The early years in pediatric nursing, circa 1982, with faculty (L to R) Martha Swartz and Carole Passarelli.

Thirty Years of Caring for Children
My Fifty Year Experience with Poliomyelitis Hospice: The Vatican II of Health Care
Reflections on Our Journey with Cancer
This issue of Yale Nurse brings yet another volume of good news, news that YNL continues to be recognized for excellence even as we strive for continuous improvement. We’ve just completed a successful site visit for our accreditation by the National League for Nursing. Our faculty, staff, and students worked together to present an accurate and impressive picture of life at Yale in our self-study materials and during the actual visit. We will be recommended for a full eight-year accreditation. Last year we were reviewed and recommended for a full ten years of accreditation by the Commission on Collegiate Nursing Education. As you might imagine, we are intensely focused on quality improvement after these two successive accreditation years. Self-examination and progress have become a way of life. We are especially grateful to Associate Dean for Academic Affairs, Paula Milone-Nuzzo, and Master’s Program Manager, Donna Epps, for their leadership of our accreditation activities.

Accreditors verify that an institution is living up to its own standards. In other words, we need to demonstrate that our faculty have the kind of qualifications we say they do, that our course work prepares students as promised in our admissions materials, that our grading policies are clear and consistent, and so forth. Of course, our most important standard is our mission: Better health care for all people. To fulfill that wonderfully inclusive mission, to be authentic to ourselves, we must first look at the inclusiveness of our own YNL community. A major goal of my deanship is to increase diversity at YNL, which we define broadly as including race, class, gender, as well as approaches to research, educational background, and many other characteristics.

In the last month, we advanced our diversity agenda with three important events. In honor of Dr. Martin Luther King Junior’s Birthday we held a Master Class, open to all members of the University community, to discuss racial disparities in health care. Our featured speakers included Frances Rice, MSN (ANP); Susie Moscou ‘95 (FNP); and our own Professor Courtney Lyder (GNP). The positive response suggests that this will become a tradition at YNL. At the beginning of February, we held Diversity Awareness Workshops for faculty, staff, and students at YNL. Facilitated by two outside consultants and supported by the Dean’s Diversity Advisory Committee, these half-day sessions provided an opportunity to discuss the many differences that keep us from really getting to know one another. The sessions were over-subscribed, suggesting a hunger within this community to explore issues of diversity.

Finally, I am especially pleased to announce the establishment of the Yale-Howard Scholars Program. In conjunction with Howard University’s School of Nursing, we have created a partnership that promises to benefit both institutions. This summer we will offer a funded externship to a select group of Howard’s rising senior nursing students. This experience will offer research enrichment to the students, who will participate in ongoing studies and develop an original project for presentation by the end of the eight-week experience. A faculty research exchange will also begin immediately, in hopes that all involved will be engaged in rigorous, culturally competent clinical research. Focused recruitment of qualified students to graduate programs at Yale and Howard is a shared goal of this effort. We are fortunate to be working on this relationship with Jacqueline Jordon ’82, who is now an Associate Dean at Howard.

As I complete the second year of my tenure as Dean, I am more impressed than ever with the extraordinary faculty, staff, students, and alumnae/i at Yale. I had enough news this time for a second column! I can’t wait for June reunions!
• This issue of *Yale Nurse* includes articles that at first glance may seem to be random and unrelated—pediatric nursing, end-of-life hospice care, the Internet, polio. But they do have something in common and that is they show the courage, the creativity, the compassion, and the commitment to caring that epitomize all Yale Nurses. Enjoy!

• Effective September, 2000, the Nurse-Midwifery Specialty at YSN will offer a part-time program of study, scheduled over three years. Please contact Specialty Director Lynette Ament at (203) 737-2344 or the Student and Alumnae/i Affairs Office at (203) 785-2389 for more information.

• Transcript requests can be made to the Student and Alumnae/i Affairs Office, Yale School of Nursing, P.O. Box 9740, New Haven, CT 06536-0740. The first request for one transcript following graduation is free. Any request thereafter costs $5.00 apiece. Be sure to indicate whether the transcript needs to be official or unofficial and whether it needs to be mailed directly to the recipient. There is no cost difference for official versus unofficial.

• Please be sure to keep the Office of Student and Alumnae/i Affairs informed if you have a new address and telephone number. Current information helps us to keep you informed about YSN.

• Comments and questions about *Yale Nurse* and YUSNAA activities are invited and should be directed to Editors, *Yale Nurse*, P.O. Box 9740, New Haven, CT 06536-0740.

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Dean Catherine Gilliss and her husband, Tom, joined former President George Bush and his wife, Barbara, at the AmeriCares Annual Awards Dinner. Dean Gilliss accepted an award on behalf of Yale President Richard Levin at a ceremony held aboard the Intrepid, docked in New York City. AmeriCares is a global relief organization based in New Canaan, CT.
In this day and age of advanced technology and rapidly changing health care delivery, we as consumers need to be very well informed about highly sophisticated and sometimes very invasive procedures and therapies that can treat our illnesses and save our lives, but also leave us feeling depersonalized and frightened. This year’s Alumnae/i College focuses on how nursing can and should play a caring and supportive role in this milieu, while delivering state of the art treatment. Meaningful interaction between patient and provider are an essential part of the healing process, but can so easily be undervalued, or worse yet, completely overlooked as scientific advances proliferate. A group of talented and expert speakers will elaborate on this theme, as they challenge us as providers and consumers to remember how important the science of caring really is in health care delivery.

We are also celebrating the 10th anniversary of the Diabetes Care Concentration! Diabetes affects so many people and families, and dozens of YSN graduates are engaged in research, teaching, and clinical practice across the country, having gotten their start here at YSN.

The mailing is going out in April (You might already have received it!), so send in your reservation and join us for a stimulating program, as well as an opportunity to socialize and renew old friendships. Remember...June 1-3, 2000, New Haven, YSN. Be there! It’s going to be a great weekend!

Local artist Winfred Rembert presented and discussed his leather-tooled paintings on February 24, 2000 in the Lecture Hall at the School. Oprah Winfrey has invited him to exhibit in a summer, 2000 show she’s sponsoring in Chicago. Rembert’s subjects are often autobiographical, depicting his life in rural Georgia or time spent many years ago on a chain gang. He has done a number of pictures of children and recently completed two delivery scenes with African-American families and their midwives. Rembert’s exhibit was sponsored by the Program for the Humanities in Medicine, the Subcommittee on the Arts. A reception followed the presentation.

YSN 2000: What was it like 25 and 50 years ago?

Are you planning to come to your 25th reunion? Your 50th? What was happening at YSN 25 years ago? 50 years ago? The Editors dug into the archives and came up with a few tidbits!

The YUSNAA newsletter from both spring and fall of 1975 were produced by Editor Sally Isenberg Cohn ‘73 and Executive Secretary Mary Colwell ’50, during the deanship of Donna Diers ’64. The fall 1975 newsletter reported on the recent Alumnae/i Weekend events and awards. Alluding to the incredible time of change and challenge at YSN, Donna Diers began her column, “From the Dean,” stating, “The topic is money. We need it...” Recipients of the Distinguished Alumnae/i Awards that year were Lucy Houghton Conant ’50, Elizabeth Calhoun Logan ’37, Janet Sanborn Hine ’47W, Carolyn Ladd Widmer ’29, and Elizabeth Reichert Smith ’45W.

How about 50 years ago? The YUSNAA Bulletin from February, 1950 was pulled from the archives. The “Bulletin Board” was composed of Editor Lois Needham ’47W and Advisors Helen Fitzgerald ’26 and Elizabeth S. Bixler ’27, who worked out of their editorial office in the Brady Building on Cedar Street. The three and a half page pamphlet included a photograph of former Dean Effie Jane Taylor on board the M.V. Britannic on her way to Sweden for the ICN Congress. Other interesting tidbits included a reminder to pay alumnas/i dues: “Bills for your 1950 dues are now being mailed, and are payable at your earliest convenience. Your Alumnae Association has big plans for the new year, and your dues will help.” A $100 contribution from an alumna and her husband and $250 from a former patient were to be used for student tuition assistance, which gives us an idea of inflation!

We look forward to seeing you in June, whether or not it is your 25th, 50th, or even a reuniting year for your class. Mark your calendars for June 1-3 and come celebrate the new millennium with your classmates.
CELEBRATEBABY.COM

By Katy Cottingham Green '94

Just call me an e-idealist. Granted, I was an idealist way before .com followed every business name. When I graduated YSN, a short six years ago, most of us didn't even have personal computers; we jammed into the tiny computer room in the Grace Building to finish our theses. Now I hear that every student has an e-mail address to communicate with other YSN students and faculty! Communication and business have changed greatly, and equally changed is my method of practicing nursing and nurse-midwifery.

Dreams of serving the needs of women and their families brought me to YSN from a woman's studies background at Barnard College. My desire now to also serve the needs of my own family has led me to reconfigure a way in which I can educate women about health issues and choices, yet still be at home with my son, Zachary. Our celebration of Zachary's birth last September led to the creation of celebratebaby.com, Inc., an online baby store and health education resource.

celebratebaby.com is a work in progress. We hope to be open in the summer of 2000 for test-marketing purposes. The site at first glance will be one of many baby oriented e-commerce ventures: products, gifts, gift registry, baby pages, health education themes. But at the heart of celebratebaby.com is the promotion of three specific health education topics: increase of successful breast-feeding, decrease in unnecessary cesarean sections, and decrease of postpartum mood disorders.

How will celebratebaby.com address these health concerns? We will offer easy to read reminders which increase in complexity and depth as

the consumer links to further "branches" of the website. celebratebaby will focus on promotion of doulas (mothers for the mother) and other sources of emotional and social support during pregnancy, birth, and postpartum. We hope to help mothers form a community not just online, but in their own hometowns, especially in cases where family members are not readily accessible for support during the transition to parenthood.

Each product that is sold on the site will be tested and reviewed by an associate of celebratebaby, thereby giving parents tips on items that truly have proven useful to others--valuable advice at a time when parents are targets of the commercialization of childbirth and parenthood. We will offer tips on reducing, reusing, and recycling as they apply to the myriad of choices new parents face: cloth or disposable? breast or bottle? And we will introduce the concept of attachment parenting by offering products such as baby slings along with information on how the use of a particular product can contribute to the health and well-being of the new family.

Many of us have practiced nursing in settings where each day we make a difference in the lives of a handful of people. The Internet may provide us with the ability to reach vast numbers of individuals. On line it may be possible that high tech and high touch are no longer mutually exclusive. celebratebaby's free baby webpages might help reunite families who are separated by silence and geography. Family members, especially older generations, who carry a wallet full of baby photos may have the heartwarming experience of sharing baby photos online as well as the thrill and ease of e-mail communication.

E-verything is possible. Celebrate YSN with celebratebaby.com. Calling all students, faculty, alumnae/i, and friends of YSN. Your ideas = money for YSN. For a limited time, celebratebaby.com will donate $25 to YSN's annual fund for every submission that is accepted for use on the website. What are we looking for? The site needs all of the following:

1) Your stories of the best and/or worst baby shower you have attended

2) Your ideas for baby shower themes or games which promote the health of the new or growing family

3) Your experiences or knowledge of ways in which babies are celebrated in various countries, regions, and/or cultures

4) Your brief (500 words or less) health education articles on issues relating to maternal-child health or parenting

All submissions become the property of celebratebaby.com. Any submission which is accepted for use on the website will be acknowledged by a $25 gift to YSN's annual fund. The incentive program will donate a maximum of $1,000.

Please mail submissions by June 15, 2000 to:

celebratebaby.com, Inc.
2100 Yale St. #463
Houston, Texas 77008
Thirty Years of Caring for CHILDREN

Thirty years ago in 1970 the Pediatric Nursing Program became a reality and for the first time students interested in caring for children enrolled in a program of study that prepared them to function in the role of pediatric nurse practitioner. Initially this was a certificate program, but over the next several years it became fully developed as a master’s level offering and in 1972 graduates were awarded the Master of Science in Nursing degree. In 1985 a Clinical Nurse Specialist Track, preparing pediatric clinical nurse specialists, and a School Nurse Practitioner Track were added to the already well established Pediatric Nurse Practitioner Program curriculum. By 1995 the curriculum had evolved into a more broadly based program preparing pediatric nurse practitioners to practice in expanded roles across settings in the provision of primary care to children and adolescents. Currently students can elect a concentration in school-based health care, chronic illness care, or diabetes care to complement their studies.

Over the years, graduates have been employed in diverse settings, such as private practices, school-based clinics, hospitals, and community health centers. The focus has always been on providing quality care to underserved children and families who otherwise would not have access to adequate health care resources. Graduates also have been engaged in setting health policy for children, community outreach, teaching, and research.

Clearly YSN has taken a leadership role in the field, as its faculty and graduates help shape practice and policy. *Yale Nurse* proudly pays tribute to the program and its people! The following articles exemplify the accomplishments of a few of its graduates and are representative of the impact YSN has had on the profession across settings and in unique ways. The Editors also include a piece written by Shirley Girouard ’77, who is NOT a PNP graduate, but a Medical-Surgical Nursing Program graduate whose career path has led her in the direction of becoming a child health policy expert and a child health services researcher. Perhaps she can be considered an “honorary” PNP!

Lois Siebert Sadler ’79

The current PNP Specialty Director, Lois Siebert Sadler, is herself a 1979 graduate of Yale’s PNP Program, having earned a BSN from the University of Massachusetts (Amherst) in 1974 prior to coming to New Haven. Lois joined the YSN faculty immediately after receiving her MSN and has been teaching here ever since. She went on to get a PhD in Family Studies at the University of Connecticut in 1997 and has been the PNP Specialty Director at Yale since 1992. Lois’s doctoral work focused on reconceptualizing the problems and creating solutions for adolescent parents and their children. Her dissertation was entitled, “The Process of Intergenerational Child Rearing Among Urban African American Adolescent Mothers and Grandmothers During the Transition to Parenthood,” and she has practiced for over 20 years with teen parents, primarily at the Polly T. McCabe Center and Pregnancy Prevention and Parenting Network in New Haven. Lois’s publications, presentations, consultations, and professional activities abound, as she, too, follows the tradition of excellence which has distinguished graduates of YSN’s pediatric nursing program for 30 years!
The Challenges of Underserved Children

By Lucia Fabrizio '83

I was honored by the Yale School of Nursing’s request to contribute to this issue of the Yale Nurse. During my years of study at Yale I often wondered how I would ever be able to fulfill the expectations of YSN. The school’s commitment to excellence was always clear to me, yet how I would carry on the tradition of incorporating good clinical skills with scholarship and research seemed daunting. I realize, however, that through the years I have done exactly that, while taking on various roles as nurse practitioner, teacher, and consultant. So often we do our jobs without thinking about how we came to them and we lose sight of the fundamentals, both educational and otherwise, upon which we base our practice.

Since graduating from YSN, I have worked mostly in clinical settings with a commitment to providing good health care to groups who are largely underserved. When I first came back to New York City, I worked at The Door, a Center of Alternatives in the Adolescent Health Center. The Door is a multiservice youth center that provides a range of services to mostly inner-city youth. It was here that I developed the skills I needed to help this unique group. I had learned enough at Yale to know that teenagers are a complex group, yet I found myself intrigued and challenged on a daily basis. The rewards of this experience follow me to this day, as I still hear from or see these now young adults, some of whom entrust the primary care of their own children to me.

One of the greatest challenges came from my next job as a PNP as the Adolescent Health Programs Coordinator for the New York Children’s Health Project. This project provides comprehensive primary care services to homeless families via a mobile medical unit. I joined the project shortly after its inception and I was proud to have been a part of it. One of the sites I went to was for runaway and homeless teenagers in the Times Square area. I could never have imagined the complexities that would confront me. As I learned more about the lives of these children and how they ended up on the street, the problem of how to reach out to them became one of the most compelling challenges of my career. I wanted this group to see that they could receive good, caring, comprehensive services even though they were the most disenfranchised, and I had to call upon all the resources I had gained from my education and experience. I was struck by this group’s neediness, paradoxically hidden under a veneer of callousness. Although my commitment to my ideals never wavered, I had to learn the unfortunate lessons of taking very small steps and not always finding the way. I believe during this time I was able to make a difference in some of their lives (in fact one young woman now brings her children to see me), but when I think about many others, I hope in my heart that I have touched their lives enough that they might be willing to risk seeking help again.

During the time I worked at The Door, the New York Children’s Health Project, and in my present job, I also taught in the master’s
program for PNPs at the Columbia University School of Nursing. Here I was finally putting together all that I had been prepared for at YSN. I held a faculty practice position as an instructor in clinical nursing. Once again I encountered new and different challenges, as I researched and prepared didactic course work and supervised students in clinical sites, while also employed in my own clinical practice. The faculty practice model of education in nursing that integrates practice with teaching and scholarship took me from the role of student to that of educator. I very much enjoyed teaching nurses to expand their roles into the advanced practice arena, in the same way that I had been taught. It always excites me to see students fulfill their potential and I am proud to now count some of my former students as my colleagues.

Presently I am employed as a PNP in a general pediatric clinic that is part of a teaching hospital. Here again I have been able to incorporate all that I learned at YSN with my own experiences. I see a diverse group of children from infancy through adolescence who present with a variety of concerns. While I no longer hold a faculty practice position at Columbia, I continue to precept students. I also participate in community service activities by serving on a youth board for an after-school center and speaking at parenting group classes.

In the time that I have been at this hospital I have had the opportunity to manage the primary care needs of many families over time. Some offer more challenges than others, but I still maintain my commitment to the ideal, in fact to YSN’s mission, of contributing to better health care for all people. As I stay involved with these families, the rewards come from watching the children, and yes, the parents, grow and realize their own goals as they face and meet new challenges. I trust that I have helped them meet those challenges and it is especially rewarding to teach children from a very young age to become participants in their own health care, to promote health habits that may prevent illness, and to see my efforts produce visible results.

Nursing for me has always held that promise.

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**Thirty Years of Caring for CHILDREN**

**Adolescent Health Care: From the Hospital to the Streets**

By John A. Nelson '89

When I first graduated from YSN in 1989 as a pediatric clinical nurse specialist, my main goal was to work with children and adolescents with chronic "medical" problems. I was able to attain this goal immediately by taking a job in New York City working with HIV-positive and at-risk adolescents at one of the first clinics in the country designated to care for this population. I worked in this hospital-based setting in the Bronx for a year and then took a job in Brooklyn to help start a similar hospital-based clinic for HIV-positive adolescents. I provided care to these HIV-positive, high-risk youth across all the traditional health care settings, inpatient, outpatient, emergency department, and sometimes even in-home.

It soon became clear to me that the majority of the HIV-infected adolescents I had worked with over these three years were struggling with many health-affecting issues in addition to their HIV infection. Complicated psychosocial histories; foster care living arrangements; physical, sexual, emotional, and verbal abuse; substance use and abuse; coming out as gay, lesbian, bisexual or transgender; and issues of survival on their own made providing health care extraordinarily difficult. In the early 1990's, epidemiological studies across the country indicated that there were many more HIV-infected adolescents than were accounted for by the health care system. As with many health care issues affecting adolescents, the system (medically focused and disease oriented) was not reaching the majority of in-need youth. So, with this in mind, I accepted a job in mid-town Manhattan providing comprehensive health care services to "street" youth at a drop-in center for homeless adolescents and young adults.

The program was relatively new when I started, and the availability of comprehensive health care services was an unknown concept for the majority of the adolescents I worked with in my first few
months there. Providing care to HIV-positive adolescents was the "priority" when I was hired, however, it became clear immediately, as was evident in the hospital setting as well, that HIV infection was commonly the least of these youths' problems! Although the risk of HIV infection was a real issue for each of these children, it was rarely their main concern. In fact, some came to me for HIV antibody testing in hopes that they would test positive. These "hoping to be positive" young people really wanted access to housing and benefit options available only to HIV-positive persons AND they didn't want "to be left behind" when all their HIV-positive peers died. Although approximately 15-20 percent of the adolescents I worked with at this drop-in center were known to be HIV-positive or tested HIV-positive while under my care, they taught me lessons every day about their more urgent health care needs.

Malnutrition was pervasive. Signs of poor nutrition showed up in the histories, physicals, and lab workups. The "visible" signs of malnutrition were commonly hidden under several layers of clothing, with the outer layer of clothing being clean and stylish. Being a "street kid" was not a sought after identity for these youth. Those with untreated thought disorders (primarily schizophrenia) were easier to tell by their unkempt outward appearance and poor interpersonal skills. However, despite this subpopulation with mental illness, the majority demonstrated the normal developmental concerns of all adolescents and I was glad to see that! Nonetheless, most street youth are very poorly nourished which of course affects immune function, growth, development, and cognitive processes.

For multiple reasons, including classism, racism, sexism, heterosexism (homophobia, biphobia and transphobia), the majority of street youth avoid the traditional health care setting. I heard story after story of how these survivors were made to feel worse after seeking health care because of "how I was treated," than if they had remained untreated. I also witnessed this mistreatment first-hand when I escorted some kids to the emergency department for admission or further evaluation. A good example of this occurred the first month I started my work with them. I approached "John," a 17 year old male, who had visible excoriated lesions on both hands. I introduced myself and let him know that he could come to me at anytime if he wanted to get a check-up. When I first met him, I was in the "hang-out" area where the kids showered, watched television, and slept on sofas and arm chairs. He willingly came up to my office immediately and reported having had this systemic "rash" for "about one year now, and it's getting worse." On physical exam, his underclothing was found to be sticking to dried serosanguinous drainage from lesions that pretty much covered his entire body. He allowed me to do blood testing and was diagnosed with secondary syphilis. He agreed to treatment with painful Bicillin injections over a three week period, and came back for test-of-cure. He was completely treated and even allowed me to rule-out tertiary syphilis by going for a spinal tap at the hospital-based clinic with which I was associated. I asked him how he had dealt with this for so long without going for help. He explained to me that the way he was made to feel when going to an emergency room or traditional clinic was worse than living with secondary syphilis!! Being a prostitute, escort, or hustler is a common means of survival for many street youth. In addition, approximately 40 percent of the street youth in New York City identify as gay, lesbian, bisexual, and/or transgender and the majority of them have been kicked out of their homes because of who they are. This is a world completely foreign to the majority of health care providers and the reality of these kids' lives is rarely taught or experienced during their education and training.

After years of abuse (in all forms!), the majority of street youth try to at least temporarily numb their pain with substance use. The substance use is associated with high-risk sexual behaviors, depression, self-mutilation, and dissociative behaviors related to traumatic experiences. It is no surprise then that violence is the leading cause of mortality for these youth. Yes, many are HIV-positive, TB-infected, malnourished, and survivors of the elements of living on the streets of New York, but these are not the leading causes of death. Suicide and homicide are the leading causes of death for this population. I learned very early to use the theory of "harm reduction" to guide my clinical care. For example, the prostitutes and hustlers were often paid more money by their "tricks" to have unprotected sex with them, so my telling them to use a condom in the traditional way was not realistic. For the biological females, getting pregnant was often important because waiting until their 20's or older to have a baby was unrealistic to them, since they did not expect to be alive in ten years. Thus, my ability to educate them came from their educating me first and then my helping them figure out how to stay as safe as possible while staying alive.

While working with the street youth, I returned to school and got my post-master's PNP certification. I left the street program three years ago to start a school-based clinic in a high school of 3800 kids in Queens. I wanted to meet the kids "where they are" and hopefully reach out to those at-risk BEFORE they end up on the streets. As it turned out, many of the adolescents
I provide primary care for in the school-based clinic are "street" youth who just happen to still be enrolled in school. Education is not the priority for their coming to the school, but survival is.

Eleven years after graduating from YSN, my goal to provide care to children and adolescents with chronic medical problems has evolved into one of making access to quality health care easier for all adolescents, including the most disenfranchised. In meeting this goal I envision continuing to provide care in schools, on the streets, in prisons and detention centers, or in the hospital, by listening to these special consumers, so that they can teach me to help them remain as healthy as possible.

### Thirty Years of Caring for CHILDREN

## Nursing in Southern Africa: Practice, Education, Policy, and Politics

By Susan Michaels-Strasser ’95

My interest in international health began when I studied development and ethics in an undergraduate course in college. This course was devoted to looking squarely at the difficult issues of our time such as famine and the threat of nuclear war in the early 1980’s. From this early experience, I decided to become a nurse. Soon after completing a BSN at the University of Rochester, I began work in international nursing at a rural hospital in Zimbabwe, Southern Africa.

During my two years in Zimbabwe, I realized I needed to learn more, since my role there was quite similar to that of an advanced practice nurse. Due to need and circumstance, I was often called on to provide care which was not within the scope of traditional nursing practice. Diagnosing and treating disease, delivering babies, and running primary health care programs became the mainstays of my work.

I returned to the United States and to Yale to receive this additional training. Yale offered me the opportunity to become a pediatric nurse practitioner at the School of Nursing, and simultaneously begin a master’s degree in public health with a concentration in international health at the School of Medicine. Although I loved my midwifery experiences in Zimbabwe, I felt more called to the needs of young children. The MSN/MPH combination was a good fit and provided many challenging opportunities.

The responsibility of carrying my own "case load" in the PNP program was a maturing experience and helped me to see that I could manage more than I might have anticipated. While at Yale, I was also able to take part in the Down’s Fellowship Program. This allowed me to return to Zimbabwe during one summer to carry out field research for my AIDS-related master’s thesis. I studied the home care needs of children with HIV/AIDS and applied a lot of information on HIV/AIDS, which I had learned from the AIDS clinic at Yale-New.

![Susan in hospital children's ward in Eastern Cape, South Africa.](image-url)
Haven Hospital, as well as from courses I took with Ann Williams ’81, YSN faculty. This fellowship opportunity was also formative, in that I was supported and encouraged to make an ambitious project succeed.

Soon after graduating, I returned to South Africa with my husband and our daughter, Chloe, where we spent the next four years. When we arrived in 1996, it was, and continues to be, a country in transition. With the end of Apartheid and the installation of the first democratically elected president, Nelson Mandela, the country was struggling with how to move forward and at the same time correct the wrongs of the past.

The legacy of Apartheid is enmeshed in the training and work of nurses in South Africa. Many examples of “apartheid” still exist. Nurses have been trained largely for the needs of urban, hospital-based populations. Few services and educational facilities were developed to meet the needs of the majority black population. Most nurses’ training emphasized theory and they had insufficiently supervised clinical opportunities. A serious divide between theory and practice still exists today. Universities or provincial departments of health have developed some effective models of advanced practice training, but most programs were and still are only available to small numbers of nurses. With nearly all clinics run by nurses, the goal is to train more and more nurses for such autonomous work sooner, even incorporating many of the competencies into basic training.

One of the most obvious deficiencies is the number of nurses with post-basic training who can diagnose and treat common complaints. The number of nurses with advanced training, often referred to as primary health care (PHC) nurses, is much too low to meet the needs of the country. In December, 1993, there were 1,229 PHC nurses. Five years later in December, 1998, there were just over 3,000 nurses who’d had some form of this training. Yet, there are approximately 3,500 clinics in the country staffed and managed largely by nurses with little or no support from doctors. Furthermore, the number of PHC nurses is not evenly distributed throughout the Provinces, and they are often concentrated in well-resourced urban areas, such as Gauteng, where Johannesburg is located, and the Western Cape, where Cape Town is located. This leaves the poor rural areas lacking in adequate health care resources. Furthermore, many PHC nurses are lost to the private sector or middle management positions.

During my first two years in South Africa, I worked as a nurse educator at Technikon Natal, a technical college located in the city of Durban. Durban is a culturally diverse city with a large Indian Ocean seaport and a rich mix of Zulu, Indian, and English cultures. Durban is faced with a substantial urban immigration. This rapid population growth in the city is evident with many people living on streets and bridges. In the face of these challenges, the government is working successfully to build low income homes for the many people who need them.

My work at the Technikon began as the coordinator of a bachelor’s degree program in community health nursing. This was a relatively new degree for the institution and since it was my first teaching position, much of my time was spent preparing and delivering lectures. Given my training as a nurse practitioner, I was expected to develop a course and teach health assessment to the degree students, as well as to nursing students enrolled in other programs. In the first year, I taught health assessment skills to about 100 nurses. In addition to coordinating the degree program and giving daily lectures on topics such as AIDS, STDs, child health, and the aged, I also taught epidemiology to other health sciences students.

This was a tremendous experience and I am thankful to my professors and instructors at Yale, especially
Deborah Ferholt, who provided an excellent health assessment course, which I took the liberty of adapting and applying to the health needs of South Africa and to the unique training needs of nurses there. When I taught students to, as I had learned, "look for horses not zebras," I had to laugh because, although not common, both could be seen in the neighbouring areas.

Through my work with these students and listening to their stories, I quickly realized that, like me in Zimbabwe, most of them were working in advanced practice roles either in primary health clinics or occupational health settings. Their frustration, concern, and desire to learn much needed skills were obvious. Acutely aware of this, I developed a primary clinical care course for our students. This one-year course was approved by the South African Nursing Council and was heavily influenced by a similar course being run in the Cape Town area, as well as by my own training as a nurse practitioner at Yale. Seeing my first group of students come for this course was a daunting experience. I was filled with excitement and apprehension, but am proud to say that the course has been successful and is now in its third year.

At the same time I was working in Durban, I began work on a PhD and looked for additional experiences in the rural areas. I met with faculty from the University of Cape Town's Child Health Unit and soon after began consultant work on nurse training in the former Transkei, now part of the Eastern Cape province. I began by sitting with rural nurses and listening to their stories. Not unlike the nurses in Durban, they, too, felt the need for better training. Most were working in advanced practice roles, diagnosing and treating common conditions. Although some nurses had a little community health training, significant numbers felt they needed to learn more, especially in the area of diagnosing and drug prescribing. But I also saw the need for further training in health promotion, such as child growth monitoring and community surveillance.

These clinic nurses often worked in very remote areas with little or no access to doctors or primary health care nurses. They lacked basic supplies and amenities such as running water, electricity, and radio or telephone communication. In addition, they faced a myriad of health
problems such as severe malnutrition, diarrhea, high rates of tuberculosis and AIDS, as well as chronic conditions such as hypertension. My work and desire to be part of developments in this area grew. I became more and more involved with a local non-governmental organization (NGO) called the Health Systems Trust (HST), which had begun a program of district development both there and throughout the country. District development includes looking broadly at the many resources a community needs to run a primary health care system. This NGO had doctors, nurses, and pharmacists working in all areas of development, such as management information systems, basic infrastructure development, and essential drug supply. At that time, the HST was supporting about eight such projects throughout the country. With funding from the Kaiser Family Foundation/USA and the European Union, this work flourished and expanded to over 20 sites in all nine provinces of South Africa.

I was eventually offered a full-time job working for the HST as the coordinator of nurse training. Leaving my teaching and new nurse practitioner course at the Technikon was difficult, but I knew the staff could carry it on and that my skills would be more widely used at HST.

My work for HST was fascinating and rewarding. Although I no longer did as much teaching, I was able to combine my skills in public health and advanced practice nursing on a wider scale. I was respected for this combination of understanding and the unique perspective my rural nursing experience provided. I became part of a group of facilitators who conceptualized and planned for the transformation of health systems, particularly in rural and peri-urban areas. I felt honored to be part of this transformation process so soon after the end of Apartheid and through this work, I discovered further proof of what I already knew, that in this context, nurses were the backbone of the primary, and to a large extent, the secondary health care system. Most of the people in supervisory and management positions were nurses. The need for adequately trained and educated professionals with ever-expanding roles and responsibilities was clear.

I traveled throughout the country to assist local district facilitators and I advocated for coordinated practical in-service training that could be made available to nurses in their work setting or in their local districts. Often rural nurses were sent to cities for training, which did not always address their educational needs or the problems they faced. Little or no orientation was available for new clinic nurses and the additional training nurses received was not always followed up by effective supervision or support. What training was available was not always focused on necessary skills or competency.

I have also had the opportunity to be part of a team piloting an integrated nutrition program in the former Transkei. This is one of the least developed areas of the country, with minimal road and telecommunication infrastructure. The land is harsh and mountainous. Malnutrition is a common problem. Most of my time in this program was spent developing educational offerings for nurses in monitoring the growth of children, as well as training doctors and nurses in the care of children with severe malnutrition. This program has been a collaborative project between the HST, a local South African university, and the London School of Hygiene and Tropical Medicine.

My work in the districts developed into opportunities for more work at the policy level within provinces and later within the national Ministry of Health and at the South African Nursing Council. The message was the same - address the need to train nurses for their expanded role as primary health care providers and to be practical, practical, practical! Our work together culminated in a National Summit on Nursing, attended by the Minister of Health and over 200 delegates from across the country.

Although most of my work was with already qualified nurses, many of these lessons could and should be brought back to the basic training level. Considerable discussion is now underway, following the summit, on how to best bring some of these advanced practice competencies into basic nurse training. One excellent model exists called the integrated management of childhood illness (IMCI). A World Health Organization initiative, IMCI teaches nurses how to diagnose and treat the most common childhood illness such as pneumonia, severe dehydration, and malnutrition using a series of evidence-based algorithms.

I now live in Northern California where I am still working on my PhD in the area of primary care nurse training and competence. My husband is completing his year of internship towards ordination as a Lutheran Pastor. Our daughter, although a newborn when I came to Yale, is now eight years old and busy with ballet, rhythmic gymnastics, and piano lessons. We are as yet undecided on what (and where) our next challenge is, although I would be happy and ready to return to South Africa, a country filled with beauty and endless exciting challenges.

As they would say in South Africa, Viva Yale Viva!
A YSN Education Can Lead in Surprising Directions:

A Med-Surg Graduate’s Role in Children’s Health Care Policy and Child Health Services Research.

By Shirley Girouard ’77

As a member of the first class in the Medical-Surgical Nursing Program, I was told I was a pioneer. That pioneering role has dominated my career since YSN. Although the focus of my pre-Yale professional work was adults, I did do camp nursing, pediatrics as part of my public health/school nursing role, and worked one summer on a pediatric unit. Prepared as an adult medical-surgical clinical nurse specialist at Yale, my first position after graduation was as a CNS at the Dartmouth-Hitchcock Medical Center. During my ten years affiliated with DHMC, I found myself consulting with the pediatric nursing staff and CNS colleagues on complex technical problems, such as burn care. One of the units I worked on had special air flow rooms that had to be used for children exposed to chicken pox. Thus, armed with my protests that “children were not just little adults,” and with the help of the pediatric CNS and other pediatric nursing staff, we cared for these children safely and well. Serving as a State Representative in New Hampshire and a City Counselor in Lebanon, NH, I became involved in delivery system and policy issues for all ages, including children, as they often lacked a voice at the table. Little did I know that these experiences would prove invaluable as my career led me in new directions.

Although I never intended to become a child health policy expert or child health services researcher, that is what I have become! This career direction began with my work as a program officer at the Robert Wood Johnson Foundation where many of the grants I worked with focused on children’s health care issues. For example, I was the primary staff for developing a national immunization program (AKA public health nursing 101). During the time I spent with the Foundation, I had the opportunity to learn about the organization, delivery, and financing of children’s health care services. In addition, I met and worked with many child health experts including nurses, physicians, and researchers and was able to recommend and involve many nurse colleagues in the Foundation’s work in child health. Most recently, I was Vice-President for Child Health and Financing at the National Association of Children’s Hospitals and Related Institutions (NACHRI). While there, I became involved with a number of nursing and physician specialty organizations focused on children, and with the Expert Panel on Children and Families of the American Academy of Nursing.

During the past six months, I have been working as a consultant, continuing my work in child health policy and children’s health services research. My consulting work includes assisting with a number of activities of the Foundation for Accountability’s (FACCT) Child and Adolescent Health Measurement Initiative (CAHMI), such as dissemination through presentations, web site products, and abstracts, and drafting survey items for national surveys of child health. Also, I am drafting summaries of a child health services researchers meeting (June, 1999) that I helped to organize for the Agency for Healthcare Research and Policy’s web site. My professional volunteer work includes serving on a planning committee for the June, 2000 child health services researchers meeting (following the Association for Health Services Research meeting—I encourage nurses to be involved in both); serving on the DC State Mental Health Planning Council where I advocate for children’s issues; presenting data from a national children’s hospital survey (NACHRI) at a nursing research meeting; and participating on a panel for pediatric nurses to encourage their involvement in health policy and health services research.

My work with CAHMI is most exciting as it fits well with my professional values that were articulated and refined during my YSN experience. CAHMI (and FACCT) focus on issues that are the core of professional nursing—patients/consumers and quality health care. Our work at Yale required us to learn whether or not...
what we did made a difference in patient outcomes. FACCT and the CAHMI project are asking questions about whether or not the health care system is meeting its purpose of providing individuals and society with appropriate, quality health care services in a cost-effective way. Although efforts to meet this demand have expanded in recent years, the primary focus has been on adult health care. Families, states, the federal government, and others are eager to have information to guide their decision-making. Recognizing the need to evaluate and improve child health care quality, FACCT launched the CAHMI two years ago. The project has made significant strides toward providing information for families and other stakeholders to make better health decisions for children and adolescents. Consumers and purchasers are the primary groups targeted for using children’s health care quality measures.

CAHMI has developed a framework for child and adolescent health care quality measurement; an infrastructure for national leadership in child and adolescent health care quality measurement; and three sets of measures for childhood development, children with special health care needs, and adolescents. Survey questions include issues such as counseling and screening for risky behaviors, teen pregnancy prevention and STDs, diet, weight, exercise, counseling and screening related to emotional and mental health, and characteristics of adolescents’ experience with their provider such as confidentiality, privacy, and helpfulness of counseling. CAHPS items related to communication and experience with care are also included. (For additional information contact the FACCT website, FACCT.org.)

The relative lack of scientific evidence about health care processes and outcomes for children and adolescents and competing demands for the inclusion of measures into HEDIS and other measurement systems that motivated the CAHMI project, suggest opportunities for other nurses to become more involved in this area. Given YSN’s long history in providing leadership in nursing science, it seems appropriate for a YSN alumnus to be involved in this type of effort. Much will need to be done and nursing’s contribution to these efforts is invaluable.

My YSN education and the ongoing contacts I have had with faculty, alumnae/i, and others have provided me with the values, knowledge base, and skills to pursue and succeed in this unusual direction for an adult medical-surgical clinical nurse specialist. I learned to value pioneering and risk taking, to keep the patient/consumer as the focus of all my professional activities, and to constantly search for the right answer rather than be satisfied with the status quo. I even learned to write at YSN! With such faculty role models as Dorothy Sexton and Donna Diers, my student experience taught me to consider the health care system in its entirety and apply the nursing process to improve the quality of care for populations of people. The research skills and critical thinking at the core of the educational program have applicability to a wide variety of professional challenges. My Yale experience prepared me well to take on new professional opportunities and to undertake doctoral study in health policy and health services research. Perhaps my transition has not been that strange after all!

Thirty Years of Caring for CHILDREN

Pediatric Research in the Clinical Setting: Martha A. Q. Curley ’87 Excels

By Kate Stephenson

Martha Curley has been a nurse researcher for some time now. Since her graduation in 1987, she has worked at Children’s Hospital in Boston, Massachusetts as a pediatric critical care clinical nurse specialist and loves what she does. “There are not enough hours in the day for me to do what I want to do!” she says. It would seem that this enthusiasm began in her student days at Yale when, “All we did was ask questions.” Although her interest in clinical research was not immediate, she credits her education at YSN as having planted the seed. She recalls having, “no sense of the research process at that time.” With amusement, and some incredulity, Martha tells of Donna...
Diers’s ’64 look of puzzlement and irritation in class one day when Martha posed the question, “What is the difference between quality assurance and research?”

Curley began her nursing career with a diploma from Springfield School of Nursing in 1973. After earning her BSN from the University of Massachusetts (Amherst) in 1985, she entered YSN’s pediatric critical care CNS program. “Commuting from Springfield was my part-time job,” she laughs, remembering when she would often bring her two young boys with her while gathering data for her thesis at Yale-New Haven Hospital (YNHH). Beginning with her thesis, she recalls several instructors who were key to her development and success as an advanced practice nurse and researcher. Madelon Visintainer Baranoski ’74 helped her conceive an interventional care model she called the, “nursing mutual participation model of care,” which is based on a type of family-centered nursing practice essential in a pediatric intensive care unit. “Nurses would bring data, help parents to move through the stressful experience of caring for a sick child and learn to care for both the child and themselves.” She went on to replicate her master’s study at Children’s Hospital and her thesis is known as the first piece of work to enhance coping outcomes of parents of critically ill children.

Other YSN faculty influential in her development were Lynn Schilling, whose perspectives on childhood development have been crucial for her work with chronically critically ill children, and Deborah Ferholt, who gave her a strong background in physical assessment. “My education at Yale provided me with conceptual models and frameworks. At the time they seemed so contrived, but after I graduated, I realized they essentially drive clinical research and practice.” Martha credits YSN and its faculty for giving her the foundation to find and support her own research and practice, adding, “It was definitely a solid education that isn’t found in other institutions.”

Curley pursued her interest in research and furthering excellence in pediatric nursing practice by earning her PhD in nursing at Boston College in 1997. “My research started at YSN, continued from there, and has broadened to include physiologic research and evidence-based practice.” Her current clinical practice is with the Multidisciplinary Intensive Care Unit (MICU), but her global practice encompasses the entire system at Children’s Hospital, Boston. She works with critically ill pediatric patients from newborn to adult, including those with acute respiratory distress syndrome, congenital diaphragmatic hernia, cystic fibrosis post lung transplantation, and other complex medical-surgical problems. Martha’s particular interest and area of clinical expertise lies with pulmonary disease processes.

Martha splits her time as an MICU CNS with her directorship of the Center for Innovation and Clinical Scholarship in Pediatric Nursing. This new Center was created within the last year with a trifold mission to support excellent practice, clinical research, and pediatric nursing education. “We want to partner with academia in a different way to produce future leaders in pediatric nursing. Although it is
difficult within our country’s complex medical system, we are working to focus on pediatric clinical nursing practice.” Recently a one year clinical fellowship program was established for nurses who maintain their clinical practice, but also participate in major systems change projects. These projects, such as developing new clinical interventions or changing the model of care delivery, all focus on patient care at Children’s. Philanthropic funds assist in supporting the nursing fellows as they implement their change project. Fellows are linked to their clinical specialty and to nursing leaders while working on projects. Another element of the new Center is the opportunity for currently employed nurses to take a sabbatical leave into the Center in order to pursue a clinical problem.

Children’s Hospital is connected with various universities and several hundred nursing students come for their pediatric experience each year. By partnering with academia, the Center is working to foster mentors for future pediatric nurses. One goal is to create a registered nurse internship program to ease the transition from new graduate, or experienced nurse in another field, to competent pediatric staff nurse. Curley and her colleagues are facing challenges among these exciting changes for nurses. There have been recent lay-offs and these transitions will take time and patience. Curley explains, “Pediatric nursing requires more time and vigilence that is seldom appreciated within a healthcare system based on an adult model of care.”

Martha has worked as a consultant at other institutions in areas such as pediatric critical care nursing, restructuring care delivery models, and research based practice. She travels widely in the US, Canada, Europe, and Australia to work with health care professionals and institutions. She has been influential in designing family-centered care models in tertiary settings. She wrote a recent paper on the concept of mutuality in which she discusses the elements of the nurse-family relationship that foster excellence in care. Another of her interests is the synergy model, developed with the American Association of Critical Care Nurses, which proposes essential competencies for contemporary nurses to optimize patient outcomes.

When asked how a YSN education helped her achieve her current level of professional expertise, Martha explains, “Personally, I am very proud to be a YSN graduate because of its reputation and the colleagues I met while there. You enter with strangers, and leave with intense relationships that sustain you through troubling times. I still have a great personal and clinical relationship with my classmate, Mary Fagan ’87. That brain trust continues.” Curley’s current study on prone positioning inspired her to call on former colleagues at YNHH. “I was able to put together a solid team of researchers because I knew the unit and the faculty. You can trust those ties.” She recounts the benefit of learning how to establish good relationships with physician and nurse colleagues, saying that she is, “wise because of my early failures.”

Why did she attend YSN in the first place? She came because of the pediatric acute care program, which was the first program of its kind in the country. Once enrolled, she got far more than she had bargained for and it broadened her vision. “I grew so much from my experience at YSN.” She laughs as she recalls an interview question she had at Children’s Hospital, Boston. “This is Harvard. Physicians here can be ‘old boy.’ How would you address that?” With confidence, she replied, “Well, have they ever met a nurse from Yale?”

Recollections? She remembers a Sybil Palmer Bellos lecture when Greta Stiles, “who was quite phenomenal,” came to speak. She is proud of having been awarded the Andrew A. Veckerelli Prize at her YSN graduation, when she was presented with a book entitled, The Social & Ethical Significance of Nursing, written by former YSN Dean, Annie Warburton Goodrich. Several years later, Martha was at the annual meeting of Sigma Theta Tau International. She had received an award for a film, “Caring for Families of Critically Ill Children,” which she had produced with the AJN on the mutual participation model of care. Virginia Henderson, who apparently was known for declining requests for autographs, was present. Martha knew that Goodrich had been Henderson’s mentor and took a chance by asking Virginia to sign her book. Martha recalls Ms. Henderson’s reply, “Oh this is Annie’s book! I have to sign it.” To this day, Martha treasures this very special keepsake.

When asked for advice for future students, her reply is simple and reflects her passion for nursing. “When you enter any profession, you must love what you do. I feel like a kid in a candy store.”

Martha and Jack, her husband of 27 years, live in Newton, MA. Her oldest son, Joseph, is a graduate student in journalism at Boston University. Paul, her younger son, is an economics undergraduate student at Emory University. They both remember the many commutes to Yale! Martha loves to travel and adds vacation time to most of her speaking engagements. She is a gourmet food and wine connoisseur, and particularly enjoys Northern Italian food. She is an avid reader and loves good fiction.
GIVING BACK

Do you know what I love best about Alumni Weekend? It's not the chance to catch up with old friends (though that's wonderful), or to hear Dean Catherine Gilliss tell us about the latest successes of the school (also wonderful), or to glory in the achievements of the Distinguished Alumnae (wonderful, too, of course). The best thing for me is watching the interactions between current YSN students and those of us who have been out ten years, twenty years, or more. It is a thing of beauty to me to see how we take pride in each other's accomplishments. Regardless of when we went to Yale, regardless of what letters we ended up putting after our names, we are all Yale Nurses. We care about YSN, and we care about each other.

That goes to the heart of why the School of Nursing has always had the highest Annual Fund participation rate of all the schools in the University. We have a sense of community and connection. The graduates of any school have a vested interest in that school's continued excellence. But for Yale Nurses, it goes beyond a vested interest to what can only fairly be described as love.

As Annual Fund Chair, I'm proud to give you a glowing interim report that reflects the devotion of our alumnae/i, particularly those good souls who volunteer as class agents. Our goal for the year is to raise $140,000, the majority of which will support student financial aid. We are well on our way to achieving that goal, with a total at press time of $98,194. The average gift is up this year, from $111 to $124. That figure reflects the outstanding leadership of graduates who have made large contributions this year. We already have five donations of more than $2,500, compared to two donations at that level last year. Throughout the $100 to $1,000 gift range, Yale Nurses are making larger donations than they did last year.

While we certainly celebrate these generous gifts, it is vital to remember that every donation is important. Our Annual Fund participation rate, which traditionally
exceeds that of all other schools at Yale, sends a clear statement to the University community and to the larger community about the depth of our tradition and the loyalty that YSN inspires. So far, 30 percent of us have sent in our Annual Fund contributions. Our goal is a 50 percent participation rate. This is very ambitious. But, we are Yale Nurses. I have no doubt that we will reach our goal, if not exceed it!

The commitment of YSN’s more recent classes is the key to our high participation rate. The classes from the 1990s are giving at a rate of 17%, which is quite high for Yale as a whole. Only the School of Management exceeds that participation rate for younger alums at 22%.

'I've found that my class responds very strongly to the success of the school and the importance that our support plays in helping YSN maintain its position as a superior nursing school with a state-of-the-art facility," says class agent Alyson Cohen '92. Alyson is an APRN in the Dermatology Section of the Yale University Health Services. She and her classmates have appreciated the role that YSN has played in helping them achieve their professional goals. "We're proud to be graduates of a fine institution and want to ensure its legacy of excellence." Well said. To all of those who have contributed to the Annual Fund already, thank you. To those of you who haven't, I hope you'll consider being part of this effort. As always, if you have questions about YSN today, I'd love to hear from you, as would your class agent or any of the YSN faculty or staff.

Until next time –

Nina Adams '77

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### YSN Alumni Fund Donations

**Year-to-Date 1999-2000 vs 1998-1999**

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A Safe Harbor from the Storms of Grief

By Elisabeth Reilly ’90

Childhood grief is a most challenging topic for advanced practice nurses and other caregivers to confront. Children faced with the death of a close family member pose special problems, not historically addressed in pediatric care.

Frequently, a child’s manifestations of mourning are difficult to interpret and adults often do not recognize the clues. Parents and other caregivers need information about how best to care for a child who is grieving a significant loss. Children and youth who do not healthfully integrate their grief may be at risk for depression, anxiety, substance abuse, and adolescent pregnancy.

What makes the difference among children who appropriately resolve their grief and those that don’t? According to the Harvard Child Bereavement Study, it is the quality of childrearing. The study found that inadequate parenting of grieving children occurs under three conditions: 1) when a grieving parent cannot manage his own grief-related anxiety and depression, 2) when he does not provide consistent discipline, and 3) when he does not understand and support his child’s grief. In essence, children rely on their parents to help them understand and cope. To do this, parents need support for their own grief, and education about how to help their kids.

Many, many thousands of children across the country and beyond suffer the loss of a close family member during their youth. Based on US Census data, in Connecticut alone over 35,000 children will grieve the death of an immediate family member before the age of 18. Grief support programs exist in some areas of the United States, but often there is no place for families to go to receive support and education about the grieving process.

A family model of support has been in existence in Connecticut for five years. The Cove Center for Grieving Children was established in 1995 and now serves children and families through the establishment of six Coves in communities across the state. In the Fall of 2000, I will launch The Cove-New Haven, and with the Program Director, Monica Pokluda, RDH, provide greater numbers of Connecticut families access to grief support and education services.

Four separate components comprise The Cove program: family programming (Cove Nights); adult education for parents/caregivers and other adults active in the worlds of grieving children; support groups for the parents/caregivers themselves; and training, consultation, and referral for community groups (such as schools, churches, and daycare providers). During the Cove Night program, age appropriate children’s groups, led by trained volunteers from the community, use activities designed to teach children about grief and to encourage them to express their own experience. Activities include art projects, games, writing exercises, and discussion. A second key feature of The Cove is the parent group, which focuses on the challenges of raising a grieving child and on techniques for helping children to heal.

After the small group meetings, children and parents re-gather in family units to work on an activity designed to foster family discussion of the death and its aftermath. In effect, a Cove Night trains parents, jump-starts children in the expression of their grief, and then provides a forum for parents and children to begin processing their grief together. A closing circle and snack complete the evening. In total, families meet for two hours twice each month during the school year. No fees are charged.

For more information, please contact Elisabeth Reilly, Lecturer, YSN, (203) 737-1259 or elisabeth.reilly@yale.edu.

Join Yale-China’s Health Professionals’ Delegation to China!

October 3-16, 2000

In honor if its 100 years of public health work in China, the Yale-China Association is pleased to invite you to join a delegation of public health professionals in a visit to four Chinese cities: Hong Kong, Beijing, Xian, and Changsha. Delegates will have a chance to visit China’s best facilities for health care in Hong Kong and Beijing, as well as more typical inland facilities in Xian and Changsha, and to meet with Yale faculty and graduates who are actively working in China.

Continuing education credits will be available for those interested. Special attention will be given to traditional Chinese medicine, health changes in the Chinese population since 1949, and the effect of China’s unique set of cultural customs, especially dietary, on health.

For more information, please contact Vittoria Zack at e-mail vzack@yila.net or Shelley Stonecipher at e-mail shelley.stonecipher@yale.edu.
My Fifty Year Experience with Poliomyelitis

By Madeleine R. Crowley '45W

Few people born after 1955 have knowledge of the epidemics of poliomyelitis (polio) and the fear and hysteria which swept the country in the 1930’s, ’40’s and ’50’s. The current prevalence of the post-polio syndrome among polio survivors creates a health problem for hundreds of thousands of people who believed they had overcome the worst effects of the disease years ago. This syndrome, identified by the medical community in the early 1980’s, is characterized by increasing fatigue and muscle weakness. I am a polio survivor who contracted polio when I was twenty-seven years old. I, too, have experienced a gradual loss of muscle function beginning about thirty years after the original onset of the disease.

The onset of my illness occurred in 1948. On a cold bleak Thursday in late November the familiar aroma of turkey roasting in the oven and the fragrant scent of nutmeg and cinnamon from freshly baked pumpkin pies filled households in our neighborhood with a warm sense of anticipation of the Thanksgiving feast. In each house families were gathering together to exchange stories, to laugh with their children, and to give thanks for the bounty that awaited them. But in our house there was no family gathering, no turkey roasting in the oven, no freshly baked pies laid out on the kitchen table to celebrate the holiday. Instead, on that day my husband, Larry, brought me to the emergency room of the Yale-New Haven Hospital with a high fever and unexplained muscle weakness. Early that morning when Larry saw a glass of orange juice slip through my hand and observed my unsteady, faltering gait as I walked to the bathroom, he knew something was seriously wrong and he should take me to the hospital immediately.

Larry and I and our two and a half-year-old son were living in Hamden, CT. Larry, who had returned from military service just a year earlier, was a surgical resident at Yale. We were on the threshold of rebuilding our life together when suddenly, without warning, our dreams of the future were shattered by polio. I was admitted to the old isolation wing of the hospital with an as yet undiagnosed illness.

At first the diagnosis of polio was not considered. Most lay people, and even some professionals, associated polio primarily with the loss of the use of one’s legs. The March of Dimes poster picture of a child with braces and long leg braces was a familiar sight to many of my generation. Unlike this stereotype of a polio victim unable to walk, I had walked, though with faltering steps, into the emergency room. Earlier in the 20th century the public was not aware of polio victims with significant upper extremity and torso paralysis because such patients often died due to respiratory involvement. Polio was thought to be largely a disease of infants, children, and teenagers, but I was 27 years old. Furthermore, the highest incidence of polio occurred in the

Yale Graduation in June, 1945 (L to R) Mary Ellen Oesterle Haw, Elizabeth Reichert Smith, and Madeleine Crowley.
summer months. The last epidemic of polio in New Haven was in 1943, and only one case had been reported in 1947-48. It is no surprise that the diagnosis of polio was not immediately considered a possibility. However, two days later I became completely paralyzed and it became progressively clear that I was suffering from polio. My doctors believed at that time that my young son had a mild case of non-paralytic polio, since he and I were sick at the same time. He recovered quickly, but I did not.

Over the next two days the virulent infection gained momentum, destroying or severely damaging most of the anterior horn cells in my spinal cord causing almost complete paralysis of my entire body. For a few days my life was in serious jeopardy and the outcome uncertain. But, miraculously I survived the crisis. Over the next three months my general health improved, but I remained paralyzed.

After spending four months in the New Haven Hospital I left the security of the institution which I knew so well and which held so many fond memories for me. I was transferred to the Georgia Warm Springs Foundation Hospital, which Franklin D. Roosevelt had founded for the care of polio patients. When I left New Haven I was essentially a quadriplegic with only a very slight return of any muscle function. I traveled with Larry by stretcher in an ambulance to Penn Station in New York City. As the light blue Flanagan ambulance pulled away from the hospital, I was eager to leave and embark on a new and uncertain adventure to find the specialized rehabilitation treatment that Yale was unable to provide.

The supportive but challenging environment of Warm Springs was just what I needed. Miss Platridge, functional training at Warm Springs brought psychological, as well as physical healing. It was a transforming experience for me. I had arrived at the hospital on a stretcher. Nine months later despite the loss of over fifty-percent of my muscle mass I walked out of the hospital supported by aluminum crutches, a corset, and a long leg brace. I was impatient to return home, to embrace my young son, and to rebuild my life with Larry. A new life beckoned.

Daunting tasks awaited us, but we were young and eager to accept the challenge. During the next five years we had two more children and we moved to California where the warm climate would make it easier for me to care for our young family. During the succeeding two decades my endurance and mobility gradually improved, and I became more functional, independent, and confident. It was Jean Butler ’50, who first encouraged me to become active in the community and to accept a position on the Board of Directors of the local Visiting Nurse Association. This activity enticed me to participate later in several other community organizations including the American Field Service Student Exchange Program, the Stanford University Student YMCA, and the University of Wisconsin Hospital Women’s Auxiliary.

In my fifties, after our last child entered college, I felt restless and unfulfilled and yearned to find outside employment. An opportunity arose after we moved from Stanford to Madison, Wisconsin.
There Larry had a demanding job as Dean of the University of Wisconsin Medical School and I was anxious to find some meaningful activity for myself. In the early fall of our first year in Madison, the approaching cold weather, which I knew might trap me inside the house, galvanized me to look for a job.

It was in Madison that I hoped to find a new direction for my life. However, there were problems. I was new to the community, I was disabled, and I knew my mobility would be more restricted by ice and snow. Fear of falling was always present. Because active nursing was no longer an option for me, I looked for a sedentary position in which I could employ the interpersonal and teaching skills that I had first used as a nurse in caring for and counseling patients and families. I contacted the Dean of the Nursing School and was delighted to learn that a former classmate at YSN, Betty Reichert, had written to her about my move to Madison. I wasn’t a very promising candidate; I no longer held an RN license and I had no employment experience other than as a staff nurse for one year prior to my illness. However, I had my Yale MN from 1945(W). How thankful I was for that degree! It seemed as valuable in 1975 as it was the day I received it thirty years earlier. I was offered a position as an academic advisor to students seeking admission to the Schools of Nursing and Allied Health. My job turned out to be a valuable experience and it paved the way for me later to acquire a subsequent position as a career counselor in a large non-profit career development center when we returned to California in 1978. Both jobs came to symbolize my recovery and fulfillment as a contributing member of my community.

As a counselor I assisted men and women in making career decisions and in finding meaning and balance in their lives. I discovered that all my previous life experiences were suddenly very relevant. I understood and could identify with some clients’ low self-esteem and anxiety about the future for I, too, had experienced those same feelings. My nursing background gave me added insights into their psychological problems. I realized that I, as a disabled person, had a special understanding of their needs and that I had a different and useful perspective to offer them. I continued to work in this position for almost twenty years and retired at age 75.

My fifty years experience with polio paralleled the gradual increase in public awareness and acceptance of disabled persons. In the early 1950’s when I first returned home from the hospital I found little understanding of my special needs as a disabled person. At a small social gathering the young adults present were ill at ease and apprehensive on first meeting me. Also the public arena was not prepared to provide needed services for disabled persons. There were no handicapped bathrooms or parking places, no access to public buildings for wheelchairs, and no special accommodations for handicapped students. The passage of federal legislation in 1973 and later in 1990, which guaranteed the civil rights of the disabled, accelerated public awareness and acceptance. Profound social changes are emerging as society moves from one of exclusion to one of inclusion of disabled persons into its mainstream. For someone like myself who remembers a time when many disabled persons remained at home, ignored or stigmatized as deviants from the norm, these changing attitudes are welcome.

My YSN experience and degree were valuable in helping me to cope successfully with my illness and later to secure a professional job. My life, which was almost destroyed by polio, eventually became a productive and rewarding life.

Excerpts from Madeleine Crowley’s memoir (in progress) entitled, Called to Rise. The title is taken from a poem by Emily Dickinson: “We never know how high we are, Until we’re called to rise.”
Reflections On Our Journey with Cancer

By Jody Esselstyn '00

In January, 1999 just after New Year's, my mother, 56 years old, a vibrant, musical, ordained UCC minister and social worker, experienced the worst headache of her life during her morning aero-bics workout. One week, an MRI, and a brain biopsy later, my mother was handed the grim diagnosis of a glioblastoma in the right lower lobe of her brain. It was a rapidly growing tumor, as glioblastomas usually are, and quickly made itself known through symptoms and a minimal response to intense radiation treatments.

So began my family’s nine and a half month journey with cancer, from diagnosis to my mother’s death in October. Not only did we learn during that time about the power of love and prayer and effective pain medications and good nursing care, but we also learned about the power of human connection, in person, by letter, and over the Internet, through a family website.

My brother’s original idea for the website was as a place to post regular updates about Mom’s treatments, MRI results, and daily outlook for the many friends and family with whom we could not keep in constant enough contact by phone. Mom’s status changed rapidly and the website would prove to be a perfect way for us to get detailed information out quickly to a lot of people without having to field or initiate a lot of phone calls. We all, Mom included, liked the idea of what we dubbed, “MickiNews,” the website devoted to news about Mom. It was a time and energy saver for us, as well as an accurate source of information to anyone concerned about Mom.

The early website updates described events leading up to the diagnosis, and outlined the treatments, the prognosis, and what Mom was already doing to facilitate her own healing. We also included a section called, "what you can do," which offered suggestions to the inevitable question people asked us, such as pray, write letters, visualize Mom’s brain being healed, pray, bring food, and pray (Mom and we subscribed mightily to the power of prayer in healing both body and mind). For people who were new to the diagnosis and needed an overview of how this twist of fate had made a sneak attack on our family, my brother made available a factual summary of what had happened since January 4.

In the beginning of the cancer journey, there were MickiNews updates almost weekly, covering Mom’s response to radiation, her cherished swim with the dolphins in the Florida Keys, visits from family, and messages from Mom about what life lessons she was learning from this illness. My brother scanned photographs so that people could see Mom with the dolphins, with her early hair loss, and with her still glowing smile.

As the months went on and it was clear that the radiation treatments had failed to shrink the tumor and that Mom’s health was declining, the website became less of a place to share the facts and more a place to share feelings, insights, experiences, and vignettes about what would indeed be Mom’s last days.

Gradually, this high-tech, sometimes impersonal Internet resource evolved into a virtual support network, and a gathering place to learn about love and joy, fear and sadness, moments and memories, and the healing that can still happen in the face of death and dying.

Mom discovered that her updates for the website allowed her to continue to teach and preach, as she had so enjoyed doing as a Congregational minister, and prevented her from feeling isolated and, in her words, “under-utilized,” because of her illness. As a local newspaper reporter wrote about Mom and the website, she, “makes her life her sermon, the Internet her pulpit.” In nursing diagnosis terms, the website allowed her to overcome the social isolation that can result from being homebound, and from being slowed by pain, decreasing ability, and low energy.

As soon as Mom composed an update for the website, my brother would put it on line and would send out a message (to anyone who had ever sent e-mail to Mom, as well as family and friends) that there was a new item on MickiNews. Within hours, the e-mail would begin to trickle in as Mom’s message had been disseminated, read, and appreciated. Months before she was diagnosed with the cancer, Mom had declared that her next ministry would be a “worldwide ministry of joy.” None of us realized until the website was up and running that it had indeed provided Mom with that very ministry, as her words reached friends and strangers across the country and as far away as Europe, Central America, and Israel.

In late July, we decided as a family
to include a "guestbook" on MickiNews, a place where people could post messages to us and to whoever else visited the website, a place where they could, "continue to extend and expand [the] exchange" of ideas, memories, musings. By this time, Mom had been a Hospice patient for over two months, and we talked openly about her dying. My brother instructed website visitors to think of the guestbook as a "living funeral" like the one in the bestseller Tuesdays With Morrie where people had the opportunity to share with the dying Morrie, while he was still alive, the stories and recollections they might have shared at his funeral. Mom loved the idea of hearing reflections about her and responses to the website, and so, with the admonition from my brother that there be no eulogies and no past tense verbs to describe Mom, the guestbook went on line. With many people now sharing their ideas with us, the website became a way for our circle of support to grow even wider. As a family, we logged on the guestbook several times a day during Mom's last months and after her death, to be comforted, buoyed, surrounded by the caring words and reflections people posted. The power of the website truly worked both ways - our family reaching out to the world and the world reaching back to us.

MickiNews. The next update, a difficult one that has been in progress for a few months now, will be a description of Mom's memorial services, written especially, but not exclusively, for those website visitors who were unable to attend. My father has said of the website that it was, "a way to share with ... friends the journey Micki was on...[and was] something they could never get from a letter or phone call." Another friend called it a, "model for death in a society that fears it," and, "an open acknowledgment of something that will happen to all of us one day."

Though the website was born out of a terminal illness and death, my family hopes that it will continue to live on beyond Mom and perhaps beyond all of us as a joyful testament to life.

Rushton Guest Speaker at Center for Chronic Illness Convocation

The Center for Excellence in Chronic Illness Care fosters the study of chronic illness as it affects patients, families, and survivors. The ultimate aim is to be a catalyst for the creation of a health care system that can better help people living with chronic illness achieve a high quality of life. The Center is administered by Ruth McCorkle, PhD, RN, FAAN, Director, and Gail Melkus, Associate Director.

The theme of this year’s Chronic Illness Convocation held at YSN on Tuesday, February 15, was end-of-life palliative care. The Keynote Speaker, Cynthia Hylton Rushton, DNSc, RN, FAAN, spoke eloquently about her commitment to advancing end-of-life care in her presentation, “Being with Patients on Their Final Journey.” Dr. Rushton is an Assistant Professor of Nursing at Johns Hopkins University, and a Clinical Nurse Specialist in Ethics at the Johns Hopkins Children’s Center. She also serves as the Nurse Ethicist at Children’s National Medical Center in Washington, DC.

The 2000 Excellence in Caring in Chronic Illness Award was presented to Florence and Henry Wald by YSN faculty member, Pamela Minarik. Florence (YSN ’41) and Henry were both instrumental in founding the Connecticut Hospice and continue to be actively involved in the hospice care movement in this country.

In conjunction with the Convocation, a mixed media exhibition, “Matters of Life and Death,” was offered by Curators The Rev. Sally Bailey, Marianne Bernstein, and Dorothy Powers. The exhibit included photographs, sculpture, and paintings depicting artists’ expressions of their experiences with health care. Music was provided by Isamu Nakashio, guitar, and Sergio Pallotelli, flute.
Excellence in Caring in Chronic Illness Award

Florence and Henry Wald

This year’s Excellence in Caring Award goes to Florence and Henry Wald, two of the founders of Connecticut Hospice. The Walds brought hospice care to the United States through their impeccable good sense, grand vision, and steadfast commitment. They had the good sense to see that our ever evolving pharmacology and technology were not helping terminally ill patients, but were, in fact, a kind of violence against their bodies and spirits. They had the vision to see an alternative, a way to honor the patient and family’s need for comfort and caring. And finally, they had the commitment to work as long and as hard as it took to achieve their vision.

Florence left her Yale School of Nursing deanship and Henry gave up a successful engineering firm so that they could devote themselves to the establishment of hospice in the United States. The Walds went to St. Christopher’s Hospice in London, considered to be the first modern hospice, to work and learn alongside founder Dame Cicely Saunders. Upon their return to America, Florence built an interdisciplinary team and set about laying the research foundation for the establishment of a hospice home care program in New Haven, while Henry worked to design the first in-patient hospice facility in Branford. It became the basis for hospice programs throughout the country.

Their work has touched the hundreds of thousands who have died in the comfort and dignity of hospice care and millions of friends and family who were allowed to say goodbye in a setting that honored life. Ultimately, their work has touched every American. We are comforted by the knowledge that we will never be forced to die in a way that we would not have chosen to live. It is with genuine gratitude and enormous pride that YSN presents the 2000 Excellence in Caring in Chronic Illness Award to Florence and Henry Wald.

The Fifteenth of February, Two Thousand
New Haven, Connecticut
Hospice: The Vatican II of Health Care

By William Kissick, MD ’57

Pope John XXIII called for Vatican II, "Open the windows and let the breezes in." Florence and Henry Wald opened the windows in the Colonies by bringing the modern hospice movement across the Atlantic from London.

When The Center for Excellence in Chronic Illness Care honored them in February, 2000 with the Excellence in Caring in Chronic Illness Award, my sabbatical at EPH enabled me to attend the lecture and ceremony. As I had lived the modern hospice movement since even before Florence began her quest, I was among those who stood when she called for recognition of those who had ever participated in hospice. Per usual, the nurse does the work and the physician takes the credit.

So why did I stand in response to Florence Wald’s request? The story begins in the fall of 1953, when the YSM Class of 1957 was joined by the YSN Class of 1956 in the Sterling Hall of Medicine Tea Room (now the cafeteria). Three years later a number of my classmates married Yale nurses in self-defense.

My wife, Priscilla Dillingham Kissick ’56, retired this March as the founding Executive Director of the Wissahickon Hospice. She launched this community-based home care program for the terminally ill in the fall of 1981 with a desk, chair, and telephone. She stepped down 6,000 patients later, more than 90 percent of whom died at home with loved ones as care givers. She leaves a staff of 65 nurses, medical directors, home health aides, and support personnel, plus some 150 volunteers. As the first Medicare certified hospice in Pennsylvania, it was acquired three years ago by The University of Pennsylvania health system. Penn faculty have acknowledged that the vast majority of patients being cared for at home are at the level of intensive care. The other bottom line is a $6 million annual budget. Medicare funding proposed by the late Senator John Heinz in 1982 has been critical, although often a challenge with ever changing fiscal intermediaries. Independence Blue Cross and US Healthcare, a benefit coverage lobbied by Priscilla, can be even more of a problem. Priscilla, a quintessential public health nurse, occasionally complains at dinner, "Management sucks!"

As a public health nurse, after graduation in 1956 Priscilla was de facto a nurse practitioner (formally launched by Loretta Ford and Henry Silver as the Pediatric-Public Health Nurse Associate in 1965). I recall her frustration, expressed at dinner, at attempting to treat an elderly man with metastatic carcinoma of the prostate with 50 mg of Demerol BID for his pain. He had ground his teeth to the gums to keep from crying out and disturbing his apartment neighbors. Priscilla’s lament was, “There has to be a better way.” Her search for that better way included raising three sons and a daughter; working half, three-quarters, and full-time positions in VNA’s and health departments; teaching public health nursing; engaging in epidemiological research; and planning-consultation for oncology programs.

With Florence Wald’s help Priscilla met Dr. Cicely Saunders (now Dame Cecily) in 1973. As a nurse, social worker, and physician, Cicely was a creative interdisciplinary team all rolled into one. The 1974-1975 academic year provided Priscilla and me a sabbatical opportunity in London at Guys Hospital Medical School and The London School of Economics. Priscilla applied for the training program at St. Christopher’s Hospice, but Dr. Saunders demurred. She viewed Priscilla as a matron in her early 40’s with four children and therefore of limited potential. Never underestimate the potential of a Yale Nurse! Fortunately, Sir George Godber, the Chief Medical Officer of the British National Health Service, had a different view of Priscilla. Thus, she trained and volunteered at St. Christopher’s for the year. Last year Priscilla was able to tell Cicely in person about the Wissahickon Hospice, the St. Christopher’s Hospice without walls, that she had built in Philadelphia over two decades. But I am getting ahead of the story.

The last half of the 1970’s, the
Carter years, focused on college applications and visitations for Priscilla. She tried to get the Philadelphia Visiting Nurse Service and the Health Department to launch a hospice. The nation's first hospital, founded in 1751 by Ben Franklin, announced a program, but it was little more than an inpatient counseling service with an extraordinary volunteer fund-raising initiative...pure Philadelphia.

After 76 mother-child years of experience, Priscilla got her chance in 1981 to conceptualize and develop "that better way." Three citizens of Philadelphia, a clergywoman, a lawyer, and a radiologist, saw the need and secured a grant from the Pew Charitable Trusts. Thus, the hospice named for the Wissahickon Valley and Creek in the Chestnut Hill and West Mount Airy sections of northwest Philadelphia was established. The Wissahickon Hospice crossed the threshold of the 21st century with 145 patients, as noted, approximately 85-90 percent living at home with a level of intensive care.

The Wissahickon Hospice was acquired by the University of Pennsylvania in 1997. At the time, faculty and administrative personnel were added to the voluntary board that had grown to ten from the original three trustees. During recent dinner conversations, I have learned a great deal about governance in health affairs.

I titled this tribute to Priscilla Dillingham Kissick, "Hospice: The Vatican II of Health Care," because she found a better way for end-of-life care that opened the windows and let the breezes in. How does hospice do it?

- Nursing care for medical cure
- Home rather than hospital care
- Anticipatory rather than reactive pain control
- Patient preference for service
- Bereavement services for families

Clearly a better way than 50 mg of Demerol BID! Florence and Henry Wald helped to found Connecticut Hospice. My mentor, John Thompson, and John Kimbrell, a Wissahickon trustee, wrote the Hospice of Assi case. From the original hospice, there are now in excess of 2,000 hospices in the United States. One can say of Florence and Henry and Priscilla that nothing succeeds like success.

Why this tribute? My admiration for Priscilla, her profession, and accomplishments know few limits.

As her spouse and colleague, as a professor at the Penn School of Nursing and a Fellow of the Yale Corporation, I have admired the Yale School of Nursing for almost half a century. Annie Goodrich, Virginia Henderson, and their successors came to Yale. As my colleague Samuel R. Martin III was fond of saying, "If you want to make a silk purse out of a sow’s ear, start with a silk sow." May the Yale School of Nursing continue to perpetuate that tradition of high quality silk!

The Kissick family. Front row (L to R): Priscilla, daughter Liz, Cathy (Will's wife), baby Carrie, and son Will. Back row (L to R): son Robert, Brad (Liz's husband), Bill, and son Jon.

In February, 1994 in Philadelphia Priscilla with Hillary Rodham Clinton, host of a community forum reception at Children's Hospital.
Post-Doctoral Work
at YSN?
Why of Course!

By Kimberly Lacey '97, DNSc '01

The Yale School of Nursing Doctoral Program is now approaching the end of its seventh year! And this May will produce the third graduating class of doctorally prepared nurses! The program truly is flourishing. So much so that post-doctorate work has also become a reality.

Currently there are six post-doctoral fellows working with faculty at YSN. They are Carol Bova, Mary Cooley, Paul Falzer, Diane Drake, Linda Schwartz, and Susan Sullivan-Bolyai. I’d like to share the stories of a few of them with you.

Susan Sullivan-Bolyai earned her DNSc from Yale in 1999 under the tutelage of Dr. Margaret Grey ’76. Susan’s career has included a wide range of experiences. She began as a pediatric nurse having received her associate’s degree and continues her passion in working with children, particularly those with chronic illnesses. Susan received her master’s degree from Emory University with a focus on child health and a post-master’s certificate from the University of Washington with a focus on chronic conditions. In addition to her clinical experience, Susan has held several leadership and faculty positions prior to pursuing her doctorate. She received a National Research Service Award for her dissertation studies at Yale and has applied for further support for her post-doctoral work. She has presented her dissertation, “Parenting the Young Child with Type 1 Diabetes,” at several professional conferences including the 11th International Sigma Theta Tau Nursing Research Congress held in London, England in June, 1999. In talking with Susan she says that she decided to pursue post-doctoral work in part because she felt a “letdown” after finishing her dissertation. One thing led to another and here she is back at YSN working with Margaret again. But as one might imagine, this time around it is quite different. Susan speaks positively about her experience. She says that the opportunity to do a post-doc has allowed her to stay connected to her research focus, while figuring out the next step in her career. She has had the opportunity to network with agencies that serve children with chronic conditions and their families, something that was impossible during her doctoral studies. The time commitment and intensity of the work just wouldn’t allow it. Perhaps the best thing that has come from choosing post-doc work, in Susan’s words is, “It has heightened my commitment to use clinically-based research to help determine the best interventions for helping families cope with raising their children with chronic conditions.”

Carol Bova is currently working at YSN with Dr. Ann Williams ’81. Carol received her PhD from Boston College in 1998. She is a nurse practitioner and has practiced in several areas over the years including adult family medicine, family planning, oncology, student health, and palliative care. Currently she is practicing in a primary HIV clinic at the University of Massachusetts Medical Center. Her post-doctoral fellowship here at YSN is funded by the National Institute of Nursing Research. The focus of her research is depression, dual diagnosis, and antiretroviral adherence. Other interests include adjustment to chronic illness, the impact of mental health on primary care services for HIV positive adults, women and HIV infection, and the care of elders with HIV infection. Among Carol’s many accomplishments are two recent presentations. In September, 1999 she presented, “Adjustment to Chronic Illness Among HIV Infected Women,” at the 1999 State of the Science Congress in Washington, DC; and in October, 1999 she presented, “Sexual Function Among 101 HIV Infected Women,” at the 1999 National Conference on Women and HIV/AIDS held in Los Angeles.

Now meet Diane Drake. Diane is here at YSN working with Dr. Ruth McCorkle. Her doctoral research was completed at Texas Woman’s University where she studied physical activity and breast cancer prediction in a cohort of 4,520 women. She is currently working as a study coordinator for a multi-site study, “Mitigating Cancer Treatment-Related Fatigue by Exercise.” The study is based at Johns Hopkins School of Nursing and Dr. McCorkle is the Principal Investigator on the study here at Yale. Diane’s position is funded through a study grant from Johns Hopkins. Her more general interest is the study and implementation of cancer control. Her current fellowship allows her to work on publishing and advancing her research in this area.

Many thanks to Susan, Carol, and Diane for sharing some of their story with us. I wish them continued success.

Note: Are you a doctoral student at YSN or perhaps a graduate of the YSN Doctoral Program? If so, let us know what you are up to these days. You can reach me via email at kim_lacey@snet.net or via the Student and Alumnae/i Affairs Office.
Patricia Polidori '01 has received a National Italian American Foundation (NIAF) Robert J. DiPietro Scholarship. The NIAF scholarship program was established 23 years ago and awards scholarships based on financial need, academic merit, and community service. The Foundation is a non-profit organization based in Washington, DC dedicated to preserving the heritage of Italian Americans.

YSN Students Mentor at Local High School

By Jay Horton '01

All of the high school seniors in Minna Kaufman’s year-long Certified Nursing Assistant (CNA) class are applying to colleges this year. Most will be the first in their families to attend college and have not had the benefit of guidance from experienced parents and older siblings.

Kaufman is the Health Occupations Instructor at Hill Regional Career High School, a magnet school in the New Haven Public School system for students interested in health sciences, business, or computer science. It is located in the Hill Neighborhood near Yale-New Haven Hospital.

For the past several years students from YSN have worked with Kaufman’s class, assisting them with the transition from high school to college. This year’s participants included YSN students Hannah Copp, Becky Crespi, Malia Davis, Jennifer Decker, Lisa Gordon, Jay Horton, Kim Kehoe, Satu Larson, Patty Polidori, Alicia Smith, and Kate Walsh, and YSN’s Director of External Affairs, Colleen Shaddox.

On November 12th a panel of nursing students discussed applying to colleges and choosing careers in nursing and other health professions. Again on December 3rd a group went to Career High and worked with the students one-on-one, helping them complete their college applications and admission essays. Several YSN students went back to work with individual students on further drafts of essays.

The CNA preparation class is a unique opportunity that prepares students for certification, and while the course work is intensive, some students underestimate the importance of what they have done. Kaufman says that her class loves interacting with the nursing students. "It really boosts their self-esteem to have graduate students want to be part of their learning experience." The exposure to the graduate level of nursing also reinforces that the CNA certification need not be an end point, but a first step on a career path.

YSN students enjoyed interacting with Kaufman’s enthusiastic class. Future collaborative plans between YSN and Career High include a visit to a local hospice and a project with local seniors for New Haven’s International Festival of Arts and Ideas.

"It was great fun to work with these students who are just beginning to think of a career in health care and to revisit our own development in the field of nursing. We got a lot of satisfaction from encouraging them to set their goals and aim high," stated Jay Horton.
Faculty Notes

Ivy Alexander, Assistant Professor in the ANP/FNP Specialty, was elected for a two year term as Treasurer on the Board of Directors for the American College of Nurse Practitioners.

Donna Diers ’64, Annie W. Goodrich Professor of Nursing, is the first Invited Visiting Professor at the Faculty of Nursing, Midwifery, and Health, University of Technology in Sydney, Australia and will be in residence from January to August, 2000. Donna will consult in developing curriculum, contacts, and human infrastructure for information management of acute care hospital data, and will participate in informing policy makers of how such data can be used for decision support.

Associate Dean for Research Affairs Margaret Grey ’76 recently received notice that her NIH/NINR project, Nursing Intervention for Youth with Chronic Illness, has been funded for four years. The multi-million dollar grant will enable Margaret to continue her work with teaching coping skills training to youth with Type I Diabetes.

Vanessa Jefferson ’98, and Gail Melkus and Gaylor Spollett, both Associate Professors in the ANP/FNP Specialty, had their article, "Health Promoting Behaviors of Black Women at Risk for Type II Diabetes," accepted for publication in the March, 2000 issue of Diabetes Educator. Geri is also a new Associate Editor of Diabetes Spectrum and was elected Chair of the National Certification Board for Diabetes Educators. She will serve as Chair-Elect for one year.

Tish Knobf ’82 has been awarded a new one year Oncology Nursing Society Foundation grant to support her study, African-American Women: The Experience of Breast Cancer and Menopause.

Judy Krauss ’70 has been named to the CT Governor’s Blue Ribbon Commission on Mental Health, Expert Panel on Treatment and Intervention. The Commission will focus on how the mental health, child welfare, and criminal justice systems can work together more effectively; how to maximize collaboration of state agencies and the academic and private communities with expertise in mental health; applications of new knowledge in prevention and early identification of mental illness; and the incorporation of treatment approaches into community-based treatment programs. The final report will be sent to the Governor in July.

"Responding to Difficult Patients," by Leslie Nield-Anderson and Pamela Minarik, appeared in the December, 1999 issue of AJN. In writing the article, Leslie and Pamela also worked with Jeannie Dilworth, Janice Jones, Paula Nash, Kristin O’Donnell, and Elizabeth Steinmiller, co-authors and all members of the Class of 1998 in the Psychiatric-Mental Health Nursing Specialty.

Paula Milone-Nuzzo, Associate Dean for Academic Affairs, has been promoted to Full Professor. Paula is the first faculty member in the Clinical Track to attain this rank.
Larice Burtt '55 has been recognized in Who's Who/World 2000. She continues her stone painting creations from her home in Richboro, PA.

Debbie Ward '77 is an associate professor at the University of Washington's Department of Psychosocial and Community Health. In October, 1999, she delivered the keynote address, "American Health Care: Policy, Politics, Finance, and Culture," at the American College of Nurse Practitioners' first clinical conference in Nashville, TN.

Bernadette Forget '78 has been appointed to the position of Director of Professional Nursing Practice and Research at YNHH.

Tom Weaver '80 writes from Flagstaff, AZ where he has been teaching medical-surgical nursing for the past two years at Northern Arizona University. He and his dog, Mac, tell of an adventure-packed trip when they moved from Alaska to Arizona during the summer of 1998... multiple river romps for Mac, as well as a prickly encounter with a porcupine, and a foul experience with a skunk. Tom is planning a Grand Canyon Colorado River rafting expedition in April, 2001.

Carolyn Jaramillo Montoya '81 has been elected the next president of the American College of Nurse Practitioners (ACNP). Carolyn is a practicing PNP and a current member of the board of directors of ACNP. She is employed by the University of New Mexico College of Nursing as their director of the FNP program. Carolyn is a past president of the New Mexico Nurse Practitioner Council.

Ann Williams '81 presented the keynote address, "Nursing, AIDS, and Research," at the first induction ceremony for the Nursing Honor Society of Ramathibodi School of Nursing at Mahidol University in Bangkok, Thailand on January 24, 2000.


Cheryl Zwingman-Bagley '87 became president of the Connecticut Nurses Association in October, 1999.

Jane Loubier Epstein '89 writes from Albuquerque, NM about a recent rendezvous with classmates and their children in Portland, OR.

Phebe (Dodyk) Kiyih is living in...
Berkeley, CA, **Elena (Segen) Mejia** is in Portland, and **Karen (Johnson) Olive** lives in Seattle, WA.

**Gina (Flowright) Kearney ’92** continues as the director of Health Styles, the preventive health and wellness division, of Long Beach Medical Center in New York. She has also started a private practice offering holistic services such as massage, reflexology, Reiki, and ear candling. She became both a Reiki Master and an ARCB certified reflexologist in 1999. She and her husband Tom celebrated their second anniversary while salmon fishing in October.

**Beth Anderson Strand ’92** moved from Maine in June of 1998 to Natick, MA, where she lives with her husband Jon (Div ’92) who is an Episcopal priest at St. Paul’s. Beth is enjoying part-time work as an oncology NP at a private practice in Wellesley so that she can also spend time as a parent. She obtained her post-master’s ANP certificate from Simmons in 1998.

**Amy Vogt Bartolotta ’93** recently gave birth to her second child, a baby girl named Sara Elizabeth.

**Alison Moriarty Daley ’94** gave birth to her first child, a baby boy, on November 19, 1999. Aidan Patrick Daley weighed in at 7 pounds 4 ounces and was 21 inches long.

**Michelle DeSisto ’94** is employed as a CNS at Brigham and Women’s Hospital in Boston where her practice area includes the cardiac catheterization, interventional radiology, and electrophysiology laboratories. She works per diem on a cardiac step-down floor at New England Medical Center to keep her hand in at the bedside and earn some extra money toward buying her own home.

**Katy Cottingham Green ’94** had a baby boy, Zachary, in September, 1999.

**Wantana Limkulpong DNSc ’98** gave birth to a baby girl, Oranan Maneesriwongul, in autumn 1999. Wantana received a grant from the World AIDS Foundation to develop and evaluate a training program for nurses and family caregivers of persons with AIDS. The program began in October, 1999. **Ann Williams ’81**, Jane Burgess, and a nurse from the New Haven VNA, **Ellen Rubin ’80**, have been working with her on a
workshop for nurses from all over Thailand which was held in Bangkok in March. The project contributes to the effectiveness of home-based care for the growing number of people with AIDS in Thailand. In addition, it builds on a long-standing relationship between nurses from Ramathibodi School of Nursing and YSN that began when Poolsook Sriyaporn '73, an associate professor of community health, returned to Bangkok from New Haven.

Jennifer Raybin Madden '99 married John C. Madden, Jr. on September 4, 1999. Jenny in a PNP in neuro-oncology at The Children's Hospital in Denver, CO, where she and John live.

IN MEMORIAM

Lois A. Bliss '31

Charlotte Seyffer '32
died October 30, 1999.

Doris Spencer Wallis '34
died December 14, 1999.

L. Elisabeth Oster '39

Phyllis Kenyon Brown '42
died December 28, 1999.

Patricia Lavens Hemingway '45W
died November 18, 1999.

Ruth M. Welt '47W

Dee Jorgensen Clothier '52
died April 25, 1996.

Helen Turner Watson '53
died September 26, 1992.

Betty Nylen McKeown '40
died October 26, 1999.

Caroline Ruth Weiss '55

Elmo G. Winger '55
died December 2, 1999.

Phyllis Kenyon Brown '42
died December 28, 1999.

Joceline Kumm Alexander '57
died February 18, 2000.

Ruth Monser '60
died December 21, 1999.

Karen M. Hafstad '76
died December 27, 1999.

Ruth S. DeLoatch '82
died December 6, 1999.

Kate Plummer '99 recently began her three year National Health Care Service Corps placement at First Care Medical Services, a rural hospital in northwestern MN. She is the first and only CNM at the hospital, which is located in Fosston.