

Yale Nursing

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Contents

3	Letter from Dean Kurth
4	Student Matters
6	Alumni Spotlight
10	Faculty Focus
23	New Staff
24	Spotlight News
28	Letter from the President of YSNAA
31	Highest Rank in History
32	In Memoriam



UPCOMING EVENTS

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Dear Friends,

In this issue of Yale Nursing Matters, we explore the second of four areas where the school in its Strategic Blueprint has committed to prioritizing its efforts over the next several years. Following the Education issue last fall, this spring we are concentrating on Science. As the university prepares to launch a multibillion-dollar campaign for science priorities, it is more important now than ever that we underscore how nurses are at the forefront of people-centered research and science for impact.



Among the stories in this issue, we introduce you to one of the trailblazers of nursing science. In the following pages, you'll learn how Ada Sue Hinshaw '63 MSN first discovered her interest in nursing research at Yale and later built the nurse scientist cadre from scratch as the first permanent director of the National Institute for Nursing Research (NINR) at the National Institutes of Health (NIH).

We will walk through the doors of our state-of-the-art Center for Biobehavioral Research and explore how Nancy S. Redeker PhD, RN, FAHA, FAAN, Lois Sadler '79 MSN, PhD, RN, FAAN, and Monica Ordway '97 MSN, PhD, APRN, PNP-BC are advancing sleep science. You are also invited to travel to Mexico with Robin Whittemore PhD, APRN, FAAN and see what happens when science, global health, and technology come together to fight the burgeoning worldwide epidemic of type 2 diabetes and "diabesity."

Rear Admiral Sylvia Trent-Adams PhD, RN, FAAN delivered a rousing presentation at the annual Bellos lecture, showing our community that being a scientist and a researcher is as integral a part of the profession as any other aspect. You can hear more about her national and global leadership and see her full remarks on the Yale University YouTube channel.

This edition amplifies the fact that nurses can go anywhere and do anything, even in the most austere environments. Follow recent alumna Jaime Hensel '13 MSN to the southernmost point on the planet, where her desk conveniently doubled as the lab space at the South Pole. Hike into a campsite above the clouds in Guatemala with current student Benjamin Woodard '21 DNP, and be inspired by his approach to wilderness clinical care. Given the links between global warming and other planetary stresses and human health, nursing science must help lead to a "green health" transition.

We are all striving to discover and apply our science and scientific research, for the health of people *and* the planet. There is more to achieve, but as we launch the 2019 class of Yale nurses, I know we can all be excited about the new frontiers of scientific discovery and impact in which Yale Nursing engages, with colleagues and communities.

A handwritten signature in black ink, appearing to read 'Ann Kurth'.

Ann Kurth '90 MSN, PhD, CNM, MPH, FAAN
Dean and Linda Koch Lorimer Professor of Nursing

Wild Life: DNP Student Embraces Wilderness Medicine



Benjamin Woodard '21 DNP, on the far left in the top row, in Guatemala earlier this year.

Benjamin Woodard '21 DNP is an outdoor adventure marketer's dream come true. Woodard grew up in the gorgeous outdoors of rural New Mexico, camping with his family and learning tracking and survival skills as a teen. Later, he became an avid backpacker and rock climber.

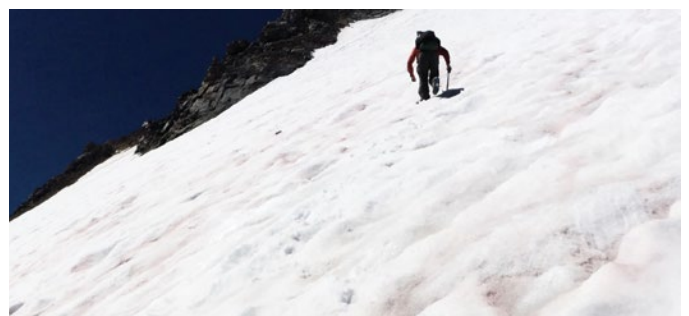
He trained as a cardiac nurse and provided care as an off-duty first responder for casualties on the side of the road, an experience that made him realize he lacked preparation in pre-hospital care. The group rock climbing excursions took on new significance when friends confided how relieved they were to have Woodard around; they were convinced he would know just what to do if something went wrong 100 miles from nowhere.

Woodard began enhancing his skills with a Wilderness Medical Society certification and has also completed a fellowship with the Academy of Wilderness Medicine. He speaks warmly of Advanced Wilderness Life Support (AWLS) courses and describes falling in love with the specialty. He has also served as an instructor for Wild Med Adventures, taking three trips into the Adirondacks and recently returning from a spring break mountain hike in South America.

"Often the wilderness comes to you," Woodard said. Even an urban environment can change quickly when hit by a tornado or sudden flooding. Other wilderness settings include an oil rig in the middle of the ocean, a military deployment, or the cabins of a kids' summer camp. A minor injury like an ankle fracture or hypothermia becomes more serious in a remote setting, when the risk assessment can change drastically. "Under those conditions, you still have to do your job without the resources," Woodard said. "The short answer is that it's MacGyver medicine, improvisational nursing expertise."

As a DNP student, Woodard is excited to work on developing a curriculum for new nurses and nurse practitioners working in remote settings. This is the project he will concentrate on while studying at YSN. "I am first and foremost an enthusiast for austere challenges, and proud to be a generalist nurse practitioner," Woodard said.

When reflecting on his career so far, Woodard's enthusiasm is contagious. "There are so many different Wow Moments," Woodard said. But perhaps his most recent was during that spring break trip to Guatemala. The group camped at an elevation of 12,500 feet, high enough that they could look down at the clouds and up at the moon, and in the not-so-far distance, watch an active volcano send plumes of lava 200 feet into the air. For Woodard, it's just one more reason why he loves doing what he does. For Yale Nursing, another example of a student living our mission of taking care of people... and appreciating the planet on which we depend.



Admitted Students Visit Campus

YSN hosted more than 100 admitted students in January and February, offering a trio of events on campus and online. All 155 admitted students were welcome to attend their choice of one of two Friday programs or participate in a web experience.

Potential matriculants who made the trip started the day with a welcome breakfast in the Hub, where they took advantage of the opportunity to discuss the Yale School of Nursing experience with current students and faculty.

When Dean Ann Kurth '90 MSN, PhD, CNM, MPH, FAAN kicked off the formal programming, her opening remarks highlighted the outstanding peers, faculty, and education that students can expect when they accept admission to Yale. Dean Kurth also emphasized the impact the same decision had made on her own career. "Coming to YSN changed my life, and it has opened doors for me my whole life," Kurth said.

According to Assistant Dean for Enrollment Services Joseph Korevec, this is the first year YSN has hosted formal Admitted Students Days. Attendees travelled from all over, but the largest contingents hailed from California and the New England area.

Guests engaged in a wide-ranging Q&A session with Elyssa Noce '17 MSN about her nursing journey. Noce praised Yale's international focus as a unique strength of the program, saying, "I never knew in all my life that I wanted to be involved in global health. I was always passionate about kidney disease, that was what I always wanted to do. I just wanted to save all the kidneys! I never really thought about what I could do for the world." But two YSN trips abroad changed her focus and changed her career.

Admitted students enthusiastically participated in the Simulation Lab tours, guided by Simulation Director Ginger Sherrick MSN, APRN, FNP-BC, RN-BC, CHSE and Simulation faculty member Shannon Pranger MSN, RN, CEN, CNE. Future



Erin Morelli helped admitted students catch babies in the Simulation Lab.

midwives eagerly caught babies with clinical instructor Erin Morelli '02 MSN and current student Elizabeth Glatfelter '20 MSN, and psychiatric specialty students listened to an audio simulation with Simulation Lab technician Gustavo Carrillo.

According to one prospective student, "The Sim Lab tour by pre-specialty was my absolute favorite!"

A standout for many guests was a session that centered on the GEPN experience, complete with a brief history of the program and a mini class lecture by Linda Honan '89 MSN, PhD, CNS-BC, RN.

"She was engaging and definitely made my choice of Yale even that much easier," an attendee said.

Another admitted student remarked that "[Linda] was refreshingly honest about the intensity of the program yet made me genuinely excited about the interdisciplinary research opportunities available through the Yale School of Nursing."

During the current student panel, current Yalies made housing recommendations, discussed the rigor of the program, and also thoughtfully made self-care recommendations and compared sleep statistics.

Polar Care: Jaime Hensel '13 MSN Shares Wow Moment

Jaime Hensel '13 MSN has snorkeled on the Great Barrier Reef in Australia and explored the lush natural beauty of New Zealand. She has waited for giraffes and baby elephants to cross the road while in South Africa and wandered through the labyrinthine medinas of Morocco. Her air miles have taken her through the halls of the Alhambra in Spain and across the canals of Venice. On all these journeys she never forgot her nursing and commitment to understanding the people in the places she has been.



After college and before coming to Yale Nursing, Hensel sailed as a deckhand and educator on several tall ships. A shipmate on a boat in Seattle had grown tremendously from her experience with the U.S. Antarctic Program (USAP), which is managed by the National Science Foundation. Hensel was intrigued. The firsthand report stuck with Hensel and inspired her to start applying every year after she graduated from Yale School of Nursing to the USAP to serve as their on-site family nurse practitioner.

Perhaps unsurprisingly for practicing in one of the most remote environments on the planet, new grads are not typically hired to work in Antarctica. Hensel practiced for several years at Country Doctor Community Clinic in Seattle, a federally qualified health center (FQHC), where she gained experience in primary care and urgent care in a low-resource setting. She continued to apply to work for the USAP, and after four years was finally successful in securing a position in Antarctica.

USAP contracts with the University of Texas Medical Branch to provide clinical staff for

all three of the permanent research stations in Antarctica. A week of training in Galveston, Texas, in August 2017 covered what equipment to expect, how to use the x-ray and lab machines, some basic dental training, and lots of tips on providing remote medicine in an austere and unique environment. Then she packed up, set her bills to autopay, and flew to the Southern Hemisphere.

After a stop for gear in New Zealand—including the iconic “Big Red” jackets—Hensel climbed aboard a C-17 for her trip to McMurdo Station in Antarctica. Many Antarctic journeys end here, at the largest of the continent’s three stations, but Hensel still had miles to go before she reached Amundsen-Scott South Pole Station. This facility is more than 800 miles inland (no penguins here) and perched atop a massive pile of 300 feet of land and 9,000 feet of snow.

The Antarctic sun rises in September and sets in March, and travel must be coordinated carefully with weather conditions. Hensel spent two austral summers at the Pole (2017–18 and 2018–19), which runs from about Halloween to Valentine’s Day each year.

The Pole clinical staff work in teams of two, usually one ER doctor and one Physician Assistant (PA) or Nurse Practitioner (NP), and they serve a population of up to 160 people. Everyone traveling to the Pole must undergo rigorous physical assessments before making the trip. Many medical issues seen at the Pole are mild and can be anticipated. The most serious illnesses Hensel treated were related to altitude, including mountain sickness

“I am literally the farthest south nurse in the entire world. On the entire planet. And I can say that definitively.”

—Jaime Hensel



and high-altitude pulmonary edema. During her two summers, Hensel medevacked multiple patients out of Antarctica.

The clinic was open 7:30 a.m. to 5:30 p.m. Monday through Saturday. Hensel and the physician—Dr. Rich Harper the first summer, and Dr. John Rose the second—traded on-call duties. Beyond clinical responsibilities, Hensel also became engaged in the scientific work of the station. Hensel’s office, for example, doubled as the lab space. Strong internet service was limited to about three hours per day, so daily duties included timing when to make phone calls, write emails, and send x-rays to be read in Texas if needed.

Hensel describes downtime at the Pole as “a lot of make-your-own-fun.” That included cross country skiing, the “Race Around the World” run, bottling souvenir samples of the cleanest air on earth, and releasing weather balloons with the resident NOAA team. Hensel also rang in the

new years of 2018 and 2019 with the Geographic Pole marker ceremony. The ice drifts about 30 feet per year and the Pole marker with it, so the identifier gets repositioned every January 1. Given global warming, shifts in Antarctic ice are accelerating, a worrying trend.

While standing at the Geographic Pole this year, Hensel experienced a real Wow Moment. With hundreds of miles of snowscape laid out in every direction, she realized: “I am literally the farthest south nurse in the entire world. On the entire planet. And I can say that definitively.”

Remember that tall boat Hensel crewed out of Seattle? It’s called *Adventuress*. And for someone who provides clinical care on an ice floe, helps collect weather data in an era of climate change, and uses NP skills to support a community planted at the bottom of the earth, that sounds about right.



YALE EXPLORES: PHILADELPHIA

Planetary Health: Safeguarding Human Health and the Natural Systems on Which It Depends

In the fall of 2018, the new *Yale Explores* series traveled to Philadelphia to discuss “Planetary Health: Safeguarding Human Health and the Natural Systems on Which It Depends.” In the City of Brotherly Love, YSN Dean and Linda Koch Lorimer Professor of Nursing Ann Kurth ’90 MSN, PhD, CNM, MPH, FAAN discussed the urgency of using science and practice to achieve better health for all people and the planet.

She joined the panel with two other Yale faculty experts: Daniel Esty ’86 JD, the Hillhouse Professor of Environmental Law and Policy; and Paul Turner, PhD, acting dean of science, Faculty of Arts and Sciences, and the Elihu Professor of Ecology and Evolutionary Biology.

Yale Club of Philadelphia President Mark Curchack ’69 kicked off the evening by welcoming nearly 200 members of the Yale community, friends of

Yale and general public attendees curious to hear about Yale’s work. Former *PBS NewsHour* chief global correspondent and Yale Jackson Institute senior fellow Margaret Warner ’71 moderated the panel discussion. The program covered topics ranging from climate change to global water consumption, and the audience came away with a sense of the strong connections between the health of the planet and the health of the people who occupy it.

Yale President Peter Salovey ’86 PhD. also addressed the crowd, reinforcing the importance of collaboration across fields of study to tackle such a broad, complex problem. After the evening concluded, Yale Explores was off to New York and San Francisco. YSN and Yale Explores would meet again in Los Angeles, the final stop of the West Coast tour.



Dean Kurth was a featured panelist on planetary health in Philadelphia. The event welcomed classes from across seven decades.

YALE EXPLORES: LOS ANGELES **The 21st Century City and Society**

Yale Explores concluded the West Coast leg of its most recent tour in March in Los Angeles. This time, the assembled team of Yale faculty addressed issues pertaining to the “21st Century City and Society.” Yale Nursing’s own Associate Dean for Research David Vlahov, PhD, RN, FAAN took the stage as the panel’s resident expert in urban health.

He was joined on the dais by Karen Seto, the Frederick C. Hixon Professor of Geography and Urbanization Science at the Yale School of Forestry and Environmental Studies. David Schleicher, a professor at Yale Law School, shared extensive knowledge on election law, land use, and urban development.

“It was a privilege to be part of *Yale Explores* and delve into urban health with such an engaged audience,” Vlahov said. “Karen and David and I had a great discussion on these topics, and it was really special to see the Los Angeles community come out in support of tackling these issues.”

Former *PBS NewHour* global correspondent Margaret Warner ’71 once again moderated the program, and President Peter Salovey ’86 PhD, bid a fond farewell to the crowd of nearly 400 guests.

Yale Explores hits the road again in the fall, making stops in Denver, Houston, and Chicago.



Associate Dean for Research David Vlahov discussed urban health in Los Angeles. Nearly 400 guests attended the event.



A dangerous hospital-acquired infection, *Clostridium difficile*, is now increasing in the community.

Infection Control

By Carrie MacMillan

Photographs by Robert A. Lisak

In the messy world of the gastrointestinal tract, good and evil can, at least temporarily, coexist. The gut is home to trillions of bacteria, fungi, viruses, and parasites. Most are helpful in obscure ways, assisting the body in carrying out its various vital functions. But some types of bacteria, including *Clostridium difficile* (*C. diff*), are nefarious and opportunistic.

In a perfect world, beneficial bugs in the microbiome keep the bad ones in check. But when normal bacteria are wiped out (most often by antibiotics or illness), *C. diff* flourishes and can cause a brutal infection characterized by violent, uncontrollable diarrhea. Sometimes, especially in frail, very sick patients, this infection leads to serious complications, even death.

“If there is a window to overtake a healthy environment, *C. diff* will find it,” says Marianne J. Davies ’87 MSN, DNP, APRN, an assistant professor of nursing at Yale School of Nursing. “The normal bacteria in your bowel maintain metabolism, break down food, and help with digestion. When you

take antibiotics, you lower the normal flora that keep other pathogens out of the body. It’s like routine checks and balances.”

C. diff is the most common health care-associated infection in the United States, causing approximately 500,000 infections and 29,000 deaths in 2015, according to the Centers for Disease Control and Prevention (CDC).

And recently, for reasons researchers don’t yet fully understand, *C. diff* infections acquired in the community (versus hospitals, where the rate is actually decreasing) have been on the rise.

“People get a cold and often go to the doctor demanding antibiotics, but a cold is a virus and antibiotics won’t work. Taking them unnecessarily is causing virulence and resistance in many classes of microbes.”

—Laura K. Andrews

“There are theories as to why this is happening. Are we seeing more aggressive or resistant strains because facilities have become more efficient and are discharging patients before *C. diff* has had an opportunity to demonstrate itself?” Davies asks. “Typically, the onset is after you’ve been on antibiotics for five to 10 days.”

Preventive initiatives, such as limiting the use of antibiotics unless truly necessary, are imperative, Yale experts say. In fact the development of antimicrobial resistance (AMR) is a growing threat everywhere, as has been pointed out by the World Health Organization and the National Academy of Medicine in the US.

Nature’s Bounty

Commonly found in the air, soil, and water, *C. diff* is a bacterium that occurs naturally in the gut microbiome of about 5 percent of the population. But that doesn’t make it benign.

“Healthy people with a hearty immune system may have *C. diff* in their intestinal tract, and they co-exist with it,” Davies says, noting, “But it’s not what we call normal flora.”

For patients in a health care setting, recent antibiotic use is the leading risk factor for contracting a *C. diff* infection. People on antibiotics are seven to 10 times more likely to get *C. diff* while on the medications and during the month after, the CDC reports. Antibiotics, which destroy and slow the growth of harmful germs, end up killing the good bugs too, explains Laura K. Andrews, PhD, APRN, an associate professor of nursing at Yale School of Nursing. This blanket effect gives *C. diff* room to multiply and crowd out any normal bugs that remain.

Once entrenched, *C. diff* releases toxins that inflame the protective lining of the large intestine. This causes *C. diff* colitis, which entails up to 30 watery stools a day, along with abdominal pain and fever.

“A mild case might mean taking oral antibiotics at home to treat it. For severe to life-threatening

cases, you end up in the ICU and can even go into shock with multisystem organ failure,” Andrews says. “Patients can become profoundly dehydrated in less than 24 hours. They are losing liters of fluid.”

Other high-risk factors for *C. diff* infection include being over age 65 and/or taking immune-suppressing medications. Adding further challenges, *C. diff* can survive for months, is resistant to disinfectants, and can spread after contact with any contaminated surface.

“When you walk through a hospital, you see Purell and other alcohol-based sanitizers all over. These are a good reminder to staff and visitors that handwashing is important. Which is great, but these products are just an extra step. They will not kill *C. diff* spores. For that, she explains “diligent handwashing with hot soapy water is essential.” It takes bleach to kill the spores on surfaces and the friction of handwashing to rid hands of *C. diff*.

Hair of the Dog

Fortunately, many infections respond to treatment with antibiotics. Typically, it takes a 10-day course, but some people may require more time or a course of IV antibiotics in a hospital.

“If you are harboring bacteria in your bowel, there is risk of recurring infection, so it’s important to follow the prescribed course of antibiotics. Discontinuing antibiotics when symptoms decrease can contribute to antibiotic resistance,” Davies says.

Serious or resistant *C. diff* infections may require more aggressive strategies. In some cases, a fecal transplant procedure (transferring bacteria from a healthy person’s colon) may be necessary. For instance, surgery may be required to fix a perforated colon.

“Some strains are resistant to antibiotics, which is why we caution people not to self-medicate with antibiotics just because you have them,” Davies says. “We, as medical professionals, are making concerted efforts to be good antibiotic stewards and not overprescribe, to minimize resistance to any strain.”



Andrews agrees. “People get a cold and often go to the doctor demanding antibiotics, but a cold is a virus and antibiotics won’t work. Taking them unnecessarily is causing virulence and resistance in many classes of microbes,” she says. “By doing this, you are going to cause resistance five or 10 years down the line.”

Researchers believe a particularly virulent strain of *C. diff*—NAP1—that emerged in 2000 was spawned by antibiotic overuse. This strain accounts for about 30 percent of all *C. diff* cases. “It’s a big toxin producer. It can also be antibiotic-resistant and tends to recur,” Andrews says.

Furthermore, there has been a slow rise of community cases, including those among people who don’t fit the mold. “We are seeing it in a younger population, in those who aren’t immune-suppressed,” Davies says. “If a 19-year-old who is not on antibiotics or immune-suppressing medications comes into my office with significant diarrhea, *C. diff* is still something to think about.”

Yale School of Public Health is part of the Connecticut Emerging Infections Program, a collaboration between the Connecticut State Department of Public Health and the CDC. Its *C. diff* surveillance program monitors all cases in New Haven

County and is one of 10 sites throughout the United States monitoring *C. diff* infections in the population.

“One of the biggest trends we are looking at is from 2011 to 2017, when we saw the overall number of *C. diff* cases, as well as the hospital-acquired cases, go down. But the community-associated cases were going up,” says Danyel Olson, MS, MPH, the program’s surveillance coordinator. That trend continued until about 2015, Olson says, when the rates stabilized.

“The decrease in hospital infections could be from implementation of infection control practices, antibiotic stewardship, and new treatment guidelines,” Olson says. “We are unsure why infections increased in the community.”

Andrews, for one, is optimistic about the tide turning when it comes to the overuse of antibiotics. “I think half the battle is recognizing that this is a problem,” she says. “*C. diff* infection rates may get worse before they get better, but I think it goes back to getting antibiotic prescriptions under control.” Nurses as frontline providers, and APRNs as prescribers, will remain crucial as stewards of better antibiotic use to preserve this precious tool.



Usher in a new era of **Yale nursing leaders**



Students come to Yale School of Nursing seeking the best education to improve health care in an impactful and meaningful way. They join a legacy of Yale nurses and midwives who have engaged in seminal research, spearheaded health policy initiatives, and led in addressing health disparities of all types. On average, Yale nursing students graduate with more than \$100,000 in student loan debt—a formidable amount. Supporting Yale School of Nursing broadens the path for future nurses by alleviating that burden. Partner with us in elevating nurses and advancing health care by investing in a Yale nursing student today.

Learn more at nursing.yale.edu/giving.

From the US Navy to Yale University: A Chat with Dr. LaRon E. Nelson

Dr. LaRon E. Nelson, PhD, RN, FNP, FNAP, FAAN arrived at YSN in early 2019 as the Inaugural Associate Dean for Global Health & Equity. He earned his doctorate from the University of Rochester, where he also served as the Dean's Endowed Fellow in Health Disparities and Associate Director of International Research in the Center for AIDS Research. Dr. Nelson is a leading expert in implementation science and HIV prevention within African and African diaspora communities.



YNM: Tell us about your nursing journey. How did it begin? Do you have other nurses or health care professionals in your family? What inspired you to become a nurse?

Dr. Nelson: My journey to nursing started when I was serving in the US Navy aboard the aircraft carrier USS John F. Kennedy. I didn't have dreams of being a nurse, but I took a career placement test that indicated that nursing was the best fit for me. In a sense, my path to nursing came by way of "following orders." I applied for a nursing scholarship and was accepted. I spent a year at Naval Station Newport in a program designed to help us transition from military to civilian college life. When I started my first nursing education program at the University of Rochester, I realized that nursing was exactly where I was meant to be.

YNM: What makes you the most excited about being at the Yale School of Nursing?

Dr. Nelson: I am most excited about the opportunity to work with the students to enhance their education with global health experiences and perspectives and expose them to ways of deploying their clinical practice that advance social justice in all the communities they serve.

YNM: Let's explore your research for a moment. How did you decide to concentrate on global health? What is next on the agenda for your research?

Dr. Nelson: My work is focusing on implementation science. We are fortunate to have a toolkit of interventions and products that together can help

“We appreciate the various ways that we are different and how these strengthen our common goal as nurses to ensure better health for all people.” —LaRon E. Nelson

prevent new infections and prolong life among people who are living with HIV. A major challenge that I am working to address is how to optimize these tools to generate the greatest impact, specifically within communities of African people whether they are in Ghana or in communities of African-descendants in the Americas.

For example, I developed an intervention model that is designed to help support healthcare engagement and continuity for individuals with stigmatized identities. The model is called client-centered care coordination (C4), and I am using it as an evidence-based tool to help improve HIV prevention and treatment outcomes among black men who have sex with men (MSM), who are a high-priority population for domestic HIV prevention. It is based on self-determination theory and has two components. One component is an approach to engaging with patients in ways that support their autonomy, facilitate their ability to master their health-related goals, and demonstrate emotional connectedness.

The second component is a web-app based platform that facilitates care continuity via an online platform that allows real-time care coordination among geographically bounded networks of agencies providing services to support the needs of black men who have sex with men (MSM). I was part of team that investigated if this model was associated with uptake and adherence of HIV pre-exposure prophylaxis in black MSM. My next step is to study the implementation of the model in MSM communities in the United States and Canada. I am also developing a study to assess the effectiveness of the model for

reducing HIV viral load and symptom distress among MSM in Ghana. In addition to those projects, I am working on the next generation of the C4 intervention, which will include several enhancements such as symptom monitoring, peer-support, and decision-support. The updated version will be known as C5. I am very excited about deploying this intervention across the country to help accelerate the impact of HIV (pre-exposure prophylaxis) PrEP and HIV treatment on HIV epidemics here and abroad.

YNM: Part of your YSN portfolio is the Office of Diversity, Equity, and Inclusion (DEI). Are there specific projects you look forward to starting or developing? What events are on the horizon for this year?

Dr. Nelson: *I will be expanding the Office of DEI, including recruiting a director to lead the office and developing an action plan for how we will enhance DEI at YSN. In the short time that I have been here, I have received volumes of feedback from students, staff, and faculty about how to demonstrate excellence in DEI. I am diving into that feedback and working with Dean Ann Kurth and her leadership team on putting some of those ideas into action. We will have ongoing programming in the school that celebrates diversity and promotes equity and social justice. These will be opportunities for us to show that we appreciate the various ways that we are different and how these strengthen our common goal as nurses to ensure better health for all people.*

YNM: You are currently in the process of assembling a new group called Inclusion, Diversity, Equity Action Solutions (IDEAS). Can you tell us a little bit more about the IDEAS council, and what goals you have for this team?

Dr. Nelson: *The IDEAS council is the hub for all YSN matters that deal with diversity, equity, and inclusion. It is a model in which representatives of various stakeholder groups within the YSN*



(students, staff, alumni, and faculty) come together to develop, implement, and evaluate an action strategy for demonstrating excellence in DEI. The IDEAS council members are champions for DEI within the school, accountable delegates who represent the interests of their constituents, and conduits for relaying information to me regarding DEI in the school. I have been “shopping” the notion of the council around to various groups in the school, and everyone I spoke to was very excited. I am super excited.

YNM: If we talk again a year from now, celebrating a success you are really proud of, what does that look like and feel like?

Dr. Nelson: When I arrived at YSN one of the first things I did was to review a survey that was initiated and self-administered by students.

The survey highlighted some areas where we can improve with regard to YSN being a place where all students feel like welcomed and valued members of our community. Because the survey was developed by the students, it included the items that they deemed most important. I would love to re-examine those same questions a year from now and be able to say that we made dramatic improvements. To me, it would represent a major success if students reported that we improved on the list of metrics that they deemed most essential to their social experience within our academic community.

YNM: When you think back over your career up to this point, is there a Wow Moment that stands out for you?

Dr. Nelson: For me, the Wow Moment was

“The deep human connection that we make is required to generate the type of trust necessary for patients to entrust their bodies to us so that we may deliver care to them.” —Dr. LaRon E. Nelson

realizing that while my work in Ghana was generating evidence that would help contribute to solutions to the HIV epidemic there, a main benefit was that I was gaining knowledge from the Ghanaian community that was informing my approach to developing interventions in the United States and Canada. I have heard this called “South-to-North” innovation—that is, solutions that are grounded in epistemologies and lifeways of the global south can help address problems that are still perplexing the global north.

YNM: The latest Gallup poll ranks nurses as the most trusted profession for the 17TH consecutive year. What are the qualities of nurses that inspire such trust?

I believe that nurses are trusted because of the ways that we connect with the patients and communities that we serve. The deep human connection that we make is required to generate the type of trust necessary for patients to entrust their bodies to us so that we may deliver care to them during times when their bodies are under duress or are performing (or not performing) in unfamiliar ways that create alienation. Nurses are there with them during these times of vulnerability, confusion and fear. Nurses also advocate for the patients’ interests, even sometimes when those interests are at odds with the interests of the medical team, the healthcare institution or the third-party payor. Patients don’t forget this and neither do their families, friends, students, neighbors, roommates, and their spiritual community.

YNM: What do you think are two of the top challenges facing nurses in 2019?

Dr. Nelson: *One top challenge is for nurses to determine how to innovate their practice in response to a world that is increasingly mobile and virtual. While nurses are expert at adopting and integrating new technologies, we must position ourselves as the drivers and designers of e-health solutions. The other top challenge is to accelerate progress toward expanding the coverage of*

advanced practice nursing models in parts of the country—and the world—experiencing the greatest health disparities and premature mortality. The challenges to be addressed are primarily political; therefore, the solutions will also be political and achieved through leadership, advocacy, and policy interventions.

YNM: Let’s switch gears for a moment. What piece of pop culture do you think depicts nursing the most accurately?

Dr. Nelson: *There was an episode of the FX series Pose (Season 1, episode 6 “Love is the Message”) that featured a nurse who was in-charge and a bit hard-nosed. The role was played by Sandra Bernhard. She was protective of the patient. She was attentive and alert to the patient’s condition with a seriousness and urgency of a sentinel. Nevertheless, she was connected. She was with the patient in more than a physical, terrestrial sense... but rather she was linked to the patient in a way that I would describe as cosmic, yet occupational. By this I mean that establishing the connection was a part of the job. Maintaining that connection was a form of labor that the nurse performed. It was physically and emotionally exhausting. It was high-stakes. That to me depicted the real human experience of nursing. I have not otherwise seen good examples.*

YNM: What is one piece of advice you would like to share with people who are considering nursing as a profession?

Dr. Nelson: *Nursing is a challenging profession that requires intellectual and emotional sophistication. It is not for the faint of heart. I encourage anyone considering nursing to please read The Complexities of Care: Nursing Reconsidered (The Culture and Politics of Health Care Work) by Sioban Nelson and Suzanne Gordon. The concluding chapter is titled “Nurses wanted: sentimental men and women need not apply.”*

Advancing Sleep Research Through Collaboration and Education



You could say that Yale School of Nursing (YSN) was sleep-deprived until Nancy S. Redeker, PhD, RN, FAHA, FAAN arrived in 2007. In the 1990s, Redeker's background in cardiac nursing spurred an interest in the recovery of cardiac surgery patients. "I was curious about how these patients coped with recovery," she explained. "As a sidepiece, I collected symptom data about their sleep, and it turned out that poor sleep was a major concern." This discovery led to her decision to undergo research training funded by the National Institute of Nursing Research (NINR), which steered her into a long-term commitment to sleep research, with ongoing funding over the years from the National Institutes for Health (NIH) and other organizations.

Data from the actigraph are downloaded and interpreted by computer software to measure sleep duration, timing, arousals, and light exposure. Statistical analysis of the raw data can be used to estimate circadian rhythm.

Collaboration Within Yale

When Redeker first joined YSN, she recognized a need for someone to work on sleep research at the school, but also realized that investigators in various departments and schools around Yale who were working in this area of research did not know each other. Motivated by this need, and in partnership with Yale School of Medicine (YSM), she successfully obtained a grant in 2011 from the NINR, which led to the creation of the Yale Center for Sleep Disturbance in Acute and Chronic Conditions.

"The focus of the grant was to build the capacity to improve sleep research capabilities in a way that maximizes the interdisciplinary collaboration between YSN and others at Yale, and that built on our existing strengths," Redeker said.

The Center fully funded four studies with partners from within the university. YSM's Lisa Fucito, PhD, conducted research on whether improving the sleep of college students could help them manage heavy drinking. Melissa Knauert, MD, PhD, an assistant professor of medicine in the section of pulmonary, critical care and sleep medicine, implemented a clinical trial to test

ways to improve sleep for patients in an Intensive Care Unit setting. Both of these studies successfully led to new grants from the NIH allowing them to continue their work.

In a third study, YSN's Julie Womack '94 MSN, CNM, APRN, PhD, used data from the Veteran's Administration to understand the factors contributing to poor sleep quality in individuals with HIV. A fourth project, designed by former YSN faculty Sarah Jaser, PhD—and later completed by former YSN dean and current faculty member Margaret Grey '76 MSN, DrPH, RN, FAAN—examined how sleep is related to daytime functioning of adolescents with type 1 diabetes and the associations of sleep with control of blood sugar.

At least twenty studies in all were generated through the Center, many resulting from YSN and YSM faculty mentorships and others from broader collaborations within the Yale community. "This work also provided the opportunity to collaborate with other nursing schools to generate ideas and papers about measurement of sleep and related symptoms, as well as self-management and how to approach these topics," Redeker said.

One of Dr. Redeker's current studies is a five-year randomized control exploring the effects of self-management intervention for insomnia among people with chronic heart failure. The project was funded with a \$3.2 million award from the NIH National Institute of Nursing Research. Dr. Redeker, principal investigator, collaborated with co-investigators Dr. Daniel Jacoby and Dr. Yaggi from YSM, and with Dr. Christopher Hollenbeak, a health care economist from Pennsylvania State University.

The Center has generated early-stage grants that provide essential training and career opportunities for early career faculty. Redeker emphasized that the sustainability of sleep research depends on both funding and human capital. "A number of our students are working with [us] on training grants as junior faculty, PhD and MSN- students and post-doctoral fellows," she said.

YSN Partnerships

Ensuring research sustainability also includes collaboration within YSN. One example is a study done by YSN's Lois Sadler '79 MSN, PhD, RN, FAAN, who conducts research in the New Haven community on teen pregnancy and supporting teen parents to raise healthy children.

As a part of her grant, Sadler's team did home visits with teen parents where a consistent theme emerged. "Both children and parents were struggling with getting enough sleep. I assumed that the families we served were dealing with so many other crisis-related issues, such as housing and



Nancy Redeker, U.S. Representative Rosa DeLauro, Lois Sadler, and Monica Ordway attended the Baby Caucus in 2017.

finances, that sleep would be low on a list of concerns," she said. "But we heard a lot about sleeping arrangements and schedules, and what parents were doing or not doing. When family members didn't get enough sleep, everyone was irritable, which exacerbated problems." Soon, Sadler and Redeker were talking about doing sleep intervention research to help at-risk families better manage sleep.

YSN's Monica Ordway '97 MSN, PhD, APRN, PNP-BC, also worked on Sadler's study as part of her PhD research and thesis, and she began thinking about the role of sleep and the effects of toxic stress on children. "Toxic stress induces a prolonged physiologic response that occurs when children live with adversity and don't have a buffering mechanism such as responsive caregiving, good nutrition, or a stable environment,"

"It dawned on me that getting enough sleep in a regular schedule might protect against the effects of toxic stress, because sleep and toxic stress likely share some of the same pathophysiological pathways."

—Monica Ordway

“Both children and parents were struggling with getting enough sleep. I assumed that the families we served were dealing with so many other crisis-related issues, such as housing and finances, that sleep would be low on a list of concerns.” —Lois Sadler

said Ordway. “It dawned on me that getting enough sleep in a regular schedule might protect against the effects of toxic stress, because sleep and toxic stress likely share some of the same pathophysiological pathways.”

Redeker, Sadler, and Ordway are collaborating on a community-engaged study, with Redeker and Sadler as co-principal investigators, to examine “sleep patterns and healthy sleep intervention development with multicultural community families raising young infants and children.” A key component includes collaborating with cultural ambassadors from the Yale Center for Clinical Collaboration (YCCI), linking the researchers to community members. They created a community advisory committee, comprised of parents, clergy, social workers and other community-based members, to advise the research team as they worked on the study.

After interviewing families with children ages 6 to 36 months, pediatric providers, and childcare providers, the children’s sleep was monitored with wrist actigraphs to collect data. Then the researchers brought the information to the community advisory committee for input. “We’re in the process of designing a family-friendly, community-friendly sleep intervention to help

parents with sleep for their young children,” Sadler said. The study’s next phase includes drafting and testing an intervention.

While working on the grant with Redeker and Sadler, Ordway obtained an NIH research training grant to study the biomarkers of stress in children ages 12 months to 15 months by taking hair and saliva samples and monitoring their sleep with wrist actigraphs. “I’m studying these biomarkers to understand more about the characteristics of sleep that are most tied to the stress response, so we know what to target in a sleep intervention,” she said. “What do we need to work on most? Sleep duration, quality, or timing?” Ordway’s data will inform the intervention design and help assess whether sleep can mitigate some of the effects of toxic stress in young children.

Redeker believes that the breadth of research and strong collaborative opportunities that have flowed from the Center are just the tip of the iceberg. “We have many opportunities to improve sleep through research that informs our clinical practice, but we also must educate the emerging generation of researchers and health care professions, including nurses and others, about the best ways to improve health outcomes by promoting healthy sleep.”

Diabetes Program Utilizes Texting

YSN faculty member Robin Whittemore PhD, APRN, FAAN felt drawn to the culture of Mexico early on in her first RN job in San Diego, California. She has made myriad trips since that first one many years ago, and during her recent sabbatical she combined a research focus on preventing and treating type 2 diabetes with science, global health, and technology.



Whittemore designed a scientific study for low-income adults with type 2 diabetes in Mexico City. The purpose of the study was to evaluate the feasibility and acceptability of pictorial text messages

based on the evidence-based Healthy Action Process Approach (HAPA) model, which supplemented a group-based program “*¡Sí, Yo Puedo Vivir Sano Con Diabetes!*” (Yes, I Can Live Healthy with Diabetes!)”

Operating within Mexican culture posed a challenge, because the health care system focuses more on treatment than prevention. The health literacy rate is fairly low in adults with low socioeconomic status, and the diabetes mortality rate nearly doubled from 2000 to 2012. By the time diabetes is diagnosed, the cases are more advanced and more complex, and the news can feel like a death sentence.



The *¡Sí, Yo Puedo Vivir Sano Con Diabetes!* program consisted of seven weekly group sessions at Seguro Popular clinics in Mexico and daily text messages for six months. Participants

cheered each other’s successes in the group setting, which also fostered a sense of empowerment and independence. Graphic artist Allison Conway creative positive, motivating images for the daily texts (displayed on this page), which included reminders and goal setting prompts.

“People loved the text messages!” Whittemore said. Participants felt seen and cared about with their daily reminders and expressed more motivation for day-to-day aspects of diabetes self-management when paired with playful, accessible encouragement. “[The texts] gave me a lot of encouragement to take care of me,” one patient said. “They helped me realize that I have to take care of and love myself.”

“I thought more positively,” one participant said of the text messages. “They reminded me that you can live long and healthy.”



Not everyone had access to a smart phone, so Whittemore also provided hard copy booklets of the

180 text messages to the participants. In a pilot study funded by the National Institute of Nursing Research (NR015856), participants in the *¡Sí, Yo Puedo Vivir Sano Con Diabetes!* program showed significant improvement in self-management, diabetes self-efficacy, and metabolic control compared to a wait-list control group.

While students at YSN, Denise Marron ’18 MSN and Rosabelle Conover ’18 MSN helped conduct interviews and analyze results, simultaneously combining their bilingual skills and global health interests.

Whittemore’s international and interprofessional team also included a partnership with Rafael Pérez-Escamilla, PhD at the Yale School of Public Health, Mireya Vila-Compte, PhD and Ana Bertha Pérez-Lizaur, MCS from Universidad Iberoamericana Ciudad de Mexico, and Ninfa Pena-Purcell, PhD, MCHES from Texas A&M AgriLife Extension Service.

Eventually, Whittemore hopes to share her scientific discoveries by disseminating this program to Latino communities in the United States. It would be one more opportunity to share her nursing research with another member of the global community.

Send us your updates!
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Yale School of Nursing Welcomes Our New Staff!

Olivia Buckholz

Sr. Administrative Assistant,
Office of the Executive
Deputy Dean

Gustavo Carrillo

Media Technician,
Simulation Lab

Colleen Colbert

GEPN Program Manager

Daniela Dowling

Portfolio & Grant Accountant

Dilan Eroglu

Sr. Administrative Assistant,
Clinical Support Office

Rochelle Goodwin

Communications Manager

Lauren Langford

Assistant Director of
Communications

Triana Lyde

Sr. Administrative Assistant,
Office of Student Affairs

Mary Nusdeo

Sr. Administrative Assistant,
Clinical Support Office

Eddie Quiles

Sr. Administrative Assistant,
Primary Care Division

Renee Van Alstyne

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Monica Vella-Angelastro

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Trailblazer: Ada Sue Hinshaw '63 MSN



The National Institute of Nursing Research (NINR) at the National Institutes of Health (NIH) has a clear mission: to promote and improve the health of individuals, families, and communities. The NINR supports and conducts clinical, biobehavioral, and basic research that develops the scientific basis for clinical practice and is currently searching for its next permanent director.

The new leader will be just the third person to fill the role since NINR's founding in 1986. Yale School of Nursing alumna Ada Sue Hinshaw '63 MSN, PhD, RN, FAAN led the organization as its first permanent director, serving from 1987 to 1994.

When reached by phone, Hinshaw readily shared her eagerness to explore and expand the science of the nursing discipline. "That's what drew me to that first position at NINR: to help the medical profession and other health care professions learn what nursing research was about," Hinshaw said. "I was one of the people who got very interested in nursing research very early, and I got interested in it first at Yale."

NIH might not have originated the idea of a nursing institute at the outset but shifted gears quickly. "Once we got there, they decided if we were going to be part of NIH, we were going to be good. They got behind us full force," Hinshaw said. "Nurses were better prepared to do research than many of the others who applied because they were PhDs rather than MDs," Hinshaw said. And those nursing PhDs understood the essential commitment to the quality of scientific research.

"Nursing really introduced the whole concept of symptom management," Hinshaw said. The discussion was no longer just about people having diseases, but also the nursing perspective on prevention.

While at NINR, Hinshaw worked hard to bring resources to the institute, starting with \$11 million and then ending up at \$50 million. In the beginning, there were two institutional research training grants, and the pressure for achieving the highest quality was ever present. NINR spent 10 percent of its budget on research training when other institutes were spending half as much. NINR was building the nation's cadre of nurse scientists from scratch, and Hinshaw lobbied Congress and worked with policymakers to advocate for the cause.



Reunion Weekend 2020

If you have interest in a YSN
reunion in 2020, please let us know
at nursing.yale.edu/reunions



Dean Kurth won the Ada Sue Hinshaw Award in 2015.

“That’s what drew me to that first position at NINR: to help the medical profession and other health care professions learn what nursing research was about. I was one of the people who got very interested in nursing research very early, and I got interested in it first at Yale.”

—Ada Sue Hinshaw

“Congress was very good with us,” Hinshaw said. “It was an era of women and supporting and encouraging women’s professions. Nursing was advantaged by that. They wanted to see the profession grow.”

This emphasis on science and research is reflected throughout Hinshaw’s five-decade career. Hinshaw is Dean Emerita of the Daniel K. Inouye Graduate School of Nursing at the Uniformed Services University of the Health Sciences, where she served from 2008 to 2014. She also served as the president of the American Academy of Nursing, and as dean and professor of the University of Michigan School of Nursing. She was named a Living Legend by the American Academy of Nursing in 2011.

Among the many accolades Hinshaw has received for her work are the Nurse Scientist of the Year Award from the American Nurses Association’s

Volunteer with the Alumni Fund.
nursing.yale.edu/alumni-fund-volunteers

Council of Nurse Researchers, the Midwest Nursing Research Society Lifetime Achievement Award, and the Distinguished Leader Award from NINR.

In addition to those distinctions, the Friends of the National Institute of Nursing Research (FNINR) has selected winners of the Ada Sue Hinshaw Award each year since 1994. YSN Dean Ann Kurth ’90 MSN, PhD, CNM, MPH, FAAN was honored as a recipient in 2015. Kurth is a member of the NIH search committee to hire the new director of NINR, and the announcement will be made later this year. Beatrice Renfield Term Professor of Nursing Nancy S. Redeker, PhD, RN, FAHA, FAAN serves on the National Advisory Council for the NINR and as a 2019 Ambassador for the FNINR.

“Ada Sue Hinshaw has been an inspiration to generations of nurses throughout her exemplary career as a scientist, researcher, and advocate,” said Kurth. “Her dedication to better health for all people spans multiple areas of nursing science, including disease prevention and acute and chronic illness. The next director of the NINR will inherit an incredible legacy that Ada began when she first began building NINR. We are all the better for it.”



Ada Sue Hinshaw, third from right, and other members of the Class of ’63.

Rear Admiral Trent-Adams Featured at Bellos Lecture



Rear Admiral (RADM) Sylvia Trent-Adams, PhD, RN, FAAN, Principal Deputy Assistant Secretary for Health, addressed a rapt crowd of administrators, students, faculty, and staff at the annual Sybil Palmer Bellos lecture in March. Her talk, “Bridging the Gap: Addressing Health Disparities,” explored the science, policy, and clinical practice of her three decades in uniform.

Hers is a highly decorated career. In 2017, Trent-Adams received the International Red Cross Florence Nightingale Medal, the highest international medal that can be bestowed upon a nurse. Just last year, her lifelong service was recognized with her election to the National Academy of Medicine and to the National Academies of Practice. As part of her global citizenship, she also received a Meritorious Service Medal for her leadership during the Commissioned Corps’s response to the massive Ebola outbreak in West Africa. To honor her time spent as acting Surgeon General, she received the Surgeon General’s Medallion.

“Being able to be a nurse is truly a treasure,” Trent-Adams said. “We can connect with people on a level that others can’t. They trust us. We are the most trusted profession. We are the most revered profession when it comes to having that social, that human, interaction. I think that our contribution to humanity and society is tremendous.”

During her presentation, Trent-Adams delivered several key takeaways. She described a need for greater investment at every level of government and advocated to shift from a “sick care” approach to a “preventive care” system. She also highlighted the need to closely examine health and health care separately, and not just clinical care. She urged the audience not to lose sight of the determinants of health that play key roles in our current system and made a compelling argument that addressing the social determinants of health is a responsibility shared by everyone.



Secretary and Vice President for Student Life at Yale Kimberly Goff-Crews, Rear Admiral Sylvia Trent-Adams, Dean Ann Kurth, and Executive Deputy Dean Carmen Portillo at the Sybil Palmer Bellos Lecture.



Watch the full video of these remarks online on the Yale University YouTube channel.

“I wasn’t cut out to be *just* a nurse. I was cut out to be a nurse, a scientist, a researcher, a policymaker, the Deputy Surgeon General, the Acting Surgeon General, and the Principal Deputy Assistant Secretary for Health.”

—Rear Admiral Sylvia Trent-Adams

Trent-Adams also addressed the students in the room directly, offering encouragement to overcome future obstacles. She also shared that being a nurse is so much more than many people think, blending science and health care with other disciplinary approaches.

“If I could tell you how many people in the course of my career told me that ... ‘Maybe you’re not cut out to be a nurse.’ They were right. I wasn’t cut out to be *just* a nurse. I was cut out to be a nurse, a scientist, a researcher, a policymaker, the Deputy Surgeon General, the Acting Surgeon General, and the Principal Deputy Assistant Secretary for Health. That’s what I was cut out for,” she said.

In addition to anticipating future nursing challenges, Trent-Adams also reflected on turning adversity into an asset. “Sometimes I’m the only nurse, the only woman, the only person of color, the only clinician, or the only person in uniform, in the room. And this happens all the time. But it’s okay. Because you know what? What doesn’t kill you does make you stronger,” she said.

Trent-Adams graduated with a BS in nursing from Hampton University and an MS degree in nursing and health policy from the University of Maryland, Baltimore. She earned her doctorate in public policy from the University of Maryland, Baltimore County.



Following the Sybil Palmer Bellos lecture, Rear Admiral Sylvia Trent-Adams mingled with guests at the Wisser Tea reception.

Held in tandem with the Wisser Tea, the Sybil Palmer Bellos lecture was established in 1964 and honors an extraordinary nurse best known for her work with immigrant families in New York. Bellos graduated with the Class of 1927, one of YSN’s earliest classes of nurses. Each year, her namesake lecture features an individual who follows in her footsteps; someone who expands the frontiers of healthcare and strives to bring better health to all people. If the sentiment in the room was any indication, Bellos would have been delighted to hear Trent-Adams this year.

A Letter from the President of YSNAA



Greetings and warm wishes from the Yale School of Nursing Alumni Association (YSNAA)! As we anticipate marking the myriad of well-earned academic achievements with all the pomp and circumstance of commencement, the YSNAA both welcomes new alumni from the Class of 2019 while supporting current students at West Campus. This is a period of great transition—GEPNs studying for the NCLEX; DNP students completing capstone projects; PhD students defending dissertations; and APRNs of all specialties preparing for Board Certification—I laud the work, dedication, and vision each of you refine daily to manifest these new career goals.

YSNAA spring activities brought about our annual Negotiating Skills workshop and our Career Panel in April, while resume assistance and mentor dyads meet and work together throughout the year. The Board met with Dean Kurth in May for our annual meeting and celebrated three outstanding Alumni at the Distinguished Alumni Awards evening celebration. Finally, we hosted the award-winning Yale Day of Service (DoS) in YSN's *Newborns in Need* program at West Campus on Saturday, May 11. This event has joined communities across academia, Yale Alumni Clubs, university and hospital systems, and local/international donors to support New Haven's most vulnerable population.

Much of what it means to be a YSN grad surrounds the service we are compelled to offer our communities. To that end, I recently had the honor of traveling to Batey Libertad, DR with the Yale Alumni Service Corps (YASC). This experience provided the amazing opportunity to be welcomed into another culture; serve various needs identified by the community; and shine a light on the multi-dimensional challenges that face the immigrant communities we serve here in the US—as we minister to these communities in their countries of origin. I highly recommend each grad consider an experience with YASC—I am looking forward to my next trip already!

Service can also be defined as advocacy—for patient safety; practice autonomy; standard of care; and health policy. I have been a member of the state and national NP leadership organizations over the last 15 years in various capacities. This past legislative session in CT, I sent a Bill (7261) forward that would disallow third party payor systems to compel prescribers of psychotropics medications to dispense 90-day supplies after the first 30-day fill. This has become the dangerous standard of care in CT. This Bill has moved successfully out of two Committees, after close work with bipartisan leadership, and we await a simple majority vote now to change this dangerous practice in CT.

It is truly a great time to enter the health care work force as an advanced practice nurse! Each YSN grad brings great skill, competence, vision, compassion, and soul in service to the communities so lucky to embrace you. We on the YSNAA BOD welcome you to the alumni association!

I wish you great prosperity, much good health, and safety on this next leg of your journey!

Warmest regards,
Danielle Morgan, MSN '00
President, YSNAA
danielle.morgan@aya.yale.edu

Congratulations YSN Class of 2019!



Planning for the Future: Your Legacy at YSN

Gifts that pay lifetime income have many benefits: dependable income for you and your family, current and future tax savings, and a means to support the Yale School of Nursing.

Of all the gifts that pay you back, the charitable gift annuity (CGA) is the simplest, most affordable, and most popular. You make a gift to Yale, and in return, Yale agrees to make fixed payments to you (or to one or two individuals you select) for life. When the annuity ends, the remainder is directed within Yale School of Nursing for a purpose that you choose. Benefits to you include a charitable income tax deduction, partially tax-free annuity payments and, if funding the gift annuity with appreciated property, a reduction in capital gains tax. Most importantly, CGAs are a practical and meaningful tool for securing the future of the next generation of nursing leaders.

Mary Lee Mantz '69 MSN established several charitable gift annuities that provide her a dependable source of income now and will later fund scholarships for students in YSN. "Yale opened so many doors for me," she said. "I want to hold those doors open for the next generation, because the opportunities for Yale-trained nurses continue to expand around the world. These gifts will ultimately benefit students through named scholarships, a legacy I am grateful to be able to provide."

SAMPLE RATES FOR YALE CHARITABLE GIFT ANNUITIES

Minimum gift annuity is \$10,000. These rates are for illustration purposes only and may vary, depending on the timing of your gift. Annuity rates for two individuals are also available.

For a personalized illustration of the income and tax benefits you may receive from a CGA, contact beth.zapatka@yale.edu or visit giving.yale.edu.

Age	Immediate	3-year deferred	5-year deferred
65	4.5%	5.5%	6.5%
70	5%	7%	8.5%
75	6.5%	9%	11.5%
80	8%	12%	12%

Highest Rank in History

Yale School of Nursing (YSN) recently celebrated the highest rank in the school's history, thanks to landing at number five in the 2020 edition of *U.S. News & World Report*. YSN climbed three slots since the 2019 list and is tied with Columbia University and the University of North Carolina-Chapel Hill.



"We are thrilled with this result," said Dean Ann Kurth '90 MSN, CNM, MPH, FAAN. "To achieve the highest ranking in our nearly 100-year history speaks to an incredible team effort within our school. We are privileged to engage with the highest caliber students, whose curiosity is inspired and encouraged by the pedagogy and research of our outstanding faculty. We are also grateful to all the supporters who believe in our school. And this achievement would also not be possible without the clinicians, scientists, preceptors, and our professional staff who contribute to the work of bringing better health to all people."

In addition to ascending to the top five overall, YSN's programs also performed well. The Doctor of Nursing Practice (DNP) program ranked eighth, rising two places since last year. The Pediatric Nurse Practitioner (PNP) and the Psychiatric-Mental Health Nurse Practitioner (PMHN) specialties both ranked third. The Family Nurse Practitioner (FNP) specialty jumped nine slots to land at number 11. The Adult/Gerontology Acute Nurse Practitioner track leapt into 10th place, and the Adult/Gerontology Primary Care specialty placed 15th.

Top Ten in the World

According to the QS World University Rankings, YSN is ninth place this year. The QS methodology concentrates on six metrics: academic reputation, employer reputation, faculty/student ratio, citations per faculty, international faculty ratio, and international student ratio. Academic reputation carries the greatest weight and accounts for 40 percent of the score.

YSN was one of the world's first nursing schools to be academically-based and will celebrate its centennial in 2023.



In Memoriam

We have recently learned of the loss of these members of our alumni community, and our condolences and best wishes go out to their families and loved ones.

If you would like to share In Memorial news, please send a note to: ysn.communications@yale.edu.

Alice C. Atkins '83 M.S.N.

Lucinda R. Blair

Beverly B. Bretthauer '54 M.N.

Katherine C. Clark

Jean S. Cornwell

Gellestrina T. DiMaggio '47 M.N.

Ruth G. Elder '60 M.S.N., '68 PhD.

Selma D. Falloon '44 M.N.

Hertha Flack '41 M.N.

Richard D. Floyd '52 M.D.

Genevieve F. Fraga '40 M.N.

Mary K. Furman

Mary F. Geary '31 B.N.

Jean F. Graves '38 M.N.

Shirley J. Greenwald '53 M.N.

Eileen F. Hemond '53 M.N.

Gwynne Hill '35 M.N.

June C. Horning '53 M.N.

Anne B. Hunt '39 M.N.

Elizabeth C. Hurley '35 B.N.

Elizabeth W. Hutchinson '45 M.N.

Corinne Kerfoot '52 M.N.

Shirley P. Knight '52 M.N.

Helen R. MacLean

Marion C. Martin '45 M.N.

Anna S. Milford '38 M.N.

Esther D. Milici '38 M.N.

Carolyn M. Moran

Gertrude H. Parkhurst '49 M.N.

Elizabeth C. Patchell

Elizabeth H. Pettis '40 M.N.

Catherine D. Santorum '43 M.N.

Ann P. Schnell '51 M.N.

M E. Thompson '37 M.N.

Edward F. Vastola '45 B.S.

Eleanor K. Vitt '39 M.N.

Helen H. Werner '35 B.N.

Barbara H. Zovickian '43 M.N.





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