Winter 12-1-1999

Yale Nurse

Yale School of Nursing

Follow this and additional works at: http://elischolar.library.yale.edu/ysn_alumninews

Recommended Citation
http://elischolar.library.yale.edu/ysn_alumninews/171

This Article is brought to you for free and open access by the School of Nursing at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale School of Nursing Alumni Newsletters and Magazines by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.
The AIDS Ride YSN team members (L to R) Alicia Smith, Chris Allen, Kate Walsh, Catherine Hopkins, Susan Cox, Leslie Mosley, and Sarah Campbell at the reception in their honor. Missing from the photo is Shelley Swanson.

YSN Students Bike to NYC in AIDS Fund Raiser

Inside the Beltway: Notes from a Scholar at the IOM

The Promise and Pitfalls of Starting Your Own Practice

Data Manager Hired in Office of Research and Policy
CONTINUITY AND CHANGE AT YSN

In the eighteen months since my arrival at Yale, a number of things have changed. I sometimes hear alumnae/i ask whether the changes challenge the essence of who we are at YSN. I would like to review some of the most significant changes, explain why I believe these are refinements that strengthen our organization, and recommit to directions long established at YSN.

Last month we launched Yale Nursing Matters, a magazine developed to tell the story of YSN’s activities to a broad audience beyond the alumnae/i community. This publication is not intended to replace Yale Nurse, a publication of the YSN alumnae/i, with a long tradition of informing our alumnae/i about each other’s activities and offering an intimate portrait of YSN life. Rather, our hope is that this publication will reach out to a wider audience of persons, foundations, and industries who will be interested in our work and help us to extend our impact.

Although YSN has long required parental disclosure as part of the financial aid application, we now believe that this outdated policy serves as a deterrent for many qualified applicants. Effective with the Fall, 2000 admissions cycle, we will no longer require students to submit financial information from their parents or former guardians. In recognition that this will further tax our ability to provide aid for students, we continue to diligently seek sources of financial aid for our students, most of whom now graduate with significant indebtedness. I am very pleased to announce that, as part of our aid program, in Fall, 2000 we are initiating The Dean’s Scholars Program. Each year, six scholars will be selected for their leadership achievements and potential. They will receive a merit-based scholarship of $5,000 and participate in a leadership development program that I will direct.

After much reflection and discussion, the YSN faculty have voted to endorse options to the required master’s thesis. As alternatives to the thesis, master’s students will now be permitted to complete a state-of-the-science paper or a clinically focused paper proposing changes in clinical practice. While the thesis has long been a Yale tradition and was widely recognized as a positive learning experience by many faculty and graduates, the faculty concluded that the thesis is not the best learning activity for many students. Further, advances in nursing education have resulted in a shift in preparation for the conduct of original research from the first graduate degree (master’s) to the doctoral degree. We will continue to permit a select number of students to complete the thesis, based on their interest, substantive match to available sponsor, and their likelihood of success.

Do these changes alter the direction of the Yale School of Nursing? I would argue that, in fact, each of these further refines the time-honored legacies of YSN. Our mission is to improve the health of all people and our ability to have the desired impact is, in part, a function of the larger world knowing of our capacities and accomplishments. Our educational mission is to prepare a diverse cadre of nurses for leadership roles in an ever-changing health care environment. We have always prepared liberally educated women and men who understand that scholarship, in its many forms, is an essential part of their nursing role. The underlying traditions of YSN continue, adapted to a changing world.

Catherine Lynch Gilliss, DNSc, RN, FAAN
Dean and Professor
Announcing the new Oncology Nurse Practitioner track in the Adult Advanced Practice Nursing Specialty, and the Palliative Care Concentration! An Oncology Nurse Practitioner Post Master’s option is also available. These initiatives are under the direction of Tish Knobf, Associate Professor, who has long been involved in cancer education and research. For more information contact Tish at (203) 737-2357 or the Student Affairs Office.

Dean Gilliss has received official notice from the Commission on Collegiate Nursing Education (CCNE) that YSN has been granted accreditation for a full ten year term, which is the maximum period of accreditation awarded by that organization. The school is also preparing for a February, 2000 accreditation visit by NLN, our traditional accrediting body. We hope to carry accreditation from both agencies over the next number of years.

The theme of the 2000 Alumnae/i College is, “YSN IN Y2K: High Tech, High Touch.” The YUSNAA Board is excited about the program that is under development and urges all alums to begin to think seriously about plans to attend. After all, this is the new millennium and what better way to make this a special year than to return “home” to YSN on June 1-3, 2000.

Apologies to Linda Schwartz who was identified as “Jane” Schwartz in a photo caption on page 18 in the August, 1999 issue of Yale Nurse.

Comments and questions about Yale Nurse and YUSNAA activities are invited and should be directed c/o Editors, Yale Nurse, P.O. Box 9740, New Haven, CT 06536-0740 or by phone (203) 785-2389.

---

**Holiday Card Designers All Big Winners**

The three finalists from the contest for YSN’s 1999 holiday card design were honored at a reception at the school on November 1. Students in several New Haven area schools were invited to submit their entries on the theme of caring, and winners in three grade categories were selected by a distinguished panel of judges. Dean Cathy Gilliss is pictured with the winners (L to R) second-grader Erin Ugas of St. Brendan’s School, sixth-grader Melissa McKernon, also of St. Brendan’s, and eighth-grader Hannah Baker of West Hills Magnet School. McKernon was the grand winner. All contest participants received certificates and thank-you gifts, with finalist prizes supplied by local merchants.
Yale School of Nursing Students Bike to NYC in AIDS Fund Raiser

By Colleen Shaddox

A Yale School of Nursing team spent the spring training for a 275-mile bicycle ride to raise money for AIDS care. Though a hurricane caused the cancellation of the first leg of the ride from Boston, the team did ride from Connecticut to New York City and -- most importantly -- raised more thousands for AIDS care in the process. A school-wide pizza party celebrated their return and their efforts, which encompassed not just a few days, but months of hard work.

Eight riders, Chris Allen '01, Sarah Campbell '01, Susan Cox '01, Catherine Hopkins '01, Leslie Mosley '01, Alicia Smith '01, Shelley Swanson '01, and Kathleen Walsh '01, along with six crew and other volunteers, needed to raise at least $13,600 from sponsors to participate in AIDS Ride, a national program whose 3,000 participants bring in $6 million annually to support community agencies that care for people with AIDS. The ride was scheduled for September 16 through 18 in various cities across the country. The YSN team rode in a Boston to New York event to support Callen-Lorde Health Center and the Gay and Lesbian

YSN students, faculty, and staff assembled at an appointed place to cheer the riders on their way.
Community Services Center, both in New York City.

Weather made the first leg of the ride unsafe, so bikers were transported to New Haven, where the New Haven Coliseum became a makeshift dormitory. The next day, those whose bikes had made it from Boston (having been trucked in overnight) rode in high winds for Bridgeport. After an overnight stay in the "Park City," they pedaled on to New York.

Much of the work of the AIDS Ride, such as fund raising and physical training, goes on during the summer. YSN team captain Shel Swanson, a midwifery student, got involved with the AIDS Ride.

Riders await the arrival of their bikes near the New Haven Coliseum, (L to R) Chris Allen, Shel Swanson, Susan Cox, Catherine Hopkins, Alicia Smith, Sarah Campbell, Leslie Mosley, and Kate Walsh.

In NYC at the end of the trip, (L to R) Chris, Susan, Kate, Shel, Sarah, and Leslie triumphantly mug for the camera.
through her previous work as an exercise physiologist. She'd helped a client prepare for the Chicago AIDS Ride, then watched with pride as he completed the 500 mile trek. "I was so impressed by his determination," said Swanson. "And I asked myself, 'Why am I not doing this? This is a great cause.'" Shel served as personal trainer for the whole YSN team, supervising weight workouts at the Payne Whitney Gymnasium and organizing long bike rides.

YSN fields an AIDS Ride team every year; however, the 1999 team was the biggest ever to participate.

(L to R) Lisa Gordon, Hannah Copp, Kim Russell, and Kerstin Cmok offered congratulations to the team!
Doctoral Study Really is an Iterative Process

By Kimberly Lacey '97, DNSc '01

One of the first things that I was told as I began this journey two and a half years ago was that, "this is an iterative process." According to Webster's New Collegiate Dictionary, the word iterative means, "involving repetition." Well, let me tell you, the wise professor that told me that is still telling me that today... and she was absolutely correct! Those of you who have completed the process of doctoral study are probably nodding in agreement or chuckling as you remember your own experience. For those of you who have not yet realized that you truly are in the throws of an iterative process, you, too, will soon understand.

If you are like me, you entered doctoral study with a plan, an idea of what you wanted to do and how you might accomplish your goal. Suddenly, before you realized what was happening, you had fallen into a "black hole" and wondered if you would ever see light again! For me it all began when I decided to pursue doctoral study immediately after obtaining my master's degree. I was feeling energized and thought, "Sure, I can do this." That summer I began working on a proposal. Encouraged to apply for a National Research Service Award, I thought and wrote, thought again, and wrote again. I forged ahead through the fall semester and several revisions of the proposal. And, of course, I knew exactly where I was headed...or so I thought.

The following spring I began my quest for a theoretical framework. First, I had to understand what it was and why it was important. That took a while! Then I had to think about what framework might be right for me, given my research interest. Since then I have had several theoretical frameworks. Each of them was, at the time, the one that worked. Presently I am probably on my fourth or fifth framework. (There have been so many that I don't remember!) And as much as I am sure that this is the one, something tells me that I may be wrong.

Of course, each time the framework changes, that means going back to the literature, thinking about how the framework can be integrated into my research, and rewriting the proposal once again. Somewhere along the way there is the appearance of the phenomenon of the "huge study." In the process of trying to refine the proposal something happens and before you know it your study has grown to the point where it will take an eternity to complete. This seems to happen to everyone that I talk to. What it means is going back to square one, thinking about your research interest, thinking about what the research question is, and deciding if you want to graduate in this lifetime! Then, you must begin rewriting the proposal once again.

One of the things that my classmates and I laugh about the most is how many times a person can change his or her dissertation plan in the course of this journey. For some it is a major change, for others it is just a change in the study design. What this means is rethinking everything once again, including your research interest, your research question, your theoretical framework, when you want to graduate, and so on until you again need to rewrite the proposal. Thus the iterative process continues.

So given all this thinking, rethinking, writing and rewriting, is it worth it? I would emphatically say absolutely yes! One of the most important things that I have learned during this process is that for me it really is a journey through knowledge, science, and nursing. Despite the iteration, or perhaps more appropriately because of the iteration, I have learned and continue to learn so much about the pursuit of knowledge, the science of nursing, and myself. Each step along the way brings with it a new dimension. There is continuous enlightenment and the element of surprise is ever present in each "AH-HA" that suddenly clarifies yet another aspect of my research. Yes, it is a lot of work and one of the hardest things that I have ever done in my life. But even at this point in the journey, this iterative process is so very rewarding.

Krauss Appointed Master of Silliman College

Former Dean Judy Krauss '70 has been appointed the next Master of Silliman College, one of the undergraduate residential colleges of Yale, for a period of five years beginning July 1, 2000. She and husband, Ron '79, will oversee the life and activities of the undergraduates living at Silliman. President Levin stated, "She was universally regarded by students, faculty, and staff with the greatest respect and the warmest affection." Judy will remain on faculty at YSN.
Inside The Beltway:
Notes from a Scholar at
The Institute of Medicine

By Judith B. Krauss '70

I was invited to share some thoughts about the Senior Nurse Scholar Program at the Institute of Medicine (IOM). I do so while still in the recovery phase of what is known as “Potomac Fever,” an affliction that strikes many persons who have had the benefit of a year in residence “inside the Beltway,” enjoying the pleasures of living in the United States capital and working in the heady health policy environment on a daily basis. The symptoms include a yearning to remain in DC, a strong desire to run away from home and return to DC, and, when all else fails, futile attempts to make where you live be like DC.

In this brief report, I will share lessons learned from the IOM and reflect on the general benefits of the Nurse Scholar Program. Whereas these musings are definitely colored by the glow of Potomac Fever, they are nonetheless grounded in reality and, I am sure, will withstand the test of time even after the fever subsides.

Lessons from the IOM

The IOM at the National Academy of Sciences is an undisputed health policy giant when it comes to informing and shaping our national health policies. In my opinion, what makes the IOM unique is its approach to health policy formulation. Any IOM study includes a study group that is built on the consensus process, a serious search for all known evidence, articulation of the “lessons learned,” policy recommendations, and a rigorous review process. These elements create the blueprint for a successful policy formulation infrastructure and contain valuable lessons for any of us who aspire to shape health policy in our states or the nation.

The Consensus Process: Embrace Thine Adversaries

At the IOM, one of the first principles of good policy analysis is to ensure that all known biases are represented, which is accomplished through the use of Study Committees that have national, multi-disciplinary, and philosophic scope and the use of consensus as a way of generating the final report and recommendations. This process makes for lively debate and discussion if you are a member of the Study Committee and occasional headaches if you are a member of the staff! In this process, adversaries must listen to one another and attempt to forge recommendations that everyone can live with. Because consensus on all issues is not always possible, IOM reports also allow for minority statements in the appendices. Some persons would argue that this process results in too much “middle-of-the-road” policy, but I would suggest that achieving a middle-of-the-road agreement on many issues is better than the policy stalemates that result when adversaries fail to communicate at all.

The Search for Evidence: Extend Your Research Beyond the Usual Suspects

My IOM experience taught me that what counts is not only what you read in the literature but who produced it and with what level of scientific accuracy. Certain think tanks are known for their liberal or conservative bent. Most employ creative writers and good scientists who can bend a statistic with the best of them. Government agencies are known to put certain spins on data to preserve the mission of the agency, which means that the readily available, often data-rich, reports of agencies, DC think tanks, and even national foundations must be supplemented with the broader scientific literature. In the end, nothing is without its own set of assumptions and biases; so, the task at hand is to get to know the assumptions and biases distinct from the facts and to incorporate all of it into one’s policy analysis. Assumptions and biases are not
bad — they are simply one lens among many on the health policy picture. Good policy analysis will attempt as many different snapshots as possible to gain a better perspective on the panorama.

Lessons Learned: Keep it Simple, Stupid

I like to say that my IOM experience taught me how to speak and write in bullets. It also taught me how to think up catchy subheadings to promote ready interest! The biggest mistake the uninitiated make is in thinking that the distillation of a comprehensive literature and complicated policy perspectives into 3 or 4 simply stated lessons is simple. It is the combination of an exhaustive (and exhausting) search for evidence with the creative distillation of consistent messages found in the evidence that makes for clear, sharp, readable policy analysis. Evidence without the distillation is dull, dense, and unlikely to be read. Factual “lessons learned” without the evidence to support them is dishonest and lacks credibility. Figuring out the lessons is not easy and almost always involves thinking out loud with trusted colleagues and discussion partners. “Keeping it simple” was the hardest element for me to master. Suffice it to say that the first draft of one of my chapters was 63 pages. The final version was 26 pages, and I am satisfied that I did not sacrifice any precious ideas, only precious words.

Policy Recommendations: Shining Light in the Shadows of the Hill

The majority of policy initiatives at the IOM are aimed at influencing legislative or federal agency policy. Knowing one’s policy target is critical to policy formulation. Policy in its pure form is probably only useful to academics (and I am not sure there is anything like pure policy except in our most idealistic fantasies). When one is finished with a policy analysis and lessons learned, what remains is the generation of recommendations that have some potential to be implemented. So, taking political realities into account is wise, as is understanding the nation’s economy, the dynamics of an election year, the distractions of a presidential impeachment, and bipartisanship. The purists among us might say that this is selling out, which is why we have purists (known as advocates) who play a part in the policy process, but almost never see their recommendations come to full light.

The Review Process: Does the Trial Balloon Float in Kansas as well as California?

The final stage of an IOM study is what is known as “Report Review.” A draft of the completed report (usually in book form) is circulated to a panel of distinguished experts from throughout the United States representing (again) the various perspectives on the issue at hand, geographic diversity, and several disciplines. The panel submits detailed critiques (the Study Director is blind to who the panel members are) of the study focusing largely on whether the evidence is provided to substantiate the lessons learned and the recommendations as well as on the readability of the study. Staff must then correct, resolve differences, or re-engage the Study Committee in a review of issues raised by Report Review before the study is released to the public. Such a process serves as a trial balloon for how policy-makers, legislators, the professional community, and the general public might react to the findings of the study and allows for one more set of corrective actions before widespread release. This seems to me a good principle for any number of initiatives we might undertake on behalf of various constituencies whether we be proposing national or state health policy, internal organizational policies, or clinical policies.

BENEFITS OF THE EXPERIENCE

The IOM experience for me has been formative, even if I am in my fifties and at a stage in my career that most persons view as more toward the end than the middle! The essential ingredients include the senior experience the scholar brings to the table, an ability to be truly “in residence,” and a commitment to a full year. The benefits accrue to the individual scholar, the participating agencies, and, if one learns one’s lessons well, the “back home” institution and the larger nursing community.

The individual scholar gains insider knowledge of the national health policy environment that only comes from functioning like staff. In my case, I joined the Safety Net project and was quickly integrated into the staff team directed by Marion Ein Lewin. The orientation to politics, policy, process, and people was unparalleled, particularly because I had the benefit of participating in the Robert Wood Johnson Health Policy Fellows Program throughout my assignment to the IOM. As I will share later in this report, one cannot help but acquire a new way of thinking and writing as the result of an assignment to the IOM and a better understanding of how ideas become priorities in the United States’ complicated, bipartisan, three-branch system of government.

The agencies also benefit from the program. With experienced scholars, agencies get “quick studies” who can function in a quasi-staff role and at the same time bring a fresh perspective to the work of the agency, and they gain knowledgeable liaisons to the nursing community, other agencies, legislators, and the home state of the scholar. Contacts and networks are the name of the game.
Whereas I have only recently returned to Yale, the “back home” benefits are already evident. I bring a greater appreciation of the big picture of health policy and the connections between seemingly unrelated issues. I am better able to take a specific interest and expand it to the broader health policy issues that surround it. And, after a year of doing almost nothing but literature reviews and writing (and writing and writing), I am in a better position to help develop other faculty and to be in a “ready response” state for targets of opportunity that come our way. My [YSN] colleague Sally Cohen [’80, Assistant Professor of Nursing and Director, Center for Health Policy] and I are currently in final negotiations with a foundation to fund a research and policy center to examine the nature of patient care relationships. We used that experience as the blueprint for the infrastructure of the center that has been established to bring issues surrounding patient-focused care to the forefront of the ongoing national and state-based discourse about health care. The center is a multi-disciplinary initiative to advance ideas and propose models that promote patient-focused care through the use of expert panels and funded proposals with practical linkages to the practice and policy communities in Connecticut. I was able to import those lessons from the IOM.

The larger nursing community also benefits from the individual scholar’s experience. There are the contacts with the various national offices of nursing organizations in the DC area, the dissemination of policy issues to various nursing constituencies, and the visibility that accrues to nursing as the scholar becomes integrated into various multi-disciplinary groups. The IOM staff with whom I worked as well as many others with whom I came into contact have and will continue to seek my advice about how to include nursing in many of their projects. At the same time, they have opened countless doors for opportunities with a wide range of national agencies, foundations, and think tanks. I have always believed that it almost never serves nursing’s long-term interests to be parochial about important issues. This experience has confirmed that keeping our eye on the big picture, even if the opportunities for nursing are not immediately forthcoming, is essential to becoming a “player” in the health policy arena. I have made what will be lifelong contacts with key legislators, staff, policy-makers, and thinkers at the national and state level. Our dialogue is more often about the issues (eg, economics of health care, welfare policies, and vulnerable populations) than about the role of nursing. On the other hand, they know I am a nurse and will generalize my capacity to think about such issues to nursing at large, and we will slowly (yes, with glacial speed) find ourselves more regularly included in important policy circles.

Would I recommend this experience? Yes, in fact I would repeat it for the following reasons:

• Living inside the Beltway is fun.

• The lessons and the benefits as outlined above are invaluable.

• Having a commuter relationship with one’s family can be rejuvenating.

• Taking distance from one’s “back home” institution is healthy.

Princess Di’s Gown Seen at YSN

Last summer Linda Sarna from UCLA was invited to YSN by Ruth McCorkle, Chairperson of the Doctoral Program, to participate in a collaborative study involving lung cancer and women. While here Linda admitted to having one of Princess Diana’s gowns (seen in photo with (L to R) Mary Cooley, Linda, Ruth, and Lynn Sennett) in her car. Several Princess Di fans (including one of the Yale Nurse Editors) gathered ‘round to ooh and aah. The dress was red silk, designed by Bruce Oldfield, for a trip Diana took to Saudi Arabia in the late 1980’s. The long tunic is embroidered with flowers and leaves and was one of 79 dresses auctioned by Christie’s for Princess Diana’s charities. Linda and her sister purchased it together as an investment.
Williams and Pellico Develop Program in China

In June of 1999, Linda Pellico '89, GEPN Specialty Director, traveled to China to assist in a new project developed by Ann Williams '81, YSN Professor of Nursing, on reducing nurses' occupational exposure to blood borne pathogens. Linda brings with her over 20 years of experience in critical care nursing and 10 years in educating novice nurses about occupational injury. Together with Jane Burgess, Athena Project Director at YSN and Coordinator of the CT AIDS Education and Training Center, and Chenghui Watkins, Nursing Liaison, Hong Kong Office, Yale-China Association, Linda spent a week assessing practices at four hospitals in Changsha. With rates of chronic Hepatitis B running at approximately 10%, the necessity and urgency of addressing this infection control problem was obvious.

Upon returning to the US, the team developed a "train-the-trainer" program for this project and returned to Changsha in November, 1999 to begin the process of educating the nurses and ancillary staff to various simple techniques that can be instituted to decrease exposure to blood borne pathogens. The training included standard universal precautions consistent with the recommendations of the World Health Organization, as well as sessions on barriers to implementation. "This was one of the most enriching and profound teaching experiences that I have ever had," stated Linda. "One of the best parts of the trip was watching the development of internal empowerment that occurred in the Chinese nurses following the two day program. In addition, these nurses demonstrated extraordinary ingenuity and creativity in developing and solving problems due to lack of resources in universal precautions." Photos show common current practices in handling and disposing of needles in clinical areas in Chinese hospitals.
The Promise and Pitfalls of Starting Your Own Practice

By Kay Sophar ’85

While I write this article for my colleagues at YSN, the words of my car mechanic keep popping into my head. “Everything takes twice as long and costs twice as much as you expect it to.” (I have always admired his honesty.)

I began thinking of starting my own practice years ago, probably while still at YSN. I wanted the independence, and I wanted the control to provide health care the way I thought it should be provided. When I finished my MSN degree and began my career as a family nurse practitioner, that dream began to fade. I had so much yet to learn, and the MDs and NPs that I worked with had so much yet to teach me. Over the next 13 years I worked with some who were wonderful teachers, and I worked for some who were “micro managers from h...!” I grew in professional expertise and confidence.

But after 13 years of experience, I was ready. The event that tipped the balance for me was when the doctor that I had been working with decided to close her practice. I felt ripped away from patients with whom I had long-term relationships. Patients would call me at home. I had no control over the situation. I knew that in order to deliver good health care, there should be continuity. And I knew that the only way to ensure I could not be forced to leave my patients again was to start my own practice.
Opening your own practice is scary. No paycheck is guaranteed. You can’t stand around in the break room complaining about how the boss does things! You have to walk your talk.

**Why start your own practice?**

The main reason to start your own practice is because the thought of working for someone else gives you shivers down your back. You think you could run a clinic or office with better patient care, and with more efficiency. You see a need that isn’t being filled. And you know that you don’t need someone else to tell you when a patient needs a referral to an MD, just as a primary care doctor knows when to refer to a specialist. You want control over the work that you do. You want control over the hours that you work. (You may be working 80 hours a week in your own practice, but at least you get to choose which 80 hours!)

**Why not start your own practice?**

This is not something to do if you are risk adverse. You need to have enough money saved (or someone to support you). You may go without a paycheck for six months to a year during start up. You have to be stubborn and a little bit nuts.

So, if after answering those questions your response is, “Why not start my own practice?”, read on.

**“Be careful whom you pick as a partner. It’s like another marriage.”** Jimmy Foster, CPA

It’s nice to go completely solo, but there are some disadvantages. The main one is that nurse practitioners are the “invisible providers.” Many insurance companies choose not to credential us, so whatever care we provide is under someone else’s name. I started collecting stories about other NPs going solo. They often sounded like professional horror stories. One NP contracted with an MD who worked in her building to consult with her when necessary, to bill for her, using his insurance participation numbers. She built up her own practice, however. This arrangement worked well until the doctor sold his practice. The new owner then “owned” all of her patients as far as the insurance companies were concerned. He refused to let them continue to see her. I knew I didn’t want to be that vulnerable.

I was lucky to find Dr. Gina L. Standard. She is confident enough as a doctor to not feel threatened by NPs. She shares NP values: listen to the patient, start from the patient’s values and health beliefs, keep the patient in control of his or her own health care. We had worked together twice before, and knew we shared ideas about how patients should be treated, and about how a practice should be run. Since we were both moms, we also wanted a practice that would mesh with that all-important job. We decided to go for it.

Well, a partnership is like a marriage. You become closer to each other while dealing with adversity. You disagree about the same things that you disagree about in a marriage, money and who is doing more of the housework (administrative work). And sometimes you spend more time with your partner than with your spouse!
Get it in writing.

The next step is to draw up the legal papers. We were very lucky to find a lawyer in Maryland who is also a nurse practitioner! (Is that a rarity or what?) She was very helpful in getting us through the process. We couldn’t form a Professional Corporation, as we weren’t in the same “profession.” So we formed a Limited Liability Corporation. Carolyn Buppert, the lawyer, had a solution for every legal obstacle we encountered!

She also guided us through the process of drawing up a partnership agreement. To draw on the marriage analogy again, a partnership agreement is like a prenuptial agreement. You plan for the divorce before the marriage takes place. The agreement covers who is responsible for which administrative duties, how pay is divided, and who can sign contracts for the business. It also covers what happens in a dispute (mediation), and what happens if one partner wants to leave. For us this meant that the patients remain with the practice, unless they specifically want to leave. They are not automatically switched to follow the leaving partner. The time to work things out is before the practice starts, if possible, not when a dispute arises. Writing the partnership agreement is a way to think possibilities through, and to find out how much you really do agree with your prospective partner.

“The best laid schemes o’ mice and men gang aft a-gley.” Robert Burns

The next thing to do is write a business plan. This is usually the part where you start to question your own sanity. “If insurance pays us $12.00 a month for each patient and the patient pays a $5.00 co-pay for each visit, how many months is it before we have to move back in with our parents?”

There are several business plan software programs on the market. We used one that would evaluate our strengths and weaknesses in the current economic situation. This is important because it forces you to think in advance about which patients you mean to serve, and about how to reach them. It forces you to think about what expenses you have, and how to minimize them. It gives you insight on where to open, what hours to cover, and how to advertise. For example, because I speak Spanish, we had to think about accessibility to that population.

Because we needed to cut costs, but didn’t want to skimp on patient service and convenience, we picked an office next door to a laboratory drawing station. We don’t need to hire a phlebotomist now, yet our patients also don’t need to go out to get their blood drawn. We decided to computerize for efficiency and for quality assurance. These are issues we may not have even thought about had we not gone through the tedious and long process of writing that plan. I actually think it turned out longer than my YSN master’s thesis! I can’t say that we’ve followed it exactly, but the process of thinking all this through was invaluable.

Numbers

With our business plan in hand we went to apply for loans. This turned out to be easier than expected. It seems that many banks are eager to give out money to doctors. And this is one place where nurse practitioners are not discriminated against! In other words, everybody is willing to give you enough rope to hang yourself. It’s important to watch for hidden charges and interest rates. For example, a line of credit could cost you less in the long run than a term loan with a lower interest rate because you’re not paying interest on money until you need it. And then there’s the fine print. “We promise to give up all our rights under law, to pay for your lawyer, and to donate our first born children if we default on this loan.” Some is negotiable. Some is not. We obtained one loan from a bank and another from a local hospital.

Then there are the other numbers you must acquire. I now must know my Medicare provider number, the Medicare provider number for my practice, our federal EIN (Employer Identification Number), our state EIN, our CLIA lab exemption number, my DEA number, my state Controlled Dangerous Substance registration number, my state NP license number, my ANCC certification number, several insurance provider numbers, my business phone and fax numbers, my pager number (as well as my partner’s), the code number to get my messages from the phone company, my business check card pin number, AND the security alarm code number for our office. It’s sort of like a maximal mental status test. It’s surprising how often you need to refer to these numbers, especially on applications for other numbers.

The set up

Once we had the money, we had to find an office and equipment. We were able to find much of our equipment used from a practice that was going bankrupt. That gave us a warm fuzzy feeling. The office was supposed to be ready July 15. We moved into our office in August with the renovation only half finished. The suite was complete on September 30. We actually had our Grand Opening on October 16, 1999.

“Everything costs twice as much and takes twice as long as you expect it to.”

This planning process was started in December of 1998. We expected
to open in April of 1999. So we found several flaws in our plan. We thought we'd be open for the "back to school physical" season. Now we are finally open for the flu season, but we've had to pay expenses for several months without having any income. Our former patients have been re-assigned to other practices by their insurance companies, so we have to market to reach them and to reach new patients. We never expected HMOs to wait-list us, but some have. There have been many bumps in the road that we did not anticipate. Sometimes it's very scary and we're afraid we won't make it financially.

Some wonderful things have happened, too. I can come into my office and see that things are running the way I think is best. Patients are treated as valued clients, not as interruptions or annoyances. We were able to design the office with conveniences for patients, like a private bathroom off the pelvic exam room, and pass-throughs from the bathrooms to the lab for urine samples. Instruments are autoclaved and doorknobs and children's toys are disinfected for infection control the way I have always wanted to see it done. My partner is instituting QA protocols the way that is rarely done in private practice.

Emotionally I have grown, too. My partner and I have become much better friends in the process of starting the practice. I have been making new connections with other advanced practice nurses in the area. My family has pitched in to make it a family endeavor. They have painted walls, answered phones, and stuffed envelopes. Some days I come in to our office and think, "This is ours. We built it." I have control of my own work. I can care for my own patients. That feeling is priceless.

Kay Sophar '85, CFNP, is co-owner of Standard & Sophar FAMILY HEALTH CENTER, LLC, in Silver Spring, MD.
Dear Friends and Colleagues,

Yale Nurse is a regular part of our lives. We all pour through each issue for news of the school, the report from the Dean, updates on student and faculty achievements, stories of graduation and alumni weekend, and news about old friends. Yale Nurse is a vital connection to YSN.

Several times a year an envelope comes from the Yale Alumni Fund and your Class Agent requesting support for YSN. These letters talk of annual funds, scholarships, endowments. But what is the relationship of those funds to the vitality of the school? How are the funds used? Who receives the scholarships? Who are the people who are Class Agents? What do they do?

This page is a new, regular feature of Yale Nurse. It will introduce you to people and talk about what we do; it will give information and answer often-asked questions. This page needs a name (please make suggestions*) and we invite your comments and questions by mail (c/o Yale Nurse, P.O. Box 9740, New Haven, CT 06536-0740) or e-mail (nina.adams@aya.yale.edu). Let’s stay in touch.

Nina Relin Adams ’77
Chair, Class Agents

*Suggestions so far:

YSN Alums: In the Present and for the Future
YSN: Staying in Touch
YSN Alums Caring
Forever Yale Nurses
Ensuring the Legacy
Giving Back
Yale Nurses: A Vibrant Tradition
Yale Nursing: The Excellence Continues

WHAT IS A CLASS AGENT AND WHO IS YOURS?

A class agent is always someone from your class at YSN. By now, the classes are so large there are usually several agents for each graduating class. By volunteering, the class agent makes a commitment to stay in touch with classmates through personalizing YSN information and fund-raising letters provided by the Yale Alumni Fund office. In future issues, we will introduce you to class agents and have them describe their role. If you don’t know who your class agent is, if you’d be interested in being a class agent, or you haven’t been getting regular information, please contact us c/o Yale Nurse, P.O. Box 9740, New Haven, CT 06536-0740) or nina.adams@aya.yale.edu
THE ANNUAL FUND IS USED FOR YSN SCHOLARSHIPS

The Annual Fund to which you are asked to contribute every year is used primarily for scholarships for Yale School of Nursing students, with some monies spent in support of several student and alumnae/i activities, such as graduation, reunions, and Yale Nurse.

Through this page in Yale Nurse, I will share the stories of our current students who have enrolled with the help of your financial support. You will meet some of the people whose careers you directly affect and see how YSN continues to be a vibrant community of bright and committed learners.

Meet JEANNETTE KEENAN '01, RN

Jeannette Keenan, RN, came to YSN this past September. Armed with a BA in anthropology from Beloit College, an MA in Spanish from Middlebury College, and an MPA from Roosevelt University, she had spent twenty years in various high-level positions with the federal government and the state of New Mexico. Most of her work involved health care policy. After a long and successful career on the policy side, Jeannette was drawn to patient care and earned an associate’s degree in nursing. “I knew by the middle of my first year in nursing school that I wanted to pursue a master’s degree as a nurse practitioner,” Jeannette says.

She also realized that her calling was caring for seriously ill children. “I want to hone my physical assessment, diagnostic, and psychosocial skills and work with kids and their families to lessen the effects of the condition on their lives,” Jeannette says. “I believe I can do this best by working in an outpatient setting, helping chronically ill kids live up to their highest potential.”

While Jeannette is working to develop new clinical skills, she is also incorporating her years of policy experience to help her patients. “I recognize the need for nurses to band together in professional associations so that we can be a driving force in the health care debate in this country,” says Jeannette. “As nurses, we have a unique opportunity and responsibility. With our numbers, we can be a major political force for good in this nation. Individually, we have the privilege of being able to make the world a better place, one client at a time.”

AYA Fall Assembly Focuses on Yale and Leadership

The Fall, 1999 Association of Yale Alumni (AYA) Assembly LV brought delegates together in several forums to discuss what Yale’s role has been and might be in the development of leadership qualities in its graduates. Alumni who have become prominent both nationally and internationally, as well as those whose leadership has been less in the limelight, shared insights into their experiences at Yale and helped AYA and the University consider what Yale must do to prepare leaders for the coming century.

In conjunction with the Assembly, AYA collaborated with other alumni groups to bring together an array of volunteers. For example, the Alumni Fund held its annual Convocation at the same time to allow for exchange and cross-fertilization of ideas. All participants were invited to attend Assembly sessions.

Pearce Scholarship Established

A scholarship has been endowed in the memory of the late Margaret Perry Pearce ’45 by her husband, Herb. Through this $100,000 gift, the Pearce family is ensuring that the best and the brightest can afford a Yale nursing education. It is a fitting tribute to a woman whose own work showed such a commitment to excellence in nursing.

To mark the establishment of the Margaret Perry Pearce Scholarship Fund, YSN will hold a reception in January, 2000. It will be a chance for Margaret’s classmates and friends to remember her and to learn more about present activities at YSN and about the students who will be helped by the Pearce family’s generosity.
On August 29, 1999, 1770 triathletes from around the world assembled in the small town of Penticton, British Columbia, to compete in the 16th Ironman Canada Triathlon. The Ironman, the ultimate triathlon, is a 2.4 mile swim, 112 mile bike ride, and a 26.2 mile run. Competitors have 17 hours to complete the three events with each event having separate cut-off times. Two competitors, Ann Cocks '98 and Geriann Gallagher, YSN Courtesy Faculty member, traveled to Penticton to meet the challenge. This was their first Ironman competition.

4:15 AM The alarm goes off. (Yawn!) The day is finally here! There is so much to do before the race. Last minute preparations are completed. Breakfast is eaten - eggs, bananas, toast, bagels, cereal, and plenty of fluids, fluids, fluids! “Special Needs Bags” which will be given to each athlete at Mile 56 of the bike ride and mile 13 of the run are obsessively checked and rechecked.

5:15 AM The 1/4 mile walk from the hotel to the starting line starts. It is thundering and lightening and raining. Will the race be delayed?

5:30 AM The entrance to the transition area is crowded with groggy triathletes and volunteers. First stop is Body Marking where race numbers are indelibly applied to arms and legs with permanent markers making for easy identification of athletes throughout the race. Last minute race details such as

Geriann wearing her Ironman medal.
checking bikes, stretching, and bathroom visits are completed.  

6:00 AM One hour before the race begins and the weather starts to clear! Could that be the sun starting to rise? Time to squeeze into the wetsuit and go for a short swim.

7:00 AM After the requisite singing of “Oh, Canada,” the cannon sounds and 1770 athletes enter the water. This is not a race for the meek. It is not unusual to get kicked in the face or to have one athlete swim over the top of another. This will continue for the next 2.4 miles!

8:00 AM-9:20 AM Swimmers come out of the water. FIRST TRANSITION: Volunteers snatch athletes, push them to the ground, assist with wetsuit removal, and it’s off to change into cycling clothes in 15 minutes or less.

8:00 AM-5:30 PM So this is the bike course? 112 miles of scenic idyllic beauty through the Rocky Mountains on a bike. Most of the cycling time is spent concentrating on eating and maintaining fluid levels and electrolyte balance. Linda Pellico’s electrolyte imbalance lectures finally come in handy! Watch alarms are primed to go off every 20 minutes to cue eating and drinking. The rest of the time is spent talking to other competitors or talking to oneself! By 5:30 PM all athletes are off the bike course. SECOND TRANSITION: Off the bike, into running clothes, and off to the marathon.

5:30 PM As most of North America sits down for lunch and eventually dinner, many triathletes are still out on the course. All should now be somewhere on the marathon run. There is nothing more invigorating than to finish the day with a 26.2 mile run! The professionals and some of the more experienced age groupers have crossed the finish line. As the sun sets, the remaining athletes continue running the course, 13.1 miles out and 13.1 miles back. Aid stations at one mile intervals provide food and fluids. Athletes begin to walk as legs and bodies become more and more exhausted.

9:00 PM-12:00 AM After a long, long day the finish line is finally in sight. In the dark the music and the lights can be seen for miles. Hundreds of cheering family members, friends, and local Pentictonites gather along the last mile of the course to cheer athletes as they cross the finish line! What an extraordinary feeling! It is hard to put into words the emotions and sense of accomplishment that come with completing this grueling triathlon competition. So many months of training have paid off!

Ann and Geriann can now claim the title, “IRONMAN,” representing membership in an elite and very exclusive group of world-class athletes.

Ann at the finish line.
In September, Ann Ameling ’67, Professor of Nursing, and Leslie Nield-Anderson, Associate Professor of Nursing, helped organize the second Reiki Class offered by YSN. Reiki is the ancient, hands-on energy healing art which facilitates a deep state of relaxation. Students and former YSN faculty participated in demonstrations of the technique.

Deborah Chyun ’82, Assistant Professor of Nursing and Director of the Adult Advanced Practice Nursing Specialty, was a finalist for the New Investigator Award of the Council of Cardiovascular Nursing of the American Heart Association. This award recognizes outstanding contributions to the understanding, prevention, and treatment of cardiovascular diseases. Deb’s paper was entitled, “Heart Failure and Recurrent Myocardial Infarction in the Elderly with Diabetes.”

Susan M. Cohen, Associate Professor and Director of the Adult Nurse Practitioner Specialty, has presented her research several times this fall. In October she presented, “Where East Meets West: Menopausal Symptom Relief with Acupuncture,” at the Second Annual Yale Conference on Women’s Health and Fitness. In November she and Mary Ellen Rousseau, Associate Professor in the Nurse-Midwifery Specialty, co-presenter, “Alternative Therapies: Popular Herbal Therapies,” at the Clinical Regional Advisory Network, Region III in Philadelphia, PA. On November 19 Susan spoke on, “Menopausal Symptom Management with Acupuncture,” sponsored by the National Center of Excellence in Women’s Health at Yale.

Marge Funk ’84, Associate Professor in the Adult Advanced Practice Nursing Specialty, won first place and Mary Bartlett ’00, YSN final year student in the FNP track and SGO President, came in second in the Yale Women’s Golf Championship over Labor Day weekend. Congratulations to both women! In addition, Marge has been elected a Fellow in the Council on Cardiovascular Nursing of the American Heart Association. She was inducted at the November meetings of the Association held in Atlanta, GA. Marge also received notice that she has been awarded a five year grant from the National Heart, Lung, and Blood Institute of the National Institutes of Health. This new funding mechanism will support her research, Atrial Fibrillation after Cardiac Surgery, and will contribute to efforts in mentoring young scientists.

YSN faculty, students, and staff attended the Eastern Nursing Research Society Conference in New York City in April, 1999. Seated (L to R) are Susan Langerman ’99; Margaret Grey ’76; Joyce Shea ’83, DNSc ’00; Robin Klar, DNSc ’00; Kerry Milner, DNSc ’98; Susan Sullivan-Bolyai, DNSc ’99; Linda Juszcak, DNSc ’99. Standing (L to R) are Paula Milone-Nuzzo, Sharon Sanderson, Deborah Chyun ’82; and Kim Lacey ’97, DNSc ’01.
Margaret Grey '76, Associate Dean for Research Affairs, has been appointed by Donna Shalala, the US Secretary of Health and Human Services, to serve as a member of the NIH/National Institute of Nursing Research Advisory Council. Her four year term begins in February, 2000. The Advisory Council directs policy on the distribution of dollars spent within the Institute and offers final approval to scientifically meritorious grants. Margaret is only one of three nurses to sit on the prestigious Council.

In partnership with the US Postal Service, YSN and Yale-New Haven Hospital participated in the Postal Service's end of year celebration of the last century. A commemorative stamp, blown up to poster size, highlighted an exhibit created by Linda Pellico '89, GEPN Director at YSN, and Katie Krauss of YNHH, to showcase the post-war baby boom in the 1940's. Among other things included in the exhibit were a vintage nurse's uniform from that era and an old bassinet and medicine cabinet, dug up by Linda who also put together the beautiful display at the Yale Medical Library last year celebrating YSN's 75th Anniversary.

The article, "Factors Associated with Vaginal Yeast Infections in HIV Positive Women," written by Ann Williams '81, Professor of Nursing, was named the 1999 Research Article of the Year by the Journal of the Association of Nurses in AIDS Care.

Members of the Nurse-Midwifery Specialty at YSN have joined with University of Rhode Island, Baystate Medical Center, and Boston University nurse-midwifery programs to create the New England Midwifery Education Programs Consortium. The first collaborative effort is a series of Professional Issues days, one of which YSN hosted on October 8, 1999. Topics include service structure, licensure, credentialing, privileges, and the certification exam. Other planned activities are a preceptor workshop and guest-editing a home study issue in The Journal of Nurse Midwifery.

Knobf Appointed ACS Professor of Oncology Nursing

Tish Knobf ‘82, Associate Professor in the Adult Advanced Practice Nursing Specialty, has been named an American Cancer Society (ACS) Professor of Oncology Nursing. ACS professorships are awarded to further the work of faculty who are outstanding clinicians, educators, and researchers in oncology nursing. Tish is the only nurse selected for the honor this year and one of only six active ACS professors of oncology nursing in the country. Her three-year award is funded by the New England Division of the American Cancer Society.

Tish coordinates YSN's newly established oncology nurse practitioner track and palliative care concentration, maintains a clinical practice, and has a well-known program of research focused primarily on symptom distress and survivorship issues, particularly for women with breast cancer.

Tish was elected to fellowship in the American Academy of Nursing in 1991. She was presented with the ACS's Lane W. Adams Cancer Nursing Award in 1989 in recognition of her supportive work with cancer patients and their families. In 1993, she won the Oncology Nursing Society Cetus Oncology Award for Consistency of Contribution to the Oncology Nursing Literature and the ACS's National Distinguished Service Award in 1992. She holds a master's degree from YSN and a doctoral degree from the University of Pennsylvania.

Tish's current work focuses on women who experience premature menopause as the result of chemotherapy. She is designing health promotion programs for these cancer survivors to help them prevent such illnesses as heart disease and osteoporosis.
Lorna Grey is a new face at YSN. She has been hired into the recently created position of Data Manager and has been busy from day one. “Lorna’s role is part of a broader vision to continue to support faculty research by assisting them with database development and design,” says Margaret Grey, Associate Dean for Research Affairs. “In the long run our hope is that by centralizing some of these services it will enhance our ability to engage in large data-set research and analyze key findings across individual research studies.” The Editors introduce her to alumnae/i as YSN continues to forge ahead in nursing research.

YN: What is your role here at YSN as Data Manager?

LG: Basically my role is to serve as a resource for faculty, staff, and students on everything relating to databases and their uses. I spend the majority of my time designing databases that are used in data collection for YSN research projects and for other administrative tasks within the school.

YN: What would be an example of a database for a research project?

LG: Faculty members and students often need data entry systems for the data that have been collected for their research projects. I create the data entry screens and train project staff how to enter the data. Once these data have been entered, the file is moved to a statistical software package such as SAS or SPSS, so that the results can be analyzed.
YN: And what would be an administrative use for a database?

LG: Databases can be used in a variety of administrative tasks to organize, maintain, and summarize information. For example, a faculty member might come to me looking for an on-going method of maintaining and updating information about the patients being seen by YSN students at a hospital or other clinical site. This database design would include programming for reports that can be created automatically with a simple click of the mouse button. A sample report might be an up-to-date, alphabetized list of the patients being seen, grouped by student.

YN: What other projects have you been working on since you started here in March?

LG: I have spent some of my time creating scannable forms using a survey design software package that we have here at YSN. This technology allows us to distribute surveys and evaluation forms, such as course evaluations, that can be read by a Scantron machine rather than having to be keyed in by hand.

YN: So how does a student or member of the faculty or staff consult with you or obtain your services?

LG: The way the process usually works is that members of the YSN community approach me with a need for a database. We sit down and discuss the details including what information should be included in the database and what information they are hoping to obtain from the database upon its completion. They may also provide me with any data collection instruments that are being used. I design the data entry system, usually in Microsoft Access, and provide training to whoever is going to enter the data.

YN: Is your background in data management?

LG: I arrived at this position at YSN in a rather interesting manner. I received my BA in psychology and business administration from George Washington University in 1992 and an MA from George Mason University in 1994 in Industrial/Organizational Psychology. My original career path took a detour when I took several excellent statistics courses during my master’s work. Upon graduation I took a statistical analyst position at a consulting firm that specialized in research on military families. A Connecticut native, I returned to the state last year after ten years in the Washington, DC area. Following a short stint in market research, I applied to the position here at YSN because I felt it would be a great opportunity to use my research and data management skills in a more meaningful environment. I have really enjoyed my first few months at YSN and am pleased to have a small part in the exciting research that is going on here at the school.

RESEARCH NEWS

On November 11, Yale-New Haven Hospital (YNHH) and Yale School of Nursing hosted the Fourth Annual Nursing Research Conference at the Omni New Haven Hotel at Yale in New Haven. The theme of the conference was, “Evidence Based Practice,” a program intended to provide an approach to energizing and improving patient care through evidence-based practice. Welcoming remarks were made by YSN Dean Catherine Gilliss and YNHH Senior Vice President for Patient Services, Sue Fitzsimons, Donna Diers, the Annie W. Goodrich Professor of Nursing, and Margaret Grey, Associate Dean for Research Affairs at YSN, gave keynote addresses. Other YSN faculty Gail Melkus, Larry Scehill, and Ann Williams participated in afternoon breakout sessions.

Dr. Loretta Sweet-Jemmott, Professor of Nursing at the University of Pennsylvania, visited YSN in November for a presentation and discussions with faculty. She is well known for her work in urban, community-based intervention with persons with AIDS. Dr. Jemmott’s program of research has focused on designing and testing theory-based, culturally sensitive and developmentally appropriate strategies to reduce HIV risk-associated sexual behaviors among African-American and Latino populations. She is involved in multiple research projects.
YSN's Milone-Nuzzo Recognized as Leader in Home Care, Hospice

Yale School of Nursing Associate Dean for Academic Affairs Paula Milone-Nuzzo was recently named a Fellow of Hospice and Home Care by Home Care University, a non-profit organization dedicated to advancing research, education, and credentialing for home care and hospice.

Paula has provided leadership in home care for the past 20 years. At Yale, she began the nation's first home care master's option and devised a curriculum that was the first to layer an understanding of home care over a full clinical specialization such as nurse practitioner. She is the author of the Manual of Home Care Nursing Orientation, which received the American Journal of Nursing Book of the Year Award in 1996. Paula serves as board president of the Regional Visiting Nurses Association and is a fellow of the American Academy of Nursing. Through her work with the Yale-China Association, she has helped colleagues in the People's Republic of China make use of home care to further their public health agenda.

As a fellow, Paula will advise Home Care University on health care issues, guide special projects and research, and support education initiatives in the field. Home Care University is a non-profit affiliate of the National Association for Home Care (NAHC). Founded in 1982, NAHC is the largest trade association serving the nation's home care agencies, hospices, and home care aide organizations that provide health and supportive services to more than seven million patients receiving care in their homes due to acute, long-term, or terminal health conditions.

Pat McCormick Moves to Main Campus

Pat McCormick has left YSN to accept a position as Executive Assistant to Yale's Vice President for Finance and Administration. Pat first joined our staff in 1965 in Former Dean Florence Wald's office. After several years of University life, she ventured into the business world, but soon returned to serve Deans Donna Diers, Judy Krauss, and Catherine Gilliss. Even though Pat now works in another part of the University, she considers the YSN community to be family, a family that "both loved and nurtured" her. She would enjoy hearing from old friends and can be found at 2 Whitney Avenue, 7th Floor, New Haven, CT 06510
Yale’s Lyder Inducted into American Academy of Nursing

Yale Associate Professor of Nursing Courtney Lyder, a nationally recognized expert on minority aging, was inducted into the American Academy of Nursing on November 20 at the Academy’s annual meeting in Virginia. Fellowship in the academy is the highest honor in nursing and Courtney joins ten other Yale School of Nursing active faculty who have earned the same distinction.

Lyder directs the master’s level program of study which prepares gerontological nurse practitioners. His program of research focuses on skin care and minority elders. When he entered nursing, he planned to focus his career on patient care, but a telling encounter in his student days drove home the need for more researchers focused on minority health. “As a student nurse I took care of a black elder named Mabel,” remembers Courtney. “She was suffering -- literally suffering -- from a very advanced pressure ulcer, what most people would call a bed sore. A great deal of Mabel’s flesh had been eaten away by the wound. I’d never seen anything like it. ‘How did it get that bad?’ I later asked the nurse who was supervising me. ‘We can’t see pressure ulcers in your people,’ she told me.”

Courtney went on to say that the nurse was not being racist, simply stating a fact. Health care providers are trained to recognize non-blanching reddening of skin as the sign of an oncoming pressure ulcer. (In other words, a red spot when pressed should appear white.) They then can use a variety of measures to prevent or treat the sore. Dark skin, however, does not blanch.

Lyder is developing various methods for care givers to use to identify pressure ulcers on dark skin. In addition, he is well known for his landmark work in perineal dermatitis (diaper rash) in the elderly, another virtually unstudied area that affects the quality of life of many older adults. He also investigates means to empower elders to achieve greater wellness and independence. He is director of the ElderPrime Community Program at New Haven’s Tower One/Tower East housing complex. The program gives residents ongoing access to a gerontological nurse practitioner who helps them negotiate the health care system, particularly if they become hospitalized.

Funded by the Tower One Foundation, it is the first such program in the country.

“Courtney Lyder has distinguished himself as a teacher, a researcher, and a clinician,” said YSN Dean Catherine Gilliss. “His work is marked by a tremendous intellectual rigor and a true sense of advocacy for the elderly population. It is fitting that the Academy recognize his contribution by electing him to fellowship.”

Courtney earned his Doctor of Nursing degree from Rush University. He taught at St. Xavier University before coming to Yale in 1994. In addition to his research and teaching responsibilities at the School of Nursing, he continues to serve as a gerontological nurse consultant at Yale-New Haven Hospital and also consults frequently with private industry and with the federal government to develop higher standards of care for elder adults.

Courtney Lyder (R) and Kristin Cook ’00 (second from R) demonstrate the capabilities of a portable ultrasound machine that detects skin color changes in darkly pigmented people. The study is the first in a school of nursing to utilize the technology. Shenzhen Xiao, Professor of Nursing at Beijing Medical University School of Nursing, and Ann Williams ’81 look on.
Adena Bargad '00 and Donna Lawlor '00 were the recipients of the Yale President’s Public Service Fellowships this past summer. Adena worked with adolescents in the Women’s Center at Yale-New Haven Hospital and Donna traveled with the Community Health Care Van in the New Haven area.

Caroline Dorsen '01 was married to Alexander LeDuc on September 18, 1999. The ceremony was performed by Associate Supreme Court Justice Stephen G. Breyer in Cornwall, CT. Caroline is in the Family Nurse Practitioner program of study.

Gloria Chang '01, as the featured Nursing and the Arts person, will have her poem, “Room with No Flowers,” published in the December, 1999 issue of Clinical Nurse Specialist. Gloria is in the Psychiatric-Mental Health Nursing Specialty.

Sheri Kanner ’92, DNSc ’02 received doctoral grant funding through the National Institute of Nursing Research for her work on the response of children to a sibling with diabetes. Sheri is sponsored by Margaret Grey.

Karen Martin '00 was awarded a scholarship from the Connecticut Nurses’ Foundation for the 1999-2000 academic year. A final year student in the Acute Care Nurse Practitioner track, she was honored at a celebratory luncheon on October 22, 1999 held during the CNA Convention in Stamford, CT.

Laura Cirilo ’01 was second author for the article, “Membrane Topology of the Amino-terminal Region of the Sufonyleurea Receptor,” published in the October, 1999 issue of The Journal of Biological Chemistry. The work was supported by a National Institutes of Health Grant and a California Tobacco-related Disease Research Program Grant. Laura is enrolled in the Acute Care Nurse Practitioner track.

The following students received scholarships for the 1999-2000 academic year:

- American Association of University Women Educational Foundation
  Sher Vieira

- American Cancer Society
  Karen Martin

- Americorps
  Francine Buckner
  Tonya Santos

- Connecticut Nurses Foundation
  Karen Martin

- Harriet Boyd Hawes Fellowship/Smith College
  Kathryn Tierney

- Harriet M. and Fred Pomeroy/Bates College
  Jane Maxfield

- International Order of the King’s Daughters and Sons
  Sarah Campbell
  Carrie Hrubala

- James Z. Naurison/Community Foundation of Western Massachusetts
  Joy Christopherson

Leopold Schepp Foundation
Sarah Campbell

National Health Service Corps
(first time recipients)
Courtney Marsh
Leslie Mosley
Melissa Prodis
Dana Quealy

Nursing Economics Foundation
Joan Rimer

Stewart McKinney Foundation
Sher Vieira

Yale New Haven Alumni
Sarah Campbell
Melissa Prodis

YUSN Alumnae/i Association
Christopher Allen
CB Benway
David Campopiano
Ana Cardenas
Stephen Goldiamond
Jeanette Keenan
John Leopold
Elizabeth Perrone
Dolly Pressley
Tonja Santos
Raquel Vargas-Vila
Stephanie Welsh

Yale University Women’s Organization
Robin Adams-Plescia
Tara Coleman
Cynthia Esteban
Eleanor Grunberg '46 writes about retired life and her activities since her husband died five years ago. She has, "been able to enjoy every hour of every day by doing volunteer work (president of my condo, teacher's aide, summer camp clerk), taking classes (belly dancing, archeology), attending lectures on a variety of subjects, doing needlework for a friend who uses them as samples in her store, but mainly visiting several times a year with my two sons' families and 7 grandchildren. When I am at my other condo in Vail, I go white water rafting. Life is truly wonderful."

Anita Finkelman '71 was a contributing author for the mental health nursing case studies in, Critical Thinking in Nursing: Case Studies Across the Curriculum, Carol Green, Ed. Prentice Hall Health, 1999. Anita lives and works in Cincinnati, OH, and is currently president of Resources for Excellence, a company providing health care consultation and educational products.

Karol Krakauer '71 continues as a CNM at a busy midwifery practice in Fort Collins, CO. Her most recent community project was an annual mother-daughter seminar for girls aged 10-13 where topics included physical development, menstrual issues, STDs, breast development and self-examination, contraception, the first pelvic examination, myths, and sexuality, choices, and abuse prevention. Karol continues her involvement with local and national midwifery issues in the legislature. She and her husband recently returned from a fabulous trip to Ireland. Their new dog, a black and tan Dachshund named Xena Warrior Princess, keeps them company.

Sharon Bidwell-Cerone '74 was awarded the Eleanor K. Gill Outstanding Alumni Award for Clinical Excellence in Nursing by the University of Connecticut School of Nursing on October 30, 1999 at the Third Annual Distinguished Alumni Awards Banquet in Rocky Hill, CT.

Shirley Girouard '77 works as a consultant on child health policy and health services research. She serves on the executive and advisory committees for the Child and Adolescent Health Measures Initiative, a joint activity of The Foundation for Accountability and NCQA. Shirley lives in Washington, DC.

Yvonne T. Green '79 is the Associate Director for Women's Health at the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry. As Associate Director, Yvonne plays an essential and pivotal role in leading and coordinating the CDC's efforts in the public health arena involving women's health issues.


Luc Pelletier '82 recently co-edited the book, Advanced Practice Nursing in Psychiatric and Mental Health Care, Mosby, Inc. 1999. He was appointed to the Editorial Board of the Journal of the American Psychiatric Nurses Association (JAPNA); co-presented a publishing workshop at the 24th Annual Education Conference of the National Association for Healthcare Quality in Atlanta, GA in September, 1999; and co-presented,
"Psychiatric Nursing as We Stand on the Threshold of the Millennium," at the 13th Annual Conference of the American Psychiatric Nurses Association in Toronto, Ontario, Canada in October, 1999.

Lisa Summers '83 writes from Silver Spring, MD where she lives with her husband and son, Nicholas. Lisa defended her doctoral dissertation in January, 1999 and graduated from Columbia University School of Public Health with a DrPH from the Division of Sociomedical Sciences. She currently works part-time as Senior Technical Advisor in Professional Services at the American College of Nurse-Midwives. She got together with friend and classmate, Laura Mahoney '83, and Laura's son, Quinn, last spring and sent a recent photo taken at the National Zoo in Washington, DC. Laura lives and works in West Virginia.

Catherine Burdge '86 is an interventional radiology clinical nurse specialist at Yale-New Haven Hospital in New Haven, CT.

Linda Gourlay '86 co-authored the article, "Informal care givers and the intention to hasten AIDS-related death," in Archives of Internal Medicine in January, 1998. She is the Director of Student Health Services at Springfield College in Massachusetts. Linda and her husband, Robert Jellinger, MD, joyfully announce the birth of their daughter, Alexandra Lee, on May 31, 1999. She weighed 8 pounds, 8 ounces and was 20 3/4 inches long. Linda and her family live in Easthampton, MA.

Judith Hays '86 published with D. G. Blazer, An Introduction to Clinical Research in Psychiatry, Oxford University Press, New York, 1998. She also received a four year K-01 Award grant, Living Arrangements and Health Status in Late Life, from the National Institute on Aging. Judy is an assistant research professor in geriatric psychiatry at Duke University Medical Center in Durham, NC.

Cheryl Fattibene MacDonald '90 and her husband, Ed, welcomed a baby girl, Julia Ann, on August 28. She weighed 7 pounds, 15 ounces and measured 19 1/2 inches in length.

Emily Ghilarducci '91 recently left her job as manager of Providence Midwifery Care in Everett, WA, after almost eight years. She joined Franciscan Midwives in July as a per diem midwife when she and her husband moved to Tacoma, WA. She gave birth to Sarah Elena Panzer on September 28, 1999 and Emily is home enjoying motherhood until January. Her husband Tim recently began his three-year residency in Family Medicine and they are very happy in Tacoma.

Susan Hennessy Myzer '91 recently celebrated her second wedding anniversary with her husband, Brett. They are enjoying their new home in Scottsdale, AZ, where Susan works as a PNP.

Denise Guaglianone '92 was named a Freedom Lawn winner by the Environmental Concerns Coalition which urges people to avoid pesticides and create instead a shrubbery-covered, environmentally friendly lawn. Denise lives in Milford, CT, and has a sharp eye, a sensitive ear, and a green thumb!

Kate Griffey '93 was the CCU nurse to receive one of Yale-New Haven Hospital's Nurse of the Year awards this year.

Jennifer Woodruff '93 writes from southern California where she is living in Pasadena. She is working in two part-time positions: PNP in a primary care clinic serving mainly Hispanic patients in downtown Los Angeles; and program coordinator and team PNP for the Craniofacial-Cleft Palate Team at Los Angeles Orthopedic Hospital. She continues the hunt for affordable real estate!
Lena Horwitz ‘94 writes from West Virginia where she took a position with a midwifery-run practice at a 40 bed hospital with an in-hospital birth center. She and her fiancé bought a farmhouse on 12 acres and she is busy renovating the house in her spare time.

Rachel Hutson ‘94 and her fiancé Tim Habib ran the New York Marathon on November 7. Rachel continues as a PNP at the Colorado Coalition for the Homeless in Denver.


Elizabeth Marlow ‘96 is a nurse practitioner and certified diabetes educator at the University of California, San Francisco Diabetes Teaching Center. She currently works with people who have Type I and II diabetes. Her past work has focused on Native Americans and Hispanics who have Type II diabetes.

Harris Foss ’97 and Alfred Gunterman of New Haven were married in Cleveland, Tennessee on September 10. Harris, an ANP and diabetes educator, is working as a clinical consultant paralegal. Al, a mechanical engineer, is principal partner of Gunterman Engineering.

Jessica Goldman ’99 joined Brooklyn OB/Gyn Associates in September as a nurse-midwife. Jess is glad to be back in New York City from whence she came.

Janice Naum ’99 presented, “Diabetes and Presentation of Cardiac Symptoms,” at the 72nd Scientific Sessions, American Heart Association, in Atlanta, GA in November, 1999. Janice spoke about her research conducted with Kerry Milner, DNSc ’98 and Marge Funk ‘84. She is currently an acute care nurse practitioner in the Medical ICU at Hartford Hospital, Hartford, CT.

IN MEMORIAM

Alice Betty Updegraff ’36 died September 22, 1999.

Ruth Patterson Ogden ’37 died September 22, 1999.

Katharine Ketcham ’39 died in 1999.


Mary S. Williams ’40 died June 11, 1999.

Elizabeth Chambers Moore ’42 died October 17, 1999.

Jane Cunningham Nellenback ’45 died in June, 1999.

Hilde Cherry ’45W died August 7, 1999.

Mary M. Winfrey ’50 died June 13, 1999.

Louise J. Browne ’51 died September 27, 1999.

Sarah Shealy ’96 sent a photo of her daughter, Izabella Sierra, two and a half years old. Sarah has moved back east to Rochester, NY, her hometown.

Alfred Guntermann and Harris Foss ’97

Brooke Karlsen ’97 recently accepted the position of Nursing Director, Perioperative Services, at Yale-New Haven Hospital. Her new role encompasses the operating rooms, pre-admission testing, and post-anesthesia care. Brooke graduated from the Nursing Management and Policy Specialty.

John Friend ’98 is employed as a nurse practitioner at Fair Haven Community Health Center in New Haven, CT. He was recently highlighted in the New Haven Register for his work with HIV-positive minority women.

Caroline Vig Dryland ’99 had a baby girl, Amelia Catherine Begonia Dryland, on October 21. Amelia weighed 7 pounds, 15 ounces.
NOMINATION
FOR DISTINGUISHED ALUMNAE/I AWARDS 2000

The tradition of honoring outstanding alumnae/i was started at the time of YSN’s 50th Anniversary celebration in 1973. It is a very special opportunity to honor colleagues and classmates who have distinguished themselves with special talents and achievements. The YUSNAA Board again solicits your nominations of YSN alums who you feel should be recognized in this way. These awards will be presented at the Reunion Banquet in June. The deadline for receipt of your nomination is March 1. Please send all nominations and supporting documentation to Barbara Reif at the above address.

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

Criteria for eligibility for nomination include achievement in and outstanding contributions to any one or more of the following categories:
- Teaching and scholarship
- Clinical practice
- Leadership
- Research in clinical nursing
- Community/Society
- YSN growth and development

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

Your NOMINEE: ____________________________________________ CLASS ____________
Your Name ____________________________ Class ____________________________
Address ________________________________
Phone ( ) ________________________________