YUSNAA Board members who participated in the second annual "Launching Your Career" Workshop (L to R): Anne Aquila, Linda Degutis, Kristin Oberg, Doris Foell, and Nancy Kline

Yale-China Nursing: A Tradition Revived
PNP Grad Volunteers for Healing the Children
Alums Share Flight Nursing Experiences
From the Dean

Part of reunion weekend this year is devoted to the dedication of our new building. Dedicate means to set apart or consecrate to a sacred purpose; or, to devote wholly and earnestly to some purpose. To be dedicated to something means to be wholly committed to an ideal or cause. So, to dedicate our building, it seems to me, means to rededicate ourselves to the mission of the Yale School of Nursing and, in so doing, to make this place we now call home an instrument of that mission.

One cannot allude to the YSN mission without recalling the words of our first Dean, Annie W. Goodrich:

To appease the great hunger for a life of mental satisfaction, young women are, in increasing numbers, turning to the college. But the function of the college should be to stimulate, not appease this urge...To the nurse working in the different levels of the social structure, in touch with the fundamentals of human experience, is given a unique opportunity to relate the adventure of thought to the adventure of action...To effectively interpret the truly great role that has been assigned her, neither a liberal education nor a high degree of technical skill will suffice. She must also be master of two tongues, the tongue of the science and that of the people.

Those words are as compelling today as they were when the School first opened its doors in 1923. Of course, today both young men and young women fill the classrooms at YSN, but the major import of Miss Goodrich's words still defines the character of the place - the adventure of thought and the adventure of action, the tongue of the science and that of the people, the genuine combination of research and practice in the interest of teaching. To this day the YSN philosophy embraces the idea of the triple commitment to practice, teaching, and research. Yale nurses believe that practice and knowledge in nursing are inseparable in a figure-ground relationship. Our educational programs center on this practice-knowledge relationship and prepare even our youngest practitioners for systematic inquiry. We argue that our career scientists must remain embedded in the practice-knowledge relationship in order to produce "good" science.

Nursing worldwide has struggled for centuries to achieve the integration of knowledge and practice while fighting for full citizenship in both the world of the university and the world of practice. YSN has been a trend-setter in this regard, in large part due to the legacy of our founders. It is widely agreed by nurse historiographers that YSN was the first true university model for the preparation of practitioners of nursing.

For YSN, the past has truly been prologue. We periodically revisit our mission and philosophy in light of current reality and future predictions. In my eleven years as Dean we have ratified these statements (with only minor revisions) three times. I believe our mission reflects a shared vision of the future; one which is often just beyond our reach, inspiring excellence and creativity in our faculty, students, and graduates in its attainment. Our mission is outwardly rather than inwardly directed and targets nursing care itself, the recipients of that care and the systems of care; and, it demands that we use all of the resources available to us in the University, community and clinical agencies to realize the ultimate goals of better health care for all. YSN's vision, reform of the health care system, gives meaning to our commitment to practice, teaching, and research; joint appointments between the School and clinical agencies; intensive clinical practice for our master's students; research praxis requirements for master's students; the dual emphasis on clinical practice and clinical scholarship; the requirement that doctoral students study policy implementation as part of the required core; and the emphasis on clinical research in the doctoral program.

The essence of YSN emerges through the lens of the evolving mission and is ultimately housed in all of you whose careers represent a coming together of the multiple enterprises of nursing: all of you who have learned to make meaning at the interface of practice, teaching, and scholarship; all of you whom we proudly call Yale Nurse. I hope you will be able to join us on June 7th to celebrate this new place we call home and, more importantly, to rededicate yourself to the mission of YSN.
New Coordinator of GEPN Program Appointed

Linda Pellico ’89, who began as Coordinator of the Medical-Surgical rotation for the Graduate Entry Program in Nursing (GEPN) at YSN in September 1995, now holds the newly created position of Coordinator of the entire GEPN Program. Linda brings to her position twenty years of experience, mostly in ICU and medical-surgical staff nursing, but also in educational, supervisory, and directorship positions.

After receiving her diploma from Meriden-Wallingford Hospital School of Nursing in 1976, Linda continued on as a staff nurse. After receiving her BSN from Southern Connecticut University in 1982 she was promoted to ICU Head Nurse. From 1983 to the present, Linda has held various positions at the same hospital, which has merged several times into what is now known as World War II Veterans Memorial Hospital of Meriden. While she was Assistant Director of Nurses in 1986, Linda enrolled at YSN in the Surgical Nursing CNS program and ultimately returned to the ICU.

Since she graduated from YSN in 1989, Linda has been a medical-surgical preceptor and lecturer for the formerly-named Three-Year Program which always had been directed by the Associate Dean for Students. Now, as Coordinator of the GEPN Program, she has already implemented new and exciting changes to gear the accelerated 11-month course toward the varying learning needs of adults in their new field of nursing. “I’m working with Pam Minarik, Coordinator of the Psychiatric-Mental Health rotation, to determine how these students learn best and then to teach them in that way, building on communication skills as emerging health care providers.” When asked how she feels about her new position, Linda says, “I love it because it brings me back to the reason I went into nursing in the first place.”

Associate Dean for Students and Master’s Studies and Director of the GEPN Program, Cassy Pollack said, “Linda’s expertise—as nurse and GEPN student preceptor/lecturer—adds tremendously to the program. Her faculty position as Coordinator gives continuity to the curriculum.” As such, Linda says that she looks forward to revamping the anatomy segment of the program while refocusing the nutrition component with more of a nursing perspective. “I know that GEPN students come to YSN with proficiencies in other fields and are demoralized as they must begin anew, often losing perspective as they see themselves moving from a competency level back to beginner status. I want to help them focus instead on the transition from novice to expert as they enter their new careers in nursing.”

Linda is married, has two children, and lives in Hamden.

YSN 1996 REUNION WEEKEND

As YUSNAA Reunion Weekend draws near, we remind all students and alumnae/i to check your calendars and be looking for your registration applications in the mail. The YUSNAA Board and Reunion Weekend Planning Committee are excited with the slate of events for June 6-8 and look forward to presenting New Architecture on Historic Foundations. Highlights of the weekend include the 39th Annual Alumnae/i College with nationally renowned keynote speaker Loretta Ford, one of the founders of advanced practice nursing 30 years ago. Dean Judy Krauss will preside over the new YSN building dedication and present the State of the School Address. Two panels of faculty and alumnae/i will discuss and field questions about changes in educational programs at YSN and changes in clinical practice, both in response to meeting today’s health care and educational needs.

We look forward to renewing former acquaintances and showing off the new facility. Please contact the Office of Alumnae/i Affairs with any questions. See you in June!
Correction

In a photograph in the December, 1995 issue of Yale Nurse Michelle Sullivan was mistakenly identified as a first year GEPN student. In fact, Michelle is a registered nurse who is in the first year of the Nurse-Midwifery Program.

Notes

- YSN’s Executive Committee voted in May, 1995 to adopt a policy requiring all students enrolling in a degree program or who are enrolling for credit in the statistics course to have completed an undergraduate statistics course with a grade of C or higher.

- A formal policy exists in regard to access to Alumnae/i Records. Records from 1939 on are kept in the YSN building, whereas those prior to 1939 are stored in the archives of Sterling Memorial Library. Five years after graduation, files are needed to conserve file space. Thus, after five years each file contains only the original application form, final evaluations or other references requested by the student when enrolled, GRE score reports, a final transcript, and correspondence related to requests for transcripts or other evaluation documents such as the final summary. Graduates may have access to their records as specified upon written request and copies will be made. Faculty and staff are allowed access for legitimate educational purposes such as reference writing and confirmation of degree.

New Hampshire Community Health Director with Vision

As Executive Director of Home Health Care and Community Services, Inc. (HCS) in Keene, NH, Virginia (Sewell) Vidaver ’58 exemplifies the vision with which many Yale nurses excel as leaders in the health care field. In a recent article in CARING Magazine (October 1995), she was profiled among several other administrators of home health care agencies. Below is a synopsis of the article and quotations from a recent telephone conversation with her.

Soon after graduating from Yale, Virginia worked for the New Haven VNA, the stepping stone of her career in community health. She later received a master’s in education (EdM ’82) from Columbia University. She became the head of a New Jersey VNA and then moved on to hospital administration and teaching in Norfolk, VA. Before assuming her position as CEO of HCS, she was adjunct professor in the Department of Nursing at University of New Hampshire in Keene. In addition to her current position at one of the largest home care organizations in New England (500 employees serving 40 communities), she serves on the boards of other nonprofit organizations.

Under Virginia’s six years of direction, HCS has experienced a six-fold increase in its annual budget, now nine million dollars. Such growth resulted from her initiation of a fundraising campaign, annual drive, planned giving, and special events such as the successful, and now annual, flower show fundraiser launched in 1994. Inspired by Reengineering the Corporation by Michael Hammer and James Champy, Virginia reevaluated agency programs and procedures with the belief that successful for-profit strategies can be used to meet many demands facing not-for-profit agencies. She is credited with initiating a corporate restructuring, implementing quality improvement programs, and receiving Joint Commission accreditation with commendation.

Virginia has responded to community needs by instituting new programs like prenatal care, hospice, psychiatric nursing, private duty nursing, an occupational health program, and an annual women’s health conference. In order to better assess the changing needs of HCS’s patient population, she encourages broad community representation on the board. Weekly meetings with management staff and new benefit packages for employees are among the ways Virginia has responded to needs within the corporation.

Virginia sees HCS’s greatest challenge as maintaining flexibility and efficiency amid changing requirements from government, community, and industry. When asked how HCS is planning for the future, she replies, “Given the health care climate today, we are creating an affiliation of three health care organizations—two hospitals and HCS—under a parent umbrella. In order to compete with managed care corporations on an equivalent basis, organizations must be large enough or have providers under the same umbrella to give the best care and protect patient needs by pulling together all of the providers.” She believes that the “seamless delivery system, where patients flow from one level of care to another,” is not only cost-effective, but, “assures continuity of care and decreases problems in delivery of care for the patient.”

The next phase for HCS and its new affiliation involves creating an integrated computer system where all organizations under the parent umbrella will be on-line for immediate access to laboratory data and progress notes. This will be the key in fostering the “seamless” delivery system.
Yale-China Nursing: A Tradition Revived
by Nancy E. Chapman
President, Yale-China Association

In the early decades of this century, American doctors and nurses affiliated with the Yale-in-China Association helped to establish a unique and innovative medical and educational complex in the city of Changsha, Hunan province, in central China. Hsiang-Ya, as the complex was known—the first Western medical facility in China's central region, and the foundation for today's Xiangya Medical University—achieved a high degree of Chinese-American cooperation and friendship at a time when the dynamics of Western strength and Chinese weakness made U.S.-Chinese interaction on an equal footing rare. This cooperation continues to this day, and, through the efforts of Ann Williams '81, has recently been expanded to include again the field of nursing.

Nursing — A New Profession in Early Twentieth Century China

Founded by Yale alumni and administrators at the turn of the century, the unusual community in Changsha that eventually came to be known as Hsiang-Ya (or Hunan-Yale), had its earliest roots in the Christian missionary movement then sweeping American campuses. From the earliest days, however, the focus was less on proselytizing than on education, particularly education in the health sciences. By 1914, Hsiang-Ya had come to comprise a secondary school, a college of science, a medical school, a school of nursing, and a modern teaching hospital. Nursing was recognized as a special need, particularly because it had no professional precedents in Chinese society.

Since traditionally the sick were cared for by family members or by servants, some patients in the early years misunderstood the role of nurses and required substantial orientation from hospital staff. There was also some resistance to the idea of women working as nurses, both because it was not customary for women to work outside the home and because conservative social mores discouraged women nurses from caring for male patients. Accordingly, when the first class matriculated at the newly established school, it included more boys than girls. By the 1930s, however, the student body was entirely female, and its graduates were in great demand in area hospitals.

YSN Graduates at Hsiang-Ya

Yale School of Nursing graduates played important leadership roles at Hsiang-Ya, and their own training at Yale provided an important reference point for the work they were doing in China. For example, Edna Hutchinson '35 wrote to fellow alumnae/i in 1937:

"I think you would be surprised to find the high educational standards that this school and hospital has. We have a Medical College as well as the School of Nursing and the Chinese doctors are excellent. Although originally begun by Yale University alumni, with a large staff of foreign doctors and nurses, the institution has gradually been turned over until now it is completely under Chinese direction, with only two foreign doctors...In some ways you would not find such a great difference in this school from ones at home, at least in the set-up and curriculum. The students get practice in all departments: OR, Obs, Gyn, Med, Surg, Ped, OPD, as well as three and one half months in Public Health which includes School Health, Rural

Ann Williams (L) with Dr. Zhou Changju, Dean of the Faculty of Nursing, Hunan Medical University
Yale-China Nursing: A Tradition Revived
(continued)

Health, Maternity Health and city VNA. They have their full share of case studies, experience records, ward rounds, and clinics.

We feel we have taken a big step forward this year when we decided to separate the position of Superintendent of Nurses and Dean of the Nursing School. For the first time we now have one of our own graduates acting as Superintendent of Nurses in the hospital while I am now devoting nearly full time as Dean. It frightened me to death to think of trying to be a Dean — but when there is nothing else to do, somehow one is able to summon up courage and call on all the resources gleaned from New Haven and a good file of AMJN and PH Nursing and pitch in and find it terribly exciting and immensely stimulating...It's a fascinating country to live in — and the Chinese girls are really grand.”

The stresses of working in China during periods of turmoil and upheaval did, however, exact a toll. With the Japanese invasion of China, the hospital and school faced challenges unknown in New Haven:

“As you can imagine in a war situation, our hospital of 200 beds is working to full capacity, taking care of the ordinary run of typhoid fever, tuberculosis, cardiacs, schistosomiasis, etc., with the extra burden of caring for wounded aviators and a temporary ward full of wounded soldiers. We also must be prepared for taking care of civilians wounded in air-raid.”

As the warfare worsened, the students and faculty of Hsiang-Ya evacuated to a mountainous area in western Hunan where a wartime campus was established and instruction and medical care continued, though under severely straightened circumstances. Meanwhile, in Changsha, the Hsiang-Ya campus became a barracks for Japanese troops and many of the buildings, including the hospital, were seriously damaged or destroyed.

After the war ended, a major rebuilding effort got underway. Despite heavy workloads and materials shortages, morale was high. Drusilla Poole '47 describes her arrival in the spring of 1948:

"Anyone who packs for a four-year stay in China has not only a real job but also quite an interesting cargo when the packing is completed. Very near the time I was to leave America, my packing was complicated by a request...that I bring out a new "Mrs. Chase." The old one, in current use, was bought about thirty years ago by Miss Nina Gage. She has experienced wars, evacuations, and an almost constant stream of nursing arts procedures at the hands of more than four hundred nursing students...To say she looks worse for wear is an understatement..."
On the night of April 19, the student body and the faculty of the Hsiang-Ya Nursing School gave an official welcome meeting for Mrs. Chase and me... There were several speeches made by members of the faculty... During the whole meeting, Mrs. Chase had sat quietly at the head of the speakers’ table... When it was time for her to respond to her welcome, one of the students was hidden under the table to speak for her. It was a well composed speech and cleverly executed even with hand gestures included... If there was ever any doubt in my mind as to the worthwhileness of bringing Mrs. Chase along with me to Changsha, it was forgotten forever in the tumultuous applause she received from the nursing school that night. 3

This period of re-building was regrettably short-lived. Civil war soon broke out between the Nationalist and Communist armies, and Changsha was occupied by Communist troops in the summer of 1949. By the following year, the atmosphere had become too hostile for most foreigners, including the Yale-in-China personnel, to remain in China. US-China relations went into deep freeze for thirty years, and Yale-in-China had no choice but to shift its activities to Hong Kong.

Future Directions for Collaborative Work

With the resumption of normal diplomatic relations between the United States and China in 1979, the Yale-China Association (as it is now known) resumed contact with the Xiangya Medical University. 4 Throughout the 1980s and 1990s, a program of renewed academic exchanges has sent over one hundred Yale College graduates to China to teach English and has brought numerous Chinese physicians to the Yale School of Medicine as visiting scholars. Yale-China recently sent a delegation to Changsha that included Ann Williams to discuss future directions for Yale-China’s health programs. One of the major topics for discussion was the possibility of resuming Yale-China’s work in nursing education by re-establishing the old ties between YSN and Xiangya.

Xiangya currently sponsors two nursing education programs, one a three-year diploma-style program at its Secondary Health School, and one a five-year program leading to a university degree through the newly established Faculty of Nursing. The first students in the university program are being admitted this year.

Limited resources and hierarchical traditions contribute to difficult working conditions for nurses in Chinese hospitals. Although fami-
lies accompany patients to the hospital, providing much of the daily care, the nurses are responsible for myriad technical activities, such as preparation of intravenous solutions. On her recent trip, Ann and her colleagues from Yale-China were able to tour wards and classrooms, meet with young faculty members and hospital charge nurses, and discuss current issues of concern to Chinese nurses.

The discussions were notable for the enthusiasm and growing sense of professionalism that was reflected in the nurses’ plans for the development of clinical nursing services and nursing education.

They are eager to work with their American counterparts. Professor Zhou Changju, Dean of the Faculty of Nursing, identified curriculum development in the areas of community health, primary care, and nursing research as particular priorities for collaborative work with Yale-China.

The presence of YSN graduates in Hunan has a long history, helping to establish a bedrock of trust and friendship which is the foundation for our current work. As Yale-China approaches its 100th anniversary, we would appreciate hearing from members of the YSN community who have memories to share. And, as we look to the future, we invite the participation of alums who can share their expertise and who would be interested in contributing to the development of this newest adventure in Yale-China Nursing.

2. Ibid.

Inquiries and responses can be sent care of Barbara Reif in the YSN Alumnae/i office.
On a Wednesday evening in November, the Student Government Organization and the Committee on Cultural Diversity sponsored a program designed to give YSN students an opportunity to present their health care experiences in other cultures. Bethany Berry '96 spoke about her midwifery experiences at the Pine Ridge Reservation in South Dakota. Margaret Emley '98 described her work in primary care at a mission clinic in rural Kenya.

Harris Foss '96 presented her challenges in field data collection with the Eastern Band of Cherokee Indians of North Carolina and Jerusalem Makonnen '96 discussed the barriers to HIV risk reduction behavior in adolescent girls in Addis Ababa, Ethiopia. Elizabeth Marlow '96 talked about her work in the development of a diabetes prevention project with adolescents of the Winnebago tribe of Nebraska and Kathleen Warner '96 reported on her research around traditional midwifery as practiced by the Mixtec of Oaxaca, Mexico. A wonderful reception and informal discussion followed the presentations which were given in the Hope Building of Yale Medical School. This effort was one of several sponsored by YSN students committed to increasing awareness of the need for cultural diversity and sensitivity both in student life and in the curriculum.

YSN Faculty and Students Awarded PEW Grants

The Pew Urban Health Initiative, funded by the Pew Charitable Trusts, encourages and facilitates collaboration among students and faculty in Yale's Schools of Nursing, Medicine, and Public Health. Focusing on urban issues, funds are allocated to several general areas of development: formal courses and lecture series, faculty and student research, student community volunteer activities, and interdisciplinary student community practicum experiences. Several YSN faculty members and students are award recipients. Lois Sadler '79, Lecturer and PNP (Primary Care) Program Director, received a start-up grant for her research, "The Process of Intergenerational Childrearing Among Urban African-American Adolescent Mothers and Grandmothers;" and Dorothy I. Baker, Research Scientist, was awarded a grant for her work, "Depression in Homebound Elderly Living in Urban Poverty." Students Miyako Sugihara '96 and Alison Wittenberg '96 have received Student Research Grants for, "Disclosure of Diagnosis to Children with HIV/AIDS," and, "Street Youths' Perceptions of the Factors Involved in Successful Exit from Street Life," respectively.
I guess one might say that my nursing career began when I was four years old. My brother, thinking that he might be able to fly, jumped from a treehouse. Not unexpectedly, he ended up in the hospital with a broken femur. Our family had private duty nurses visiting daily and by watching them I realized that I, too, wanted to help sick children one day.

Many years later I graduated from Yale University School of Nursing as a pediatric nurse practitioner. I had been a pediatric nurse for four years before returning to graduate school. While at Yale, we were taught the finer aspects of the art of nursing. I had my main clinical experience at Yale's Primary Care Center. Each student pediatric nurse practitioner had his or her own caseload of patients whom we followed for our entire two or three years at YSN. I followed many of my patients from their birth until my graduation.

When I left Yale and joined a private practice, I felt very much wanted by my patients and their families. They wanted to see me, wanted my knowledge, and wanted my reassurance. But I didn't always feel needed. My patients had total access to health care. All their parents had to do was to call the office and schedule an appointment. Their child would be seen that day, usually within three or four hours. I would diagnose their child, prescribe a medication, and in a few days their child would be all better. And we would see them again for the next sore throat or earache. I loved my patients and my work, but at the time I really missed the feeling of being needed, the feeling I experienced at Yale's Primary Care Center. I missed providing care to patients who would go untreated otherwise.

It was this feeling that prompted me to investigate opportunities to provide health care to less fortunate children, to children who did not have access to a health care delivery system. I had heard about an organization called Healing the Children Northeast, Inc. Healing the Children is a volunteer, non-profit, non-partisan organization whose main purpose is to secure and make available medical treatment for children who are unable to receive it in their local environment. Healing the Children exists because there are children in many parts of the world, including the United States, who are not receiving appropriate medical care either because it is not available where they live or because their parents

Eight year old Nellie came in for a cleft lip and palate repair
lack the financial resources necessary to provide medical treatment. It also exists because every child is entitled to proper medical treatment and, if that cannot be provided by the child's family, it must be provided by God's family.

Healing the Children sponsors about twenty medical missions abroad yearly. Physicians, nurses, and allied health professionals donate their time. As volunteers, we were responsible for paying our own air fare, accommodations and also furnishing our own medical supplies. Donations were received from family members, friends, and professional colleagues. I was surprised at how easily I was able to raise the money necessary to go abroad on a medical mission. People were overly generous to my cause and also most supportive in their wishes for a successful trip. Alone I raised nearly $1,000 for the trip.

I traveled to Tunja, Boyata in Colombia, South America. I went for ten days with a group of fifteen physicians, nurses, nurse anesthetists, and administrators. We also traveled with another group of volunteers who went to a second Colombian city about three hours from Tunja. The 25 of us flew on American Air Lines from New York to Bogota, the capital of Colombia. The political unrest is very evident in this country and when we arrived we were warned of the imminent danger of being kidnapped. As we were medical volunteers, traveling as a unit, we were a prime target for the terrorists. As a result, we were required to travel as a group and we always had one, if not two or three, bodyguards with us. Fortunately, we all returned safely.

On the second day we took a bus from the capitol city to the little village of Tunja which is located in the mountains. The altitude is over 10,000 feet and I remember the difficulty I had breathing the first day or so! Quite scary. The First Lady of Boyata (the wife of the governor)

Carolina, 10 years old, with Sheri after a contracture repair
PNP Grad Volunteers for Healing the Children (continued)

hosted us. We stayed in a hotel but were only there for dinner and to sleep, as we spent all the rest of our waking hours at the hospital operating.

Children and their families came from miles around when they heard our group was coming. We were there to do plastic surgery, namely cleft lip, cleft palate, and burn contracture repair. Many Colombian children suffer from burns, as their main heat source is kerosene and the small children are often responsible for gathering the oil.

Before we actually began performing surgery, we had a day of evaluation. Thousands of children came and we evaluated them based on the severity of their defect and the likelihood of success of surgery. We were only able to perform about 100 surgical repairs because of our limited time. For the next six days we worked from 6 am to 9 pm, usually performing at least 15 operations daily. The work was hard, the hours long, but the sense of really feeling needed was overwhelming. So overwhelming that I would return next year - in a minute! To see the smiles on the faces of the children made it all worthwhile.

Special thanks to all who made the trip possible by their contributions. Also, special thanks to Angela, Missy, and Stephanie, the staff of Healing the Children, who work so hard every day for our children.
YSN Alumna in Niger, Africa

Lauri Winter '88 ('88 Management) wrote to YSN about her recent work on a quality assurance project for the Tahoua Regional Health Services (RHS) in Niger. The following excerpts are from her letter of last autumn.

Tahoua is a small Nigerian capital city of 50,000 in western Africa. The greater region of Tahoua is populated by 1.5 million people, mostly comprised of ethnic groups of Hausa, Turegs, and Fulani. The climate is arid and has a flat, "stark and almost lunar-like," landscape of rock, sand, and clay. With sufficient rains, the wet season, May to October, produces crops such as millet. A small number of foreigners, about 70 individuals, reside in Tahoua, providing a limited, "but not non-existent," social environment: German rural developers, French Catholic missionaries, Dutch reforestation workers, Swiss land reclamation researchers, French educational advisors, and American Protestant missionaries.

Working with the RHS Director as co-leader, Lauri's assignment was to initiate and institute various quality assurance methods for the Tahoua region's primary health care system. She identified the essential elements of the project to be team strategy, data utilization, systems analysis, and client satisfaction.

Lauri and her colleagues used a team approach. They motivated people to create simple, positive changes within their own systems without waiting for "some other level in the hierarchy to give them permission to solve their own problems." The progression of steps toward successful problem-solving methods has had, she says, "a sort of deliberate feel." They have designed "previously non-existent management systems" while reconstructing those that had fallen apart: medical equipment supply; inventory tracking and distribution; transportation; education and training. Teams working in dispensaries improved such clinical systems as family planning utilization, nutritional rehabilitation compliance, and infectious disease control.

Although satisfied with the outcomes of her assignment, Lauri is concerned that the region's political instability may sabotage the longevity of the project's implementations. She writes that, after an unexpected rain following the recent elections, someone said it signified the Nigerian "people's tears of joy because they had defeated the ruling party."

Although uncertain government direction and continuous labor strikes have caused her to lower her expectations, she remains optimistic that, with the power of teamwork, progress will continue.

In her free time Lauri enjoys gardening, "a challenge and an extravagance" in this part of the world where water must be purchased and the ground broken with pick axes. Between coaxing her plants to grow and instituting quality assurance methodologies, she also finds time for academic endeavors. Last year in St. Johns, Newfoundland, Lauri presented her first paper, entitled, "How quality assurance facilitates decentralisation of the primary health care system: the case of Niger," at the International Society for Quality Assurance in Health Care. Of the change in climate in the Canadian province, she said that it "was pretty outrageous to go from 40° C to 8° C and have icebergs replace sand dunes in the landscape."

Annual Fund Raising Supports Student Scholarships

Your contribution to the Annual Giving Campaign helps support the activities of your YSN Alumnae/i Board, but more importantly makes it possible for someone to fulfill his or her dream of becoming an advanced practice nurse. As funding sources dry up and the federal Government threatens to cut back its loan programs, your donation to the YSN Alumni Fund is crucial in providing the best and brightest students the opportunity to study here. As one recipient of a 1995-96 scholarship, Peter Reilly '97, recently put it, "I realize that financial sources of any type are scarce and the fund raising efforts of the YUSNAA are of great service to YSN students like myself." Please keep Peter and the countless others who have benefited from your donations in mind when you answer the call from your Class Agent. Help continue our record of placing first or second every year in percent participation as compared to the other graduate and professional schools at Yale, AND in producing the finest clinicians in your profession!
Joyce Shea graduated from YSN with the MSN degree in 1983, never dreaming of returning as a doctoral student a decade later. For one thing, YSN's doctoral program did not even exist at the time. In addition, Joyce was anxious to begin working in her chosen field of psychiatric-mental health nursing and accepted a position at Waterbury (CT) Hospital where she was involved with consultation and outpatient work, both group and individual. In 1989 she left the hospital to work part-time in managed care review and "out of home" consultation, and began to do some teaching at YSN. Her love of teaching also prompted her to take a position at Western Connecticut State University where she taught psychiatric nursing to undergraduate students.

As her leanings toward staying in academia took shape, it became clear to Joyce that she needed a doctorate and Yale had just opened its program. Doctoral study also would provide the opportunity to further her research base and fulfill her long-term goal of working in the policy field to positively impact the health care of patients with severe and prolonged mental illness, perhaps at the National Institute of Nursing Research or in the legislature. Joyce's dissertation looks at patients with severe and prolonged mental illness as they make the transition to successful community living. She expects to learn from the patients' perspective about the difficulties they face in daily living and their identified needs resulting from the interplay between the mental illness and other aspects of life. Her study encompasses quality of life issues beyond the medical model approach that simply targets the mental illness, and seeks information which can lead to more effective interventions aimed at helping the patients adjust to life in the community.

In response to the question, "How would you describe your experience as a doctoral student in a brand new program?" Joyce responded that she sees many advantages to being a member of the first class enrolled in this program. The faculty exhibits enthusiasm beyond her expectations and has provided a wealth of experience and knowledge that has been nothing short of inspiring. Her master's education was narrowing, designed to produce a specialist, whereas the doctoral program has been a broadening of ideas, concepts, and connections that result in an understanding of the needs of care and the delivery of care in a much more global sense.

Besides nursing, Joyce's other great love is Irish dancing. She has danced and taught for years and is certified to teach all ages, from children to adults. Her students compete locally, nationally, and internationally. Married, with three children (Dierdre, 9, who also is an accomplished Irish dancer; Patrick, 7; and Thomas, 4), Joyce finds time for community involvement through her local Town Committee, as well as membership in the Connecticut Nurses Association and the American Nurses Association. Always cheerful and ready to smile, she embodies the qualities of a true Yale nurse - intelligence, compassion, and the desire to improve the quality of care for all people, even the most disenfranchised.
All work and no play makes doctoral students dull. Therefore, some skiing was in order for Wantana Limkulpong, who had never skied before, and Kerry Milner, an expert on the slopes. Marge Funk, YSN faculty, and Brewster, YSN mascot, joined them.

On October 13 David Clark-Coller '83, Assistant Clinical Professor of Nursing and Emergency and Family Nurse Practitioner at Hartford (CT) Hospital, ran a suturing seminar for the final year Adult and Family Nurse Practitioner students. The students practiced their suturing skills on pig ears and became quite proficient. The photos tell the story.
Research News
Monitor Watch Study Results Reported

In the Fall of 1993, Marge Funk ’84, Associate Professor at YSN, Cindy Johnson, Nurse Manager of the Cardiac Stepdown Unit at Yale-New Haven Hospital (YNHH), and Janet Parkosewich ’85, Cardiac Clinical Nurse Specialist at YNHH, were awarded the Hewlett-Packard - American Association of Critical-Care Nurses research grant. They received $32,000 plus a computer, printer, and software to conduct their study, "The Evaluation of Continuous Telemetry Observation on Selected Outcomes in Cardiac Patients." This research addressed the question of whether it is necessary to have a person watching the cardiac monitors at all times or if it is sufficient for nurses to rely on alarms to alert them to the presence of arrhythmias.

The study was carried out in two parts on a cardiac stepdown unit at YNHH. One part addressed the issue of the accuracy of detection of arrhythmias with and without a monitor watcher. Irene Stukshis ‘96, final year student in YSN’s Cardiovascular Specialty, concentrated on this part as the basis of her master’s thesis. She found that the presence of a dedicated monitor watcher was associated with significantly greater accuracy in the detection of clinically important arrhythmias. She presented her findings at a poster session at the 68th Scientific Sessions of the American Heart Association in Anaheim, CA last November.

These findings raised the question of whether improved detection of arrhythmias actually resulted in better outcomes for patients. The main part of the study examined the effect of a monitor watcher on mortality, transfer to a critical care unit, and the occurrence of five life-threatening arrhythmias. Data were collected on over 2300 patients during a nine month period with a monitor watcher and a nine month period without a monitor watcher. There was no difference in the incidence of most of the adverse outcomes evaluated, although significantly fewer episodes of sustained ventricular tachycardia occurred during the period with a monitor watcher.

The investigators are presenting their results at several conferences: the Eastern Nursing Research Society Conference in Pittsburgh, the National Teaching Institute of the American Association of Critical-Care Nurses in Anaheim, the International Nursing Research Congress of Sigma Theta Tau in Jamaica, and the International Meeting of the International Society of Technology Assessment in Health Care in San Francisco.
Holiday Party

This year’s holiday party was held in the atrium area of our new facility at 100 Church Street South and it was a pleasure to celebrate the season in our own space for a change. Young and old (....older?) alike enjoyed the festivities, highlighted by a visit from Santa, as is our custom.

Thea Clark, Robin Leger’s daughter, gives Santa her wish list. Robin is Program Director of the PNP (Chronic Illness Track) Program.

ANP Program Director Susan Cohen and Aaron Cohen, son of Sally Cohen, Director of YSN’s Center for Health Policy

Paula Milone-Nuzzo (center), Specialty Care and Management Division Chair, with her daughter Jessica and Margaret Grey, Associate Dean

GEPN students (L to R) Peter Ford, Ashley Beasley, Melissa Watterson, and Evelyne Delori celebrate with Peter’s wife, Lynn (far left), and son, Nicholas.

Midwifery student Maia Kikerpill with her daughter Hanna
Teaching space in the new building has been greatly improved. Not only are the classrooms and labs brand new, but equipment and technology are state-of-the-art. There are 12 classrooms, some of which are seminar style with tables and chairs, and some of which are furnished with individual desks. There is a large lecture hall which seats over 200 people when fully opened, or which can be divided into three separate spaces of varying size. Every classroom has a permanent television monitor and VCR, as well as a “drop down” screen for viewing slides and transparencies, and a permanent chalkboard. Lighting is controlled by movement sensors in order to conserve energy and there is a telephone in every classroom.

The Computer Lab represents an increase in space and a decided step-up in technology for the School. A large amount of resources has been committed to make the new computer lab a much better place in which to work and teach. The lab has available 18 new Gateway 2000 Pentium computers, 4 Gateway 2000 486DX2-66 computers and 2 Macintosh 6100/160 computers. These computers replace the 15 old IBM 286 computers and represent a tremendous improvement in speed and disk capacity. Additionally, we have upgraded the server for the lab network to a Compaq Prosignia server which has enough storage capacity and speed to serve both the computer lab and some of the research projects at the school. Students using the lab can print to either one of two networked printers which can handle documents from either the PCs or the MACs. One of the printers is a high-volume network printer which can print up to 18...
pages of text per minute. There is software for wordprocessing, presentation graphics, and data analysis for students to prepare papers and for thesis work. Library and Internet resources are available from one of the Gateway computers in the lab, while the Macintosh computers have access to a library of multimedia medical education programs from the Yale Medical Library. All of these resources are located in a much enlarged space with plenty of room for students to work either alone or in small groups. The lab is accessible 24 hours a day, seven days a week to all students, faculty, and staff.

The Physical Assessment Lab boasts 19 examination tables, each with a built-in stethoscope, otoscope, and ophthalmoscope. There is a classroom adjacent to the lab, as well as a mock hospital room, complete with a high tech mannequin that is used for teaching. The mannequin provides lung sounds and heart sounds, and can be changed from male to female using removable genitalia. Tracheostomy care, nasogastric tube placement, catheterization, IV insertion, and wound packing can be demonstrated and there are multiple accessories available including stumps and abdominal incisions.

The Reference Room and Audiovisual Center are located in combined space which allows students to efficiently use resource materials. In addition to the usual collection of journals, reference texts, and other specialty and general publications, the Reference Room has two public access computers from which faculty, students, and staff can access a number of bibliographic databases to compile author, textword, subject or journal searches for assignments, thesis work, class presentations, or general interest. Several of these are MEDLINE, HEALTH, CINAHL, EXPANDED ACADEMIC INDEX, LEGISLATE, and PSYCINFO. Mary Angelotti is the Reference Room Manager.

The AV Center, under the care of Fitzroy McLeggon, supports the teaching mission of YSN with state-of-the-art equipment, including a scanner for scanning graphics for slides and publications; a video projector in the large Lecture Hall; and a portable LCD for classroom and conference room use. Through cabling the capability exists for direct broadcast projection from numerous sites within the School, with the potential of projection from outside for purposes of teleconferencing.
Alums Share Flight Nursing Experiences

by Kristin C. Oberg '92 and Elizabeth F. Orser '50

Last June at the Yale School of Nursing Alumnae/i Weekend, I had the good fortune to meet Elizabeth Orser, who had been a flight nurse of the Korean War Era. As I am currently working for a civilian hospital-based air medical service, I was fascinated with the contrast between our two experiences as flight nurses. The following is Elizabeth's description of her experience in Korea, followed by an account of my own experiences within the profession of flight nursing.

"The month I graduated from YSN, June, 1950, was the month North Korea invaded South Korea, and thus I joined the Air Force Nurse Corps. I reported for duty at Maxwell Air Force Base Hospital in October, 1950; completed the Flight Nursing Course at the School of Aviation Medicine at Gunter AFB in June, 1951; and was transferred to the 801st Medical Air Evacuation Squadron in February, 1952. We were a squadron of about 30 flight nurses, 30 corpsmen, a few auxiliary personnel, and a flight surgeon as our squadron commander. Our home base was Tachikawa, Japan, near Tokyo. We were responsible for evacuation of all the sick and wounded within the Far East Theater except for those from the United Kingdom, who took care of their own. Our squadron was in the 315th Troop Carrier Wing assigned to the Tactical Air Command. Patients that were to be flown back to the States flew with the medical crews of the Military Air Transport Service. Our patients were not only American GI's, but soldiers from Ethiopia, Turkey, Greece, the Phillipines, and other countries in the UN Forces fighting in Korea. The duty of the flight nurse was to supervise the on-loading of patients, care for them during the flight, supervise the off-loading, and brief the medical representative who met the plane at our destination. We had no regular duty hours. Our names were on a board at the squadron office. The nurse whose name was at the top of the board took the next flight. On return when checking in, her name would go to the bottom of the board. We could read the "Stars and Stripes" and almost predict when we would fly. If there was intense fighting on the front
lines, we, on return, could go out again almost immediately. If there was a lull in fighting it might be two or more days between flights.

"Flying out of Tachikawa to Korea we were a cargo or troop transport. On arrival the plane would be off-loaded, cleaned, and reconfigured for patients while the flight nurse and medical technician checked in with the holding ward, obtained a manifest of all the patients, and received a report from the doctor who had accompanied the patients from the hospital to the holding ward. He would alert us to the condition of our patients and what we might expect in flight. This information was necessary in order to load our patients for the four to five hour flight to Japan. I learned early, however, that it was necessary to check the patients individually and quiz each as to their medical problems before instructing the corpsmen where to place them on the plane. A patient with severe injuries would be placed low and if there were room given a double space so it would be easier to give care in flight. Patients with chest wounds were vulnerable in flying and could require an emergency landing en route if they developed problems. Abdominal wounds also required careful observation. The changes in air pressure could cause an evisceration. After takeoff and reaching cruising speed, we tried to make our patients as comfortable as possible under the circumstances, and give care as a nurse would on a hospital ward. An hour into the flight we would feed our patients. Lunch had been prepared by the Army mess and put on board. Our galley was a large cardboard box. From it we passed out the spam, ham, or cheese sandwiches. For drinks we had coffee and soft drinks.

"Depending on the plane we were using and how active the front lines were, our loads varied in number. When the C-124 was introduced we made a trial run, loading it to its capacity of 127 patients. The ambulatory could climb the ladder and went to the upper deck. On the main deck were four rows of litters, one portside, one starboard, and two down the middle, each litter block having four tiers. On this flight we had a crew of four flight nurses and four corpsmen. As I recall, all went smoothly and we had an uneventful flight.

"Our intra-Korean flights out of Yang Dong Po were in C-47"s, the workhorse of WWII, the Korean War, and subsequently the Vietnam War. We flew into all the bases in Korea that had air fields, air evacuating patients from the small bases to the larger bases where there were better medical facilities. Occasionally we would evacuate Chinese prisoner patients. Frequently on such flights the flight nurse was not allowed on board. The flight nurses were dropped off, the flight would pick up the prisoner, deliver him to his destination, and then return for the flight nurses and continue the day's schedule. Once when I was dropped off and had a three hour wait I was invited to see the hospital which had the only artificial kidney in the Far East. Though the hospital was a large area of tents with a dirt floor, the patients all seemed to be receiving good care. The artificial kidney was a huge device which seemed to consume half the space in one tent. This Korean Era dialysis machine saved many lives during the Korean War.

"On my first rotation with intra-Korean flights the diagnosis of many of the Korean patients was malnutrition and tuberculosis. During this rotation a Time magazine reporter published a story on the starving ROK troops and soon after they began receiving food supplies. Within a few months a
plane load of Korean patients must have weighed twice what they weighed earlier.

“At the beginning of my tour a high percentage of American GI’s were evacuated with frostbite, hepatitis, and epidemic hemorrhagic fever. As clothing supplies improved it was rare to see a case of frostbite. Epidemic hemorrhagic fever carried a high mortality rate. It was a terrible disease that could cause hemorrhaging in any part of the body. As I recall the incidence was reduced when they discovered it was caused by insect bites—insects found in the grass fields near the camps.

“Flight crews were trained in survival techniques in case of ditching or a crash. Fortunately, I was never put to the real test. However, we lost two of our flight nurses and two medical technicians in an accident at Suwon. It was a good thing that no patients were aboard at that time. It was a sad time for our squadron.

“Our duty as flight nurses was not as tough as that of the medics or the rescue squadrons who gave first aid under fire on the battlefield. Nor was it as tough as that of the army nurses and doctors in the MASH hospitals who patched the wounded and cared for them until they could be evacuated. The most difficult part of our duty was seeing young men in the prime of life become casualties of a war that came much too soon after WWII. Our greatest reward was knowing that we were helping in the war effort by rapidly transporting the sick and wounded from the war zone to hospitals, so they could receive the best care possible.”

Though Elizabeth worked as a flight nurse on fixed-wing aircraft, the concept of helicopter medical transportation originated during the Korean War. The concept of direct transportation from the battlefield to a mobile army surgical...
hospital (MASH) for definitive care was one of the reasons attributed to the decreased mortality in Korea as compared to WWII. Interestingly, in the Korean conflict patients were transported on litters secured to the outside of the aircraft, which did not allow for treatment en route to the medical facility. This changed in the Vietnam War era. In the 1960's several federally-funded air medical projects were conducted to evaluate the role of civilian helicopters in emergency medical services (EMS), and in 1972 St. Anthony's Hospital in Denver, Colorado instituted the first continuously operating civilian hospital-based helicopter program. Based on the success of this program, and the theory that rapid transport to trauma centers decreased morbidity and mortality, many other programs followed suit. The "heyday" of the civilian rotor-wing programs was the decade of the 1980's. With the advent of managed care, many programs are now in transition, entering capitated markets, and finding justification of the expense to the insurance companies difficult based on lack of patient long-term outcome data. Flight programs have very high fixed operating costs, based on the maintenance expense of the aircraft, and patient flights costing several thousand dollars each.

Approximately 170 hospitals in the United States have civilian "rotor-wing" (helicopter) programs to provide rapid critical care transport to patients in a defined area. The larger of these hospital programs have a "fixed-wing" and a Lear-jet flight component to provide critical care transport to patients who need to travel longer distances. The programs vary greatly in size, from one helicopter to greater than seven, and from less than 500 mission requests per year to greater than 8000 (8000 includes rotor-wing and fixed-wing requests). Most programs do scene work, to provide mutual aid to the ground paramedics when specific critical patient criteria have been met, and interfacility transfers, usually to transfer a patient from a lower level of care to one which is a higher level. Examples of destinations of interfacility transfer patients include: Level 1 or Level 2 trauma center emergency departments, specialty intensive care units, cardiac catheterization labs, pediatric intensive care units, hyperbaric oxygen chambers, burn intensive care units, and specialty organ transplant centers.

At LIFE STAR, when flight nurses are not flying or performing direct patient care, they do pre-hospital education and marketing, indirect projects to benefit direct patient care, and research. Since the program's inception, flight crews have travelled all over the state of Connecticut to educate the emergency medical service providers as to the medical indications for activating the helicopter, and how to land and interact with the pilot and medical flight crew once the helicopter has arrived. For scene trauma flights, the indications for activating the helicopter are broken down into mechanism of injury, anatomic, and physiologic factors. These factors were established by the American College of Surgeons, who epidemiologically noted that patients who met the criteria had a greater than 10% chance of dying from their injuries. For example, in the mechanism of injury category, patients who were ejected from a vehicle, were unrestrained in a vehicle that rolled over, or were in a vehicle in which someone died, have more than a 10% chance of dying from their injuries and should be taken to a trauma center. If the trauma center is more than 20 minutes away by ground, rapid transport via helicopter is recommended.

Throughout my cardiovascular clinical nurse specialist track at Yale, I worked as an EMT, and then as a paramedic. I enjoyed being the first person to care for patients in the long continuum of practitioners they would meet in their journey through the acute phase of their illness. I also enjoyed caring for the patient in an "uncontrolled environment" in which it was necessary to improvise, adapt, and be flexible. I decided to put my enjoyment of pre-hospital care together with my new critical care assessment and
intervention skills, and become a flight nurse.

Thirty-five percent of my flights are scene trauma and 65% are interhospital transfers. Cardiac patients comprise 16% of my patient volume, and pediatrics comprise 18%. I look at my job as prolonging life via hemodynamic support, until definitive care, such as trauma surgery or rescue angioplasty, can save the life. I work under the standing orders of a physician when I give medicines, or perform invasive procedures, yet the decision to perform these procedures, or give these meds, is my own, based on the clinical picture that I assess. The flight crew members have an excellent working relationship with our physicians, based on implicit trust. A protocol has been developed for every possible emergency we encounter, but situations change, and flexibility within the protocol happens daily.

When I reflect on my experience thus far, some patients are foremost in my mind. My very first flight involved a 22 year old with a fatal head injury and a very religious family. Last summer I crawled into airplane wreckage to endotracheally intubate a 32 year old flight instructor with many life-threatening head, chest, and spinal injuries, who is alive, in good spirits, and rehabilitating well today. I flew a two year old with severe pneumonia to Boston Children’s Hospital for ECMO (extra-corporeal membrane oxygenation). Her oxygenation and ventilation were so tenuous that the respiratory therapist and I were sure she would suffer a complete hemodynamic collapse despite our efforts. The 30 minute flight felt like six hours. The child is alive and without respiratory deficits today.

In essence, flight nursing is critical care nursing at altitude, with consideration of the stressors unique to the flight environment, such as noise, vibration, decreased humidity, hypoxia, thermal changes, fatigue, and aircraft motion. Beyond the general critical care knowledge base, it is necessary to know how the human body reacts to flight in order to anticipate potential critical care problems. For example, pressure decreases as altitude increases. This changes the partial pressure of oxygen in the bloodstream, lowering the blood oxygen saturation of the patient. Any patient who is hypoxic for any reason at ground altitude will
become even more so at the higher altitude. Patients are given supplemental oxygen and ventilation in flight based on their clinical exam, oxygen saturation, and end-tidal carbon dioxide levels. Furthermore, as pressure decreases, gases expand. Within the human body, air in the stomach or intestines expands and can cause severe pain, as well as restrict the lowering of the diaphragm during respiration. Most patients, therefore, benefit from the insertion of a nasogastric tube. Trapped or partially trapped gases within the lungs, skull, middle ear, sinuses, and teeth can cause pain as well. If the patient has a pneumothorax, gaining altitude will cause the air to further expand, worsening the pneumothorax, and potentially causing a tension pneumothorax. Because a tension pneumothorax can kill you in a matter of minutes, all flight nurses are trained in needle chest decompression, and some are trained in chest tube insertion.

Patients in flight have many physical, emotional, and spiritual needs. Because my patients are so critically ill, they are often fearful they may die, and in fact I am often the last person they see before they die. Many of my patients and families have coping deficits. We do our best to meet the needs of the family during the time of crisis by allowing them to see and talk to the patient before the transport, and travel on the helicopter with the patient if the additional person does not exceed our weight allowance (pilot decision). The flight crew spends time with the family after we’ve transferred the patient to the receiving medical team to answer the myriad questions they may have. Typical questions the family asks the flight crew are: What happened to cause the accident? What did the witnesses see? How was the patient found (e.g., in the car, ejected from the car, walking about the scene, unconscious)? What words did the patient say? Flight nursing, then, is nursing in a unique environment. It provided a challenging experience for Elizabeth Orser, and is a source of continuous challenge to me. Because so many different types of patients require transport, and because a subset of these patients benefit from rapid transport to definitive care, there is something new to learn from every patient and situation. Flight nursing for the military can be during a war or peace-time situation, on short domestic or long international flights, and often encompasses nursing for a large group of patients, in critical, serious, or guarded condition. Civilian flight nursing usually covers shorter distances in a more regional area, with one or two critically ill patients. The common denominator is nursing care in an environment requiring consideration of flight stressors, flexibility, and a desire for professional autonomy.
Three New Program Directors On Board

When school started last fall (1995), three newly appointed Program Directors were in place, Susan M. Cohen, Adult Nurse Practitioner Program; Donna M. Mahrenholz, Nursing Management and Policy Program; and Douglas P. Olsen, Psychiatric-Mental Health Nursing Program.

Susan M. Cohen, DSN, CFNP
In October, Susan was appointed Associate Professor and Director of the Adult and Family Nurse Practitioner Program in the Primary Care Division. She was educated at the University of Pennsylvania, Catholic University of America, and the University of Alabama. Previously, she was a faculty member at The University of Texas-Houston, and has also been a program director for women's health nurse practitioner programs at the University of Pennsylvania and the University of Texas. She claims that her road to research began in the fourth grade when the music teacher asked her to mouth the words to the songs in the school pageant and her art teacher declared her abstract art "too constrained," even though it won second place in the schoolwide art competition. As a result, Susan states that she, "...developed her left brain with math and science and left the making of art and music to others." Women's health has been her major interest in both clinical practice and research, in particular, the health of mid-life women. Her funded research has focused on the understanding of the physiologic and psychosocial adjustments women make after having a hysterectomy. Susan continues to investigate the role of women's decision making concerning their health and its implication for adjustment and recovery. Coming to Yale affords her the opportunity to grow within a rich and diverse environment, AND to appreciate the art and music of others!

Donna M. Mahrenholz, RN, PhD
Donna came to Yale from the School of Nursing at Johns Hopkins.

Douglas P. Olsen

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University. She has practiced as a clinical nurse, held positions in nursing administration, and taught health policy, nursing research, and financial and nursing management. She received her Diploma in Nursing from the Johns Hopkins Hospital School of Nursing, a BSN from Case Western Reserve University, and an MS and PhD from the University of Maryland. Her research interests include nursing management and policy issues across all delivery sites, especially the development of methods to assess costs and patterns of use and their relationship to outcomes, including patient and provider satisfaction. Donna served as Project Director for a five hospital study (Ada Jacox, RN, PhD, Principal Investigator) investigating the relationships between costs of nursing care and patient outcomes, and also served as staff to a panel sponsored by the US Agency for Health Care Policy and Research which developed the first clinical practice guideline in March, 1992, "Acute Pain Management: Operative or Medical Procedures and Trauma." Concurrently she investigated with other team members the patterns and costs of pain management drugs using large national databases from private and public sources.

Douglas P. Olsen, RN, PhD
Doug, as he is known, began his nursing career with an AD from Miseracordia Hospital School of Nursing, followed by a BSN from Hunter College, an MN from the University of Washington, and a PhD in nursing from Boston College. He also has a BS in biology, earned at Pennsylvania State University. Having completed his education in 1979, Doug has focused entirely on psychiatric nursing except for his first year in a medical-surgical rehabilitation unit. Not only has he worked in very diverse geographical settings, including New York, Massachusetts, Washington, Alaska, and Virginia, but also he has exposure to a wide variety of practice roles, such as staff nurse on an inpatient psychiatric unit, individual psychotherapist on an outpatient basis, consultant and liaison with medical inpatients, and clinical supervisor to inpatient mental health and inpatient addictions staff. He has planned inpatient and outpatient services; done community needs assessments; provided crisis intervention, assessment, and triage in psychiatric emergencies; and provided mental health services to a village of 500 inhabitants, arriving once a month by float plane! In the mid 1980's Doug developed an interest in ethics, ultimately focusing on ethical theory, ethics in mental health policy, and the ethics of the nurse-patient relationship. His full-time academic career began at Virginia Commonwealth University which he left to come to Yale. Prior to that he had taught on contract for Curry College and Massachusetts Bay Community College.

**Faculty Notes**

Marge Funk ’84 has had an article entitled, "Epidemiologic and Economic Impact of Advanced Heart Failure," published in the January, 1996 issue of the *Journal of Cardiovascular Nursing*. The co-author was Harlan Krumholz, MD, Assistant Professor of Internal Medicine and Epidemiology at Yale Medical School.

Margaret Grey ’76, Associate Dean for Research and Doctoral Studies, was named a Master of Pediatrics at the Masters of Pediatrics Conference held at the University of Miami (Florida) from January 25-29. The conference is held every year and in addition to the pediatrician-masters, one senior nurse scholar is invited to attend and present. Margaret lectured on psychosocial adjustment to diabetes in children, primary care of children with diabetes, and practice based research in nursing. She also offered workshops on helping families cope with a child with a chronic condition.

Donna Diers ’64, Annie W. Goodrich Professor of Nursing, and Cassy Pollack ’83, Associate Dean for Students and Master’s Studies, co-authored an article, “Data as Textbook,” published in Computers in Nursing (1996), 14 (1).

Gail D’Eramo Melkus, Primary Care Division Chairperson; Geralyn Spollett, Assistant Professor in the Adult Nurse practitioner Program; and Nancy Maillet ’95 published an article entitled, "Using Focus Groups to Characterize the Health Beliefs and Practices of Black Women with Non-Insulin-Dependent Diabetes," in the January/February, 1996 issue of *The Diabetes Educator*, Vol. 22, No. 1. The research study upon which the article is based was supported by Novo Nordisk Pharmaceuticals.
YSN Profile

Liana Corliss '95 wrote to YSN recently and her correspondence will, no doubt, find many other recent graduates in agreement, as she examines her new role as a family nurse practitioner in the Pacific Northwest.

After spending the summer in Florida, passing her FNP exam, and job-hunting for several months, Liana took a position in a busy family practice in Portland, Oregon. She works with family practice physician, Jewel Crawford, who, "has a wonderful commitment to her patients and to the practice of excellent family medicine and women's health... Best of all, she is an incredible teacher and role model." The practice population is mostly African American, with patients of varied or no insurance coverage.

During the past month, she has noticed a decrease in her vision and development of eye pain. I squeezed her in as a charity case (after getting the OK from Dr. Crawford) and after my exam gave her a probable diagnosis of acute closed angle glaucoma. Immediately got her over to the ophthalmology clinic (who also took her as a charity case) and the ophthalmologist diagnosed her with acute closed angle glaucoma and started treatment immediately. He told us that without treatment she would have lost vision in that eye by the end of the week. I felt wonderful that I had been able to help. I just want you all to know that by teaching me to be a good clinician you have reached out to even more patients than you already have in your individual practices. Some day I will carry on the tradition of teaching as well. All of you gave me and all my patients a wonderful gift. I thank all of you."

Catherine Kennedy is Guest Lecturer

The Kettledrum Committee of the YSN Student Government Organization invited Catherine Kennedy to speak in February. Kennedy, the recipient of the Connecticut Public Health Commissioner's AIDS Leadership Award, is the Executive Director and founder of Leeway, a not-for-profit organization in New Haven set up to provide sub-acute inpatient care to people living with HIV/AIDS. The Leeway facility is the only one of its kind in Connecticut and one of the few in the country that utilizes the chronic disease model. It provides a standard of care comparable to that of a skilled nursing home and provides residents with a safe, nurturing environment that promotes quality of life and dignity for each individual. The focus is on the integration of body, mind, and spirit through mutually respectful relationships among residents and caregivers. Kennedy shared her experience in starting up this program and in dealing with the bureaucracy and politics often associated with projects dealing with HIV/AIDS. The lecture was attended by faculty, students, and staff members.

Catherine Kennedy holds YSN sweatshirt presented by Joe McDonough, SGO President, and Kelley Muldoon, SGO Vice-President.
The second annual "Launching Your Career" Workshop was held on January 27 and was attended by 25 final year students preparing to start the job hunting process. Sponsored by the YSN Alumnae/i Board, the program is designed to provide helpful suggestions on how to begin the process of finding a job; how to prepare a curriculum vitae or resume and the difference between the two; how to interview successfully; and how to negotiate a benefit package. Board members presented and there was ample opportunity for questions, as well as "hands on" assistance with fine-tuning the CV's and resumes that the students had brought with them. Evaluations of the program were all very positive and the Board plans to continue this effort every year. In addition to providing valuable tips and strategies for finding "the right job," it offers an opportunity for the Board to interact with currently enrolled students and to play a more active role in student life. In addition, the Board voted at its last meeting to purchase several books on finding a job and to donate them to the Reference Room as additional resources.

Rachel Ruby, ANP student, working on her CV

Liz Graninger (L) and Maureen Davis, both student nurse-midwives, compare CV's.

Kristin Oberg (far left) works with small break out group in the Student Lounge, (L to R) Dana Mozer, Jennifer FitzGibbons, Nancy Phillips, Jerusalem Makonnen, and Becky Mull Wilmes.
Rebecca A. Froines ’96 received a Community Service Award from Yale University School of Medicine for her work as an organizer and volunteer at the health clinic of the Downtown Evening Soup Kitchen. The award was presented at the Medical School’s Observance of Martin Luther King Day.

Mikki Meadows and Kathy Myint-Pu have both been accepted to the School of Public Health. They will receive a dual degree in public health and nursing in 1998. Congratulations!

Karen Brogan ’97 has become engaged.

Kristin Murray ’97, Monica Roosa ’97, and Liz Ledford ’97 completed the New York City Marathon on November 12, 1995 in just over five hours.

Jay Drew ’97 was recently promoted to Lieutenant Commander in the Navy Nurse Corps. Jay was awarded the Navy Commendation Medal for leadership in nursing, medical, and dental recruiting in New England over the past four years. Jay is enrolled in the first year of the FNP Program and is supported through the Navy’s Duty Under Instruction Program.

Sigma Theta Tau Induction at 500 Blake Street

The following students were inducted into Sigma Theta Tau, Delta Mu Chapter, on March 5 at Blake Street Cafe in New Haven:

- Tracy Bradley
- Richard Comshaw
- Maureen Davis
- Gina Del Vento
- Jan DeMarco
- Ariel Yellin Derringer
- Michelle Donlick
- Jennifer FitzGibbons
- Kuan-Yun Gandelman
- Brian Geyser
- Christine Grem
- Ju Lu Huang
- Debra Innes
- Lauren Janush-Bencivengo
- Kim Lacey
- Mary Lemley
- Nancy Phillips Lorenze
- Judith Morosky
- Diane Osgood
- Sandra Kalison Peccerillo
- Carol Pelletier
- James Schwendinger
- Julianne Seymour
- Veronica Smith
- Miyako Sugihara
- Christine Tocchi
- Marianne Zeh
Carol Pelletier '96 is the recipient of this year's Richard D. Frisbee III Foundation Scholarship, awarded in memory of Richard D. Frisbee III, who died of acute leukemia in 1989. The scholarship is given each year to a student studying pediatric or adult oncology. Carol is enrolled in the Pediatric Nurse Practitioner Program and has a special interest in the interdisciplinary approach to patient care, particularly in the treatment of children who have hematologic and oncologic disorders.

Lucille Madri, Administrative Assistant in the Primary Care Division, was recognized at the annual Long Term Service Award Luncheon on November 15 for her ten years of staff service to the School.

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Class News

Virginia Millard Ross ’48 and her husband Walter both retired in the spring of 1995. Virginia was voted Public Health Nurse of the year by her staff at Los Angeles County Health Services. Virginia and Walter are still repairing damage to their home caused by the 1994 earthquake and Virginia plans to train as a Disaster Health Services worker this year. They spend free time bicycle riding nearby and taking trips to Port Hueneme, Brentwood, and Huntington Beach.

Mary Lee Mantz ’69 has completed her work in Uganda and was re-posted to Zimbabwe where she is heading a global midwifery project under the USAID-funded SEATS II program. She is developing training programs and working with midwifery associations for capacity building where the goal is to promote, implement, and sustain the work of midwives in Africa. The project will eventually include midwives in Eastern Europe and Asia. Mary Lee was a 1994 recipient of YSN’s Distinguished Alumna Award.

Phil Gower ’74 is working at Managed Health Network, Inc. in Los Angeles supervising a team of clinicians which reviews psychiatric insurance benefits requests. He also performs telephone crisis intervention and debriefing of survivors of robberies.

Shirley Girouard ’77 is currently Director of Child Health Planning and Evaluation for the National Association of Children’s Hospitals in Alexandria, VA.

Debi (Welch) Boyle ’79 was awarded the second Jacqueline Rogers Lectureship in Psychosocial Oncology at the 15th Annual Scripps Cancer Symposium in November, 1995. She also published, “Documentation and outcomes of advanced nursing practice.” (Oncology Nursing Forum, Sept., 1995). In March, 1996, she presented the keynote address on advanced nursing practice at the 4th Annual Conference on Contemporary Issues in Nursing in Dublin, Ireland. This summer Debi will also present one of three keynote papers, “Cancer Nursing’s Evolving Future: An International Perspective,” at the 9th International Conference on Cancer Nursing in Bristol, England. Debi currently lives in Annandale, VA.

Antoinette Tyndall ’79 recently received one of five first-round Clinical Inquiry Grants from the American Association of Critical Care Nurses as co-investigator with Karin Nystrom ’95 for, “An examination of factors contributing to post procedure nausea and vomiting of patients undergoing radiofrequency catheter ablation,” at Yale-New Haven Hospital.

Janet Parkosewich ’85, a cardiac clinical nurse specialist at Yale-New Haven Hospital (YNHH), is working with the Cardiology Care Coordinator to implement the Uncomplicated Myocardial Infarction Pathway at YNHH. Janet co-authored an article in the Fall, 1995 Nursing Update (vol. 12, no. 4), a YNHH quarterly newsletter, describing the piloted pathway as a “work in progress” and “an important vehicle for the delivery of standardized, fiscally accountable care that maintains quality patient outcomes.”

Martha Curley ’87 is a pediatric CNS in the Multidisciplinary Intensive Care Unit at Children’s Hospital in Boston and a doctoral student at Boston College. Her primary research interest is in the area of parental stress in the PICU. She is also Chairman of the Board of the Certification Corporation of the American Association of Critical Care Nurses. She has co-edited the upcoming book, Critical Care Nursing of Infants and Children.

Elisabeth (Bettsie) Brennand ’88 and husband Scott Sheffler, announce the birth of Cassady Audrey Sheffler-Brennand on December 4, 1995. Bettsie relays that Cassady was conceived while she was working for the US Embassy in Yaounde, Cameroon as a Foreign Service Nurse Practitioner. The three of them and son John, age 7, are back in Leavenworth, WA enjoying winter in the mountains.

Peggy Lynch ’88 was selected as one of the twelve recipients of the 1995 Massachusetts Nurses Association Award for Clinical Excellence in Nursing Practice. She is an FNP in the AIDS Program at Cambridge Hospital in Cambridge, MA.

Larry Scailhill ’89 received the NIH-NIMH New Investigators’ Award in recognition of being selected as a participant in the New Investigators’ Program at the 35th New Clinical Drug Evaluation Unit Meeting in Orlando, FL.

Carole Adams ’90 was teaching med-surg and pediatrics to 3rd and 4th year undergraduate nursing students at University of Southern California (USC). Although she enjoyed her job, she has returned to home care nursing in CT.

Cathy Sumpio ’91 works at Connecticut Hospice in Branford as Clinical Specialist and Managed Care Liaison. With her second and most recent title, Cathy’s new responsibilities include following patients’ progression between inpatient, acute, and home care settings. In this role, she hopes to meet patient needs amid the changes of health reform and managed care.

Vanna Dest ’92 received the 1995 Lane W. Adams Award for Excellence from the American Cancer Society Foundation. The award recognizes individual nurses for their excellence in providing direct care with skill and compassion to people with cancer while also counseling patients and their families. Nominated by patients and colleagues, Vanna has worked with cancer patients at Hospital of Saint Raphael for 12 years where she co-facilitates the McGivney Center’s Cancer and Prostate...
Cancer support groups, as well as the American Cancer Society's I Can Cope series.

Janetta Yanez '92 and her husband Paul announce the birth of Jonah Eli Yanez Glickman on September 1, 1995. Janetta started back to work in January and Paul took two months off to be with Jonah.

Chris Beard '93 writes from Prosser, WA where she plans to stay another year, although she has completed her loan repayment obligation. She caught 75 babies in 1995, including three sets of twins, and loves her practice. Niece Olivia is now 20 months old and doing well. Chris relays that Anne Vosler '93 is in San Francisco, Sue Kass '93 recently moved to Portland, OR, and Molly Savitz '93 is still in Santa Cruz, CA. Laura O'Shea '93 and the others had a great trip rafting down the Colorado River last fall.

Beth Ann Collins '93 and her husband Watson announce the arrival of Watson Reid Collins IV on November 26, 1995. The Collins family lives in Wethersfield, CT.

Wailua Brandman '94, having completed a post-masters certificate program at California State University Long Beach as a psychiatric/mental health nurse practitioner (PMHNP), has moved back to Hawaii and is living in Aiea on the island of Oahu. Happy to be home, he is working hard to create a job for himself as he is the first PMHNP in Hawaii. Meanwhile he works part-time in the local Emergency Department with Mike McCool, RN, brother of Bill McCool, CNM, former YSN faculty member! As the newly appointed chairman of the Hawaii Nurses Association Advanced Practice Council, he is already involved with bringing the state up to speed on APRN issues. He writes that as a consultant, Barbara Safreit, JD, Assoc. Dean at Yale Law School, also has been an asset to the HNA over the years. Hawaii gained prescriptive authority in 1994 and awaits attorney general and consumer protection final amendments to the nurse practice act.

Kristen Kelly '94 and husband Ken are living in Greenwich Village. Kristen is a CNS in mental health at Beth Israel Medical Center and may be exploring work on an NIMH-funded project in the future.
Joy Latvis '94 and husband Chuck announce the birth of their third child, Nicholas Stone, on April 30, 1995. He joins sister Emily and brother Erick.

Nicholas Stone Latvis, son of Joy Latvis '94

Joy Latvis '94 and husband Chuck announce the birth of their third child, Nicholas Stone, on April 30, 1995. He joins sister Emily and brother Erick.

Naida Arcenas '95 is working fulltime as an FNP at HealthFirst, Inc. in Willimantic, CT and part-time at Trinity College Student Health Services. In October, she was awarded a certificate of special recognition for her contribution to research in the field of Developmental Disabilities Nursing at the 1995 Connecticut Developmental Disabilities Nursing Association Annual Conference. Her award was based on her thesis entitled, "Investigation of health care needs and the provision of medical care in mentally retarded adults living in DMR supported living programs in the state of Connecticut." Naida donates time to her community as one of five elected commissioners of Willimantic's Water Department. She also sits on the Strategic Planning Committee and Health & Safety Subcommittee for Regional Education District 19.

Tina London '95 has happily resettled in Bloomington, IN with Nick and Morgan. She is one of two CNMs practicing in the state's only freestanding birth center which is located in Indianapolis.

Margot Stone-Condry '95 is living in Tokyo with her husband Ian who is doing his fieldwork for his Yale PhD in cultural anthropology. Margot gave birth to Nicholas on June 15, 1995, with classmate/midwife Susan Miller '95 in attendance. At last correspondence, Margot was considering midwifery practice at the Yokusaka naval base outside Yokohama.

IN MEMORY OF VIRGINIA HENDERSON

On March 19, 1996 Virginia Henderson died peacefully at The Connecticut Hospice in Branford, CT. A memorial service has been planned for May 6 at 4:00 p.m. in Battell Chapel on the main Yale campus. This revered and much loved modern-day mother of American nursing and nursing worldwide did more than any other nursing leader in this country to move nursing from a dependent role to that of a respected profession based on the science and art of caring. Miss Henderson spent the last four decades of her career and life at Yale and we are blessed to have had such a special relationship with her. Her passing marks the end of an era in nursing leadership, but she leaves us all a rich legacy. YSN plans to issue a special memorial publication in honor of Miss Henderson. The family has asked that in lieu of flowers contributions be made to the Virginia Henderson Fund at Yale School of Nursing, P.O. Box 9740, 100 Church Street South, New Haven, CT 06536-0740.

IN MEMORIAM

Laura Dunn '29
Died in 1995.

Margaret M. Scammon '31
Died on November 19, 1995.

Margaret H. Rodgers '35
Died on November 13, 1995.

Virginia W. Warthin '36
Died on November 19, 1995.

Marion Goodrich Sanford '37
Died on February 14, 1996.

Carol Potee Salmonson '47
Died on February 7, 1996.

Valerie Weiss '48
Died on January 3, 1996.

Marcia L. Granucci '74
Died on November 17, 1995

Hedwig Toelle, Professor Emeritus of Nursing at YSN and beloved former faculty member, died on January 30, 1996 at the age of 101. She had been in a nursing home for a number of years, yet always maintained close ties to the School.