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Yale Nursing Matters Magazine received two distinguished awards this year. In June of 2004, YSN was awarded the Mercury Award (Gold Prize) for Best Magazine from the Connecticut Valley and Southern New England Chapters of the Public Relations Society of America. In November of 2004, the Honor Society of Nursing, Sigma Theta Tau International, selected Yale Nursing Matters as recipient of the 2004 Pinnacle Award for Best Magazine in the Public Media Category.

**matter 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.
Summer 2003 Winter 2004
Transition, Opportunity, and Celebration

Transitions are characterized by flow and movement over time. The process begins with anticipation of a change and ends with a new beginning. On September 1, 2004, I stepped into the role of Acting Dean at YSN, as Catherine Gilliss departed on her way to assuming the Deanship at Duke University School of Nursing. Such transitions are fairly common in nursing schools and indeed throughout the academic world. Changes in organizational dynamics are one consequence of a transition, as each leader brings to the table a different philosophy and style of leadership. But change also provides an opportunity for the nursing school community to reflect on its accomplishments and clarify its desired future.

The school and its faculty remain committed to leadership in nursing research, education, and practice. The breadth and depth of YSN talent is indeed remarkable. The research and scholarship program continues to expand under the leadership of Dr. Margaret Grey, and includes the newly funded Center Grant for Self and Family Management of Chronic Disease in Vulnerable Populations, the Yale-Howard Partnership Center to Eliminate Health Disparities, and several new grants in areas ranging from Nursing History to Research Fidelity. Under the leadership of Pamela Minarik, the School has also made significant strides in international educational and research. Since the inception of the YSN Office of International Affairs in 2002, our faculty and students have conducted projects in over twenty countries around the world. Our research and scholarship at home and abroad continue to inform our clinical practice. The YSN Office of Clinical Affairs, under the leadership of Dr. Betty Nelson, has established several new faculty practice sites and has improved ways Yale nurse midwives provide care to women in our community.

Under the leadership of Dr. Kathleen Knafl, significant advances have also been made in academic programs. This year MSN enrollment reached 270 students, and with newly admitted students coming from over 30 states across the country. There are 27 students currently enrolled in the DNSc program. In addition, a number of post-masters and postdoctoral students are participating in our academic and research programs. The opportunities available to our students, within the school and on the health sciences and main campuses, make a Yale education truly unique. These opportunities are part of the reason why our graduates remain so committed to the school, years and often decades after they leave Yale.

The YSN Alumnae/i Association continues to strengthen the alumnae/i network and to help alumnae/i stay connected to our students. As part of this initiative, a survey has been included with this issue of Yale Nursing Matters which we are asking all of our alumnae/i to complete and mail back no later than January 17, 2005. Results from this survey will help us to determine what matters to our alumnae/i and to provide even more opportunities for our current students to benefit from the wisdom and expertise of our graduates.

We reach new heights by standing on the shoulders of those who have come before us. YSN has had a series of strong and effective Deans since its founding: Annie Goodrich (1923-1934); Effie Taylor (1934-1944); Elizabeth Bixler (1944-1959); Florence Wald (1959-1967); Margaret Arnstein (1967-1972); Donna Diers (1972-1984); Judith Krauss (1985-1998); and Catherine Gilliss (1998-2004). It is an honor and privilege to have been asked to serve as Acting Dean during this transition period, and to lead the school as it moves toward its new beginning.

Katherine R. Jones, RN, PH.D., FAAN
Acting Dean and Professor
New YSN Web Site

Goes Live!

Check out YSN events, accomplishments, research and clinical practice activities, community and international partnerships, alumni news and more by visiting our new web site at: nursing.yale.edu

President Levin Appoints Katherine Jones as Interim Dean of YSN

Katherine Jones, RN, PhD, FAAN, has been appointed Interim Dean of YSN, effective September 1, 2004. Recommended with great enthusiasm by her colleagues, Professor Jones will serve until a new dean is appointed.

Dr. Jones joined the YSN faculty in July 2003 as a professor in the doctoral program with a focus on health services research and health policy. She holds B.S.N. and M.S. degrees in medical-surgical nursing from the University of Michigan and a Ph.D. in administration and policy analysis from Stanford. After completing a post-doctoral fellowship at Johns Hopkins, she held faculty positions at the University of Florida, UCLA, University of Michigan, and the University of Colorado. A member of the American Academy of Nursing, she has served the nursing profession in numerous capacities, including several expert panels. “The range of her experience, at other schools and in the profession, will be of great value in her new capacity,” said Yale University President, Richard C. Levin.

Dr. Jones’ research focuses on health care quality and improvement. She is currently completing a study funded by the Agency for Healthcare Research and Quality that developed and evaluated an intervention to improve pain management in nursing homes. She also directs the Yale Program for the Advancement of Chronic Wound Care, funded by BMS/Convatec, and serves as co-director of the Outcomes Core on a newly funded NINR Nursing Research Center Core Grant for Self and Family Management of Vulnerable Populations (led by Margaret Grey, YSN Associate Dean for Scholarly Affairs as principal investigator).

Professor Judith Krauss honored by her Alma matter

Professor Judith Krauss received a 2004 Alumni Achievement Award from the Boston College Alumni Association. Professor Krauss was honored at the 2004 Alumni Achievement Awards Ceremony on Thursday, September 30, 2004, in Massachusetts. Throughout her professional career as both nurse and educator, Professor Krauss has helped focus national attention on public health policies affecting vulnerable populations. A noted expert on the care of people with serious and persistent mental disorders, she has practiced as a psychiatric mental health nurse and has served for 18 years as the editor of Archives of Psychiatric Nursing, a highly respected practice, research and policy journal. She has been honored for her policy work and numerous publications by nearly every major nursing organization in the country.

Alumnae/i Family Reunion Weekend

We’re moving to the Fall! Save the Date: September 30–October 2, 2005 for more information visit our website at: nursing.yale.edu/Alumn/Reunion
YSN’s Cynthia Anne Connolly receives funding to study the history of the TB Preventorium

Dr. Connolly will analyze tuberculosis (TB) prevention in children in the U.S. throughout the early twentieth century by exploring an institution known as the preventorium. The preventorium blended features of a children’s hospital, sanatorium and open-air school while endeavoring to imbue the values of an idealized middle class home life. It was designed not to treat TB, but to prevent the disease in certain indigent children considered at-risk. According to Dr. Connolly, “The preventorium is emblematic of a time when pediatric health care and child welfare meshed. It provides an ideal vantage point from which to link the history of tuberculosis to that of child health and social welfare. Moreover, the preventorium movement is also a useful vehicle to examine the way in which society’s values, priorities, and biases became intertwined with ideas related to health promotion, disease prevention, risk assessment, sickness, children, and families.”

YSN’s Sheila Santacroce Awarded Two Major Grants

Assistant Professor Sheila Santacroce has been awarded two grants in 2004. The first (RO1) grant is for a study titled, “Monitoring Fidelity to Promote Research Integrity.” Intervention fidelity is the consistent delivery of an intervention according to a research plan and professional standards. Lack of attention to fidelity can lead to false statements about intervention conducts and effects, and undermine research integrity. The Yale Adherence and Competence Scale (YACS), a general system for monitoring intervention fidelity, has been used in behavioral research in psychiatry to promote research integrity. The purpose of this study is to examine the utility and outcomes of applying the YACS in nursing as a means to promote research integrity. This study is funded from 9/30/04–9/29/06 by the Office of Research Integrity and the National Institutes of Health/National Institute of Nursing Research.

The second (R21) grant is for a study titled, “Managing Uncertainty in Childhood Cancer Survivorship.” Childhood cancer survivors need integrated care to help them manage uncertainty in survivorship. The primary aim of this study is to examine the feasibility and trends in changes on outcomes of an integrated comprehensive care and psychological intervention that targets uncertainty. The study setting will be HEROS, Yale’s program for survivors of childhood cancer. This grant is funded from 9/1/04–8/31/06 by the National Cancer Institute.
KENYA

Last May, in the spring of her GEPN year, YSN student Christiane Leisman was invited to accompany Rev. Dr. Eve Tolley, Dr. Elizabeth Akre, and Geneva Akre to Nyeri, a rural area 2 1/2 hours outside Nairobi, Kenya. The purpose of the trip was to take part in a project to start a health clinic which will serve the health care needs for children in two orphanages in addition to women and children in the surrounding area. Christiane took part in physical assessments and started a database of health information on many of the children living in the orphanages. Christiane, pictured above with some of the children she examined, explains, “Most of these children had never seen a health care provider, and so many of them were thrilled to have individual medical attention. It was a truly wonderful experience to use my nursing education to connect with these children and serve them in such a meaningful way. I look forward to the possibility of returning to Nyeri and working in the health clinic once it is finished being built.”

Nicaragua

Eleven YSN students traveled to Nicaragua to participate in a community health rotation in Esteli, Nicaragua. They stayed with families, learning the language and the culture, and worked in various clinics in the region, including a clinic for pregnant women, an adolescent clinic and several outposts in the smaller communities outside the city. Though many of the clinics were very basic with few medications and some without running water, the continuity and quality of the follow up care were evident to students. As a final project, the students organized two nights of pap promotion, offering free pap smears to women of little resources. Pictured above, YSN students collecting patient data. YSN student Tara Starling summed up her experience, saying, “As a student, my preceptors gave me great latitude to develop my hand skills—and my Spanish. But none of my previous and extensive traveling experience prepared me for the color and chaos of this beautiful and very poor country.”

RUSSIA

Douglas Olsen, Associate Professor in the Psychiatric/Mental Health Specialty at YSN has been awarded the Fulbright Fellowship to present a lecture series and to explore research partnership opportunities at the Sechenov Moscow Medical Academy (MMA) in Moscow, Russia. MMA was the first institution of higher learning in the Russian Federation to provide graduate education in nursing. During the fall 2004 semester, Dr. Olsen will lecture advanced practice nursing students at MMA and enhance the ability of the graduate nursing faculty in teaching mental health nursing and health care ethics. He will also provide a strong initial connection for ongoing collaboration between Yale University and MMA, as well as increase awareness of cultural context in his own teaching.
New Zealand
A group of six YSN students took part in a community health rotation in New Zealand. The students learned about and visited the Manawatu Health District which cares exclusively for the island’s indigenous people.

YSN student Nicole Strom, featured above with fellow YSN students and their preceptors from the Palmerston North Hospital, a facility of New Zealand’s MidCentral Health District, observed that the country’s healthcare system is centered on a culturally sensitive approach. “The people we encountered were full of care and respect for their patients and modeled this generosity of spirit as they extended a welcome to us as visiting students,” she said.

Trinidad
Seven YSN students spent four weeks in Trinidad, primarily at the Arima Community Health Center, observing that South American country’s healthcare system. The group also visited the orphanage of St. Dominic’s in the capital city of Port of Spain which is home to over 200 children, as well as spending some time at the Eric Williams Center, a hospital in the capital. The students also made home visits in this rural community, primarily to conduct checks of postpartum women and their new babies. YSN student Jennifer Brunton, pictured at right with a local craftsman on a beach in Tobago, commented on the rotation. “The overwhelming experience of being out of my comfortable setting was really good for me and I learned a lot from it. My time in Trinidad has encouraged me to seek out other international experiences,” she said.

India
Two YSN students traveled to Pune, India to provide basic community health care for people living in an area known as Padmavati slum. They also toured the local hospitals and clinics and government health offices to learn about Pune’s public health system and its private health system.

YSN student Jessica Johnson, above with patients, describes her experience as a “gigantic culture clash.” She also observes, “It was difficult to experience the low status of women in India. I found it discouraging and downright depressing at times.” Despite these challenges, Jessica sums up the cultural aspect of her community health rotation with pride: “By the end of the trip, I was at home on the street that was shared by cars, rickshaws, bicycles, pedestrians, cows, goats, elephants, trucks, and motorcycles. It was difficult, frustrating, confusing, slow—and incredibly rewarding.”

Guatemala, Haiti and Kenya
Three YSN students recently took part in international experiences through the Wilbur G. Downs International Health Student Travel Fellowship Program. They were: Heather Gainer, MSN 2005, Health Promoting Lifestyle Patterns and Type 2 Diabetes Risk in Port-au-Prince, Haiti; Misae Ueha, MSN 2005, Patient Satisfaction and Assessment of HIV/AIDS Treatment in Guatemala; and Catherine Virostko, MSN 2005, Beliefs and Practices of Traditional Birth Attendants in Nyanza Province, Kenya, Regarding HIV/AIDS. In the photo above, YSN Downs Fellows are featured with Downs Fellows from the Yale Schools of Medicine and Epidemiology and Public Health.

Mexico
The community health rotation in southern Mexico nearly doubled in size this year with 13 students attending the month long program in Oaxaca. The students spent an entire week getting used to the city and touring health care facilities. Spanish classes were held in the afternoons. The students were provided lectures on the health care system, the vaccination program, health care relationships in Mexico, and the treatment of gastrointestinal disorders. They accompanied their mentor in the government workers hospital, and were allowed to scrub in for general surgical procedures. Several of them also sat in on patient visits.

According to YSN doctoral student Allison Squires, who lead the YSN group, students also learned the nursing role in the clinic. “This is very important because clinic nurses stay and work in the community for an average of 20 years! They are the glue that keeps the clinics going since the physicians, who are completing their year of social service, change every year” she says. For their class projects, students were encouraged to do a sustainable project—meaning one that could continue to be used by the clinic after the students had gone.
HOMEWORK AND HOME RUNS, theater, piano and trumpet, musicals and science: the breadth of Andrew Nappo's talents as he entered 6th grade in Madison, Connecticut would make any parent proud. Andrew's mom and dad, Patricia and Greg Nappo, were no exception. “Andrew’s academic and after-school schedule was grueling,” recalled Patricia, “but this is how he is; he loves to challenge himself and he has so many interests.”

How researchers at YSN are helping families develop better coping strategies that improve their quality of life.
Most days, Andrew's schedule left him feeling exhilarated, but exhausted. “I thought that with all his activities—sports, music and theater—plus the normal 6th grade load, well, no wonder he was tired,” recalled Patricia. However, Andrew's fatigue became more severe just before his eleventh birthday in September of 2002. “In those days just before and after his birthday he had lost weight and really looked worn out,” recalled Patricia. She became further concerned when Andrew experienced nausea after having two bites of birthday cake. Patricia noticed that Andrew was not improving and kept him home from school a couple of days later. She noticed that her son seemed irritated, overly thirsty and was urinating often. As Andrew's fatigue persisted, Patricia became certain that the problem was more serious than she had first suspected and called his doctor. As a result of that doctor's visit three days after his eleventh birthday, Andrew was diagnosed with type 1 diabetes mellitus, a chronic disease that affects approximately one in every 400 to 500 children and adolescents in the United States. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. The news of Andrew's condition came as a shock to the Nappo family. “For the first several months after Andrew’s diagnosis I could not sleep at night,” recalled Patricia. What made those first few months more manageable for Andrew’s parents, however, was that diabetes was “not unknown” in their community. Several families in the area had children who had been diagnosed with the disease and following Andrew’s diagnosis the Nappos immediately sought their counsel. “We were fortunate because there were others in our community who knew what we were going through because they had gone through it themselves and were managing well,” said Patricia. “They were our first source of information and support, and their help to us during that most difficult time was invaluable.”

As the school year began, Andrew’s parents spoke to him about easing his workload, but Andrew was resolute in giving his all to every one of the activities he had committed to. “We were very proud of him and supported his decision,” his mom said.
Working inside the School System: Helping Children at Risk to Avoid Weight Gain

Margaret Grey’s work with children who are at risk for type 2 diabetes grew out of her coping skills training (CST) study of adolescents with type 1 diabetes. In analyzing the results of that study, researchers found something unexpected: while they believed that CST would help some of the study participants avoid gaining weight, what they found was that CST helped girls, but not boys, to avoid weight gain. Dr. Grey explained: “A lot of boys came into our study thin and really wanted to gain weight, whereas girls came into the study thin, and wanted to remain thin. The girls were able to avoid weight gain by using skills we taught in CST.” These findings came at a time when the rates of childhood obesity were rising at epidemic levels, and type 2 diabetes in childhood, unheard of until five years earlier, according to Dr. Grey, was now being diagnosed in 40% of new cases of childhood diabetes. The investigators sought to develop an intervention to help children at risk for type 2 diabetes avoid weight gain and prevent type 2 diabetes.

They applied for and received NIH funding for a pilot study that tested CST in the school system. The findings of the study were remarkable, according to Dr. Grey. Working in two schools with a group of children who were insulin resistant and “practically guaranteed” to develop type 2 diabetes within 3-5 years, the investigators were able to curb their weight gain significantly and minimize their risk of developing the disease. In 2004, the investigators applied for and received NIH funds for a larger study that will train seventh grade science and physical education teachers to deliver an intervention that combines CST and physical activity and nutrition education to children in five area middle schools. While the investigators will be working specifically with children who are at high risk for developing type 2 diabetes, the information will be shared with everyone in the schools. “In helping to make a positive difference in what these kids eat and drink, how much they exercise and how they approach problem solving, we are doing as much as we can in the schools so that the information gets to those who need it most and the intervention model remains in the (school) system after the study is complete,” said Dr. Grey.

For the past decade, researchers at YSN have led the field in examining the efficacy and effectiveness of coping skills training for children and families with Type 1 diabetes. The impetus for advancing this area of study at YSN came in 1994, with the release of findings from the Diabetes Control and Complications Trial (DCCT), a large multi-site clinical trial that demonstrated for the first time that intensive insulin treatment with the goal of getting the blood sugar to normal levels and keeping it as close to normal levels as possible could prevent or delay the devastating long term complications of the disease. “One of the important questions raised after the DCCT findings were released was whether these findings could be translated to a general population of teenagers with type 1 diabetes,” said Dr. Margaret Grey, director of research affairs at YSN and lead investigator on a series of studies at Yale that looked at ways to help children and families better manage type 1 diabetes and live quality lives. In 1995, researchers under Dr. Grey’s direction launched a study to test the intervention in adolescents who were beginning intensive insulin treatment. The researchers hypothesized that the addition of coping skills training to an intensified insulin regimen recommended as a result of the DCCT and standard diabetes education would help teenagers better control their blood sugar levels. According to Dr. Grey, what they discovered was quite profound: in addition to the improvement of metabolic control, improvement in quality of life in the experimental group was also highly significant both statistically and clinically.

At the time, conventional treatment of type 1 diabetes involved two injections of insulin per day, 2-4 blood glucose tests daily, and careful dietary control. Intensive treatment recommended as a result of the DCCT findings meant teenagers had to increase their insulin injections to 3 or more, and their blood glucose tests to 4-6 daily. Prior to, and for some time after the DCCT findings were released, there was concern in the health care community that the intensive treatment regimen would be so onerous for teens that, while achieving good metabolic outcomes, their quality of life would suffer as a result. “This is why we were especially gratified by the results of our study,” Dr. Grey said. “Our findings demonstrated that, contrary to common belief in the health care community at the time, metabolic control and improved quality of life were complementary. Good metabolic control did not have to be a trade off against better quality of life.”

The YSN study was the first full scale clinical trial of a behavioral intervention in type 1 diabetes ever attempted. Aspects of the study were published in Diabetes Care, the Journal of Pediatrics and numerous other publications. It changed common perceptions about self management of type 1 diabetes, and helped to pave the way for further research that would help families better manage chronic health problems.

The next study involved two areas of interest. First, YSN researchers looked at what happened to the cohort of 120 adolescents involved in the previous study as they transitioned to young adulthood. This question was important, according to Dr. Grey, because literature released
prior to the DCCT suggested that the teens who strove for good metabolic control during adolescence were likely to have poor outcomes as adults. “Given that the DCCT changed everybody’s philosophy of treatment, we thought that we could demonstrate that teens could have better quality of life as adults if they maintained good metabolic control during their adolescent years,” Dr. Grey said. In 1999, YSN researchers received funding to follow a cohort of 120 teens for a period of five years to see if their quality of life would indeed improve as adults. “These kids were very committed to us and wanted to remain in the study,” said Dr. Grey, “which made the pursuit of this question especially important.” What the researchers found was that the worsening of metabolic control one would expect in the transition to adulthood was nowhere near the level previously reported. Researchers also found that quality of life, in terms of functional outcomes such as gainful employment, meaningful relationships and self-image, were all much more positive in this group of young adults than had been reported in the pre-DCCT studies. “This was good news for parents who were concerned that their children who acted out a bit as teens would not do as well as young adults,” explained Dr. Grey. “Our findings demonstrated that, for the most part, these kids still do well as adults psychologically while maintaining good metabolic control.” Dr. Grey lead a team of researchers who presented these findings at an American Diabetes Association conference in 2002.

In the second part of the study, researchers looked at pre-adolescent children to see if some of the challenges kids with type 1 diabetes experience as teens due to hormonal changes during this time period could be minimized or prevented. The researchers adopted coping skills training to work not only with the children in this age group, but also with their parents. The 6-week training program involved group sessions that addressed kids needs and concerns, separate sessions with parents, and then, joint sessions designed for kids and parents to work together to create systems for managing the disease that each family would customize to fit their unique situation and needs.

Patricia and Greg Nappo, and Andrew, then age 11 and recently diagnosed, took part in this study. Two other families also participated in their Coping Skills Training group. Parents and children met with their peers in one-hour sessions weekly. The children’s session was lead by Glenda Insabella, and the parents’ session by Evie Lindemann. “Through our discussions we developed real tools to help us manage diabetes better,” said Patricia Nappo. For Andrew’s parents, the interaction with other parents proved especially helpful. As Andrew was diagnosed most recently out of all the children, Patricia and Greg had the additional benefit of learning from the experiences of others in the group. “The other parents were wonderful and very generous with information regarding what they had learned in the years since their children were diagnosed,” said Patricia. “I think that was my saving grace; I was able to voice my feelings in this group and to develop an understanding of how other parents coped.” As a result of those sessions, I learned a lot about myself and what I had to do to help my son better manage diabetes. My husband and I also learned to handle this disease and learned to avoid the stress that it brought to our family life.”

Andrew and the other children in his group also benefited from learning about one another’s experiences. “Since I was newly diagnosed, I did not know how other kids lived with diabetes or felt about it, and they had a lot to tell me,” said Andrew. “I think I had a lot to tell them too,” he added. Andrew, and the other two kids in the group, David and Katryn, did not limit their conversations to diabetes. “We talked about all sorts of things, like school, sports, and all the other things we liked to do,” said Andrew. David, as old as Andrew but

Silent Heart Disease and Type 2 Diabetes

Deborah Chyun, Associate Professor and Director of the Adult Advanced Practice Nursing Specialty at YSN, is conducting research that focuses on the physiological and psychosocial aspects of type 2 diabetes and coronary heart disease. She is co-Principal Investigator with colleagues at Yale School of Medicine (YSM) on the industry-sponsored multicenter screening trial, Detection of Ischemia in Asymptomatic Diabetics (DIAD), that examines silent heart disease in patients with type 2 diabetes. Baseline results have recently been published in Diabetes Care, August 2004.

In conjunction with the DIAD study, Dr. Chyun and Dr. Gail Melkus have completed an ancillary study focused on the psychosocial factors involved with management of diabetes and cardiac risk factors. They examined data on anxiety, depression and quality of life in the studied population. Dr. Chyun found that these patients were in need of psycho-social intervention and diabetes management. Dr. Chyun explains “So we now have two pilot intervention studies going forward to address the patient needs of this population.”

She explains further that in the original DIAD study a randomized group of patients received a specialized screening for heart disease, a test known as myocardial perfusion imaging, which detects the presence of otherwise asymptomatic heart disease. According to Dr. Chyun, “The remarkable finding of the study was that one out of five patients was diagnosed with perfusion abnormalities or silent heart disease.” She continues, “So on top of diabetes, the patient now finds out they have heart disease they didn’t know they had, and they don’t have any symptoms.” Patients are likely to be confronted with, “How can you tell if you are doing too much or too little in relation to your health? How can you begin to get your bearings once this new information is revealed to you?”

Dr. Chyun’s current pilot work, with colleagues at YSN (Dr. Melkus, Dr. Sandra Talley and Jessica Covelli) and YSM, will serve as the basis for a larger, randomized trial that will assist individuals with type 2 diabetes who undergo screening for silent heart disease to manage both their diabetes and heart disease. Dr. Chyun concludes, “The challenge will be to offer a multidisciplinary intervention to help patients prepare psychologically for the possible outcome of the screening, as well as to better manage their diabetes and cardiac risk factors.”
Using technology to support family management of type 1 diabetes

Kathleen Knafl, professor and Director of the Doctoral Program at YSN, as well as Acting Dean for Academic Affairs, focuses her research on family management of childhood chronic conditions and normalization of family life in the context of chronic illness.

Dr. Knafl’s current diabetes research, entitled Use of a Handheld Personal Computer to Support Family Management of Type 1 Diabetes, examines the use of technology to enhance family-management of type 1 diabetes in children. Based on the findings of an initial pilot study, this project proposes to test the feasibility of using handheld personal computer (HHPC) technology for monitoring children’s blood glucose levels. According to Dr. Knafl, “HHPCs are portable, affordable, fully integrate with many computer software applications, and have the advantage of being easy to use.” Their use will provide the opportunity to test the potential of an incentive, in the form of password-based access to computer games, for sustaining children’s motivation to report blood glucose levels on a daily basis.

Although HHPCs have the potential to provide children, parents, and practitioners with timely feedback on children’s blood glucose levels, their effectiveness as an adjunct to care has not been studied. So the specific aims of Dr. Knafl’s proposed study are to first test the feasibility of using a HHPC to record and monitor blood glucose levels in children with type 1 diabetes, and then to evaluate the effects of a computer game incentive on children’s use of the HHPC. Finally, the study will yield important data describing exactly how families incorporate the HHPC into their daily management of their child’s diabetes.

“This research sets the stage for developing and testing nursing interventions that meet the unique needs of diverse families and support optimal family and child functioning. Nurses are ideally positioned to support families and help them take advantage of the opportunities provided by new technologies,” says Dr. Knafl.

diagnosed a few years earlier, taught him some “neat baseball and basketball tricks,” and Katrin, who was older than Andrew, told him what to expect as he entered 7th and 8th grade. “The children in this group were a particularly good match,” said Patricia. “They formed a bond that was very helpful to each child’s understanding of their situation.”

“By sharing our experiences we learned that we were not alone in this, and that, if we managed diabetes effectively, we could continue to do the things we have always enjoyed and to live a quality life,” said Andrew.

Andrew speaks openly about his life and his diabetes with others, including his older brother Greg and his younger sister Jackie. He also talks about diabetes with his friends at school. In fact, on the day he returned to school after being diagnosed, Andrew felt it was important to talk to the other students in his home-room about what the diagnosis meant to him and his family. “I told them about how I felt, and what I had to do to manage diabetes,” said Andrew. “I don’t think the other kids treated me differently as a result,” he added, “but I think they respected me because I was trying to be honest with myself and with them about what had happened to me.”

“Research at YSN are just now wrapping up analysis for the study in which Andrew and his parents participated. The preliminary findings, according to Dr. Grey, reveal important effects of coping skills training on quality of life, particularly in depressive symptoms in both parents and kids. “Between 25 and 40 percent of parents and kids with type 1 diabetes nationwide report very high levels of depressive symptoms,” said Dr. Grey. “The fact that we’ve had some positive impact on these symptoms is a very good sign for families.” The investigators hope that what they learn from this study will assist parents to prevent the onset of depression and to parent more effectively. Dr. Grey discussed the preliminary findings of the study at the State of the Science Conference in Washington, DC, in October of 2004.

In 2003, YSN researchers received additional funding to extend their work in this area, and to look at what happens to the group of pre-teens in Andrew’s study as they transition to adolescence. “The issues these kids now face as teens are different from those they faced as pre-adolescents,” explained Dr. Grey. “We are looking at whether they will need a booster in their coping skills training to help them to maintain high quality of life as teens.”

Andrew has much to say about the quality of his life these days. His schedule in 8th grade is just as demanding as when he was diagnosed with type 1 diabetes two years ago. Still an honor student, Andrew continues to play the piano and trumpet, he acts and sings in a church theater group, is a member of the Connecticut Youth Jazz Workshop, and, of course, he plays baseball. “Pitcher, shortstop, and sometimes catcher,” his mom adds proudly. Andrew’s baseball team, the Madison Mad Dogs, is doing well this season. In the eighth inning of a recent game, Andrew’s hit scored the deciding run, helping the Mad Dogs triumph over the rival team from Hamden, Connecticut with a final score of 7–6.

Andrew’s demeanor is humble, his attitude proud and determined. He credits his mom and dad, brother and sister, his grandparents and his friends, his school nurse, Karen Owen-Buckley, and the researchers at YSN for helping him to remain focused and keep a positive attitude. And he has a message for other kids who may be diagnosed with type 1 diabetes: “You don’t have to be scared,” he would tell them. “It won’t be as hard as you think if you just take care of yourself.”

And he would tell them: “Don’t ever give up and don’t let anything hold you back.”
Kelley Newlin

The Contribution of Religious, Spiritual, and Psychosocial Factors to Physiological Outcomes in Black American Women with Type 2 Diabetes

According to Kelley, there is beginning evidence that religion and spirituality may be related to physical health outcomes in black American women with type 2 diabetes. Kelley’s research quantitatively explores how coping, social, and mental health factors may link religion and spirituality to diabetes-related health outcomes in this understudied population.

Allison Amend

Socioeconomic Status, Self-efficacy, Social Support, and Diet in Black Women with Diabetes

According to Allison, dietary intake is a major component of the management of Type 2 Diabetes; however, it also may require significant behavior change. Allison will be using both quantitative data and interviews with black women to determine the influence these factors may have on their dietary intake. The results have potential implications for diabetes education, self-management research, and patient care.

Self-Care Interventions for Black Women with Type 2 Diabetes

In the course of her research work, YSN Professor and Associate Co-Director of the Center for Self and Family Illness Management, Dr. Gail Melkus has implemented intervention studies aimed at improving control and decreasing the complications associated with type 2 diabetes mellitus (DM) in culturally diverse populations. She is currently funded by the National Institutes of Health and National Institute of Nursing Research to test an intervention aimed at improving the care provided to community-based African American women, by supporting their efforts at self-management.

According to Dr. Melkus, black women experience one of the highest rates of type 2 diabetes and suffer disproportionately from diabetes-related complications. Diabetes is now the second leading cause of death among black women. This can be attributed to poor diabetes control often due to sub-standard diabetes care and lack of diabetes education and self-management skills.

In a comparison of preliminary data, Dr. Melkus and her research team report, “After the coping skills training that the women in our study receive, they are doing better in terms of psycho-social outcomes and are experiencing less emotional distress and anxiety and fewer mental health problems.”

She explains how she believes these preliminary results were achieved, “By helping patients rethink issues they confront in their lives and teaching them how they might reframe their responses to the things that may interfere with their ability to take care of their health, coping skills training empowers women with the knowledge and skills necessary to assume self-management.”

It is hoped that as a result of Dr. Melkus’s research, health care settings, particularly primary care centers, will benefit from a tested, model intervention of diabetes care that will improve diabetes outcomes and contribute to decreasing the personal and public health burden of the disease.

Dr. Margaret Grey with Agnieszka Trzcinska, RN, MSC, Faculty of Health Sciences Poznan University of Medical Sciences, Poznan, Poland

As an International Visiting Scholar to YSN this past summer, Agnes participated in research related to the care of children and adolescents with type 2 diabetes under the direction of Dr. Margaret Grey.
An obesity intervention for multi-ethnic families

AS THEIR CHILDREN race to collect the cones arranged on a line midway across the gym floor overhead, a group of parents gather around a table in the cafeteria a floor below. These families are taking part in an afterschool program called the Parent Study that meets once a week at Prince School, just two blocks from Yale University School of Nursing.
Leading the discussion group is Diane Berry, Ph.D, CANP, a postdoctoral fellow in the Center for Self and Family Management at YSN. She guides the parents through a handout she has prepared about cholesterol levels, the role of HDL and LDL and how triglyceride levels can predict the risk for heart attack, while above them their children are laughing and shouting, cheering each other on and competing to be the fastest on their feet.

Although the topic at hand around the table of parents is serious, the conversational tone is buoyant. By learning how weight reduction can help both them and their children lower their cholesterol levels, and with it their risk of developing diabetes, these parents say they feel empowered. They share anecdotes about their children and encourage each other, while receiving practical advice on how to effect changes in their family’s diet and exercise routines.

With the Parent Study, Dr. Berry is building a program of research to address obesity in multiethnic families. According to Dr. Berry, “In the United States, currently 64% of adults and 15% to 30% of children are overweight or obese with a body mass index greater than twenty-five. African American, Hispanic, and American Indian families who are overweight or obese are at the highest risk for developing type 2 diabetes and coronary artery disease later in life.”

New Tools to Measure Self Management of Type 1 Diabetes

YSN research scientist Lynne Schilling knows first hand the importance of good self and family management of chronic health problems. Her twin sons, Derek and Ethan are survivors of childhood cancer. Dr. Schilling was an associate professor close to tenure when her son Derek, was diagnosed at age seven. Five years later, Ethan was diagnosed with the same malignant brain tumor. Dr. Schilling remained on faculty, but removed herself from the tenure track to dedicate more time to her sons’ recovery. Five years ago she was approached by Dr. Grey who encouraged her to seek funding from NIH/NINR allocated especially to investigators who had lost research time due to family illness. Dr. Schilling applied and was funded to work on a supplement study to Dr. Grey’s Coping Skills Training for School-Aged Children grant. Her study, “Management of Diabetes by Children/Teens and Their Parents,” was funded for 3 years in July of 2000. “Among the most exciting aspects of this study was the opportunity to work with leading researchers such as Drs. Margaret Grey and Kathleen Knafl at a time when not much work was being done in this area,” Dr. Schilling said.

While working on this study, Dr. Schilling saw that no measurement tool was available to adequately evaluate self-management of type 1 diabetes in youth. “I could see right away what my next step was going to be,” she said. She has since designed such an instrument, called Self-Management of Diabetes in Adolescents (SMOD-A). In her current study, “Measuring Self-Management of Type 1 Diabetes in Youth,” that was funded by NIH/NINR in June of 2004, she and other YSN researchers will evaluate the content and construct validity of the SMOD-A in a large collaborative study with the Children’s Hospital of Philadelphia. While the SMOD-A will be used with adolescents age 13-21, Dr. Schilling hopes that this instrument can eventually be adapted for use with younger children.

“We hope that SMOD-A will add a much needed tool to the toolbox researchers and clinicians have to assess how children and families manage type 1 diabetes,” she said.
Facing the Challenge of Obesity in Schools

One of the most challenging issues faced by clinicians in schools is the epidemic of childhood obesity. But according to Elaine Gustafson, Assistant Professor of Nursing and the Coordinator of the School-based Health Care Concentration for the Pediatric Nurse Practitioner Specialty at YSN, “Seldom do we hear about effective approaches to this problem. Consequently, clinicians often feel frustrated and alone in their attempts to support students to lead healthy lives free from the risk of serious long term illnesses like cardiovascular disease and type 2 diabetes.”

In response, a YSN team of experts in diabetes prevention and school health lead by Margaret Grey have devised an approach to this problem for clinicians in schools using coping skills training (CST) as part of a nutrition and physical activity intervention. (See sidebar, page 10 for details.) Together with YSN colleague and Registered Dietitian Pam Galasso, Elaine has traveled the country to lecture on the group’s findings. “We are finding receptive audiences and a great deal of interest in the program systems in many states are looking for ways to incorporate health promotion into their curriculum and we are spreading the word about a successful program with a proven track record to assist them in these efforts.”

The YSN team’s ongoing research findings confirm that the provision of obesity prevention education in the school setting is both feasible and appropriate. According to Elaine, “Although our program was accomplished with the help of research funds, much of it can be replicated in the school setting, with the support of school faculty and administration, by clinical staff in school-based health centers with volunteer support.”

For further information contact: elaine.gustafson@yale.edu

A member of the Parent Study experimental group, Maria Garcia says, “The best part of the program is that everyone in my family has learned a new language to talk about food. We’ve been educated and given new tools.” Her son Gus has been involved in the program for six months and his younger brother Andreas often accompanies the family to sessions. According to Maria, the program gives her family the opportunity to spend time together focused on healthy living and that has made a difference to the whole family. “Now we know how to watch what we eat and can choose healthy foods and small portions. My son’s self esteem has been raised and he feels that he controls his weight now.”

Maria’s husband Gustavo is also enthusiastic. “My son likes to come to the program to see the friends he has made here and they have fun doing the exercises together,” he adds. Gustavo describes how the pedometers each participant in the program receives have led to some friendly competition between father and son. “I’ll come home from work and say to him ‘OK, I’ve got 5,600 steps on my pedometer—let’s see how many you have on yours?’” he says with a laugh.

This integration of exercise and good nutrition into a sustainable lifestyle approach may be key to achieving lasting success in the battle against obesity. In her doctoral research, Dr. Berry began by looking at the experiences of women who were successful at weight loss and long-term maintenance. “Eighteen women maintained a weight loss of 15 to 144 pounds for at least 1 year and as long as 27 years. And through my study, I was able to identify six patterns of successful weight loss and maintenance that I then used to provide a foundation, along with coping skills training, to develop an intervention for multi-ethnic families.”

Currently, a majority of family-based obesity interventions target middle to upper class Caucasian families, she explains. Dr. Berry’s study includes a nutrition and exercise education program with coping skills training intervention for overweight and obese parents of obese children who were enrolled in an established standard obesity nutrition education program. The twelve-week intervention encourages both control and experimental groups of parents and children to attend a six-week course in nutrition education together that is taught by registered dietitians once a week for 45 minutes. This nutrition and exercise education focuses on topics such as; determining portion sizes, better food choices, what is a calorie, meal planning, making sense of a food label, healthy recipe solutions, fast food meals, and the benefits of exercise.

During the second six weeks, the parents in the experimental group receive coping skills training which focuses on exercise, behavior modification, conflict resolution, social problem solving and assertiveness training to address issues...
such as barriers to weight loss and maintenance, rebounding from relapse and self-motivation.

Maria describes how this nutrition education and coping skills training has benefited her family. “I found the way my son learned to deal with food issues was very important. He learned he could go to a fast food place but order the healthier foods on the menu. And he practiced saying ‘I’ll have the salad’ so he would be confident he could do it in front of his friends.” Maria says her son Gus also took what he learned and applied it with his extended family. “He has even talked to his grandmother about picking more healthy foods and why he wants to do that,” she says.

Dr. Berry’s pilot study is ongoing. The current sample includes 38% African American, 36% Caucasian, and 26% Hispanic parent-child pairs. Dr. Berry reports, “Preliminary findings show trends demonstrating that the experimental parents and children decreased their body mass index when compared to the control parents and children.” In addition, the parents who received coping skills training showed trends toward improved problem solving, behavior control, stress management, interpersonal support, nutritional intake, and an increase in their physical activity.

After attending Dr. Berry’s Parent Study at Prince School, another parent, Mary Peters, says, “The gym teacher at my daughter’s school came to me one day and asked what we were doing. He had noticed the difference in Cody’s enthusiasm and that her physical abilities and stamina were increasing.” According to Mary, “She was healthier and happier, and her gym teacher could see it.”

Mary goes on to describe how she now takes long walks with her daughter in the neighborhood. “Before, we would have driven down the street. Now we are spending time together, talking and doing something we know is good for both of us.” The results of attending the Parent Study go beyond the time spent in the courses, according to Mary. She says the understanding she and her daughter have gained colors their outlook and makes them feel closer to each other. “And Cody has lost over 10 pounds since she began the program.” She adds proudly.

Moving from treatment to prevention will be an important progression in obesity research, according to Dr. Berry. She says, “For multi-ethnic families struggling with obesity, this linkage of theory to research—through evidence based interventions that are translated into clinical practice—can help to prevent the development of type 2 diabetes and coronary artery disease in the populations most at risk.”

“The best part of the program is that everyone in my family has learned a new language to talk about food. We’ve been educated and given new tools.”

Racing to pick up the cones, these children are having fun while also picking up healthy lifestyle habits. After attending these sessions, one child’s gym teacher noticed the difference in her enthusiasm and that her physical abilities and stamina were increasing. According to her mother, “Cody was healthier and happier.” Pictured above from left, Cody Peters, Noelia Bonilla and Gustavo Garcia, Jr.
Ivy Alexander


Margaret Beal


Margaret Beal


Denise Buonocore


Helen Varney Burst


Deborah Chyun


FACULTY PUBLICATIONS

FACULTY PUBLICATIONS

Funded Research

Funded Training

Funded Doctoral and Post-doctoral Research


Cynthia Connolly


Jessica Shank Coviello


Angela Crowley


Jane Dixon


Kristopher Fennie


Marjorie Funk


Catherine L. Gilliss


Margaret Grey


Elaine Gustafson


Barbara Hackley


Vanya Hamrin


Patricia Jackson-Allen


Allen, P.J. (2004). Leaves of three, let them be: If it were only easy! Pediatric Nursing, 30(2), 129-135.


Vanessa Jefferson


George J. Knaf1


Karel Koenig


Adherence and health care promises.

Ruth McCorkle


Douglas Olsen


Linda Pellico

Heather Reynolds


Mary Ellen Rousseau

Patricia Ryan-Krause


Karen Stember


Martha K. Swartz


Saraswathi Vedam


Diane Viens


Robin Whittemore


Ann Williams


Crowley, A. (Principal Investigator); Improving Child and Family Health Through Child Care Health Consultation. Funded by the Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives Fund, 1/1/04-12/31/04, $50,000.

Chyun, D. (Principal investigator), McCorkle, R., Melkus, G.; Psychosocial and Behavioral Outcomes of Screening for Silent Cardiovascular Disease in Type 2 Diabetes. Funded by Yale University School of Nursing (Intramural grant), 2000-2003, $4,500.

Cohen, S. (Principal Investigator), Krauss, J.; Program for the Study of Health Care Relationships. Funded by The Donaghue Foundation, 7/1/00-12/31/04, $2,926,998

Funk, M. (Principal Investigator), Nystrom, K., Katz, S., Lee, F.; Bioimpedance Monitoring in Patients with Chronic Heart Failure. Funded by the Center for Self-Management Interventions for Populations at Risk, 10/15/02-present, $20,000.

Gallo, A. (Principal Investigator), Knafl, K.; Parents’ Interpretation and Use of Genetic Information. Funded by NIH/NHG, 8/17/01-7/31/05, $195,067 (Subcontract with University of Illinois).

Gillis, C. (Project Director). The Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives. Funded by The Renfield Foundation, 3/1/02-2/28/06, $1,000,000.

Funded Research

Includes ongoing and completed during period 7/1/03-6/30/04

Alexander, L. (Principal Investigator), Rousseau, M.E., Ruff, C., White, K.; Menopause and Midlife Health Risks: Black Women’s Views (pilot study). Funded by the Yale-Howard Nursing Partnership Center on Reducing Health Disparities, 10/1/01-7/31/03, $20,000.

Chyun, D. (Principal Investigator), Covello, J., Melkus, G., Talley, S.; Young L. Developing and disseminating a multidisciplinary intervention for asymptomatic myocardial ischemia in type 1 diabetes. Funded by the Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives Fund, 11/1/04-12/31/04, $50,000.


Gilliss, C. (Principal Investigator), Funk, M., Grey, M., McCorkile, R., Melkus, G.; Reducing Health Disparities by Self & Family Management. Funded by NIH/NINR (#R01NR08349), 9/30/02-6/30/07, $1,210,674.

Given, B. (Principal Investigator), Given, B., McCorkile, R.; Family Home Care for Cancer–A Community Based Model. Funded by NIH/NCC (R01CA79280), 4/1/03-3/31/07, $190,896 (Subcontract with Michigan State University).

Grey, M. (Principal Investigator), Gilliss, C., Knaff, K.; Nursing Intervention for Youth with Chronic Illness. 2R01NR04009, $2.69 million funded by the National Institute of Nursing Research, 12/1/99-11/30/03.

Grey, M. (Principal Investigator), Gilliss, C., Knaff, K., Monsod, T.; Nursing Intervention for Youth with Chronic Illness. Funded by NIH/NINR (R10NR04009), 3/1/00-9/30/03, $2,293,376.


Grey, M. (Principal Investigator), Caprio, S., Gilliss, C., Knaff, K., Melkus, G.; Preventing Type 2 Diabetes in High Risk Teens. Funded by NIH/NIDDK (R21DK59248), 9/30/00-8/31/03, $313,342.


Grey, M. (Principal Investigator); APRN: Enhancements and Pilot Work. Funded by NIH/AHRQ (#R121HS13493), 9/30/02-9/29/03, $50,000.

Grey, M. (Principal Investigator), Brownell, K., Caprio, S., Gilliss, C., Irwin, M., Knaff, K., Melkus, G.; Preventing Type 2 Diabetes in At-Risk Youth. Funded by NIH/NINR (R10NR08244), 9/13/03-12/31/07, $325,827.

Grey, M. (Principal Investigator), Gilliss, C., Tamborlane, W.; Coping Skills Training for Children with T1D and Parents. Funded by NIH/NINR (2R01NR04009), 9/15/03-6/30/07, $2,498,005.

Hackley, B. (Principal Investigator), Berry, D., Melkus, G.; An Exploratory Study of the Factors Related to Weight Gain and Weight Retention for Pregnancy and Postpartum Black and Hispanic Women. Funded by the Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives Fund, 1/1/04-12/31/04, $55,000.

Jones, K. (Program Director), Fennie, K.; Yale Program for the Advancement of Wound Care. Funded by BMS/Convatec, 4/1/02-9/30/04, $1,000,000.

Katz, D. (Principal Investigator), McCorkle, R.; Meditation and Massage at the End of Life. Funded by NIH/NINR (#R21NR08093), 9/30/01-8/31/03, $34,264 (Subcontract with Griffin Health Services).

Katz, D. (Principal Investigator), Melkus, G., Hartwig, K.; Reducing Diabetes-Related Disparities in the African-American Community. Funded by the Connecticut Health Foundation, 7/1/03-12/31/05, $100,000 (Subcontract with Griffin Health Services).


Knaff, K. (Principal Investigator); Computer Assisted Family Management of Type 1 Diabetes in Childhood (Pilot Study). Funded by the Center for Self-Management Interventions for Populations at Risk, 10/1/02-9/30/03, $200,000.


Knaff, K. (Principal Investigator), M.; Use of a Handheld Personal Computer to Support Family Management of Type 1 Diabetes. Funded by the Center for Self-Management Interventions for Populations at Risk, 10/1/03-9/14/04, $200,000.

Knobf, T. (Principal Investigator); Breast Cancer Survivorship Rehabilitation: Development of an Educational-Support Nursing Intervention. Funded by the Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives Fund, 1/1/04-12/31/04, $57,000.


Knobf, T. (Principal Investigator); Breast Cancer Survivorship Rehabilitation: Development of an Educational-Support Nursing Intervention. Funded by the Beatrice Renfield-Yale School of Nursing Clinical Research Initiatives Fund, 1/1/04-12/31/04, $57,000.

Mauldon, M. (Principal Investigator); Cagganello, M., Melkus, G.; Tomando El Control. Funded by Yale University School of Nursing (Intramural grant), 2003-2004, $5,000.

McCorkile, R. (Principal Investigator); Advanced Practice Registered Nurse/Psychiatric Consultation Liaison Nurse Intervention. Funded by Yale University School of Nursing (Intramural grant), 2002-2003, $5,000.
McCollre, R. (Principal Investigator), Knafl, G., Schuman-Green, D., Schwartz, P., White, W.; Nursing’s Impact on QOL Outcomes in Ovarian Cancer. Funded by NIH/NINR (R01NR02778), 8/1/03-5/31/06, $83,806

Melkus, G. (Principal Investigator), Chyun, D., Grey, M.; Self-Care Interventions for Black Women with Type 2 DM. Funded by NIH/NINR (R01NR05431), 7/1/01-3/31/06, $1,501,367

Sadler, L. (Principal Investigator), Grey, M., Swartz, M.; Transition to Motherhood in Teen Mothers. Funded by NIH/NINR (R01NR07778), 8/1/03-2/28/05, $30,000

Schilling, L. (Principal Investigator), Meier, E.; Assessing Self-Management of Type 1 Diabetes in Youth. Funded by Yale University School of Nursing (Intramural grant), 1/1/04-12/31/04, $5,000

Schilling, L. (Principal Investigator), Dixon, J., Grey, M., Knafl, G., Knafl, K., Lynn, M., Murphy, K.; Measuring Self-Management of Type 1 Diabetes in Youth. Funded by NIH/NINR (R01NR08579), 6/1/04-5/31/07, $1,820,075

Schuman-Green, D. (Principal Investigator), Martin, A.; RUPP-PI Program at Yale University. Funded by NIH/NICHD (R15HD39170), 1/1/01-12/31/03, $200,058

Santacroce, S. (Principal Investigator); Reducing Symptoms of Posttraumatic Stress in Parents of Children with Cancer (Pilot Study). Funded by the Center for Self-Management Interventions for Populations at Risk, 10/1/02-9/30/03, $20,000

Schaill, L. (Principal Investigator), Findley, D., Hamrin, V.; Parent Management Training for Children with Tourette Syndrome. Funded by NIH/NINR (R35NR07837), 7/1/01-3/31/04, $163,500

Schaill, L. (Principal Investigator), Anderson, G., Handen, B., Johnson, C., Martin, A.; RUPP-PI Program at Yale University. Funded by NIH/ NIMH (U50MH66764), 8/21/02-7/31/07, $2,640,000

Schaill, L. (Principal Investigator); Johnson & Johnson Risperidone Study. Funded by Johnson & Johnson, 7/1/03-9/1/04, $30,000

Schaill, L. (Principal Investigator); Sukhodolsky, D.; Anger Control Training for Youths with Tourette Syndrome. Funded by NIH/NIMH (R03MH67845), 12/1/03-11/30/05, $100,000

Schaill, L. (Principal Investigator), Koenig, K., Bailey, K.; Social Skills Development in Children with Autism Spectrum Disorders. Funded by the Organization for Autism Research, 3/1/04-2/28/05, $30,000

Zawalich, W. (Principal Investigator); Phosphoinositide Hydrolysis and Beta Cell Secretion. Funded by NIH/NIDDK (R01DK41230), 7/1/99-6/30/03, $1,190,021

Zawalich, W. (Principal Investigator); Phosphoinositide Hydrolysis and Beta Cell Secretion. Funded by NIH/NIDDK (R01DK41230), 7/1/03-4/30/07, $880,003

Zawalich, W. (Principal Investigator); Phosphoinositide Hydrolysis and Beta Cell Secretion. Funded by NIH/NIDDK (R01DK41230), 7/1/03-4/30/07, $64,655

Funded Doctoral and Postdoctoral Research

Includes ongoing and completed during period 7/1/03-6/30/04

Amend, A.; SES, Health Factors & Diet in Black Women with Diabetes. Funded by NIH/NINR (F31NR08835), 9/15/03-3/14/06, $97,940

Newlin, K.; Spirituality and Health Factors in Women with Diabetes. Funded by NIH/NINR (F31NR0890), 9/1/02-10/31/05, $162,412

Potter, P.; Breast Biopsy and Distress: Testing a Reiki Intervention. Funded by the American Cancer Society, 8/1/02-7/31/04, $30,000

Whittemore, R.; An Intervention for Lifestyle Change in Type 2 Diabetes. Funded by NIH/NINR (R23NR07823), 9/1/01-8/31/03, $95,488

Funded Training

Includes ongoing and completed during period 7/1/03-6/30/04

Chyun, D. (Program Director); Creating Careers in Geriatric Advanced Practice Nursing. Funded by American Association of Colleges of Nursing, 7/1/02-6/30/03, $60,000

Gillis, C. (Program Director); Professional Nurse Traineeship. Funded by HRSA/DIVISION of NURSING, 7/1/03-6/30/04, $104,364

Grey, M. (Program Director); McCorkle, R.; Research Training in Self and Family Management. Funded by NIH/NINR (T32NR08346), 4/1/04-3/31/08, $1,190,028

McCorkle, R. (Program Director); Interdisciplinary Research Training in Breast Cancer. Funded by the Department of Defense, 7/1/00-6/30/05, $749,432

Rousseau, M.E. (Program Director); Nurse-Midwifery Graduate Clinical Education. Funded by HRSA/DIVISION of Nursing, 7/1/01-6/30/04, $805,469

Talley, S. (Program Director); Psychiatric Mental Health Nursing. Funded by HRSA/DIVISION of Nursing, 7/1/01-6/30/04, $439,363

Williams, A. (Program Director); Connecticut AIDS Education and Training Center. Funded by New England AIDS Education and Training Center/University of Massachusetts, 7/1/03-6/30/04, $193,387

Williams, A. (Program Director); AIDS Counseling and Testing Project/Perinatal Training Project. Funded by Connecticut Department of Public Health, 11/01-12/31/03, $200,005
**CLASS NEWS**

Sally Hitchcock Pullman ’44 wrote to us prior to her 60th Reunion...

“There is no way I will be able to attend my 60th at Yale this June and I’m sorry. There are grandchildren’s graduations to attend and I cannot miss them.

Since I can’t join you, I’ll give a once over lightly of my life since our 55th. Thanks to my daughter Sal and her husband, I’ve accompanied them and their three children (2 in college) to Italy and Hawaii. I still fly to Dallas to see son John and his family and drive to Vermont to see David and his two college student kids.

Life here on my place continues. I’m getting more help with the heavy outdoor work, but I can still mow my lawn on my ancient riding mower, still harvest and sell raspberries and in the community, I proofread for our local paper, work on two library boards and on two committees at church...

My little book, *Letters Home* is coming out in a paperback in late Spring! Amazing. So my love to all of you. I’ll miss you and wish you all the best!” Sally’s email address is spullm@aol.com.

John Dreyfuss, husband of Kit Rich Dreyfuss ’58 passed away 8/21/04 from complications of an appendectomy, leaving Kit, their four children and five grandchildren. Kit is still involved in school nursing through the Health Champions program,
Maureen O’Keefe Doran ’71

Maureen O'Keefe Doran '71 will be heading up a delegation of American psychiatric nurses from around the country through the auspices of People to People. The program puts together professionals from America who visit with counterparts in other countries. Maureen’s delegations will be visiting with psychiatric nurses at the University of Beijing and mental health facilities in Chongqing and Kunming. Part of the exchange will be formal presentations on topics such as the status of psychiatric nursing in the United States.

Karol Krakauer ’71 and Dian Sparling ’81 were lauded for their work in midwifery in an article entitled “Midwife Clinic Gets Award for Longevity” which appeared in the Fort Collins Coloradoan, April 2, 2003. Karol started the nurse midwifery practice in Fort Collins Women’s Clinic which was honored for longevity and dedication by the American College of Nurse Midwives. Along with Dian, who opened Womancare Nurse-Midwifery Practice Inc. in 1982, Karol worked to establish nurse midwives in the community, bringing the total from two in the early 80’s to nine as of last year.

Sarah Dillian Cohn ’73 has been promoted to Executive Director of Legal Services at Yale-New Haven Hospital. She is responsible for all of the hospital’s in-house legal services as well as medical malpractice insurance management across the Yale-New Haven health system. She joined VNNH in 1973 as a nurse midwife, and graduated from Yale Law School in 1983.

Jamie Norris Richardson ’77 and her husband Lande YSM ’78 would like her classmates to know that they have recently moved back to Seattle, Washington.

Luc Pelletier ’82 has been elected to fellowship in the American Academy of Nursing. The induction ceremony will take place in Washington, D.C. on November 13. Among other pursuits, Luc is Editor of the Journal of Healthcare Quality and recently moved from Washington, DC to San Diego.

Vicky Chang ’91 has been selected as Clinician of the Year by the Yale Health Plan. According to her colleagues, Vicky is always on the lookout for ways to help patients receive the most effective care. Since Vicky, an APRN in Internal Medicine, came to the YUHS in 2000, she has received advanced certification in diabetes education and “has done an excellent job with the diabetes program.” Described by colleagues as a dedicated clinician who is deeply committed to patient care, Vicky is known for her willingness to help out whenever and wherever she is needed.

Cynthia B. Glynn ’96 was recently elected to the Board of Directors of the National Association of Childbearing Centers, and took office at the national convention in Houston in September.

Christine Tocchi ’97 was interviewed for an article about the opening of Bridgeport Hospital’s new Fairfield County Senior Care Center. Christine is a certified geriatric nurse practitioner at the Center. The Center seeks to assist functionally limited adults, such as those with Alzheimer’s disease, to manage as independently as possible. In addition to running a full day of activities for seniors, the Center also provides primary health care to its clients who do not need full-time assistance. The article appeared in the July 15 edition of the New Haven Register.

Mary Bartlett ’00 is YSN’s Delegate to the Association of Yale Alumnae/i (AYA) and is volunteering on the YSN Alumnae Reunion 2005 Committee. She wants to let her classmates know that she will be contacting them soon to invite them back to New Haven to celebrate their 50th Reunion. If you have ideas about “entertainment,” email Mary at mary.bartlett@aya.yale.edu.

Mary writes “Come back to visit the School, Fair Haven Health Center and try and beat me at golf!”

Note from the Editor: We were not able to include all the news and photos submitted by YSN alumnae/i in this issue. The next issue will include an expanded section for Alumnae/i News.
In Memoriam

Marie Machell Milliken ‘51

Beloved and respected by her YSN ‘51 classmates, Marie Machell Milliken died August 9, 2004. She is survived by her husband J. Gordon Milliken; four children, Karen, Douglas, David and Anne; and a grandaughter Lydia. Marie suffered injuries in a one-car accident and died five days later. Her husband was also severely injured in the accident. Marie graduated from Colby College, received her MN from Yale University School of Nursing, later a MS in Psychiatric-Mental Health Nursing from the University of Colorado, and finally a PhD in Administration in Higher Education from the University of Denver. Beginning her career in public health nursing, Marie moved to nursing education at Denver’s St. Luke’s Hospital. Later she joined the Loretto Heights College nursing faculty where she rose from a faculty position to Dean to Vice-President for Academic Affairs. She greatly expanded and deepened the nursing program and in 1988 helped to move it from Loretto Heights College nursing faculty where she rose from a faculty position to Dean to Vice-President for Academic Affairs. She greatly expanded and deepened the nursing program and in 1988 helped to move it from Loretto Heights to Regis University where she was named Dean of Health Care Management. She retired as Professor Emerita in 1991. Active in community affairs, Marie functioned on NLN accreditation committees and served on the Colorado State Board of Nursing for ten years. Her expertise in administration and accreditation resulted in her being appointed as a public member of two accrediting boards for professional engineers on which she served through 2002. In 1991 Marie was awarded the Distinguished Alumna Award of the Yale School of Nursing Alumnae/i Association. Part of the award citation states, “... Integrity, skill, credibility and concern for the individual are qualities that characterize all she does. Ever the nurse, she is recognized for her capacity to heal and nurture systems to their fullest potential... She has remained committed to the development of professional nursing.” (Yale Nurse, Fall 1991)

In Memoriam

Helen Werebe ‘31, RN
Died 9/30/2003
Katharine Slocum Owen ‘31, RN
Died 6/25/2004
Katharine Chapman Francis ‘34, RN
Died 5/19/2004
Rosemary Forbes Henshaw ‘37, MN
Died 6/15/2004
Marion Cutler Bielh ‘38
Died 6/22/2004
Eleanor Roberts Kinney ‘39, MN
Died 7/30/2004
Margaret Mary Gibson ‘41, MN
Died 11/14/2004
Nancy Hooker Peters ‘42, MN
Died 2/27/2004
Frances Ellison Hendrix ‘43
Died 11/10/2003
Marjory Morrison-Smith Sarich ‘43, MN
Died 4/18/2004
Midled Shaddock Sanford ‘43, MN
Died 6/30/2004
Rae Davis Walk ‘46
Died 5/10/2004
Clarice Osterud Hargiss ‘47, MN
Died 5/12/2004
Fannie Evelyn Dewar ‘49, MN
Died 12/9/2000
Priscilla Stokes Normark ‘49, MN
Died 6/16/2004
Janice S. Vordale ‘50, MN
Died 5/1/2000
Marie Machell Milliken ‘51, MN
Died 8/9/2000
Jane Woodell Donovan ‘52, MN
Died 5/28/2004
Kathryn Hornickel Hamilton ‘54, MN
Died 8/16/2004
Margaret Davis Todesco ‘55, MN
Died 5/16/2004
Phyllis Freedman Schwartz ‘56, MN
Died 5/23/2004
Florence Leeds Olsson ‘57, MSN
Died 7/24/2004
Carmella Siena Lattizori ‘58, MN
Died 9/7/2004
Veronica Wingert Dembeck ‘70, MSN
Died 6/16/2004

“I have been so grateful to YSN for the outstanding education I received as a graduate student in nursing. It connected me to head, hands, and heart, and became the foundation to a long and satisfying career in the health professions. In addition, I have been endowed with life long good friends, and a lasting interest in the future of nursing. Nursing does matter. The way I have found to give back is by making a gift to YSN in my will, and filing a Bequest of Intent with the School. I sincerely hope that many other YSN graduates, past and future, might do the same.” — Virginia Brown, MN ‘50
The Heart of the Matter:
The Unintended Consequences of Change

Change is something I have thought about quite a bit since August 2004, when I packed my office at Yale and shipped my professional life to Duke University to assume the dual positions of Dean of the School of Nursing and Vice-Chancellor for Nursing Affairs in the Duke University Health System. I had just begun my seventh year as Dean at YSN, a deanship characterized by changes in structure, personnel, enrollment and activities. The School had achieved a rightful level of national recognition for its success in educational program quality, clinical programming and cutting edge clinical research. Life was good. Now I was heading into a newly created position (Vice-Chancellor) at a new university (Duke, only 70 years old) that had just appointed a new leadership team (Yale’s own Richard Brodhead as President and Harvard’s Victor Dzau as Chancellor for Health Affairs). Why?

Throughout my nearly 35 years in nursing, I have worked to bring service and education closer together. Working principally from academic appointments, I implemented innovations in care in which students and faculty were the providers. As early as 1978, I facilitated the opening of a community-based health clinic staffed by undergraduate students in the Langston Gardens, a public housing community in Washington, DC. At Yale, I oversaw the opening of the Office of Clinical Affairs and implementation of two “branded” faculty practices staffed by YSN faculty and students. These efforts, and all those in between, made valuable contributions but each was limited by their dislocation from the established health care system. Each demonstration would have been more powerful had it been enacted within the existing health care system. I longed to connect nursing education and nursing service in a creative partnership that would advance all of nursing. Duke, my own alma mater, offered me the opportunity to strategically influence both in this new position. And I agreed to move on to Duke, where I hope to build this partnership and leave an important professional legacy.

With change comes loss. Every decision effectively eliminates other options, sometimes forever. In electing to pursue my dream at Duke, I have sacrificed the known for the unknown, the familiar for the unfamiliar. I have left behind my unfulfilled Yale dreams and my Yale colleagues. My decision has created change for others with all the associated features of loss, ambiguity, confusion and disorder. I am so very sorry for those unintended consequences. The responsibility for leadership now passes to others.

Leaders, I have come to appreciate, do not “manage change.” Rather, leadership involves guiding people through change. Living in the future and seeing the opportunities ahead, leaders create the context in which others can act. Leading a school of nursing is all about creating future possibilities for others—faculty, staff and students. Balanced by the unintended consequences of loss and ambiguity both YSN and I face the opportunity to create new order and new options. We will both build on our past, including our life together, and continue our efforts to improve the health of all people. Thanks to all of you who have immeasurably enriched my life’s journey.

Catherine Lynch Gilliss
pick-up backcover from last issue