Yale Nurse

Yale School of Nursing
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Annie Goodrich, the Consummate Community Health C.N.S.
From the Dean

This issue carries my "State of the School Address" for 1990. Such addresses are thought to be a measure of the health of a school. In the end, I have to hedge on any final pronouncements about the health of YSN. I will leave that to you. This year our orientation theme was "community." It prompted me to recall my student days at YSN. We were in the midst of national and local turmoil over issues that grew out of the need for more community control of services — health, social, educational — and New Haven was a hotbed of activity because the Black Panther trials took place here. I was, in a very real sense, a student of the community.

I learned that I didn't know very much about the real needs of people in the community, nor did I appreciate the extent to which the community could be resourceful on its own behalf. In the end, I learned to measure myself by community yardsticks.

Many years have passed since my student days, enough to constitute a 20 year cycle. If I were to ask members of the community to take measure of YSN, what would they tell us? How visible are we in the community? How and what do we teach our students of the effects of poverty, color, diagnosis, or age on access to health care? To what extent can each of us say we are in and of the community? Some days I can get so caught up in our fiscal problems or the problems of bricks and mortar that I forget there is another reason why we are here — and it can be found in the community.

In renewing our commitment to community we rediscover the reasons we chose nursing in the first place, to enter into caring relationships with people who need us and to create communities of care. These are the ultimate challenges for a community of clinical scholars. Enough for a lifelong career!

Judy Krauss

Read All About It.....

1991 ALUMNAE/I WEEKEND
June 6, 7, 8

We are happily anticipating another Alumnae/i Weekend in which to share our thoughts and ideas about the current state of our health care system. The keynote speaker this year will be Madelon Baranoski, RN, PhD, Chairperson of the YSN Child Health Division. The Topic, "The Health Care System Is Out of Control," will focus our attention on the issues affecting all of us in today's health care delivery system. A reactor panel of distinguished experts will propose possible solutions to the moral, ethical, economic, cultural diversity and at-risk dilemmas that we confront.

I invite you to put on your thinking cap and join us in June. See you then!

Marvel K. Davis '70
President, YUSNA
YALE UNIVERSITY SCHOOL OF NURSING
State of the School
by Judith B. Krauss, Dean
September, 1990

The themes of this year's week-long orientation are community and diversity. We hope to convey a set of values through our emphasis on community: namely, that a school of nursing in a university is a link or bridge to the outside world; that your pursuit of knowledge through the process of discovery will of necessity cause you to encounter the many faces of the community which surround and embrace us; that our mission is to shape health care systems, which after all reside in communities, so that all people may have access to quality health care; and that the community is as much our teacher as it is the recipient of our services.

The Move and the New Building Program

"The Move" was accomplished during the early weeks of July with a few fits and starts. The faculty and staff can attest that it is never fun or easy to move an entire school but, thanks largely to the efforts of Dan Junior, our Business Manager, this move was accomplished smoothly, ahead of schedule, and with no disruption to the regular academic routine!

All of us will have the opportunity to discover the strengths and weaknesses of our redesigned space over the course of the year. I hope you will agree that we were able to negotiate attractive, functional space that will meet our needs over the next three years while we await completion of our new building.

The very fact of this new building program helps to emphasize the theme of community. Every concept, sketch and brick requires days and months of negotiation with our Medical School, Hospital, and New Haven neighbors. As we begin the design phase we will be reminded that we live and work in a community and that the very buildings we occupy can have a positive or negative, but rarely neutral impact on those who live and work nearby. As a school of nursing we have only one building and must take care to design it in a way that conveys our mission and philosophy and allows us to do our work. Yet, we must live by our own mission and take care that our building brings the right message to our neighbors — a message of care, strength, and peace. The building program will make us more visible within our own University community. We will find ourselves needing to explain the role and place of nursing in the University and the community as we present our program to various bodies for review and approval. We will find abundant opportunity to use the occasion of a new building to put YSN and nursing in the public view.

Students

This year we have a total enrollment of 205 students which translates to 172 full-time equivalents. The School has remained relatively stable in terms of size, as measured in total enrollment and graduations. You continue to be mostly women, mostly white, and average about 29 years old. After that there are very few generalizations that I can make about you — and it is that diversity which characterizes the YSN student and has since we first opened in 1923. Most of you are alleged to have broken someone's mold somewhere before you applied here. Many of you have had careers in other fields, some of them distinguished careers; most of you have been "non-traditionally" educated by usual nursing standards, which is probably what makes you such interesting people; and all of you went through an arduous process of decision-making before coming here and committing to the years, intensity, and tuition which mark a Yale education.

From a recruitment perspective it is getting harder for us to attract students like you to come to Yale. There is reason to be concerned about the future of private university-based schools of nursing across the country. The economy, the nursing shortage, and the still pervasive, if insidious, anti-intellectual stereotypes about nursing make it increasingly difficult to secure the necessary funding base to support such schools and prospective students often make choices based on time and money rather than quality. Students and faculty will be called on more frequently to explain the benefits of education such as that afforded at YSN as we continue to seek University and private sector support for the long-term future of the School.

Faculty Accomplishments

While our pioneering spirit is certainly reflected in the kind of student who is selected to study at Yale, it is best represented in the Yale faculty. The YSN faculty are much like Florence Nightingale as characterized by Fagin and Diers in an often quoted Image article, "...tough, canny, powerful, autonomous, and heroic."

You will encounter heroines and heroes here hiding in abundance among the faculty. They are the people who are pioneering new clinical roles in the community, coping on a daily basis with the obstacles of poverty, racism, and lack of access to basic health care. They come in many forms, the nurse-midwife who works with HIV positive substance abusers; the medical-surgical clinical specialist who confronts the introgenesis of technology every day or the problems associated with aging; the pediatric specialist who can manage the normal development needs of a teenager who must live with spina bifida; the psychiatric clinical specialist who works to improve the functional status of seriously ill schizophrenic patients who have long ago been abandoned by the community; the community health specialist who helps shape health services delivery to entire communities; the school nurse practitioner who makes it possible to mainstream children with serious illnesses or physical challenges. They are the policy shapers who envision a different kind of health care system. They are the researchers studying in such diverse fields as aging, childhood trauma, tempera-
State of the School (cont.)

...ment, the relationship of chronic disease and disability to development, diabetes, elder abuse, the frail elderly, AIDS, and the impact of technology on long-term health and quality of life.

At the moment we boast four editors of journals on the faculty. Donna Diers is the editor of Image; Jim Fain edits the journal, Diabetes Educator; Carole Passerelli is the editor of School Nurse; and I am the editor of Archives of Psychiatric Nursing. The faculty are prolific writers with publications in virtually all of the major specialty and general interest journals.

We currently have several major programs of research underway. Jane and John Dixon continue their studies in aging; Sandra McClowry is conducting studies in childhood temperament as the School’s first Becton Dickinson Fellow; Jim Fain and Gail D’Eramo-Melkus are conducting studies in the field of diabetes; Donna Diers is part of a multidisciplinary international research team which continues its work in DRGs and related issues; Madelon Baranoski and Linda Lewandowski are conducting studies related to childhood trauma; and, Lynne Schilling continues her work in development in children born with serious hearing impairments. Dorothy Baker is Project Director for a clinical trial designed to prevent falls in a frail elderly population; and Walter Zawalich continues his groundbreaking basic science research in diabetes.

Terry Fulmer, with Dorothy Baker and Phyllis Pallett, has been successful in attracting major funding for a project designed to demonstrate ways to strengthen the community links between acute care networks and home-based networks caring for the frail elderly. The Kellogg Foundation has funded the project at just under a million dollars. Additionally, Terry was just awarded a Division of Nursing grant to establish a gerontology nursing program of study at YSN.

Paula Milone-Nuzzo has completed a very successful first year as Project Director for the Baxter Foundation funded Home Care Nursing concentration. The Foundation site-visited the School at the end of last year and was very pleased with the students, faculty, and course work.

Gail D’Eramo-Melkus and Jim Fain have launched a similar concentration in diabetes. We currently have funding from NIH and are seeking funding from the Division of Nursing to support the program.

Ann Williams, currently on leave from YSN, will complete her two year Robert Wood Johnson post-doctoral clinical scholars program at the end of this academic year. She continues her work in AIDS research, particularly as it relates to substance abusing women. We look forward to her return to the School in September, 1991.

Most notable, from both a contemporary and historical perspective, Donna Diers has been named the first Annie W. Goodrich Professor of Nursing. The Goodrich professorship fund was established some years ago by YSN alumnae/i who were interested in seeing the School have an endowed chair. The President of the University and the Corporation agreed to formally name that chair effective July 1, 1990 and voted to appoint Donna as its inaugural occupant. One of my favorite Annie Goodrich quotes is the one that suggests that nurses must speak two tongues, the tongue of science and that of the people. Donna Diers has exemplified that art for all of her nursing career. She is seen as a scholar-pioneer who advocates for patients by pressing forward the boundaries of nursing practice. By honoring Donna with the Goodrich professorship the University honors YSN and nursing.

Medical Center Relationships

Relationships among the Schools of Nursing, Medicine, and Epidemiology and Public Health are in the best state of health they have been in for a long while. Myself, and Deans Rosenberg and Singer have made multidisciplinary education a major agenda for the next five years. We have recently been selected as one of 15 finalists in a Kellogg Foundation grant effort to fund multidisciplinary programs in community based primary care education. We have formed a major partnership with the Hill Health Center and we are participating in the Kellogg sponsored sessions related to the grant program while we develop a proposal which we believe will change medical, nursing, and public health education at Yale and define a community health center (the Hill Health Center) as a major partner in education. It is our intention to examine all facets of multidisciplinary relationships at Yale in the classroom, practice, and research arenas. The Kellogg team consists of Ralph Horwitz, of the School of Medicine, Brad Gray and Burt Singer of the Department of Epidemiology and Public Health, Cornell Scott of the Hill Health Center, and Madelon Baranoski and me of the School of Nursing. As the proposal develops, we will be engaging many members of our respective faculties in the planning process. It’s an exciting time. The planning process is challenging and stimulating and I believe everyone is learning something about the potential contributions of the other disciplines to the health care problems of the Nineties.

Indeed, as we stand on the threshold of the 21st Century it is encouraging to be there as part of a multidisciplinary team which recognizes that the health care problems confronting us will not succumb to the science or practice of any single discipline but rather must be confronted from a multidisciplinary perspective. I have great hope that we can produce a new generation of doctors, nurses, public health administrators, clergy, and business people, who “grow up” knowing and respecting the contributions of their colleagues in other fields. Indeed, I am hopeful that the faculty who are fortunate enough to have the opportunity to teach in these new programs will be given a second chance to develop healthy respectful relationships with their faculty colleagues in the other disciplines.
We continue to strengthen our ties to our two affiliated hospitals, Yale-New Haven Hospital and the Connecticut Mental Health Center. We have relationships with countless other clinical agencies but these two are the main source of faculty joint appointments and provide the lion's share of our clinical practice. We recently made two new appointments in the central nursing office at CMHC, two new Associate Directors of Nursing, which we believe represents a major strengthening of our association with the Center. We hold numerous clinical specialist and nurse practitioner appointments at Yale-New Haven Hospital and our faculty nurse-midwives provide significant Gyn and obstetrical services to the Women's Center System.

Finances and New Programs

No state of the school address would be complete without some discussion of finances. I have good news and bad news. The bad news is that we continue to operate in an approved deficit mode, meaning that our expenses exceed our income and we no longer have a reserve fund to support our deficit. The University picked up our deficit last year and has approved a $600,000 deficit this year. We have a budget of almost five million dollars.

The good news is that we did much better than our approved half million dollar deficit last year, coming in $250,000 better than anticipated. We continue to make glacial but measurable progress with fund raising. In the past three years we raised just over 4 million dollars in programmatic, endowment, and new scholarship funds.

We submitted a proposal to the Provost for the establishment of a doctoral program at the School. The President named an internal committee to review the School's finances, current academic programs, and proposed doctoral program in order to make recommendations to the Corporation concerning the School's future needs. It is too soon for me to predict the outcomes of the Committee's review, but I believe it is a good sign that the University has decided to study the School's needs based on its programs, current and proposed. We have an opportunity to further educate the University about the role of its School of Nursing and to gain support for our programmatic needs.

The proposed doctoral program emphasizes the study of the nature and effect of nursing care and the study of health policy. I believe it is entirely consistent with our mission to reform the health care system to improve access for all and that it embraces our commitment to practice and theory which both guides and grows from practice. The faculty believe that in order to influence nursing care we must study nursing practice and the environments in which that practice takes place. To most of us this is not a revolutionary idea but the kinds of studies which would grow from such a doctoral program would doubtless revolutionize nursing and health care.

There is no question that it would be easier to sell this program to the University if our finances were in the black. However, this University has a history of making decisions based on programmatic rationale, not just cost. We must approach such proposals in the midst of a '90's economy because we can't wait for the economy to change or for our finances to adjust. In time, our increased grant activity and continued success with development, particularly on the endowment side, will stabilize our finances. In the meantime, we must move forward with programs which respond to the health care needs of the 21st Century and make necessary short-term adjustments.

Our nation's Public Health Service has declared the following major health goals for the year 2000:

• Reduce infant mortality to no more than seven deaths per 1000 live births.
• Increase life expectancy to at least 78 years.
• Reduce disability caused by chronic conditions to a prevalence of no more than 6% of all people.
• Increase years of healthy life to at least 65 years.
• Decrease disparity in life expectancy between white and minority populations to no more than four years.

These goals will only be achieved with a major shift from a single discipline paradigm to a multidisciplinary paradigm with all disciplines bringing the best of their practice and science to bear on the problems. The YSN tradition of specialization and immersion in practice, as well as our early role in establishing the parameters of what we now understand to be nursing research — the study of the nature and effect of nursing practice — define us as a leadership school which should be on the cutting edge of practice and research in nursing that will move us closer to realizing the goals for the year 2000. That is why we will press ahead with our agendas for change over the next five years.

YSN Research Day May 9, 1991, 3-6 P.M.

All YSN alums are invited to submit abstracts for presentation at the Annual YSN Research Day scheduled for May 9. Thesis research or current research is welcome. A wine and cheese reception will follow. For further information contact:

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This is always a stimulating and fun day, so please consider joining your fellow alums and colleagues in sharing the work that puts us at the forefront of nursing research.
Diversity in Advanced Practice — 
Are you REALLY a Nurse?

How often have you heard a patient, a physician, a neighbor or a colleague say, "You’re a nurse?" or "So you’re not really nursing anymore."? Although the clinical specialist and advanced practitioner are commonly seen in most large hospitals, and research and teaching institutions, how common are they beyond traditional institutional walls? The public is fairly well versed on the role of the office, ambulatory, and community-based nurse practitioner. Those who have visited the offices of the school or occupational health clinician understand that the scope of practice exceeds minor symptom and emergency treatment management. And of those who have received home health care services, relatively few understand the complete role of the community health nurse.

In emergency and disaster situations where would we expect to find the advanced practitioner? To whom does the public turn? Would we and they expect to see a clinical specialist working with paramedical technicians and rescue crews to clear debris or bandage injuries? And would we expect to hear that a nurse is developing and implementing programs for and with police, fire, and emergency personnel and their supervisors to cope with the immense grief and shock of their work?

In the past few months we have heard of so many exciting areas in which alumna/i practice that we have decided to begin a new regular feature in Yale Nurse, "Diversity in Practice — Are You REALLY a Nurse?" Please continue to contact the Alumnae/i Office and send us articles about your innovative and diverse practice roles. We will follow up with a phone interview and hopefully create another avenue of collaboration and information sharing.

Dealing with the Emotional Aftershocks

Since the October, 1989 California earthquake, Diane Myers ’69, has been working on a contractual basis for the State of California and the National Institute of Mental Health. She provides clinical and program supervision for the disaster mental health recovery projects in seven earthquake counties. The project budget is over 4.4 million dollars. Since the earthquake she has trained over 500 mental health professionals and paraprofessionals in disaster mental health issues and interventions, and each time that she does the training at least one person says, "You’re a nurse?" Diane has held several non-traditional advanced practice roles and most of us would believe that the scope of nursing practice in California is quite broad and diverse. Yet Diane remarks that individuals are very often surprised to find a nurse doing this work.

Diane directed two Disaster Crisis Counseling Projects for the Federal Emergency Management Agency and the National Institute of Mental Health following the California winter storms of 1982 and 1983. With over 12 years of experience in the field of disaster mental health and critical incident stress, she has also served as consultant, program manager, and trainer to the American Red Cross, and numerous police, fire, medical, and human service and disaster organizations.

In an article that appeared in the Winter, 1990 issue of Network: Earthquake Preparedness News, Diane and her non-nurse colleague Linda Fain wrote about the "Emotional Aftershocks" of the October, 1989 disaster and Diane’s diverse advanced practice role. The Yale Nurse gratefully acknowledges the Network for allowing us to reprint sections and points from this article.

"Mental health professionals in most counties reported to shelters within a few hours of the earthquake; by early December, staff in the seven affected counties had seen over 35,000 individuals and held around 1,700 group sessions. Elements of service were uniquely geared to each county’s population; however, all counties provided outreach, screening and diagnosis, individual and group crisis coun-

selling and follow-up referral, education/information services, training of community professionals, and debriefing.

"The kinds of problems reported to local mental health agencies were multiple and diverse. Adults spent sleepless nights, feeling ‘jumpy’ and numb, feeling themselves unable to concentrate and some experienced feeling so hopeless that they were immobilized. Their personal activities and relationships were disrupted, about which they naturally felt anger and anxiety. Many grieved over the loss of loved ones and friends, as well as precious possessions. In hilly and mountainous regions prone to slope instability, the aftershocks and anticipation of the rainy season (which would further loosen recently active landslides) left many residents extremely fearful about the continued safety of their houses.

"Children exhibited regressive behaviors such as crying and clinging, and changes in activity levels. Some became more aggressive than previously, others withdrawn. Parents often reported that their children were frightened by loud noises and quick movements; even curtains blowing in the breeze became scary for some children. Children also complained of nightmares and difficulty sleeping. They expressed anxiety about the safety of buildings, as well as separation from their families. School was disrupted for some children because the buildings were used as shelters. School personnel requested and received assistance in understanding and dealing appropriately with children’s reactions to the disaster (as well as with their own).

"Mental health providers reported that older adults seemed reluctant to reveal the full extent of their losses; they seemed to fear the possibility of losing their autonomy and independence.
Revised outreach and follow-up with these individuals became critically important.

"The ethnic diversity of the seven affected counties required that the crisis counseling be culturally sensitive and in many languages. Non-Anglos have varying beliefs about asking for help and are often mistrustful of government programs because of bad experiences in the countries of origin, or fear that disaster-relief services will adversely affect their immigration status. For many, the trauma of the earthquake reawakened memories of prior traumas in war-torn or politically repressive homelands; others who came from countries where earthquakes are frequent or devastating were reminded of the most recent quake that they had been through. Bilingual mental health staff from unaffected counties were called upon to meet the vast need.

"Many northern California residents cannot find affordable housing and substandard living conditions and homelessness were major issues before the earthquake. After the quake things just got worse. Many of the houses destroyed were single-room residences in overcrowded urban areas. After the loss of so many rental units the stress of being unable to locate to another home caused further anxiety, hopelessness, and anger. Workers in the Disaster Application Centers reported unusually intense displays of emotion from individuals who were applying for assistance. As they enumerated the full extent of their losses for the first time, many finally began to express their grief and anger. At least 20 calls per day to the general information, toll-free number at the Disaster Field Office were judged to be so desperate and troubled that they were referred to crisis counseling."

Not surprisingly, the disaster workers exhibited signs of stress and trauma. They coped with emotionally overwhelming situations and worked long and exhausting hours. Police, fire, EMS technicians, individuals employed by government and voluntary disaster agencies, school teachers and staff all needed unique consultative services and periods of debriefing.

The Bay Area did have a disaster mental health plan in place before the 1989 incident. They had prepared for such a disaster and understood the range of disease-related problems that could occur and equipped county coordinators and staff for those problems. Diane Myers was instrumental in this planning. She developed the California Department of Mental Health Training Manual for Disaster Mental Health, and co-authored Disaster Work and Mental Health: Prevention and Control of Stress Among Workers. The latter was published by the National Institute of Mental Health. In
the last eight years she has conducted training sessions for professional organizations, civic groups, service organizations, and public and voluntary disaster and social service agencies. Examples of her educational programs include planning and implementation of disaster mental health services; prevention and control of stress for disaster/emergency service workers; recovery from disaster/trauma; immediate and long term interventions at the individual, family and community level, and critical incident stress debriefing; techniques, program design and program implementation.

Diane’s work was also featured in the November, 1990 issue of Today’s Supervisor, The Journal of California State Supervisors. In the first of a two part article Diane and her colleagues Junin and Zunin write that although a disaster or tragedy may affect individuals, it more often affects an entire work group or organization. The challenge for managers and supervisors is two-fold: how to offer condolence to the directly affected individuals, as well as how to provide an effective and appropriate organizational response to the larger group affected by the tragedy.

Diane and her colleagues use Critical Incident Stress Debriefing (CISD) as a form of crisis intervention. CISD was coined by Jeffery Michell, PhD, who states that the goal of debriefing is to minimize the stress reactions and ease the recov-
Debriefing is an organized way of addressing the normal stress reactions that follow an unusual traumatic event. It is not psychotherapy. It is simply an opportunity for people to talk with each other in an organized way about their reactions to the type of situation they have been through. Diane states that the four steps of debriefing are so practical that they are somewhat deceiving. During the process the practitioner gathers facts, inquires about the individual’s thoughts, encourages and acknowledges feelings, and offers reassurance and support. The significance of the process for the participant is that of being heard; hence it is of critical importance that the practitioner be a highly skilled listener and group facilitator.

A debriefing usually takes between two and four hours; the time should be uninterrupted. It is usually done 48-72 hours following the incident. Myers and Junin used the technique last year with two types of earthquake “victims,” those who were intact but found themselves deeply affected by the disaster, and volunteers who had helped survivors of the quake. In working with both groups, it was apparent that these “victims” demonstrated similar patterns of normal grief, regardless if they were clients or the helping volunteers.

When people meet and work with Diane, they assume — but she quickly informs them otherwise — that she is a psychiatrist or psychologist. She is the only nurse in a nearly 100 person multi-service organization and now occupies a key management position. "I really enjoy my work, and I also delight in having the public know that an advanced practice nurse can and does hold such a critically important community position."

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Aftermath, Painted Cave Fire, Santa Barbara, CA, 1990 where 4900 acres burned and 532 homes were destroyed.

Diane, with Linda Fain of the California Department of Mental Health, live on radio discussing the aftermath and emotional issues of the Loma Prieta Earthquake, a year later (1990).

Diane working with school science teachers on ways to incorporate disaster mental health principles into school science curricula.
When a Building Is No Longer…

In the May, 1990 Yale Nurse you read about the future of YSN, a future discussed in terms of bricks and mortar, and beyond. We told you that we would make every effort to preserve the memories and pictures of YSN buildings past and present. And we also told you that we would literally “let go” of the present to build our future. In early November the letting go actually occurred, and those who witnessed it felt the ground tremble and experienced bittersweet feelings.

For those of us who have wondered if “IT” was gone, well, here’s your answer. And for those of us who would rather forget that we ever heard that “IT” was going, well, maybe you’ll want to ignore the pictures, but read the captions. They are words from the Social and Ethical Significance of Nursing and, as always, we find that reflecting on the writings of Annie Goodrich helps us remember the past, so that we can build for the future.

“Here in this house of many mansions…”

“...through the coming years you will look back with, I am sure, affection and gratitude, realizing that here too was a definite contribution to your education... because you know what has been done, what there is to do and in a measure how to do it...”

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"... there should be demanded an educational content based on the needs of the community ... under such circumstances, and only such, will the nursing profession be equipped, mentally, physically and emotionally, to meet the community needs."  

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"Our theories concerning nursing may fail and our systems will be ever changing but to the nurse has indeed been given an elevating joy ... to render a complete service, the service of mind and heart and hand for the physical and social betterment of mankind."

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The Patient Speaks: AIDS Activism in the ’90s
Ann Kurth ‘90, MPH, MSN, CNM

Ann Kurth is a recent graduate of the Yale School of Nursing’s Nurse-Midwifery program. She is currently working as the AIDS Coordinator for Methodist Hospital in Indianapolis, Indiana and is editing a book on women and AIDS.

As the entity of HIV-spectrum disease enters its second decade, it has come to occupy our consciousness as have very few other illnesses. One reason for this is directly due to the 'patients' themselves (a more preferable term is 'persons with AIDS' or 'PWAs'). An extraordinary thing has occurred in the realm of science and medicine as it confronts this virus: PWAs, researchers and clinicians have been forced to encounter each other's concerns to a degree that is almost without historical parallel. With time literally running out for so many PWAs, they must depend upon laboratories and health professionals to provide a cure, or at least an amelioration of their debilitating symptoms. These clinicians, on the other hand, have had to contend with many PWAs who refuse to give in to passivity, but who instead ask questions, demand answers, and in every other way function with what is an essentially nursing philosophy: empowerment in their own care.

At last year’s Fifth International Conference on AIDS in Montreal, this clash of cultures left a painful ringing in many people's ears. Some clinicians and bench scientists felt that their principles were being unfairly impuned by AIDS activists, while many PWAs felt literally shut out of the influential meeting (no PWAs had been invited as guest speakers, for example).

By the time of this June’s Sixth International meeting in San Francisco, a noticeably more cooperative atmosphere prevailed. This year's Conference organizers (the University of California, San Francisco) put great effort into remaining true to the diverse portrait of this epidemic. Robert Wachter, the Program Director, pointed out in the opening ceremonies that the Conference organizing committee was made up of, “nearly 500 extraordinary individuals: scientists, doctors, nurses, social workers, psychologists, activists, community-based workers, and people with HIV infection and AIDS.” He went on to say that although some, “scientists say that the Conference has become too political [and] some people with AIDS and their advocates say that the Conference is too unresponsive,” the multiple agendas of the Conference must succeed because, “the true enemies — ignorance, prejudice, and lack of commitment to solving this crisis — are out there, and not inside this great hall.”

Two of the keynote speakers illustrated this effort to distribute the Conference’s emphasis more equitably. Eunice Murungi Kiereini, a nurse-midwife from Kenya, is chair of the World Health Organization (WHO) Regional Nursing and Midwifery Task Force and a member of the WHO Global Commission on AIDS. She spoke eloquently of the devastating impact of HIV disease on the lives of Africans, particularly women and children. The latter are being orphaned in droves as entire villages become decimated of all but the very young and the very old.

Another keynote speaker was Peter Staley, a member of the AIDS Coalition to Unleash Power (ACT-UP), an influential activist group whose slogan is, “Silence = Death.” His anger at what is perceived as a lack of sufficient interest on the part of the Federal government in the ‘war on AIDS’ was evident when he pointed out that rather than attending the opening session of the Conference, as other heads of state have done, George Bush was at that moment in North Carolina engaged in a barbecue fund-raiser for Jesse Helms.

This year’s Conference was affected by politics in a very direct way, since the United States decided to enforce a ban on allowing HIV-positive persons entry — even though it is the US that has the highest number of AIDS cases in the world. This lead to a restriction in the number of Conference participants, as individuals, agencies, and entire countries boycotted the Conference in protest of the restrictive US policy. ACT-UP and other HIV activist groups held demonstrations outside the Conference halls each day, leading to a total of approximately 60 arrests but no incidents of overt violence by the protestors or the police. However, there were often as many AIDS activists inside the halls each day, their name-tags identifying them as yet another of the 10,000 or so Conference attenders. This year's meeting organizers issued 375 free passes to PWAs in order to assure a more representative attendance.

While some people have been offended by some of the confrontational tactics used by AIDS activist groups such as ACT-UP, the achievements of the activists' strategy are impressive. These AIDS activists have demanded changes in the way that clinical research trials are conducted and have called for broader participation by women and people of color in such trials. They have organized to make themselves experts in all aspects of this disease, bringing to FDA approval such drugs as aerosolized pentamidine, a prophylaxis for Pneumocystis carinii pneumonia (PCP), an opportunistic infection that is the biggest killer of PWAs.

As the clinicians and the persons living with HIV/AIDS continue to work — and sometimes to thrash — out their differences and needs, the voice of one speaker at the Conference held insight into the dynamics necessitated by this disease. Leon McKusick, a clinical psychologist who works with PWAs, said, “At issue is grief. For those of us close to the center of the epidemic, the grief is intense, for it's in response to multiple losses. I contend that a large part of the anger of AIDS activism, that loud yelling and screaming outside, is grief . . . But I further suggest that the cold resentment felt by many scientists and doctors against the activist is repressed grief, unexpressed grief, withheld grief. No matter how rational you are, these are extraordinary circumstances, calling up extraordinary emotions.” As nurses continue to do HIV-spectrum dis-
ease work, they will find that the battle is not just against a virus but against a number of powerful emotions, such as ignorance, prejudice, anger, and grief. In this battle, at least, the nurse’s best ally may very well turn out to be the ‘patient.’

CORRECTION
We regret that in the Fall issue of the Yale Nurse Dr. Rhetaugh Dumas’s Keynote Address at Alumnae/i College was not printed as promised. The Address has been submitted for publication elsewhere and is under review.

Cynthia Belonick ‘92, a first year adult psychiatric-mental health student, recently published an article entitled, “The good and bad patient phenomenon reexamined,” in Hartford Psychiatric Letter, a Hartford Hospital Newsletter published by the Department of Psychiatry.

Nancy Mistretta ‘92, has authored an article published in the November/December issue of the Journal of Emergency Nursing. The article is entitled “Triage decision: the patient with neuroleptic malignant syndrome.” Nancy, a first year student in the adult psychiatric-mental health program, was also presented an award by the Emergency Nurses’ Association for clinical expertise in the practice of emergency nursing for 1990.

Susan Pellowe ‘92 received the Excellence in Oncology Nursing Award of the Southern Fairfield County Unit of the American Cancer Society, as well as a scholarship awarded by the Norwalk-Westport Board of the American Association of University Women. In addition to being a student in the Community Health Clinical Specialist Program at YSN, Susan is a Connecticut Hospice home care nurse assigned to the Mid-Fairfield Hospice which is allied with the Connecticut Hospice.

Donna Diers Inaugurates School of Nursing Post

Donna Diers, MSN, The Annie W. Goodrich Professor of Nursing, has been appointed Chair of the Adult Health Division at the School of Nursing. Diers is also Director of Policy Studies at YSN.

The Adult Health Division is the largest of the five divisions created in a reorganization of the School of Nursing which began in the summer of 1990. This Division encompasses programs which educate psychiatric-mental health nurses, nurse-midwives, adult and family nurse practitioners, and medical-surgical nurses.

In announcing the appointment, Dean Judith B. Krauss said, “Donna Diers’s background as a psychiatric nurse, and her considerable interests in primary care, nurse-midwifery and in hospitals as environments of care make her ideal for this position.”

The School of Nursing has been preparing nurses as specialists in mental health since the early 1950s, in nurse-midwifery since 1955, in primary care since the late 1960s, and in medical-surgical nursing since 1975. Other YSN divisions educate nurses for advanced practice in community health and in pediatrics.

“Nursing is two things,” states Diers. “First, the nurse must care for the sick and help keep the healthy well. Second, the nurse must tend to the environment within which care occurs. This second mission presents the next frontier for nursing.” Donna explains that this environment includes the values that underlie practice; decisions in public and private policy; and the creating, monitoring, managing, and shaping of systems in which care is delivered. “The concerns and agenda of the programs in the Adult Division are, as our colleagues the surgeons would say, at the cutting edge,” she concludes.
The Clinical Nurse Specialist in Community Health at Yale University School of Nursing

by Celeste Regina Yanni

Celeste Yanni, MA, formerly a Lecturer in the Community Health Clinical Specialist Program at Yale School of Nursing, is currently a full-time doctoral student in the Department of Sociology at Yale University.

Annie Goodrich, the first female dean at Yale University and the first dean of the Yale School of Nursing, was also one of the first clinical specialists in community health nursing. A former schoolmate and colleague of Lillian Wald, the mother of community health nursing, Ms. Goodrich came to the deanship from her position as administrator of the Visiting Nurse Service of the Henry Street Settlement in New York City.

Her work at Henry Street reflected a radical view of, "...social evolution in which health is a signal of progress, illness a symptom of defeat, and at the same time a challenge to community action." (Werminghaus, p. 56) Women and by extension nurses were significant participants in the new order. In 1924 as the dean of the first independent school of nursing within a university Ms. Goodrich was making a major contribution to, "the story of the long and uphill struggle to raise American nursing to the level of a profession, to extend the service of nurses so as to become a positive force working for the health of the community as a whole." (Werminghaus, p. 35)

These beliefs were reflected in the mission of the Connecticut Training School for Nurses, now Yale School of Nursing which, "interpreted its field of service in terms of community welfare as well as hospital administration. (Bulletin of Yale University School of Nursing, 1924, p. 12) Unlike previous nursing schools which focused on curative medicine, Yale was to emphasize contributions to the field of preventive medicine. The first curriculum offered included additional training in Public Health nursing leading to a certificate. As early as 1927 the Bulletin of the School shows a schematic diagramming the involvement of the School in such community organizations as the YWCA, nursery schools, and the New Haven Visiting Nurse Association.

While the School and its curriculum have gone through many changes since its inception in 1924, the community focus has not wavered. After the introduction of an advanced program in mental health nursing in 1949, the School continued with the addition of a graduate program in public health and maternal and child health in 1956. Most of the clinical work continued in the various programs of the New Haven Visiting Nurse Association. But since the VNAs at this time cared for newborns, school-age children, the sick, those with TB and other communicable diseases, the knowledge base of the nurse had to be broad. With the coming of the 1970's the public health nursing program became more "defined." The September 1971 Bulletin states:

...theory and practice reflect the basic premise that regardless of health setting, the public health nurse specialist provides nursing services with a unique approach which emphasizes encounter, group orientation, and comprehensive care. The student selects a specific clinical interest and may function in a variety of community settings and health facilities. (p. 22)

Finally in 1974 the term "clinical specialist in community health" was first used to distinguish this course of study from the family nurse practitioner track begun in 1972.

Mirroring the philosophy of the position paper written by the Public Health Nursing Section of the American Public Health Association and the standards of Community Health Nursing Practice established by the American Nurses' Association, graduates of this program promote the health of populations. The 1970-80 Bulletins began to describe this track as offering students the opportunity:

...to design a course of study to meet their specific clinical and scholarly interests within the framework of community health nursing applying nursing process and system analysis of community health needs. Planning and evaluation methods for quality community nursing are incorporated into an overview of organization and management of community health care. Content includes a community assessment using epidemiologic tools, a focus on aggregate needs and use of health services, and knowledge of family dynamics and social behavior. (p. 27)

Incoming students interpret this theoretical framework in a variety of ways. While in past years most clinical placements were at local VNAs, in recent years students have opened new frontiers. Placements have included social agencies for Southeast Asian refugees and developmentally disabled adults; case management agencies for the elderly; the community consultation center of the Connecticut Mental Health Center; Planned Parenthood and CHCP, a health maintenance organization. In addition to individual clinical projects all students are required to do a group project which includes assessing a specific community’s health needs.

It has been 66 years since Annie Goodrich, clinical nurse specialist in Community Health Nursing, began to put her vision of nursing into practice.

The nurse’s need for social consciousness has always been crystal-clear to Miss Goodrich and is to be found shining in the background of a less flamboyant record — the carefully worked out curriculum for each school with which she has been associated. (Werminghaus, p. 56)

She would not be disappointed with how community nursing has evolved at YSN. Her far reaching ideas continue to offer new directions to incoming students and faculty.

REFERENCES

Assembly XXXVII
Inventing the Future: Scholarly Research at Yale Today

Chaired by AYA Board member George M. McCorkle '42, 75 Ph.D., the AYA Fall Assembly was held on the weekend of October 18-20. The Assembly focused on three general aspects of research: (1) scholarship redefining and deepening our understanding of existing knowledge, (2) interdisciplinary studies filling in the gaps between previously distinct and unrelated disciplines, and (3) serendipitous research leading to totally unexpected discoveries.

The Assembly began Thursday afternoon with a discussion, “The Future of the Past: Re-evaluations of Past Knowledge,” in which four distinguished faculty members discussed their studies in the diverse fields of evolution, financial economics, Colonial preaching, and Shakespeare. The panel, moderated by Frank M. Turner ’71 Ph.D., Provost of the University and Professor of History, included: Leo W. Buss, Professor of Biology and Geology and Geophysics, and Curator of Invertebrates at the Peabody Museum; Stephen A. Ross, Sterling Professor of Economics and Finance, School of Organization and Management; Harry S. Stout, Professor of American Religious History and Religious Studies, and Master of Berkeley College; and Suzanne L. Wofford, Charles B. G. Murphy Associate Professor of English.

Thursday evening’s speaker was Jerome J. Pollitt ’57, Dean of the Graduate School and John M. Schiff Professor of Classical Archaeology and the History of Art. Dean Pollitt’s pre-dinner talk, “The Ph.D.: Milestone or Millstone?,” described the ever-lengthening period of time required to earn the Ph.D. Graduate students who support themselves by teaching have little time to complete their dissertations. The University administration has attempted to correct this problem by cutting back on the use of graduate teaching fellows and by offering dissertation fellowships to sixth-year graduate students. After dinner the School of Music offered a special performance of new compositions by students and faculty at Sprague Hall.

Friday’s activities began with a panel illuminating a second aspect of research, “Understanding Childhood and Adolescence: New Interdisciplinary Insights from the Yale Child Study Center.” A few of the disciplines covered in the discussion were pediatrics, child development, and adolescent psychiatry, the genetics of psychiatric disorders, and a ground-breaking model program in early childhood education. Albert J. Solnit M.D., Sterling Professor Emeritus of Pediatrics and Psychiatry and former Director of the Yale Child Study Center, led the panel which included: Jean A. Adnopp‘81 M.P.H., Associate Research Scientist and Coordinator of Community Child Welfare and Child Development Programs; James P. Comer M.D., Maurice Falk Professor of Child Psychiatry; James F. Leckman M.D., Neison Harris Professor of Child Psychiatry and Pediatrics; Linda C. Mayes M.D., Elizabeth Mears and House Jameson Associate Professor of Child Development; and John E. Schowalter M.D., Albert J. Solnit Professor of Child Psychiatry and Pediatrics.

In consecutive one-hour time periods on Friday afternoon, a total of nine workshops, lectures and other presentations were offered at several campus locations, and so arranged to allow each delegate to attend two presentations. The varied menu in this “Potpourri” featured state-of-the-art insights by Yale faculty members responsible for breakthroughs in diverse fields. All three aspects of scholarly research covered by this Assembly were featured, but the primary emphasis was on serendipitous research leading to totally unexpected discoveries. The sessions were:

“A Flaw in a Universal Mirror,” Robert K. Adair, Sterling Professor of Physics

“Teaching Robots, Learning from Robots: Moving in an Uncertain World,” Vladimir Lumelsky, Associate Professor of Electrical Engineering

“Fractals: Visual Beauty in Science,” Benoit Mandelbrot, Abraham Robinson Professor (Adjunct) of Mathematics

“Envisioning Information,” Edward R. Tufte ’68 Ph.D., Professor of Political Science and Statistics

“And Now For Something Completely Different,” Sidney Altman, Sterling Professor of Biology

“The Universal Machine,” Alvin Eisenman, Street Professor of Painting and Design

“Searching for Modern China,” Johnathan D. Spence ’65 Ph.D., George B. Adams Professor of History

“The Hubble Space Telescope: Successes and Failures,” William F. van Altena, Professor of Astronomy

At the same time, the Yale University Library offered a two-hour panel discussion and “hands-on” workshop on the subject, “New Tools for New Scholarship.” University Librarian Millicent D. Abell moderated the discussion with guest panelists: Paul J. Constantine, Coordinator of Computer Assisted Reference Services at Sterling Memorial Library; Steven M. Gillon, Assistant Professor of History; Perry L. Miller M.D., Associate Professor of Anesthesiology at the School of Medicine; and Roberta Romano, Professor of Law. The professors spoke about how new technologies, only available in the last few years, have speeded up and improved their research projects.

The formal program ended with a talk by Provost Frank M. Turner on “Yale’s Academic Strategy for the Future.” Following the example of Cecil Driver, the famous Yale Professor of Political Science, who would always conclude his lectures on world events by producing some known historical figure from the wings, the Provost ended his remarks by introducing his “great friend and boss,” President Benno C. Schmidt, Jr. To everyone’s delight, President Schmidt came down from the back of the auditorium to join Provost Turner on the stage and to lead a lively and enjoyable exchange with alumni. The President’s participation in Provost Turner’s presentation provided the final high note in an enthusiastically received program.

Club committees held their meetings over the three days of the Assembly, but the plenary sessions concluded on Saturday with a University Update Panel and a report from the Board of Governors. The whole weekend ended with a luncheon at Coxe Cage and the Yale-Columbia football game.

Plans for next spring’s Assembly on “The Environment and Yale” are already underway. Assembly XXXVIII, chaired by AYA Board member James A. Rogers ’72, ’74 M.F.S., will take place the weekend on April 25-27, 1991.

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Faculty Notes

Helen Burst ’63, MSN, DHL (Hon.) has resigned from the position of Chair of the Nurse-Midwifery Program, however, she will continue to teach and practice in her role as Professor of Nurse-Midwifery. Helen will concentrate her efforts in four areas: history, policy, revision of her book, Nurse-Midwifery, and clinical research on shoulder dystocia.

Deborah Chyun, ’82, MSN, co-authored, “Silent Myocardial Ischemia,” in Focus on Critical Care.

Anne Crepeau ’89, MSN, spoke on, “Abdominal Aortic Aneurysms,” at the American Association of Critical Care Nurses, South Central Connecticut Chapter.

Barbara Decker, CNM, EdD, has been appointed Program Director of the Nurse-Midwifery Program. Before coming to Yale in 1986, Dr. Decker served as Program Director of the Columbia University Nurse-Midwifery Program for seven years. She has extensive curricular and administrative experience and is recognized by the American College of Nurse-Midwives as an expert in nurse-midwifery education.

Janyce Dyer, MS, Program Director of the Psychiatric-Mental Health Nursing Program, co-presented a paper entitled, “Recognizing Depression — Preventing Suicide,” to the Cumberland County, New Jersey Mental Health Board.

Terry Fulmer, PhD, has been elected by her peers as a Distinguished Practitioner of the National Academies of Practice in Nursing (NAP). The NAP has nine Academies representing the nine areas of health practice and only one hundred Distinguished Practitioners may be elected to each Academy. At the present time there are 640 Distinguished Practitioners of the NAP. Dr. Fuller has also been elected to the Congress on Nursing Economics of the American Nurses’ Association, and was recently named Chairman-elect of the Clinical Medicine Section of the Gerontological Society of America.


Mairead Hickey, MS, Program Director of the Medical-Surgical Nursing Program, addressed the 63rd Annual Scientific Session of the American Health Association in Dallas on “Construct Validation Study: Diet and Exercise Self-efficacy.”

Tish Knobf ’82, MSN, lectured on, “Economics of Cancer: Ambulatory Care,” at the Oncology Nursing Society’s Fall Institute in Chicago.

Judith B. Krauss ’70, MSN, has been elected President-Elect of the Connecticut Nurses’ Association until October, 1991 when she will begin a two year term of office as President.

Sandra McClowry, PhD, has received funding as a principal investigator from the Becton Dickinson Co. to conduct research on the relationship of temperament and life stressors to the mental health of school-age children and their families. Nancy Tommasini and Sandra Giangrande are project co-directors.

William F. McCool, CNM, PhD, has joined the faculty of the Nurse-Midwifery Program. Originally from Philadelphia he and his wife, Sandy (also a nurse-midwife), have practiced in South Carolina and central Pennsylvania. Dr. McCool has conducted research in a number of areas related to women’s health, including investigations into biopsychosocial factors related to the labor and delivery outcomes of pregnant adolescents.

Paula Milone-Nuzzo, PhD, presented a lecture entitled, “Orientation to Home Health Care Nursing: Educationally-Based — Reality Focused,” at the National Association of Home Care Annual Convention in Dallas. Dr. Milone-Nuzzo has also recently co-authored Home Care Nursing: An Orientation to Practice. The book was released in November by Appleton and Lange.

Carole Passarelli, MS, recently became the Editor of School Nurse, the official journal of the National Association of School Nurses.

Dorothy L. Sexton, EdD, is the editor and author of three chapters of the book Nursing Care of the Respiratory Patient. It is being published by Appleton and Lange.


Nancy Tommasini ’87, MSN, has published, “The Use of Touch in the Hospitalized Psychiatric Patient,” in Archives of Psychiatric Nursing.

Jane Tuttle, MS, received Connecticut’s 1990 “Outstanding Nurse Practitioner of the Year” award. The Connecticut Nurse Practitioner Group, Inc., which bestowed the award, praised Ms. Tuttle as a, “superb teacher, committed to the education of both nurse practitioner students and nurse practitioners, and as a provider of quality health care, valued by patients and colleagues alike.”

EMPLOYMENT UPDATE REMINDER

Employment information is the most difficult to keep current in the Alumnae/i files. If you have changed your job and/or place of employment sometime over the last year or so, will you please take a minute and let me know? This information is very helpful to graduating students, fellow alums, and others in the YSN community. I would also appreciate any and all address changes as they occur.

Keeping track of alumnae/i is so important to networking and to keeping graduates informed about the School, its programs of study, coming events, Alumnae/i Weekend and especially each other.

Barbara Reif
Director of Alumnae/i Affairs
On November 3 the University of Miami School of Nursing honored Louisa (Nikki Urey) Murray '54, on her retirement as Professor of Nursing and Medicine. The citation read, "In recognition of 22 years of commitment to community health nursing and the preparation of acceptance of nurse practitioners as partners in health care delivery."

Joan E. Mulligan '56, retired from the University of Wisconsin-Madison after 14 years of teaching, leadership, and service to the University. During her career Joan has been influential in political advocacy for professional and women's rights issues and focused her practice on women's health. She has been named Emeritus Professor.

Angela Barron McBride '64, Professor and Executive Associate Dean for Research at Indiana University School of Nursing (Indianapolis), was recognized by the Coalition of Psychiatric Nursing Organizations (COPNO) for, "outstanding contributions to the psychiatric nursing community," at the November conference on the state of psychiatric nursing science sponsored by the National Institute of Mental Health. COPNO is a confederation of the four leading psychiatric nursing organizations — Advocates for Child Psychiatric Nursing, American Psychiatric Nurses’ Association, Society for Education and Research in Psychiatric-Mental Health Nursing, and the American Nurses’ Association’s Council of Psychiatric/Mental Health Nursing.

Joan Cost Lester '67, of Rome, Italy, the American Red Cross General Management Consultant for Italy, recently spoke at the 1990 National Conference of Italian Emergency Room Physicians. She was the only American, and the only nurse, asked to speak during this three-day conference. Joan spoke in Italian on the history of health teaching to the lay public in the USA, with special emphasis on CPR and with the hope of working with the Italian authorities to see CPR courses established there also. Joan has already been honored by the American Red Cross with their Exceptional Volunteer Award for her initiative in creating the CPR Program now established in the English-speaking schools and community of Rome.


Margaret Grey '76, has been elected to the American Academy of Nursing.

Lyne Morishita '78, Program Director for the Center of Geriatric Health, Century City Hospital, and Assistant Clinical Professor, University of California — Los Angeles School of Nursing, has been named a member of the Editorial Board of the new W.B. Saunders publication, Nurse Practitioner Forum: Current Topics and Communications.

Nancy Kraus '78, is now a part-time lecturer for YSN midwifery students working at the North Central Bronx Hospital.

Richard Jennings '79, was featured on the New Haven Register's front page as he assisted his son, Josh, during freshman orientation on Yale's Old Campus.

Danuta I. Bujak '81, Instructor of Medicine and Clinical Research Coordinator, Division of Rheumatic Diseases and Immunology at New York Medical College, was selected as the outstanding nurse practitioner in the Education/Academic Research category of the Third annual Syntex Nurse Practitioner of the Year Awards. Danuta has completed studies in rheumatoid arthritis, osteoarthritis, connective tissue and lymph diseases. She has begun doctoral work at New York University in Theory Development and Research in Nursing.

Carol Curtiss '81, manager of the oncology program at Franklin Medical Center in Greenfield, MA, was featured in a local news story, "Honored nurse says she gets more than she gives to patients." The story noted Carol's American Cancer Society and Oncology Nursing Society awards, her role as a clinical specialist and consultant in private practice, and as adjunct faculty of the University of the State of New York Regents Program.

Kathryn Barry '81, Director of Senior Services for the Hospital of St. Raphael in New Haven has also become the project manager of health care services for Halecroft of Cheshire. Her work in wellness and health education was the subject of a local news story several months ago.

Carol A. Sheriden '81, a clinical nurse specialist at Memorial Sloan Kettering Cancer Center, addressed the Oncology Nursing Society's first annual Fall Institute in Chicago. Her presentation was entitled, "What They Don't Teach You in Management 101."

Donna Couillard-Getreuer '82, spoke on "Symptom Management through the Creative Use of Standards," at the Oncology Nursing Society's first annual Fall Institute in Chicago.

Maridel Johnson '83, recently co-authored an article with Dr. Dorothy Sexton entitled, "Distress during Mechanical Ventilation: Patients' Perceptions." The article was published in the August issue of Critical Care Nurse.

Adele Pike '84, presented, "Developing a Model of Nurse-Physician Collaboration" at the Massachusetts Medical Association in Waltham and "Physician-Nurse Collaboration" at Abbott-Northwestern Hospital in Minneapolis. She has also recently authored, "On the Nature and Place of Empathy in Clinical Nursing Practice," for the "Clinical Updates" column of the Journal of Professional Nursing. Del is also serving on the Editorial Board of Report, a bi-annual publication of Boston's Beth Israel Hospital's Division of Nursing.
Class News (cont.)

Shelley S. Jerige '85, has been appointed Associate Director for Corporate and Foundation Relations at the Yale University School of Medicine.

Catherine Borkowski '87, recently spoke on, “Care of the Epilepsy Patient Undergoing Corpus Callosotomy,” at the 22nd Annual Meeting of the American Association of Neuroscience Nurses in Miami.

Sharon Herdlein '87 and her husband, Robert, of Vashon Island, Washington welcomed a baby girl, Anna Regina, 8 lbs 3 oz in October. All are well and loving the Washington State rain.

Cindy Teeple '87, was a panel member at the Oncology Nursing Society’s First Annual Fall Institute. The subject of her presentation was, “Advanced Concepts in Radiation Therapy.”

Thomas Alm '88, presented a poster entitled, “Nurse-Physician Collaboration” at the Clinical Judgement Conference at Boston College.

Ann W. Low '88, recently published, “Prevention of Pressure Sores in Patients with Cancer,” in Oncology Nursing Forum.

Wendy Jo Luca '89, was married to Robert William Davidson in September.

Cheryl Lynn Fattibene '90, and Roland MacDonald are engaged to be married.

IN MEMORIAM

Mary Louise Allara Searle '36 died in October 1990.
Mary Wheeler Ohle '40 died in August 1990.
Eleanor Dudley Carpenter '47 died in October 1990.
Ann W. Lawrence '52 died in March 1989.
Lorraine J. Hall '58 died in September 1990.

Yale and Hill Health Center in Partnership for Community-based Health Care Program

Yale University is one of 15 American institutions selected to participate in the first phase of a program to develop a new model of community-based centers for education, research and service in primary health care.

The program, sponsored by the W.K. Kellogg Foundation of Battle Creek, Mich., is intended to establish partnerships between local communities and medical, nursing and public health institutions to combine the education of students in the health-care professions with the establishment of health-care centers dedicated to caring for the most underserved members of the community. The Hill Health Center in New Haven will be Yale’s partner in the project.

According to the project leader, Ralph I. Horwitz, M.D., professor of medicine and epidemiology and public health, the project comes at an opportune time in the history of health care at Yale. The deans of medicine, nursing and public health have made a strong commitment to developing programs that bridge the goals of the personal health-care system with the broader objectives of ensuring the health of the public.

The foundation’s “Community Partnerships with Health Professionals Education” initiative is designed in two phases. The first phase consists of a small grant to each of 15 institutions to prepare alternative concepts for a model project. This model project will involve several community and educational organizations in a unified and integrated program to deliver health-care services to the community and to educate future health-care providers in efforts to meet future health-care needs. Better access to health care and improved service are two elements in the program.

Following a year of program development, the Kellogg Foundation will select four to six of the 15 participating institutions as recipients of grants of $4 to $6 million to implement the model in their communities.

Yale’s deans of medicine, Leon E. Rosenberg, M.D.; nursing, Judith Krauss, R.N., M.S.N.; and epidemiology and public health, Burton Singer, Ph.D., joined representatives of the 14 other institutions at an introductory meeting with Kellogg Foundation officials in Atlanta in March to launch the project’s model development phase.

In four meetings during the next year, the participating institutions will devise a model for the cooperative venture between health educators and communities. As project leader, Dr. Horwitz will direct members from Yale and the Hill Health Center in developing the model program.

The Hill Health Center (HHC), launched some 20 years ago with assistance from the School of Medicine, is a comprehensive community health clinic that provides care to people from throughout New Haven. In 1971, the HHC was incorporated as a not-for-profit agency independent of the medical school. Cornell Scott, a 1968 graduate of Yale's public health program, serves as executive director of the center which also has an extensive outreach program.
NOMINATION FOR DISTINGUISHED/OUTSTANDING ALUMNAE/I AWARDS 1991

The tradition of honoring outstanding alumnae/i was started at the time of the 50th Anniversary celebration in 1973. It is a very special opportunity to honor colleagues and classmates who have distinguished themselves with special talents and achievements. We again solicit your nominations of YSN alums who, you feel, should be recognized in this way. Those alumnae/i who were suggested last year will be considered along with new ones submitted before April 1. These awards will be presented during the Alumnae/i Weekend in June. The deadline for receipt of your nomination is April 1. Please send all nominations to Barbara Reif at the above address.

Review the criteria below and provide as much specific information as possible to indicate the ways in which your nominee meets these criteria. You may wish to solicit help from your friends or colleagues. A curriculum vitae would be helpful, if one is available. The committee will also seek additional information on nominees where necessary.

Criteria for eligibility for nomination:

**Achievement and outstanding contributions to any of the following categories:**
- Teaching and scholarship
- Clinical practice
- Leadership
- Research in clinical nursing
- Community/society
- YSN growth and development

**Explanation:**
1. How is the achievement or contribution beyond the normal expectation of the activity or position?
2. How is the achievement or contribution unique and innovative, having more than local impact?
3. Describe how the service to YSN/community/profession is continuous and sustaining.
4. How do the activities contribute to the development of new dimensions and directions in nursing?

Your NOMINEE _____________________________ CLASS ________

Your Name __________________________ Class ________

Address ________________________________

_____________________________________

Phone ( ) ______________________________