

# Yale Nursing Matters

**Toxic Stress: Its impact  
and how nursing is playing  
a key role in developing  
strategies of support** page 6



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# Yale Nursing Matters

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**mat•ter** n. Something that occupies space and can be perceived by one or more senses; a physical body, a physical substance, or the universe as a whole. A subject of concern, feeling, or action. Something printed or otherwise set down in writing. v. To be of importance or value. Signify.

**Left:** This summer, Lindsay Geoghegan '16 worked in the Mukono District of Uganda. While there, she met Maria (pictured here with Lindsay). Lindsay was performing a blood pressure screening on her in her village and prescribing blood pressure medication. "I actually was able to follow her medical management all 10 weeks I was there," said Lindsay. "I loved getting to know her."



## MEANWHILE...



The origin of “interim” is mid-16th century from the word *meanwhile*, or provisional adjustment. When President Salovey asked if I would be willing to serve as the interim dean until our incoming dean Ann Kurth comes to YSN in January, of course I said yes. I will do my best to provide that provisional adjustment and am honored to serve as what I consider to be a “bridge” to a new era at YSN and to build a stronger community. I also look forward to working in partnership with Dr. Kurth as we forge this new future built on the past 10 years of Dean Grey’s leadership.

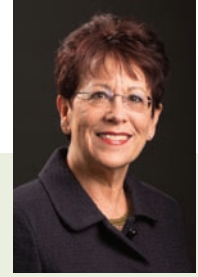
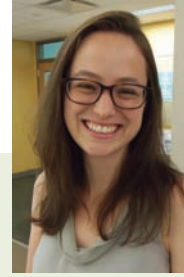
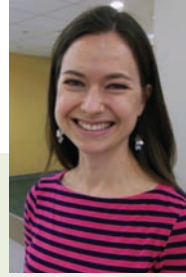
Our talented and committed faculty, staff, and student body are working on some major initiatives upon which Dr. Kurth will build. We have undertaken a major redesign of our curriculum. This will improve currency, increase efficiency, reduce redundancy, and extend scarce clinical sites. The redesign will enable YSN to accept and graduate more students who move more quickly into the workforce and to enhance interprofessional education. We are also creating pathways for ease of transition to doctoral study and clinical residencies. To this end YSN recently received a grant to provide mini iPads for our prespecialty nursing students to use during their longitudinal clinical experience. In collaboration with Yale School of Medicine, these students work in teams composed of a nursing, medical, and physician associate student. They work together in a clinical setting throughout their prespecialty year learning fundamental skills in patient care, communication as collaborating health professionals, and quality improvement. This grant will help us build the platform to fully launch the new curriculum next year.

A new school year always brings a sense of uplifting promise and excitement. YSN welcomes the most amazing students who begin their career as a Yale nurse. They leave as leaders who have learned, in the words of former dean Donna Diers, that

***“nursing is stage management, even choreography. In this secret world is a rich language and understanding of the human experience, not only of the patients we are mandated to serve, but of the range of human contacts with colleagues in all disciplines. Nurses know how the world of health service delivery works.”***

This year there is palpable anticipation of our future as we work toward our mission of better health for all people as nurse leaders.

Holly Powell Kennedy, PhD, CNM, FACNM, FAAN  
Interim Dean and Helen Varney Professor of Midwifery



## YSN SPOTLIGHT NEWS



Harold Shapiro

### Incoming Dean Moderates Forum with U.S. Surgeon General at Yale School of Management

Last month, YSN incoming dean Ann Kurth, PhD, RN, MPH, FAAN, moderated a Leaders Forum with U.S. Surgeon General Vivek Murthy, MD, MBA, at Yale School of Management. Kurth and Murthy discussed some of the nation's health programs, global health and the impact the United States can have on it, and how and why Murthy came to be the Surgeon General.

The Surgeon General's office is currently promoting walking and walkable communities through its Step It Up! program. The program calls on Americans to be more physically active through walking, thereby significantly reducing the risk of chronic disease and premature death, and supporting positive mental health and healthy aging. "My goal as Surgeon General is to build a culture of [disease] prevention in America," said Murthy. "That is the culture that our country deserves."

Murthy's message of a preventive culture was reminiscent of Kurth's welcome speech to the YSN community earlier this summer. "YSN's place in this potential health and health care revolution is more important than ever," she stated. "We know we need to drive health expenditures toward prevention, and we need to address chronic disease by working in interprofessional teams with activated clients at the center of that care. YSN can be not just a national but a world leader in nursing and health care."

### Two PhD Students Selected for Prestigious Robert Wood Johnson Foundation Future of Nursing Scholars Award

Bridget Hutchens and Halley Ruppel are among the 46 nurses in the United States this year to receive a prestigious Future of Nursing Scholars program award to support their PhD study. The Future of Nursing Scholars program is a multi-funder leadership program spearheaded by the Robert Wood Johnson Foundation (RWJF) that is increasing the number of nurses holding PhDs in Connecticut and around the country. More PhD-prepared nurses are needed to increase the number of nurse leaders, conduct nurse-led science and discovery, and educate the next generation of nurses, the Institute of Medicine has said.

Hutchens intends to focus on maternal mental health and how to support women during the transition into motherhood. She is particularly interested in non-pharmacological methods of supporting maternal mental health, including exercise, sleep, meditation, supplements, and other modalities.

Ruppel is interested in exploring critical care nurses' use of monitoring technology and the subsequent impact on patient care and outcomes. Understanding the impact of technology on nursing care and patient outcomes can inform both the education of critical care nurses and development of better technology.

The Future of Nursing Scholars program provides grants to schools of nursing so that they can provide scholarships to PhD candidates who will commit to completing the program in three years. Hutchens and Ruppel will each receive an award of \$75,000, as well as mentoring and leadership development over the course of the PhD program.

### YSN's Beatrice Renfield Term Professor of Nursing Selected as Ambassador for the National Institute of Nursing Research

The Friends of the National Institute of Nursing Research (FNINR) recently selected Nancy Redeker, the Beatrice Renfield Term Professor of Nursing, as an Ambassador to the National Institute of Nursing Research (NINR).

"The environmental, social, and political conditions that influence the health and well-being of all Americans are served by exquisitely prepared nurses, reflected so aptly through NINR," stated FNINR President Michael Bleich, PhD, RN, FAAN. "FNINR and our Ambassadors do this work with the health and well-being of the public in mind."

This year, FNINR selected eight outstanding Ambassadors to join the 12 chosen in 2014. Ambassadors are selected from a national pool of applicants based on their abilities to advance public, professional, and policy-maker awareness of the critical research agenda linked to the NINR. "Nursing research has had an enormous impact on health and quality of life and will have an increasing influence in the future," said Redeker.



## Student Is First-Ever Nursing Recipient of the Paul and Daisy Soros Fellowship for New Americans

A new student at YSN this fall, Shinichi Daimyo, was named a Fellow by the Paul and Daisy Soros Fellowships for New Americans program. The program, which is the premier graduate school fellowship for immigrants and children of immigrants, awarded Daimyo \$90,000 toward his graduate school studies at YSN.

Daimyo is the first-ever Soros Fellow in the field of nursing. Out of 1,200 applicants, he and 29 other recipients were selected based on their potential to make significant contributions to U.S. society, culture, or their academic field.

Daimyo witnessed firsthand the trauma experienced by the Vietnamese boat refugee community when he was growing up in Los Angeles. While cultural norms told him to ignore mental health issues, Daimyo chose instead to focus on them. As a psychology major at the University of South California, he volunteered in the Navajo Nation, and studied the psychological consequences of the Cyprus problem in the Republic of Cyprus and Turkish Republic of Northern Cyprus. Recognizing similarities across these diverse settings, Daimyo was inspired to study mental health across cultural boundaries and countries.

"My global mental health work has made it clear to me that nursing holds the key to addressing the significant global burden of mental disorders in the poorest areas of the world," said Daimyo. "I feel fortunate and am thrilled to be able to tackle this issue with two incredibly talented, diverse, and accomplished communities."



## PhD Student Selected as Bloomberg Emerging Nurse Scholar

The competitive Lawrence S. Bloomberg Faculty of Nursing accepted YSN PhD student Nancy Knechel '15 to present her research at the Emerging Nurse Scholars Forum which took place on October 26-27, 2015, in Toronto, Canada.

The Bloomberg Emerging Nurse Scholar program is an invite-only program in which developing nurses come together to share research and connect with other nurses and doctoral students. Knechel had the chance to share her research while reaching out to others to collaborate, and help each other improve their ideas and further build upon nursing science.

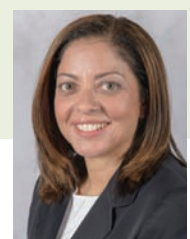
Knechel presented her research, titled "The Relationships Between Sleep Disturbance and Falls Among Veterans Who Have Experienced Strokes." "Falls are a multibillion-dollar public health problem, and fall prevention is the focus of many local, state, and national policy initiatives," she explained. "Presenting my research findings among such highly regarded scholars offered a unique professional growth opportunity that I believe was highly valuable as an early-career nurse scientist."

## Impact of Genetic and Psychological Factors on Blood Pressure Study Update

It's been one year since YSN Associate Professor Jacquelyn Taylor, PhD, PNP-BC, RN, FAAN, and Yale School of Medicine Associate Professor of Psychology in Psychiatry Cindy Crusto, PhD, were awarded a \$3.4 million grant by the National Institute of Nursing Research. Taylor and Crusto expect more than 500 people (250 mother/child dyads) to participate in the study, which will investigate the combined association of genetic, epigenomic, and psychological environmental factors on blood pressure among African American mothers and young children. Currently, more than 100 people (50 families) have enrolled.

Throughout the remainder of the study (the entire study spans five years), Taylor and Crusto will collect data from each mother and her child every six months for two years. They are partnering with early childcare centers, daycare centers, and schools that serve children and their families, some of which may lack needed resources and may face stressors that impact the families' health and well-being. Taylor and Crusto believe the results of this study will serve as a platform for development of interventions that target lowering and preventing high blood pressure early in life, thereby reducing health costs and extending lives.

Ultimately, Taylor and Crusto hope to expand their understanding of how genetic, epigenetic, and psychological factors like parenting stress, perceived racism and discrimination, and mental health impact African American mothers' and children's blood pressure. More information about the study can be found on their webpage at <http://intergen.yale.edu>.



Jacquelyn Taylor (left) and Cindy Crusto (right)

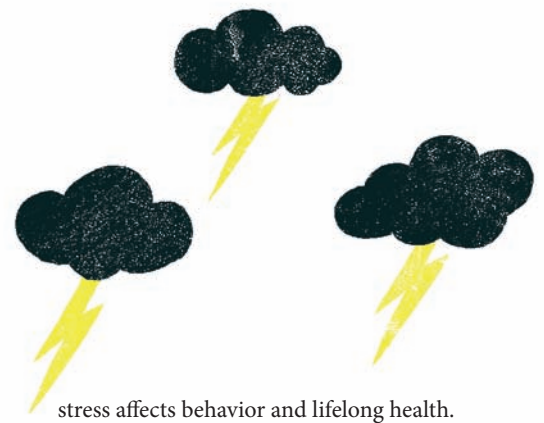


## **Exposure to Toxic Stress in Childhood**

Linked to  
Risky Behavior and  
Adult Disease

By Ziba Kashef





stress affects behavior and lifelong health. “Some of the effects of toxic stress are more immediate, and some are more delayed responses that may not show up until later,” Sadler explains.

### Adversity and Its Effects

No one knows how many children experience toxic stress, but a growing body of research on “adverse childhood experiences” suggest that it may be common. In the late 1990s, the Centers for Disease Control and Prevention collaborated with Kaiser Permanente to conduct the Adverse Childhood Experiences (ACE) study. The research on more than 17,000 adults found that those who had experienced abuse, neglect, or family dysfunction during childhood were more likely to develop unhealthy behaviors and serious disease in adulthood. “What we found in the ACE study was that in a clearly middle-class population—which made it even more unexpected—a remarkable number of people had had toxic life experiences in childhood that were still playing out roughly a half century later,” says Vincent Felitti, MD, an internist at Kaiser Permanente and co-principal investigator of the ACE study.

More than one in four adults surveyed had experienced at least one of the childhood adversities, and one in eight reported four or more ACEs, including emotional, physical, or sexual abuse; emotional or physical neglect; and household dysfunction (divorce or separation, domestic violence, parental substance abuse, parental mental illness, and an incarcerated family member). The most common ACE was physical abuse, reported by 28.3 percent of adults. “What we found in a general population was that in fact ACEs were remarkably common and remarkably destructive,” Felitti says. ACEs are linked to both risky behavior and adult disease. According to one paper published

**H**ow a mother responds to her baby’s cries can make a big difference in the child’s ability to learn, develop, and thrive. While a warm, supportive response can help the baby calm down and feel secure, a distant or angry reaction leaves the child to fend for herself in a scary world. Over time, the lack of nurturing in the face of adversity in childhood can contribute to “toxic stress”—a harmful level of stress that can affect the child’s well-being well into adulthood.

“Toxic stress is the prolonged experience of significant adversity,” says Monica Ordway, PhD, APRN, PNP-BC, Assistant Professor at Yale School of Nursing (YSN). Left unchecked, toxic stress in early childhood strains the stress response system and even alters the developing brain. “Over time, without intervention, toxic stress will lead to an increase in adverse health outcomes that would last a lifetime for these children.”

### What is Toxic Stress?

The term “toxic stress” refers to stress that is not only overwhelming to a child but also not alleviated by the buffering of supportive adults. A concept developed by the National Scientific Council on the Developing Child, toxic stress describes the body’s response to negative events or experiences that are either powerful, repeated, or prolonged. A child who routinely suffers abuse, neglect, or other forms of hardship, such as poverty, may be at risk for this harmful form of stress.

Toxic stress has gained attention in recent years as advances in the areas of epigenetics, neuroscience, and life-course science have all pointed to it as a source of poor outcomes for children and adults. “This is a rapidly evolving field,” says Andrew Garner, MD, PhD, FAAP, a primary care pediatrician at University Hospitals Medical Practices in Cleveland. He explains that experts in developmental science have

long understood that catastrophic events, such as experiencing or witnessing trauma, have negative effects on children. But now “people are beginning to realize that there is a spectrum of childhood adversity,” says Garner. Family circumstances that were considered routine—such as divorce or separation, parental mental illness or substance abuse, or growing up in poverty—are anything but. “Whether the adversity is catastrophic or more routine and mundane, the effect on the body is similar. There’s that common denominator of the physiologic stress response,” he explains.

When stress is positive or tolerable—a child gets an immunization or starts day care—the proverbial “fight-or-flight response” kicks in temporarily. The fight-or-flight response, in which stress hormones rise and inflammation increases, is healthy and crucial for survival. But when the stress response is prolonged and not eased by caregiver support, it becomes toxic to the brain and other organ systems, according to a report co-authored by Garner et al., and published in *Pediatrics*. The part of the brain that triggers the stress response (the amygdala) may become overdeveloped and overactive, while other areas of the brain that govern memory, learning, and decision-making underdevelop. “Most worrisome,” says Lois Sadler, PhD, RN, PNP-BC, FAAN, Professor at YSN, “is that areas like the prefrontal cortex, which is where we do most of our thinking and decision-making, may not become as developed as the other, more emotion-regulated parts of the brain.” The combination leaves young children with a chronically heightened stress response system.

These changes in the brain’s architecture and functioning can have far-reaching effects. In a child chronically exposed to toxic levels of stress, the changes may result in chronic anxiety, learning delays, or poor social skills. Over time, toxic

in *American Journal of Preventive Medicine*, people who experienced four or more ACEs were more likely to be at risk for alcoholism, drug abuse, depression, and suicide. They were more inclined to smoke, and be inactive and obese. Most disturbingly, those who suffered the most adversity in childhood were more likely to develop diseases such as ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

The original ACE study findings were recently confirmed by a follow-up study released in late 2014 by the Center for Youth Wellness and the Public Health Institute. The study report, “A Hidden Crisis: Findings on Adverse Childhood Experiences in California,” found that a majority of more than 27,000 adults surveyed, or nearly 62 percent, had experienced one or more types of childhood adversity. The research confirmed the link between four or more ACEs and disease, such as asthma, stroke, and depression. It also found that those who endured the most childhood adversity were at risk for other poor life outcomes, including poverty, unemployment, and lack of health insurance.

These data are mirrored by what nurse practitioners like Ordway have seen in practice. She cites poverty, food insecurity, and even maternal depression as examples of factors that contribute to childhood adversity and toxic stress in families. “Single parenthood can place financial strain and burden on the parent that often increases their level of stress, which impacts the child,” she says. Even in two-parent households, long hours and job insecurity can take a toll and interfere with the ability of the caregiver to provide the type of supportive, responsive environment that would otherwise buffer stress.

Additional forms of adversity may include environmental factors like violent crime or gang activity at the neighborhood

“Toxic stress is the prolonged experience of significant adversity. Over time, without intervention, toxic stress will lead to an increase in adverse health outcomes that would last a lifetime for these children.” — Monica Ordway, PhD, APRN, PNP-BC

or community level, notes Sadler. Inside the home, open conflict between parents, the presence of transient or intoxicated family members, and exposure to violent media could undermine a child’s ability to feel safe. What the science has demonstrated is that the impact of these exposures, and the toxic stress that follows, is not benign. “When we start talking about changes in the way the genome works, the way the brain architecture is formed, that helps people begin to understand the way early childhood experiences are literally embedded in the body,” says Garner, “and therefore strongly influence behaviors, productivity, and health down the line.”

#### Solutions to Toxic Stress

Child development experts may not be able to eliminate the triggers of toxic stress—poverty, neglect, abuse—but they can help support families from the prenatal stage onward. “What’s the thing that tends to prevent toxic stress? It looks like it’s safe, stable, and nurturing relationships,” says Garner. With the support of a caring adult, a child’s stress response can return to normal, even in the face of significant adversity such as divorce or death of a family member. The presence of protective adults makes it possible for a young child to adapt to stress in healthy ways that facilitate growth and healthy development.

One effective strategy for helping new parents build the skills they need to buffer stress for their children is home visits from nurses and other providers. For example, the *Minding the Baby*® (MTB)

program, developed by Sadler and her colleagues at the Yale Child Study Center, Fair Haven Community Health Center, and the Cornell Scott Hill Health Center in New Haven, is an evidence-based intervention that begins with mothers at the prenatal stage. From the third trimester up to age two, pediatric nurse practitioners and clinical social workers visit mothers—typically teenage parents—in the home environment to provide health and mental health care. By intervening early, MTB nurses target two generations—the stressed-out young mother and later, her child. “It’s a double layer of trying to help parents understand their own responses and their own underlying feelings that may be coloring the way they interact with their child, as well as trying to understand the child,” says Sadler.

Parents who are overwhelmed by their own challenges are often less equipped to offer the care and support children need to handle adversity. “Often caregivers have the right intentions but they did not experience positive parenting as a child themselves to prepare them to parent their own children,” notes Ordway. A mother who grew up experiencing toxic stress as a child may still be coping with the effects or have few positive parenting examples to draw from. “There’s an intergenerational issue here, where they’re raising their children the way they were raised, so there was often no role model to show how to sit and talk to the child about their feelings or emotions,” Ordway adds.



Home visiting programs address these intergenerational issues. In the MTB program, through a process called “parental reflective functioning,” young mothers learn to better understand the feelings, intentions, and needs that underlie their own behaviors and those of their child. “It’s a gradual process because it’s a different way of thinking about themselves and their children than they have probably ever done before,” she notes. New mothers who reflect not only on their own feelings, but also on the developmental needs and emotions of their fussy babies, are better able to respond positively. “That helps them be more sensitive to what the baby might need or to try different things,” says Sadler.

Research on home visiting programs shows they work. In a paper published last year, Sadler et al. found that children in the MTB program are much more likely to develop secure attachments to their mother. “What we’re hoping is that this secure attachment in a high percentage of families is going to work like a protective shield against the toxic stress that they are encountering in their lives,” says Sadler. “That is, ‘yeah, scary things can be happening, but mom’s going to make it okay.’” Another well-known home visiting program, the Nurse Family Partnership, has shown many positive results for children and families.

Working with Sadler, Nancy Redeker, PhD, RN, FAHA, FAAN (YSN’s Beatrice Renfield Term Professor of Nursing, Director of the school’s Biobehavioral Laboratory, and Professor at Yale School of Medicine’s Department of Internal Medicine), and a pediatric sleep working group, Ordway is exploring additional interventions that could be applied by primary care providers, either in a medical home or in private practice. Specifically, they are looking into ways to help improve the sleep patterns of children and parents. “We know that the same health outcomes

experienced by children exposed to toxic stress are similar to what we see in children who experience sleep deprivation or poor sleep quality, leading to poor health outcome risk,” says Ordway. “One of the theories we have is if we can support parents to develop healthier sleep quality, better sleep duration for children, that may be a way of buffering the effects of toxic stress.”

To effectively address toxic stress, however, both Sadler and Ordway explain that multiple interventions are essential. “There’s a need for different kinds of programs that fit the particular needs of families or communities,” says Sadler. Some individuals may have specific needs that fit well with components or strengths of particular interventions. Certain families may need to participate in an intensive home visiting program, while others might benefit from a sleep intervention provided in a pediatric or family primary care setting. “A diverse menu of interventions will be most successful,” Ordway adds.

Garner describes a range of possible interventions that reflect a comprehensive public health approach—from evidence-based therapies to treat those children who have experienced trauma to targeted interventions that would screen and identify those at risk. Parenting programs and early intervention programs can help address the problem before children start to experience the effects of toxic stress, such as developmental delays. Another public-health-oriented approach, he notes, would be some form of universal primary prevention that all children receive, such as social-emotional learning in school. “Our real long-term goal is to help kids build skills so that when they have adversity, they deal with it in an effective manner,” he says. “If we can somehow find a way to make adversity more tolerable or even positive so those experiences are opportunities to learn and grow, that’s what we’re trying to do.”

## The Role of Nurses

Nurses are already on the front lines in the battle against the negative effects of toxic stress. From prevention, intervention, and treatment, nurses often spend more time with patients in different settings and have opportunities to minimize the impact of adversity on children and families. Whether they are registered nurses, nurse coordinators, nurse practitioners, or nurse researchers, nurses across disciplines play a key role in identifying those at risk and developing the most effective interventions.

To support families, nurses can also work in interdisciplinary teams. “We’re really good at doing that as nurses,” notes Ordway. “The most successful programs will incorporate an interdisciplinary approach—social work, nurses, physicians all together working to identify how we can better support these families.”

Nurses can also have an impact by raising awareness and influencing policy. “I think, as nurses, we also need to be very active in changing some of the governmental policies around how we support families,” says Ordway. One example, Ordway notes, is to advocate for policy change that would allow nurses to refer families with depressed mothers because of the link between maternal depression and adverse childhood outcomes. “That’s a policy that as nurses we can impact,” she explains.

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Robert Lisak

## Interprofessional Education at Yale: Breaking Down Historical Silos to Improve the Learning Experience and, Ultimately, Patient Care

**YSN faculty members Deborah Fahs, DNP, MSN, FNP-C, RN, Linda Honan, PhD, MSN, CNS-BC, RN, and Phil Martinez, MSN, APRN-BC, have been working with Yale School of Medicine (YSM) and Yale University's Physician Associate (PA) program on an interprofessional educational program for medical, nursing, and PA students. Learn more about the program from Fahs, Honan, and Martinez, including its challenges, benefits, and why it's necessary in health care education.**

### What is interprofessional education?

Interprofessional education (IPE) is a pedagogical approach to shared learning in the laboratory, classroom, simulation and/or classroom setting among students from two or more health professional schools with the aim of improving teamwork, communication, and collaboration.

### What are some direct benefits of the program?

The students' shared learning commonalities rather than "differences" will make a difference in changing the culture of health care. For faculty, there is comfort and pride in being a member of an interprofessional team from YSM, the PA program, and YSN. And clinical sites have the joy of educating energetic, committed students who bring a fresh lens of openness and curiosity to the units.

### What is unique about the program?

We are able to train three disciplines of health care providers together from the very beginning of their health care education. It allows us an opportunity for our students to learn simultaneously with their physician and PA colleagues while they are all still forming their professional identities. We are capitalizing on their similarities by teaching important clinical skills like history taking and physical exam together while at the same time teaching them the importance of teamwork, quality and safety, and culture. In addition, it is a chance for faculty from YSN, YSM, and the PA program to work collaboratively to learn about the history and nuances of each school. We have worked diligently to learn more effective ways to work together outside of the historical silos that have separated our schools, and ultimately we believe we also have become better teachers and health care providers because of it.

### How will the program impact the field of health care and the health care team?

The awareness that IPE plays a critical role in preparing future health care professionals for collaborative practice has been recognized for years, and research studies link positive patient outcomes with improved coordinated and collaborative practices among health care providers.

### What are some of the challenges you encounter with the program? How do you plan to address these challenges?

Getting buy-in from all three professional schools was a major hurdle. It is also challenging to develop and maintain a culture among students and faculty who appreciate the worth of shared learning. Securing clinical sites for the now 120 students has been one of our greatest challenges. We have made a concerted effort not to approach preceptors who already participate in Yale clinical education. As we identify these challenges, we work them out as a team on a case-by-case basis. We are cognizant of the fact that if our interprofessional students do not observe us, as core faculty, functioning as an interprofessional team, our efforts are futile.

### Why is it important that we educate our students (nursing, medical, and PA) in an interprofessional environment? What will happen if we don't?

When there is mutual respect and open dialogue, everyone benefits. By capturing the attention of students early, while they are still learning about their own roles in the health care system, we can share with them the need to work together not only to solve the problems of today, but also to help effect change in the future as they become the next generation of health care leaders.

If we choose not to educate our students interprofessionally, it will only serve to worsen the delivery of care in a system already overwhelmed and fragmented. It is the perfect time for us

all to learn collaboratively, while still honoring the teaching of our individual programs regarding the uniqueness that makes a nurse a nurse, a physician a physician, and a physician associate a physician associate.

### How will the program enhance the nursing student's educational and clinical experiences?

Without this program, students have episodic, unstructured opportunities to learn together, often relegated to chance rather than deliberate, thoughtful organization. Our students have noted that their IPE fosters cooperation among team members and aids in eliminating issues of competition, and they came together realizing their mutual goal of patient-centered care.

### Can you name one "ah-ha" moment when you witnessed how the program would positively impact the field of health care and the health care team?

Witnessing the energy, commitment, and desire of our students to work together is nothing short of exhilarating. And it is an "ah-ha" moment that revealed to us that our students themselves are ready for and wanting IPE.

### Where do you hope the program is in the next five years?

We anticipate that the program will go live for all three schools next year, doubling our numbers of students from 120 to 240. We are excited for the future and are so very thankful for the support from each of our deans and senior administration. We hope that our team of faculty from each of the schools will continue to work to help mold the future of interprofessional education at Yale. For now, however, it is time to teach physical assessment to a group of nursing, medical, and PA students who are all eager to learn from us that the cardiac exam each of them will do time and again in their careers is one and the same.

# GETTING TO KNOW YSN Dean Designate Ann Kurth '90

**It's no secret that Yale School of Nursing's incoming dean, Ann Kurth, PhD, RN, MPH, FAAN, is well equipped to propel the school forward as a leader of modern academic nursing. What many may not know is where her passion for nursing, global health, and science originates, and how it has guided her professional career.**

"My own journey in nursing began with a story and loss that is still all too common in the world, especially in low-income countries—the death of my great-grandmother following childbirth—in what is now the Slovak Republic," explained Dr. Kurth. As a result of her great-grandmother's passing, her great-grandfather immigrated to the United States, which Dr. Kurth credits as providing her with the opportunity for an Ivy League education. "Her preventable death and his loss reverberated in my decision to come to Yale to learn the clinical skills of nurse-midwifery."

As the daughter of a nurse and doctor (mother and father, respectively), Dr. Kurth was exposed to health disparities well before she began her education at YSN. Her parents volunteered extensively, including with the Navajo Nation and in Latin America. Through these experiences, she witnessed health care disparities in general, and the contribution of nursing in particular.

Following her graduation from Princeton University, Dr. Kurth was awarded a fellowship established by Marie Curie's daughter, to work in Malawi evaluating an agricultural project for its impact on the nutritional status of children. While there and weighing thousands of infants, she realized she was not properly trained to care for them. Dr. Kurth enrolled at Columbia University, where she earned her master's in public health in population and family health. Her desire to enhance her clinical skills brought her to YSN.

Dr. Kurth arrived at YSN during the height of the HIV epidemic in the city. The disease was devastating to communities like the Dixwell Avenue neighborhood in New Haven, where she lived as a YSN student. "We owe so much to that period of tragedy and activism," she said.

The driving principle across her research career is: how do we deliver the most effective health care in the most efficient way? "The science that I've aimed for is identifying best practices to prevention and care, and working to scale them up into the health system level," she explained. While there has been significant progress in HIV treatment and prevention, for example, Dr. Kurth acknowledges that there is still a way to go. "We need to disseminate what works so that we can turn the tide of the epidemic, but we can get there only if our nurses and midwives—the largest cadre of health professionals everywhere—are actively engaged with communities in health care models."

After YSN, Dr. Kurth assumed several leadership roles, including president of the Association of Nurses in AIDS Care. In this role, she explains, she met some of the best nurses she has seen in her career so far. In addition, she took on another leadership role at a national HIV non-governmental organization, which made her aware of the importance of advocacy. As an elected member of the Institute of Medicine, she was involved in evaluating the global PEPFAR HIV program. At the University of Washington, where she began her academic nursing career after earning her PhD in epidemiology, she



Leo Sorel

had the chance to be part of a new Department of Global Health. She now serves as Treasurer of the Consortium of Universities in Global Health, a coalition of 140 leading universities focused on the contribution of academics to improving health worldwide. At the national level she is a member of the U.S. Preventive Services Task Force, which sets prevention and screening guidelines for primary care practice in the country.<sup>1</sup>

"From the first glimpses of HIV to being part of national advisory bodies evaluating billions in funding to improve the lives of millions, the lesson I've learned is that the health of individuals, communities, and countries can be improved," stated Dr. Kurth. "Nursing and midwifery are a central part of that evolution. As nurse educators and scientists, we have to keep demonstrating how."

Until she assumes her role as dean of YSN in January 2016, Dr. Kurth is professor of nursing, medicine, and public health at New York University (NYU), founder and executive director of NYU College of Nursing Global, and associate dean for research at NYU College of Global Public Health.

Once at YSN, she looks forward to working collaboratively to reinvigorate the school's research, develop clinical practice and faculty, enhance the student experience, increase resources and partnerships, and support an optimal workplace culture.

"We can help improve the lives of many—including stopping women in childbirth from dying around the world—by educating more midwives and nurses, and more nursing leadership, as we do so well at Yale."

<sup>1</sup> Siu AL, Bibbins-Domingo K, Grossman D. Evidence-Based Clinical Prevention in the Era of the Patient Protection and Affordable Care Act: The Role of the US Preventive Services Task Force. JAMA. 2015 Sep 30;1-3.

## CLASS NOTES

**Jean Bradley, 1952** I am currently residing in an independent living center in Chester, CT. At 87 years, I am thankful that I can be of help to some of my fellow residents who are not so fortunate. My nursing skills are outdated, and I am envious of the younger grads that work in such exciting and challenging hospital and community settings. YSN has come a long way since 1952 when I graduated.

**Ardis Wagner, 1952** Medicine is big in my family. My recently deceased husband was a Yale MD graduate. My son is an MD, my granddaughter will graduate med school in 2016, and my daughter and daughter-in-law are actively nursing. At 92 years I am enjoying family, church, exercise, and lectures at nearby college. Life is good!

**Lois (Podie) Brunton, 1953** Nursing is inbred! At these later years, it continues to provide help to neighbors, friends, and family.

**Connie Callahan Hornickel, 1953** At age 87, I am blessed to be in excellent health, volunteering in the community, The City Mission, and my church. Recent corneal surgery was really life-changing, best vision I have had in 20 plus years. Maybe the lessons learned at YSN in the 1950s including nutrition and regular exercise have been worth it (plus some magic genes!).

**Adelia (Dede) Robertson, 1955** I just had my seventh great-grandchild, am still involved decorating CBN and Regent University, and am participating in Operation Blessing missions. My husband is still active doing a daily TV show, and we stay busy!

**Jeanne Kates Johnson, 1955** I am still working. I started a small clinic to continue the work

my husband and I did for 30 years. I counsel clients on weight issues. I have been operating this for 10 years, working two full days a week. Not thinking of retiring. I still attend ASBP meetings.

**Gail Elaine Harwood, 1956** My husband and I are in our 80s, in reasonably good health for our age, and still living in our home. We will celebrate 53 years of marriage in September!

**Anna Haupt, 1957** Healthy and happy, and celebrating my 60th wedding anniversary this summer.

**Marjorie Lewis Wallace, 1957** I am retired from working in nursing homes and live in a retirement community with my husband in Rochester, NY. We do not travel out of the area very far these days. I decided long trips on the road are a bit much at our ages. I am the driver for the two of us. Our three children and three grandchildren are all very busy with their lives and all live in other states. When they visit, our children are in touch with work via their smartphones. For decades I kept in touch with Mary Stone Brodish and Barbara Holcenburg Schneider at holiday time, but that has stopped. I send best wishes to my classmates.

**Dottie Bittner, 1957** Mimi Dye '58 published a book, *Assumptions Can Mislead*, about Ida Orlando's work.

**Jane Ergood, 1958** My husband, Bruce Ergood, MRE (YDS), PhD (retired Ohio University faculty, two LA Fullbrights in Argentina), and I have been training rural health workers in Honduras for 10 years. I was nursing director in Florida and then exec. in southeast Ohio for seven county MIC projects and feel as though locals can do great work in poor



Joy Ruth Cohen '63

areas. I continue to fundraise and connect, working with Episcopal churches. I have five grandchildren.

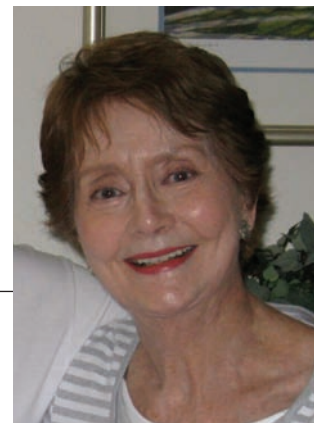
**Joy Ruth Cohen, 1963** My husband, Howard, died in May 2012. In February 2014, I sold our home in Clinton, CT, and relocated to Lunenburg, MA, to be closer to our daughter, Dr. Cynthia Cohen. She is a small animal veterinarian and a nationally certified sign language interpreter. I have a lovable 8-year-old Boxer, Monty (the Wonder Dog), and a personality-plus 8-year-old Sheltie, Misty Sashay. I am active in fields of alternative care and am restarting my "Hypnosis Works" business. I continue to be an active distributor for Shaklee products.

**Angela McBride, 1964** I am part of a "Lessons in Leadership" video developed in March 2015 by the Gordon and Betty Moore Foundation, available at: <http://www.moore.org/programs/patient-care/betty-irene-moore-nursing-initiative/betty-irene-moore-speaker-series>.

I am to be inducted as an Honorary Fellow, NLN Academy of Nursing Education, on October 2, 2015.

**Bette L. Davis, 1971** I am happy to share with my 1971 classmates and all YSN alumnae/i and faculty the news of publication of the following book: *Ahead of Our Time: Chapel Hill's First Nightingales*.

I was in the first class of 27 female students admitted in 1951 to the University of North Carolina's new School of Nursing and among the 17



Bette L. Davis '81

who graduated in 1955 from North Carolina's first four-year bachelor of science in nursing program. I am among those graduates in the book who share memories of their journey through their undergraduate years and how this new approach to nursing education affected the rest of their lives. My own memoirs also include my graduate school years at Yale and its influence on my life and career after graduation.

**Maureen Doran, 1971** It's been four years since returning from Botswana and two-plus years in the Peace Corps. I reopened my private mental health practice at a half time pace. Great! Enjoying family is wonderful...including granddaughter Avie, who is 5 years old in Cambridge, and Brennan, who is 1 year old in Oakland. Anyone headed west, come see us in Denver!

**Mary Geary, 1974** I have been elected vice president of the board of trustees of St. Francis Medical Center, a Trinity Health System hospital in Trenton, NJ. My appointment two years ago to the board is part of a national movement promoted by the Robert Wood Johnson Foundation to foster the appointment of nurses as community members of boards, recognizing the breadth of clinical and leadership skills that nurses can bring to a hospital board.

**Judy Flanagan, 1975** I'm trying to stay cool, which is not easy in a hot, humid climate. Still, we've had very little severe storms these last few years. I'm grateful for that. I have two line dance

**“Given what nurses see in home care—what they learn about the barriers to adherence individuals struggle with—it strikes me that starting one’s career in home care is incredible preparation for any other kind of nursing.”**

## Adele Pike '84: The Unique Perspective of a Home Health Care Nurse



Adele Pike traveled an unconventional path following her graduation from YSN in 1984. Unlike many of her fellow graduates, Pike did not immediately begin working as a nurse in a hospital.

Instead, her first job was in home health care.

Home health care includes a broad range of care and support services for those who are recovering from a hospital stay, are disabled or chronically or terminally ill, and need treatment and/or assistance with the essential activities of daily life. Pike explains there are numerous challenges with home care, including providing care autonomously, with no peers or “supply closet” in the immediate vicinity. Limited basic resources like running water may be in short supply, patients may be struggling with financial insecurity and/or tenuous family support, and community services are often hampered by long wait lists. In addition, there are logistical challenges like weather emergencies, lack of cell phone service, poor connectivity, traffic, long distances between patient homes, and less than optimal communication between multiple health care providers. “Working as a home care nurse demands incredible creativity and problem solving,” stated Pike. “It’s the hardest job I’ve ever done, but I could not go back to working in an institution.”

Following Pike’s first job in home care after graduation, she worked as an intensive care unit nurse at a National Institutes of Health clinical center for three years. She then moved to Boston and worked as a clinical nurse specialist at Beth Israel Hospital for 10 years. When the health care financial crisis hit, Pike saw an opportunity to move back to home health care, where she had more control over her practice.

As one can imagine, the patient-nurse relationship is very different in home care than in the hospital setting. A significant part of Pike’s job as a home care nurse is establishing a collaborative relationship with the patient. “You are now on the patient’s turf, and he or she is driving the bus,” she explained. “As a home health care nurse, you are heavily

involved in case management, patient teaching, crisis intervention, and other hands-on tasks.”

Home care nurses see their patients in a way that no other provider in the health care system is able to. They see patients managing (or not managing) illness and recovery in the context of their day-to-day lives. This is an incredible privilege and responsibility. As a result, the nurse has to rethink and adjust her or his approach to care. “We have to move away from the hierarchical tendencies that, as nurses, we adopt in the hospital,” she said. “We can’t tell the patient when to take his or her meds or what to eat; we can’t put alarms on a bed or chair as a way to help prevent falls. We have to engage with the patient in a way that allows us to provide care according to his or her goals. Early in our relationship with patients we often have to do a lot of work helping them identify their goals for care.” While the different setting requires adaptability, it also provides the nurse with a unique perspective. “You witness people’s resilience and vulnerabilities, regardless of socioeconomic standing.”

This notion of equality in health care is emblematic of YSN’s mission of better health for all people. Pike credits YSN with providing her with the foundation to be the best nurse she can possibly be. Virginia Henderson’s definition of nursing and her framework of the nurse’s work being to help patients restore their ability to meet their basic needs guide her practice. Donna Diers’s influence on Pike is strong. Diers instilled in her the habit of ensuring she has her data when making an argument.

“The faculty at Yale pushed us to get published before we left—then you knew you could do it,” Pike said. “There’s a legacy of really strong women who changed the face of nursing, and in the process changed the face of health care.”

Pike’s dedication to the field is evident to many. In spring 2015, she was recipient of the Outstanding Innovation Leader Award from the Visiting Nurse Association of America (VNA) for her creative approaches to developing and implementing programs in the home health field. During that same time, she was named YSN’s 2015 Distinguished Alumna. Recipients of this award have dem-

onstrated achievement or distinction in their career, their contributions to their communities, or their contributions to YSN. Pike was honored at a banquet during reunion weekend.

Pike is currently the director of education at VNA Care Network and Affiliates. She has worked with this large home care agency for the past 18 years, as a field nurse, team manager, district director, and now head of a 17-member education department. During this time, she has implemented a number of innovative programs. In 2004, she established the VNA’s first academic-service partnership with Boston College, which ran until 2010. Pike then oversaw the establishment of an academic-service partnership between the School of Nursing and Health Science at Simmons College and the VNA. In both of these partnerships, hundreds of nursing students have been exposed to home health nursing by caring for frail elders at assisted living facilities under the direction of preceptors from VNA of Boston.

An exciting outcome of these partnerships has been the establishment of a New Nurse Residency Program in Home Care at the VNA. Now in its fourth year, the program admits five to eight newly graduated nurses a year and provides them a six-month orientation and onboarding experience prior to their becoming fully fledged home care nurses with the agency. Pike acknowledges that there is a myth in nursing that new grads need two years of inpatient medical-surgical experience prior to moving into home care. “Our program should be putting the myth to bed,” she said. “Given what nurses see in home care—what they learn about the barriers to adherence individuals struggle with—it strikes me that starting one’s career in home care is incredible preparation for any other kind of nursing.”

One of Pike’s hopes is to encourage more recent graduates to work in home health care. Through these programs, Pike has witnessed great success with new graduates. She would love to see home health care funding at least preserved if not increased, as home care is an integral part of how the health care system helps prevent illness and injury, reduce hospitalization, keep patients in their communities, and reduce total medical expense.

Tracy Wittreich '80, center, at the 35th Yale reunion with classmates Heather Reynolds, left, and Dean Judy Krauss.



classes and two chair yoga classes every week, and both are so much fun. I volunteer at the St. Vincent de Paul free pharmacy in town as a screener. We are able to provide medicine for the less fortunate, which is very rewarding, and the 65 other volunteers are such nice people. I belong to several quilting groups in this region. We make a lot of quilts to give away, and there are also many nice people at the events. Right now I'm taking a CD course from the Great Courses called "The African Experience: From 'Lucy' to Mandela." It's interesting. I may be old, I don't know. Let's see, I need to take care of my home (not as good as I would have liked after retirement), enjoy more time with Ed, and sing in the choir.

**Susan (Behrenfeld-Zekauskas) Marple, 1975** I have been involved in clinical research for the past 25 years and have owned my own site since 2000. We have specialized in cardiovascular and metabolic drug studies and have been involved in bringing to market many of the current drugs that have revolutionized cardiac and diabetes care. I decided that the age of 70 was a good time to retire and stopped accepting new studies in December 2014. We will complete all current contracts, which will take us



through first quarter 2017. I am enjoying part-time work until that time and look forward to many more years of international travel, Rocky Mountains hiking, and time with family and friends.

**Kathleen Hoppe, 1976** I am retired and involved in the following activities: volunteering at the White House's Office of Presidential Correspondence, volunteering with SHE DC (DC mayor's women's empowerment group), focusing on middle school girls in Ward 6, a member of the Jewish Mindfulness Center, developing a support phone line and peer support group for socially isolated congregants at my synagogue, playing piano and singing, swimming, and running/walking each week. I continue to be a political junkie.

**Karen Suchanek, 1977** I worked for 46 years with children, mainly in child psychiatry. I also worked with adults and families in psychiatry. This was hard work while I was also married and raising two children. In psychiatry it's hard to take time off, as clients need you and call on voicemail if you aren't available in the office. After age 65 my friends convinced me I was really burned out so I started thinking of retirement. I did, and I had two knee operations in New Haven, CT, and waited for my husband to retire in a few years. We then moved to South Carolina, as the weather is beautiful, and we live on an isolated island 20 minutes from the beach. My children are older, and I have one grandchild in Massachusetts. We are leaving for the wedding of my 35-year-old up north next week. My life is more relaxing now. There are many things to do in Charleston, and I still sing in a choir.

**Sarabeth Friedman, 1978** I am living and working in Denver along with many YSN grads. I think there is about 10 of us! I work part-time, so I have time to ski, bike, swim, quilt, and write my memoirs! I'm working with the Department of Public Health and also at Denver Hospice as an RN. I'm about to become a grandmother for the first time. The baby will be born in Cambridge, MA, with the assistance of the CNMs at Mt. Auburn Hospital, most of whom were students of mine at YSN, so I am happy and confident to have them help!

**Andree de Lisser, 1979** I graduated from Case Western Reserve University on August 15 with my DNP, so that's big news for me! I will be submitting a manuscript about my capstone research on chronic sorrow in the elderly for publication. As you know, I currently teach full time at YSN and am thoroughly enjoying being back at YSN in that role.

**Deborah Boyle, 1979** I presented at the International Society of Nurses in Cancer Care conference in Vancouver, Canada, on compassion fatigue in oncology nurses. I published an article in the July 2015 issue of *Nursing* entitled "Compassion Fatigue: The Cost of Caring." In addition, I was just appointed as a trustee of the Oncology Nursing Foundation Board. I will be volunteering in Vietnam for two weeks at their national cancer hospital in Hue; I will be the only nurse on a team of an American and Australian

group going to teach physicians, pharmacists, and nurses.

**Tracy Wittreich, 1980** I celebrated my 35th Yale reunion with classmate Heather Reynolds and Dean Judy Krauss. I am still working full-time as a senior midwife at Obstetrics-Gynecology and Infertility, and I have delivered over 4,000 babies at Yale-New Haven Hospital. I recently received an award from the March of Dimes for my work with the "March for Babies." My team, "Tracy's Team," was a Top Ten State of CT Family Team.

**Candace Gortney Moore, 1981** I retired from the Navy and am living in Atlanta.

**David Collier, 1983** I am currently in Shelbourne, Nova Scotia, Canada, heading home from a 3,000-mile cruise to Newfoundland and back on my schooner *Renegade*. Perhaps back to work in the fall, perhaps to fully retire. We'll see.

**Susanna Peyton, 1983** Our four children are almost grown, only a senior in high school left. I imagine many others in my age group are having this transition too! I enjoy part-time work, two to three shifts a week, as a staff nurse on the inpatient behavioral health and addictions care service at Emerson Hospital, Concord. Separately, I've been involved in developing a course for third-year medical students at Boston University and Tufts, and master's—preparing students at Simmons. The course is Operation House Call ([operationhousecall.com](http://operationhousecall.com))





Beth Blish Genly '85 (left) and Emily (Florian) Tynan '92 (right)

and is hosted by The Arc of Massachusetts. It allows families to teach professionals about living with intellectual/developmental disabilities (IDD). We use a combination of parent and self-advocate classroom instruction, home visits, and a website for resources and discussion. Our families represent a wide array of IDD diagnosis and experience, and they do a great job of naturally teaching about people, not just diagnoses, supports, and good care. Although it is all too brief as a training, our students have been very enthusiastic. Teaching about this subject is rarely seen in professional schooling, where students may have exposure to a specific diagnosis or clinical challenge, but no general training in this area. Last fall The Arc of Mass presented me with the Allen Crocker, MD, Award for my involvement in the program, a wonderful honor. In fact, my interest in this work pre-dated the fact that our first child has Down syndrome. When I originally applied to YSN, I was intent on working in mental health with those who have IDD, but found that specific training was only acquired in the field. This year YSN will try a version of OHC with the PNP class. Very exciting!



**Jocelyn Gorlin, 1984** I am a pediatric nurse practitioner in the Department of Hematology/

Oncology at the Children's Hospitals and Clinics of Minnesota where I have been in charge of many educational projects including directing the partnership with StoryCorps Legacy (NPR) to collect the oral histories of families of children with sickle cell and bleeding disorders. I am also in my last year of a PhD program at the University of Maryland in Nursing (ABD).

**Beth Blish Genly, 1985**

Although I loved nurse-midwifery with my whole heart and soul, ultimately, burnout took its toll. This experience drove me to search for better answers, for myself and for my colleagues and students. I teamed up with a naturopathic physician to comb the medical literature, and based on the research, we have created a robust, evidence-based system. I am excited to report, about a year ago, we went on to co-found a consulting company that helps employees and practitioners fight burnout. These days, I love the life of an entrepreneur, with all of its ups and downs.

**Catherine Borkowski Benoit, 1987** I am beginning my third year of practice as an APRN at Gastroenterology and Digestive Wellness in Pawcatuck, CT.

**Doug Brown, 1987** I recently edited an issue of the online journal *Interhomeopathy*. It can be viewed at <http://www.interhomeopathy.org/april-2015>. My wife Beth and I have become foster parents and are caring for a 9-year-old girl...it is an adventure of the heart!

**Karen Chudoba Kachoulas, 1988** I am a clinical nurse liaison at YNHH for my infusion company, Walgreens Infusion/OptionCare, and will be a newly appointed preceptor this coming fall for YSN GEPN students.

**Sara Fisher, 1990** I love my role as a psychiatric clinical nurse specialist consultant to General Medicine at Massachusetts General Hospital. I support nurses and physicians in the care of medical patients with complex psychiatric and behavioral issues. I am also a long-time psychiatric nursing faculty member at Simmons College. I have enjoyed mentoring a YSN student and look forward to doing so again. I was married nearly three years ago to Vincent, and we live happily on Boston's waterfront with our 15-year-old Australian shepherd, Opal. I would love to hear from my classmates—many happy, hilarious memories!

**Karen Merrey, 1991** After YSN, I never worked as a nurse. I got an MPH in international health at Harvard, then returned to Sri Lanka to be with my family. While there, the only health-related work I did included: (1) compiling a directory of organizations involved with AIDS work for USAID, and (2) being a board member of the Community Front for the Prevention of AIDS. In that capacity, I organized four conferences with the purpose of updating Sri Lankan public health laws; the recommendations were submitted to the government.

In 2000 we moved to South Africa, where I continued doing volunteer work. We returned to the United States after 10 years in South Africa and now live in North Carolina. My husband is semi-retired but continues working as a consultant in the field of water management. I volunteer for the Interfaith Council for Social Services and expect to begin tutoring children in reading when the schools reopen. My son is now married, and we have one grandson, who is 6 months old. Warm regards

and best wishes to my former classmates.

**Emily (Florian) Tynan, 1992**

I am the sole proprietor in private practice that services clients' behavioral health across the lifespan. In addition to my practice, I work with the center for geriatric and family psychiatry. Our oldest child will enter his second year of college, where he is studying engineering. My daughter will be a sophomore in high school, both public and the CREC Greater Hartford.

**Greta Hart-Hyndman, 1993**

I received my DNP from the University of Wisconsin-Milwaukee in May 2012. Last year, I published a paper in *Violence and Victims* called "Factors Associated with Increased Risk for Lethal Violence in Intimate Partner Relationships Among Ethnically Diverse Black Women."

**Annette Hatch-Clein, 1994**

I have been practicing as an FNP at Eastern Maine Medical Center in the Bangor, ME, area since 1994. I have a very busy practice with over 1,400 patients, many of whom I have known since they were born, and others who started with me when I was working in a middle school, who have now started their own families. Other patients I have had have passed away. It is a true family practice, working with patients ages 2 days to 96 years old. Working with my patients gives me "my lift" by taking care of them. I also have wonderful coworkers who make my practice enjoyable.

I haven't won any awards nor do I hold any hospital or state positions, but working every day in the trenches brings its own rewards. I can claim that I received a postgraduate CNS in psych-mental health in 2002, as



Sharon Eck Birmingham '99 (left) and Dilice Robertson '08 (right)

well as came in second place in a yearlong road race series last year at 52! I am a mom, wife, (of Lee Still), sister, aunt, coworker, friend, and neighbor of many! My kids (15 and 17 years of age) are active in sports and art. My dogs may be my best friends.

My word to the new class of NPs is that you can make a difference if you work hard!

**Stephanie Calcasola, 1995** At the 23rd Annual Health Forum and American Hospital Association Leadership Summit, I presented on alternative payment models, "Bundled Payments to Align Providers to Increase Value for Patients." I am director of quality and medical management at Baystate Medical Center, Springfield, MA.

**Lynn Pittsinger, 1998** I am currently serving as the director of pediatric emergency services at Hasbro Children's Hospital/ Rhode Island Hospital in Providence, RI, and am also serving as a per diem urgent care pediatric nurse practitioner for Harvard Vanguard in Wellesley, MA. In addition, I am making a serious effort to complete my DNP at UMass Amherst...and will let you know where I land in the next edition of Class Notes.

**Sharon Eck Birmingham, 1999** Sharon and her husband Andy are relocating full-time to their coastal home in Beaufort, NC. As an entrepreneur, she continues to offer new Chief Nurse Officer coaching and is currently in the data collection phase for the National Nurse Scheduling & Fatigue Study (NNSS). They welcome all visitors to Beaufort!

**Karen (Martin) Hammond, 2000** I have been working in a collaborative practice with Medical Oncology/Hematology from 2000 to 2012. I have been part of the clinical faculty for YSN since 2003. I joined YNHH at Smilow Cancer Hospital-Waterbury in 2012. I have been married to Robert since 2011 and moved to Litchfield in 2014.

**Christa Hartch, 2001** In September 2014, I accepted an assistant professorship at the Norwalk Community College School of Nursing and Allied Health. I am teaching first-year students in the Nursing program and enjoying the role very much.

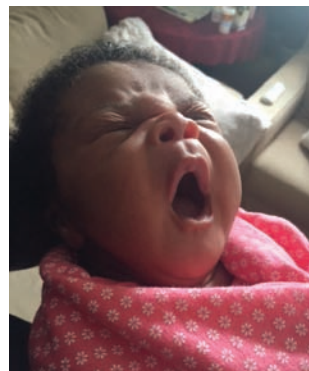
**Courtney Marshall, 2003** Over the past five years I have gotten married, had two children (Madeleine, 3 years old, Samantha, 16 months old), earned my post-master's and became a psychiatric nurse practitioner, and just opened my own private psychiatric NP practice in Crofton, MD. I miss being a midwife, but I am still working with women and helping them be happier, healthier people.

**Emily Haozous, 2003** I will be inducted as a Fellow in the American Academy of Nursing in October 2015.

**Michele Litwin, 2004** I'm a certified psychiatric nurse practitioner and a certified addictions registered nurse-advanced practice. I recently started a business for patients who have substance abuse or behavioral health issues. The practice is *Oceanside Recovery LLC* and is located in Niantic, CT. It is the only nurse-

practitioner-owned recovery practice—currently accepting referrals. Please visit the website [www.oceansiderecovery.org](http://www.oceansiderecovery.org). We are also listed on Facebook! I'm really excited to start this adventure and put my 20 years of psych experience to good use. I have two grown boys, 21 and 26. My 21-year-old recently had a son named Alex James, who is 3 months old, which makes me a young grandma at 48 years old! Life is good.

**Enyo Dzata (Vivian Dzata), 2007** I'm still reminiscing of the wonderful dinner and company from the Philadelphia networking event YSN coordinated with (then) Dean Margaret Grey back in April. Here are some photos of our baby girl—Zoë Grace Adwoa Smith—born on May 4, 2015, weighing 9 lbs., 11 oz. She is a joy!



**Jessica Theorin Holm, 2008** Jess, Noah, and big sister Elsa welcomed Axel Glenn into their family on June 6, 2015. Axel was born at home, into the hands of his dad and two midwives.

**Dilice Robertson, 2008** Since graduating, I have a 5 year-old son—Aiden. I completed a

DNP at Fairfield University in May 2015. I recently opened a part-time private practice—*Lifespan Collaborative Services LLC*, seeing children up to older adults—doing psychiatric evaluations, psychotherapy, and medication management. I currently work for Connecticut Mental Health Center at Manson Youth Correctional Facility doing psychiatric evaluations and medication management for youthful offenders ages 14–22 and per diem at Yale-New Haven Hospital on the inpatient psychiatric units.

**Sarah Owens, 2010** Sarah and Michael Usher welcomed daughter Auda Josephine (8 lbs., 15 oz.) on August 7, 2015.



**Bronwen Peternell, 2011** I just reached my one-year anniversary at One Medical Group as a family nurse practitioner, practicing primary care and sports medicine. My husband completed his medical residency, and we've recently settled in Santa Cruz, CA. I am seven months pregnant with baby #1. It's a boy!

**Stephanie Tillman, 2012** In July 2015, I began my three-year term as secretary on the board of directors of the American College of Nurse-Midwives. In August 2015, I celebrated three years of my blog "Feminist Midwife," which attracts

hundreds of readers each month and is followed by over 4,000 Facebook users.

**Elizabeth Farrington Forkel, 2013** I got married on May 30, 2015 and started a new geriatric NP position with Harvard Vanguard Medical Associates–Atrius Health in Cambridge, MA.

**Kate Kelly, 2013** I'm living in Northampton, MA, with my husband and toddler (I was quite pregnant when we walked across the stage for graduation) in a house we bought in summer 2013. I work at Northampton Area Pediatrics, where I was a student my last year at YSN. I love primary care and love working with the very dedicated NPs and pediatricians at this practice. This spring I had the chance to visit 2012 classmates Lisa (Fishlin) Gallagher in San Francisco and Chris West and family in Arcata, CA.

**Jenna Bristol, 2013** I recently started working with DaVita Healthcare Partners in Maryland as the assistant facilities administrator over dialysis units in eight hospitals across the state. I have also enrolled in a DNP program at George Washington University in Washington, DC, focused on executive management.

**Carolyn Perrotti, 2013** I work as an FNP in the United States Air Force and was promoted to Captain. I moved to Auburn, CA, the self-proclaimed endurance sports capital of the world.

**Christopher Norman, 2014** I am practicing as a geriatric nurse practitioner with University Geriatricians, the Division of Geriatrics at Upstate Medical University, in Syracuse, NY. We provide comprehensive outpatient primary care and consultation for folks over the age of 65, inpatient consultation

for hospitalized older adults, and community health and educational presentations for older folks throughout central New York.

**Alexis Dassler, 2014** My colleagues voted me as Seattle's top medical provider for patients with sickle cell disease, according to Seattle Metropolitan Magazine's 2015 "Top Doctors" survey (<http://www.seattlemet.com/doctors/find/#?query=dassler>).

**Eliana Aaron, 2015** EMA Care (<http://www.healthcareisrael.com>) provides healthcare coordination, referrals, on-call services, medical translation, and patient advocacy for English-speaking tourists, residents, and gap-year students in Israel. The purpose of this business is to provide services that are currently lacking in the Israeli healthcare industry for those who are not covered by national health insurance or those who are new to the system.



## UPDATE FROM THE YSNAA BOARD

As I enter my second year as President of the Yale School of Nursing Alumnae/i Association, I am thrilled to share some exciting initiatives.



We continue to organize and support our YSN Mentoring Program, which is now in its third year. Last year we had a total of 150 student-mentor pairs, and we hope to see an increase in participation this year. This program is an opportunity for YSN students and graduates to be paired for the duration of a student's time at YSN. Mentors are available for encouragement and support throughout school, career and networking advice, and CV review. We have received great feedback from both students and mentors about the experience. We will also continue to plan events throughout the year for YSN students, including our annual speed mentoring event, a career panel event, negotiation techniques, and CV review. We welcome ideas for new programs! This year our speed mentoring event will take place on December 3, 2015, in conjunction with the Transition to Professional Practice (formerly Contexts of Care) class required for second-year master's students. If you are in the New Haven area and would like to participate in any of these events, please contact Caitlin Sweeney, Assistant Director of Development and Alumnae/i Affairs, at [caitlin.sweeney@yale.edu](mailto:caitlin.sweeney@yale.edu).

We are also very excited to announce that our group has partnered with the YSN Alumnae/i office to develop a regional representative initiative. We are in the process of recruiting alumnae/i across the country to volunteer to be listed on the YSN website as a person of contact for YSN students to inquire about relocation, career advice, and networking opportunities in particular regional areas. Please email [caitlin.sweeney@yale.edu](mailto:caitlin.sweeney@yale.edu) if you are interested in participating in this program. YSN regional events have provided alumnae/i across the country an opportunity to connect. Please consider working with the alumnae/i office to coordinate an event in your area!

I am delighted to be working alongside a dedicated group of YSN alumnae/i. We hope to continue to provide our alumnae/i with opportunities to engage with each other, YSN, and YSN students. As always, if you are interested in working with the Alumnae/i Association, please be in touch.

Serena Cherry Flaherty '06  
President, YSNAA

## Lucy Garbus '88: Awareness and Education as Tools to Tackle Toxic Stress



Since we last connected with Lucy Garbus in the fall of 2014, she has continued to expand her efforts in the prevention of, screening for, and education on toxic stress.

Garbus joined the Resiliency in Action workgroup, a collective impact pilot project funded through the Massachusetts Department of Public Health. It has involved more than 100 community leaders and parents in Springfield, Massachusetts, in cross-organizational discussions to discover the sources of adversity that affect the lives of Springfield's youngest children, ages birth to five years, and their parents or caregivers.

Part of the project included community forums to discuss how Springfield's community leaders and parents can collaborate to support resilience in young children. From the forums, it was decided that the community needed to hear one consistent and culturally sensitive message regarding toxic stress and how to build resilience in children. The overall message will target specific audiences, including family/caregivers, community, and policy makers.

Currently, there are three workgroups, each working on a project tailored toward a particular target audience. The community-targeted group conducts group trainings aimed at raising awareness about toxic stress.

The group targeting policy makers is investigating how leaders can impact toxic stress on a higher level. Lastly, the family/caregivers-targeted group is working on how to disseminate information on toxic stress through a media blitz.

In addition to her work with the Resiliency in Action campaign, Garbus will present a poster on toxic stress at the American Academy of Pediatrics national conference this month. It is entitled "Toxic Stress Screening Is Important and Possible: A Practical Approach."

Garbus also works under part of a grant funded by the Boston Department of Public Health. The grant promotes addressing toxic stress in primary care settings through integrative behavioral health. This expansion grant, aimed at clinicians who already provide behavioral health care in their clinic, allows them to expand upon it.

In addition, Garbus continues to screen patients and families for toxic stress at her practice in Springfield. She cannot emphasize enough the importance of early intervention in treating toxic stress. Early intervention has historically been focused on children under three years old with developmental delay, but as professionals in the field are beginning to see that the relationship between child and caregiver is so critical for healthy development, more states are allowing a positive screen to be a sufficient reason for referral. "Our early intervention program has been wonderful for us and for our families," stated Garbus.

"Establishing a good relationship with the family is crucial to addressing toxic stress," she explained. Many times the mother or caregiver will be resistant to help the first three times it is offered, but will accept it the fourth time. At this point, the mother or caregiver may disclose information not known before, allowing the health care provider a greater opportunity to treat the problem at hand. "Having good continuity and a healthy relationship with the family is key for this very issue," stated Garbus.

**"Establishing a good relationship with the family is crucial to addressing toxic stress." Many times the mother or caregiver will be resistant to help the first three times it is offered, but will accept it the fourth time. At this point, the mother or caregiver may disclose information not known before, allowing the health care provider a greater opportunity to treat the problem at hand.**

Interested in learning more about toxic stress? See the article on page 6 in this magazine, "Exposure to Toxic Stress in Childhood Linked to Risky Behavior and Adult Disease."

Also, view the TED talk by Nadine Burke Harris, titled "How Childhood Trauma Affects Health Across a Lifetime," here: [https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime/transcript?language=en](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/transcript?language=en).



# STUDENT Q&A

## Jessica Crowell '17 Family Nurse Practitioner Specialty

**From:** *Salvisa, Kentucky*

**Education:** *MS in psychology with a minor in Islamic studies from Vanderbilt University, May 2014. Studied abroad for six months at the Hebrew University in Jerusalem.*

### What experience(s) do you credit for influencing you to become a nurse?

When I was 11, my parents left the dairy farming business and my mom started her training to become an RN and eventually an FNP. This was my first exposure to health care. I watched her be a resource to people and develop incredible relationships with her patients. She cared for people beyond physical healing.

Working with Ethiopian refugees in Israel, Tibetan refugees in Minnesota, and currently, Iraqi refugees in Connecticut, I learned about many of the needs and obstacles of various refugee populations; the area that stood out to me the most was health care. Health care is a need, but refugees face so many barriers to care, such as language, transportation, cost, and differences in cultural beliefs and expectations about healing.

I knew that if I wanted to serve these populations well, then I needed to be trained in providing holistic care—healing of the mind, body, and soul. Nurses are trained to care beyond the physical, as I saw so clearly in the way my mother interacted with her patients. I knew exactly how I needed to be trained to best serve the most underserved.

### What do you love about nursing?

From the very beginning of this program, I was challenged in my ability to balance the physical, mental, emotional, and social needs of patients. This is what I love about nursing. Every step of the training is grounded in respecting the patient as a person with individual values that are worthy of being heard and integrated into the plan of care.

### What would you change about nursing?

If I were to change anything about nursing, I would work to increase and improve strategies of recruitment to the field. We are

currently in an era of nursing shortages, and I think this is greatly affected by outdated assumptions and incorrect portrayal of nurses in the media. I think there needs to be more outreach and awareness of who we are and what we do.

### What three words describe nursing most adequately to you?

Advocacy, relationship, and endurance.

### What do you most look forward to during your educational career at YSN?

I look forward to being trained alongside students who share my passions, but also have their own goals and visions of nursing. I want to learn from my peers—hear their stories, experiences, motivations, and ambitions. The determination and motivation everyone has to make a difference in their own unique way are pieces of a larger healthcare puzzle. Some of my greatest learning and reflecting experiences come from being exposed to others who have passions apart from my own; I love it. It makes me aware of, and care about, other aspects of nursing that I may not have thought about otherwise. I want to be challenged by the opinions, beliefs, and ideas of YSN students because I value the differences we bring as a cohort.

### What appealed to you most about YSN?

I am interested in tying refugee services into my future practice, so the global health concentration was a pull factor. YSN also had a unique and intriguing focus on interdisciplinary training and collaboration with the School of Medicine, the Yale Center for British Art, and Yale School of Music. Having a liberal arts and humanities background, I appreciate the approach and opportunity to process the material in a way that is familiar to me.

### What are your goals this year?

I am often my greatest enemy, so I need to find a better balance between staying humble while not discouraging myself into thinking I should be more than I am.



Top: Crowell volunteered alongside some of the Ethiopian youth that she met with weekly as part of her internship with the Ethiopian National Project. Middle: Crowell looks back on the moment captured in this photo fondly saying, "It reminds me of the incredible friendliness and hospitality that most Middle Easterners have, but is almost never seen in western media." Bottom: Crowell sits overlooking part of Jerusalem outside the Hebrew University of Jerusalem, which is where she studied.

### What is one lasting impact you wish to have on the world?

I want people to feel that there is someone who cares about them—that no one is alone or unloved. I want everyone to feel like they are needed and have a purpose, and I want to enable them to become more than they ever thought they could be. I have a heart for the lost and broken, which motivates me to find them and be a buffer for any amount of emotional, physical, mental, or spiritual suffering that they are enduring.

### If you weren't a nurse, what would you be?

I would be more directly involved in refugee services, with Arab populations either in America or in the Middle East. Ideally it would involve helping them with the early stages of their transition to life in a new country and/or developing new refugee service programs that offer adequate resources and smoother acculturation.

# In Praise of Preceptors

By Mary (Betsy) Groth, APRN  
Lecturer in Nursing and Clinical Coordinator



**Last fall, the Yale School of Nursing Alumni Association (YSNAA) presented its first annual Preceptor of the Year Award to Carol Ann Wetmore '94, MSN. For the past 20 years, Wetmore has been a preceptor for YSN's Graduate Entry Prespecialty in Nursing (GEPN) program. The award recognized her for "long-standing dedication to YSN students... continued enthusiasm for her role as nurse, teacher, mentor, and role model...[and] her warmth and approachability demonstrated to students, staff, and young patients."**

It is said that the nurse preceptor acts as a bridge between the classroom and the real world of patients and clinical settings (Raines, 2012). In order to build that bridge, nurse preceptors must embrace the roles of mentor, student advocate, and role model. The relationship between a preceptor and student develops over time, and the importance of that relationship cannot be overstated. James and Chapman (2010) have found that nursing students in their first acute care clinical placement based their decisions regarding whether to discontinue or continue their nursing studies on three main factors, one of which was their perception of their preceptor.

YSN's GEPN preceptors have been influencing new nursing students since the inception of the GEPN program in 1974. Associate Professor Linda Honan, PhD, MSN, CNS-BC, RN, was director of the program for nearly a decade and course coordinator for more than 25 years. Honan describes the typical GEPN preceptor as a seasoned expert who is committed to the education of first-year students.

"It is through a unique teacher-student relationship that our students' progress is

facilitated," stated Honan. "In the clinical arena, that integration of students' knowledge, skills, and aptitudes is nurtured. We are blessed that we have GEPN preceptors that are committed to our students, many for decades." The average tenure of current GEPN preceptors is 10 years.

Honan points out that during the GEPN program, it is important that students are precepted by a variety of clinicians so that they can experience different strengths, personalities, and ways of providing care. At a minimum, students will work with seven preceptors over 11 months in five specialties: medical/surgical nursing, psychiatric, pediatric, maternal/newborn, and community health nursing.

Preceptors may guide you through your first injection, instruct you on how to communicate with a person who is hearing voices, show you how to massage a postpartum mother's fundus, or coach you on how to select the right-sized blood pressure cuff for a three-year-old and how to explain to that child that "this will give your arm a little hug." He or she may also be the one who instills in you the confidence to perform a physical examination on an infant born just minutes ago, who will acknowledge your grief and fear when your patient is a 32-year-old mother of two who is dying of cancer, who will understand when your patient reminds you of your grandfather, or who models professional behavior when others clearly do not.

After speaking with various GEPN preceptors, whose experience precepting students ranged from four to 18 years, it was found that they felt confident about their role in creating meaningful and positive learning experiences for students. Each of them expressed real pleasure at returning to the bedside. Many stated that every year, precepting reignites their passion for the nursing profession. A peak experience for many is the "ah-ha!" moment that occurs for students.

As a preceptor myself, the experience of precepting can almost be described as exhilarating. Each new student makes me reflect on why I became a nurse, what I do and do not know, and what is important to impart to each individual student about the art and science of nursing. To see students develop into knowledgeable, skilled, and compassionate nurses, to see them identify with "I am your nurse," is definitely a peak experience of mine. As one preceptor stated, "Of all my roles as a nurse, this is the most central to who I am."

## References

James, A., & Chapman, Y. (2010). Precepting and patients—the power of two: Nursing students' experience experiences on their first acute clinical placement. *Contemporary Nurse*, 34(1), 34-47.

Raines, D. (2012). Nurse preceptors' views of precepting undergraduate nursing students. *Nursing Education Perspectives*, 33(2), 76-79.



Carol Ann Wetmore '94 (right) with Shirley Girouard '77 (left) at the 2014 reunion banquet at the Graduate Club.

**"While at YSN, I've been fortunate to have many excellent preceptors that have mastered the unique balance of simultaneously supporting and challenging their students, and their commitment to our clinical education is invaluable." — Rachel Vaivoda '16**

**"The role of preceptor is an extremely important one to me. It's another opportunity to make a small contribution to the future of nursing." — Mary Pierson '88, MSN**

# THE HENDERSON SOCIETY,

*a giving club named after Virginia Henderson,*

launched in 2013 to provide financial aid to the many Yale nurses now at the school. One hundred percent of gifts at this level have been immediately distributed to the annual fund for current use scholarships.

A gift to the YSN 2015–2016 annual fund between \$1,000 and \$2,499 will establish your annual membership in the Henderson Society. Your name will then be added to the Henderson plaque at the entrance to the Yale School of Nursing.\*

*\*Your name will be inscribed unless you wish to make your gift anonymously.*



For more information, please contact [Caitlin.Sweeney@yale.edu](mailto:Caitlin.Sweeney@yale.edu) or 203-737-2137.



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