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The Rhetaugh Dumas Visiting Professorship

On October 13th and 14th, Marie Foster Branch visited the Yale School of Nursing under the aegis of the Dumas Professorship. Ms. Branch comes from Los Angeles, California where she is presently studying Natural Healing, and works as a free-lance consultant in Cultural Diversity in Health Care, Holistic Health Planning, Preventative Health, Cultural Diversity in Nursing Curricula, Affirmative Action Planning, and Recruitment and Retention of Ethnic Students of Color. Most recently (1974-1978) she was project director for the Western Interstate Commission for Higher Education, "Models for Introducing Cultural Diversity in Nursing Curricula". She is co-editor of the book, Providing Safe Nursing Care for Ethnic People of Color, Appleton-Century-Crofts, New York, 1976.

Her lecture, "Graduate Nursing Curricula: How Must They Change to Address the Health Care Needs of Ethnic People of Color?", raised many issues for the faculty to consider in evaluating the YSN curriculum for ethnic and cultural inclusion. She met with several groups of YSN faculty and students during her two-day visit and provided stimulating and thought provoking consultation concerning every facet of the YSN environment.

YSN at CNA

During the recent Connecticut Nurses Association convention, four people related to YSN, participated and received awards. The first Florence S. Wald Award for excellence in practice was awarded to Florence Wald, former Dean of the School; the first Virginia Henderson Award for outstanding contributions to research was awarded to Virginia Henderson, Research Associate Emeritus at YSN; and the first Vera Keane Award for service to C.N.A. was awarded to Vera Keane, former Chairperson of the Maternal Newborn Nursing Program at YSN. Rachel Rotkovitch, Vice President for Nursing at Yale-New Haven Hospital and Lecturer in the School, was the principle speaker at the awards dinner.

YSN was the third highest of Yale's thirteen Graduate and Professional Schools in % of alumni participation in the 1979-1980 Alumni Fund Drive.

47%

CONGRATULATIONS to Marion Gates, Chairman, all class agents, and contributors.

Let's make it 50% this year.

Marie Branch (2nd from right) with Minority Affairs Committee members: Lauretia Henderson, Sandy Nelson, Eleanor Herrmann and Judy Krauss.
MEDICAL-SURGICAL NURSING AT YSN

As the 2nd in a series of articles on the various specialties at YSN, this Yale Nurse features the Medical-Surgical Nursing Program.

In existence only since 1974, the Medical-Surgical Nursing Program prepares clinical specialists for advanced practice in acute and extended care of adults. There have been 31 people to graduate from the program to date.

Program Chairperson, Dorothy Sexton, Ed.D. describes daily life in the Med-Surg Department and introduces those who work there.

Each morning Barbara Reif, Administrative Assistant and I review my calendar and discuss the work to be typed. I teach Role Development Seminar in fall semester (second year students) and the Clinical Research Seminar.

Patricia "Trisha" Horvath, M.S.N., Assistant Professor, Clinical Nurse Specialist in Cardiothoracic Nursing and Chris Conforti, 2nd year student, work with a patient in Surgical ICU. Trisha developed and coordinates the cardiovascular nursing specialty. She has a joint appointment with Yale-New Haven Hospital as Clinical Nurse Specialist in cardiothoracic nursing. Trisha coordinates weekly peer review sessions for students during the final year of the program. She also participates in the physical assessment module. She has designed an elective course in critical care nursing.

Kathleen "Kay" Flynn, M.S., Assistant Professor coordinates the first year of the program. She also teaches courses in Conceptual Basis of Nursing Practice, Expanded Role of the Clinical Nurse Specialist and Nursing Management I, and participates in the physical assessment module.

Anne Bavier, M.N., Assistant Professor consulting with a staff nurse in Medical Clinic. Anne coordinates the cancer nursing specialty. She carries a small caseload of patients with hematologic cancer. During September-December Anne teaches and provides clinical supervision for students in the first year of the Three Year Program. In the spring term her attention focuses on the cancer specialty. She is with students in the cancer seminar and practicum.
Constance Donovan, M.S.N., F.A.A.N., Assistant Professor and Clinical Nurse Specialist in Cancer Nursing consults with head nurse Nancy Hoey on 7W Memorial Unit. Connie has a joint appointment with YSN and Y-NHH. She provides clinical supervision for students preparing as cancer nurse specialists. She also participates in the teaching of cancer nursing. Connie developed and teaches an elective course in bioethics.

Bonny Libbey Johnson, M.S.N., Lecturer in Medical-Surgical Nursing (Cancer Nursing) interviewing in Chemo. Clinic. Bonny participates in the teaching of cancer nursing and provides some clinical supervision for students. Bonny also participates in the physical assessment module.

Glee Wahlquist, Ph.D., Assistant Professor examines a patient in MS Clinic at VA Hospital. Glee developed and coordinates the neurological nursing specialty. She helped to initiate a nurse-clinic at the West Haven VA Hospital where she manages the care of clients with multiple sclerosis.

Linda Norton, M.S.N., Instructor, demonstrates use of cardiac monitor in the ICU. Linda coordinates the pulmonary nursing specialty. She also participates in the physical assessment module and provides clinical supervision for students.

Eleanor Herrmann, Ed.D., Associate Professor of Nursing, Lani Guzman, M.Ed., Instructor, Joy Saunders, M.S., Assistant Professor of Nursing and Ann Criscuolo, Secretary for Program - Faculty checking paper work with Ann. Eleanor Herrmann coordinates the medical-surgical nursing component of the first year of the Three Year Program. Eleanor, Joy, Lani and Anne Davier provide clinical supervision for students and also teach medical-surgical nursing. Lani participates in teaching cardiovascular nursing and provides clinical supervision
Radiation therapy is a significant aspect of oncology and medical oncology. Additionally, students are exposed to patient caseloads in the interferon research study group, the medical oncology service, and the gynecological malignancy service.

PULMONARY NURSING is Linda Norton's specialty: "The pulmonary nursing track was initiated in 1977-1978. Funding for its development was provided by a Three-Year development grant from the American Lung Association. To date, two students per year have elected this specialty. Students study advanced nursing content and engage in clinical practice that includes both the acute and chronic aspects of pulmonary nursing. Students usually elect to have their final year practicum in one placement site - an intensive care unit or a clinic setting. It is at this time that client caseloa, consultation and other aspects of the role of the clinical nurse specialist are emphasized. Thesis topics to date have dealt with 1) chronic illness and social interaction and 2) the variables affecting weaning from mechanical ventilation. The two graduates of the program are currently working as a Pulmonary Rehabilitation Clinical Specialist (J. D'Agostino, 1979) and Program Manager of Patient Services of the Connecticut Lung Association (Elizabeth D'Amour, 1980).

Perhaps the most vital aspect of preparing the pulmonary clinical nursing specialist is the emphasis on the role of nursing in primary prevention of chronic disabling pulmonary diseases."

Diversity of activities in this Med-Surg program are exemplified in course work, special presentations and lectures, and student activities.

Kay Flynn says, about her specialty's "ideas" course: "The giant leap to advanced practice roles in selected specialties begins with the first year of the program and core courses. The first clinical course that focus on expanded role dimensions includes conference topics such as: epigenesis of the clinical specialist, assessment, clinical decision making. In addition, physical diagnosis skills in the classroom and clinical units set the pace for subsequent clinical courses.

An 'ideas' course, that students refer to as 'theories', called 'Conceptual Basis for Nursing Practice' examines concepts about nursing from descriptive and research literature within nursing and from related disciplines that offer a way of thinking about, and practicing nursing toward a theory of nursing.

In this course, an electric approach to theory-based practice is fostered as concepts of self-care, crisis intervention, midwifery, stress, adaptation, holism, existentialism and
others are studied. Empathy as an interpersonal concept, and hope as an existential concept often spark students who are interested in patients with chronic illness, whereas stress and technology trigger the 'ah ha's' for those focusing on critical care. Rather than examining the works of a single nursing author's (theorist's) concept of nursing, the course encourages students to examine ideas from their practice and those of many others who have subjected their concepts to professional scrutiny via publication.

The cross fertilization of concepts/’theories' for nursing practice and students with different interests encourages the individual student to develop a framework for practice and research. Commonalities about nursing and ways of approaching patients emerge regardless of the selected clinical specialty.

The bonus of teaching such a course at YSN is that a literature search on nursing’s 'theory' evolution leads to the unearthing of the contributions YSN has made to nursing in its theoretical evolution.

Eleanor Herrmann arranged a mock trial for her students. In preparing for expert testimony, she says, "Nurses are becoming more exposed to legal proceedings dealing with health facilities administration, nursing malpractice and other professional disciplines. In large measure, the situation can be attributed to the expanding scope of nursing practice and the concomitant involvement of nurses in the complexities of a changing health care delivery system. Changing life styles, the impact of new technology, the knowledge explosion and better informed consumers of health care are other factors which affect the potential for nurses being involved in litigation either as witnesses or party-defendants. There also appears to be an increased awareness among attorneys that nurses can and should be called as expert witnesses. In the course entitled 'Dimensions of Health Care', classes were held to explore different circumstances in which nurses might be called to testify. During one session, a fact pattern involving a claim of negligence was discussed and student witnesses were examined and intensely cross-examined by two attorneys, David W. Skolnick and Lawrence M. Herrmann who volunteered their time." (Mr. Skolnick, right in picture, devotes much of his practice in New Haven to medical malpractice suits. His mother is a former supervisor at Yale-New Haven Hospital. Mr. Herrmann, who has a criminal defense practice in New York City, is the husband of Eleanor Herrmann, the course coordinator. Both men are graduates of Yale College 1957.)

Connie Donovan brought a special guest to YSN: "Ms. Virginia Dericks, R.N., M.A., one of the first clinical nurse specialists in the country, was invited to the Medical-Surgical Program to offer consultation to faculty, medical-surgical students and Yale-New Haven Hospital clinical nurse specialists.

Discussions centered around developing Nursing Grand Rounds as a forum for demonstrating advanced clinical nursing problem-solving. Strategies for implementing change and maintaining long term effectiveness were also an integral part of the deliberations with this senior clinical leader."

Shirley Girouard '77, a Medical-Surgical Clinical Specialist, Mary Hitchcock Memorial
Hospital, was a faculty member at the Second Annual Clinical Nurse Specialist Conference, sponsored by the Clinical Specialist Section of MHHMH, held at the Lake Morey Inn and Country Club, September 25 and 26. She addressed the group of nurse specialists from throughout the United States on "Obstacles to Theory-Based Practice." On October 1st, she gave this same presentation to the Med-Surg. students in a class at YSN.

Two YSN Faculty Publications

Two YSN faculty have each written a major textbook. Helen Varney '63, Associate Professor and Chairperson of the Maternal Newborn Nursing Program, has written Nurse-Midwifery (c. 1980, Blackwell Scientific Publications), the first and only comprehensive midwifery text in the U.S. Deborah Ferholt, M.D., Associate Professor of Nursing and Pediatrics, wrote her text, Clinical Assessment of Children: A Comprehensive Approach to Primary Pediatric Care (c. 1980, Lippincott), to fill a similar gap in pediatrics - the need for a comprehensive approach. She says, "The term 'comprehensive care' is used to highlight an approach to health care practice which rejects a narrow focus on pathology and medical intervention and emphasizes the broad scope of health care, including the physical, emotional, cognitive and social well-being of the patient. Further, it encompasses the view that clinicians should not confine themselves to assessing and treating just the patient, but rather should pay attention to the family and community as well." The book is outstanding in its practical suggestions to the clinician, and provides examples of what one might say when - an invaluable aid, (from pages 187-189).

The parent's behavior

The parent's emotional state during a child's physical examination can be the key to its success or failure. A calm parent can support even a very frightened child, whereas an anxious parent may cause a confident child to become tense. During the interview it is useful to learn about the parent's attitude toward the health evaluation, make an assessment of his or her emotional state (including how angry or nervous the parent is), and note how preoccupied the parent is with other problems.

If parents feel secure in their ability to perform adequately as parents, they usually will stay calm, support the practitioner in completing whatever parts of the physical examination are necessary, and comfort their children. This behavior can be furthered if the parent is given approval by the clinician. However, many parents feel some trepidation about this part of the visit; they may be upset, much as they would be for their own health evaluation. Thus they may find it very hard to tolerate a child's protest, and may be disturbed by whatever pain the child may experience. In addition, the clinician is an authority figure, and even a confident parent may feel embarrassed if a child regresses, becomes uncooperative, and whines during the examination.

Insecure parents must be attended to. If such a parent views the clinician as a critical person with whom he or she is not at ease, regression and uncooperativeness on the part of the child usually make the parents uncomfortable, often embarrassed, and at times angry. This may set in motion a chain of dysfunctional emotional responses: the parent may blame the child for his or her own embarrassment. Therefore, the child not only experiences failure in the physical examination itself, but also has to bear the parent's anger and rejection. This may cause the child to regress even more. If the parent then becomes more critical and less supportive of the regressing child, a destructive cycle will result which makes the health evaluation more difficult or even impossible. (It may also seriously impair future examinations.)

Frequently, a few supportive comments from the examiner to the parent in front of the child can help the parent to be more constructive and thus prevent the emergence of such regressive spirals. It is helpful to reassure the parent that he or she is not being blamed for the child's behavior and that the behavior is not abnormal. One should take care to show concern for the child and prepare both parent and child for each step and procedure. In the case of a four-year-old child, for instance, the clinician might casually tell the parent that "Checkups can be scary. Sometimes children don't act so grown up when they are having checkups. I don't mind if Robert wants to stay on your lap and suck his thumb." This does not change any of the underlying problems of the parent's relationship with the child, but it should help to facilitate the examination. It might also serve as a beginning for further discussions alone with the parent about the parent's expectations of the child and their relationship.

Occasionally, a parent will resort to threats of punishment or painful procedures as a way of coercing a child to cooperate. Such threats may even be an ongoing element of punishment for the child at home. Some threats verge on the bizarre: "If you don't shape up, I'll call the police!" or "I'll tell the doctor to give you a shot if you don't stay still!" This kind of behavior is often a sign of a disturbed parent-child relationship. It is very important for the clinician immediately to ask the parent not to make such threats and to tell the child that he or she will not be hurt punitively. One way to state this is, "John, while you are here there will be no
police or punishments. I know you're feeling scared, but I will not do anything without explaining it to you first. Mrs. Denine, please don't threaten John. It only makes things worse. I'm not mad or upset at his behavior. He is frightened and it is hard for him to control himself." If, in fact, John will not be receiving any immunizations or having any painful laboratory procedures, it is very helpful to tell him explicitly that he "will not have any shots." Later, of course, during the clinical summary, the examiner will have to discuss this situation further with the parent.

On rare occasions, a parent will either threaten to or actually hit a child. The clinician should be firm and straightforward and take control of the situation. It is imperative to ask the parent to stop, to talk with the child, and later to talk at length with the parent alone. Nothing fancy is required. One can simply say, "Mr. Phillips, I don't allow hitting children in this office." If it seems appropriate, it may help to tell Mr. Phillips that one does not blame him for the child's behavior. For example, one might say, "Children sometimes become frightened during the checkup. It is not something they can easily control. Tina will do better if you do not hit her."

It is very important for the clinician also to reassure the child directly that there will be no hitting in the office. If Tina and Mr. Phillips cannot be reasonably calm together, it may be best for the parent to wait outside the examining room. It may be necessary to suggest this: "Sometimes it goes better if the parent waits outside, Mr. Phillips, and perhaps we should try it." Although this is in contrast to the usual principle of having the parent be present for the examination of a young child, separation may improve the situation if the parent is too upset to be helpful.

The issue of painful procedures - serious business to clinician and patient - is thoroughly addressed, for example on pages 229-230.

Concluding The Procedure

At the end of a painful procedure, the patient should promptly be released from the restraint, allowed to sit up, and reunited as quickly as possible with his or her parent. It is never useful to chastise a child for poor behavior or crying. Instead, the patient should be told clearly that it is all over. Then the clinician can make some supportive comments such as complimenting a child who "did a good job" or sympathizing with the child who had a hard time. It is a nice gesture and strongly recommended to offer a Band-Aid to any child who has had an injection or a procedure to draw blood. Children as young as 18 months of age use Band-Aids to make themselves feel better and to reassure themselves that their body will recover. Preschool and young school-age children also use Band-Aids as a symbol of their ordeal and a badge of their courage.

In the situation where the child lost control and was difficult to restrain, the practitioner should talk with the parent, in the child's presence, after the child has calmed down. A brief discussion of why the child at this particular age and with his or her past experience could not control the anxiety will usually alleviate the parent's concern and feelings of self-criticism.

Anyone who performs a painful procedure on a child should realize that often the child will not feel friendly for a while after the procedure and should allow the child time to smooth out ruffled feelings. It is not useful to ask the child to show affection or to ask to be forgiven. Not infrequently, the parent wants the child to demonstrate "good manners" and strongly encourages the patient to say thank you and good-bye to the health care practitioner who gave the injection. It is helpful to the child and parent when the clinician shows understanding and acceptance of the child's bad mood. Sometimes it may help if the clinician verbalizes the child's feelings; for example, one might say to the child, "It sure is hard to say thank you to someone who just gave you a shot. I don't blame you." Then, one can tell the parent, "I don't mind if Susan does not want to talk to me now."

Two sections from Helen's book demonstrate its straightforward and realistic style. In discussing the role of the nurse-midwife, she says: Misconception: Nurse-midwives are trying to be "little doctors." Thus some physicians think that nurse-midwives don't know "their place" while some nurses think that nurse-midwives have "sold out" to the physicians and are, therefore, traitors to nursing. Fact: Nurse-midwifery is a clearly defined profession whose practitioners are educated in two professional disciplines. Nurse-midwives believe fervently in who they are, what they have to offer, and what they can do. In fact, lack of acceptance by both medicine and nursing for years meant that the profession of nurse-midwifery attracted only those individuals who were highly dedicated and committed to contributing to the improvement and provision of maternal-infant health care in this capacity. Nurse-midwives are experts in the normal childbearing cycle. They wish to be precisely who they are and to be doing precisely what they do - encouraging and facilitating natural, normal childbearing processes with a minimum of interference; educating, supporting, and instigating personal and family growth; fostering self-confidence and independence; dispelling fear and providing an atmosphere of love and joy (not possible when there are life-threatening complications requiring necessary
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matters, and medical and/or surgical intervention).

Nurse-midwives have the best of two worlds - nursing and medicine. Nurse-midwives are neither sell-outs nor traitors to either. Instead, they realistically recognize the need for the support of both the nursing and medical professions in order for real growth in nurse-midwifery to take place. For the sake of the mothers and babies who will benefit from it, nurse-midwives continue to seek accord with both. (page 22)

The special skills of the nurse-midwife are shown in a section on support during labor. Bodily and Supportive Care of the Woman

Purpose of Supportive Care
One of the hallmarks of a nurse-midwife is the constant care she/he gives the woman throughout labor. This does not mean remote control management of the woman but, rather, an active and participating presence in the room both to manage the care of the woman obstetrically and to provide or facilitate the provision of indicated supportive care. Women's horror stories of being left alone in fear and in pain without knowing what was going on, with only an hourly check of the blood pressure and fetal heart tone and a "mashing" of her abdomen for comfort and company, are anathema to the nurse-midwife. This sort of trauma experienced by a woman in labor may have a negative psychological affect upon her for the rest of her life and upon her relationship with the child whom she may see as the causative factor for her trauma.

In order to provide supportive care one must know how to do so. Otherwise the caretaker becomes frustrated in not knowing how to help the woman in labor and uncomfortable with the woman's suffering, with the end result being that the caretaker removes her/his self from the situation by leaving the room. This comes from the horror stories and the trauma experienced by women. Supportive care during labor miraculously changes this entire scenario. The dramatic effects relate not only to the woman's psyche but also to the physiological effects on the fetus who benefits from less medication and a naturally shorter labor. It has been said that effective supportive care is worth 100 to 200 milligrams of Demerol, two to three hours of labor duration, and uncountable psychological benefits.

Lesser and Keane identified five needs of a woman in labor as follows:
1. bodily or physical
2. sustaining human presence
3. relief from pain
4. acceptance of attitudes and behavior
5. information and reassurance of a safe outcome for herself and her baby.

The listing of support and comfort measures include specific actions for meeting these five needs. By implementing these you become at least one sustaining human presence for the woman. The basis for which support and comfort measures to implement, and when and where, lies in your observations of the woman, the mutual accord between you and she as to what might be helpful, and where she states her discomfort/pain is. Inherent in this is the acceptance of the woman's attitudes and behavior with the philosophical belief that whatever she is doing is the best that she is capable of at that moment. This requires patience and understanding on your part and perseverance in your efforts to help her. She so desperately needs positive input - not negative reactions - in order to continue coping with her condition and situation and to have a sense of satisfaction afterwards.

The support and comfort measures that emphasize explanations and teachings and meeting of the woman's need for information are a means of breaking the fear-tension-pain syndrome described by Dick-Read. This vicious cycle occurs when fear causes both mental and muscular tension, which in turn causes pain, which in turn increases fear, and so forth. Dick-Read advocated breaking this cycle with education to reduce fear, combined with exercises geared towards further facilitating muscular relaxation. Subsequent natural psychoprophylactic methods of childbearing vary in the emphasis of their preparatory muscular and breathing exercises but all educate the woman as to the processes occurring within her body and the means to facilitate her coping with them, thereby reducing fear.

The following listing of support and comfort measures describes in some detail the what-to-dos. Of equal importance is determining how-to-do the what-to-dos in terms of purpose, approach, implementation, and expectations of results. Five of these considerations are:
1. The support and comfort measures that are listed constitute an armamentarium from which to choose. Not all women need all of these measures. Some women will respond to none of them. Some women will find some measures helpful and others irritating. Which are considered helpful and which are considered irritating will vary from woman to woman. You can but try each that may be indicated and seek validation from the woman as to its helpfulness. Ask. Do not go strictly on the woman's behavior, especially if nonresponsive, as you can misinterpret her behavior. Ask if a certain measure is helping or not and if she wants you to continue it. Use your knowledge of labor processes, combine this with the woman's need-for-help, learn from each experience with a laboring woman, and think up support and comfort measures other than those listed here. Do not be limited by books and articles; use your intelligence, ingenuity, and compassion.
2. Define your purpose, that is, what you are trying to accomplish with your support and
comfort measures and care of a woman. One such statement of purpose would be to facilitate the efforts of the woman to cope effectively with, and function capably in response to, the demands being placed upon her by virtue of her condition and situation.

3. How you talk with a woman in labor may determine your effectiveness with her. It does no good to give her instructions or coach her with her breathing if she can't hear you. The advent of a contraction is also the advent of her total mental concentration being directed towards her response to that contraction. For the unprepared women in particular this concentration and response may be one of fear and bodily tension and pain. You will need to "break through" or "break into" this mind set. To do so requires your speaking with a degree of authority and firmness with enough vocal timbre and projection in your voice to be heard. Whispering, unless directly into her ear (which most women find irritating), is useless. Soft-spoken instructions from a distance (i.e., across the room, from the foot of the bed) are also a waste of breath. This does not mean, however, that you should shout or yell at the woman. This is equally useless, only heightening the woman's sense of aloneness and pain, and is non-helpful and intolerable behavior towards a woman in labor.

4. The key to success in supportive care is your own involvement. Involvement means facilitating others in their support as well as doing things yourself. There are times that you will be as exhausted, or more so, than the woman after the delivery because you have breathed, rubbed, and pushed with her throughout her labor in addition to all your other responsibilities. Supportive care demands your presence if you are the one giving it. You cannot simply make an hourly visit and then conduct supportive care from afar with a string of orders. This does not mean, however, that you are the only one capable of giving supportive care. Far from it. Use others - nursing staff and significant others. Involve them so that each feels the importance of her/his contribution in the totality of the management of the care of the woman through childbirth.

5. Be realistic in your expectations of what you can accomplish with your support and comfort measures. It is unrealistic to think you can take away all the woman's discomfort/pain and make her a fully-capable, blissfully-happy mother-to-be throughout her labor. While it is true that some women, especially prepared women, do well in coping effectively with their labor, are well in control of themselves and measures that relieve their discomfort, and respond with relief and gratitude to everything you do, there are other women, usually unprepared, who will scream, thrash, and writhe their way painfully and miserably through labor and seemingly get no relief from anything you do, no matter what you do. Don't feel you have failed. If you talk with her about her experience the next day she probably will tell you that your perseverance, which give her a sustaining human presence, meant everything to her.

Allow for individual attitudes and behavior. In some cultures women are supposed to scream during labor in order to atone for their sins. The more, and louder, and longer the screaming the more sins are atoned for. Other women try to be stoics when what they really need is to be encouraged to yell at the peak of hard contractions. Each woman comes into labor with her own set of expectations, fears, preparation, pain threshold, personality and behavioral makeup, and way of experiencing what is happening to her. You must adapt to her, not her to you, and quickly learn her individuality in order to facilitate her coping efforts as you manage her care for an optimally safe outcome for herself and her baby.(pp.196-9)

The book includes chapters on the history of nurse-midwifery, management of antepartum, as well as complete discussions of contraception and family planning. In an innovative design, a last section of skills - venipuncture, making a wet smear of vaginal secretions, pudendal block - provides clear and quick reference.

YSN can feel proud to be associated with two such outstanding works. These exemplify the best of education - candid, precise, broad-ranging sharing of practical information and thoughts - and reject jargon and obfuscation. Congratulations to the hard-working authors!!

**FACULTY NEWS**

**New Faculty 1980-1981**

- Carol Battin: BSN Cornell Univ.-N.Y. Hospital; MSN Yale (a lecturer this year; formerly courtesy faculty); FNP Lecturer in C-H Nursing - is Adult Nurse Practitioner at Fair Haven Clinic.
- Tom Cook: BSN Loyola Univ., MSN St. Louis Univ.; PNP Certification, Albany Med. College; Asst. Prof., C-H Nursing.
- Brian Forsyth: MB Glasgow Univ. (Scotland); Robert Wood Johnson Fellow, at Med. School now Lecturer in Pediatric Nursing.
- Elizabeth Magenheimer: BSN Villanova, MSN Yale (a lecturer this year; formerly courtesy faculty); FNP, Lecturer in Community Health and Maternal-Newborn Nursing; is FNP and CNM in Fair Haven Clinic.
- Mary Kate McHugh: BSN Univ. Pa.; MSN St. Louis Univ. is a CNM; instructor in Maternal Newborn Nursing.
- Barbara Munro: BSN Univ. Rhode Island;
MSN Univ. Rhode Island; Ph.D. Educational Psychology, UConn.; Asst. Prof.-Research. 
Dottie Needham; BSN Univ. Okla.; MSN Yale; PNP, Lecturer in Adolescent and Pediatric Nursing.
Linda Norton: RN Misericordia Hosp. School of Nsg., Bronx; BS Mercy College, Dobbs Ferry; 
Carole Passarelli: BS Simmons College; MS 
UConn.; Instructor in Pediatric Nursing. 
Joy Saunders: Diploma in Nsg., Grace New Haven; BS Univ. Bridgeport; MS Hunter, ME 
Nadine Schwab: BSN Boston College; MPH Columbia; Lecturer in Pediatric Nursing. 
Julie Trepeta: BA Simmons; MSN Yale; PNP 
and Lecturer in C-H Nursing. 
Heidi von Koss: BSN Univ. Michigan; MS 
(parent-child nursing) Univ. Michigan; Instructor in Pediatric Nursing. 
Kerry Williamson: RN St. Francis Hospital School of Nursing; BA Central Conn. State College; 
MSN Yale; Lecturer in Psychiatric Nursing. 
Walter Zawalich: BS 
(zoology) Univ. Mass.; Ph.D. (physiology) Florida State Univ.; Post-doctoral, Wash. Univ., St. Louis; Asst. Prof. in 3-year program – teaching sciences. Since arriving at YSN in the summer, Walter has received notice of two grant awards: a Research Career Development Award and one from the National Institute of Arthritis, Metabolism and Digestive Diseases, to continue his research on Carbohydrate Regulation of Insulin Secretion. He will be concentrating on the effects of exercise and diet on the insulin-producing beta cells in the pancreas.

Other Faculty News

...Judy Krauss and Donna Diers at American Association of Colleges of Nursing Executive Development Series in Richmond, end of October. 
...Dean Diers spoke to Nursing Grand Rounds, Fair Oaks Hospital, New Jersey (at the instigation of Michal Hellenbrand '78, Associate Director of Nursing), at Beth Israel Hospital, Boston (at the instigation of Eileen Hodgman '68), and at the Sigma Theta Tau Writing Workshop in Philadelphia. 
...Mary Alice Johnson, Instructor/Nurse-Midwife will be teaching a course at Yale's Pierson College students on "Women's Health and Health Care", spring term in the College Seminar Series. 
...Ann Slavinsky '67, has been appointed a Fellow of Berkeley College by the University. Each of the residential colleges at Yale have associated with them a number of outstanding faculty members from many disciplines who interact with the students. By attending the activities of their assigned colleges, and having meals with students, the Fellows are a valuable resource and help to the students, providing a wide range of interests, vision and experience. Ann is Associate Professor in Research at YSN and Chairperson of the 3-year program.

...Derry Ann Moritz, Research Associate, Nursing Nutrition Project, YSN, was among the faculty presenting seminars at Chautauqua '80, the national program of continuing education for Registered Nurses. Her two presentations were entitled: "Coping Strategies and the Person with Cancer" and "Impaired Nutrition in Persons with Cancer: Causation, Identification, Management".

From the Psych program:

...Doris Banchik '74, Chairperson of Psychiatric-Mental Health Nursing Program, was appointed Chairperson of the Council of Graduate Program Directors in Psychiatric-Mental Health Nursing in the June meeting. She will be presenting a keynote paper entitled, "Psychiatric Assessment - A Multidimensional Approach" in Washington, D.C. on October 31, 1980. She participated in a series of film strips on Psychopathology which were released in September, 1980, by Concepts Media.

...Berta A. Mejia, Assistant Professor Child Psychiatric Nursing, was inaugurated as President of the Hispanic Nurses' Association in September. She is also the coordinator of the regional chapter of The Advocates for Child Psychiatric Nursing. She attended the Black Nurses' Association convention in September and was written up in The Post-Tribune, Thursday, September 4, 1980, following a personal interview. She also provided consultation to The National Council of La Raza's advisory council about recruitment and retention of students in the health care professions. She also provided consultation to St. Elizabeth's Hospital in Washington, D.C.

...Barbara-Jean Sullivan '76, Assistant Professor Psychiatric Nursing, presented a paper entitled "Psychological Adjustment to Diabetes in Adolescence" during a conference sponsored by Advocates for Child Psychiatric Nursing, Inc., in September in New Haven.

Community Health Nursing Faculty activities:

At American Public Health Association meetings in Detroit: Ruth Knollmueller, Assistant Professor presented a paper, "Supervision: A Weakened Link in Community Nursing Practice"; John Ginnetti, Assistant Professor/Family Nurse Practitioner also attended. At ANA Primary Care Council Conference in Philadelphia: Debbie Ward '77, Assistant Professor; Betsy Greig '79,
Instructor, John Ginnetti, Dorothy Baker, Lecturer (all family nurse practitioner faculty) attended.

Dorothy Sexton, Chairperson of the Medical-Surgical Nursing Program accepts an award of appreciation from Connecticut Lung Association President Carl F. Hinz, Jr., M.D., during the Association's Annual Meeting. She was honored for volunteering her expertise and time to foster CLA's patient education program, as well as other programs.


STUDENT NEWS

Sarah Kellar '81 (second year medical-surgical nursing program) is the recipient of one of the pulmonary nursing fellowships awarded annually by the American Lung Association. Sarah - a native of Pittsfield, MA - received her BSN at Northeastern University (Boston). Before coming to YSN, Sarah was a charge nurse in the cardio-pulmonary SICU, and most recently a clinician in the division of thoracic surgery at Albany Medical Center.

Jim Fernicola '82, and his wife Vicki, had a baby girl on September 5th.

Becki Reed '82, a Community Health student, has been chosen a Freshman counselor for the current year. She lives in a dorm on the Old Campus, and has 18 freshmen Yale students for whom she is responsible. She is a resource person, who is a key to the orientation and settling in of new students to the Yale campus life.

Profile of new students entering 2-year program this Fall -

- 57 people (3 men, 55 women)
- 49 different colleges
- 29.2 years - average age
- 26 are married
- 12 have children

New 3-year students

- 26 people (3 men, 23 women)
- 26 colleges
- 25.9 years - average age
- 6 are married
- 3 with children here

ALUMNAE/I NEWS

Three YSN alumnae were installed into the American Academy of Nursing in September 1980 in Dallas: Ruth G. Elder '60, Mary Elizabeth Hilliard '58, and Angela Barron McBride '63. The American Academy of Nursing was established in 1973 by the A.N.A. 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.

Roslyn Ruggiero Elms '63 MSN has been appointed Professor and Director of the Master of Science in Nursing Program at the Massachusetts General Hospital Institute for the Health Professions, effective January 1, 1981. Her appointment was announced in late September by Julian Haynes, Provost of the Institute.

The Institute is a new corporation formed to provide post basic education in various health professions, based at Mass General Hospital. Eventually, programs will be offered in nursing, diet therapy, physical therapy, audiology and several other fields. The nursing program will be the largest.

Roz is the director of the new program to begin in September 1981, which is modeled in many ways after Yale's three year Master's Program for College Graduates. College graduates who are not nurses will be admitted to a three-year sequence of course work which will prepare them in basic nursing and in certain advanced specialty areas.

Roz is a graduate of the class of 1963 in psychiatric nursing at Yale, has held faculty positions at Yale, Texas Women's University and California State University at Sacramento. She was acting director of the Sacramento State program for one term. She holds a Ph.D. from University of California, Berkeley.

The new Mass General nursing program will be innovative and non-traditional and Yale is proud and pleased that one of her alumnae has been appointed to make it work!
ALL ALUMS ARE INVITED TO
ALUMNAE/I WEEKEND
JUNE 5-6, 1981

Is your class having a reunion this year?

1926 = 55 years
1931 = 50 years
1936 = 45 years
1941 = 40 years
1946 = 35 years
1946W = 35 years

CIRCLE THE DATES

Rhoda Lee Sun '58, has had a book published:
HEALTH SERVICES IN THE PEOPLE'S REPUBLIC OF
CHINA, (c. 1980 Schenkmam Publishing Co., Cam-
bridge, MA). Rhoda has close intellectual and
personal links to both U.S. and China, and now
that communication between the two countries
has opened up, professionals in many fields are
exchanging ideas and experiences. It is her
belief that the West may learn a great deal
from the example of health care in China.
Rhoda has been highly honored in both countries
for her work in nursing - and she is dedicated
to the improvement of relations between America
and China.

Rhoda writes us: "All told, I have spent
around five months in China. The first portion
of my stay was devoted to helping the Boston
Ballet with their highly successful tour of China.
In the meantime I was
able to establish con-
tacts with officials in
many governmental depart-
ments.

The majority of my
stay was in Nanjing,
where I lead classes in
advanced nursing training
for three months. The
basic objective of the program was to reestab-
lish the nursing system as a nationally acknow-
ledged profession. I also worked to get China's
nursing profession into the world scene, by
obtaining scholarships for study abroad. I
have made much headway in getting China's mem-
bership in the ICN.

My work in China has been very rewarding.
China's nursing has made great strides towards
modernization. I am honored to be a part of
it, but I also had the chance to collect more
material on China's health care system."

Class Notes

Mary Jeanne Ungburg '43 was honored recently
at a retirement dinner in Greenwich, Conn.
She has been director of Nathaniel Wither-
all Nursing Home making it famous for
excellent care, beautiful surroundings and
gracious atmosphere.

Edith Ann Lingle Hollan '46W, a burn care
urse in the U.S. Army Institute of Surgi-
cal Research at Brooke Army Medical Center,
was recently promoted to GS-11. She is one
of the nurses who helped the four service
men injured in the aborted Iran hostage
rescue attempt this past April.

Jean Butler '50 started her new job in October
as Director of Patient Care Services at the
Connecticut Hospice.

Emily Tarver Bartels '51 taking refresher
course and plans to return to active nurs-
ing practice in Hendersonville, NC.

Lorraine Hall '58 is involved in the alcohol
treatment program at the Roger Williams
Hospital in Providence. Their fresh ap-
proach to dealing with the alcohol problem
is by identifying the problem drinkers
among admissions (though other symptoms
may have brought them in), and guiding them
to appropriate people for help.

Sandra Regenie Haldeman '69 was recently
married.

Beckett Rodgers '72 - had a son born on Septem-
ber 9, 1980.

Eileen Korman '73, is to be congratulated for
the Class newsletter which she compiled and
sent out to her classmates this Fall. A
super way of keeping up with one's own
cohorts - a suggestion other classes might
pick up!

Pat Harris '74, Clinical Specialist in Pedia-
trics at the Visiting Nurse Home Care Asso-
ciation, Indianapolis, Ind.

October visitors at YSN from class of 1975:
Cynthia Thompson and Nancy Strafford Hesko with
her daughter.
Carolyn Glenn '71 - new position: Executive Director of Newton-Wellesley VNA.
At meetings in Boston in October: Donna met Susan Sumner '80, Barbara Levine '77, Ginny Tay '75, Carol Garant '73, and Carolyn Glenn '71. An unplanned mini-reunion!!
Penny Pierce '75 started in doctoral program at University of Michigan in September.
Celia Mukai '76 had a son born in January, 1980. She returned to Hawaii in Fall of 1980.
Glenn Eckblad '77 graduated from Michigan State University School of Osteopathic Medicine in June 1980.
Nancy McClean Holdren '77 had a son, Owen, born June 7, 1980.
Gretchan Mosman '77 changed jobs, now is Senior Nurse Clinician/Director of Nursing at the Capitol Region Mental Health Center in Hartford, and is hoping to start doctoral program in Medical Anthropology at UConn. in January.
Sarah Potter '77 is an FNP in Walk-in-Clinic at Bellevue Hospital, New York City.
George Rand '77 is an FNP in North Central Bronx Medical Center.
Nancy Kraus '78 married to Fred Dettmer (Yale Law '78) on June 21. Attended: Sarah Cohn, Deb Harrison, Janet Taft, Liz Vitale and Mary Chaucer-Hatton.
Clyde and Jo Sanchez '78 report a new addition to their family, a boy, Arthur born in April. Clyde is on the faculty of the College of Nursing, University of New Mexico, Albuquerque.
Martha Driessnack '79 was married to Joseph Hill on October 11th in Washington, D.C.
Karen Suchanek '79 had a son born September 5, 1980.
Gordy and Nedine Press Campbell '80 had a baby girl, Toby Potter Campbell, born August 7th. Gordy, FNP job in Bangor, Maine - Family Practice Residency Program at Eastern Maine Medical Center.
NOMINATION
FOR DISTINGUISHED ALUMNA/US AWARD
TO BE PRESENTED BY THE ALUMNAE/I ASSOCIATION ON JUNE 5, 1981

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

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 __________

Please include
REASONS FOR NOMINATION:

Nominated ____________________________ Class __________

Address __________________________________________
Home Telephone No. __________________________