Participants in the Convocation which marked the opening of the Center for Excellence in Chronic Illness Care (L to R) Margaret Grey, Associate Dean for Research Affairs; Yale President Richard Levin; Dean Catherine L. Gilliss; Patricia Benner, Keynote Speaker; and Ruth McCorkle, Director of the Center

YSN OPENS CENTER FOR EXCELLENCE IN CHRONIC ILLNESS CARE
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From the
DEAN

The Yale Nurse is the official publication of the YSN Alumnae/i Association. Although this fact is likely very well known to all of you, it has taken me eight months as Dean to understand this! In celebration of this insight, I would like to share with you what I have learned about YSN alumnae/i during the early days of my deanship.

1. YSN alums are committed to implementing innovations in care for all people. Just recently The New York Times published a story about Sharon Schindler Rising ‘67, a certified nurse-midwife who serves childbearing women and their families at Waterbury Hospital. Sharon is taking pregnancy out of the examining room, seeing groups of women for their pregnancy care. This popular approach is spreading to other communities with whom she consults on its implementation.

2. YSN alums are life-long learners. A graduate of the great class of 1931, Mary Curtis, was featured in a recent story in the Stamford Advocate. The accompanying picture showed Mary lifting weights high above her head, as part of her regular Senior Strengthening Class at the Norwalk YMCA.

3. YSN alums are dedicated leaders. When Linda Spooner Schwartz ‘84, Viet Nam veteran, completed her doctoral dissertation on the effects of Dioxin on the health of military women serving in Viet Nam, she had just begun to fight! Armed with the power of scientific investigation, she moved forward to publish her results and continue her analyses on behalf of women veterans.

4. YSN alums are generous and committed donors. In the last eight months your gifts have helped to establish a fund in support of the technical needs of our students and faculty, more scholarships, building renovations, and distinguished lectures at YSN. Your generosity overwhelms me, and I have learned from you that you give in response to what you have received. In the words of Betty Puzak ‘41, “How can I ever give back all that Yale has given to me?”

We are grateful for your ongoing commitment to YSN. We strive to maintain your loyalty, friendship, interest, and your respect.

Catherine Lynch Gilliss
Dean and Professor
• Within the next few months work will begin on updating the YSN Alumnae/i Directory which was last published in 1995. University Publishing will likely work with the Alumnae/i Affairs Office in undertaking this project, but it would be most helpful if alumnae/i would communicate to the School recent changes of address, telephone numbers, and names in preparation for the directory program. Stay tuned for further information.

• The Alumni Fund Annual Giving Drive reports the following totals as of March 8, 1999:

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We are ahead of last year’s totals and could go way beyond, if you send in that donation you’ve been meaning to send. Remember, most of the dollars donated go to student scholarships. What better way to invest in the future of nursing and health care!

• The Research Office has hired Lynn Sennett to assist faculty with writing grant proposals and other publications. She is available most Fridays in the Research Conference Room. Also, Lorna Grey joins the research staff as Data Manager. She will be responsible for coordinating and planning data management and data analysis for various research projects.

1999 REUNION WEEKEND:
YSN....Spanning the Globe

Spring is almost here and soon the plans for the 1999 Reunion Weekend will begin to blossom. As many of you know, the Alumnae/i College theme is, “YSN....Spanning the Globe.” The tradition of international work is a long-standing one with YSN alumnae/i, faculty, and students and this year’s Board is offering an opportunity to showcase the depth and breadth of this work from several standpoints. Friday’s (June 4) program will begin with a keynote address by Ann Williams ’81 whose work with HIV/AIDS is internationally known. She will present an historical overview of YSN’s international presence. Friday afternoon will offer several sessions, more specifically designed to demonstrate exactly what that presence was and is, whether educational, clinical, or professional in nature. Participants are Jane Burgess, Michelle Davis ’98, Donna Diers ’64, Denise Guaglianone ’92, Charlotte Houde-Quimby ’72, Sheri Kanner ’92, Carrie Klima, Ramon Lavandero ’79, Pamela Minarik, and Jill Patton ’99. Saturday’s program will cover the contributions that YSN alumnae/i have made to nursing in the military setting, with Linda Schwartz ’84 as keynote speaker. Linda, who served in Vietnam, will also be joined on a panel by Sally Pullman ’44, who served during World War II, and Shirley Samy ’96, who served during Desert Storm.

This is a program devoted to recognizing the extraordinary contributions of Yale Nurses overseas! You don’t want to miss it, so make your plans NOW to join us in New Haven on June 3-5, 1999.
YSN Opens Center for Excellence in Chronic Illness Care

Patricia Benner called on nurses to draw upon, “the experiential learning of people...living with a chronic illness,” in her convocation keynote address opening Yale School of Nursing’s Center for Excellence on February 2, 1999. She talked about the importance of nursing care in chronic illness, the potential of nursing to safeguard patient dignity, and the imperative to determine the best care strategies through clinical research.

YSN Dean Catherine L. Gilliss opened the day’s festivities by praising faculty who had worked toward the establishment of the School’s first center for excellence and also expressed enthusiasm for the opening of more centers that will further clinical nursing research. The program concluded with YSN Associate Professor Pamela Minarik presenting the first Excellence in Caring Awards. The winners were Benner, the Professional Practice and Review Committee of Yale-New Haven Hospital (YNHH), a body formed to recognize the contributions of outstanding nurses; and the late Catherine Kennedy, a longtime friend of YSN and the founder of Leeway, a nursing home for people with AIDS. Kathy Murray, chair of the YNHH committee, accepted the award on behalf of her group. Catherine Kennedy’s son James accepted her award.

A professor of physiological nursing at the University of California, San Francisco, Patricia Benner, PhD, FAAN, is an internationally noted researcher whose expertise includes the interrelated areas of health, stress, and coping. She joined faculty, alumni, and friends from the nursing and university community in marking the opening of YSN’s first center for excellence. The Center for Excellence in Chronic Illness Care has been established at YSN to study AIDS/HIV, cancer, cardiovascular disease, and diabetes, all areas in which YSN faculty have a strong tradition of research. Clinicians and researchers will examine the impact that chronic illness has on individuals and will develop strategies to help patients and families manage that impact to achieve a better quality of life.

Yale President Richard Levin noted that the center’s opening is yet another sign that YSN is “well posi-
tioned to assume national leadership.” Levin praised the dynamic leadership of Dean Catherine Gilliss and noted that she’d already raised the school’s profile within and beyond the university. He added that the school’s research capacity is growing with the recruitment of scholars like Associate Dean for Research Affairs Margaret Grey and Ruth McCorkle, Director of the new center.

Benner’s address examined the attunement that the act of care giving calls upon nurses to have with their patients. “There’s a lot that (patients) have to teach us if we listen carefully,” Benner said. “Nurses learn by creating communication.” She illustrated her point by describing the relationship between a home care nurse and a patient named Ellen, a 38-year-old woman with Type 1 diabetes. Ellen’s diabetes was out of control. She was in the emergency room five to six times a week with hypoglycemia. For two years, Ellen had spent most of her time in a wheelchair, though she could still walk to the bathroom. According to Benner, the woman’s health care providers had “explained her out of existence.” The consequences of her diabetes, though dire, were seen as routine, as summed up by the phrase, “you have to expect that with Ellen.” But Ellen’s new home care nurse refused to accept these explanations and, “understood Ellen back into existence.” Benner described how the nurse treated the sores on Ellen’s feet, then got her patient special shoes and re-taught her how to walk. The nurse consulted with an endocrinologist to get Ellen’s blood sugar levels under control and made real gains. Through further careful monitoring, she also detected a thyroid problem. Ellen’s visits to the emergency room have stopped. The intervention amounts to, “non-heroic care with quite heroic consequences,” said Benner, and highlights the shortcomings of, “disengaged observation.”

The intimacy of nursing compels the profession to address the moral dimensions of chronic illness. Benner continued, “The Western tradition of Cartesian dualism implies a moral failure on the part of the seriously ill. A person facing a diagnosis of cancer in this culture faces stigma … Blaming the victim … is an extreme mind over matter position.” While the school of thought that a “fighting spirit” can conquer disease may make the well feel immune, “it can place an insurmountable burden on the patient,” said Benner. She called for an ethic of care that, “bears witness to the patient’s plight,” and hoped that YSN’s new center would strive toward that ethic. “I think you’ve embarked on a wonderful adventure,” she said.

Throughout the ceremony, speakers stressed the importance of research in chronic illness management. “The population is short-changed if care giving is based on intuition alone,” said McCorkle. “But the reluctance to fund such research will continue until we prove that chronic care pays off for patients and their families.”
Yale School of Nursing
Researcher Fights for
Women Who Served in
Vietnam

Like many women who served in the Vietnam War, Linda Schwartz ’84 wonders about the effects of Agent Orange, a toxin established to have grave health consequences in men, but whose long-term effects had never been studied in women — until now.

Linda’s doctoral research showed an increased level of cancers, miscarriages, and other health problems in women exposed to the herbicide. She recently began work as a research associate at her alma mater, YSN, to gather more extensive data on the health of women who served in Vietnam with the aim of getting her comrades answers and help. “Many of my friends who served in Vietnam are dying,” said Linda, a retired Air Force major. “These are women who don’t have an answer. Dean Gilliss has given me this wonderful opportunity to bring all the expertise and the resources of the Yale School of Nursing to help unravel the mysteries plaguing these women.”

Linda plans to measure the levels of dioxin, the toxin in Agent Orange, antimalarial drugs, and other substances common in Southeast Asia, in the blood of women who served in Vietnam and compare them with military women who did not serve in the war and civilian women. She will examine health problems in these women and in their children.

YSN Dean Catherine Gilliss said that the school was “enriched and honored” by its sponsorship of the Vietnam women’s veterans project. “Linda Schwartz embodies what is best in nursing, our tradition of empathy, scholarship, and advocacy. I have great faith that this important and woefully overdue work will advance both science and justice.”

A longtime veterans’ advocate, Linda was instrumental in the erection of the Vietnam Women’s Memorial in Washington, D.C. and has served as president of the Vietnam Veterans’ Assistance Fund, a charitable organization that helps Vietnam and Gulf War veterans and their families. She is co-director of Project Partnership, which develops homes for homeless and disabled veterans in the West Haven area. As chair of the US Department of Veterans’ Affairs Advisory Committee on Women Veterans and vice chair of its Advisory Committee on the Readjustment of Combat Veterans, Linda frequently testifies before Congress to improve the services offered to veterans and active members of the armed forces.

She learned on her first trip to Capitol Hill, “that you don’t have to have all these charts and graphs, that when you speak truth to power, they listen.” She adds, “I’ve gotten better at coming with more truth. In the past, Vietnam veterans used very poignant stories. Increasingly we’re coming with facts and figures that are even more devastating than poignant stories.”

Nevertheless, Linda has an extremely poignant story to tell, her own. She was on reserve status while a master’s student at YSN 15 years ago. She was on an Air Force exercise when the door flew off her airplane at 30,000 feet. Schwartz suffered decompression sickness of the brain, which has similar effects to a stroke. She awoke in the hospital unable to remember her phone number, the name of the President of the United States, or the fact that she had a six year old daughter. Her doctor told her that she would not be able to finish school or even return to work. “He told me to go home and bake bread and thank God that I had a husband to take care of me,” remembers Linda. “I kept saying, ‘No,’ just because my husband was a great baker and I knew he would never eat my bread. That’s how concrete I was.”

Her professors refused to accept the grim prognosis and encouraged Schwartz to continue her studies and to push for rehabilitative services. The situation was exacerbated when the military insisted that her medical problems were the result of a car accident she’d been in at six. It took years for her to get the benefits that were her due. “If I had not been a student here, I probably would not have gotten myself together,” Linda states. She continues to see her advocacy as, “repaying the kindness that was shown to me.”

The road was long. It was 13 years before she was physically able to smile. But Linda not only finished
her master’s degree, she went on to serve as President of the Connecticut Nurses’ Association and a board member of the American Nurses’ Association. Her advocacy on the part of fellow veterans has earned her many honors, including the Vietnam Veterans of America’s highest distinction, the Commendation Award for Justice, Integrity and Meaningful Achievement. She returned to Yale to earn a doctorate in public health to further her work on behalf of women veterans. She presented her groundbreaking dissertation on women who served in Vietnam at The International Symposium on Halogenated Environmental Pollutants held in Stockholm this past summer.

The more contact that Linda has with scholars and those who served in Vietnam, the more she sees an urgency to continue her work. For example, she’s met a ranch handler, or a soldier who dropped Agent Orange in Vietnam, who confirmed press reports that surplus of the herbicide was dumped on US military installations, dramatically increasing the exposure of men and women in the military through direct contact and ground water and soil contamination. “That upped the ante,” she said. She talked with one nurse who spoke about the used barrels that held the herbicide being sawed open for barbeque pits. “They ate it,” Linda added.

Though Linda’s research leads her to disturbing truths, she feels that it is her obligation as a nurse to pursue it. “There is a certain way nurses look at the world and at their patients. The great nursing theorist Virginia Henderson said nurses help people back to health by doing those things for patients that they would do themselves if they were able,” Linda states. “We have to be the voice of people who have no voices. In this case, those people are the sisters with whom I served.”
Community Psychiatry with Homeless Veterans

By Stuart Berger '92

When I graduated from the Adult Psychiatric-Mental Health Program in 1992, I, like many of my classmates, felt an overwhelming joy and enthusiasm for actually completing the rigors of the program, as well as an empowerment to take on any and all challenges which would surface in the work arena. Although I have, indeed, been faced with many challenges in my work since then, none has filled me with more of a sense of urgency and importance than the work I am fortunate enough to be doing now. I currently work at the VA Medical Center in San Francisco, CA (SFVAMC). Like many large urban areas, San Francisco, with its famous landmarks, booming economy, excitement, and continual growth, also has its fair share of social decay. Although I was familiar with the dichotomy in the economic structure in New Haven, having lived there most of my life, it was dwarfed by the magnitude of the problem in a larger city. According to the San Francisco Department of Public Health, San Francisco has the second highest rate of homelessness in the US. Approximately 80% of the homeless have substance abuse problems. In 1996-1997, 70% of clients hospitalized for serious psychiatric disorders also abused alcohol and other drugs. It is conservatively estimated that 30-40% of the homeless population in San Francisco are veterans.

As the trend toward community-based treatment emerged, the SFVAMC responded to these problems by making some bold, yet significant changes in its Department of Mental Health. The SFVAMC had operated a 28 bed open (unlocked) Psychiatric Inpatient Unit (PIU) for many years. The length of stay averaged 60 days. There also existed a 28 bed Substance Abuse Inpatient Unit (SAIU) with an average length of stay of 28 days and a 12 bed locked Psychiatric Intensive Care Unit (PICU) which opened in 1994. The PIU and SAIU were closed in 1997. In place of PIU, a Partial Hospital Program emerged, with a focus on...
symptom management and community living skills. In place of SAIU, a Substance Abuse Day Hospital opened. To fill the gap between the Day programs and the locked PICU, the Transitional Community Care (TCC) program was born. The purpose of this program was to provide short-term (30-60 days) intensive case management for veterans with psychiatric and/or substance abuse problems (DSM IV Axis I or II diagnosis) and who may or may not be homeless.

The TCC program, in which I currently work, consists of a psychiatric clinical nurse specialist (myself), a registered nurse, a social worker and a part-time psychiatrist. This program was developed in response to the overwhelming need for services for homeless veterans in the city. The SFVAMC began a collaboration with Chemical Awareness and Treatment Services, Inc. (CATS), a nonprofit community agency whose goal is to provide a continuum of care for people with substance abuse problems, especially targeting the homeless. In August, 1997, the CATS organization opened a new homeless shelter for men in downtown San Francisco, called A Man’s Place. The SFVAMC contracted 20 beds at the shelter to be used exclusively for veterans and to be case managed by the TCC staff. This has since grown to 30 beds, 10 of which are reserved for patients enrolled in the Substance Abuse Day Hospital. (In addition, the VA Comprehensive Homeless Center contracts an additional 20 beds for veterans.) In conjunction with the shelter, a contract was signed with a hotel in the city's Mission district for 10 single-occupancy rooms to be used exclusively for veterans and also case managed by the TCC staff. Once seen as an isolated institution in the outskirts of San Francisco, our team has worked diligently and effectively at establishing positive relationships with many agencies in the community and has successfully begun to bridge this gap.

One concept that I have embraced from the beginning of my nursing career is the importance of flexibility and versatility. These skills, along with...
with my interest in treating patients from a holistic perspective, guide my practice on a daily basis and keep nursing the bright light that continues to shine for me. Working in this environment and with this population has, indeed, proven quite challenging. My colleagues and I essentially developed the program as we went, each bringing a unique, complementary perspective. A large part of my job includes case managing the veterans in the hotel. I venture out two evenings per week to meet with the patients in their hotel rooms, since this has proven to be the best time to see them. Although the neighborhood can be dangerous, I have never experienced a problem. Devising a problem-focused treatment plan with the patient is paramount to working toward a positive outcome. Linking patients to services both at the VA and in the community and helping them to maintain focus is a large part of our work.

Many referrals to our program come from throughout the VA system and from various community agencies who also may work with veterans, especially Swords to Plowshares, a grassroots organization which provides a multitude of services for homeless veterans.

A recent incident helped me gain a greater understanding of the value of community-based care. I had been working with a patient diagnosed with Post-Traumatic Stress Disorder (PTSD) and Polysubstance Dependence. He had been making much progress toward his goals of sobriety and independent living. Unfortunately, due to a complex set of circumstances, he relapsed on alcohol and heroin. He had disappeared from the hotel and when he returned, after one contact with him, he disappeared again. When he finally returned two days later, I had a gut instinct he was in trouble. I decided to go to the hotel and found him in his room (with a man who said he was his cousin – later to find out it was a drug dealer) doubled over in pain. I did a quick assessment and told him I was taking him to the hospital. I later found out that he was in acute renal failure. After two weeks in the hospital, he has recovered and is back in treatment for substance abuse and PTSD. Without a consistent presence in the community, I would not have been able to reach him as easily as I did, nor would I have been able to address the situation as quickly as these circumstances demanded.

Another benefit of having a presence in the community is being able to assess broader issues and respond to them accordingly. At the homeless shelter, I saw the need for and began a therapy group. I co-led the group with a social worker from the SFVAMC’s Comprehensive Homeless Center. The group, which meets twice per week, has been quite successful in its attempt to address the needs and concerns of the veterans at the shelter and in the community versus in the protected hospital setting. I have found that approaching this population from a holistic perspective has made all the difference. Surviving in a homeless shelter, not to mention having mental health problems, brings with it a multitude of issues. Acknowledging and embracing the cultural, spiritual, and sexual diversity of the population, as well as the commonalities (especially that of being a veteran in the community) has made an enormous difference in treatment outcomes. One unique example of this occurred in the group held on Christmas Eve, 1998, when I facilitated a meditation. The purpose was to promote a sense of belonging, often lacking in this environment. There was a need to acknowledge the season – a season of light, of good will, and of transformation. With Celtic harp music playing in the background, I lit a Hanukkah candle and then each person lit, in succession, the candle of the person sitting next to him. I led a meditation focused on transformation by guiding the group to think about something negative which may have happened over the last year and suggested they give themselves permission to let go of it. I then asked the group to think about something positive, a goal they wished for themselves for the new year. When they completed the transformation I instructed them to blow out their candle. We then shared Christmas cookies. Many of the veterans approached me after the group to let me know the positive impact this had and the importance of what took place.

When I graduated from YSN, if someone told me that I would be leading a meditation with a group of mentally disabled, substance abusing veterans at a homeless shelter in downtown San Francisco in 1999, well... you know the rest. One of the most valuable parts of what I have learned in my practice is that promoting a sense of self-worth, belonging, and hope are essential parts of working in the community with this population. Many of the veterans have expressed the feeling that being treated with dignity and respect, no matter what their circumstance, is of paramount importance to them. I believe it also lays an important foundation for engagement in a therapeutic relationship and successful treatment outcomes. The most remarkable thing I have learned in my work, however, is that this setting is a natural place for nurses to be.
A Bangladesh Birth Center Tour

By Cynthia Flynn '96

In August of 1998, I had a marvelous opportunity to visit my friend Barbara Weber in Bangladesh, which is literally on the other side of the world. She was there as an Ambassadorial Scholar for Rotary International, a fellowship similar to a Fulbright, doing research on the micro credit borrowers who are on the Board of the Grameen Bank. For those of you who may be interested, the micro credit program began in Bangladesh as a way to help women and children work their way out of poverty. Remote villages which have at least five destitute women are eligible. The women determine what is needed in the village and each borrows accordingly; for instance, one will borrow to get a sewing machine and another will get a cow, etc. The average loan is about $100. A banker travels to the village each week to teach Business 101 and the women make regular loan repayments at prevailing interest rates.

The program has been very successful both for the bank and for the women. About 97% of the loans are repaid and women who repay their loans qualify for additional loans. Some women have been borrowers for over 15 years now, and are wealthy! Birth rates have gone down and the women’s children (even daughters) finish school. The borrowers elect a portion of the Board, and Barbara was in Bangladesh to write their stories. Fortunately, she was very fluent in Bangla by the time I arrived and able to travel to the villages without an interpreter, but I did meet lots of folks who spoke English.

The trip was long – ten hours to Tokyo, two hours’ layover, six hours to Bangkok, overnight there, and then three hours to Dhaka, the capitol. As we flew in, I could see that much of the country was under water. Barbara was there to meet me with a rental car for the luggage (all rentals come with a chauffeur) and we were off to the department store to buy local attire, two lovely shalwar kameezes. We proceeded to the Cybercafe to check email and eat “Mexican” food that was actually pretty good, and then the car took us as close to Barbara’s apartment as we could get, on a narrow, one-lane paved road through the bamboo structures that constitute the “business district” of our local slum. We hiked a path that was recently improved with some bricks put here and there, and then on to a path without bricks (both with the sewer running down the middle), and a walk up six floors to the apartment. We could see the Grameen Bank from the balcony.

It was clear from the beginning that I knew precisely nothing about how to take care of even my simplest needs. I didn’t know how to boil water safely (Which water? Which pot? Did the pot have to be rinsed out with bottled water first? How could I light the stove with matches that were damp from the humidity?). I didn’t know how to use the squat toilet and how to keep my new clothes out of the way while I did so. I had to learn to keep the 5-gallon buckets in the bathroom full in case the power went out resulting in no running

Four bed delivery room at Red Crescent Hospital, Dhaka. The midwife is taking a blood pressure reading during second stage labor.
water, since the pump wouldn't be functional. The brown-outs were only a few hours at a time while I was there, but one time Barbara was without running water for six days. I felt like a two-year-old most of the time, needing every little thing explained to me. Barbara was very patient!

The next morning we flew to Chittagong, the second largest city, and spent two days in three hospitals, a birth center in town, and a village birth center. The nurses from the MaaOShishu (Mother and Baby) Hospital were absolutely wonderful hostesses. The nursing school there had impressive instructors and hardworking students, but few resources. At their request, I sent them a copy of Varney's Midwifery. I was surprised to be asked to lecture to the students. Fortunately, I had brought along snapshots of the hospital where I do deliveries and used them to talk about how we provide care. I ended up giving the same lecture in two other hospitals in Dhaka, as well as talks to two Rotary groups.

Barbara wanted to take a side trip to a village near Chittagong where she had stayed for a week to visit friends and borrowers. We stopped at the Grameen Bank branch first and it turned out that there was a Birth Center upstairs! The Red Crescent (Cross) Hospital was where I got to observe deliveries. I could have done some myself - they were more than happy to have me do so! - but I decided I wanted to learn from watching them. They had an interesting way of clearing newborns' airways, by bringing their knees back and forth up to their chests while holding them in the Trendelenberg position which is head down at a 45 degree angle with knees uppermost and legs hanging over the end of the table. The hospitals were all more full than usual because many who would normally have birthed at home had lost their homes to the flood.

The trip back to Dhaka was on the local night train, nine and a half hours in a sleeper car. By then I was getting better in the bathroom, but managing in a jostling train was truly a major challenge! As it got light in the morning, we could see more clearly that this was one of the more severe monsoon seasons (worst since 1988) with 50% of the country under water and an estimated 17 million people displaced. Although the country is one of the poorest on the planet and was dealing with a major natural disaster, I found the people amazingly hardworking and clean; even in a city of nine million, everyone was busy (cleaning if nothing else), unlike in many US cities. In all my travels I have never felt so safe; maybe it's because thievery and physical assaults are swiftly dealt with in Moslem countries. Speaking of which, I find that I miss being waked up at 4:30 am each morning with the call to prayer. I usually go to church when I travel, but didn't realize until Saturday night that worship day is Friday, so I missed it.

Travel in Dhaka was primarily by baby taxi, a three-wheeled affair run by a lawn mower engine with no antipollution devices. One of the more amazing things I saw occurred when we had to transfer from a baby taxi to a rickshaw to get through the flooded main arterial. While we were fording a particularly large lake, I saw a man who was probably in his thirties step into a new Lungi (those circular skirts they wear), gather up the slack and tie a knot in front, drop the one he was wearing underneath to the "sidewalk," produce a bar of soap from I-don't-know-where, scrub the lungi with the soap, slap it on the sidewalk a few times, knead it like bread, repeat it all again, rinse it out in the flood waters, wring it out, and hang it on the roof of a bamboo slum house (in standing water) to dry...all while we were riding by! I saw the whole thing! As I mentioned earlier in the article, the Bangladeshis are amazingly hardworking. NO ONE was sitting around! There are no washing machines in Bangladesh; all laundry is done by hand, mostly
on bathroom floors, which is where I did mine. I was also impressed by the education. Most kids learn English as well as Bangla. My four-year-old neighbor-boy’s homework was to write out the days of the week (spelled perfectly!), draw little pictures (like sun, hand, egg, etc.) and write the words beside the pictures in English!

I was able to see a wide variety of delivery settings, compliments of Rotary International. The birth center in the village near Chittagong was about 15’ x 20’. It had a desk with two chairs in front of it, two double beds, and a delivery table behind a curtain. The midwife had some training and had all the medications and supplies she needed. It was clear that she provides competent care. The hospitals I saw all had delivery rooms that had more than one bed (up to six) and were in various states of compliance with US infection control procedures and regulations. One of the scariest settings I saw was a medical college hospital which cared for slum dwellers and referrals from other hospitals. They have 40 obstetric admissions per day and perform 22-24 cesarean sections, two at a time, in the operating room. Many of the babies are already deceased due to obstructed labor. The two women I saw while I was in the OR both looked to be malnourished and in very poor health. Labor for vaginal deliveries in that hospital was in large rooms marked First Stage, Second Stage, and Delivery. However, even the most problematic places were “Baby Friendly Hospitals,” as designated by the World Health Organization, and not in name only. All the babies really are breast-fed very soon after birth. Last time I checked, we had ONE Baby Friendly Hospital in the US, Evergreen Hospital in Bellevue, WA. Hospitals in Bangladesh are all starting to work to become Mother Friendly.

I also saw pretty wonderful deliveries by caring midwives and obstetricians, though all women were prepped and got mediolateral episiotomies. Amazing how those babies came out healthy even though they were never monitored! I did see a pretty well-equipped neonatal ICU for the preemies. I also saw a private birth center for upper class clients where women were delivered in an operating room with their feet suspended from the ceiling and with four masked nurses scurrying around placing sterile drapes everywhere with sterile ring forceps. I had not get a pacemaker implanted in the hospital, rather at the cardiologist’s clinic if one can afford to.

All in all, it was really a good trip. I was able to spend quality time with a very good friend, I was there long enough to meet many of her friends and get a real feel for how she lived for a year, I learned a lot about Bangladesh, I ate wonderful food, and I got to see how another country manages birthing. The only problem was a dose of food poisoning I contracted in Bangkok on the way back. It was hard to be away

Cynthia Flynn ‘96, CNM, PhD, just opened her own clinic in Kennewick, WA and is in the process of having it licensed as a freestanding birth center. Currently, her clients birth at Kennewick General Hospital or at home.
A Yalie Runs for ANA Office: The Congress of Nursing Practice

By Sharon Bidwell-Cerone ’74

At what moment did the spirit move me to throw my hat into the national ring? I cannot exactly recall, but it was sometime during my four year tenure on the New York State Nurses’ Association Council of Nursing Research. Over time I had become impressed by what multi-purpose nursing organizations are doing for our profession; the American Nurses’ Association, and its constituent state nurses’ association members, are the only entities that fit the multi- or full-purpose description.

Up until that point, and like most academics and advanced practice nurses, I had been primarily immersed in specialty organizations. I felt quite good about myself in terms of meeting my professional obligations for group membership and activism. After all, my annual dues were hefty. But, an up-front and personal look into the workings of NYSNA showed me just how heavily nurses and nursing depend on ANA and the SNAS to: establish and foster high standards, promote professional development, advance economic and general welfare, convey a positive public face, and protect the profession from ever present threats. ANA’s high profile in recent years has also established it as a major player in health care policy at the highest level.

In 1998 NYSNA nominated me to run for the ANA Congress of Nursing Practice (CNA). The CNP is a 15 member body of nurses who are either elected or appointed by the ANA Board of Directors. Like many prospective office holders, I had only a rough idea about the deliberative body. I am quite familiar with the CNP mandate which is to: develop long-range policy pertaining to practice; develop and adopt nursing standards; develop and evaluate programs and trends related to nursing practice; formulate revisions and interpret the Code of Ethics for Nurses; address concerns related to equal opportunity, human rights, ethics, nursing education, research, and services; and recommend policies and positions to the ANA Board of Directors and House of Delegates.

I had been forewarned that running for ANA office entailed a significant campaign effort. It had been years since my last campaign...high school to be specific. Luckily, the job was not to be mine alone. A campaign committee provided me with moral and practical support. Campaign chairperson, Mel Callan, MS, RN, CS-FNP was herself a NYSNA past-president, and a veteran of New York State politics. A cadre of distinguished nurse leaders agreed to endorse my candidacy as honorary campaign committee members.

Many projects occupied my time during the months preceding the 1998 ANA Convention in San Diego, California. For example, a platform needed to be developed so that I could articulate my qualifications for office and likely contributions. A large poster display (much like a research poster) was prepared, along with flyers to be distributed to convention delegates. It is the 615 members of the ANA House of Delegates who actually elect the organization’s office holders, as opposed to the approximately 4,000 nurses attending the convention as non-delegates. Frankly, the most time consuming part of pre-convention preparation entailed creating clever gimmicks to be handed out to voters. I was reliably informed that they are not above a little persuasion in the form of candy, nuts, and other edibles that reflect a candidate’s personality or state of origin. My husband’s family, veterans of many Italian weddings, was made to order for the job of creating the
hundreds of favors that my committee and I subsequently distributed in San Diego.

After almost 30 years of nursing, and months of preparation for this specific event, I arrived at the San Diego Marriott for the 1998 ANA Convention. The word “Convention” is capitalized here so as to emphasize what a truly impressive event this was. The massive meeting hall was emblazoned with words “ANA: Uniting Nurses/One Strong Voice,” and the week that followed was a whirlwind of events. As both a candidate and a delegate from New York, I was fully immersed in the edifying “Convention Experience.” In a nutshell, the experience made me proud to be a nurse, and proud to be associated with the talented nurses I saw in action there. The House of Delegates debated and voted on momentous topics pertaining to health care accrediting organizations, home health care payment systems, shared accountability in today’s work environment, international health rights of women and children, the Code of Ethics for Nurses, and “For Our Patients, Not For Profit: A Call to Action.” And...I won the election.

Nearly a year later I am actively helping ANA achieve its visions. The organization’s near term visions are listed here by way of illustrating how important a strong ANA is to a strong nursing profession:

1. All registered nurses in the US hold membership in ANA directly through its affiliates.
2. ANA is the umbrella organization for all nurses.
3. ANA speaks with one voice for nursing in the US.
4. The nursing scope of practice is unquestioned.
5. The nursing workforce is appropriately educated, highly respected, and well-paid.

6. ANA is sought out by media and is well-known and valued by nursing and the public.
7. Nurses sit as policy and decision makers in all organizations that deliver or are responsible for health care.
8. There is universal access to high quality, affordable, health care that emphasizes prevention.

My work with ANA and NYSNA is presumably helpful to these organizations, but I have benefitted, too. It is difficult to explain how these exposures have broadened my perspectives as both an individual and a nurse. I can only say with certainty that they have been broadened, and that the same can happen to you. Give ANA and your SNA a call. Get involved. Add a new dimension to your persona while helping nursing and its main organizations be all that they can be.

Fifth Annual “Launching Your Career” Workshop a Big Success

Once again the YUSNAA Board sponsored what has become an annual event enthusiastically received by graduating students, the Launching Your Career Workshop. Five years ago the Board decided to become more visible to the enrolled students and in a way that was beneficial to them. It was suggested that a workshop offering help in preparing a resume or curriculum vitae, in how to begin to look for a job, and in learning how to interview effectively would be helpful to those about to graduate. Board members took on the project and with a few adjustments here and there have been offering it ever since.

This past January 23 a group of about 40 students gathered on a Saturday morning to work with alumnae/i who unselfishly gave their time to fine-tune resumes, give helpful hints on negotiating for jobs, and in general network and share experiences. For the first time the Board invited a representative from the Connecticut Primary Care Association who provided information about prospective employment in health professional shortage areas and medically underserved areas in Connecticut. National Health Service Corps employment information was also available. This type of employment relieves educational debt, while giving graduates opportunities to care for populations who receive medical care in community health centers or similar facilities. Loan forgiveness programs are increasingly popular, as students graduate with more and more educational debt.

In addition to the program provided by presenters, it is a wonderful chance for some fun and informal networking. Some evaluations even stated unequivocally that, “The food was awesome!” If you might be interested in participating next year, please contact Barbara Reif at (203) 737-5401. We are always looking for alums to help out in all the specialty areas. After all, you are the ones with the expertise and the students are very appreciative!
A two-session class on the ancient healing art of Reiki was offered at the Yale School of Nursing on February 26 and 27. Reiki uses touch to facilitate relaxation, reduce stress, manage pain, and promote healing. Care givers are encouraged to perform Reiki to stimulate the body’s homeostatic response and also to perform Self-Reiki to relieve their own stress and boost energy. The class included a discussion of the history, philosophy, and clinical applications of Reiki while providing ample opportunity for hands-on experience. Upon completion, participants were fully trained and certified in the Usui System of Reiki Healing.

The class was ideal for physicians, nurses, anesthetists, physical therapists, occupational therapists, home health and hospice staff, social workers, psychologists, or chaplains. Reiki enhances the effectiveness of all forms of treatment without depleting the care giver. It requires no extra time because it can be performed while carrying out other functions. Reiki helps to quickly establish a therapeutic relationship, promoting positive interactions and increasing patient cooperation and is an excellent technique for stress reduction, providing the care giver with more energy, physical stamina, and resilience.

Noted Reiki instructors Libby Barnett and Maggie Chambers taught the class in association with Yale School of Nursing faculty Ann Ameling ’67 and Leslie Nield-Anderson, both of whom teach in YSN’s Psychiatric-Mental Health Nursing Specialty. Professor Ameling is also coordinator of YSN’s Spirituality and Healing Curriculum. This initiative seeks to train health and pastoral professionals to care for people in a way that acknowledges the connection between the physical and spiritual. The project, undertaken in collaboration with Yale Divinity School and Yale-New Haven Hospital, is supported by grants from The Teagle Foundation, Inc. and The John Templeton Foundation. The multicultural curriculum includes “Spirituality and Health Care,” “Alternative and Complementary Therapies,” and “Living With Dying,” a course examining the needs of terminal patients and their families, and a clinical practicum where students will work under the supervision of an experienced provider to use spiritual assessment and spiritually based practices in direct patient care.
Yale School of Nursing Researcher Looks for Ways to Provide Constant Care, Even After Cardiac Patients Go Home

As hospital stays grow shorter, YSN Professor Marjorie Funk ’84 is looking for ways to use technology to extend sophisticated health care into the home. Marge is providing patients discharged after cardiac surgery with heart monitors no bigger than pocket pagers that can transmit data via telephone with the touch of a single button. Members of the research team can instantaneously see the data on a computer screen. If patients feel something unusual, they can record their heart rhythm, also with the push of a single button, in the monitor’s memory. Nurses are available 24-hours-a-day to look at the data and evaluate whether the patient urgently needs to seek care. In addition to the emergency availability, nurse researchers contact patients each morning for two weeks following surgery to evaluate their readings. Marge’s work is partly funded through a grant from Hewlett Packard.

“I’ve defined my research as the wise use of technology in patient care,” she states. “By wise, I mean, safe and appropriate use of technology and equitable distribution of technology. We also need to more closely examine the human/machine interface. This project seemed like a logical one for me. I’m interested in how we can use technology to better support patients in the face of shortened stays, and I’m interested in following patients closely outside the hospital to evaluate the problems they encounter after bypass or valve surgery.”

In addition to her teaching and research responsibilities, Marge continues to work as a nurse in cardiac critical care. Surgical patients whom she once would have cared for over two weeks are now being discharged in four to six days. While shortened hospital stays may have been economically motivated at the outset, patients have been shown to do better by being active sooner, said Marge. But she sees the potential for nurses electronically connected to their discharged patients to provide ongoing monitoring and support that would otherwise be lost at discharge. “We’ve had a couple of patients be very, very grateful,” she said of the monitoring program. “One man had to have a pacemaker put in. We detected his problem through the monitor. He keeps saying, ‘You saved my life.’ We’ve also had spouses who were very reassured by the phone contact.”

Marge is specifically looking for atrial fibrillation, or the failure of the top chamber of the heart to contract. This common post-surgical arrhythmia is not life-threatening, but can cause palpitations or fatigue and can even create blood clots and thus potentially lead to strokes. By monitoring patients for two weeks after surgery, she hopes to gather information on when and how often atrial fibrillation occurs, how it is affected by various drugs, and what the risk factors are for this arrhythmia. Funk will also examine how easy or difficult it is for patients to use the monitor and whether they consider it helpful. “This is a very time intensive intervention, and certainly monitors are not cheap. So we need to know that it makes a difference for patients,” Marge said. “This is the kind of thing that nurses are increasingly exploring to respond to factors such as the decreased hospital stays. We need to use technology to overcome these barriers.”

This study is built on Marge’s earlier work on monitor watchers. Traditionally hospitals employed monitor watchers, nurses who watched a bank of heart monitors to detect problems in cardiac patients. Now many hospitals have eliminated the position, leaving alarms to alert nurses attending to other duties that a patient needs attention. In the absence of a monitor watcher, patients experienced more episodes of sustained ventricular tachycardia, or rapid heartbeat originating in the ventricle of the heart. Funk did not find significant differences in other patient outcomes. But because sustained ventricular tachycardia is very unpleasant for the patient and potentially life-threatening, she concluded that monitor watchers do raise the quality of patient care.

YSN doctoral student Heather Wilcox DNSC ’01 and Sally Richards ’97 are Research Assistants with the study. Christy Bebon ’99, Holly Keene ’00, and Jill Speckhart ’01 are helping with data collection and are using some of the data for their own master’s praxis work.
Kimberly Lacey '97, DNSc '01 has agreed to be a regular contributor to the Doctoral Discourse...column. In this issue of Yale Nurse Kim writes about what it is like to be a doctoral student at YSN.

Wow! I can hardly believe that it has been almost two years since I began my doctoral studies at YSN! And not only that, who would have thought that it could be such a wonderful experience. Yes, wonderful! That is not to say that it has been all roses and sunshine. Certainly not! Not unlike other life challenges, doctoral study is chock full of hills and valleys. But persistence and perseverance can get one through. Whenever I feel that I am getting a bit overwhelmed I take a step back and force myself to "put it all in perspective." Once I can say calmly to myself that this "current crisis" is just another step toward the realization of my goal to be a teacher and a researcher, I am ready to forge ahead once again. I am fortunate to be able to say that my classmates have helped me to do this. They have been a great source of support and I hope that I have been the same for them. From day one we made a pact to support each other and help each other through. And I believe that we have all done our best to accomplish this goal.

I cannot deny the fact that I have learned a great deal from those who came before me and those who are following behind. Those ahead of me serve as proof that this can be done. While it has been uncomfortable and even sad at times to watch them struggle through their work and reach each milestone, it has been oh so exciting to watch them triumph. Remember their preliminary examinations a few years ago? Well now a few more are completing data analysis. They will soon defend their dissertations, and yes, they will graduate in May! Others are collecting data. Still others are ready for qualifying examinations. Those of us in the rear are cheering them on every step of the way. For every accomplishment they achieve as individuals, they achieve for YSN, and they provide those who follow some validation that success is not only possible, but well worth the struggle.

For those who follow behind, we have not forgotten them. Every step they take, every accomplishment they achieve, we cheer for them. Their success does not go unnoticed, nor should it. We did it (are still doing it) and they can, too! They just need to keep their chin up and take it one step at a time. They bring a new perspective to the program and new ideas. Newness can be so refreshing!

Those of us who are approaching the end of our two years of required course work will soon breathe a sigh of relief, but is this not a bit premature? Certainly we all have a lot more work to do as we move toward qualifying examinations (the next milestone). Perhaps the hardest part is yet to come. I wonder if we can sustain our momentum without the structure of the "required" classroom time? For some of us this transition will be easy and the rest will cheer them on. For others it will be the hardest part of the process. Some of us will trip up along the way, others will fall flat. I suspect the rest will be there to help pull everyone to safety once again. Then we will cheer. That's just the way we are! Remember, we made a pact!

The doctoral program at YSN is flourishing. Our second class of graduates will be handed well deserved diplomas in May. In September, the sixth class will begin the two years of required course work. Those of us in between will keep moving along the ever challenging road of doctoral study. Wherever each of us finds ourselves along this road at any given point does not matter. What does matter is that we enjoy our experience at YSN and that we realize that this is a great place to be. We are fortunate to have wonderful faculty here and in the Yale community at large, some nationally and many internationally known. They bring with them worlds of experience and they want to share it with students. We should all cherish the opportunity to be part of the YSN community and its astounding history. I know I do!
Would you like to receive recognition for your contributions to nursing? Are you interested in collegial support during these chaotic times in health care? If so, think about joining your honor society at YSN. Sigma Theta Tau is dedicated to improving the health of people worldwide. It's 220,000 members live in 73 nations and are committed to the pursuit of excellence in clinical practice, education, research, and leadership.

As part of our strategic planning this year, we wish to recognize more nurses who may not be currently enrolled in school, but who are contributing to the improvement of the health and well-being of people. Often graduates do not know they can be recognized and inducted as community members. If you are interested in learning more about Sigma Theta Tau or need to reactivate your membership call the International Office at 1-888-634-7575 or contact Delta Mu’s Corresponding Secretary Fran Gwin nell at f.gwinnell@yale.edu or 203-453-9806. The application process is quite user friendly and board members are willing to help anyone with the process.

At Delta Mu Chapter, we have over 1000 talented members and are committed to supporting them in their practice through stimulating programs, recognition awards, and financial support for research or clinical scholarship projects. This year we are giving over $10,000 in research and clinical scholarship awards. For the fall program and silent auction, Vice President Cindy Czaplinski is organizing a lively media panel to discuss the Woodhull study and goal to increase nursing’s visibility in the local media.

If you are a member of Delta Mu and are interested in participating in a small project or program planning, please e-mail me at saeck@aol.com or call at 401-294-1569. I am currently looking for someone to work with our administrative assistant, Janet Brown, as Editor of our newsletter.

The Connecticut Chapters Research Day is fast becoming recognized for excellence in the dissemination of nursing research knowledge. Please join us at the Avon Old Farms in Connecticut on Thursday, April 15, for this historic event. Again, call or e-mail Fran Gwin nell for details. We are committed to continually learning how we can better recognize and support your expertise in the profession. We welcome any and all suggestions.

YSN continues to celebrate its remarkable 75 years of history with a number of events and lectures. In December, 1998 Dr. Suzanne Feetham, the Harriet Werley Research Chair and Professor of Nursing at the University of Illinois at Chicago, visited the School and engaged in “A Conversation about Clinical Scholarship.” In January, 1999 in conjunction with Martin Luther King Day, Dr. May Wykle, Florence Cellar Professor of Gerontological Nursing and Associate Dean for Community Affairs at the Francis Payne Bolton School of Nursing, Case Western Reserve University, presented, “A Conversation about Involvement with the Community.” At the inauguration of the Center for Excellence in Chronic Illness Care in February, Dr. Patricia Benner, Professor at the University of California, San Francisco School of Nursing, spoke about, “Examining Clinical Scholarship in Chronic Illness Care.” The 1999 Sybil Palmer Bellos Lecture was delivered by Dr. Kathleen Knafl, Professor and Executive Associate Dean, College of Nursing, University of Illinois at Chicago. Her topic was, “Understanding Family Response to Childhood Chronic Illness: Research Adventures and Outcomes.” This Fall Dr. Loretta Sweet Jemmott, Associate Professor at the University of Pennsylvania School of Nursing, has been invited to present, as well as Dr. Marilyn Chow, Vice President for Patient Care Services, Summitt Medical Center, Oakland, CA and Director, Robert Wood Johnson Nurse Executive Leadership Program, who will lecture on, “The Relationship Between Nursing Service and Nursing Education.”

It has been a very busy and exciting year, as the activities commemorating the first 75 years of our history usher in the next 75 years!
Faculty Notes

Linda Honan Pellico ‘89 is the recipient of a Leadership Award from Sigma Theta Tau International Honor Society in Nursing in recognition of outstanding contributions for ten years of service as the Newsletter Editor for Delta Mu Chapter. The award was presented on February 10, 1999 at a YSN general faculty meeting.

Ann Williams ‘81 presented, "Preventing Candida Vaginitis in HIV-Infected Women: Results from GRACE," at a workshop sponsored by the National Center of Excellence in Women’s Health at Yale on February 9, 1999. The presentation took place at Yale-New Haven Hospital. Immediately preceding her talk, Ann was awarded the National Center of Excellence in Women’s Health at Yale 1998 Research Award for outstanding research regarding the needs of poor and marginalized women with AIDS. The award was presented by Carolyn M. Mazure, PhD, Research Director. In addition, Ann’s book, HIV Nursing and Symptom Management, co-edited with M.E. Ropka and published by Jones and Bartlett Publishers, Sudbury, MA, was acknowledged by The Nurse Practitioner’s Best Books of 1998 award.

Ann Williams (L) and Carolyn Mazure

YSN Associate Dean Grey is Pitt’s Distinguished Alum

Margaret Grey ’76, Associate Dean for Research Affairs at YSN, has been named recipient of the University of Pittsburgh School of Nursing’s 1999 Distinguished Alumna Award. Margaret is a noted researcher in chronic illness, particularly diabetes, in children and is a strong proponent of health care research from a primary, rather than acute, care perspective to better reflect the health status and health care of most Americans.

Pitt’s Distinguished Alumna Award is one in a series of honors that Yale’s Independence Foundation Professor for Nursing has earned. She is a Fellow of the American Academy of Nursing and Distinguished Fellow of the National Association of Pediatric Nurse Practitioners. She was awarded the Yale School of Nursing’s Distinguished Alumna Award in 1990. Grey holds a bachelor’s degree from the University of Pittsburgh, a master’s from YSN, and a doctorate from Columbia University.

Recently, Margaret led a team of Yale researchers who found that coping skills training could dramatically improve health and quality of life for adolescents with Type 1 diabetes, the diabetes that most often occurs in children. The team’s report has won the American Nurses’ Association 1998 Applied Nursing Research Award. As Associate Dean for Research Affairs, Margaret serves as a resource and catalyst for other faculty members conducting research. She continues her own research agenda, teaches at the school, and sees youths with diabetes in her practice as a pediatric nurse practitioner. She was also the first chair of YSN’s doctoral program, which awarded its first Doctor of Nursing Science degrees in 1998.
Sanderson Joins YSN as Recruitment Efforts Intensify

Sharon Sanderson has joined YSN as the school’s new Recruitment Officer. Sanderson comes to the nursing school from the Department of East Asian Languages at Yale. The Recruitment Officer position was created last year to help the school strengthen and diversify its applicant pool and also to publicize the research, teaching, and clinical activities of the school. Media interest in YSN became apparent quickly, as local, state, and national publications and broadcast outlets began featuring the school’s faculty. Colleen Shaddox, originally hired as the Recruitment Officer, has now been made Director of External Affairs and will spend the majority of her time managing YSN’s growing public relations efforts. Sanderson will serve as a liaison to potential students, facilitate the application process, and help formulate strategies to reach a larger and more diverse pool of excellent students.

A longtime Yale employee, Sharon has also worked in Graduate School Alumni Relations, Geology and Geophysics, the Association of Yale Alumni, and Human Resources. She holds an associate’s degree from South Central Community College and a bachelor’s degree from Albertus Magnus College. She’s currently completing a master’s degree in sociology at Southern Connecticut State University. “So many applicants I talk with feel apprehensive about applying to a school of Yale’s reputation,” Sharon said. “It’s exciting to break down that barrier, to show them that an excellent school can also be warm and inviting.”

In addition to working with registered nurses and BSN students, Sharon will reach out to young people interested in health careers through her involvement in the Yale School of Nursing/Career High School partnership. “I can honestly tell young people exploring their options that nursing is a career that offers both intellectual challenge and great personal satisfaction,” she said. “And I can tell them that a Yale education can really empower them to make a difference in health care and in the lives of their patients.”

YSN to Open Oncology NP Specialty

An oncology nurse practitioner (ONP) specialty will be open for enrollment in September, 1999. Students will study under the direction of M. Tish Knobf, Associate Professor and expert in the care of women with breast cancer. The specialty is designed to prepare advanced practice nurses to provide comprehensive care and support to cancer patients and families throughout the continuum of the illness. With the implementation of the ONP specialty, YSN is also offering a palliative care concentration which includes alternative and complementary therapies, symptom management, managing care of families in the home, and end-of-life care. Both master’s and post master’s admission opportunities are available.

For more information contact the Student and Alumnae/i Affairs Office at (203) 785-2389.
Two NPs Share Patients, Practice, Love of Teaching

What’s a nurse practitioner (NP) to do when she enjoys teaching students as much as she enjoys seeing patients? She finds a place, like Yale Health Plan, where she can do both. With their faculty appointments at Yale’s School of Nursing and clinical appointments at YHP’s Internal Medicine Department, Ivy Alexander, MS, C-ANP, APRN, and Maria Mauldon, MSN, C-FNP, APRN, can combine their two loves — clinical practice and teaching.

Alexander, who came to Yale from the Community Health Care Plan (CHCP) received her joint appointment in 1994. Mauldon, who is fluent in French and Spanish, previously practiced at Fair Haven Community Health Center; she joined Alexander this past August upon the retirement of the nurse practitioner with whom Alexander had been working.

Each woman teaches a wide variety of courses in the nursing school’s adult and family nurse practitioner program. Together, they provide full coverage for their YHP patients and keep each other apprised through what Alexander calls “an elaborate and developing communications system” which allows them to communicate detailed information without compromising patient confidentiality. “We make sure,” she says “that access is available to this combined group of patients as if we were one full-time provider.” Mauldon adds an advantage of this shared practice model: “The art of health care is that there can be more than several solutions to a problem, and our patients get more than one perspective.”

Both are enthusiastic about the advantages of combining teaching and clinical practice, pointing out that teaching increases the need to be up-to-date and that patients benefit because their faculty positions put them in constant contact with experts in various fields with whom they can discuss clinical issues. And Mauldon talks about the process of making clinical practice part of her teaching: “It’s challenging to combine textbook knowledge and clinical experience in a logical, coherent way that students can understand.”

Alexander, who taught full-time earlier in her career (and who is working on her PhD), and then practiced full-time before coming to Yale, says, “When I practiced full-time I missed the teaching. The contact with students keeps you on your toes. But I could never do a full-time teaching job again because I would miss interacting with patients. People often ask me, ‘Are you going to stop practicing when you finish your doctorate?’ And I say, ‘Stop practicing? Definitely not!’”


Ivy Alexander (L) and Maria Mauldon
Jill Patton ’99 is the recipient of scholarships from both the National and the South Central Connecticut Chapter of the American Association of Critical Care Nurses for the 1998-99 academic year. Elizabeth Salvaggio ’99 also received scholarships from both organizations.

The 1999 YSN Community Service Award was presented on March 24, 1999 to Diane Robbins ’99 at the occasion of the Sybil Palmer Bellows Lecture. Diane has demonstrated her commitment to community service through her work in the Fair Haven Community Center, the Connecticut Branch of the National Prison Hospice Association, and the Community Health Care Van. She has also taught women’s reproductive health care skills to Yale School of Medicine students and last summer was the recipient of the (Yale) President’s Public Service Fellowship.

Jessica Shank-Coviello ’82, Lecturer in the Adult Advanced Practice Nursing Specialty, and several of her students participated in an Information Booth and Free Blood Pressure Screening at the Connecticut Post Mall in February, 1999. The event was co-sponsored by YSN, the Regional Visiting Nurse Agency, The Connecticut Heart Group, and the American Heart Association and focused on, “The Silent Epidemic: The Truth about Women, Heart Disease, and Stroke.” YSN students pictured are (L to R) Holly Keene ’00, Polly Margules ’00, and Marie Bonitatibus ’00.

Yale Graduate and Professional Schools Offer Employers “One-stop Hiring”

The Yale School of Nursing joined Epidemiology and Public Health (EPH), Forestry and Environmental Studies, Management, The Center for International and Area Studies, and The Graduate School of Arts and Sciences in December to hold a joint career fair at EPH. The first-ever such collaborative effort by the schools was dubbed, “Paths to Leadership.” Employers who hire students from a variety of disciplines were invited to talk with students about opportunities in their organizations. The career fair was especially appealing to non-profit organizations and small consulting firms that might not be able to make multiple trips to Yale to interview students from individual graduate schools. A noontime panel composed of successful alums representing the participating schools offered students insights into building satisfying working lives.

Director of the Center for Health Policy at YSN, Sally Cohen ’80, represented Nursing. The graduate and professional schools plan another joint career fair in September of this year. Employers who would like to be invited should contact Sharon Sanderson at (203) 737-2557.
Mary Curtis '31 just turned 90 and is the oldest member of the Norwalk, CT YMCA's Senior Strengthening Class. She exercises every Tuesday and Thursday and can put up to 60 pounds on the leg press, 55 pounds on abdominal lifts, and 84 pounds on hip adductions!

Barbara Klaus '57 lives in Lone Oak, Texas with her husband Bob. She retired from nursing five years ago, recalling that nursing is now but an important and pleasant memory.

Anita Finkelman '71 is founder and president of Resources for Excellence. She graduated from YSN's Psychiatric-Mental Health Program and then completed the health care policy and administration program at George Washington University. She has served as the Director of Continuing Education and Associate Professor of Clinical Nursing at the College of Nursing and Health, University of Cincinnati. She has authored nine books and lectures frequently on topics related to psychiatric nursing and administration.

Carol Garant '73 was one of the recipients of the “Outstanding Alumna” award from the Massachusetts General Hospital Nurses Alumni Association at its 125th Anniversary Celebration in Boston on September 24-27, 1998. She was cited for excellence, innovation and dedication to the practice of nursing. “Carol is a pioneer in the area of psychiatric consultation liaison nursing; political strategist, lobbyist, and one of the initial group who founded Nurses United for the Reimbursement of Services. She worked with U.S. Senator Daniel K. Inouye on reimbursement legislation, CHAMPUS, and the Rural Health Act in the 1970s when nurses were unaware of the strength of their political power and her group of more than 300 master's prepared psychiatric clinical nurse specialists still continues after 20-plus years in existence. In addition, Carol was one of the early nurse researchers in Massachusetts who began presenting her research [at Yale] in the mid-1970s.” Carol continues to work in Massachusetts as a consultant and psychotherapist. She lives in Fall River.

Danuta I. Bujak '81, Assistant Professor in the FNP Program at the University of Maryland School of Nursing in Baltimore and Clinical Instructor at the University of Maryland School of Medicine, published a paper, “The Fibromyalgia Impact Questionnaire,” in the Arthritis Care and Research Journal in February, 1999. This paper was co-authored with Fallon, Guardino, and Weinstein.

John Tuskan '81 was assigned as Senior Public Health Advisor in the US Public Health Service in the Substance Abuse and Mental Health Services Administration/Refugee Mental Health Program. His duties include providing consultation and training to public and private organizations related to refugees and torture survivors.

Patricia Adams '82 was appointed Patient Care Manager of the Surgical Intensive Care Unit at the Hospital of St. Raphael. She left her position at Oxford Health Plan where she served as a case manager.

Bernice Coleman '83 presented the research findings of her doctoral dissertation, "Elevated IGA Associated with Skin Test Anergy in Advanced Heart Failure," at the American Heart Association Meeting in November, 1998, Dallas, TX.


Betty Morgan '87 has been working as a psychiatric CNS with an HIV/AIDS program since graduation. She is currently in her first year of the doctoral program in nursing at Boston College. She recently was awarded the 1998 HIV Doctoral Fellowship Award by the Association of Nurses in AIDS Care (ANAC).
Doris Foell ’88, Yale University Health Services Surgical Care Coordinator, recently was awarded the Non-Physician Clinician of the Year Award for 1998.

Beth Cheney ’89 and her husband Rick Mendes announced the birth of Julia Elizabeth on November 27, 1998. Julia joins brother Alec who is nearly three.

Camille Balestri ’92 recently returned from an 11-day medical mission in St. Progreso, Honduras, providing health care to families in the wake of Hurricane Mitch. She was accompanied by three colleagues and friends. With $4,000 in donations collected among them, they packed eight suitcases worth of medicine and supplies and treated over 1,000 people. “It was a humbling and rewarding experience.” Camille is an FNP at Northampton Family Practice in Florence, Massachusetts.

Gina Plowright Kearney ’92 reports that in addition to being married in October, 1997, she has been working as the Director of Health Styles at Long Beach Medical Center in Long Beach, NY. Health Styles is the preventive health and wellness division of the Center and in her position as Director, Gina has gotten two grants funded by the New York State Department of Health: a community-based diabetes screening initiative and a Community Health Asthma Management Program (CHAMP). Seemingly not busy enough, she also completed Reflexology Certification Training at Shen Dao Institute!

Linda Ryan ’92 and husband David announce the birth of their first child, daughter Emma Elise, on August 24, 1998. Emma weighed 7 pounds, 11 ounces and measured 22 inches. Linda will return part-time to Yale University Health Services in the Department of Student Medicine in April.


Greta Hart-Hyndman ’93 and husband Joel are living in St. Thomas where Greta is a lecturer at the University of the Virgin Islands. She is also a clinician at the community-based VA of St. Thomas. Joel is studying computer science at UVI.

Amy Vogt Bartolotta

Greta Hart-Hyndman and husband, Joel

Meredith Wallace (L) and Marilyn McDonald


Michelle Bolles Vitale ’93 was awarded the 1998 Alumni Achievement Award by Salve Regina University at her reunion weekend on June 6-7 in Newport, Rhode Island. She accepted the award in absentia as the birth of her daughter occurred on June 8! She received her BSN from Salve Regina in 1988 and is currently an ANP at Yale-New Haven Hospital’s Department of Internal Medicine.

Sharon Bottomley ’94 and Stephanie Sherman Calcasola ’95 co-authored, “Adults’ experience with asthma and their reported uncertainty and coping strategies,” Clinical Nurse Specialist, January, 1999, with Dorothy Sexton and Marge Funk ’84.

Annette Hatch-Clein ’94 and husband Lee adopted Eli Baxter Clein on September 11, 1998. He was born in Clearwater, Florida, weighing 7 pounds, 3 ounces and measuring 21 inches. Annette writes that Helen Rice ’94 and husband, Jamie, are living in New Hampshire with their two sons.

Stephanie Hertig Taylor ’94 with husband Peter and daughter Paige who was born on September 23, 1998.
Kate Stephenson '94 accepted a position in a private family practice in Torrington, Connecticut in October, 1998. She works with another FNP and a family practice physician. She enjoys meeting other APRNs in the area through an informal northwestern Connecticut nurse practitioner group begun by Martha Klay, Ob/Gyn nurse practitioner, also in Torrington. They have an educational dinner meeting each month and also discuss career opportunities and political/legislative activities.

Naida Arcenas '95 accepted a position in October, 1998 at the State of Connecticut Department of Children and Families as the Eastern Region Nurse Practitioner Consultant.

Cynthia Flynn '96 gave a paper at the 1998 ACNM convention in San Francisco entitled, "Obtaining reimbursement from HMO's." She opened her own business, Columbia Women's Clinic, in Kennewick, Washington in October, 1998 and is applying for state licensure to construct a free-standing birth center. She traveled to Bangladesh in August, 1998 and saw births at two birth centers and four hospitals.

Sandy Peccerillo '96 has been working in a private pediatric practice with another PNP and two pediatricians in Torrington and Winsted, Connecticut, since she graduated. Although she graduated from the FNP program, she loves pediatrics and is very happy with her job. She is working with her colleagues to pave the way for APRN admitting privileges at Charlotte-Hungerford Hospital in Torrington.

Anne Heskett Carr '97 has been working in the Boston area as a GNP in home care serving the urban poor since graduating. Starting in March, she began part-time GNP work in nursing homes serviced by the Boston University Geriatrics Group, a division of Boston Medical Center. She and her husband, Douglas, welcomed baby Amelia Spencer on July 14, 1998, weighing 9 pounds, 11 ounces. She is in awe of the YSN students who had children while in school, wondering how they ever found time to study!

Anne Heskett Carr with Amelia and Douglas

Judith Applegate '98 shared her "real world impressions" after six months out. "The Yale School of Nursing education was indeed a strong foundation. My difficulty has been in accruing hours toward the required number for obtaining specialist certification [in psychiatric-mental health]. It has been a very slow process. At the present rate I expect it will be 6 years! Since I am working with a private agency, and am not insurance reimbursable yet, I have only clients who pay out-of-pocket - a very small percentage. I'm aware of alternatives, but the insurance coverage is a major factor."

Moira O'Neill '98 recently accepted a position as the Community Care Coordinator at the Yale Center for Children with Special Health Care Needs. The Center is one of two state-designated "Centers of Excellence" for such children, the other being Connecticut Children's Medical Center. They administer Title V and Husky Plus, which are augmented benefits for children covered by Titles XIX and XXI,
respectively. Moira graduated from the Nursing Management and Policy Program and feels that the job is a perfect fit for an APRN with her education. “There is a nice range of responsibilities that involves clinical expertise and familiarity with policy, the legislative process, health insurance and managed care, community assessment, and advocacy. It is a broad-based embracing of community empowerment theory.” Moira writes that her position involves determination of clinical eligibility, creation of long term care plans, coordination among providers, advocating for families among providers, health plans, and state agencies. They have also designed and implemented an interactive database for quarterly reporting to the state and evaluating children’s needs.

Mikki Meadows ’98 accepted a PNP position at the Primary Care Center at Yale-New Haven Hospital in November, 1998. Also last year, she gave birth to her first child, Philip Jared Oliver, on April 11. He weighed 7 pounds, 5 1/2 ounces.

Lori Ruskin ’98 has “the job of her dreams.” She is a nurse-midwife at the Humboldt Open Door Clinic, a community health center in Arcata, California, on the northern coast. Lori came to YSN from Arcata and, in fact, worked at this very clinic before heading east to Yale and New Haven.