Yale Nurse

Yale School of Nursing

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Yale Nurse

PEDIATRIC NURSING PROGRAM

SPRING 1982
Yale University School of Nursing
ALUMNAE/I ASSOCIATION
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From The Dean

It is difficult to keep the Yale Nurse truly timely. Between the time the material is written and when you retrieve it from the mailbox, several weeks may have passed. It is especially difficult to keep the alumnae/i informed of fast-moving events such as happen every year about this time, especially when events that have to do with the federal budget, since things change almost daily and the time this issue of the newsletter gets out, many of the crises will have disappeared.

At a meeting of the graduate and professional school alumnae/i in late February (a meeting stimulated by Liz Plummer '46W and Eleanor Grunberg '46), President Giamatti commented on precisely this issue. He highlighted the problem all universities are having this year in responding to the sudden proposed cuts in financial aid to both graduate and undergraduate students. He noted that if the budget proposals were approved, it would happen this spring and affect universities in the fall.

It seems to us that every year at this time we go through the tortures of trying to guess what our resources will be at precisely the same time we are interviewing candidates for admission in September. Our school budget is prepared in February and must get locked into place and we never know from year to year what affect federal moves will have. So we budget income conservatively and pray a lot.

This year is especially difficult, for the Office of Management and Budget has proposed to make graduate professional students ineligible for Guaranteed Student Loans and that source is the major source of financial aid for our students. There are counterproposals and there will perhaps even not be a problem by the time you get this issue. But the possibility -- even the probability -- that financial aid to graduate professional students will decline, this year or next, has made us begin to rethink our programs and possibilities so that we will not be surprised at the next legislative proposal.

What we can guarantee now, as President Giamatti did to the alumnae/i, is that the school will continue, and that we will continue to provide very high quality preparation for important positions. The form of the curricula have may change, and the possibility of part-time study is one we must consider. We are deeply committed to continuing to admit students without regard for their financial need for we believe that nursing and health service opportunities must be open to all individuals. How we can support students through our programs is nevertheless a serious question.

For the school of nursing, the proposed loan cuts are especially hard for the traineeship aid to students has been disappearing for several years from the nursing budget at the federal level. Although the amount of Professional Nurse Traineeship appropriation has remained much the same for years, the amount each school gets has actually declined as more schools became eligible for it and as in our case, we were held to a level of support established when we had only 90 students -- now we have more than double that. There simply are no more federal funds for training in psychiatric nursing. So we have increasingly turned to loan sources which put our students in serious debt, debts not likely to be repaid quickly out of nursing salaries.

We cannot help but wonder whether the administration is giving nursing the message that educated nurses are not wanted.

25th ANNUAL ALUMNAE/I COLLEGE and ALUMNAE/I WEEKEND
(see page 15)
THE PEDIATRIC NURSING PROGRAM

Caring For Kids

The Pediatric Nursing Program at Yale was the first Pediatric Nurse Practitioner program in a graduate school of nursing. When the program began in 1970 it benefited from an association with a prior project done under contract from the Division of Nursing to the Yale Schools of Medicine and Nursing, under which four PNPs and four adult NPs were trained in a non-degree program. In the contract period, the groundwork was laid for the current graduate PNP program. Lynne Schilling and Carole Passarelli were two of the PNPs trained in that original program.

Since the beginning of the program, 87 students have graduated. Currently there are 20 students enrolled in the program. A recent update on 1980 and 1981 graduates (N=20) reveals that fifteen are employed full time -- ten as PNPs in outpatient clinics, two as PNPs in specialty clinics associated with university medical centers, and one as a pediatric instructor. Two students are working as staff nurses in inpatient settings and the work situation of five students is unknown.

The Pediatric Program is a decentralized program in which faculty members handle most of the administrative functions that relate to the classroom and clinical courses they teach. Two noteworthy strengths of the program are: the opportunity afforded students to provide primary care to a caseload of children that, at least in part, remains stable throughout the two-year program and the clinical preceptorship of students by Program faculty members. Clients are assigned to students from the PNP caseload at the Primary Care Center at YNHH; this caseload is the ultimate responsibility of Heidi VonKoss, who holds a joint appointment at YSN and the Pediatric Primary Care Center. She is aided in that endeavor by many other faculty members -- particularly Marty Swartz, Lois Sadler, and Debby Ferholt. For the most part, students are precepted in required clinical experiences by program faculty, and this, faculty believe, offers students the best opportunity to integrate theory and classroom teaching into their clinical work.

Lynne Schilling

I have a B.S. in Nursing from Michigan State University, a M.N. (Pediatric Nursing) from University of Florida, and a Ph.D. in Child Development and Family Studies from Syracuse University. Before coming to Yale in July 1979, I taught in the graduate pediatric nursing program at the University of Florida.

In addition to my responsibilities as Chairperson of the program, I teach a two-semester course in child development -- a required course for all first-year students.

Jane McCarthy, Administrative Assistant and Maria Stroboer, Program Secretary, confer with Lynne Schilling (right) about office matters

Maria has been with the program since September 1979, and Jane since April 1979. Together they are responsible for the smooth office functioning that faculty and students alike have come to expect. Jane, in addition to her other responsibilities, is the editor of the program's newsletter.

Along with Sherry Shamansky, Chairperson of the Community Health Program, I am currently conducting a marketing study to determine whether consumers in the New Haven Standard Metropolitan Statistical Area (SMSA) will buy primary health care services if offered by nurse practitioners. A telephone survey is being conducted on a stratified random sample of 800 area residents to gather information on consumers' health care buying behavior. This year (and next) I am doing, on a part time basis, a postdoctoral fellowship in clinical child development at the Yale Child Study Center. The fellowship involves assessing young children who present with developmental difficulties. I am enjoying this clinical work and appreciate, once again, the energizing and enriching effects of clinical work on my teaching. Being in the student role again has also been a reminder of the perils of "studenthood" which I hope I'll translate into my work with YSN students.

Mary Lou Bernardo

I'm Mary Lou Bernardo and my work responsibilities are as varied as my educational background. I graduated from my diploma program in 1967 then worked for five years while I attended college part-time. After moving to Connecticut, I went to school full-time and taught practical nursing part-time. In 1975 I received a B.S. in Nursing Education and in 1977 my M.S.N. at Yale. My formal education
is continuing two days a week when I switch places in the classroom to become a Ph.D. student in Counseling Psychology at Teachers College, Columbia University.

My clinical field is pediatric neurology/neurosurgery with a major interest in long-term care and rehabilitation. I've been on the YSN faculty since 1977 where I've been able to combine my interests in long-term care with my acute care experience. I've been on the "basic program" pediatric faculty since 1977 and coordinator since 1980. This year we've been able to reopen The Hospital of St. Raphael as a clinical site for the pediatric rotation. This is good news for both students and faculty because it means more clinical time for students and a smaller number of students per clinical preceptor. We are also moving to a schedule of consecutive clinical days which we hope will increase continuity of patient care and facilitate learning.

I maintain my interest in pediatric long-term care and rehabilitation by teaching a course on the chronically ill child and his/her family. This year we were able to broaden the scope of the course's clinical application by taking a practical look at the community aspects of the child's life. This was accomplished by having the opportunity to use ACES, a regional school for multihandicapped children, as one of our clinical placement sites.

As I said, my work is varied. It keeps me current with hospital nursing as well as long-term care. It involves a lot of meetings and paperwork! But I also get to meet students across specialty lines and I'm never bored.

Linda Lewandowski

I am the only non-PNP on the pediatric faculty. I am instead, a clinical nurse specialist in pediatric critical care nursing. I received my B.S.N. from the University of Michigan and my M.S. from the University of California, San Francisco. I have a joint appointment as an Assistant Professor at YSN and as the Pediatric Clinical Nurse Specialist at Yale-New Haven Hospital.

In my faculty capacity my role includes participating in course development, lecturing, and clinical supervision in the pediatric rotation of the three-year program, guest lecturing in other classes, and academic and thesis advising.

In my clinical capacity my role includes a wide variety of activities: from doing pre-hospital and pre-operative teaching at a Head Start Center, to assisting children and families in coping with critical illness and the high technology world of the Pediatric Intensive Care Unit.

My clinical focus areas are mainly the pediatric ICU and Fitkin 4, the infant/toddler floor. I try to meet ahead of time, all children and their families who are scheduled to come into the Pediatric ICU. For example, after major surgery (open heart, brain surgery) I assist in providing continuity and support for them as they are transferred to the ICU and back to their floors again. I also conduct some hospital, therapeutic play sessions with children, consult with nursing staff around patient and family care planning issues, conduct nursing rounds, provide inservice classes, and try to help staff keep updated regarding current practices, research findings, etc., in the nursing literature. Another aspect of my role is working with the younger renal transplant children, following them in clinic pre- and post-transplant, and during their hospitalizations, working with families around issues involved in having a chronically-ill child; teaching child and family in preparation for transplant, assisting nurses in care-planning for these children when hospitalized, etc. I am also a member of the leadership group of the Pediatric Nursing Service and participate in overall program planning, goal setting, etc., for the service. I am just concluding a study entitled: "Identification of Priorities in Critical Care Nursing Research: A Delphi Study." This study was commissioned and funded by the American Association of Critical Care Nurses.
Deborah Ferholt examining patient, Olivia Streater. Carol Bandura '83 observes.

Deborah Ferholt

I am a pediatrician with a special interest in ambulatory pediatric care and child development. I've been with the Pediatric Program at YSN since 1970, when the first students entered the "new" program which includes the PNP curriculum with the masters degree in pediatrics.

I teach Pediatric Health Assessment, which is an intensive course in the first term, in which the students learn to do a complete pediatric history, a complete physical examination, and developmental assessment. After five weeks of concentrated class and laboratory work (practicing physical exams on each other) the students perform health assessments (including a full history and physical examination) on children and adolescents at the Fair Haven Community Health Clinic. I supervise this work along with other YSN faculty. The patients receive follow-up care from the regular Fair Haven staff.

In the second term I am responsible for and teach Management of Common Pediatric Problems, a required course which covers a wide range of health problems. This course is closely related to the primary care work which the students do in the Primary Care Center. Over the years, more PNPs have contributed to this course, usually teaching about their own area of specialization, such as genetics, sickle cell disease, and diabetes.

I am the coordinator for student's clinical work outside the Medical Center. We have had several placements, both with nurse practitioners and pediatricians which supplement the core clinical work at Yale. These include the Yale Health Plan, and pediatric clinics at Hartford Hospital, St. Francis Hospital, Norwalk Hospital, and the Naval Submarine Base at Groton. In addition, we place first-year students in private pediatric offices in order to supplement and broaden their Primary Care Center experience.

Another aspect of my clinical work is supervising both PNP students and medical students in the Pediatric Primary Care Center. Over the years I have been active in two day care programs. I was a founder and am a Board member of the Edith B. Jackson Child Care Program. This is a Yale affiliated program of modified family day care for children from one to five years of age. My work there includes medical and child development consultation. I also have worked with the Elm Haven/Head Start Day Care Center for many years as the pediatric and child development advisor.

Jane Milberg, M.S.N. '78 and Mary Rudolf, M.D., Post Doctoral Fellow, Pediatric Endocrinology, co-teach a seminar for second-year students, entitled Advanced Management of Pediatric Problems. The seminar discussion each week focuses on a specific topic. The goal is to discuss the decision making process and explore alternatives to management. Students present one seminar each semester.

Preparation for seminar preparation includes a literature review but equally important are consultations with specialists within the medical center. The student discusses the specifics of clinical management with the consultant and also explores criteria for referral to the specialist or management by the nurse practitioner.

The role of the nurse practitioner, pediatrician and specialist are under frequent class discussion. The goal of this seminar design is to familiarize students with alternative resources for case management in this medical center and in their practice settings after graduation.

Mary Rudolf took a brief maternity leave after the birth of her son in January.

Jane Milberg

I am the nurse practitioner in the Department of Pediatrics at the Yale University Health Service. I share a practice with four pediatricians. I see children from birth through adolescence for routine health evaluation "check-ups" and acute illness problems.

One of my major interests is counseling and helping families cope with crises that arise in their lives. These include separation, divorce, remarriage and alternative family styles. Families often come to discuss adjustment reactions of their children to: birth of
a new sibling, new school, new home, nightmares, discipline or death of a loved one.

I spend several hours each week teaching parents of newborns at Yale-New Haven Hospital. This is a crucial part of my practice when the nurse practitioner can facilitate adjustment. I also teach a prenatal pediatric class at the Health Service and am a familiar face to most new parents.

I volunteer for the Juvenile Diabetes Foundation at their local New Haven Chapter and serve on the Internal Review Committee, reviewing applications for research grants.

Marty Swartz (left) and Carole Passarelli

Carole Passarelli

I relocated in Connecticut 1 1/2 years ago and began at YSN in August 1980. Previously, I have worked as a school nurse, visiting nurse, and in an ambulatory clinic. Prior to joining the faculty, I was a PNP in Yale-New Haven Hospital Primary Care Center for seven years and also taught in a PNP program in Virginia.

My position in the department involves clinical and course responsibility. I precept second-year students at Fair Haven Health Clinic and also follow my own caseload of patients there. In addition, I am Course Facilitator for Perinatal Clinical Management; precept first-year students in the newborn nursery; assist in precepting in the Physical Diagnosis course, and have thesis advisees. I have developed and also teach a second-year seminar in PNP role development issues. The course is designed to provide a forum for analysis of the issues which influence nursing practice; to explore concepts critical to advanced practice and to encourage involvement in the political process of health care. It is a challenge to expose the students to such topics as legal issues, ethical decision-making, change theory, statutory regulation, certification, third-party reimbursement, etc. Debates, position papers and other teaching strategies are used to involve students with the material.

Nationally, I am involved in several activities -- as a board member of a certification board for PNPs (National Board of PNP/As); also on the Executive Committee of the Association of PNP/A programs. I have served as a consultant in the past -- most recently in the local area to the New Haven School Health Task Force.

One of my interests is in school health and utilization of PNPs in that setting. At present I am engaged, with a colleague, in compiling results of a school nurse survey which was conducted to determine the perceived educational needs and assets of school nurses in Connecticut. In conjunction with my school health interest, I will be spending the month of May 1982 in Boston having just been awarded a Fellowship in Developmental Pediatrics at Children's Hospital Medical Center. It is designed for nurse practitioners and doctors who care for children with developmental disabilities in an ambulatory setting. Exposure will be to specific assessment techniques, diagnostic approaches and management ideas for these children.

Marty Swartz

I have been a faculty member in the YSN pediatric nursing program since October 1981. My major responsibilities here involve precepting students in primary care settings, precepting students in newborn nursery and providing coverage to the PNP caseload at the Yale-New Haven Hospital Pediatric Primary Care Center. In addition to these clinical and teaching responsibilities, I have research interests in ambulatory care health delivery systems, maternal-infant attachment and sports medicine.

Much of my experience prior to coming to Yale has been in primary care pediatrics. I have worked as a PNP at a community clinic in Ann Arbor, Michigan and as a clinical nurse at the University of Michigan Pediatric Walk-In Clinic. Prior to that time, I was a staff nurse in the Pediatric Intensive Care Unit at Rainbow Babies & Childrens Hospital, Cleveland.

I received my M.S. in Parent-Child Nursing from the University of Michigan in May 1981. I also hold a B.S.N. 1977 from Case Western Reserve University and a B.A. 1975 in Psychology from Oberlin College.

Beckett Rodgers

I am an Assistant Professor in Pediatric Nursing and the Administrative Director of the Spina Bifida Clinic at Yale-New Haven Hospital. I received my Masters Degree from YSN in 1972 and have been a member of the faculty since graduation holding the above joint appointment. My role over these years has developed very effectively in that the skills utilized in each area compliment one another to the extent that each separate role continually develops and grows. At the School of Nursing my main responsibilities are in the teaching of the dyadactic and clinical components of the chronically ill handicapped child and his family. Traditional
and topical issues are addressed in a seminar forum practicum in the spina bifida clinic and the many issues addressed in the clinic are brought into the dyadic course thereby enabling me to address topics that are both clinically applicable and current.

As administrator and pediatric nurse practitioner of the Spina Bifida Clinic, I am involved in seeing patients and families in the out-patient, in-patient, and community settings. The patients range in age from newborn to young adults and vary considerably in depth of physiological impairment. In treating and managing these children with spina bifida, I work towards two overall goals. The first is to maximize the child's abilities and, to the degree that is possible, to work toward his being an independent and productive adult member of society. However, in order for the child to utilize his abilities to the maximum, one needs to remember that the child is part of a family system. Therefore, my second goal is to help families integrate the spina bifida child into the family system in an attempt to strengthen the family unit rather than to allow the handicap to weaken and eventually destroy the family. This process begins with the birth of the baby and continues through each developmental phase of the child and family.

 Needless to say, I find the joint appointment challenging, creative, and diversified, attested to by the fact that this June will be my tenth year reunion at YSN -- and I never left!

The adolescent component of the Pediatric Nursing Program is coordinated and taught by Jeanne Ruszala, MSN, PNP, and Lois Sadler, MSN, PNP. Walter Anyan, M.D., Director of the Medical Program for Adolescents at YNHH provides clinical consultation and also assists in teaching the seminar, N641.

Jeanne Ruszala

I obtained my B.S.N. from Salve Regina - The Newport College, in 1974 and my M.S.N. from Yale's Pediatric Nursing Program in 1977. Since graduation from YSN, I have held a joint appointment with YNHH and YSN. Presently I spend about 67% of my time as the nurse practitioner in the Adolescent Clinic and about 33% of my time as Assistant Professor in the Pediatric Nursing Program. In the Adolescent Clinic I carry a large caseload of several hundred adolescents to whom I provide ongoing primary care. I also provide care to a smaller group of children who have teenage parents. I have recently completed a research study concerning adolescents who present with a primary complaint of pain. Results will be presented in chapter form in a book edited by Judy Ahlheim Beal '75 which will be published in 1983. I'm also analyzing data for a second study concerning adolescents with sexually transmitted diseases.

Lois Sadler

I received my undergraduate degree from the University of Massachusetts, Amherst, and an M.S.N. from YSN 1979. Since then I have been an instructor in the Pediatric Nursing Program at YSN. I am currently collaborating with D. Rotnem, A.C.S.W., and J. Leventhal, M.D. in the design and implementation of a research project to better understand the situation and needs of the adolescent father. In my clinical practice, I provide primary care to teenagers and their children, and teach parenting classes to adolescent mothers at two local high schools.

All first-year students in the program are required to take N640, Clinical Practice in the Primary Care of Adolescents, and N641, The Caretaking Process in Adolescence. These courses prepare students to assess and manage the common physical and psychological needs of teenagers in a primary care setting. In N641 the use of role-playing, videotaped interviews, and simulated patient encounters are used to actively engage the student in the learning process. Course content is designed to be applicable to the clinical setting. Students who wish to specialize in caring for adolescents may elect to pursue advanced study...
during their second year. N840 offers students the choice of either refining their clinical skills in the primary care of adolescents or participating in parenting classes for teenage mothers. N839a and N839b are seminars which allow students the opportunity to broaden their theoretical knowledge base concerning more complex physical and psychological needs of teenagers.

This program is one of the few graduate pediatric nursing programs in the country which offers a subspecialty in the primary care of adolescents.

Lois says, "On a busy afternoon in Adolescent Clinic each clinician may see anywhere from 4 to 10 patients. One afternoon my schedule consisted of seeing 17 year old Rhonda who came in for a weight check and who had gone from 246 to 242 lbs. in the past four weeks. In addition to her dietary counseling, she wanted some acne medication which she was given. Next came two patients who needed follow-up visits for vaginitis and birth control prescription refills. The next family was a 17 year old mother who was complaining of a vaginal discharge, and her nine month old son who needed a well-baby check-up. (Fortunately the clinic secretary, Mrs. Murray, was delighted to baby-sit while the mother had her visit and exam.) Finally, the last patient of the day was 14 year old Susan who was being seen for counseling after having had an elective first trimester abortion. Even though it had been her decision to have an abortion, she was needing some help in recognizing and working through her feelings about the experience."

Heidi VonKoss (right) confers with student, Tina Rickenbeck '82

Heidi VonKoss

I have a joint appointment as an instructor, with YSN and the YNHH Pediatric Primary Care Center as a Pediatric Nurse Practitioner. I received my B.S.N. and M.S. from the University of Michigan. I teach and provide clinical supervision for first and second year students in the pediatric program. The clinical courses I teach (Primary Care of Children I & II) pro-

vide students with longitudinal experiences in delivering well child care and episodic care for common pediatric problems. I maintain a pediatric practice at the Primary Care Center and coordinate the health care delivery for the 600 pediatric clients in the PNP caseload.

Heidi reports, "Today was a fairly "typi-
cal" day at the Primary Care Center. It began by getting two calls from parents -- one about the communicability of chicken pox, and the other about the possibility of an ear infection in an 8 month old infant with a fever. Because the infant had significant fever, it was necessary to make sure the child and parent be seen in the clinic by the afternoon. Unfortunately, the mother had no money for the bus and had no other means by which to get to the PCC, so I had to track down the Social Worker to obtain a couple of cab vouchers for this mom. Meanwhile, two of the students I precept arrived for the morning clinic session. Each had 3 clients scheduled for "routine" visits. It has been my experience that health care visits are rarely "routine" at PCC. All 6 families seen during the morning session were problematic -- i.e., a 6 year old boy came in with his mom for a school physical. On taking the history it was found that the child had recently experienced the death of his grandmother and, since the funeral, was having daily episodes of enuresis. This became a lengthy visit which involved the development of a plan to resolve the child's enuresis and also help him grieve the loss of his grandmother.

"Another client, a 9 month old girl came to the clinic with her 20 year old mom. The mother complained of a bump on the infant's head for 2 days. It wasn't clear by history what caused the bump, but on x-ray it was clear the child had a skull fracture. The infant was admitted to the hospital while the home situation is being investigated. It's not uncommon for the PNP's to see children that have been abused or neglected -- 60% of the clients in the PNP caseload fall into that category. When a child is admitted due to abuse or neglect, it is the practitioners' responsibility to coordinate the housestaff and social workers in developing a plan to rectify the abusive situation. Needless to say, we are kept busy discussing the case with protective service workers and, in most situations, lawyers appointed to represent the child.

The afternoon clinic session is much the same as the morning, except that I am free to see clients instead of precepting students. Usually I schedule 6-10 clients -- the majority of these clients are seen for health maintenance and screening procedures. There is a preponderance of adolescent aged mothers in the PNP caseload, and usually the clinic visit will entail not only a history and physical of the child, but also a great deal of counseling aimed at helping the mother accomplish the developmental tasks of adolescence while helping to strengthen her parenting skills."
A New Publication


Two YSN faculty members have filled a long-standing gap in the literature with publication of The Chronically Ill Psychiatric Patient and the Community. Associate Dean Judith Krauss, Associate Professor in the Psychiatric-Mental Health Nursing Program, and Ann Slavinsky, Associate Professor and Chairperson of the three-year program, have written a book that not only avoids a simplistic definition of the problem of chronic psychiatric illness, but goes on to discuss the actualities of humane care. As they state "There were four main reasons behind this book, reasons that stemmed partially from clinical frustrations encountered in our work with the chronically ill and partially from the educational frustrations encountered in trying to communicate our experiences and ideas to students. These were:

1. Negative or unrealistic attitudes toward patients that hamper care,
2. The difficulty of determining the real extent of our knowledge about the chronically ill,
3. The fact that many nurses already have a commitment to caring for chronically ill patients, and
4. The critical questions about nursing roles or goals with such patients that remain unanswered.

"ATTITUDES. It is probably important to acknowledge from the start that the attitudes of most health care providers, including nurses, have been a major obstacle to development of effective services for this patient population, services which have been alternately romanticized and stigmatized over the years. Most people, including psychiatric nurses, are repelled by the chronically mentally ill. A mixture of fear, guilt, and a desire to keep one's distance from them colors public reaction to this patient group. As professionals, we have an intellectual understanding of the meaning of psychiatric illness and of stigma. We consider ourselves enlightened, yet we, too, have shunned any major involvement with or commitment to this group.

"The truth of the matter is that mental patients, particularly the chronically ill, do not behave "well." From a variety of social and psychodynamic perspectives, they behave badly and their bad behavior puts others at risk. They put others at risk in the sense that deviant behavior, especially on the part of a loved one, or of a client, produces a certain amount of stress for those involved with the individual. It seems obvious that the children in a family would be distressed by the sight of their mother wandering around the neighborhood muttering to herself or eating out of garbage cans. It is less readily acknowledged that, for a therapist, it is distressing to have a patient wander around hallucinating in the front lobby of the mental health center.

"Spouses, children, siblings, and other close family members sometimes bear a tremendous financial and emotional burden for the care of their disabled. Some of these patients become criminals. Many of them cost the public significant amounts of money. Many can be identified by sight from blocks away because of their bizarre dress or posture. Many aspects of their behavior and the social problems they create are upsetting and destructive and should be viewed as such.

"This does not mean that they should be treated, or treated humanely, or to the best of our ability. They deserve the best of care. But we should not delude ourselves about the real nature of the problems involved in caring for these patients, especially in caring for them in the community.

"In some instances, a romanticized image of the chronically ill as the innocent victim of public hostility, indifference, or the "system" have been created. We all have mental images of the ultra-creative and intelligent individual such as Sylvia Plath or Virginia Woolfe. Theorists such as Goffman described the effects of segregation and institutionalization, as well as Szasz, who popularized the notion of mental illness as a "myth" created to justify the social exclusion of the socially deviant. It is interesting that, of the many groups who share some responsibility for the plight of the chronically ill, nursing has been singled out as the prototype of the callous authoritarian personified by Nurse Ratchford in Ken Kesey's novel, One Flew Over the Cuckoo's Nest. Nurses must be prepared to examine their own attitudes toward patients and be aware of patients' attitudes toward them.

"KNOWLEDGE. A complete mastery of the literature on even a limited number of facets of the problems of the chronically ill would be an overwhelming task for most clinicians. Literature relevant to the care of these patients is scattered throughout numerous disciplines and media. Medicine, nursing, psychology, social work, occupational therapy, rehabilitation, the ministry, sociologists and historians have all contributed to our current understanding of chronic illness. Social, psychological, physical and biochemical interventions must be considered.

"Some of the literature does not clearly differentiate between acute and chronic illness or between the treatment of the initial acute episode and symptom exacerbation as part of a chronic illness. Much of the literature is centered about the problems of chronic schizophrenia, while other authors concern themselves with a range of diagnostic categories. Some of the literature focuses on special patient groups such as women, children, ethnic minori-
ties or lower socio-economic groups. It thus becomes increasingly difficult to analyze similarities or differences in patient diagnosis, symptom management, or prognosis. Additionally, there is a growing body of literature addressed to the political and systems issues, such as deinstitutionalization, involved in the care of the chronically ill.

"COMMITMENT. Almost all of the psychiatric nurses we know in current practice are caring for or have cared for patients with a chronic psychiatric illness; this is true regardless of whether their practice has been hospital- or community-based. While a large number of former long-term inpatients have been discharged back to their communities, a hard core of unremitting chronically ill have, despite everyone's best efforts, remained in hospitals. Many discharged patients and an unknown number of those who have never been hospitalized, but who have long-term psychiatric difficulties, are being cared for by nurses as primary caretakers or as members of interdisciplinary mental health teams. Patients are also treated by nurses in emergency room and outpatient clinics of general hospitals, in crisis centers, as well as in community mental health centers. Public health nurses care for discharged patients and their families. Liaison nurses work between hospital and home. Nursing homes are being flooded with the psychically disabled.

Although, as has been pointed out, many nurses are caring for many chronically ill, the nursing literature concerning care of these patients is surprisingly sparse. There have been articles authored by non-nurses describing nursing involvement with the chronically ill, but this too, has been far from voluminous. Much of what does exist is directed toward system or role issues rather than issues of patient care.

"ROLE DEFINITION. Finally, we are faced with unanswered questions about roles or goals in working, as nurses, with such patients. There is even a question of whether we really should be involved with the chronically ill and, if nurses should be, which nurses? What can we or should we bring to the care of this patient group? Should our roles be different from those of other mental health professionals? Are they in any way different at the present time? What does our background, as nurses, prepare us to do best with these patients?"

The book answers these questions and, laudably, goes on to ask more. The issue of de-institutionalization is addressed. A chapter is devoted to the financial, legal, and ethical aspects of care.

"Case One

Mrs. M. is a 48-year-old married woman, living in an affluent suburb with her husband and three teenaged children. Since she was in college, she has had intervals when she has found it al-

most impossible to keep going from day-to-day. She has considered suicide a number of times, but has never acted on her thoughts. She once called a woman's center to inquire about available support groups, but has never sought psychiatric help. She has made a number of visits over the last few years to her gynecologist and to her internist with a series of minor, nonspecific complaints. She rarely discusses her feelings with anyone. She drinks occasionally, although not excessively, to get her mind off her troubles and to help her sleep. She has been vaguely unhappy for a long time now, and the intervals when she feels despondent come more frequently. She has never been identified as "sick." Is Mrs. M. chronically ill, or are her difficulties within the normal range of adjustment to adult life?

"Case Two

Mr. P. is a 30-year-old single man who has lived, until recently, with his elderly parents. He is unemployed and on service connected veteran's disability. He has been hospitalized ten times in the last five years, although each hospitalization has been brief. He adjusts well in the hospital environment and is well liked by fellow patients and the staff, many of whom have known him for several years. When out of the hospital, he keeps to himself a great deal, sleeping most of the day. He has periods when he is unusually loud, offensive, and argumentative. He also makes frequent trips to the emergency room of his local hospital. He has recently been readmitted to a state hospital and has resisted all efforts at occupational rehabilitation, refusing to attend classes at a nearby sheltered workshop or take his prescribed medication. His family have refused to take him home again. Is Mr. P. chronically ill or is he just a malingerer, hoping to continue his disability compensation?

"Case Three

Miss L. is a 25-year-old single woman living with her widowed father. She has been very successful in her role as a teacher in a local elementary school. She anticipates being offered tenure in another year. She has few really close friends, but participates in a teachers' group and several community activities. Like the rest of us, she enjoys life, most of the time, though not always. She has been in outpatient psychotherapy for the last two years since, one day during yoga class, she suddenly felt the connections in her brain snap and separate from her body. She suspects that this may be the result of a plot against her. She worries that her brain may be damaged because it now floats loosely inside her skull. If she takes her medication regularly, however, she finds it fairly easy to stop thinking about the problem. She had one brief hospitalization at the onset of her illness. Is Miss L. chronically ill, or has she been "cured?"
"Which of these three individuals is chronically ill? The obvious answer is that all three could be considered to have a chronic psychiatric illness. Their problems illustrate several dimensions of and raise a number of questions about chronic illness. First, what makes an illness severe? In thinking about chronic illness, for example, what sort of symptoms would we expect a patient to have? In any consideration of chronic illness, it certainly is impossible to ignore a patient's symptoms, which are, as far as he is concerned, the problem for which he wishes help. There are issues involving the nature of the symptoms, their severity, their pervasiveness, and how intolerable they are to the patient. Mrs. M.'s symptoms were primarily mood alterations of moderate severity and pervasiveness. They were distressing, but obviously not intolerable, since she never sought psychiatric treatment for them. Mr. P.'s symptoms, on the other hand, were both severe and pervasive, affecting a wide segment of his thinking and social behavior. He found them difficult to tolerate at times, seeking sporadic help from the emergency room. Miss L.'s symptoms, in contrast, were severe, but nonpervasive, affecting only isolated aspects of her thinking and her life. After the initial acute episode, she found it possible to tolerate them, with the assistance of supportive care and medication. It appears, then, that there may be a wide range of symptom severity, pervasiveness, and tolerance, as well as a wide variation in the type of symptom experienced among patients.

Another dimension of chronic illness is the length of time it persists. How long must an illness last before it is considered chronic? Mrs. M., as she would describe it, has had her problem for most of her adult life. Her illness has lasted well over 20 years at this point. Mr. P. has an illness that was first diagnosed ten years ago; he denies having any problems previous to his first episode, which occurred when he was drafted into the Army. Miss L. has had a relatively recent onset of her illness, first diagnosed only two years ago. Can we consider a patient chronically ill at the first episode of illness or must a period of time elapse before being so characterized?

Another dimension of chronic illness is diagnosis or the very nature of the disorder. Some illnesses are considered to be inherently of a chronic nature. Yet, many of these attitudes toward specific illnesses linger from times when few treatments were available besides humane custodial care or incarceration and when the natural course of most illness was, indeed, progressively downhill. Some of these attitudes have been modified by more recent experiences with illness that has responded to intervention. Mrs. M.'s illness, for example, could be characterized as a mood disorder, or a depression. She would not be considered to be gravely ill or psychotic. Depression is rarely automatically considered chronic, even though some aspects of the problem may linger or recur over an individual's lifetime, as in Mrs. M.'s case. The President's Commission on Mental Health states:

"It is generally agreed that when treated actively, an acute severe depressive episode carries a good prognosis, that the chance of recovery is excellent, and that patients can resume their work, childcare, and social life. However, data on the long-term course of depression suggests that depressions are less benign than commonly believed. While most acute symptoms resolve rapidly, especially with modern treatment, there is a tendency for episodes to recur (21, p. 5).

"The difficulty with depression, as a potentially chronic process, appears to be the fact that, although specific treatments exist, many patients do not seek appropriate psychiatric help until the illness has worsened or continued for a lengthy period of time. As in Mrs. M.'s case, it is not uncommon that these patients first seek medical care and are initially viewed by others as having some form of physical illness. "Mr. P.'s disorder, on the other hand, is not as clear since his difficulties are in both his mood and other aspects of his behavior. He might be considered as either schizophrenic or as having a schizo-affective disorder. His would probably be viewed as a serious and chronic problem, one especially resistant to intervention. There are some aspects of his difficulties that bear similarity to Miss L.'s illness. It is most likely that Miss L. would be considered to have a schizophrenic illness. Schizophrenia is viewed as a serious, pervasive illness with a mixed prognosis. The President's Commission highlights it as one of the most serious mental health problems that we face. They state:

"Despite the relatively low incidence of the disorder, schizophrenia has a disproportionately high prevalence rate due to the early age of onset and the lengthy nature of the disorder. Although there can be a range of outcomes, the course is usually chronic. As a result, it can be anticipated that there will be repeated episodes of severe disability and a lifetime of varying degrees of impairment and emotional stress for both the patient, the family or the significant others (21, p. 4).

"The prevalent view of this disease is, and has been historically, that most affected individuals do not completely recover, even when receiving treatment.

Another aspect of chronic illness is the social definition or role of the disorder in the individual's definition of self. This is primarily a question of whether an individual becomes viewed in or assumes a sick role.
Mrs. M. does not consider herself mentally ill and she is not viewed that way by others. She knows that something is wrong and that her life could be better, but she has not yet identified her difficulties as emotional. She has made several relatively weak attempts to place herself in a medically sick role in her attempts to be treated for a series of vague physical complaints. Mr. P., in contrast, is clearly identified as a patient to himself and to everyone else. At this point in his life, "patienthood" is actually his vocation, since his only source of financial support, for most of his adult life, has been his disability pension. Miss L. is similar to Mrs. M. in that she does not view herself as a sick person. She knows that she has a problem, but views it primarily as a medical one, a problem with her brain. While not changing her definition of self to one of "psychiatric patient," she has sought and obtained psychiatric care. She is dissimilar to Mrs. M. in that others, including her therapist, view her as a chronically ill person. These examples show that there is a range in how the chronically ill accept the sick role, as well as variations in how these individuals, regardless of their own sense of self, are viewed by others. All chronically ill individuals are not back ward state hospital patients.

"Finally, what may be said about chronic psychiatric illness and its similarities or dissimilarities to chronic medical illness? It is apparent that some aspects of the medical model are very helpful in defining and treating this problem. In addition, such factors as the cost and the impact of disability in the course of all chronic illnesses are common experiences and can be analyzed from a similar perspective. The problem with the medical model for the care of the mentally ill is that it is limited and limiting in perspective. It seems we have gone as far as we can in making improvements in both the treatment of and the attitudes toward chronic illness using a strictly medical approach to care. We have been unable to demonstrate with absolute certainty that medical professionals, such as physicians or even nurses, are the clinicians of choice, or that the hospital-like institutions are the proper setting for care. It is necessary to find an integrated and effective approach, which combines the best that medicine has to offer with new, inventive methods of improving the quality of affected individuals' lives, be they in the community or in an institution. The social aspects of the illness and of its treatment can no longer be ignored or simply tacked on to a medical model. The standard methods of assessing symptoms, diagnosing, and prescribing treatments are points at which to start consideration of chronic illness, not to end the process. It is difficult, for example, to think of another illness in which there is such a wide range of theoretical perspectives on and definitions of the illness itself. As previously discussed, a chronic illness can be defined by its severity, by the length of time one is ill, by the degree to which it is stigmatized, by how much it puts others at risk, or by a combination of any or all of these factors.

In general, we can see that some aspects of the experience of chronic psychiatric illness are similar to that of chronic medical illness; however, others are quite different and have different implications for treatment. It is necessary to examine assumptions about chronic illness and to decide which are helpful and which are detrimental to patient care. With most chronic medical illness, for instance, a substantial portion of the thinking about the illness is based on assumptions that there was a previously desirable level of functioning to which one could expect the patient to return. At the very least, it would not be unreasonable to attempt an approximation of the previous life-style and to use that life-style as a foundation for change. For many chronic psychiatric patients in our communities today, previous life-style or home used to be a back ward in a large state hospital. Another assumption is that it is possible to control and predict the course of the disease process. This often is impossible with a chronic psychiatric illness, since not only is the course of many diseases erratic, but the individual course for any specific patient may vary within a wide range of expectations. There is a further assumption that full recovery is rarely a goal in chronic illness, that the main clinical objectives are to either stabilize or normalize the patient, temporarily arresting the illness or supporting the patient through the inevitable downhill course. This is not or, at least, need not be the case in chronic psychiatric illness. Although it does not occur frequently, it is not inconceivable that patients can recover. There is another assumption with most chronic illness that the patients themselves wish to participate in treating the illness, or that the general public, including significant others and professionals, is supporting the patients through it. The truth is that even the patients themselves may have no motivation to participate in their care or acknowledge that they have a problem. And truth about the general public and the family is often that they have reached the limits of their tolerance for the patients' problems and that their real desire is to isolate them, either by physically removing them to a hospital or, at the very least, by chemically restraining them in order to control their behavior.

Chronic psychiatric illness is unlike most other known forms of chronic illness. A medical model must only be a starting point in our search to answer questions raised by this disease process. Chronic psychiatric illness poses major social, medical, and ethical problems for our times. Psychiatric patients, as a group, represent untold human suffering and waste. Labeled with varying psychiatric diagnoses with the word "chronic" preceding it,
they have, over the years, failed to respond satisfactorily to most kinds of available therapy. More accurately, most kinds of available therapy have failed to respond to them. They have been shuffled from hospital to hospital, from doctor to doctor, unwanted and undesirable to treat. They have not gone away, nor can they be expected to."

This book is a worthy addition to the long list of publications by Yale faculty.

FACULTY NEWS

Mairead DelCore joined the faculty in Medical Surgical nursing in December. She comes to us from Boston College and Boston University where she prepared as a clinical specialist in cardio-pulmonary nursing. Before coming to YSN, Mairead was a critical care nurse in Boston, at Peter Bent Brigham and Mellen-Wakefield Hospitals.

Three faculty have participated this winter in peer review of grants for the Division of Nursing. Bureau of Health Manpower. DHHS: Helen Burst '63, Associate Professor, Chm. of Maternal Newborn Nursing Program, sat on the review panel for Nurse Practitioner Training Grants. Sherry Shamansky '69, Associate Professor and Chairman, CHN, reviewed research grants for the Research Grants Section; Donna Diers, Dean, reviewed Advanced Training Grants.

The Cudahy Foundation made our Christmas merry with news of a new award of $20,000 for student aid.

Sherry Shamansky presented a paper on marketing community nursing service in Seattle, and attended the Robert Wood Johnson Annual Symposium for nurse practitioners in Nashville. Dorothy Baker, Assistant Professor, CHN attended the Nashville meeting also. Julie Trepeta '77, Lecturer, CHN, and Pat McCarthy '79, Assistant Professor CHN attended the NAPNAP meetings in Anaheim, California.

Donna Diers presented on education and service at UConn School of Nursing's spring colloquium, and gave the annual Sigma Theta Tau address at the University of Michigan.

Berta Mejia, Assistant Professor Psych. Nursing is a consultant to the Department of Health and Human Services, NIMH, Division of Nursing, for Grant Reviews 1982. Norman Lifton, Lecturer in Psych. Nursing, was awarded Ph.D. from UConn - his major is in Social Structure and Personality. Joy Saunders has given an 8-hour workshop at the UConn Health Center, to be repeated this Spring, on "Nursing Process". Marilyn Minrath, Instructor in Psych. Nursing, presented a paper in November at the American Psychological Assn. Division of Minority Affairs in Boston. She and Geraldine Pearson, Instructor in Psych. Nursing each presented papers at the National Council of Community Mental Health Centers Annual Meeting in New York City in March. Linda Lewandowski, Assistant Professor, Peds, spoke on Critical Care Nursing Research at the New York City meetings of the American Association of Critical Care Nurses, and also at a conference held at the Yale-New Haven Hospital. Three members of the Med-Surg program will be presenting papers at the 7th Annual Congress of the Oncology Nursing Society to be held in St. Louis in late April: Bonny Johnson '80, Clinical Instructor; Jody Gross '80, Clinical Instructor; Tish Knobf, a second year student. In March Connie Donovan, Assistant Professor and Nurse Clinician in Oncology at YNHH, attended a conference at Rush in Chicago on "Encounters with Ethics: Dilemmas and Directions in Nursing". Kerry Williamson '80, Lecturer, and Sharon Holmberg, Instructor, both in Psych. Nursing program, have had a paper accepted for presentation at the Fourth Southeastern Regional Conference of Clinical Specialists in Psychiatric Mental Health Nursing in October 1982.

A former faculty member, Dr. Faye Abdallah, (YSN 1945-1948) has become the first woman and the first nurse in the 184 year history of the Public Health Service to be named Deputy Surgeon General. She has been an officer of the service's commissioned corps for 30 years and now holds the rank of rear admiral. As the recent chief nurse officer of the PHS, she was the chief advisor on long term care policy, relating particularly to the elderly and disabled.

Sigma Theta Tau

Barbara Moynihan, Ada Jacox, Bunny Forget '78

On February 21st, 46 nurses were inducted into the Delta Mu Chapter of Sigma Theta Tau at a meeting at the Yale School of Nursing. Ada K. Jacox, R.N., Ph.D., the guest speaker, spoke eloquently of the importance of scholarship in nursing, and of the increased amount and quality of the research being done today on nursing problems. She is very optimistic about the future of nursing.

Bunny Forget '78, is the outgoing president of this chapter. She commended the committees with whom she has worked, and encouraged all members to continue in search of excellence in practice and research. In her
remarks she emphasized that this honor society is a group of people who can encourage, support and evaluate one another to the benefit of each, and of nursing.

YNHH Changes

Ground breaking ceremonies took place in June 1979 -- and the dream of a new facility started to become a reality. The new YNHH building which has been growing ever since next door to YSN, is about to open -- and this means that the old familiar New Haven Unit will no longer house patients. In April, moving will begin, and the formal dedication will take place on June 13th. YSN alums will have the opportunity to tour the new facility on our Alumnae/i Weekend on June 4 and 5.

View from York and Cedar Streets

South Street view, past YSN (on right)

ALUMNAE/i AFFAIRS

From YUSNAA President

Spring greetings from your Alumnae/i Association President. For the past year the alumnae/i board has been very busy. We've acted on seeking consultation regarding changes in the Yale Nurse format, and voted to recognize those people who contribute to the YSN Alumnae/i Fund by giving their names honorable mention in a special column of the Yale Nurse.

Both the board and a special sub-committee have been working diligently on putting together the "best yet" Alumnae/i Weekend for 1982. A special option added to the program on Friday is the choice of being granted continuing education credits from YUSNAA for attending that all day seminar on Friday, June 4th. I feel we've chosen an interesting and timely topic and included some dynamic speakers and panel members. Come and share your reactions and experiences with the group to complete a lively and informative day.

Again a reception for NYC and area alumnae/i of the Graduate and Professional Schools of Yale was held in NYC. There were over 400 people who gathered on the 20th floor of the Yale Club on Vanderbilt Avenue to be greeted by President Giamatti, chat with one another and listen to another humor filled and powerful talk and question and answer period from that president. It was a very enjoyable and stimulating two hours.

As the close of the academic year draws near so does the end of my term as YUSNAA president. I want to say thank you again for electing me. The past 2 years have been a personally rewarding learning experience. There have been many interchanges with people I admire and respect and many new friends I have made as a result of saying yes to running for office. If ever you are asked to do so and are in doubt, I can say I highly recommend it. Goodbye for now.

- Dottie Needham '74

Encore!

The Yale Graduate and Professional School alumni in the N.Y.C./N.J. area were invited by the A.Y.A. to a "2nd annual" reception on February 25th held at the Yale Club in NYC. President Giamatti, officers and directors of the AYA, School deans or representatives, and alumnae/i affairs officers greeted over 400 alumni. Donna Diers, Mary Colwell, and Dottie Needham officially represented the Nursing School.

The idea of holding such an event for the graduate and professional alumni was the result of a brainstorming session two years ago by two YSN alums -- Eleanor Grunberg '46w and Liz Plummer '46 -- who have long been active in the NYC/NJ area and interested in keeping alums in contact with Yale.

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<td>Perma-Starch caps are $4.50</td>
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<td>Ribbons are 35¢ each</td>
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YOU ARE ENTHUSIASTICALLY INVITED
by the ALUMNAE/I ASSOCIATION BOARD OF DIRECTORS
TO ATTEND THE
ANNUAL ALUMNAE/I COLLEGE
and
ALUMNAE/I WEEKEND
June 3 - 4 - 5, 1982

Come early, stay as long as you can -
Overnight accommodations in a dorm on Yale's Old Campus
(facing the historic New Haven Green).

Transportation will be provided to all events.

The Alumnae/i College theme is "Tomorrow's Issues Today in Nursing"
(A look at the advanced practice of today's Masters prepared nurses -)

Continuing Education Units offered for those who wish to apply.

This weekend is a recommended treatment for all alums - it has
large doses of enthusiasm, concern, information, interest, sharing, celebrating.

Send in your reservation forms SOON - and don't forget to send in
your nomination for a Distinguished Alumna Award, 1982.

DON'T MISS IT - YOU'LL ONLY FEEL BETTER

Planning committee for Alumnae/i College 1982
Margaret Flinter '80, Jean Butler '50 Chairman
Dottie Needham '74 and Leona Mardenbro '80
A Word About the Alumnae/i Fund

Alumnae/i giving continues to show an upward trend in terms of total dollars contributed but a disappointing dip in percentage of contributors. As a result -- although more is being given by less -- we still have a long way to go to reach the 1981-82 goal of $60,000.

Annual giving is a way to show our faith in the future of Yale School of Nursing as those who have preceded us have done. Yale School of Nursing plans to express its gratitude publicly to you givers. A list of contributors to the 1981-82 campaign will appear in the fall issue of the Yale Nurse.

Mary Jane Kennedy, MSN '68 Chairman, Alumnae/i Fund Yale School of Nursing

Into the Mainstream...

We have recently learned that for some reason lost in the mists of history, School of Nursing diplomas have been the only degrees in the University printed in English rather than Latin. One alumna called this to our attention and we have talked with the University Secretary's Office and can now make the following offer to alumnae/i:

If you would wish to have your original diploma reissued in Latin, do this:

1. Return the original diploma to -
   Registrar
   School of Nursing
   Yale University
   855 Howard Avenue, P.O. Box 3333
   New Haven, Connecticut 06510

2. Enclose a check for $35 made out to Yale "Yale University".

3. If you have had a change of name since the original diploma was issued, you may have the diploma reissued in the new name if you provide a certified copy of a court record which legally changed the name. Otherwise, the name will be reprinted exactly as it was originally.

4. Give us the name and address to which the new diploma will be sent.

5. Wait a while. (We will send these requests to the printer in a batch, which reduces costs, so it may be up to eight weeks before new diplomas are issued).

This procedure applies to the B.N., M.N., and M.S.N. diplomas but not Certificates (which, by University rule, are always in English).

In Memoriam

Esther Dvorkin Bloom '34 - died 1981
Margaret Brooks Wright '36 - died recently
Dorothy Burchette '47W - died recently
Katherine Wilgus Wilkes '31 - died Fall 1981
Drusilla Poole '47 - died December 13, 1981

Class News

Ida Bumstead Altizer '40, married Edward D. Spillman in September 1981. They are now living at 1734 Louden Heights Road, Charleston, WV 25314.

Kit Nuckolls '41, R.N., Ph.D., was named co-recipient of the March of Dimes Nurse of the Year Award by the North Carolina Nurses Association. The Award recognizes significant contributions to the field of maternal and child health care.

Shirley Berman Fletcher '45, earned her doctorate in nursing from NYU in 1981. She has been Assistant Professor of Nursing at Ulster County Community College for the past 10 years.

Jean Butler '50, started February 1st, as Director of Quality Assurance at the Regional VNA located in North Haven, CT.

Susan Feldman-Gordon '71, passed the New York State Bar Exam in July 1981 and is now Director of Legislative Analysis for the Medicaid Program in New York City. She has also been involved in founding the American Association of Nurse Attorneys. She would be happy to hear from anyone interested in joining this group. (76-14 113th St., Forest Hills, NY 11375).

Front row: Sen Speroff, Janet Nosek
Back row: Carol and Beth Howe, Wes and Kathy Parker, Judy and Kriser Fördig

BABY BOOMLET IN OREGON

Five YSN alumnae have worked in the nurse-midwifery practice at the Oregon Health Sciences University during the past year. Recently we have been teased about trying to generate busi-
for the practice by becoming each other's client. Sen Lin Speroff '76, was kept busy giving prenatal care to CNM colleagues Carol Lasater Howe '74, Kathy Walker Parker '78, and Judy Fardig '79. Kathy was the attendant for the birth of Judy's son Kristo Paul on April 16th and Carol's daughter Mary Elizabeth on May 20, 1981. Judy returned the favor July 25th by assisting Kathy in the delivery of her son Wesley Elliott.

New Yale graduate Janet Nosek '81 joined the practice this summer and helped Sen keep it running smoothly while the other CNMs were on maternity leave. In the fall, Judy returned half-time, and Carol resumed her duties as director of the new graduate program in nurse-midwifery at the School of Nursing. Kathy continues to enjoy retirement for a while to full time motherhood.

Sarah Potter '77 - new job in January at Cornell-New York Hospital. The Nurse Practitioner in the new Department of Dermatology.

Nancy Wineman '77, started in the Ph.D. program in Nursing at University of Rochester in fall of 1981.

Nancy Kraus '78, is CNM, an associate in an office with two doctors in New York City. It is a "wonderful new collaborative practice. Things are great!"

Susan Kopcha Davis '78, had a daughter in November. Plans to return part-time to the UConn School of Medicine, primary care clinic for pediatrics at St. Mary's Hospital in Waterbury.

Lois Neu '78, is now Lois A. Hancock - living at 419 Woodlawn Aven. N., Seattle, WA 98103.

Debra Harriss '79 - Evaluation Unit Coordinator, Brawner Psychiatric Institute in Smyrna, Georgia. She has had an article published, "Nurses and Disasters", in Journal of Psychosocial Nursing and Mental Health Services, December 1981.

Judith Treistman '79, CNM for the Suffolk County Department of Health, giving direct patient care, supervising of Women's Health Services to about 15,000 women registered, by a staff of about thirty.

Toni Tyndall '79, spoke during the Annual Meetings of the American Heart Association Scientific Sessions in Dallas in November 1981. Her topic was "Electrical Mapping" - a diagnostic technique used with patients with complex cardiac arrhythmias.

David Johnson '80, is a nurse practitioner in an HMO in Albany, California.

David Evans '81, has had an article published in Nursing Forum, Vol. XIX, No. 4, 1980, pp. 335-349. The title: "Every Nurse as Researcher: An Argumentative Critique of Principles and Practice of Nursing".

Where Have The Grads of '81 Gone?

Community Health - Rob Benon is doing primary care in St. Vincent's Hospital in Santa Fe, NM; Danuta Bujak is FNP in South Brooklyn Health Center; Candis Danielson NP in Cornell University Health Center; Louise Dodd is administrative supervisor of Home Care Department, Emerson Hospital, Concord, MA; Mary Jane Galvin is FNP at Fair Haven Community Health Center; Candace Gortney is FNP in Primary Care Center at University Hospital in Jacksonville, FL; Donna Hird is a clinical supervisor at Waterbury VNA; Kim Kelly is FNP, San Francisco Family Health Programs; Pat Murphy is charge nurse, Pediatric Clinic at the Portsmouth Naval Regional Medical Center in Virginia; Cheryl Pierson is FNP at the Yale Health Center; Fred Pond is FNP, SU Clinica Familiar, Harlingen, TX; Janice Rhodes is FNP, Capitol Drive Community Health Center, Milwaukee; Pat Urick is FNP part-time at M.I.T. Health Plan and part-time at a neighborhood health center in Dorchester, MA; Jake Weinstein is assistant head nurse on Tompkins I at YNHH; Ann Williams is FNP at Connecticut Mental Health Center.

Nurse-Midwifery - Holly Blanchard is at Brookdale Hospital; Angelina Chambers-Steele is at Mid-Brooklyn Health Association; Deborah Cibelli is in a private practice in New Haven; George Eckendorf is at El Rio Neighborhood Health Center in Tucson; Nina Kleinberg is at the Los Angeles Childbirth Center; Kathleen Mitcheom is at Fair Haven Clinic in New Haven; Janet Nosek is with the Oregon Health Sciences University School of Nursing; Sheila Norton is with the Health Center in Plainfield, VT; Claudia Reid is on the staff of the Group Health Assoc. in Washington, D.C.; Leslie Robinson works at the Hill Health Center, New Haven; Dian Sparling is in Fort Collins, CO; Virginia Turner is at the Fair Haven Clinic; Liz Zynaga is living in Redwood City, CA; Sandra Zordan is in a private practice in New Haven.

Medical-Surgical - Suzie Boyle is clinical specialist and director of the Cardiac Rehab. Program at Yale-New Haven Hospital; Kathryn Barry is clinical specialist at the V.A. Hospital in West Haven; Chris Conforti is instructor in Med-Surg at YSN; Linda Curgian is head nurse in Pulmonary Rehab. Unit at Gaylord Hospital in Wallingford; Carol Curtiss is asst. professor of nursing at Our Lady of the Elms College in Chicopee, MA; Elizabeth Ercolano is a head nurse at the V.A. Hospital in West Haven; Jane Fall is living in Allentown, PA; Elise HerThy is living in North Haven; Sarah Kellar is pulmonary clinical specialist at the V.A. Medical Center in Boston; Carol Sheridan is Oncology nurse clinician at Montefiore Hospital and Medical Center, Bronx, NY; Robin Vernay-Light is cardiac rehabilitation clinician,
Lawrence Memorial Hospital in Medford, MA; Pat Zurenda is living in Elmira, NY.

Pediatrics - Claudia Buzzi is living in Milan, Italy; Jennifer Duff is PNP on Fitkin 4, YNHH; David Evans is an adolescent nurse practitioner at University of Oklahoma Health Sciences Center; Meg Keeley Forster is PNP in St. Elizabeth Hospital Medical Center, Lafayette, IN; Carolyn Jarmillo is a PNP in Brownsville, TX; Heidi Kylberg is staff nurse, pediatric surgery at Duke University Hospital; Sheila McQuade is a PNP in a prison housing male juvenile delinquents in Boston; Gloria Perez is PNP in the East Bronx Comprehensive Health Center; Pat Ryan is living in Hazard, KY; Carmen Saldana is working at Covenant House for Adolescents in NYC; Mary Walsh is pediatric gastroenterology clinical specialist at Children's Hospital, Stanford, CA; Susan Wood was traveling to Thailand last fall.

Psychiatric Nursing - Pat Albertoli is living in Washington, D.C.; Marianne Ariieux is attending the Graduate Center of City University of NY studying developmental psychology; Libby Arney-Powell is child psych. nurse at Riverview Hospital in Middletown, CT; Denise Canchola is living in San Antonio, TX; Barbara Castonquay is a nurse clinical specialist at Conn. Valley Hospital, Middletown, CT; Kathleen Comeau is clinical specialist at New England Medical Center in South Boston Day Hospital; Lauren Corbett is clinical specialist at Day Program Griffin Hospital, Derby, CT; George Daneri is nursing supervisor at Whiting Forensic Institute, Middletown, CT; Susan DeBarba is nurse clinician at Mass. General, Department of Psych.; Pam Driscoll is living in Westport; Jayna Hall is on faculty at Newington V.A. Hospital; Dana Higgins is an industrial consultant for General Foods and also does some individual consultation through the Metropolitan Medical Center in Minneapolis; Jane Hirsch is in Abington, PA; Cheryl Izen is program director of the Psych. Unit at Addison Gilbert Hospital, Gloucester, MA; Deborah Jansen lives in Madison, CT; Cheryl Marsh is psych. coordinator, Public Health Nursing and Homemakers Service in Derby, CT; Bonnie Miller is nurse practitioner at Capitol Region Mental Health Center, Hartford; Carol Niziolek is clinical specialist at McLean Hospital in Belmont, MA; Terry O'Connor is clinical specialist in an in-patient facility in Philadelphia; Peggy Plunkett is psych. liaison nurse, Dartmouth-Mary Hitchcock Medical Center, Hanover, NH; John Tuskan is chief nurse in research unit at Western Psychiatric Institute and Clinic in Pittsburgh; Cheryl Wasikiewicz Fida is coordinator of chronic care in the Mental Health Program in Milford, CT.

Changes of Address

Priscilla Humphrey Halpert '27, Broadmead C-12, 13801 York Road, Cockeysville, MD 21030
Mary Huntington Shaw '34, 265 N. Bonnie Brook Drive, Charlotte, MI 48813
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