Yale Nurse

NURSING RESEARCH AT YSN

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Editor

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Cover: Madelon Visintainer '74, Research
Faculty, works with Sylvia Metzler '84 on a
research project.

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ERRATA
In the Fall 1983 Issue of the Yale Nurse, two
articles used the term MN when referring to all
graduates of YSN prior to 1959. To be correct
we should use the term "graduates of the origi-
nal basic program" - this would include those
eyearly graduates who received a diploma, or a BN
degree, as well as those who received the MN
from 1937-1958. (See pages 2, 21).

Maternal Newborn Health Nursing was the name
given by Ernestine Weidenbach to the specialty
program started in 1956, which is now called
Maternal Newborn Nurse Midwifery Program. (See
page 12).
NURSING RESEARCH AT YSN
PROGRAM IN NURSING RESEARCH

This program offers the basic required curriculum in research methods and statistics to all students: 525a and b, 527b. The program coordinates student research activity toward completion of the master’s thesis and offers consultation on methods and statistics as needed. The faculty also offer elective courses, may teach in one or more of the clinical programs, and are involved in ongoing research projects.

Research Methods and Statistics for Clinical Nursing Research, 525a. 4 credit hours. Lectures are used to present information on levels of theory and theory construction, rights of human subjects, and the following steps in the research process: formulating a problem, searching the literature, research design, sampling, evaluation of research instruments, and data collection strategies. Seminars are used for critiquing research literature and discussion of potential thesis topics. Midterm and final examinations are given. Four hours per week, fall term. Required in the first year of specialization. Research Program faculty.

Statistics for Clinical Nursing Research, 527b. 2 credit hours. This course presents both descriptive and inferential techniques which are those most commonly used in nursing studies. The emphasis is on the conceptualization of the technique and the ability to select the appropriate technique to answer a research question, rather than on computational skills. Lectures. Data analysis assignments, midterm and final examinations. Two hours per week, spring term. B. Munro, M. Visintainer.

Clinical Research Seminars, 527b. 2 credit hours. These seminars expose the student to the analytic process of identifying problems in patient care, critically reviewing pertinent theoretical and research literature, and formulating a research proposal. A term paper is required. Two hours, spring term. Required in the first year of specialization. Research Program faculty.

(from YSN Bulletin 1983-1984)

Research. It is the hub of the school. Faculty and students, in the midst of widely diverse clinical work, are united by their common pursuit of substantive answers to clinical problems. We want to show how this integral part of the curriculum is designed and taught. And we present a small selection of faculty and student work to illuminate the process.

As of January, 1984, the Research Program was 15 years old. The Program in Nursing Research was actually created by Donna Diers, Ruth Schmidt, and Ann Slavinsky in a car on the Mass. Pike returning from a NECHEN meeting in Boston. They (along with Maryann Pranulis and Jeanne Eisler and Dean Arnstein) had been the staff of the Research Development Project, and in the context of working together and with faculty, had begun to believe that an administrative structure equivalent to the clinical programs in maternal/newborn, psych and community health that then existed (in 1968) was needed to make research--the teaching and doing of it--organizationally equal. A proposal for such a program was written and eventually passed by faculty, with some considerable debate, and the Program was official in January, 1969. Looking back from 1984, it seems strange to recall the conflict that then existed between the clinical emphasis and the research requirements, but nursing research was young and so were we.

Donna Diers was appointed the first Chairperson, succeeded by John Wolfer in 1972. Nancy L. Hedlund succeeded John and Barbara Munro is now Chairperson. In the early days, the faculty assigned to the Program were those either teaching or doing research. Now that many faculty do research, the Program is composed of faculty who carry the majority of the formal teaching responsibility for research methods and statistics.
Our Program in Nursing Research was the first such organizational entity in any School of Nursing; now, many schools, especially graduate programs, have some such mechanism to provide a place for those interests that are mainly research and those faculty who mainly teach it. The federally funded Research Development project counts the creation of the Program in Nursing Research as one of its achievements.

When students enter their two-year specialty programs, they also enter the Research Program. In the Fall of their first semester, they take a four-credit course in Research Methods. We use both lectures and seminars in the course, and since students have expressed a desire to have more seminars, we will probably add more next year.

Members of the Research Program faculty are not the only ones to teach in this course. Other faculty members are invited to participate and share their particular expertise with the students. For example, Eleanor Herrmann shares her knowledge of Historical Research, and Linda Lewandowski presents the Delphi Technique. An additional bonus from the Lewandowski lecture is that her study, published in Heart and Lung in 1983, resulted in a long list of potential research topics. Sherry Shamansky, Dorothy Sexton, Dorothy Baker, and Susan Molde all presented their research to the class this year. Second-year students and YSN graduates have been enormously helpful in giving helpful "dos" and "don'ts." This year the following second-year students: Sylvia Metzler, Linda Nichols, Robin Geller, and Adele Pike discussed the development and implementation of their research studies. Diane Iannini '83, Bernice Coleman '83, and Rebecca Woolley '82 ably represented YSN graduates and demonstrated the type of studies conducted here at Yale.

In the Spring Semester of the first year, the students take statistics and enroll in a clinical research seminar. Although perhaps not the all-time favorite YSN course, the statistics course will be unique this year because the students will be using a pre-publication copy of a textbook written by Barbara Munro, Madelon Visintainer, and Ellis Page (a Professor at Duke University). Jane Dixon will contribute a chapter on factor analysis. The completed text is due to Lippincott in September of 1984, and Barbara and Madelon will incorporate the suggestions of the YSN Class of 1985 into the book.

Small groups of students (8-12) work with a faculty member in the Clinical Research Seminars to develop a research proposal. They have the opportunity to assist their peers, as well as to develop their own ideas. This year, Donna Diers, Jane Dixon, Judy Krauss, Barbara Munro, Dorothy Sexton, Sherry Shamansky, Ann Slavinsky and Madelon Visintainer are leading the Seminars and Parry Knauss is assisting Barbara with her group.

In the Spring, some students will also take an elective course that will enable them to use the computer packaged program called SPSS (Statistical Package for the Social Sciences) and to access the computer from a terminal. Others will take the course in their second year. More and more students are electing to use the computer for data management and analysis. About 82% of this year's graduating class elected to take this course.

In the Fall of the second year, the students are usually getting Human Subjects' Clearance and collecting data. About 20 enroll in an elective course that covers multivariate statistical techniques. Human behavior is complex and the multivariate techniques allow the researcher to investigate the actions and interactions of many variables. Since the computer does the math for us, we need only understand the techniques so we can interpret computer printouts and analyze research reports that use these techniques. In the future, we may create a course that would blend together the use of the computer and statistical analysis, including the advanced techniques.

As a faculty group, we are excited and intrigued by research and hope to engender some of that excitement, interest, and enthusiasm in our students. We are pleased (at least on most days) that we have the opportunity to work with all of the students in the school. Currently, we have three full-time (Barbara Munro, Madelon Visintainer, and Jane Dixon) and two part-time (Donna Diers and Ann Slavinsky) members of the Research Program.
Our staff, which we share with the Three-Year Program, consists of one full-time Senior Administrative Secretary, Joan Fettes, and one part-time Secretary, Pauline Faucher. They manage to keep both Programs running smoothly. Joan is particularly effective in her management of the flow of information to and from the Human Subjects' Review Committee.

I have asked each of the Program faculty to write about themselves and their comments follow.

Barbara Munro

I became a member of the faculty in YSN's Program in Nursing Research in 1980. Prior to that, I had spent seven years as an Instructor and Assistant Professor at the University of Rhode Island (URI) in the College of Nursing where I taught Medical-Surgical Nursing to undergraduates, and where I had received both my Bachelor's and Master's degrees. In the process of gaining the Master's degree, I became interested in research, and that led to the choice of a program for doctoral study that emphasized the study of various aspects of the research process. I chose the Educational Psychology program at the University of Connecticut and received my Ph.D. there in 1979.

Since I had been both student and faculty member at URI, I was quite comfortable there, but decided that I wanted more involvement with research. I was most pleased to be offered the chance to teach at YSN where I would be working with students who were all involved in clinical research. For me, the decision to join the YSN faculty was a very good one. I have certainly had the opportunity to increase my involvement with those conducting research. With about 160 students in some stage of the process at any given time, the possibilities are enormous and often exhausting.

What I enjoy most is the individual work with students from brainstorming about possible research problems with someone who has only a vague notion of their interest to helping graduates turn their theses into publishable articles.

In teaching, due to my educational background, I tend to take more responsibility for issues surrounding measurement and evaluation, the use of the computer, and statistics. I am particularly intrigued by the statistical techniques that allow one to investigate the actions and interactions of many variables. In particular, I have found that multiple regression is a technique that can often be a great help in answering our research questions.

In addition to working with YSN students, I also consult with faculty and am a consultant to the Nursing Research Committee at the West Haven V.A. Hospital. During this academic year, I have presented a workshop on Research Methodology for Nurse Educators in Northeastern Pennsylvania and given the keynote address on Evaluation Research to a Sigma Theta Tau Chapter in Milwaukee.

Barbara Munro

Since coming to Yale, I conducted a study on job satisfaction among young graduate nurses that was published in Nursing Research in Nov.-Dec. 1983. I have written articles on Path Analysis (with Dorothy Sexton), characteristics of young graduate nurses, and evaluation techniques. I assisted Dorothy Sexton with a study of women with COPD and worked with Judy Krauss to study admissions' criteria for graduate schools of nursing. Judy and I will be presenting the results of our study in a program sponsored by the School of Nursing at the University of Buffalo, State University of New York, and the Sixth Biennial Eastern Nursing Research Conference in Virginia.

Last Fall I received funding from the Division of Nursing for a three-year study to investigate the effectiveness of the use of relaxation therapy with post MI patients.

These activities, plus the role of Chairperson of the Program, keep me very busy, but thanks to the assistance of a fantastic group of faculty and staff, the job is a real pleasure.

Jane Dixon

I came to YSN in 1974, to conduct an educational evaluation of a program in cancer nursing; I have stayed on to teach and conduct clinical research in the Program in Nursing Research. As with all faculty of the research program my teaching generally focuses on the thesis process. I give lectures on evaluation research and tool development, and I lead a seminar section in the first semester research methodology course. I lecture about factor
analysis and reliability to First Year statistics students. I teach a clinical research seminar in which students develop their thesis prospectus in the second semester. I walk through the factor analysis process via computer with those who choose to take multivariate analyses, and I teach computer usage to many others. Most of all—and most time-consuming—is working individually with students on their research either as official thesis adviser or an extra consultant. To these sessions, students bring their dilemmas and their questions, and we then brainstorm together. As each project is different, and each student comes with his or her own background, this work is full of variety and challenge.

Jane Dixon

Besides teaching clinical research, I, of course, do clinical research. I have conducted a variety of studies on a range of topics. My doctoral dissertation focused on the stigma of disability of chronic illness as perceived by its victims—and the relation of these perceptions to feelings about self. I’ve written several papers concerning evaluation research methodology. In one of these I’ve developed a model for evaluation of continuing education programs which incorporates focus on resulting clinical changes and patients outcomes. In another methodological paper, I focused on sampling problems in nursing studies. Most recently, I have studied nutrition changes occurring with cancer. With support from the National Cancer Institute, I (together with Derry Moritz, formerly of Yale and others) conducted an experimental study in which several nursing interventions were used in an attempt to maintain and enhance nutritional status in persons with cancer. Subjects were followed for as long as eighteen months.

My educational background is interdisciplinary, as is my current work. My undergraduate work was in psychology (B.A., 1970); my graduate work was in the applied field of rehabilitation research (Ph.D., 1973). Both were done at the University of Connecticut.

The thrill of formulating a clinical research problem, implementing a well focused study, and disseminating the results to an interested audience is one of the greatest excitments of my own professional life—and I most enjoy the opportunities I find at YSN to help students to experience a similar excitement.

Madelon Visintainer

I’m on my second time around at YSN: actually it’s my third. I came here as a student in the Pediatric Department in 1972 and on graduating in 1974 stayed on as an Instructor in the Research Department and a Co-Investigator for a NIH-Division of Nursing Grant to study the effects of preoperative teaching. The grant grew out of my thesis at YSN done under the direction of John Wolfer who was then the Chairperson of the Research Department.

The thesis experience generated my interest in research and in psychology. In 1977, I left YSN to move to the University of Utah to finish a second grant on the effects of preparation on children experiencing major surgery. From there, I began doctoral study in clinical and developmental psychology at the University of Pennsylvania, working with Martin E.P. Seligman on learned helplessness. Psychology and the experience at Penn gave me the proverbial handle on the collection of experiences that had accumulated during my years as a nurse. The focus of my research then and now is the interaction within the person between the experience of the self and the experience of being sick and being well. Concretely, that means a study of personality and coping factors and disease. Currently the research includes a study of patients with melanoma, profiling the person who does better than expected and he or she who does worse. The project is exciting in its potential for providing more information about how to care for people. But just as exciting is the way in which this project brings together professionals from a variety of backgrounds and disciplines—nurses, immunologists, psychologists, and others. Through a myriad of projects, through creative and sometimes loosely connected associations, we are beginning to research the questions patients ask: "Why me?" "Why now?"

Another aspect of my research focus came together through the core grant from the Yale Comprehensive Cancer Center. A number of us, Connie Donovan, MSN, Marion Morro, MS, Joan Moore, MS, and Kaye Flynn, MS, met last year to develop a program in Nursing Research at the
at the Cancer Center. This grant, which began February 1, is designed to plan and conduct patient care research.

I find it a great pleasure and learning experience. During the Spring term, I also teach one of the clinical research seminars, and for the past several years, I have had a group of nurse-midwives with a few family nurse practitioners for added zest. I give one or two lectures in the Fall research course, usually on exploratory studies, and I am around to advise students or faculty on their developing research. In recent years, I have particularly liked having a role in helping students and faculty get their work into publication, either through suggestions for articles, reading drafts, editing or other consultation.

As I look forward to the next years, I hope to become re-involved in formal research of my own as well as further development of the clinical research methodology interests that Bob Leonard originally hooked me on those many years ago.

Ann Slavinsky

I joined the research faculty before the Research Program was formed. When I graduated from YSN in Psychiatric Nursing in 1967, I became a part of the staff of the Research Development project. I worked with several more senior faculty, including Jean Johnson and Nancy French, as a research assistant, did some thesis advising and gradually began more formal teaching. I developed a project of my own, in collaboration with Vivian Romoff (YSN '72) who was then a psychiatric nurse at CMHC. This project, Nursing with Chronically Ill Psychiatric Outpatients NU #00370 began in 6/1/70 and eventually developed into a series of studies on chronic psychiatric illness that have continued into the present. Judy Krauss and I were co-investigators through most of this research and on our book, The Chronically Ill Psychiatric Outpatient, which reported our research findings, as well as the theory developed from the research.

Madelon Visintainer

The program will facilitate and strengthen clinical research throughout the different patient care settings and across the phases of cancer treatment from detection to the variety of outcomes. The program will integrate practice within cancer nursing through scientific investigation of patient care issues that emerge from the advanced level of practice and the clinical expertise that have been established in nursing at Yale-New Haven Hospital.

Being at Yale is ideal for me. The opportunity to work with bright faculty and students who bring a wealth of experience to their practice and study is stimulating and rewarding. My favorite aspect of teaching is thesis advising. It is endless learning for me to watch a germ of an idea develop into data and then blossom into new information. I am always freshly impressed with the students' ideas, energy and perseverance. It is a particular pleasure around Spring time, here, to witness the birth of the theses--hatched in Yale Blue after their 9 to 16 month gestations.

Donna Diers

As a part-time member of the research teaching faculty, I carry about 10-12 thesis students every year, and like everyone who does this work,
I am currently involved only part-time with research teaching, as my other YSN commitments are to the Program for Non-Nurse College Graduates as Chairperson, and to the Psychiatric-Mental Health Nursing Program as faculty in the chronic care concentration.

My research teaching interest is primarily in the development of clinical research in psychiatric nursing, although not limited to that. I greatly enjoy thesis advising, which is a chance to work with students around their own clinical and research interests. I am currently completing a descriptive study, Stressful Life Events and Relapse in Chronic Psychiatric Illness, supported by Sigma Theta Tau, Delta Mu Chapter.

As do the rest of the Research faculty, I enjoy individual work with students the most. Being a part of the Research faculty has also been an important source of stimulation, support and constructive criticism to me in my own scholarly work as a faculty member.

Six Studies in Progress

Robin Geller

Last winter I attended the Symposium: "Not Just an Ordinary Nightmare--Helping Our Children Through The Age of Nuclear Weapons" held at the Yale Medical School. I sat listening to young teenagers expressing their fears that they may not have an opportunity to live a full life, to raise children and watch them grow. Their fears arise from the legacy we leave them; the threat of nuclear war. Many of the children at this Symposium belonged to a national children's organization which allows children to verbalize their fears in a supportive atmosphere and participate in projects aimed at preventing nuclear war. These children tell us that they want adults to talk to them about nuclear war; that they need information in order to make important decisions about their future. In response to children's pleas for information about nuclear war, educators and psychologists have recently developed curriculum units dealing with this topic for students of different grade levels.

As a PNP I am naturally concerned with the psychological well-being of young people. Realizing that the children and adolescents whom I see weekly in the clinic are also exposed to the threat of nuclear annihilation through the media and may soon be learning about it in school as well, I decided to look at the effects of a nuclear war curriculum unit on this population.

In an exciting collaborative effort with the New Haven School System, students from four Junior High Schools were asked to complete a questionnaire which assessed their knowledge and perception of information related to nuclear war, their coping styles, family supports, depression and anxiety levels, and attributional style, or the way they infer causes of events that occur around them. I also asked them to list some of the things that made them happy and sad, and things that they were concerned about. In addition to looking at the effects of introducing this type of curriculum unit in the classroom, I am also interested in identifying the variables which may make some children more vulnerable to adverse outcomes than others. After data collection was completed the teachers implemented a curriculum unit dealing with issues related to nuclear war such as facts about weaponry and approaches to conflict resolution. Although some of the lessons were extracted from the widely used curriculum unit "Choices," developed by the National Education Association and the Union for Concerned Scientists, precursor activities and other original exercises were designed by the teachers in an effort to individualize their approach and to infuse the content into other areas of study. After the curriculum unit was completed I administered the questionnaire a second time in order to assess the impact of the unit on the students.

With the national broadcast of "The Day After" occurring in the midst of the curriculum unit, many people were interested to know how it would affect my study. Since I was only introducing the evaluation component and not the curricula itself, the television program would be considered part of the natural experiment that I was conducting. Conveniently, I added a section to the "After" measures to assess the children's reactions to the program. This turned out to be a bonus I had not anticipated!

As I am only at the beginning of data analysis (sigh) I can only share with you a few preliminary observations. The teachers reported that students were very interested in studying this material and enjoyed some of the unique approaches to learning the unit provided. Students were quite verbal about their fears.
related to the threat of nuclear war, and were especially concerned about separation from and harm to family members. In general there was a higher level of depression in the population than I had anticipated and this did increase at the end of the unit. The factors that directly and indirectly influence this outcome remain to be explored. Teachers also reported that the majority of students who watched the program "The Day After" seemed to be able to cope with it better after discussing the material in the supportive classroom environment, suggesting that adults can "buffer" the often anxiety-provoking material which children are exposed to through the media. One final positive note. The results of this study seem to show that many students who were exposed to the curriculum unit now feel that they and their peers can be more instrumental in preventing a nuclear war from occurring, a feeling that may serve to increase their sense of hopefulness about the future.

Robin Geller, '84, is in the Pediatric Nursing Program.

Gayle Gravlin

My study is entitled Premature Termination of Child Therapy in a Community Mental Health Center. It is a descriptive study which will attempt to explore the phenomenon of premature termination of therapy in a child psychiatric outpatient population. It is a two phase study. In the first phase, descriptive information is being collected on the children and their families, through a retrospective chart review. The phase of clinical process at which attrition occurred -- intake, diagnostic evaluation, or treatment -- will be examined in relationship to a number of variables. In phase two of the study a telephone interview will attempt to expand the archival data by exploring with the parents reasons why they terminated their child's treatment.

As I began my fifteen month clinical practicum at West Haven Mental Health Clinic this clinical problem of attrition in this child psychiatric population became evident to me. Although the other nurse clinicians were aware of the problem and identified many different factors thought to contribute to the case attrition, little agreement could be reached which could help clarify the nature of this problem. In addition these cases were considered "treatment failures". It was assumed that these families had been dissatisfied with service or had not been helped through their contacts with the clinic. Is this evaluation valid from the ex-client's point of view? Or did they take away with them some real help in meeting situations in their own way? Should the clinician simply congratulate them and close the case rather than try to lure them into returning for treatment? These are some of the questions I am examining.

Gayle Gravlin, '84, is in the Child Psychiatric Nursing track of the Psychiatric Mental Health Nursing Program.

Rosalind Webster

I hope all of you who were between the ages of 43 and 59 as of last September know something about my study on menopause already, as I believe I sent a questionnaire to each one of you -- and I heard back, even from Africa! It was pretty exciting to come home to all your replies and comments -- some thanking me for allowing them to participate in the study, others suggesting how my study could or should have been done differently (and better), others relating little stories of their own or a friend's or sister's menopause, and many expressing curiosity about the results.

For those of you who didn't receive a questionnaire, I am studying factors related to the age of menopause. Menopause occurs naturally between forty and sixty years of age (menopause before forty is considered premature and due to a pathological process). I was interested to find out why some women's menopause occurred at forty, while others menstruated until sixty. A review of the literature on the subject suggested numerous factors: geography and race, age at menarche, marital status, occupation, parity, use of oral contraceptives, smoking, socioeconomic factors, and family pattern. I also asked about incidence of breast and uterine cancer, as well as diabetes mellitus, and I inquired about frequency of sexual activity as this is the explanation given for the influence of marital status on age of menopause. As my sample was in many ways homogenous (I wouldn't have know it from the range and variety of your comments!), I anticipated that I would not get a wide enough distribution to be able to analyze many of these variables and that has proven to be so for geography and race, occupation, and incidence of the various diseases.
Previous studies on age of menopause which asked a woman retrospectively about her age at menopause have been shown to be subject to errors, due to poor recall and a tendency to round off to numbers ending in five or zero. Cross-sectional studies of women in the age range at risk for the menopause have been shown to be more accurate. A woman is simply asked her current age and whether or not she has menstruated in the previous twelve months, without need to recall age at menopause. (Menopause means the cessation of menstruation and a twelve month period is required to confirm that it is indeed the last period.) A woman is then classified as either pre- or post-menopausal at her age twelve months earlier. In a large enough cross-sectional sample, the age at which fifty percent of the women are post-menopausal represents the median age of menopause.

259 YSN alumnae met the criteria for my study. The fifty percent point for this group occurs at about fifty-one years of age. As there is a fairly even split of subjects who are pre- and post-menopausal at ages fifty-one, fifty-two and fifty-three, and the group is quite large (total 55), I now intend to compare the pre-menopausal women to the post-menopausal women at these three ages to see if there are any factors which distinguish the two groups.

Although I have just told you why retrospective studies on age of menopause have been shown to be less accurate, most of my statistical analysis will be done on the 160 postmenopausal women who, in addition to telling me their menstrual status in the previous twelve months, were also asked to recall their age at menopause. The reason for doing this is that the computer package I have been taught to use will only analyze data in this form. As the oldest participants in my study are only fifty-nine and their menopauses occurred in the somewhat recent past, I am hoping that the inaccuracies usually associated with retrospective studies will be somewhat mitigated. Last night, I went to the Computer Center to run a lengthy program comparing the retrospective age of menopause of these 160 women with most of the variables inquired about on my questionnaire, as well as some newly computed variables derived from the information provided by the questionnaire. I'd hoped to have some information to report to you today but the computer kept encountering errors in my program and "purged" my run and went home to bed. But first I copied down the first transformation which was successfully "processed" and may be of interest. The mean age of menopause for the 160 postmenopausal women was fifty years and three months. The median age was fifty years and 9 months, and the mode was fifty years (which may well be related to the rounding-off phenomenon discussed earlier). The skewness was -0.813. The minimum age of menopause was thirty-seven years and the maximum was fifty-seven years and ten months.

I began this thesis interested in the age of menopause mostly as the termination of any possibility of child-bearing. I am forty and have no children and I, like many of my peers, am very conscious of the biological clock ticking away. However, as I've read more and more, I've come to be interested in a lot of new research being done on the implications of a woman's age at menopause on her future health or risk of disease. In my present study, I have eliminated fifty questionnaires from women who had experienced a surgical menopause before their natural menopause. I also asked subjects to list any serious diseased other than those specifically inquired about which they had had and the age at which they had been diagnosed. Although I did not analyze this data in my present study, I am holding on to it, as well as the fifty questionnaires, just in case someday I really conquer the computer and decide to try this whole process again.

Rosalind Webster, '84, is in her final year in the Family Nurse Practitioner track of the Community Health Program.

* * * * * * *

Mary Alice Johnson

The Yale Nurse-Midwifery Practice is completing the second year of a study on the cervical cap. Assistant Professor in the Maternal Newborn Nurse-Midwifery Program, Mary Alice Johnson, is the principal investigator. The Yale Midwifery practice received FDA approval to prescribe the cervical cap according to a specified study protocol. Mary Alice explained:

A recent resurgence in the United States of popular interest in the cervical cap has prompted re-examination of its safety and effectiveness as a contraceptive device. Despite widespread use in Europe, few studies are available for evaluation of this non-hormonal, non-invasive barrier method of contraception. The US Food and Drug Administration classified the cap as a "significant risk device" in 1981 and has limited
dispensing of the cap to providers with Investigational Device Exemptions. Health Care providers hold responsibility for systematic clinical investigation of the device. The Yale Nurse-Midwifery Practice is conducting a clinical evaluation of the safety and effectiveness of the cervical cap. Since March 1982, women fit with the cervical cap (n=49) have been followed by the nurse-midwives for gynecologic care, including annual Pap smears and cervical cultures, as well as for acceptability of the method. Preliminary finding include an effectiveness rate (approximately 85%) similar to that of the diaphragm and other cervical cap studies. No serious side effects have occurred.

<table>
<thead>
<tr>
<th>Conditions which would cause a potential subject to be excluded from the study include the following:</th>
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<tbody>
<tr>
<td>History</td>
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<tr>
<td>Medical illness which makes pregnancy a significant health risk (e.g., cardio-vascular disease, TED, diabetes mellitus, hepatic or renal disease)</td>
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<tr>
<td>*Abnormal Pap smear (Class II within 6 months ago but without subsequent Class I; Class III or greater)</td>
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<tr>
<td>Cryosurgery, cauterization or conization of the cervix within the past year</td>
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<td>Allergy to rubber or spermicidal agents</td>
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<td>Toxic shock syndrome</td>
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<td>*Gonorrhea (active infection within 3 months)</td>
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<tr>
<td>Vaginoplasty or repair for pelvic structural abnormality</td>
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<td>DES exposure</td>
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<tr>
<td>*Less than 6 weeks postpartum</td>
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<tr>
<td>*Without at least one normal menses post-abortion or postpartum (non nursing)</td>
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<td>Uterine prolapse</td>
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<tr>
<th>Physical Exam</th>
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<tr>
<td>Cervical Erosion</td>
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<tr>
<td>*Acute or subacute pelvic inflammatory disease (PID)</td>
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<tr>
<td>*Acute vaginitis or cervicitis requiring treatment</td>
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<tr>
<td>Deep cervical laceration</td>
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<tr>
<td>*Cervical or vaginal lesions requiring treatment</td>
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<tr>
<td>*Active Herpes Simplex Type II infection</td>
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<tr>
<td>Multiple Nabothian cysts</td>
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<tr>
<td>Unable to fit cap</td>
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<tr>
<td>*May be fitted after these conditions are resolved.</td>
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The woman will practice insertion and removal in the office, and will be checked for proper technique by the CNM. If she is unable to accomplish proper placement in the office, she may practice at home and return in one week to have her technique checked by the CNM.
The information necessary for description of the sample and assessment of the subjects' experiences with the cervical cap will be gathered at specified intervals.

The advantages of the conduct of this study in a nurse-midwifery educational setting include training for students in a clinical skill not widely held, related student research opportunities, and participation by faculty researchers in governmental efforts to evaluate a medical device.

Anne Bavier, Associate Professor in the Medical-Surgical Nursing Program and coordinator of the cancer specialty track, is working on a study entitled "Effects of Simple Standardized Oral Hygiene Measures in Gingival Inflammation in Leukemic Patients." The co-investigator is Donald Kohn, D.D.S., director of the department of dentistry at Yale New Haven Hospital. In discussions with her colleague, Anne noted that oral care protocols and procedures focused on leukemic patients' mouths after problems developed. The two clinicians wondered what could and should be done earlier. The study will evaluate the effectiveness of a simple oral care protocol -- toothbrushing every 24 hours and the use of a plaque-disclosing agent every 24 hours -- on an experimental group. The control group will employ their own standard oral care routines. "Most tooth loss in this society," says Anne, "is not the result of caries but of gingival disease." All participants in the study will have their gums evaluated at the start of the study period. Only those with intact gums will enter the study groups. Over the two-week testing period, two independent dentists, blind to the study groups, will evaluate each patient's gums. Both children and adults may participate.

"This is an exciting opportunity for interdepartmental collaboration," says Anne. "And I'm particularly enjoying this study. Now that I've had some experience with doing clinical studies, this one feels 'crisper' to me. It deals with a real issue in patients care, and the results of our work will make us more knowledgeable in the field, and may show the value of early care."

Dorothy Baker and Susan Molde, nurse practitioners and faculty in the Community Health Program, entitled their clinical study Explaining Primary Care Visits. Susan provides background:

"In July 1981, the Primary Care Center opened an Urgent Visit service which was available to established Primary Care Center patients who needed care at times when their primary clinician was unavailable. The two of us, along with three other faculty nurse practitioners, shared responsibility for staffing this clinic each weekday, with faculty physicians available for consultation as needed.

We found this to be difficult work, for a number of reasons. First, Primary Care Center patients tend to be complicated. The typical patient has multiple medical problems, which are often complicated by adverse social circumstances. Most of the patients who came to Urgent Visit were unknown to us, and because the service was popular, time for each visit was short. Also, quite a few have obscure symptoms, or novel ways of expressing their troubles; these contribute both charm and difficulty to the work. Others use clinic services for purposes other than those for which the services were designed: Many come asking for urgent treatment of chronic problems and still others come for urgent treatment of minor problems (such as colds) which they have had many times in the past and which they have successfully managed before without professional help. A fair number speak languages other than English. Others -- approximately a third -- have psychiatric problems which impair their ability to communicate."

Dorothy noted, "This study arose from an uncomfortable situation but one familiar to many nurse practitioners -- trying to get to the basis for a patient-initiated visit when time is short, the patient's case may be complex, and other patients are waiting."

The abstract for an article on the completed study by the two co-investigators reads:

Patients visit health professionals for medical and nonmedical reasons, many of which are not obvious (Barsky, 1981). Feinstein (1967) coined the term "the iatrotropic stimulus" to describe reasons people seek care and to emphasize the diagnostic and therapeutic importance of discovering exactly why patients come for care.
During a three month study period, all adults who requested visits in a Nurse Practitioner staffed clinic were interviewed in the usual manner about their presenting symptoms, and then asked, "How did you hope I could help you today?" This question, developed by Lazare and Eisenthal (1979) and Barsky (1981) provokes information which allows diagnosis of enatropic stimulus.

Of 128 patients interviewed, 125 (98%) responded with requests which were then categorized as related to chief complaint or as "hidden agendas" (which could not have been predicted from the preceding interview. There was a significant difference ($X^2=27.12\; df=9\; p=.01$) in that the "hidden agendas" group asked for more specific explanations or treatments, than did the other group.

"Patients in the hidden agenda group were much more likely to ask about a specific cause for their symptoms (e.g. 'Could this be cancer?') and to have particular ideas about how help should be provided (e.g. 'I think Maalox would help me'), while patients in the other group more typically asked questions like 'What is causing this?' or 'Please take the pain away.'" said Susan. She added, "A major observation of the study was that the question 'How did you hope I could help you today?' had a way of revealing patients' needs for nursing care. Virtually every patient in this sample ostensibly came for care of a medical problem. But when given the opportunity provided by the special interview question, patients asked about their attributions, for help losing weight and learning exercises, for attention to their worries, for preventive care, for help learning how symptoms could be managed within the constraints of their life style, for reassurance, for help understanding complicated medication regimens and minimizing side effects, for explanation of diagnostic and treatment options and help choosing wisely among these, and for referral."

Dorothy reported, "We found that we could design our treatment plan to be far more specific once these individual needs were known. Now, a history just doesn't feel complete unless that question -- How did you hope I could help you today? -- has been asked. It's been a very positive experience, and a cheap way of improving quality of care."

* * *

Changes of Address
(Continued from page 18)

Deborah Pentland '83, 1226 1/2 Olive, Santa Barbara, CA 93101
Kathleen Skinner '83, HMO of Delaware, 200 Hygeia Dr., Newark, DE 19714 (work add.)
Victoria Vasquez '83, 22 Red Gate Rd., Tyngsborough, MA 01879
Marguerite Witmer '83, 10 Hillcrest Ln., High Bridge, NJ 08829
The Yale Corporation has voted to grant appointment without term (tenure) to Dorothy Sexton and Ann Slavinsky '67. This is a great achievement for Dorothy and Ann, and another signal in the School's growth and development.

Dorothy Sexton, D.Ed., is Associate Professor and Chairperson of the Medical-Surgical Nursing Program and is an Honorary Member of our Alumnae/i Association. Ann Slavinsky '67 is Associate Professor and Chairperson of the Three Year Program at YSN.

Archives

We have had some response to our request for memorabilia. Sara Crandell Foster '29 contributed letters from Annie Goodrich, a picture, and an autographed copy of the Esther Werminghaus biography. Mrs. Foster wrote, in a gracious note, "I still have my fond memories of YSN. My happy years were spent there." Ruth E. Burcham '33 contributed a collection of notes, including Christmas cards. One year's card from Miss Goodrich featured a picture of her dog.

Many thanks for these meaningful contributions. It is hard to part with such precious gems, but please remember they will be carefully preserved and will be accessible in the Archives to future generations of nurses and other scholars.

A Report of Conference with Class of 1934

January 21, 1932

Subject: Problems of Professional Attitudes

At the request of the Alumni committee appointed to discuss Professional Attitudes with the student nurses of the Yale School of Nursing, a meeting of the Class of 1934 was called by Miss Stratton and held on Thursday evening Jan. 21st in Nathan Smith Hall.

The committee, composed of Miss Bliss, and Miss Bowles, endeavored to make the students aware of the need for good professional attitudes at all times, toward doctors and nurses, as well as toward visitors in the hospital.

The students were reminded of their part as (1) hostesses on the ward; (2) assistants to doctors during examinations and in giving treatments; (3) assistants to head nurse in making rounds with doctors and in preparing materials for treatments. Responsibility of the student nurse in making round with the supervisor and her attitude in listening to and accepting criticism was brought to their attention.

They were reminded that we do not call each other by first names, nor do we call doctors by first names while on duty, or call across the rooms or wards to other student nurses. Criticizing doctors and other nurses in public places, especially in front of patients was considered deplorable. In spite of what the doctors may call patients, the nurses were asked not to speak of or call patients by their first name or nick-name.

We asked for discussion of problems. Telephone messages seemed to distress some. Some students did not always know when they should call the charge nurse and when they should take messages. It was suggested that they assume responsibility of answering phone if charge nurse were busy or not near the phone and in answering say "Ward, Student nurse, Miss --- speaking", and to be particular to repeat message and know who was giving it.

The students asked that they be introduced to the head nurse when they went to the wards and be introduced by name to patients assigned to them the first day.

This class had not been on the wards long enough to recognize their problems and aside from asking what they should have done in particular circumstances, had few questions and little discussion but showed a keen interest in problems presented.

Respectfully submitted,
Hazel H. Bowles

On Thursday, June 7, 1984 the Pediatric Program will sponsor a symposium entitled "Working with Families in the 80's: Management Strategies". Topics to be presented include the challenges of single, step and teenage parenting, children and divorce, working families and day care, parent-infant attachment, parenting the chronically ill/handicapped child, school health, the effects of acute or sudden illness on the family, and fathers and their role. For more information please contact:

Pediatric Nursing Program
Yale University School of Nursing
855 Howard Avenue
New Haven, Connecticut 06511
Tel. 203-785-2394

THE SEARCH FOR A NEW DEAN

The response of the alumnae/i to our letter the end of November soliciting your help has been most gratifying and useful. There have been a total of 24 alumnae/i responses: 23 individual letters and a letter from the YSN Alumnae/i Association Board.

From these alumnae/i responses came 51 nominations and a wealth of thoughts, descriptive phrases, memories and insights into the function and role of both our School and our Dean. This input has been invaluable to the work of the Search Committee and its thought process in considering nominees and candidates.

The total number of nominations was 164. These included many duplications so that the actual number of individuals nominated totalled 116. Of these 116 nominees 14 were individuals who self-submitted their name and curriculum vitae. Of the remaining 102 nominees the Search Committee screened out 42 and sent "You have been nominated..." letters to the remaining 60 soliciting their curriculum vitae and interest in being a candidate. To date, we have heard from 41 of
these individuals, 13 of whom have sent curric-
ulum vitae while 28 have sent regrets.

The Search Committee screened 10 of
the 14 self-submitted applicants, leaving 4.
These 4 added to the 13 positive responses to
our selective "You have been nominated..."
letter gives us a current pool of 17 from which
to develop a short list of recommended candidates
for interview to give President Giamatti. We
will be presenting this list to President
Giamatti during a meeting with him on March 8th.
He then arranges for subsequent interviewing of
the recommended candidates of his choice. We
will, of course, be involved in the interviewing
process.

The Search Committee would like to express
its appreciation to the alumnae/i for your
immensely helpful responses. I also want to
express my appreciation to Mary Colwell, Jean
Butler, and the YSN Alumnae/i Association Board
for their warm and helpful support.

Helen Varney Burst, '63
Professor and Chair,
Search Committee

A Continuing Issue

Nursing and "Physical Empathy"

As female nursing students, we are often
confronted by the contradictions between the
images society generates about women and nurses,
and what we know of ourselves. For example, the
cover story of Playboy's November issue, "Women
in White", includes the following statement: 
"We are reminded that nurses are people, too. Away
from their jobs, they are individuals as unique
as they are similar when in uniform."

This statement belies the air of suave
sophistication used by Playboy in the description
of nurses as hardworking knowledgeable,
even heroic professionals. The nurses Playboy
interviewed and photographed stated their common
goal as shifting the societal view of nurses
from "robot-in-white" to responsible, skilled
individuals. One nurse states, "Any step we
can take to give nurses more recognition should
be taken, no matter what the risk. I think most
nurses are tired of being stereotyped as submissive,
silent, humorless and sexless."

However, Playboy's photo story doesn't
forward this goal. While the editors claim to
portray the unique woman behind each nurse,
Playboy reveals 16 remarkably similar bodies
underneath the uniforms. The message of the
photograph is -- all women ought to look like
this when their clothes are off. Aren't they
decorative? Erotic, too. -- Are we back to
where we started, interchangeable, non-persons,
valued only as objects.

The two of us found the Playboy pictorial
led us to think about many of the most negative
images and stereotypes of nurses. The dichotomy
of thought exists, not only in Playboy, but
throughout the society: nurses are sexless, cold

professionals OR nurses are sexy, available
women. Another version of the dichotomy is:
nurses are feminine, obedient assistant to the
doctor, OR nurses are tyrannical battleaxes
that think they run the place. (It is outside
of this article's scope to point out the contor-
tions necessary to fit these stereotypes to male
nurses.)

Such stereotypes can keep women nurses from
expressing their whole selves in their work.
Instead, each nurse is kept busy balancing these
opposites and keeping the physical self separate
from the working self. They also have the result
of turning sensuality (broadly defined as physi-
cal behavior and sensation) into a kind of mental
trap. We can't be too conscious of our bodies
but we have to be feminine, we mustn't be demanding
even though we carry much responsibility for
the well-being of many people.

In contrast to these dichotomies, we are
trying not to choose an either-or way of think-
ing about who we are and what we do. We are
interested in nursing with our whole persons.

We would like to suggest that an important
aspect of "nursing with the whole person" is the
way we use our own bodies for data collection
and communication as we care for our patients.
We named this aspect "physical empathy", and
described four of its characteristics: 1. the
ability to physically imagine our patients' dis-
comfort or pain, 2. physical behaviors that
communicate our care and concern, 3. awareness
of our capabilities and limits at each moment
(being centered), and 4. passionate (that is,
sensual, emotional, and intellectual) caring
about the results of our work.

Obviously, the skills of physical empathy
are not new. Mothers, sisters, nurses, have
been using them for millennia. But to describe
them as part of the modern nurse's repertoire
is to recognize passion as an integral part of
the art of nursing, and to allow expression of
our sensual selves: to avoid depriving our work-
ing, responsible selves of our passionate,
physical side. We believe this approach can
cut our way from the meager dichot-
omy of nurses-as-robots and women-as-bodies.

-- Laurie Friedman and
Beth Blish Genly, YSN '84

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* * *

Recycling School Pins
Are you wondering what should be done with
your YSN pin, since you no longer need it?
Happily, it can be used by another graduate
who has misplaced or lost one. The Alumnae/i
office will be glad to care for it, and send
it on upon request. Contact Mary Colwell,
Alumnae/i Office.
Alumnae/i Fund

SOMETHING NEW HAS BEEN ADDED TO YSN FUND RAISING EFFORTS

Mary Jane Kennedy and Mary Ellis are pleased to announce the creation of the YSN Alumnae Fund Advisory Board. The aims of this group are: to coordinate the Annual and Bequest and Endowment efforts; to improve Alumnae Fund totals and participation; to improve communication between class agents, the school and the Alumnae Fund; and to broaden the base of leadership with respect to fund raising in general.

The founder's group has met twice since the Fall to develop a permanent organization and plans are underway for a gala phonathon effort to take place in the Spring. Other plans include sponsorship of a networking effort for alumnae moving to new geographic areas, strategies for improving the information base of the class agents with respect to the needs of the school, strengthening the ties between YSN and the alumnae and maintaining contact with spouses of deceased alums.

Through the Bequest and Endowment Program alumnae of all classes and particularly reunion classes are encouraged to remember deceased classmates and to honor living classmates with an endowment gift of any size. Income from endowment gifts is credited in perpetuity in the name of the person honored.

Mary Jane and Mary wish to thank Donna Diers for her enthusiastic support. Hard-working members of the founder's group are Priscilla Anderson '47, Jean Butler '50, Mary Colwell '50, Mary Dalbey '57, Justine Glassman '51, Evelyn LaFlesh '63 and Marianne Scanlon '74.

Four Advisory Board members at a planning session: Marianne Scanlon, '74, Mary Jane Kennedy, '68, Alumni Fund Chairman, Mary Dalbey, '57, and Evelyn LaFlesh, '63.
Alumnae/i News

Both Judy Krauss and Donna Diers attended the alumnae/i dinner in San Francisco on January 9th. They gave brief and informal conversations about YSN today and about student aid problems, etc. "It was a very nice and useful evening."

Those attending were:

Jewel Patton '47, about to retire from the VNA where she has worked for a long time. She is writing the history of her agency: the VNA of Greater Salinas Area and San Benito County.

Fran Hindley '50, still active in nursing, doing private duty.

Ros Elms '63, working for one of the legislative subcommittees of the California legislature.

Anne Hagen Watkins '64, on faculty at the University of San Francisco, teaching maternal child nursing and parenting classes.

Mary Ann Pranulis '67 is finishing her doctoral dissertation at University of California at San Francisco.

Judy Flanagan (formerly Goldschmidt) '72, head of the nurse-midwifery service at San Francisco General.

Alice Basch '80, who is working as oncology clinician in a neighboring VNA.

Claire Mortimer '82, working as NP in primary care neighborhood clinic in SFO tenderloin district, works for the city of SFO, loves it, doing superb job.

Steven Foster '83, teaching medical anthropology as well as working as psych nurse in San Francisco General Hospital emergency room, does some per diem at same place as well.

In Memoriam

Ruth Cervin Greenway '41 died June 19, 1983.

Grace Buddington Thornberry '27 died March 3, 1984 of a heart attack.

Class Notes

Virginia Henderson, honorary YSN alumna, received the Mary Tolle Wright Award for leadership from Sigma Theta Tau at the Biennial Convention in Boston in October 1983. Virginia will be the speaker at the Fourth Annual Distinguished Nursing Lecture Series at the Virginia Mason Medical Center in Seattle in June 1984. Her lecture "Essence of Nursing in High Technology" affords the opportunity for a national symposium to include the caring process of patients undergoing high-technology intervention and innovative therapies.

Betty Ann Kosters Countryman '44 (an up-date)

Betty retired from professorship in Maternal Child Health Nursing at Indiana University in the early 70's; continued to be very active in LaLeche League over the past 25 years. She is now chairman of the Board of LaLeche International. She has been involved with the center for support of breast feeding in El Salvador - teaching physicians, nurses, and all health care workers as well as mothers. Similar teaching enters have been established in Mexico, Honduras, Guatemala and Bolivia. Betty also writes: "I spent many years at home in the most exciting undertaking of my life: rearing six children."

Shirley Parkhill '47 -- A number of YSN Alums attended the retirement dinner in January in honor of Shirley on her retirement from many jobs at Yale New Haven Hospital! Among those who sang her praises in both prose and poetry were the president of hospital, Tom Smith and Anne Ryle '33. Shirley recalled her first introduction to New Haven in 1944 when she arrived at Nathan Smith during a hurricane! Also recalled receiving a haircut on a ward from Joe Milici (who is still on the job). As a supervisor and administrator, she has worn many hats "gracefully and with distinction!"

Penny Camp '58 now a Florida resident, is learning about the history of her new state, and is training to be a docent at the Jacksonville Art Museum.

Angela Barron McBride '64 recently received an Honorary degree by the University of Cincinnati. She will receive the ANA Council of Specialists in Psychiatric and Mental Health Nursing Award for Scholarship and Research at the 1984 Convention in New Orleans.

Linda Vieira '72 and her husband John Young had a baby girl in December 1983.

Judy Ahlheim Beal '75 received a D.N.Sc from Boston University in May 1983. The title of her dissertation: "The Effect of Demonstration of the Brazleton Neonatal Behavioral Assessment Scale on the Father-Infant Relationship."

Judy Burkholder '77 has been appointed to the position of Nursing Clinical Director of the Ambulatory Services, Discharge Planning and Home Care Departments at Yale New Haven Hospital.

Speakers at the NPACE (Nurse Practitioner Associates for Continuing Education) conference to increase the nps' awareness of current trends in health care delivery and professional nursing practice -- April 12-13, 1984, Danbury, Connecticut were:

Jeanne Ruszala-Herbst '77 "Abdominal Pain in
Children and Adolescents"
Sherry Shamansky '69 "Marketing Strategies for Nurse Practitioner Services"

Charlotte Houde '72 "The Pregnant Patient in Primary Care"

Nancy Grover '78 had a baby boy, born December 15, 1983.

Beverly Dixon Spencer '78, Air Force Force Captain, has started duty at Clark Air Base in the Philippines.

Patricia Barry '79 has had a book published, 1984 by J.B. Lippincott Company, Psychosocial Nursing Assessment and Intervention. Pat is Liaison Clinical Specialist in Nursing at St. Francis Hospital and Medical Center in Hartford, a Lecturer at University of Hartford, Dept. of Adult Education, and Nursing Consultant in private practice.

Sasha Slayton '79 has a new appointment as Director of Staff Development, at the Kennewick General Hospital in Washington.

Judy Tierney '79 has been appointed Associate Director of the Center for Nursing Innovations, and thereby becomes a member of the YSN staff. C.N.I. offices are at 350 Congress Avenue New Haven.

Sally Solomon '80 has been appointed director of Public Policy and Research at the NLN. In this capacity, she will direct the League's public affairs and legislative activities, and will coordinate the initiation of more issue-based League research.

Dian Sparling '81 was awarded the 1984 Susan B. Anthony Award from the Fort Collins (Colorado) chapter of the National Organization for Women. This award, in commemoration of the 19th century suffragist leader, is given annually to a Fort Collins resident who has shown outstanding leadership in improving the status of women in the community. Dian has led the drive there for diversity in women's health-care options.

Henrietta Clews '82 is CNM in Maine in a home birth practice. She gives care to women living within one half hour of a hospital. Those located in Bangor, Blue Hill, Ellsworth, Bar Harbor and Machais.

Changes of Address

Dorothy Ohline Keller '33, c/o Kahl Home, 1101 West 9th St., Davenport, IA 52804

Eleanor Keating Gill '38, 1209 North Indies Cir., Bay Indies, Venice, FL 33595 (winter address)

Dorothy McGarry Stark '43, 702 Spence Ave., #704 Goldsboro, NC 27530

Mary-Jean Sealey Janssen '44, 4743 58th Way N., Kenneth City, FL 33709

Theresa L. Siegel '44, 2 Bay Club Dr., #9A, Flushing, NY 11361

Jeannette U. Gies '47, 75 Gillies St., Clifton, NJ 07013

Nancy Shanahan Doolittle '53, Page Rd., New London, NH 03257

R. Pendleton Camp '58, 7761 Las Palmas Way, Jacksonville, FL 32216

Margaret E. Megill '67, 3511 Idaho Ave., N.W., Washington, DC 20016

Phyllis Johnson '71, P.O. Box 120, Jenner, CA 95450

Carole Mckenzie '73, 226 Roundup Dr., Bishopville, SC 29010

Paullette Fitzgerald Mundy '73, R.D. 3, Box 269-A, Kingston, NY 12401

Joan Wilson DiMarla '74, 6116 West Frost St., Littleton, CO 80123

Philip E.T. Gower '74, 2450 Park Ave., Hermosa Beach, CA 90254

Carolyn Cole '75, 2731 Briarcliff Rd., N.E., Apt. 7, Atlanta, GA 30329

Joanne B. Parsons '75, 3301 S.W. 13th St., Apt. M215, Gainesville, FL 32608

Eileen F. Skowronski '75, 2127 S. Memphis St. Aurora, CO 80013

Mary Lou Krebs Eugert '76, 610 Plum St. Medford, OR 97501

Joan Harrison '78, 156 Meeting St., Providence, RI 02906

Deborah Harrison-Atlas '78, 396 Wilder Rd., Boston, MA 01740

Marsha Edoff Kaye '78, 814 W. Wrightwood Ave., Unit B, Chicago, IL 60614

Dolores Perteet '78, 1744 N. Menard St., 2nd Floor, Chicago, IL 60639

Joe Paul Canchola '79, 701 Hilltop, Flagstaff, AZ 86001

Pamela Emmons '79, 1641 Cook St., Apt. 2, Denver, CO 80206

Lee-Nah Hsu '79, 3847 Oakfield Dr., Sherman Oaks, CA 91423

Shirley S. Robinson x'79, c/o YMCA, 909 Washington Blvd., Stamford, CT 06901

Sasha Slayton '79, 2208 B West Thirteenth Ave., Kennewick, WA 99337

Elizabeth D'Amour '80, 70 Williamsburg Dr., Longmeadow, MA 01106

Robert Danza '80, 16 N. Racebrook Rd., Woodbridge, CT 06525

Deborah Disco '80, 3201 26th Ave., North, Garden Valley, NY 55422

Nancy Loomis '80, 1001 Riviere St., Morgantown, W.Va. 26505

Elizabeth May '80, 3733 Lindell Blvd, Apt. 907 E., St. Louis, MO 63108

Ellen C. Rubin '80, 2412 W. Saugerties Rd., Saugerties, NY 12477

Claudia Buzzi '81, 53 Beckett, Branford, CT 06405

Gloria Perez '81, 56 Lockwood Ave., Bronxville, NY 10708

John T. Tuskan '81, 7619 B Sheridan St., Fort George G. Meade, MD 20755

Annabel Ching '82, 1215 17th St., N.E., Salem, OR 97301

Joan Dreyfuss '82, 337 Eastfield Dr., Fairfield, CT 06430

Dale Alan Ruffin '82, 3616 Old Dominion Dr., Memphis, TN 38118

Isabella J. Clemente '83, 11 Oakland Ave., Warwick, NY 10990

Toya Gabriel '83, 279 Augur St., Hamden, CT 06517

Kathryn E. Grado '83, 4909 Battery Ln., Apt. 201, Bethesda, MD 20814

Mary T. McDevitt x'83, 19 Satelo Ave., Piedmont, CA 94611
FACT SHEET ABOUT YSN today


a) 2-year program breakdown: numbers in ( ) mean part-time students

<table>
<thead>
<tr>
<th></th>
<th>Community Health</th>
<th>Maternal-Newborn</th>
<th>Med-Surg</th>
<th>Pediatrics</th>
<th>Psych</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year</td>
<td>19 + (1)</td>
<td>14</td>
<td>14 + (2)</td>
<td>6 + (4)</td>
<td>19</td>
</tr>
<tr>
<td>2nd year</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>11</td>
<td>14</td>
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b) 1st year of 3-year basic program: 26

<table>
<thead>
<tr>
<th>Requirements &amp; Credentials</th>
<th>Present 2-year Program</th>
<th>3-Year Program for Non-nurse College Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bacc. degree and RN, GRE aptitude tests, personal interviews, references, essay.</td>
<td>Bacc. degree (any major), GRE aptitude tests, personal interviews, references, essay.</td>
</tr>
<tr>
<td>Degree Awarded</td>
<td>Master of Science in Nursing.</td>
<td>Master of Science in Nursing.</td>
</tr>
<tr>
<td>Tuition</td>
<td>$4,000 per semester.</td>
<td>$4,000 per semester; plus $3,200 for summer session.</td>
</tr>
<tr>
<td>Nursing Specialties</td>
<td>Community Health, Maternal-Newborn/Nurse Midwifery, Medical-Surgical Pediatric, Psychiatric-Mental Health.</td>
<td>Community Health, Maternal-Newborn/Nurse Midwifery, Medical-Surgical, Pediatric, Psychiatric/Mental Health</td>
</tr>
<tr>
<td>Deadlines for applications</td>
<td>Maternal-Newborn --- Feb. 1st. All other programs: Feb. 1st April 1st June 1st</td>
<td>November 1st for September admission of following year.</td>
</tr>
<tr>
<td>Notification of decision</td>
<td>April 15 May 15 July 15</td>
<td>February 15th</td>
</tr>
</tbody>
</table>

YSN is actively committed to increasing the numbers of ethnic/racial minority persons in both the 2-year and 3-year programs.

Study load

Students must be able to handle graduate level courses in social and physical sciences. Emphasis is placed on development of clinical competence and research skills.

Housing

Each student arranges for own housing. Rooms may be available in University housing; many have their own apartments in town.

Financial Aid

Because the University and School of Nursing resources are limited, applicants are urged to explore every possible source for financial assistance. The Graduate and Professional School Financial Aid Service (GAPSFAS) of the Educational Testing Service is used to determine need. Addresses: Box 2614, Princeton, N.J. 08540 or 1947 Center Street, Berkeley, CA 94701.

Health Plan

Each Student is automatically a member of the Yale Health Plan - a prepaid health and medical service. Family members may be covered for an additional fee.

Part-time Study

Scheduled part-time degree programs are available in Community Health, Medical Surgical, Pediatric, and Psychiatric/Mental Health Nursing programs. Selected courses are also available for non-matriculated students.