a big box of chocolates... ...Women are dismissed as "just a woman," and nurses experience the same thing: "she's just a nurse." Nurses who make a big impact on a particular health care system are always discounted as "exceptional"...to work in any position but that of a staff nurse giving bedside care, you're immediately accused of not really being a nurse, just as the woman who challenges stereotype is described as unfeminine, no longer a real woman. Nursing is a complex and demanding profession, yet what nurses have not heard the comment, "I don't know how you do it. I could never be a nurse, I can't stand bedpans." Characterizing nursing that way reduces all those in the profession to the lowest common denominator: emptiers of bedpans...the underlying message is that nursing must be shit work, and anyone in it must be a trifle tainted.

M. Angela Barron McBride '64
A Married Feminist (Harper and Row, 1976), pp. 192-194

Reminiscences -- 39th General Hospital...I will give you some of the reminiscences which pass before me whenever my mind dwells on the forty months of active duty that has been so recently terminated due to the happy and surprisingly quick end of the war in the Pacific. The victory was not surprising. We who worked close to the boys and saw their will to succeed could not feel at any point that defeat would be our lot. There was suffering, loss of life, tragedy, but with it all a strong and undiminish ing faith in the eventual outcome.

On October 1940, when Yale nurses and former affiliates who were members of the Red Cross received letters from the School asking if they would be interested in becoming members of the Yale Hospital Unit, then being formed for Defense, it was easy to check "Yes" as an answer and then in a day or so file away thoughts of the Unit in that part of the mind to which we relegate improbable plans. Months drifted by and the nebulous idea of Defense became concrete, the echoes of war grew louder. Pearl Harbor shocked us into activity.

"When were we to go?" "Where were we to go?" Restlessness followed uncertainty, jumpy nerves, worrying families, minds being changed. One by one the men began accepting appointments into the Army with the proviso that when the Unit was formed, they would be transferred to the point of activation. The nurses, a little more conservative, were still waiting, now eagerly rather than anxiously. New white uniforms appearing on the floors were the Army type; no investment in any other kind by members of the Unit, they would be in the Army shortly.

One night in early July a message came to the hospital from the War Department addressed to the Director of the 39th General Hospital. The 39th was to be activated, everyone was to be prepared. Need I tell you the turmoil within the hospital walls the next morning? The nurses found out while they were alerted, the first orders were only for the Medical Officers. We have to confess that we too called Washington to find out what was going to happen to the nurses, for by then all kinds of rumors were running wild -- the nurses were not going to be needed, the Unit was going to a place where only men would be sent, the nurse corps would be broken up and sent to various parts of the world, and so on. We had assurance from Washington, however, that the nurses would be called out very shortly after the doctors, they would remain as members of the 39th General Hospital, and our first station would be Camp Edwards, Massachusetts.

On a dark night early in November 1942 we finally marched up the gangplank, single file, with one thought in our hearts, "When would we see our country again?" We were to wait three years.

The weather became increasingly warm as we headed for New Zealand. A few wounded New Zealand Air Corps officers were on board and they quite modestly told us something about their country. After twenty days of travel, never once in sight of land, we awakened one Sunday morning to see a beautiful landscape unfolding, rolling country, green hillsides dotted with cattle and sheep, occasional farm houses; there was a sense of tranquility about it all.

We moved into our own hospital in February, a little over two months after our arrival in New Zealand. Our first patients came the second week in February; by that time Navy Nurses had arrived so we had our full complement available for duty. We had expected a good deal of surgical work, but at first we had a great number of malaria cases coming from the jungle areas on the islands where the fighting was taking place. The work with malaria continued throughout our two years in New Zealand, for while the control was more and more successful at the source, there was experimental work to be done to help determine the post-war care of the thousands who had contracted the disease. We had a group of one hundred known
malaria patients remain at the 39th General Hospital for almost nine months, the course of their attacks was studied and smaller units of the group were treated variably; the work was not in its complete stage by the time the hospital moved forward so this entire group of patients was transferred to another hospital where the experiment could be finished and evaluated. We had the wounded to care for, many of the casualties from Munda and Bougainville were sent to us in New Zealand. There were also great numbers of those psychologically injured by war. The census of the hospital varied markedly, at times we would have as few as six hundred patients, and then we would have as many as twenty-three hundred. Most of our patients came to us by ship, one busy evening we had nine hundred admitted within two hours. The routines were carefully worked out, however, and we were able to have that number admitted, fed, and settled within three hours. The food available to our patients in New Zealand was a soldier's dream come true, for there was a great abundance of good milk, butter, and steak, and we made it a matter of routine on most wards to have a quart of milk on the stand between every bed on admission day and we delighted in answering "Yes" to the query, "Nurse, can we have all the milk we want to drink here?"

Shortly before Christmas 1944 orders came for the 39th General Hospital to move. We remained in New Caledonia for almost ten weeks. There were some advantages, we were initiated into the heat gradually and learned to take the baking by degrees. We landed in Saipan to find the nurses' quarters built, prefabricated houses with partial partitions, primitive plumbing, not a tree standing in the entire area, heat such as we had never before experienced, a very limited water supply, but there was little time to think about it. There was work to be done for the other hospitals on Saipan were filled by over-

flowing with Marine casualties from the Iwo Jima Campaign and there were calls for help on all sides. We were distributed among the hospitals normally staffed and equipped to care for a few hundred had thousands of acutely wounded boys needing all the skill and care that could be mustered together. The turnover was very rapid, any boys who could survive further travel were moved on to make room for incoming casualties. Our patients were Army, Navy, or Marine, almost a hundred per cent surgical although we had one ward for communicable disease cases. The Okinawa Campaign was underway and in addition to receiving those wounded on land, we had a great number of burn cases, mostly Naval patients who had been on ships attacked by suicide pilots. There was no fresh food available or any of the comforts or diversions of New Zealand to offer the boys, heat was intense and the patients very ill. Our nursing skills were taxed for our numbers had become depleted while the character of our duties became acute in nature.

V-J Day came, as much a surprise to us as to the rest of the world. We'd heard the airmen tell of the devastation the bombing had brought to Japan's cities, but we did not even let ourselves hope that we would be home much before the summer of 1946. The moving out of the original nursing personnel took place very rapidly. By the end of October all but the few who had requested to remain were back in the United States and discharged from the Army or on Final Leave.

The 39th General Hospital is now inactive. This, its second chapter, we hope it is its closing one. We who know war believe that this must be the last.

- Esther Budd '31
Lt. Colonel ANC, Chief Nurse

Nursing is a service profession. Nurses practicing professional nursing attempt to provide various forms of physiological and psychological support, to share information, and to assess and encourage optimal functioning in patients and families. This important and powerful role needs to be firmly founded upon a nursing philosophy which defines patient and nurse territories, commitments, outcomes, and reward systems. Without such a philosophy, it would be easy to misconstrue and abuse such a flow of power, information, and trust. The nurse must possess a thorough knowledge of her or his own ambitions, motivating forces, and sources of positive reinforcement, in order to be able to understand and respect those of the patient.

In the pursuit of optimal patient health and well-being, in the context of family or other significant system, the discipline of nursing has the distinct advantage of being able to assess, plan, and intervene with multi-dimensional systems, rather than segments of people (Rogers, 1970). The nurse is the professional, in many cases, to best be able to appreciate the pa-
patient's whole picture, thus allowing for the appropriate use of required specialists. Concurrent with the nurse's holistic involvement with patient and professional systems is her or his ability to be attuned to both the self and the patient as an individual. The therapeutic use of self is an invaluable skill and underlying philosophy of nursing (Clemence, 1966). Allowing oneself to experience the patient's situation, feelings, and state of being is an extremely demanding practice, yet one allowing personal growth, change, and more meaningful communication. Inherent in the competent practice of nursing is a thorough and dynamic knowledge of self.

- Lois Sadler '79
Instructor, YSN

I remember how our training at the Yale School of Nursing considered not only the physical difficulties of the patient, but the patient himself as an individual. It was there I gained the first realization that every physically ill person is potentially an emotionally upset person. Some fear and anxiety are associated with every illness.

For a large proportion of a working day, the nurse is expected by most people to be dependable in tact, accuracy, and function and to be uncomplaining, patient and cheerful, while at the same time self-effacing. These are perfectionist, better-than-human standards. The nurse, however, has the same human problems and difficulties as the patient. Not every patient is the right kind of person for the abilities of a particular nurse. The hospital or agency cannot allocate patients according to a nurse's ability to work well with certain types of people. The only way to avoid maternalism, anger, indifference, contempt, or punishing behavior is to acquire insight into the reasons why we ourselves tend to feel and react in certain patterns as well as to try to understand the behavior of our patients. We must know the kinds of people we work with best, and why we do not work so well with others, in order to increase our usefulness with all people.

What we do and say, how we interpret a patient's reactions, depend on how well we are adjusted, or how severe, aggressive, dependent, or indifferent we are. Without words, hidden attitudes make themselves felt and become decisive in the response of patients. Some people are intuitively helpful with patients. But helpfulness is a learned skill also; by learning to understand ourselves better we can increase the varieties of people and problems we can work with skillfully."

- Marion E. Russell '29 from YSN Alumnae News 1947

Nursing is part of an international health movement, the movement best calculated to wipe out differences of race, creed and color. The good nurse must be technically expert, scientifically informed, socially experienced. Nursing is the connecting link between the findings of science and the people. If we want to save democracy there must be some who can go into every home, every place and preach the brotherhood of man.

1947 - Effie Jane Taylor, Dean

Student nurse, nurse practitioner, nurse midwife, army nurse, nurse educator, public health nurse, nurse administrator... What is the common denominator? My ability to successfully identify with many of these roles is attributed to a sense of purposefulness inherent in a profession dedicated to the fulfillment of basic human needs. Delivering high quality patient care is truly only a fraction of our total commitment.

The development of a sensitivity to human frailty is what we seek, so that we may both assess and subsequently intervene when appropriate to restore the physical and psychosocial well-being of the recipient at hand. The setting may vary, but the value of our role does not. The recipient will vary, and if our sensitivity is keen, we will find ourselves very deeply involved not only with our patients, but with those humans around us in our everyday lives. Precious hours will be spent listening, touching, feeling, sharing with colleagues, friends, families, and acquaintances.

Our role as a health care resource consultant in the community evolves inevitably, and
cannot be underestimated regardless of our professional title. Truly a great deal of time will be spent assisting friends, relatives, and neighbors who define a nurse as an approachable health care professional. We may be found teaching regarding basic health maintenance, delivering primary emergency care to children, or counseling friends having marital problems. We represent a liaison between the currently intimidating health care system and the confused human being who so desperately seeks admission into that system with minimal insult to their intact psyche.

In a more specific, professional sense, our tasks may appear to be very different. Responsibility may vary if we look closely at the role of a college professor, a pediatric nurse practitioner, an Admiral in the Navy Nurse Corps, or a staff nurse in a Public Health agency. However, whether it be through the delivery of a new being into the world, or the comforting of a dying individual and his family, our basic commitment must not waver. Sensing, caring, and giving are an integral part of our involvement with those individuals and families who require assistance in order to return to the continuum they have defined for themselves as a state of health.

- June Eick Miller, MSN, RN
Yale University School of Nursing, Lecturer
Captain, Army Nurse Corps

Nursing is a study of human possibilities in light of human realities and limitations...
1932 - Effie Jane Taylor, Dean

Every day I explain what I am. "Hello, Mrs. Jones, my name is Debbie Ward -- I'm a nurse practitioner. Have you seen a nurse practitioner before? It means I'm a nurse, a registered nurse, and I went to graduate school for several years to learn to do some things that only doctors used to do, like physical exams."

This explanation is good for me and the patient. I'm ready to say what I can and can't do. Patients see that decisions about their health or illness do not descend from on high but are collaborative. I say "I want the doctor to see this (eardrum, rash)" or "The social worker knows more about this (housing office, home care benefits) than I do." And I try to remember to say "What do you want to happen, what do you think about this?" Hearing the patient and then working together -- I think this is the essence of trying to be a nurse.

- Debbie Ward '77
FNP; Assistant Professor, YSN faculty

As a graduate of the Child Psychiatric Nursing Track at YSN, I have often reflected on how YSN helped prepare me for my present job. YSN supplied me with a solid research foundation as well as excellent clinical experience and supervision. Perhaps even more valuable was that I learned to be flexible and to utilize available resources.

As a nurse clinical specialist in the only state operated psychiatric hospital for children in Connecticut (Riverview Hospital for Children), I have often called upon all my learning as well as all the resources at my disposal to meet the requirements of my many faceted job.

The unit for which I am clinical coordinator is geared for children between the ages of 2 to 8 developmentally, however the chronological ages of the children span from 6 to 13 years and many of the children are diagnostically classified as autistic or autistic-like.
Mary C. Colwell
Yale School of Nursing Alumnae Association
855 Howard Avenue
New Haven, Connecticut 06520
NOMINATION FOR DISTINGUISHED ALUMNA AWARD
TO BE PRESENTED BY THE ALUMNAE ASSOCIATION ON
MAY 30, 1980

All YSN Alumnae are invited to send in a nomination. These awards have become an exciting part of our annual Alumnae Meeting. Those names suggested each year are kept over and considered with other suggestions each succeeding year.

Please send your nomination, with information on this form to Mary Colwell by May 1, 1980, c/o Yale School of Nursing, 855 Howard Ave., New Haven, CT 06520.

Criteria for eligibility for nomination:

Achievement 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. The achievement or contribution is beyond the normal expectations of the activity or position.
2. The achievement or contribution is unique and innovative having more than local impact.
3. Service to YSN/Community/Profession is continuous and sustaining.
4. The activity(ies) contribute(s) to the development of new dimensions and directions in nursing.

NOMINEE ________________________________________________ CLASS __________

REASONS FOR NOMINATION:

Nominated by __________________________________________ CLASS __________
Address ________________________________________________
________________________________________________________ Home Telephone No. __________
YSN ALUMNAE/I INVITED TO APPLY FOR CHARTER MEMBERSHIP

IN THE YALE CHAPTER OF SIGMA THETA TAU

The Yale Honor Society has received notification that it has been recommended by the National Council of Sigma Theta Tau for approval into the national organization. Our Honor Society will be voted upon by the House of Delegates at the National Convention in Seattle on November 7-9. Charter Induction will take place at Yale in March. In commemoration of the occasion, there will be a special two-day program on March 29-30, 1980:

March 29th  "Power Crisis in Nursing: The Role of the Mentor in Career Development"

March 30th  Sigma Theta Tau Founder Film
Charter Induction Ceremony

It is traditional that on the occasion of every charter induction to invite all alumnae/i to apply for membership. It is also traditional to evaluate all alumnae/i applications on their accomplishments as students. We urge you to apply now, and continue your pursuit of excellence in nursing through this Honor Society. If you are interested please fill in the request below as soon as possible. All applications must be submitted for review by January 4, 1980. Inductions at this time will allow you to be a charter member of this new chapter of Sigma Theta Tau.

If you are already a member of Sigma Theta Tau, you may transfer to the Yale Chapter without paying induction fees and without completing a new application form. The induction fee for new members is $25, and chapter fees are $15 annually. Sigma Theta Tau pins will be available at additional cost.

(tear off and send in)

To: Judith Krauss
Eligibility Chairman for Yale Honor Society
Yale School of Nursing
855 Howard Avenue
New Haven, CT 06520

☐ I am interested in becoming a member of Sigma Theta Tau. Please send me an application form immediately.

☐ I am interested in transferring my membership to the new Yale Chapter.

Name of Chapter in which I am presently a member: ________________________________
and its location ________________________________

Name ___________________________________________ Class _______
Address ___________________________________________ Zip _______
The lack of a homogeneous group of children in this unit presents a constant challenge for staff and programming and draws upon one's knowledge of developmental levels and expectations. Programming goals on any one day can span toilet training, teaching sign language and teaching peer interaction.

My clinical work also includes several individual therapy cases in which are included responsibility for admission, assessment, evaluation, individual and family therapy as well as suitable disposition plans for the child. Riverview utilizes the multi-disciplinary team approach and the Nurse Clinical Specialist is a primary and essential part of that team, lending both psycho-social and medical background. As a primary therapist, the N.C.S. is responsible for dealing with school systems, state and community agencies as well as other professionals.

The other and "non-clinical" aspects of my job include traditional and basically "undisputed" nursing functions: such as acting as nurse-supervisor, providing for adequate staff coverage, monitoring ADL and hygiene, referring children to M.D. after evaluating medical needs, administering inoculations, doing eye/ear screening tests, performing simple lab tests such as smears and cultures, teaching special diets, and overseeing the health of the whole child.

There are many other facets of my job -- providing Inservice Education, Continuing Education, writing policies and procedures, maintaining health and safety codes, assuring adequate record keeping and documentation and keeping the lines of communication open between the hospital and community.

Without a solid foundation in clinical experience and the means with which to research a problem properly, a nurse clinical specialist could easily be lost in the mammoth responsibilities she's faced with in the state system. Without flexibility and the ability to utilize resources she could also become lost.

- Nancy J. Hogan Grover '78
Nurse Clinical Specialist

Happiness is
459 -- all my children
the very tired "thank you" of a new mother
the smiles that come with the birth of a baby
and its new family
being included as "family" in a family portrait
assisting the births of two sets of twins for
the same mother within 16 months' time
running the stairs at 4 a.m. wondering, "Why?
What keeps me at this work at this hour of
the night?"

Misery is
my car's breakdown en route to the hospital
34 hours working, without rest, on "a busy
day"
the grief of a funeral for a 3-day old baby.
These are my reflections on several thoughts and experiences while working as a nurse-midwife in rural South Carolina.

- Betsy Rogers, CNM
Instructor, YSN

Nursing done right is physically, emotionally, and intellectually fulfilling. It may be one of the hardest jobs in the world. Take for example, "tender loving care." Most people, lay people, physicians, and members of other professions think that's all that nursing is about and they think it's simple. Just take nice people and turn them loose.

But to give tender loving care is exquisite
difficult. If being tender and loving were merely inborn characteristics, there would be no need for psychology, sociology, or the humanities. Sensitivity trainers, psychiatrists, and social workers would all be out of a job. Nursing, practically alone among the human service professions, deliberately tries to train -- or if you don't like that word, educate -- its young in empathy, sensitivity, and compassion. Nursing goes far beyond that because those attributes alone aren't enough, either.

Nursing provides its students with ways to
tool, hone, sharpen, and deepen and direct the
tenderness and lovingness with which most people are equipped. Indeed, nursing realizes that care which is simply technical or merely procedural and is not tender and loving is not quality care.
Similarity, care which is simply tender and loving and not thoughtful and planned is not good care. We actually teach people how to put to use their humanity with their knowledge and activity. That's what I mean by tender and loving care -- not some soupy, maudlin, touch-feely technique done without thought or evaluation of consequence. To do that -- to give T.L.C. -- requires a kind of delicious delicacy and discipline which are nursing's special province and special skill.

- Dean Donna Diers

Nursing Outlook, January 1978

note on nursing:

touching compassion
surrogating nurturance
nourishing ourselves.

- George Daneri '81

New Fellows in American Academy of Nursing

Florence S. Wald, MS, RN, Eileen Callahan Hodgman, MSU, RN, and Constance T. Donovan, MSN, RN, were formally admitted as fellows of the American Academy of Nursing at its annual meeting in Los Angeles on September 27th. Members of the Academy are registered nurses who have made significant contributions to the nursing profession. The Academy was established in 1973 by the American Nurses Association to advance new concepts of nursing care and to identify and explore issues in health care as they affect nursing as well as to offer solutions to issues confronting nursing and health. Dean Donna Diers, an Academy Fellow, was a speaker at the session this year.

Mrs. Wald is an associate clinical professor at Yale School of Nursing. She is currently writing a manuscript, "A Nurse's Study of Terminally Ill Patients," for publication. Her major contribution to nursing has been in research and in leadership. She has been director of the Mental Health and Psychiatric Nursing Program at Yale School of Nursing, as well as dean of the School. As dean, she initiated and implemented many reforms in the masters degree curriculum. In addition, both students and faculty undertook new lines of empirical research in the clinical field to examine the effects of nursing practice on patient welfare. She was among the first health care professionals to become interested in hospice care for the dying person. Her efforts have helped develop the hospice concept in this country, and she assumed a leadership role in the development of The Hospice for the Greater New Haven Region. Florence was awarded an honorary degree of Doctor of Humane Letters from Mount Holyoke College in 1978. She earned her MN in 1941 and MS in 1956 from Yale.

Eileen Hodgman is director of nursing research at Beth Israel Hospital in Boston. She has made contributions to the nursing profession through nursing practice, research, and education. Her pioneering efforts to integrate research into the full professional role of staff nurses in a service agency provided a model for excellence in clinical practice. She developed a conceptual framework to guide the Honors Program at Boston College School of Nursing, which was explained in an article she prepared for Nursing Forum. She has developed a writing workshop as well as the nursing research training program for staff nurses, both of which have been successful in developing the abilities of nurses. Eileen received the Arthur V. Morton Award for outstanding achievement in the theory and practice of nursing and promise of continued contribution to the nursing profession. She earned her MSN from Yale in 1968.

Constance Donovan has made contributions to nursing that range from the local to the national level. At Yale-New Haven Hospital, where she is clinical nurse cancer specialist, she has devised inservice training in oncology nursing, helped the staff develop a nursing assessment tool. She combines this clinical work with her teaching at Yale School of Nursing, where she has graduate courses in cancer nursing and courses on ethical issues in health care. Nationally she chaired the Nursing Practice Committee of the Oncology Nursing Society, and assisted in developing the nursing standards of practice for oncology patients about to be published by ANA. She is recognized as a senior spokesperson for oncology nursing. She is now writing a chapter on ethical issues for a textbook, and her course at Yale is exploring a more active role for nursing in this area.

Connie received the Massachusetts Nurses Award in Recognition of Service which improves Nursing Practice in 1975. She received her MSN from the University of Pennsylvania in 1968.

Rhetaugh Dumas

Deputy Director, NIMH

Rhetaugh G. Dumas '61 has been appointed Deputy Director of the National Institutes of Mental Health. She is the first woman to occupy this post, which is directly responsible to the Director of the Institute, Herbert Pardees, M.D.

Ms. Dumas has held several positions within the NIMH, beginning in 1972 as Chief of the Psychiatric Nursing Training Branch. Her most recent appointment was Director of the Manpower Training Division of the Institute.

Ms. Dumas was a member of the YSN faculty from 1961 to 1972. Her early work at Yale developed studies in the effect of nursing interaction on presurgical patients, work which
brought her national recognition. She chaired the Psychiatric/Mental Health Nursing Program during its developmental years and was deeply involved in service at the same time as Director of Nursing in the Connecticut Mental Health Center.

In 1979, the School named the Rhetaugh G. Dumas Visiting Professorship after her, in recognition of her many contributions to nursing and to the cause of racial minorities' struggles for equality. She also received the Distinguished Alumna Award from the Alumnae Association in 1976.

Sterling Dormitory Closed

Sterling Dormitory, 350 Congress Avenue, closed on October 1 as a result of Yale University's decision to exercise its option to buy back the property.

The Hospital will lose its use of the dormitory for on-call rooms and for Hospital staff.

The University has not yet decided what it intends to do with the building.

SCHOOL NEWS

Minority Affairs

The calendar year seems to change ever so quickly lately; however for many of us at YSN the work of the nurse-practitioner, educator, administrator and catalyst remains surprisingly constant.

During the past year the Minority Affairs Project worked to establish itself and to develop direction for its activities. A cornerstone of our efforts has been the recruitment of ethnic minority students, an activity which continues to consume much of our attention.

This year, however, with age and savvy under our belts we have designed a recruitment plan which includes a national systematic advertising campaign -- a campaign which includes the media, site visits and you, one of YSN's most important resources. YSN alumnae have always been distinguished by an abiding commitment to nursing and wish to see the profession progress.

Increasing the heterogeneity in the upper echelons of nursing is an important step in the direction of encouraging nursing's ability to translate nursing theory into a cultural context, to analyze and effect the changing course of social-political forces on health care and to provide better health care for all people.

In the weeks to come you will receive a letter from us asking for your help in our recruitment campaign. Please plan to help.

- Sandra M. Nelson, RN, MSN '72
Director, Minority Affairs Project

Program News

Enrollment: 1979-1980

The total enrollment this year has reached 172 students -- the largest the school has had since World War II years. The breakdown by program is as follows:

Three year program 26 students (first year)

Two year program 1st year 2nd year
Community Health 14 16
Maternal-Newborn 16 14
Medical-Surgical 13 12
Pediatrics 12 8
Psychiatric 23 18

In the Medical-Surgical Nursing program, the newest subspecialty, Pulmonary Nursing, has enrolled three students. One student - Elizabeth D'Amour - in the final year, and two students - Linda Curgian and Sara Kellar in the first year. One other student - Linda Norton - is participating in this area.

The Pediatric Nursing Program has expanded to include 20 students, 15 faculty members (including fulltime and parttime members), and two supporting staff members. Our offices are literally brimming over with people and program business.

Students continue to be involved in delivering nursing services in a variety of clinical sites including: Yale-New Haven Hospital's Primary Care Center, Pediatric Inpatient Units, Adolescent Clinic, Pediatric Emergency Room, Pediatric Specialty Clinics and Fair Haven Community Health Clinic. As the need for clinical sites has grown we have expanded to offering two PNP student/faculty evening clinics in the Primary Care Center.

In response to client needs and our wish to thoroughly educate students in the process of
delivering primary care we have moved to providing twenty-four hour, five day/week telephone coverage to clients in our PNP case load. We are pleased to move a step further toward providing a more ideal teaching/learning experience in primary care.

We look forward to an exciting year of program development, professionally stimulating faculty travel, and the continuation of our recent publishing successes.

- Lynne S. Schilling
Chairperson

The Maternal-Newborn (Nurse-Midwifery) Program is well into another year. It promises to be both stimulating and rewarding. In June, the new Chairperson, Helen Burst, met with the faculty for a three-day curriculum workshop. Emphasis this year in the revision of the modules in the program's mastery learning curriculum is on 1) a focus on the management process in all the clinical modules, 2) deletion of overlap, 3) updating and expansion in comprehensiveness, and 4) evaluation.

Changes in the clinical services have been geared towards consolidation of services in order to conserve faculty energy. This has involved obtaining hospital privileges for all faculty members at both Yale-New Haven Hospital and St. Raphael's Hospital. A new relationship is one which has been developed with Women's Health Services in New Haven. A comprehensive statistical records keeping and data collection form developed by Linda Goodhart '76 is being used throughout the Program's full-cycle clinical services.

The second year specialty students are waist high in their Complications and Integration modules and knee-deep in their theses. They are full of thoughts of how to make the most out of their last year and of adjustments to the evaluation of nurse-midwifery practice. The first year specialty students are progressing rapidly through Diagnostic Assessment, and are anticipating their first clinical module.

A grant to continue support to the Maternal-Newborn Nursing Program (Nurse-Midwifery) was funded as of July 1, 1979. The project provides faculty support particularly for the large number of clinical agencies in which nurse-midwives provide both service and student experience.

Funds from the Jessie Smith Noyes Foundation received in August will support scholarships for nurse midwifery students.

- Helen Burst
Chairperson

The Psychiatric-Mental Health Nursing Program offers a two year course of study to prepare psychiatric nurse clinical specialists with nursing research skills. Students may choose to concentrate their studies in one of three tracks: Adult Psychiatric-Mental Health Nursing; Child Psychiatric-Mental Health Nursing; or Psychiatric Liaison Nursing (see diagram below). The two areas of concentration added most recently are described further.

**Chronic Care Concentration**

The principal objective of this new area of concentration is to prepare psychiatric nurse clinical specialists to deliver direct services to clients who are chronically mentally ill, to analyze the public mental health care delivery system, and to improve the quality and quantity of care. These students spend their first year in the general Adult Track curriculum, and will develop assessment, individual therapy and case management skills in a public mental health facility, such as a community mental health center or Veteran's Administration Hospital. They will have further supervised experience in working with the chronically mentally ill with special emphasis on acute care, community liaison, and maintenance-rehabilitation. They will have a case load of patients and lead therapy groups. A Chronic Psychiatric Care Seminar will cover the history of psychiatric care, deinstitutionalization, the history of psychiatric nursing, conceptual models of chronic psychiatric illness, community networks of support, client needs assessment, family and community needs assessment, medication therapy, crisis intervention, family treatment, rehabilitative therapies, and case management-community liaison nursing.

The Chronic Care Concentration is supported in part by a National Institute of Mental Health training grant. As federal funds permit, traineeships (tuition and living stipend) will be available to students electing the concentration who are committed to work in the public mental health sector upon graduation. While all interested RN's with a baccalaureate degree (not necessary a BSN) are welcome to apply, we are especially interested in inviting the applications of RN's with experience in the public mental health sector.

- Doris Banchik '74
Assistant Professor
Chairperson, Psych-Mental Health Program

**Child Psychiatric Nursing**

The Child Psychiatric Nursing Track of the Psychiatric-Mental Health Program has now been in existence for three years. The goal has been to prepare Nurse Clinical Specialists in Child Psy-
chiatic Nursing who have as their area of expertise assessment, evaluation, and therapy skills which enable them to promote mental health, to research the validity of their interventions, and to facilitate treatment. As the curriculum has been developed, consideration has been made of the students' educational background, the roles the clinical specialist may assume, and the settings available for their education at Yale.

The Yale nursing students are not a homogenous group, as their prior education is extremely varied, as is their clinical experience with children. The role of the specialist varies with the clinician's interest and the setting. In a community mental health clinic one may work with colleagues from related health fields and perform similar duties as a primary therapist to children and their families. In a residential treatment center the role may be as primary therapist for total care of the child and his family during hospitalization and after discharge, or he/she may be a member of the multidisciplinary team with responsibility to assess and determine treatment, both immediate and long term. In a hospital setting the clinician may deal more with separation from the family and acceptance of the procedures to be done. In areas of preventive mental health the nurse must be able to do assessment, plan early intervention and treatment as in child abuse cases or developmental lags occurring as secondary behavioral disorders.

YSN is fortunate to have access to many excellent facilities where students may have clinical experiences with well care of children, as well as therapeutic settings. Community mental health clinics and residential treatment centers, many of which have consultative services from the Yale Child Study Center, have proven receptive to having students observe and practice.

There is heavy developmental emphasis within the curriculum -- as treatment skills are dependent on accurate assessment of a child's strengths and development of healthy behavior. The students have five consecutive semesters, with no summer off, in order not to disrupt or interfere with the therapeutic process which takes so much time to develop. In addition to courses in child development, observation, assessment, and evaluation, the students have clinical experiences in participant observation of children in normal and therapeutic nursery schools, in psychotherapeutic work with individual children, and with groups of children, family therapy, and collaborative therapy experience with members of multi-disciplinary teams. Additional experiences are designed for individuals having other special interests, if sites can be arranged.

- Berta Mejia, Assistant Professor
Child Psych Nursing Program

**FACULTY NEWS**

**New Faculty 1979-80**

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
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<tbody>
<tr>
<td>Terri Clark</td>
<td>Instructor</td>
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<tr>
<td></td>
<td>BA Yale College</td>
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<td></td>
<td>MSN Yale University '79</td>
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<tr>
<td>Margaret Ann Corbett</td>
<td>Asst. Professor</td>
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<tr>
<td></td>
<td>RN Royal Victoria Hospital, Montreal</td>
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<tr>
<td></td>
<td>BA Simmons College</td>
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<td></td>
<td>MS Boston College</td>
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<tr>
<td></td>
<td>CNM Univ. of Mississippi</td>
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<tr>
<td>Ann Elizabeth Greig</td>
<td>Instructor</td>
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<tr>
<td></td>
<td>BA Hollins College</td>
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<td></td>
<td>MSN Yale University '79</td>
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<tr>
<td>Lani Guzman</td>
<td>Instructor</td>
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<tr>
<td></td>
<td>BA Brown University</td>
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<td></td>
<td>BSN Cornell University-NY</td>
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<td></td>
<td>Hosp. School of Nsg.</td>
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<td></td>
<td>MEd Teachers College, Columbia University</td>
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<td>Anthony Mascia</td>
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<td>BSN Univ. of Bridgeport</td>
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<tr>
<td>Patricia Ann McCarthy</td>
<td>Instructor</td>
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<td></td>
<td>RN Swedish American School of Nursing</td>
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<td>School of Nursing</td>
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<td>Elizabeth Rogers</td>
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<tr>
<td>Rachel Rotkovitch</td>
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<td></td>
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<tr>
<td></td>
<td>BS Union College</td>
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<td>CNM Maternity Center</td>
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<td>Lois Sadler</td>
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<td>Mary Ellen Stanton</td>
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<tr>
<td>Nancy Suski</td>
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<td>Sandra Talley</td>
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<td></td>
<td>BSN Univ. of Nevada</td>
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**Faculty News**

... Berta Mejia, Assistant Professor is President-elect of the Spanish Speaking, Spanish Surnamed Nurses Association ... Two YSN faculty members were among the distinguished faculty presenting seminars at Chautauqua '79, the national continuing education symposium sponsored by the Colorado Nurses Association: Penny Pierce '75, Assistant Professor, spoke on "Helping Patients Make Stressful Decisions", and Mary Cadogan,
Instructor and Family Nurse Practitioner, spoke on "Nursing Assessment of the Aging Individual" ... Deborah Ward '77, Assistant Professor and Nurse Practitioner has been appointed to the University Grievance Committee, a body assigned to deal with allegations of sexual harassment ... Glee Wahlquist, Ph.D., Assistant Professor, presented her research on health care decision making at the University of Connecticut School of Nursing Research Day (Mu Chapter, Sigma Theta Tau) ... Trisha Horvath, Assistant Professor, has been appointed cardiovascular-thoracic surgical clinical nurse specialist at Yale-New Haven Hospital, a joint appointment ... Helen Burgess, Assistant Professor and Nurse-Midwife, has been appointed to the Consumer Advisory Committee of the University Health Service ... Donna Diers '61, Dean and Professor was elected to the Governing Council of the American Academy of Nursing to serve for a two year term ... Dianne Schilke Davis '72 has been appointed Coordinator of the Psychiatric Liaison Nursing track in the Psychiatric/Mental Health Nursing Program ... Lynne S. Schilling, Ph.D., Assistant Professor and Chairperson, Pediatric Nursing has been appointed also to the faculty of the Child Study Center ... John Ginnetti, Jr., Assistant Professor and Family Nurse Practitioner, and Patricia McCarthy, Assistant Professor and Nurse Practitioner, both received notice that they have been certified by the American Nurses Association as nurse practitioners ... Tony Mascia '74, Instructor, is a member of the A.N.A. committee on approval for Continuing Education program ... a large study of nutrition in cancer patients, proposed by Jane Dixon, Assistant Professor, and Derry Moritz, Assistant Professor, has been funded by the National Cancer Institutes.

STUDENT NEWS

Elizabeth D'Amour '80, a medical-surgical nursing student (subspecialty in pulmonary nursing) is the recipient of a fellowship award sponsored by The American Lung Association.

Carol Crawford '80, community health nursing student who received a Robert Wood Johnson summer study fellowship last summer, has been retained in Washington for the fall term to work for the Minority Counsel's office of the Senate Finance Committee.

ALUMNAE ACTIVITIES

From the President

Greetings to you all from New Haven! The Alumnae Association Board is busy this Fall making plans for Alumnae College and for future editions of the YALE NURSE. We would welcome any ideas you may have concerning these. We also would appreciate news of your professional activities. We'd like to share news of alums around the country as well as what is going on in the New Haven area. We want to represent the interests of all of you!

Remember to save May 30-31 for a trip to YSN!! It's a super chance to have an enriching, uplifting and FUN time.

- Penny Camp '58
President YUSNAA

Alumnae Fund

Class agents or representatives attending the Yale Alumni Fund Convocation on October 5th and 6th were:

Evanita Morse '27
Marjorie Allen '40
Ros Hansen '45W
Ruth Benedict '48
Marion Gates '48
Margaret Allman '49
Mary Colwell '50

At the YSN agents' workshop on Friday afternoon, Donna Diers reported good feelings concerning all aspects of the School this Fall. The enrollment is up, faculty positions are filled, the program specialties continue to be exciting, the three-year program is stabilized, the financial picture is positive, preparations for the 1980 accreditation are well under way, and graduates are finding good positions where they can be effective. It has been said that the worth of a school can be measured by the record of its graduates - and we all can take great pride over all these years in the accomplishments of YSN alumnae/i.

YSN ALUMNAE FUND TOTALS

<table>
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<th>Year</th>
<th>Total Amount</th>
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<td>1974</td>
<td>$61,369</td>
<td>49</td>
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<tr>
<td>1975</td>
<td>41,703</td>
<td>45</td>
</tr>
<tr>
<td>1976</td>
<td>40,838</td>
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</tr>
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<td>1977</td>
<td>31,299</td>
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<tr>
<td>1979</td>
<td>31,704</td>
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In 1978-79, 24 of the 56 YSN classes of graduates had over 50% participation! 23 classes raised their percentage over last year.

THE "TOP TEN" YSN CLASSES IN 1978-1979

<table>
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<th>% Participation</th>
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<td>1. 87</td>
<td>1934</td>
<td>H. Wilcoxon</td>
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<tr>
<td>2. 76</td>
<td>1938</td>
<td>G. Eckelberry</td>
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<tr>
<td>3. 69</td>
<td>1936</td>
<td>K. Thornton</td>
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<tr>
<td>4. 67</td>
<td>1940</td>
<td>M. Allen</td>
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<tr>
<td>5. 66</td>
<td>1931</td>
<td>M. Wegman</td>
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(continued)
AYA Assembly XV

The 15th AYA Assembly -- The Women of Yale, marking the 10th anniversary of women in the undergraduate colleges, was held in New Haven on October 25-27. It was especially meaningful for alumnae present, Yale women (38% of the total student body), and nursing, since many of the problems of nursing as a profession are bound to the position of women in society and the arrival of solutions frequently closely parallels advances in the feminist cause.

On Friday, the 26th, during two formal AYA panels, one derived a sense of pride in great change having taken place at the University within the decade. Praise abounded for the expanded intellectual, sports and social benefits that had been conferred on female Yalies. These subjective impressions were supported by the statistical report, "Women at Yale, 1969-1979," prepared by the Office of Institutional Research. Female exemplars -- masters of houses, full professors -- talked about some of their early rebuffs and constrictions in what had been an overwhelmingly male institution (and world, they were ever quick to point out). The prevailing tone was -- That was then...The men were "good guys"...They just didn't understand, but we're finally on the right track. The assumption we were left with was that any woman can make it now. With sufficient drive and felicitous domestic and personal arrangements (read: compassionate, fair-minded husband, preferably in a flexi-time job) a woman can have career and children and family without having to be "super woman."

There was only one sour note in the day long benediction. Everyone acknowledged and deplored the fact that there are still too few -- in reality, hardly any -- tenured female faculty. Somehow, the sense was that when the number of tenured female faculty approaches the proportion of female students, the picture will be rounded out and all will come to rights. The Yale community not only accepts and welcomes this eventuality, but is actively moving to bring it about.

Dean Howard Lamar, hailed feminism as the most important social development of the twentieth century and the inception of the Women's Studies Program at Yale as the ushering in of an academic era similar to the renaissance. He predicted that there will be profound social effects directly resulting from the rigorous investigations of family and society that this interdisciplinary endeavor will produce. It was also generally acknowledged that new notions of work and employment as developed in feminist thinking are altering economic, historical and family theories. We are, as a society, redefining the nature of power relationships and redistributing power foci within the family and hopefully, according to Chaplain Donna Schaper, the freedom of women will not put men in a penumbra of powerlessness. While this is hardly classical feminist analysis, it is humane and the taking of these issues seriously, formally by a major university cannot but alter the process of inquiry and the nature of the theoretical structures through which we interpret the world.

On Saturday, the 27th, over 200 alumnae of both the professional and graduate schools as well as the college attended the Women and Yale Transitions conference, sponsored by the Yale College Dean's Office in cooperation with the Association of Yale Alumni. Older (Ph.D. '42) and younger (Yale College '83) women discussed through workshops, panels and informal comment what it meant to be a female at Yale. While all commended the outstanding quality of the intellectual climate and expressed gratitude for an extraordinary introduction to the life of the mind, to say nothing of the door opening and the attention catching that the Yale degree produces; most had less than praise for the social and support systems which, in some cases, were obstructive enough to make some drop their studies. From Dean Brandenberg, who had to demand a key to a previously all male washroom that was near her office, not absurdly far -- down a flight of stairs and through a door -- to people who smirked at the irony of placing the first student health GYN clinic near a bathroom facility which contained only urinals, all had stories of varying degrees of humor, discomfort, horror to tell. A Ph.D. in philosophy, now chair of a department in another institution, told of finding out after she defended her dissertation, that her advisor had predicted privately all along that she'd never finish, that a young faculty man was openly trying to make a name for himself by doing everything he could to tear down her work and
that members of the department, while noting some major deficiencies in her background, cynically agreed that it wasn't worth bothering to have her fill in the gaps.

A Ph.D. ('45) in history -- talked about never being able to have a casual lunch with male colleagues. She also described the experience of reading essays for her major advisor, who asked her since she was the most able student for the job. At the time, women never sat in undergraduate classrooms. She reminded the professor that it would be helpful to know what he had covered in lecture if she were to carry out the task effectively. When she promised to remain unobtrusive, he allowed her into the class to sit in the last row in order to be able to listen. HE met with the students to discuss her comments on the essays, it presumably not being seemly for her to face them directly.

Another speaker claimed that the specifically anti-female, non-caring, non-nurturant aspects of the Yale Graduate School environment had caused her to quit her studies altogether. She wasn't tough enough to hack it. Other people (college alumnae) talked about the abundance of confusion created in them by sexual and social static that prevented them from taking themselves and their studies as seriously as they might have.

A Drama School alumna claimed that women in her school always enjoyed equality because they were necessary to production. She was summarily put down with questions about how many productions women students had directed, and how many women got into decision making positions both in school and once they were graduated. Many participants spoke of the serious lack in their lives as students and professionals of mentors and role models. A very articulate young lawyer said there is no one she knows or knew who has had and raised a child and then resumed her career at a competitive level. She, as did many more, talked of how lonely life is when you're "the first." There's no one to fill you in on the unwritten rules.

Women meeting in the Health Professions Workshop seemed, overall, less bitter. Nurses, physicians and public health workers, unlike lawyers, philosophy professors, and organization and management executives, have had female role models for many years. Many of the participants had been able to work part time professional opportunities into their family lives or had married or were living with men who were very understanding of their professional and personal needs. A pre-med spoke of plans for a joint family practice with her medical student fiance, so they'll both be near home, when the children arrive. A nurse married to a physician and the mother of three has always had money for household and childcare help and satisfactory professional options, all enthusiastically supported by her husband. An MPH has decided not to have children and "loves" living with a man who "works all the time." It frees her to do the same. A young pediatric resident is considering single parenthood since she will work near her family of origin. She is joining a private group that believes in lots of personal "mental health" time for MD's and she will be able to afford children even without a husband. These women admitted that the years of study were difficult financially and often emotionally, but the reward was decent salaries, available jobs, and a breadth of opportunities and life style options.

Throughout both conferences, the fact that not all husbands can be guaranteed to be compassionate and fair minded, generated the crucial question at the core of equalizing power between the sexes -- "Who, in a two career family, stays home when a child is sick?" The implicit correct answer, of course, is -- "Whoever can most afford to do that day." The woman should not always have to take the nurturant role. Donna Diers' statement, while moderating the AYA Friday afternoon panel, "Nurturing roles in society should not be abandoned for either sex," seems to sum up the goal. True equality will be here -- at Yale and everywhere else -- when we don't hear such expressions as "woman chaplain" or "male nurse" and we understand that we are all simply people doing what we can and wish to do best and doing what is needed for society and the family.

The fact that this day may be a long way off shouldn't discourage us from working toward it politically, professionally, personally. Nor should it make us deprecate the prematurity of the hailing of the millenium at Yale on Friday, October 26, 1979. The AYA assembly was a marker event, an acknowledgment and statement of satisfaction with progress to date and an intention of greater establishment efforts to come. The Saturday, October 27th conference was an indication of still surging need, and a promise of ongoing, unremittingly frank appraisal and analysis.

- Madelon Amenta '57
AYA Representative 1978-81

Assembly XV, "The Women of Yale" examined in detail the way Yale undergraduate and graduate students, faculty and administrators live, work and study, to show how the presence of women has changed and enriched the University.

Yale University has gone from grudging accommodation, to acceptance, to truly valuing the presence of women. It is certainly more comfortable and more life-fulfilling to be a woman at Yale than in 1969 or 1923, or 1893. However, age-old subtle and overt discrimination hampers Yale women in academic and business life. Women have problems in job-finding after graduation, sexual and other harassments are real, not imagined. Women suffer disproportionately from career versus family contradictions and choices. Women's qualities, advances and setbacks were portrayed with the
greatest skill, sensitivity and humor by panelists and participants of the Assembly. It was impressive for a 1950 YSN graduate to sit in an audience of about two hundred Yale men paying rapt attention to the panel led by the Dean of the Yale School of Nursing, Donna Diers. You could hear a pin drop. The same serious and concerned attention to the problems and accounts of life in and outside the University for Yale women prevailed at every session.

It was especially gratifying to read the YSN section of the 1977 AYA questionnaire survey of Yale's twelve thousand women graduates. YSN not only had a good response in numbers, but was superlative in content compared to the replies and remarks of most other schools. The Report states, "Overall, the alumnae of the School of Nursing indicated strongly positive feelings, both as students and as alumnae, about their Yale experience...the two strongest feelings to emerge from the 322 Yale School of Nursing responses are a sense of collective pride in the YSN and a sense of community which goes beyond that mentioned by alumnae of other schools...the YSN alumnae seem to have had a sense of themselves as women while at Yale." Amen, let us continue.

In summary, to become a School of Nursing representative on AYA is a privilege, a responsibility and a rewarding experience. The tightly-scheduled three-day Assembly was an exciting event in itself, and was well organized to accomplish the AYA mandate to provide a channel of mutual communication between alumnae and the University. YSN's Alumnae Association is a constituent part of AYA, and this recent AYA Assembly has impressed on me that it is vitally important for YSN to maintain a strong presence in the Association. As one of the three YSN delegates, I hope to explore how we can achieve an even more effective two-way communication system.

Virginia Brown '50
AYA Representative 1979-82

CLASS NEWS

Jean Weed Youngen '54 is the first elected councilwoman in Ottawa Hills, Ohio (near Toledo).

Perry R. Mahaffy '64 has been appointed associate executive director of Patient Care Services at Baltimore City Hospitals. In this position he will be responsible for nursing and primary patient support services. Before going to Baltimore, Perry served as vice president for Patient Services at Mercy Catholic Medical Center, Darby, PA and previously as director of Nursing Affairs at Hamot Medical Center, Erie, PA.

Jean E. Johnson '65, has been appointed professor of oncology in nursing and associate director of the University of Rochester Cancer Center.

Elaine McEwan Carty '68 had a son, born December 1978.

Anita Ward Finkelman '71 had a new daughter in the Spring of 1979.

Jill Nelson '72 is enrolled at the School of Organization and Management at Yale this Fall.

Anita Silberberg '72 gave birth to a second son in the Fall of 1978.

Sarah Cohn '73 had a son in April 1979 and this Fall is a student at Yale Law School.

Barbara Bartnick Hedstrom '73 has a daughter born in September 1979.

Joan Edelstein '75 received an MPH in Maternal/Child Health at the University of California at Berkeley and is now enrolled for a Dr.P.H. in M/CH at Berkeley. Joan is also a consultant in Continuing Education development and part-time coordinator of Educational Services at Children's Hospital in Stanford.

Marjorie Richardson Bullard '75 had a daughter born in April 1979.

Nancy Strafford Hesko '75 had a baby girl in September 1979.

Carol Battin '76 was married in August to Samuel Mayer.

Jim O'Malley's '77 third child is a son, born in April 1979.

Kathy Stone '77 was elected by the Board of Governors of the AYA to a three-year term as Representative-at-Large.

Debbie Ward '77 has a daughter born in June 1979.

Kathy Cockfield '78 had a daughter in July 1979.

Susan Kopcha Davis '78 has been promoted to position of Coordinator of Developmental Continuity Clinic, Division of Neonatal-Perinatal Medicine, at Emory University. This clinic is for follow-up of very high risk preterm infants -- there are over 800 babies now attending the clinic -- and numbers ever increasing.

Betsy Greig '79 was married at the end of May to Leonard Krill.

In Memoriam

Abigail Scott Korson '39 - deceased 8/27/79

Eunice Tucker Herrington '45 - deceased 7/19/79