Yale Nurse

Yale School of Nursing

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YSN ALUMNAE/I WEEKEND

REUNIONS
Alumnae/i College
Annual Meeting
June 5 - 6 - 7, 1986

From the Dean - Judith Krauss

There is much talk these days about the shifting locus of care from institutions to the community. In fact, there is so much talk that the focus of our next Alumnae/i College will be the "deinstitutionalization of nursing".

If nursing needs to be deinstitutionalized it is not by virtue of its location in the health care system so much as it is by how bounded we have become in our advanced practice roles. For example, nurse practitioners are thought of as primary care providers. However, with the aging of our population and with prospective payment (DRG's) we may need to expand our understanding of the role of nurse practitioners beyond primary care so that they can prepare to give care in the home and in nursing homes, where increasing numbers of patients will be. In order for nurse practitioners to expand their roles they will have to develop consultative relationships with clinical specialists in cancer, cardiovascular, pulmonary nursing and the like. These specialists will, similarly, expand their roles beyond the inpatient and ambulatory care settings in which they now practice to include nurse to nurse case-specific consultation in the community. Psychiatric clinical specialists will increasingly be grounded in physical assessment and diagnosis in order to better manage certain populations of mentally ill, namely the chronic mentally ill and the aged mentally ill. Again, they are likely to increase the instances of consultation with their nurse practitioner and clinical specialist colleagues. Pediatric nurse practitioners are moving beyond primary care roles into school health and there is increased need to consult with clinical specialist colleagues concerning the management of longterm illness with acute exacerbations and remissions.

What and how we practice is a separate issue from where we practice. Increasingly the need for nursing care will transcend location, and as it does, our practitioner and specialist roles will become usefully unencumbered by locus of care and focused once again on the people who need the care. In order to provide humane and informed care to the individuals we serve we will all need to understand the larger system of care in which we practice.

We are engaging in exciting discussions about these and other issues at YSN as we strive to make our programs not only current but pioneering. I hope you'll join us at the next Alumnae/i College!
THE DEINSTITUTIONALIZATION OF HEALTH CARE: THREE PERSPECTIVES  by Judy Hays '86

As economic factors and federal policy drive patient care from its traditional inpatient settings back into the home and other community settings, nurses in hospitals and homes as well as in government are experiencing old pressures in new ways and struggling to adapt. In the following three interviews, I have explored these pressures and how they affect nurses, patients, families and elected officials.

Rhea Sanford YSN '86 is a surgical clinical nurse specialist student conducting research in patient/family needs following discharge from elective surgery. Dorothy Baker is a YSN faculty member in Community Health Nursing and a practicing FNP at the New Haven Visiting Nurse Association. Marie Roberto is Director of the Community Nursing and Home Health Division of the Connecticut Department of Health Service, a candidate for the DrPH degree at Yale University School of Medicine, and a ("very part-time!") practicing nurse practitioner in adult medicine/geriatrics at the University of Connecticut Health Center.

* * *

Yale Nurse: How long have you been nursing and in what kinds of settings?

Rhea Sanford: I'm a three year student so my nursing career began last summer when I received my license. I've been working since then on a general surgery and trauma floor at Y-NHH which acts as a step-down unit for the surgical intensive care. Prior to that I worked for ten years as a psychiatric technician in an inpatient psychiatric facility with multiple modalities: inpatient, day treatment, and out-patient.

YN: Tell me about the population you are researching.

RS: My research has selectively chosen patients coming in for elective surgery (that is, not for cardiac surgery, diagnosis or treatment of cancer, trauma, and an ostomy.) Examples are patients who come in for elective cholecystectomy, bowel resection for reasons other than cancer, or peripher- al vascular procedures.

YN: Is this population being managed differently now in comparison to five or more years ago?

RS: Both from reading the literature regarding length of stay and from speaking with nurses who have been in that setting for longer periods of time, the changes are incredible. Five years ago, normal length of stay for a cholecystectomy for instance would have been a week to ten days. At the present, a cholecystectomy patient without other health-related problems may be admitted on Sunday, have surgery on Monday and go home on Thursday morning. Patients with mastectomies are routinely going home with drains in place 4-5 days post-op.

YN: Are the clients you have spoken with comfortable with that very abbreviated length of stay?

RS: Most are not comparing it with anything, so they don't know they're going home sooner than they would have five years ago. Some do come in and say "I'm going home when I feel ready", and they find they don't always have that control. But the thing that so many patients react against is when they are unsure about exactly where they're at in their hospitalization and someone comes in on afternoon rounds and tells them they're going home the next morning. Discharge is not brought up and discussed until the evening before they're going home. We can say all we want about discharge planning beginning the day of admission, but in reality I don't see that happening. When you're on a busy surgical floor full of patients, the discharge planning is just one of many things that has to be done, and it may not be the most important thing that day. What frequently happens is that discharge planning becomes an issue at the time of discharge. In many hospitals discharge planning happens in a meeting once a week so there is institutional support structures for it, but follow-up often does not take place until the actual time of discharge.

YN: What part of this population will need assistance at home and what part can manage independently?

RS: My data collection suggests that patients who have family in place to assist at home and those who don't are fairly evenly distributed. The interesting effect of this on discharge is that there is often significant disagreement among all the parties regarding the need for additional services from the visiting nurses. I may perceive that assistance is crucial, and the physician may strongly disagree, or providers may feel strongly that a referral should be made, but the patient may refuse to have anyone come to the home. Very often patients are not aware before they go home of the problems which may arise. We as nurses don't do a good job of anticipating

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that and clearly and articulately describing potential problems to the patients. A frequent response to my questionnaire is, "We didn't know this was going to happen; we didn't receive preparation for this."

YN: How are nurses responding to shorter lengths of stay?

RS: Nurses are having to change their whole pattern of care to incorporate more patient teaching which historically we have had trouble with. It's been documented in the nursing literature both in medical/surgical care and in psychiatric care. We know we're supposed to do it, but as a profession we consistently don't do it. Now with shorter lengths of stay nurses are having to get accustomed to bringing that piece in even sooner. We also need to do a better job of needs assessment. I've had to add to my research questionnaire an item concerning what floor patients live on and how many stairs they have to climb because the admission assessment for nursing here doesn't include that. So we send someone home with limited mobility after peripheral vascular surgery who lives on the third floor without addressing that?

YN: How are physicians reacting to shorter lengths of stay?

RS: I really have only spoken at length with one physician who in general feels it's appropriate and tends to lean heavily on the VNA. But I wouldn't want to generalize about what may be a highly individual response.

YN: Are there varieties of adaptability across the age span to shorter hospitalizations?

RS: Of course younger, middle-aged adults, barring complications, tend to bounce back quicker than the elderly. The elderly just don't experience surgery the same way, so they may have a longer length of stay for the same surgery because their ability to regain strength, to heal, is going to be on a different trajectory.

YN: How do patient needs for high technology combined with shorter lengths of stay affect discharge planning?

RS: Our best and most successful example of effective planning for high-tech home care occurred last summer. The patient was a large woman admitted with a terrible abdominal abscess. She required multiple surgeries and, as a result, had a transverse abdominal incision which required dressing changes and packing with Dakin's using sterile technique three times a day. She was also being fed through a gastro-stomy tube. So the equipment needs were a Kangaroo pump, the feeding tube, Ensure, materials to maintain sterile technique, dressing materials, recipe for Dakin's, instructions for irrigation, feeding, and dressing changes. The teaching needs and the logistics of having everything in the home on discharge took a concerted effort on the part of the discharge planning department in the hospital, the primary nurse, and myself. We had realized early in the hospitalization that this patient would have to go home with an open wound, so we could involve the family from the beginning, watch the daughter change the dressing over several days. The primary nurse had developed an excellent rapport with the patient and with the daughter. Both the plan and the implementation went off without a hitch. But the time we had because she had needed several surgical procedures and extensive IV therapy in-house was really a luxury which is often not available.

Rhea Sanford, RN, '86 (right) discusses discharge plans with Crescence Lyke and her daughter, Joan Lyke.

YN: What is a more typical example?

RS: Probably a woman I cared for last fall whose right arm (her dominant hand) was amputated on Monday, who experienced significant discomfort post-op and who was sent home on Thursday without having any consultation with physical therapy or occupational therapy and whose family had not been able to come in to discuss the significant changes in lifestyle which would occur as this patient adjusted to a different distribution of body weight and loss of her dominant hand. It was true that it would be difficult to justify another day of stay on surgical grounds because she was healing appropriately. But there was crucial lifestyle issues that could have been and needed to be addressed. The nurses were shocked!
YN: Do these trends have implications for what you need for your graduate education?

RS: Yes, especially with surgery, because there is a trajectory of normal healing after surgery which is affected by a number of risk factors. In terms of my practice it's very important to know what that norm is and what risk factors are going to affect that norm and then to anticipate how to prepare someone who's not going to fit that trajectory, who's maybe going to take a longer time to heal, to leave the hospital in a specified length of time. Surgery is so task-oriented that what is often lost is a conceptual framework which addresses a progression of changes which occur over time. Understanding this progression is what I have received such good preparation for here at Yale that I don't think the average staff nurse on the floor is able to conceptualize.

Yale Nurse: How long have you been nursing and in what kinds of settings?

Dorothy Baker: I graduated with by B.S.N. in 1968 and have been involved in ambulatory nursing of one sort or another ever since. I've worked in visiting nurse associations, in independent practice as a community health nurse (or a home visiting nurse practitioner), and then in a primary care clinic in the role of a medical nurse practitioner.

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YN: What effect is the most recent funding squeeze having on homecare?

DB: For one thing, primary providers of whatever sort are much more eager to have things managed at home and are looking to nurses to take over some of these things. But there's not the kind of support in place that's necessary. When you work in a clinic or a hospital and are responsible for an extra difficult patient, there are other professionals around to support you to a greater or lesser degree. But in home care, there hasn't been any improvement in the way nurses and doctors communicate or any better way for them to get together; so, on this fairly fragile communication system, some incredibly important responsibilities are being passed to nurses without the support there to help them see their way through it.

YN: What changes in a typical home care caseload have you seen since you began nursing in a home setting?

DB: I think trends come and go, but there's a basic core of patients who need care that have always been there. I can remember when I was first doing home visiting, it was a great concern that diabetics would leave the hospital to go home without knowing how to give their insulin or a colostomy patient would go home without ever having changed his bag and that was considered the worst thing that could ever happen. Now IV patients are going home without knowing what they're doing or AIDS patients go out with intricate technical procedures. Those are always the issues that get lots of press, high tech being the case in point; that is the piece that changes. But there's always that base plate of people with chronic illness that need nursing and allied support services to be able to stay in their homes, for which there is never money. It's that opposition between what's funded and what's needed that always seems to be there.
YN: Are there other problems?

DB: A related problem is that the kind of technical care physicians are looking for certainly requires greater expertise. However, nurses practicing in community health for a long time may not have had a place to get those skills. But there aren't enough high-tech patients to make it worthwhile to teach all the nurses specialized skills. So a VNA decides, for instance, to develop an IV therapy program, and they send only a small core of nurses to be certified in these skills.

YN: Why is that a problem?

DB: The few nurses on the high-tech team can get really bogged down because backup for these services obviously has to be available 24 hours a day, seven days a week, a whole new experience for home care. Also the nurse is changing her job description considerably because she's responsible for a huge geographic area as VNAs clump together to share high-tech services; she spends a lot of time traveling into areas she's not familiar with, which aren't her known district or community and then the hours. And I'm not sure the systems are set up to address these things. Once again, we're building from the economic bottom-line upwards, and the brunt of it is falling on the nurses.

YN: What impact does the widespread resistance to hospitalization have on caseload management in homecare?

DB: Let me give you an example. I went with a nurse making a routine visit to a patient who was elderly and had, according to the family, begun to have difficulty with his speech several days before. They had notified no one. He was obviously in a changed state and seemed to have had a stroke. The nurse called the physician who confirmed he probably had had a little stroke and asked if he seemed stable? He did. The doctor decided to proceed with home care. So the nurse had to plan care, including developing a rehabilitation plan, mobilizing the family etc., without really having a medical diagnosis. Now, ordinarily even if a patient is stable, he's assessed by a group of specialists, and nursing takes over a ways down the road. But to have the VNA serve as the first line of primary care for strokes is a different role!

DB: Another instance is of an older woman who tripped in her bathroom, fell on a wicker basket, and probably fractured a rib. The physician asked me if I could hear breath sounds which I could (although a typical visiting nurse isn't always comfortable assessing that). The physician decided she probably didn't need to be seen. But there was the day when people didn't want to play that game at all, when nurses were completely stifled from trying to manage that kind of case. At this point I don't think we've been educating nurses to do that. Visiting nursing is viewed as a staff line position, not as an advanced practice role for someone with specialized preparation in diagnosis and management of some of these more complex conditions.

YN: What about caseload management in out-patient psychiatric care?

DB: It feels to me that in psych as with chronically physically ill people, many providers are reluctant to say "Yes, he's my patient." We often hear, "I only saw him once or twice." We have had numerous cases where there have been quite mentally ill people out there wandering around with no way to fit into the system at all unless they are suicidal or homicidal. Once you've got a crisis (physical or emotional) then there are sources of help and coverage for these people. At issue are the people who just exist in less than a state of independence and who are chronically incapacitated for whatever reason. Typically, those people with chronic debilitating illnesses and poor coverage are left for United Way agencies.

YN: Is that different since DRGs?

DB: It's intensified because there are many more for-profit home care agencies springing up all over the place which skim the reimburseable care off the top and do their best to push durable medical equipment to home care patients.

YN: How is that a problem?

DB: One of the visiting nurses was telling me that she was employed by a for-profit agency to home visit, made a decent salary, and a piece of the work was to push DMEs. (Durable Medical Equipment) For every wheelchair, every bedpan, commode, bathrail, that she got a patient or family to buy, she got a kickback. Put yourself in that position. You're home, flat on your back, the nurse comes into the house to help you, and you find out the reason you got that special super-duper bedpan is because she was making $12 off it. The time was when we would give people names of two or three reliable places which were competitive and perhaps even point out where they could get the best deal. Now these people are being paid to look out for the best interests of the agency which they come from, not the patient. And some people would say nurses are the last people to catch on!
YN: What is your perception of the clients' reaction to more health care management at home or shorter inpatient stays?

DB: Occasionally, families will insist the patient just must go to the hospital for something they don't feel they can deal with. It's crucial to sit down and explain that in this day and age one does not hospitalize for this particular problem and try to walk them through some of the diagnostic process, why this does not need to go on in the hospital, etc. I think people can be a little disillusioned around those things.

YN: Are home care clients comfortable with high tech at home?

DB: I think by and large they tend to be. Once everything gets under way, people have confidence in their own ability to do things. The rub comes in that you can take someone's 72-year-old wife and teach her how to do any number of high tech things on her 79-year-old husband. But it's one thing to do it as a sprinter and another to do it as a distance runner, to have to do this day after day, 7 days a week, 4 weeks a month, month in and month out with no one there to spell you. The respite issue is a crucial one. Yes, he's had a stroke and his wife can do as good a job as having him in a rehab hospital and much cheaper. But three years later when she's still doing 24-hour a day care and can suction his trach better than anybody else, so what? She's exhausted and coming apart. That part isn't always obvious when they start into something. It's tough.

Yale Nurse: Besides public service, graduate school, and nursing practice, are there other experiences which have shaped your perspective on the deinstitutionalization of health care?

Marie Roberto: Two professional activities have profoundly affected the remarks I will make to your questions today. First of all, I am active in the Association of State and Territorial Directors of Nursing as Vice President, which gives me a sense of what is happening in public nursing across the nation, particularly in the public sector. And secondly, I am the American Nurses Association (ANA) representative to and Vice-Chairperson of the Professional and Technical Advisory Committee Ambulatory Care to the Joint Commission on the Accreditation of Hospitals (JCAH). Of 20 health care, medical and dental specialties, I am the only nurse.

YN: What responsibility does the public health nursing division of state government have with regards to trends towards community-based care?

MR: Traditionally, public health nursing has concerned itself with both care of the sick and also family and community health promotion and disease prevention. For many reasons, reimbursement trends among them, care of the sick is receiving increasing attention nationally and in Connecticut. In this context, in both our consultative and regulatory capacities, the public health nursing division is deeply involved in issues surrounding early discharge, deinstitutionalization, and deregulation.

YN: How does this occur?

MR: Our preeminent role is to influence health policy decisions as they arise in the legislature and the governor's office. We fulfill this mandate through consultation with other state agencies and groups of providers, especially regarding innovations in practice and funding issues; we also help the legislature with decisions on policy and policy implications in an era when there is enormous emphasis on community-based services.

YN: Can you give a specific example of how this works?

MR: For example, pre-admission screening of hospitalized patients prior to long-term care referral has received a great deal of attention recently in Connecticut. The problem originated because federal policy has been shifting responsibility for long-term care to the state level. As state government has struggled with the issue of cost containment vs. providing necessary services, our role in the division has been to emphasize continuously providing an adequate care package with all the critical components intact.

YN: What is the climate in the Connecticut State House with regards to legislative responsibility to balance fiscal priorities with consumer protection?

MR: It, by "consumer protection", you mean assuring the consumer of quality of care, it is important to emphasize that the definition of quality varies widely from providers to legislators to consumers. At the present time, legislators are finding it difficult to balance the priorities of the various perspectives and groups. As the public health nursing division, we do not play an advocacy role with regards to
these issues; we are, however, involved in setting standards of care which certainly has implications for consumer protection.

YN: Can you give me an example?

MR: We are working at the present with a number of agencies delivering high-tech care in the home; specifically, my staff is listening closely to representatives from acute and long-term care agencies who are educating us as to what services are needed and being delivered, and we will be developing guidelines or standards for delivery of these services. Eventually, regulations may be developed under the licensure law which would require the legislature to become involved. Provider agencies could introduce legislation or they could lobby their legislators to do so.

YN: How will this affect nurses?

MR: Interestingly, nurses in private practice are beginning to sell high-tech nursing services on a contractual basis to institutions, and some of the traditional home care agencies are objecting to this practice, especially concerning fragmentation of care. Surely, though, a parallel concern of the agencies is financially motivated, so we now have nurse entrepreneurs vs. nursing agencies. This kind of competition is what federal and state deregulation is supposed to create. And, although the legislature can play partisan politics, our state agency and the division of nursing must remain impartial in the interest of public safety.

YN: How are these trends affecting patients across the age span?

MR: I think they are primarily affecting patients at the extremes of the age span. For instance, ventilator-dependent neonates are going home across the state with varying degrees of success; coordination of care plans has become an important issue. Among the elderly population, I think we need to look very carefully at whether home care really is the least expensive service setting. It seems to me that congregate sites, such as adult day care centers, soup kitchens, and the like have to be less expensive and are an underdeveloped asset in Connecticut.

YN: What should be nursing's agenda for the future as we confront the shift of care from institutions to the community?

MR: Consumers, through the enormous popularity of day surgery and "urgi"-centers, are making it very clear that they prefer not to be institutionalized and to recover at home. It is crucial that nurses be flexible in developing roles in response to this shift in consumer philosophy. It may be that traditional models of the nursing role in public health and in acute care are no longer serviceable; the model of the future will surely be a patient care delivery system model where nursing is an integral component of a coordinated service package. Such a model stresses interdependence among professional disciplines.

YN: What are the stakes involved in that scenario?

MB: Either nurses will display an entrepreneurial spirit in long-term care and out-of-hospital care, or we will be written out of the package. X-ray technicians are doing dressing changes between x-rays in some "urgi"-centers. Individual nurses or groups of agencies could be and are contracting with the insurance industry, health plans, and physician groups to provide the nursing components of patient care. Nurses in obstetrics and gynecology are being very creative in contracting with physicians to provide care and teaching to clients regarding pre-menstrual syndrome, birth control, and general gynecologic concerns. The challenge is enormous but so is the potential.
THE IMPAIRED NURSES' MOVEMENT

What is Impairment?

Most of us, as practicing nurses, have come across a colleague with a drug, alcohol or mental problem. When incompetent practice, i.e., failing to meet nursing standards, results from any of these problems, the nurse is considered to be impaired. According to current data, one out of seven nurses will suffer some form of impairment during her career. Until recently, despite the amount of human suffering represented in those numbers, the only professional recourse by our governing bodies (state nursing boards of licensure) was disciplinary.

Often the response of our profession has been to deny, avoid and cover-up for our impaired colleagues. When these methods fail, the nurse becomes increasingly impaired; practice spirals downward, judgement becomes erratic, serious errors are made. By collegial inaction, we promote collective failure which is dealt with in one of several ways: the impaired nurse's resignation, firing or being turned over to law enforcement officials. This issue challenges us to reconsider our beliefs and attitudes about alcoholism, drug addiction, and mental illness, both personally and professionally, among our peers and in our practice.

The subsequent loss of esteem, belief in self and, frequently, nursing license marks another premature and, possibly, preventable loss to our profession.

History of the Impairment Movement

Prior to the mid-70s, efforts to raise nurses' level of awareness about impairment met with little success. The thought of alcoholic, drug addicted or mentally ill nurses was simply too anxiety provoking. Society has been unwilling to acknowledge the existence of these problems within the ranks of health care providers, primarily doctors and nurses. Additionally, society has had difficulty with the issue of addiction among women.

Physicians began the first organized efforts to provide a structure for dealing with impairment. In the early 70s the AMA mandated that each state set up programs to identify and help impaired physicians. Diversionary acts were passed by many states (notably California) allowing treatment alternatives for willing physicians in place of disciplinary actions. Nurses and pharmacists soon followed suit. By the early '80s most state organizations had at least begun to address the issue of impairment within their profession. Some states combined several professional groups within one peer assistance program, insuring a strong basis for interdisciplinary cooperation and sharing of resources.

What about Connecticut?

Approximately two years ago the Connecticut Nurses' Association appointed a task force, later to become the peer Assistance Network for Nurses; its purpose was to assess need and to establish a program for impaired nurses within the state. With that mandate the group is in the process of becoming incorporated. It will remain under the auspices of the CNA but will function autonomously.

There are three major components to the Peer Assistance Network for Nurses:
1) Education: The Education Committee travels throughout the state presenting lectures and workshops about impaired nurses. State-wide workshops are given periodically.
2) Fund Raising: The success of this program depends on its complete autonomy; therefore, this committee is attempting to raise money to support the entire program.
3) Intervention: By summer 1986 the Intervention Program will be in place. Committee members will be on-call for nurses who want help for themselves and/or for concerned peers, supervisors or others who are seeking help for an impaired nurse. Committee members will assist in identifying and assessing problems and referring to treatment.

Nurses for Nurses is a self-help group established for nurses who are in recovery. It is a referral source used by the Peer Assistance Network for Nurses but functions independently with weekly meetings in Hartford and New Haven. For more information about Nurses for Nurses call Natalie Manniel at (203) 488-7731.

More information on any aspect of the Peer Assistance Network for Nurses is available through the Connecticut Nurses' Association.

On June 6, during Alumnae/i Weekend, there will be a presentation on Impaired Nurses, check your reunion schedule.

Beatrice Burns '79
AROUND THE SCHOOL
Pediatrics Welcomes School Nurse Program
by Paulette Cranwell '86

The Yale School of Nursing (YSN) is blazing yet another trail into a new territory, which according to Assistant Professor Carole Passarelli, is the "Last Frontier for Nursing Visibility". To her, this visibility as a school nurse practitioner (SNP) is crucial both to the health of our nation's school children and to the profession. Advanced practice leadership in school nursing is essential to our children because of the recent and future trends in American society and family lifestyles, changing childhood risks, primary prevention needs, and an increase in the population of handicapped students or students with special educational and health needs. The nursing profession also needs expert school clinicians in a leadership position because the school nurse provides a public role model for future generations of nurses as well as present and future consumers of health care.

Advanced practice leadership in school nursing can also contribute to cost effective changes in the health care delivery system by providing primary health care to children with limited access to health care, and by coordinating other health care plans to reduce duplication and fragmentation of services. Prepared in research methods, school nurse practitioners are in a position to assess problem areas for study as well as plan and implement research strategies to explore various clinical interventions.

The SNP track within the Pediatric Nursing Program of the YSN officially began in September 1985, following the submission of a Training Grant to the Division of Nursing in Washington. This grant, prepared by Carole Passarelli and Lois Sadler '79, with assistance from Department Chairperson Madelon Visintainer '74, was submitted in July of 1984, and funded in May 1985. However, the thrust for the SNP track began to take shape in the late 70's following the success of other SNP programs in Colorado, Texas, and Pennsylvania, and in 1980 following an invitation to the YSN to assist the New Haven School System in developing an alternative model of health care delivery in the school setting.

Also adding impetus to the idea for the SNP track was the growth of the YSN Pediatric Nursing Program, faculty practice sites already established in the New Haven Schools and the Polly McCabe Center, and interest and support of the pediatric faculty. Carole Passarelli (Coordinator for the SNP track) asserts that this thrust was able to become a reality due to the existence of a strong and reputable PNP program within the YSN, providing structure, expertise, and leadership. The SNP track will build upon the content and clinical skills needed by the nurse practitioner to work with the population from birth to 21 years of age, as well as focus on school children with special problems, adolescents, and the chronically ill and handicapped child. Having such a broad solid background will be essential to the future SNPs who will be called upon to work with children, adolescents, and their families in a variety of pre-school, school, and after-school programs as primary-care givers, consultants, health educators, and role-models.

Anne Palmer Peds '86, talks about drug abuse with 5th graders in Spring Glen School in Hamden.

To meet these challenges, SNP students will be grounded in family theory, chronic disease theory, research methods, childhood growth and development, physical assessment, health promotion, adolescent and perinatal health care, and the management of health problems in both primary care and school settings. To work effectively in the school system, students will also need expertise in organization and management theory, group dynamics, and health care policy. Clinical practica in local schools will include work with students (as individuals and in groups) who are healthy, chronically ill, and handicapped. Work with families as well as the consultation process with school personnel will be emphasized.

To meet individual needs SNP track is open to both part-time and full-time students. YSN has indeed taken a giant step forward to make visible the nurse in the school setting. This heightened visibility promises to improve the quality and availability of health care to our nation's children.

Sigma Theta Tau

Ferguson Maps Strategy for "Stormy Present" at Sigma Induction
by Judy Hays '86

Under the proud gaze of family, friends, faculty, and peers, forty-eight new members were inducted into the Delta Mu Chapter of Sigma
CHANGES OF ADDRESS

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Lois Dunn Morse ’43, 53 Lime Rd., Apt. 7, Hanover, NH 03755
Dorothy McGarry Stark ’43, 1606 Sycamore St., Durham, NC 27707
Mary Clapp Ungberg ’43, 63 Tunxis Village, Town Farm Rd., Farmington, CT 06032
Mary Jamison Gustafson ex’44, 5600 Scenic Dr., Yakima, WA 98902
Marion Hall Merante ’44, Rosilia Lane, Apt. 34B, Fishkill, NY 12524
Edith Kenefick McGeethan ’44, 119 80th St., Sea Isle City, NJ 08243
Maja C. Anderson ’45, P.O. Box 231, Hatboro, PA 19040
Mary Shiverick Fishler ex’45, 174 So. Maple Ave., Apt. 3A, Ridgewood, NJ 07450
Shirley Berman Fletcher ’45, 338 Lake Dora Dr., Golden Lake Village, West Palm Beach, FL 33411
Alice M. Forman ’45, 5404 Wilson Lane, Bethesda, MD 20814
Edith Rudd Kent ’45, 7 Hubbard St., Montpelier, VT 05602
Dorothy Hart Lang ’45, 603 Parker Rd., Salisbury, MD 21801
Katharine Smith Welch ’45, 1140 Portland Pl., Apt. 302, Boulder, CO 80302-8205
Kathryn Lynch Burdette ’46, 30 Middlesex Ave., Chester, CT 06412
Ann Illingworth Auble ex’46, 2575 Peachtree Rd. N.E., #22F, Atlanta, GA 30327
Eleanor Hoffman Grunberg ’46, 825 Egret Circle, Apt. 403, Delray Beach, FL 33444
Erica Brown Miller ex’46, #2 South Close, The Mews, Moorestown, NJ 08057
Louise Giles Buechley ’47, 587 Cheyenne Court, Westville, IN 46383
Caroline Pullar Haeger ex’47, 5 Alder Lane, Harwich, MA 02645
Katherine P. Payne ’47, 24 Tennyson Rd., New Hartford, NY 13413
Nilda Shea ’47, 8 Clapp Ave., Apt. 4, Wappinger Falls, NY 12590-2618
Margaret Takacs Silverman ’47W, P.O. Box 33, Key Colony Beach, FL 33051
Ethel Davis Bell ’48, 13 Greywing Court, Terre Haute, IN 47803
Adelaide Barrett Corson ’48, 781 Route 22-322, Dauphin, PA 17018
Eugenia Schwanda Finnegan ’48, RR 2, Box 877, North Scituate, RI 02857
Margaret Yeutter Jamir ’48, 744 Brannif Dr., Cary, NC 27511
Evelyn Lucas Manickas ’48, Rt. 11, Moose Field Rd., Wakefield, RI 02879
Polly Pennman McClure ’48, 1841 Millard St., Bethesda, PA 20017
Jane Worrell Truscott ’48, 1244 Arbor Rd., Apt. 449, Winston-Salem, NC 27104
Mary Hamlen Otis ’49, 181 Meadow Neck Rd., P.O. Box 208, Waquoit, MA 02563
Mary Wylie Stoltz ’49, 3200 W. Commerce Way, Apt. 303, Seattle, WA 98199
Evelyn Hamberger Anderson ’50, 1701 N.E. 75th St., Gainsville, FL 32601
Norma Gardner ’50, 46 Warren St., Concord, NH 03301
Marge Martsolf Krieger ’50, 635 S. Alton Way, Apt. 6C, Denver, CO 80231
Mary Batts Floyd ’51, 913 The Curtillage, Lexington, KY 40502
Ann Osgood Howland ’51, 2800 N. Y catan St., Arlington, VA 22213
Virginia Whittemore McAlister ’51, 104 Indian Trail, Candlewood Lake Club, Brookfield, CT 06804
Myrthel S. Nelson ’51, 208 Julie Place, Oaktree Vineyard, Napa, CA 94558
Elizabeth Dyer Wortham ’51, Lebanon Child Center, 447 Jack Kramer Dr., Memphis, TN 38117
Ethel Miskuff Barach ’52, 22 Southbridge East, Kennett Square, PA 19348
Dee Jorgenson Clothier ex’52, 1016 W. Cucharras St., Colorado Springs, CO 80904
Elizabeth Hunt Ellett ’52, 7016 Montauk Dr., Richmond, VA 23225
Sen Lin Speroff '76, 13569 County Line Rd., Chagrin Falls, OH 44022
Barbara-Jean Sullivan '76, 535 Skydale Dr., Ann Arbor, MI 48105
Victoria Wirth '76, 17 E. Haycock Point Rd., Branford, CT 06405
Deborah Berkowitz '77, 1 Harkness Plaza, Apt. 20J, New York, NY 10025
Diana D. Bransfield, Ph.D. '77, Vanderbilt Univ., Dept. of Psychology, Nashville, TN 37240
Nancy S. Leake '77, 293 Thimble Island Rd., Stony Creek, CT 06405
Barbara Levine '77, 1060 Beacon St., Apt. 9, Brookline, MA 02146
Barbara Novak '77, 5337 W. Hatcher, Glendale, AZ 85302
James O'Malley '77, P.O. Box 248, Government Camp, OR 97028
Sarah Potter '77, 39 Girard Ave., Hartford, CT 06105
Celeste Silva '77, 339 E. 600th S., Salt Lake City, UT 84111
Jill Straw '77, 346 West Rock Ave., New Haven, CT 06511
Joan Sullivan '77, 4737 RT Cassidy Dr., El Paso, TX 79924
Anne M. D'Antuono '78, 157-02 59th Ave., Flushing, NY 11355
Joan Fink '78, 8649 Lake Washington Blvd. N.E., Bellevue, WA 98004
Gail Gaffey '78, 98 Maple St., Milton, MA 02186
Karen Lee-Benner '78, 3598 Alta Mesa Dr., Studio City, CA 91604
Elaine S. Lowrey '78, 12 Bowdoin Road, Ipswich, MA 01938
Ann Back Price '78, 836 Howard Ave., New Haven, CT 06519
Jo-Anna Rorie '78, 13 Holiday St., Dorchester, MA 02122
Judith Shindul-Rothschild '78, 655 Saw Mill Brook Pkwy., Apt. 17, Newton, MA 02159
Rosemary B. Silk '78, RR 1, Stonington, CT 06378
Carol Vinick '78, 43 Adelaide St., Hartford, CT 06114
Patricia Barry '79, 64 Wood Pond Rd., West Hartford, CT 06107
Christopher Cannon '79, 34 Priscilla Pl., Nichols, CT 06611
Andrée deLisser '79, 26 Academy St., Apt. 2, New Haven, CT 06511
Thomas E. Fickett '79, RR 1, Box 192A, Lawtons, NY 14091
Lee-Nah Hsu '79, Dept. of Medicine, Southern Illinois Univ. P.O. Box 3926, Springfield, IL 62708
James M. Spall '79, 3835 S. Spring St., Apt. 114, St. Louis, MO 63116
Terry (Mary) Fox Stoller '79, 90 Ivy St., Brookline, MA 02146
Debra Harrison Sweeney '79, 1120 Willivee Dr., Decatur, GA 30033
Carol Ausubel ex'80, 46-10 216th St., Bayside, NY 11361
Eileen Coppola ex'80, 26 Wildcat Springs Dr., Madison, CT 06443
Margaret Flinter '80, 4328 Garrison St. N.W., Washington, DC 20016
Susan Schnitter Hogarty '80, 2949 Skyline Dr., Allison Park, PA 15210
Lane Holland '80, 196 Mansfield St., New Haven, CT 06511
Leona Mardenbro '80, 35 Claudia Dr., Apt. 226, West Haven, CT 06516
Elizabeth May '80, 3835 S. Spring St., Apt. 114, St. Louis, MO 63116
Mary Blaszko Moffatt '80, 2660 Ellington Rd., South Windsor, CT 06074
Diane Libby Monroe '80, 77 Miner St., Middletown, CT 06457
Linda Norton '80, 40 High Meadow Lane, Orange, CT 06777
Heather Reynolds '80, 2219 S. Ogden St., Apt. 1, Denver, CO 80210
Antonia Labate Ross, M.D. '80, 168 Laurel Ave., Providence, RI 02906
Kathleen Ryerson '80, 3801 N. 9th Place, Phoenix, AZ 85014
Danuta Bujak '81, Rheumatology & Immunology Div., NY Medical College, Westchester County Medical Center, Valhalla, NY 10595
Denise Canchola-deTournillon '81, 1101 98th St., Apt. 5, Miami Beach, FL 33154
Linda Curgian '81, Nurse Director, Pulmonary Rehabilitation Program, Rush-Presbyterian St. Luke's Medical Center, Chicago, IL 60612
Candis Cousins Danielson '81, 417 E. Benita Blvd., West Valley, UT 84050
Jennifer Duff '81, 3725 N. Fremont, Apt. 1, Chicago, IL 60613
Sandra Zordan Friedman '81, 428 Marlborough St., Apt. 1, Boston, MA 02115
Cheryl Izen '81, 59 Ocean Ave., Lynn, MA 01902
Nina Kleinberg '81, 1217 Cabrillo Ave., Venice, CA 90291
Heidi Kylberg '81, 12902-D National Dr., Tampa, FL 33617
Cheryl Marsh '81, 224 Broadway, Norwich, CT 06360
Susan DeBarba Megas '81, 34 Quinnehtuk Rd., Longmeadow, MA 01106
Phelps F. Pond '81, 1306 Heather Glen St., Duncanville, TX 75137
Patricia Ryan '81, 13 Bolton Dr., Lenox, MA 01240
M. Eileen Walshe-Escarce '81, 1675 K Melrose Ave., Chula Vista, CA 92011
Jacob D. Weinstein '81, 44 Judson St., New Haven, CT 06511
Susan P. Wood '81, 27 Ellsworth Ave., Cambridge, MA 02138
Patricia Zurenda '81, 1611 20th St. W., Ogden, UT 84401
Beth Kratchival Boyarsky '82, 181 Blake St., New Haven, CT 06511
Annabel Ching '82, 281 Tangelo, Irvine, CA 92720
Debroah Ann Chyun '82, 38 Eastwood Rd., Bristol, CT 06901
Theta Tau on Sunday afternoon, February 23, in Harkness Auditorium. Vernice Ferguson, National President of Sigma Theta Tau and guest speaker for the event, called the new inductees the "creme de la creme" of nursing and challenged them to pursue excellence and cause others to value and display excellence as they think and act.

Ms. Ferguson, RN, MA, FAAN, FRCN, is Deputy Assistant Chief Medical Director for Nursing Programs and Director, Nursing Service, of the Veterans Administration. She heads the nation's largest nursing service which includes more than 63,000 nursing personnel. She holds a Master's Degree in Health Education from Columbia University and has been the recipient of four Honorary Doctorates, and numerous prestigious awards. She is associated with faculties in the schools of nursing at University of Maryland and Georgetown University.

In answer to her own question, "Why pursue excellence?", Ms. Ferguson cited the increasing intellectual sophistication, affluence, and freedom of choice among nursing's "many publics" which require excellence in response. Secondly, she noted the benefits of excellence in the form of more dollars, more prestige, and more enjoyment.

Drawing a parallel between the world's finest athletes and nursing leaders, she characterized both as men and women who "always exceeded the norm... (who) are the elite. Sigma rewards its members and chapters as they promote scholarly inquiry and scholarly performance in public policy, practice, education, research, administration, and entrepreneurship." She also challenged members "to people the governance and management arenas as is befitting our great talent and to think before, during, and after actions in the program activities arena."

Finally, Ms. Ferguson called attention to the rapid change which characterizes the decade of the '80s. Changes in lifestyles, the role of women, and family relationships require "an explosion of excellence...characterized by discipline, ideation, and action." Citing futurists' studies, she postulated that the coming decade would be shaped by four forces: a predominantly adult society, high cost energy, uneasiness within society and shared new values. These values stress "me" over "we", quality over quantity, diversity over uniformity, and participation over representation.

Abraham Lincoln provided the bellwether note to the address: "The dogmas of the quiet past are not adequate to meet the stormy present; our challenge is that we must think anew." According to Ms. Ferguson, leaders in the nursing profession will require "new age skills", including insight, sensitivity, vision, versatility, focus, and patience, in order to create the compelling vision among peers for the pursuit of excellence.

Sigma Theta Tau, the National Honor Society of Nursing, has 75,000 members nationally. The Delta Mu Chapter currently boasts a membership of over 400 nurses. The purpose of the organization is to recognize superior scholarship, foster high professional standards, encourage creative work, strengthen commitment to the ideals and purposes of nursing, and recognize the development of leadership qualities.

A recent nation-wide membership survey determined that individual members of Sigma Theta Tau are involved in numerous organizations; 26% of its members are 21-30 years of age, 58% are 31-50 years of age, and 15% are over 51 years old; the majority of members (50.3%) hold the master's degree while 8.5% hold an earned doctorate; specialization of its membership is primarily in adult health (22%), community health (11%), and mental health nursing (9%); staff nursing was reported with the most frequency (22.3%), followed by faculty positions (19.5%) and administrative positions (13.3%).

Dean Judith B. Krauss called the organization "one of the most important resources to nursing." Former Dean Donna K. Diers is the new Senior Editor of Image, the official journal of Sigma Theta Tau.

Nursing and Feminism Conference by Beth Baldwin

The Delta Mu Chapter of Sigma Theta Tau and the Yale University School of Nursing will co-sponsor a national conference, "Nursing and Feminism: Implications for Health Care" at the Yale University Law School on June 8-10, 1986. This will follow the YSN Alumnae/i Weekend. The focus of the conference will be to analyse nursing and the health care system from a
feminist perspective. The evolution of the present system, predominantly controlled by men and masculine ways of thinking and behaving, will be analyzed in light of contributions by nursing, a profession based on feminine values, perceptions and behaviors. A number of nationally known speakers will address the implications for research, clinical practice, administration and public policy. Caroline Whitbeck, Ph.D., Visiting Associate Professor at the School of Engineering, Massachusetts Institute of Technology, will provide the philosophical base for the conference. Patricia Benner, RN, Ph.D., Associate Professor, Department of Physiological Nursing, University of California, San Francisco will discuss issues of clinical practice. Katrina Clark, MPH, Director, Fairhaven Community Health Center, Inc., New Haven, Connecticut, will speak from an administrative perspective. Ann Voda, RN, Ph.D., Professor, Physiologic Nursing, College of Nursing, University of Utah will focus on research issues. Donna Diets, RN, MSN, Professor, Yale University School of Nursing will analyze health policy implications. In addition, papers from around the country will be presented during several concurrent sessions. Lee Ann Hoff, RN, Ph.D., Associate Professor, Northeastern University will provide the closing address.

We look forward to hosting this national conference and encourage all Yale School of Nursing Alumnae/i to plan to stay in New Haven (or come to town) for these two days following Alumnae/i Weekend. Further information and registration forms can be obtained from: Dean's Office, Yale University School of Nursing, P.O. Box 3333, New Haven, CT 06510 (203) 785-2393.

Research Conference

Nursing researchers from around the country will attend the seventh Biennial Eastern Nursing Research Conference on April 18-20 at Yale University. Sponsors of this conference are Yale University, University of Connecticut and University of Rhode Island. A keynote address on Saturday morning at the Law School Auditorium will be given by Kathryn E. Barnard, Ph.D., RN, Professor, University of Washington School of Nursing. On Saturday afternoon in the Commons Dining Room, a keynote address will be delivered by Phyllis Stern, DNS, RN, Professor of Nursing, Nova Scotia. 20 poster presentations of research projects will be on display, and over 35 papers will be presented during the two day session. Barbara Munro, Ph.D., Associate Professor and Chairperson of the Research Program at YSN is in charge of plans for the Conference.

Bixler Room Renovations

A committee of YSN students headed by Nancy Outza '86, has worked with Judy Krauss and architect/nurse Bruce Carmichael '82 to draw up plans for redecorating and furnishing the Bixler Lounge. Their proposal won an Initiative Prize of $1500 awarded by the Yale Alumni Association of Greenwich, Connecticut for projects aimed at "enhancing the quality of life at Yale". This prize money will be added to the funds donated for the same purpose by Reva Rubin '46 (royalties from her recent book). Work will be done on the room early in the Spring.

Presentation of the award from Greenwich Club officers: Judith Krauss YSN, Catherine Lewis, Treasurer, Nancy Outzs YSN '86, Richard Lannamann, President.

Medical-Surgical Clinical Forums

Nursing Grand Rounds

The Medical-Surgical Nursing Program and the Nursing Grand Rounds Committee at Yale-New Haven Hospital collaborated to present a Nursing Grand Rounds on December 3, 1985, in Fitkin Amphitheater.

Joan Marie Gleason, MA, RN, Instructor of Surgical Nursing at Yale School of Nursing and Clinical Specialist at Yale-New Haven Hospital, coordinated the presentation of the case study. The title of the Rounds was, "Nursing Care of the Patient with Closed Head Injury."

The patient, Mr. D., a 21-year-old male, sustained multiple injuries in a motorcycle accident.

Also contributing to the presentation of the case were, Linda Degutis '82, Trauma Coordinator, Yale School of Medicine, and Jean Damato, RN, Staff Nurse SICU, and Andrea McSweeney, RN, Staff Nurse 6-4 (Surgical Unit). Linda Arsenault, MSN, was invited to serve as clinical expert and comment on the case. Ms. Arsenault is Clinical Nurse Specialist in Neuro-Surgical nursing at Michael Reese Medical Center, Chicago, Illinois. She is a Past-President of the American Board of Neuro-surgical Nurses.
Clinical Forum

On December 12th, the Medical-Surgical Nursing Program and the Nursing Ethics Committee at Yale-New Haven Hospital sponsored a Clinical Forum entitled, "Informed Consent: What is it?" Constance Donovan, MS, FAAN, coordinated the planning efforts and served as moderator. Ms. Donovan is an Associate Professor (YSN) and a cancer nurse specialist at Y-NHH. She is also Chairperson of the Nursing Ethics Committee.

Sally Gadow, Ph.D., RN, formerly Assistant Professor, Institute for Medical Humanities at the University of Texas Galveston, addressed the topic of informed consent.

Thomas Duffy, MD, Professor of Medicine (YSM) presented a case concerned with informed consent and also engaged in discussion with Dr. Gadow, and members of the audience.

The photo below is of the three panel members: Dr. Duffy, Dr. Gadow and Ms. Donovan.

The Nursing Grand Rounds and the Clinical Forum were funded by an Advanced Training Grant awarded to the School and the Medical-Surgical Nursing Program. Dorothy Sexton, EdD, is the Project Director.

Bellos Lecture

The 1986 Sybil Palmer Bellos Lecture sponsored by YSN will be held on Friday, April 25, 1986 at 3:00 p.m. in the Yale University Art Gallery Lecture Hall, 1111 Chapel Street. Joyce C. Clifford, RN, MSN, FAAN, Vice President for Nursing at Beth Israel Hospital in Boston will speak on "Nursing in Today's Economic Environment".

ANA CONVENTION

Effie Taylor Named to the Nursing Hall of Fame

Effie Jane Taylor was Dean of the Yale School of Nursing from 1934-1944 and Professor of Nursing at Yale from 1926-1944. She was a forceful academic leader, a pioneer in clinical specialization, and a scholar. Her work in the field of psychiatric nursing was truly visionary. As a nurse researcher, she conducted one of the early studies of psychiatric facilities and was the first professor of psychiatric nursing in the world. She was also the first Director of Nursing of a psychiatric clinic. Effie Taylor provided strong, visionary, leadership in research, academia, clinical practice, and both clinical and academic administration.

We are told by Yale School of Nursing Alumnae who knew her that she was an inspirational and humanitarian leader. Students, faculty, and practicing nurses alike gained insight from this woman's words and actions. She was one of four Americans to be President of the ICN and received the Outstanding Achievement Award from the Connecticut Nurses Association. Effie Taylor was truly an international and national influence on the development of the profession of nursing. It does the profession honor to induct her into the Nursing Hall of Fame.

The induction ceremony will take place at the 1986 ANA Convention in Anaheim. We hope many of you will be in attendance, and will stop by the Hall of Fame Booth to see the display arranged in Miss Taylor's honor.

Donna Diers to Receive the Jessie Scott Award

Donna Diers will receive the Jessie M. Scott Award during the ANA Convention in Anaheim, California in June. This is one of the highest honors nursing can bestow. Donna is
YSN Alums Are Candidates

Margaret M. Styles '54, Professor and Dean, School of Nursing, University of California at San Francisco, has been nominated for President of the ANA. She was Chairperson of the National Committee for the Study of Credentialing in Nursing (1976-1979), member of the National Commission on Nursing (1980-1983), and Chairperson of the World Health Organization's Study Committee on Nursing Regulation (1985). She presented the results of the latter study on Tel Aviv last summer and its recommendations were approved by the International Council of Nursing. She has presented the report to the ANA which reaffirmed its commitment to university requirements for entry into practice, using, in part, her suggestions for how to define different levels of nursing.

Linda Schwartz '84, is a candidate for the Board of Directors of ANA. Linda is past President of the Connecticut Nurses Association and serves on Governor O'Neill's Commission to Evaluate the Medical Effectiveness of the Prospective Payment System and is also on his Women Veterans' Task Force. She is a psychiatric Public Health Nurse in Norwich, Connecticut.

Delegates will be voting during the Convention in Anaheim in June.

See Page 17 for Dean's Reception Invitation.

ARCHIVES

A follow-up on the mystery pictures in the last issue, we thank each of you who wrote! There were conflicting identifications made, but when the subjects themselves gave us some names, we felt sure of the identifications.

The picture with Jean Barrett was taken when the class of 1941 was in their nursing arts course. The patient was Herta Eisenmenger Flack, the observers (1-r) are Elizabeth Kurtz Puzak, Ruth Glueck Addison and Margaret Haseltine Berger. The second scene (balcony) was taken in 1943-44 and they are (1-r) Dorothy Webber

'45, Margaret Gibson '41, and Joan Savage '45.

In reviewing materials about Effie J. Taylor for the ANA display, we found a page from the 1928 yearbook and a letter she wrote to her Johns Hopkins classmates in 1968 which we'd like to share with you, as they give a feeling for this very distinguished lady!

EFFIE J. TAYLOR, R.N., M.A.

Miss Taylor has brought into immediate and practical application the best nursing knowledge of her generation. She has a deep understanding of the needs in this field and the practical genius which can carry out these ideals. Her unfailing and sincere loyalty to her responsibilities and opportunities is combined with her great fund of practical intelligence.

She is one of the few leaders among nurses whose interest and study have been devoted to the field of psychiatric nursing and to this field she has brought the weight of her ability and standing in the nursing profession.

Loyally uncritical of her co-workers, she tirelessly endeavors to develop and bring out the best in everyone with whom she is associated.—her aim being to make possible the best work of all.

My dear friends,

It would give me pleasure to be with you on this Anniversary and join with my Alumnae Sisters in the Home Coming of 1968. But due to my inadequate health, I must forego many of the jobs in which I would so gladly participate and will send my greetings with some of my younger colleagues, resident in Connecticut who plan to be present at the celebration. Please eat a bun and drink a cup of coffee for me as guests of the School of Nursing.

I entered the School in a blustering snow storm in February, 1904 immediately after the great Baltimore fire. I sat in the great hall under the portrait of Johns Hopkins facing the marvelous statue of Christ as I waited for John to notify the night superintendent that the probationer, now ten hours late, had arrived.

Would I make good was the main question I pondered? Sixty-four years have gone by. That probationer has dreamed many dreams. Many have been fulfilled - but not all.

Chief among these is yet to come. But assuredly, the day is not far distant when the
once world renowned Johns Hopkins Hospital School of Nursing will be numbered with other Schools of Higher Education in the Johns Hopkins University.

Affectionately,

Effie J. Taylor, 1907

472 Whitney Avenue
New Haven, Connecticut
September 28, 1968

Kindness of Kate Hyde '28.

Another mystery photo! This was used on the cover of a publicity flyer at one time. Anyone know who she is?

FACULTY NOTES

Gail D'Erama, Instructor, Medical-Surgical Nursing, has been awarded grant monies by the Diabetes Research & Education Foundation (New Jersey). Her research project is "Educational Approaches to Self Blood Glucose Monitoring in Obese Type II Diabetic Individuals." The research is being conducted at Albert Einstein College of Medicine, Bronx, NY. She is co-author of an article "Dental Care for the Person with Diabetes Mellitus" Diabetes Educator II (3), Nov. - Dec., 1985.

Sarah Farrell, Instructor, Psychiatric-Mental Health Nursing Program, is a Board Member and Regional Director, Partial Hospitalization Association of Connecticut.

Kay Flynn, Associate Professor, Medical-Surgical Nursing and colleague, Regina Shannon, have received funding from Delta Mu Chapter of Sigma Theta Tau for their study on "Cosmetic Effects and Purpose of Life of Women with Minimal Surgery and Primary Radiation Therapy".

Eleanor Krohn Herrmann, EdD, RN, Nurse Historian and Associate Professor in the Medical-Surgical Nursing and Three-Year Program, was honored in Belize, Central America, at a dinner reception attended by dignitaries from Belize, the United Kingdom and the United States. The occasion was the publication of her book, Origins of Tomorrow. The book, which is the first ever published about nursing in Belize, traces the history of Belizean nursing education from the late 1800s to the present. Published by the Belizean Ministry of Health with a grant from the Pan American Health Organization, the book is considered model research for other developing countries. Dr. Herrmann has served as a nurse consultant in Belize periodically since 1970. Additionally, she is co-author with J. Dolan and M.L. Fitzpatrick of Nursing in Society - A Historical Perspective, 15th ed., (Saunders, 1983) and numerous other articles about the history of the nursing profession.

"A gift being presented to Eleanor from all nurses of Belize". To her left Right Hon. Prime Minister of Belize, Manuel Esquivel.

Barbara McGrath, MN, Instructor, Medical-Surgical Nursing, has prepared an article "Social Networks of Terminally Ill Skid Road Residents" which will be forthcoming in Public Health Nursing.

Carol Reichert, MN was appointed to the Medical-Surgical Nursing Program, effective December 1. Carol studied for her BSN at Texas Woman's University and earned her Master's in Nursing at the University of California-Los Angeles. She has most recently been a clinical nurse specialist at UCLA Hospital and Clinics and has also practiced at MD Anderson Hospital and Tumor Institute, Houston, Texas. While at UCLA, Carol was the clinical specialist on two oncology units (Medical-Surgical Oncology and Adult Bone Marrow Transplant).

Sandra Tally, Chairperson, Psychiatric-Mental Health Nursing Program, is editor of Psychiatric Nursing Forum, Burroughs Wellcome, Co.

Helene Vartelas '84, Instructor, Psychiatric-Mental Health Nursing, has passed ANA Certification Exam as a Clinical Specialist in Adult Psychiatric Mental Health Nursing.

IN MEMORIAM

Frances Hillman Price '35, died January 1986
Elizabeth Barry '36, died January 24, 1986
Dorothy McGarry Stark '43, died late 1985
Frances Parks Heaton '46W, died December 1985
Jean Broadfoot Roddy '54, died April 29, 1985
Elizabeth James Dotterer '33, reports that her practice of medicine with her husband still keeps her busy, that she "has finally become a grandmother", and that she was recently elected to seventh term as trustee of Meredith College in Raleigh.

Mary-Vesta Marston-Scott '51, has been recognized as the most quoted nurse author by the Social Science Index (1985).

Ada Sue Cox Hinshaw '63, was presented the Nurse Scientist of the Year Award by the ANA Council of Nurse Researchers. She presented a paper at the Conference sponsored by the ANA Council of Nurse Researchers, "Testing a Theoretical Model for Job Satisfaction and Anticipated Turnover of Nursing Staff".

Donna Diers '64, has been appointed Editor of Sigma Theta Tau's National Journal, Image, by the new President of the organization, Vernice Ferguson.

Angela Barron McBride '64, has been elected President-elect of Sigma Theta Tau, the National Honoray Society of Nursing. Her election was announced at the end of the society's biennial convention in Indianapolis in mid-November. Angela has served Sigma Theta Tau as First Vice President and has appeared in numerous programs and presentations of the Society.

Phil Gower '74, has been charge nurse 4 nights a week for a 28 bed adolescent psych. unit at Del Amo Hospital in Torrance, CA; he's been making video-tapes presenting some basic concepts of Neuro-linguistic Programming for use in staff education; he's Treasurer for Region 6 of California Nurses' Assoc.; and he's started a side business of financial planning and investment counselling and doing well!

Joan Edelstein '75, is still teaching at San Jose State University in the Department of Nursing.

Cecelia Mukai '76, her husband and two sons returned home to Hawaii in 1980. She started teaching at the Univ. of Hawaii, and is now Assistant Professor. She is a certified FNP, she was admitted into the doctoral program in Educational Psychology last September and presented her first paper at Hawaii Educational Research Association Conference in January.

Sheila Conneen '79, and a colleague, Brian Aveney, had an article published in January 1986 issue of Bulletin of Medical Library Association entitled "The Atomization of Information". This discusses the effect of electronic publishing on medical research.

Chris Cannon '79, is Director, Dept. of Health, Bridgeport, Connecticut.

Debi Welch-McCaffrey '79, was awarded the 1986 Schering Clinical Lectureship by the Oncology Nursing Society, an organization of 10,000 cancer nurses from across the United States. This lectureship was established in 1985 to support and recognize excellence in the clinical practice of cancer nursing. As recipient, Debi has been recognized as an expert practitioner in clinical nursing practice and a major contributor to the development of oncology nursing. Her lecture is entitled, "To Teach or Not to Teach: Overcoming Barriers to Patient Education in Geriatric Oncology", will be presented in Los Angeles at the Oncology Nursing Society's Eleventh Annual Congress in April, 1986. Currently, she is the Oncology Clinical Nurse Specialist at Good Samaritan Medical Center in Phoenix, Arizona. The book Handbook of Oncology Nursing edited by Bonny Libbey Johnson '80 and Judy Gross '80, and published by Wiley Co., received a 1985 AJN Book of the Year Award!!

Marianne Lewis '80, is one of four nurses in the Nurse Counseling Group in Norwalk, CT. She specializes in the treatment of phobias providing professional counseling to clients. She also speaks to groups on Contextual Therapy.

Joan Monchak '80, has gone into business! She is President and Founder of Hygeia, a company which provides stress management workshops and consultations to industry. She is available to speak on issues of stress management and on issues of being a nurse/woman trying to make it in the business world!

Danuta Bujak '81, has a new job as Rheumatology Specialist and Program Coordinator, Rheumatology and Immunology Division of the NY Medical College, Valhalla, NY.

Linda Curgian '81, is Nurse Director of the Pulmonary Rehabilitation Program at Rush Presbyterian - St. Luke's Medical Center, Chicago, Illinois.

Cheryl Izen '81, is Nurse Psychotherapist at Faulkner Hospital in Boston, MA.
Ann Atherton '82, is on faculty at Nazareth College in Kalamazoo teaching Family Nursing. She hopes to continue working with migrant families in the summer.
Beth Kretowich Boyarsky '82, has started working at the Regional Visiting Nurse Association in Hamden, CT.
JoAnn Graziano '82, and her husband announced the birth of their son in December. She plans to return to part-time work in March at the VNS-Home Care in the M/CH-Peds Program in New York City.
Michelle Johnston '82, and her husband had a son in March 1985, (delivered at home), moved to larger home which overlooks the Golden Gate Bridge and in November started a new job part-time as Clinical Instructor in maternal newborn nursing at Merrit College in Oakland.
Kristen Kreamer '82, is a Clinical Specialist in Cancer with a home-care agency in Portland, Maine.
Jessie Shank '82, is the Program Director of Take Heart, an outpatient cardiac rehabilitation program at the Hospital of St. Raphael in New Haven.
J. Howard Brunt '83, and Cynthia, announce the birth of a daughter on December 4, 1985. Howard will begin doctoral studies at the University of Calgary in September 1986. Last year he was chosen for the "Superior Teaching Award" by the student body at the University of Calgary.

Veronica Kane '83, last year, wrote a book and teacher's guide, under an HHS grant, for State of Conn. to train school nurses how to handle emergencies. (It's still to be published). She has recently moved to Omaha where she's PNP in the Air Force, Strategic Air Command Headquarters.
Marjorie Funk '84, prepared a manuscript entitled "Heart Transplantation: Post-operative Care During the Acute Period", which was awarded second prize in a writing contest sponsored by Critical Care Nurse. The article will appear in a 1986 issue of the journal.
Carol Rodgers Stampfer '84, had a baby girl last July and moved in September from New Haven to Portland, Oregon.

The next issue should have 1985 Class News - we need to hear from more of you first!

YSN ALUMNAE/I WEEKEND
Reunions
Alumnae/i College
Annual Meeting
June 5 - 6 - 7, 1986

Dean Judith B. Krauss

cordially invites Yale Nursing Alumnae/i to a reception
(during the ANA Convention)
Monday, June 16, 1986 from 6-8 p.m.
at the Anaheim Hilton Hotel
Anaheim, California
(Check at Information Desk for Room Number)

R.S.V.P. - use tear-off below or telephone Alumnae/i Office, YSN (203) 785-2389

Return to: Yale School of Nursing
Alumnae/i Office
855 Howard Avenue, P.O. Box 3333
New Haven, CT 06510

I am pleased to accept your invitation to attend the reception on June 16, 1986 at the Anaheim Hilton Hotel.

Thank you,
Name
Class phone ( )